Forensic clients' everyday experiences of anger: Implications for a social constructivist theory of 'disordered' anger

by

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Abstract

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The 'everyday experiences' of anger of three groups of men were compared. The groups were comprised of a sample of: 1) male outpatients of a forensic psychology service whose anger was seen as being 'disordered', 2) male outpatients of a forensic psychology service whose anger was not seen as being 'disordered' and 3) a group of men who were not clients of a forensic service. The tendency of the three groups to break the rules of anger (as outlined by Averill's social constructivist theory of disordered anger) was compared. This was done using a semi-structured questionnaire based on one devised by Averill for use in an study of 'everyday anger experiences' and the State Trait Anger Expression Inventory (Spielberger et al, 1985). The results indicated that the forensic-angry group, in comparison to the other two groups, was angry more frequently, that their anger was more intense, that they became more physically aroused and that they were more likely to become physically aggressive and/or take their anger out on a third party. Also, the forensic-angry group made less attempt to control their anger. The findings are discussed in relation to a social constructivist theory of 'disordered' anger.
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“Anyone can get angry—that is easy...but to do this to the right person, to the right extent, at the right time, with the right motive, and in the right way, this is not for everyone nor is it easy; wherefore goodness is both rare and laudable and noble”. (Aristotle, Nicomachean Ethics, 1947).
1. Introduction
1.1 Overview

Most people report becoming angry from several times a day to several times a week (e.g. Averill, 1982, 1983; Power & Dalgleish, 1997). Anger is one of the most frequently experienced emotions, however, in comparison with other emotions that may become ‘disordered’, it has been neglected in terms of psychological research (Ashmore, 1989; Averill, 1982; Spielberger, 1983). In particular, little is known about the way anger is experienced and expressed within the context of ‘everyday’ situations of people whose anger may be ‘disordered’ or with groups of people whose lifestyles and/or values may differ from mainstream society (Kassinove, 1995). This is important, as ‘disordered’ anger is frequently a reason for referral to clinical psychologists.

Undoubtedly, anger is a powerful emotion that has many (negative and positive) effects, some of which will be briefly reviewed. Also, some explanations for the neglect of anger research in comparison to other emotions will be suggested. Nonetheless, the anger conceptualisation and theorising that has occurred, has some similarities to theorising in relation to other emotions. Therefore, in order to examine the ‘everyday experiences’ of a group of people whose anger is ‘disordered’, it would seem advantageous to examine any framework for doing this within the confines of philosophical thought and emotional theorising in relation to emotions as a whole. Therefore, some trends in philosophical thought in relation to emotions and some current theories of emotion will be explored. The limitations of ‘traditional’ ways of construing emotions, in particular the neglect of the social and intellectual functions of emotions will be examined. Consequently, a framework that provides a way to re-dress this imbalance will be suggested, namely that of a social constructivist theory of emotions.

Some examples of traditional ways of construing anger specifically and the limitations of these will then be discussed. Also, some studies that have attempted to address the role that anger plays in an ‘everyday context’ will be reviewed, and discussed within the context of a social constructivist model of anger. The similarities and the differences of a social constructivist theory of anger to other models of anger will be discussed. Some traditional ways of construing anger when it becomes ‘disordered’ will be briefly outlined. Finally, a social constructivist framework for ‘disordered’ anger will be examined.

Therefore, in order to understand the importance of studying ‘disordered’ anger some of the difficulties that can result from anger (when it becomes ‘disordered’) will now be outlined.
1.2 The cost of anger

It has long been recognised that anger has a cost to individuals and society, particularly when it results in acts of aggression against people and property. It is not surprising therefore, that anger is generally viewed as a negative emotion (Power & Dalgleish, 1997). Novaco (1985, 1989) suggested that anger that is too frequent, too intense or lasts too long can result in damage to: physiological health (particularly in relation to the cardiovascular system), psychological adjustment, social group relations, organisational performance, and can also jeopardise community safety.

In addition, there is growing recognition that anger is involved in many types of intra-familiar violence (Bartol, 1995), including child abuse (Frude, 1989), sibling abuse (Ohlin, 1983) and spouse abuse (Fullerman & Finkelhor, 1988). Not surprisingly, anger has also been identified as a factor in criminal behaviour (Hazeleaus & Deffenbacher, 1986). Therefore, it would seem reasonable to assume that anger may contribute to a number of criminal acts that involve violence (including grievous bodily harm (GBH), affray, murder and manslaughter). Nonetheless, the relationship between anger, aggression and violence is complex.

Anger can have wide ranging effects to individuals, families and communities. Therefore, it seems remarkable that it has received scant attention in the psychological literature. Generally, it is hypothesised that the dearth of research in relation to anger has been related to conceptual confusion and the tendency to focus on aggression (Ashmore, 1989; Kassinove, 1995; Spielberger, 1983).

1.3 Anger research

1.3.1 The focus on aggression

Novaco (1978) argued that there has been a tendency to focus on aggression rather than anger, possibly as a result of aggression being more readily observable, and it being very damaging to people and property. Averill (1982) suggested that studies have traditionally focused on aggression because of the apparent methodological necessity and the availability of data (particularly relating to animal and cross-cultural studies).
1.3.2 Definitions and conceptualisations of aggression

In addition to a tendency for anger research to focus on aggression, there has also been an ambiguity about the way aggression has been defined. Historically, anger has been confused with aggression and hostility, often with the terms being used interchangeably. The drive for distinguishing anger and aggression may have stemmed in part from the work of Konecni (e.g. 1975), who proposed that anger and aggression have a mutual influence on each other. Konecni asserted that the level of anger influences the level of aggression, and vice versa. Also, aggressive behaviour is hypothesised to bring about anger reduction via cathartic effects. This in turn can provide reinforcement for aggressive behaviour, increasing the probability that aggression will occur if the person is provoked. However, Konecni also speculated that anger could be intensified by aggression, if the aggressive act had not resulted in redress of the source of provocation. In sum, anger is seen as being neither necessary nor sufficient for aggression to occur (Novaco, 1986).

Feshback (1964) proposed a distinction between hostile and instrumental aggression. In hostile aggression, the injury of the victim is primary, whereas in instrumental aggression, targets are hurt in pursuit of another goal. Therefore, caution has to be taken in assuming that violent crimes are the result of anger or hostility, as some violent offences may have been instrumental in nature. Indeed, some crimes that appeared to be hostile may not necessarily have resulted from anger. Nonetheless, other researchers have used different definitions of aggression. According to Spielberger et al. (1988b), aggression is destructive or punitive behaviour towards other people or objects, whereas anger is a subjective or affective emotional state, and hostility is construed as a trait, characterised by hostile attitudes. Averill (1982) described aggression as a response intended to inflict pain or discomfort and is only one way in which anger is expressed. Therefore, while there has been a tendency to focus on aggression at the expense of anger, there is also a lack of consensus about how best to describe or classify aggression.

Also, the relationship between anger and crime is further complicated because some apparently non-violent crimes may involve anger as a significant factor. For example, Marshall & Barbaree (1982) suggested that 25% of child molesters in their study (whose offences appeared to be primarily sexual in nature) had used gratuitous violence. Other complications arise as in some instances, the failure to express anger could be problematic and result in violent crimes, for example, the failure to express anger may be a significant factor in some homicides (Blackburn, 1989; Howells, 1989). Therefore, expressions of anger
will, on occasion, result in aggression or violence. However, attempting to draw any firm conclusions about the ‘cost’ of anger when it results in acts of violence or aggression is extremely difficult.

1.3.3 Aggression as an infrequent response: the positive effects of anger

Averill in his study into everyday experiences of anger, found that only 40% of respondents felt the impulse to aggress (additionally, actual aggressive responses were extremely rare). The apparent frequencies with which people report and experience anger may be accounted for by some of the ‘positive effects’ that are associated with anger. Novaco (1994) has been instrumental in drawing attention to some of the positive roles of anger. He suggested that anger mobilises physiological and psychological resources, fortifies individuals’ self worth and facilitates corrective behaviour when individuals are faced with threatening or challenging situations. Therefore, anger can give individuals a sense of potency, mastery and control. The tendency to focus on the negative aspects of anger may be linked to the way anger and aggression has traditionally been construed.

1.3.4 Definitions and conceptualisations of anger and hostility

Traditionally anger has been construed as an emotional state that accompanies some hostile aggression, or a state of physiological arousal that accompanies aggression, or an intervening drive variable.

Nonetheless, this has been confounded by an apparent trend whereby the emphasis placed on definitions has traditionally been associated with the theoretical ‘affiliation’ of the researcher. For example Lazarus (1991) defined anger primarily in cognitive terms, whereas others such as Izard (1977) emphasised the biological elements involved in the emotion. Nonetheless, Averill (1982) suggested that anger is best construed as an emotional syndrome, with aggression, subjective feelings and other ‘component responses’ being neither necessary nor sufficient to the syndrome. Averill suggested that the appropriate level of analysis would be at the cultural level.

More recently, hostility has been recognised as a cross-situational pattern of attitudes (e.g. Kassinove, 1995). However, this does not facilitate a position whereby an individual can have a hostile attitude in a ‘one-off’ situation.
Nonetheless, within the literature, anger, hostility and aggression have often been used interchangeably. As a result of this Spielberger (1985, 1992, 1995) has come to talk about the 'AHA' (anger, hostility and aggression) syndrome. The lack of consensus regarding definitions, the conceptual confusion associated with anger and the tendency to focus on aggression may have contributed to the lack of psychological research into the phenomena of anger. In order to understand how this position has arisen and also to understand some of the similarities between anger theorising and theorising in relation to other emotions, a digression will be made to investigate the philosophical foundations on which current theories of emotions are based.

1.4 Emotion and philosophical thinking

Traditionally, emotional theorising occurred within the domain of philosophy and was related to larger theories of the mind. Early philosophical approaches have tended to produce conceptual frameworks in which to understand emotions, whereas the focus of psychology has been to operationalise these philosophical theories.

Averill (1978) noted that prior to the eighteenth century, emotions were seen as ‘passions’ that gripped or seized people. These ‘passion views’ of emotions can be seen in the work of Plato, Aristotle and then the Stoics. These ideas can be traced through the Renaissance, the Middle Ages and the Enlightenment period (Averill, 1978 & 1982, Power & Dalgleish, 1997). Passion views of emotions have had a lasting effect on emotional theorising. Both Plato and Aristotle suggested that anger had to be ‘guarded against’ and regulated because it had the ability to ‘overcome’ or seize an individual, possibly making them mad (Novaco & Welsh, 1989). Traditionally anger has been associated with a desire for revenge (this was seen in the work of Seneca and later Descartes). The Stoics were unique in saying that anger should never be shown (however, it is somewhat unclear if they were talking about all instances of anger).

Therefore, traditional ‘passion views’ have resulted in anger and other emotions being seen as being divorced from the rational, intellectual and social side of an individual. Secondly, they have resulted in the negative aspects of anger, particularly aggression, being over-emphasised and consequently have meant that non-aggressive aspects of anger are often overlooked. Thirdly, ‘passion views’ have resulted in the physiological arousal component of anger being emphasised, with a resulting lack of attention being given to frequency, duration and mode of expression, when defining anger as problematic. Therefore, problematic non-aggressive
responses have been overlooked. Fourthly, 'passion views' have resulted in a neglect of the context in which anger occurs.

In addition to anger being construed as a passion, at least two main traditions within philosophy can be identified (Power & Dalgleish, 1997; Wyer & Scrull, 1993). One trend has resulted in the biological/physiological components and the referents of anger being emphasised, whereas the other has resulted in the cognitive, or mental processes and the function of anger being emphasised. These are the Platonic dualistic model of emotions and secondly, the Aristotelian functional view of emotions.

Aristotle's functionalist perspective is based on the analysis of form, as opposed to matter. Form is the essence of what makes an entity distinct; intrinsically this is related to function. The ideas of Aristotle re-emerge in the work of the Stoics (e.g. Aquinas) and later in the work of Spinoza (cited in Power & Dalgleish, 1997). Aristotle and his followers emphasised the importance that beliefs or appraisals had in the development of different emotions (i.e. it is not the object per se but the belief about the object). The functionalist perspective has been less influential in emotional theorising in the last century than the Platonist view. However this trend appears to have been reversed with the resurgence in 'constructivist' views (i.e. those that imply an individual construes or imposes structure) that are inherent within many cognitive psychology theories (c.f. Averill, 1974, 1982; Power & Dalgleish, 1997).

Plato suggested that emotions were located in the soul, as opposed to the body. As a result of being located in the soul, feelings were believed to occur in the spiritual domain resulting from by-products of bodily processes. The remnants of this approach can be seen in the work of James (1884, cited in Power & Dalgleish, 1997).

The approaches that have been linked with Plato have been criticised for being very introspective and also for over-emphasising the physiological component of anger. The tendency to ascribe different physiological patterns to different emotions has been implicit within research that has derived from this line of philosophical thought. This tendency, or 'psychophysiological symbolism' as it is sometimes called, has, as Averill (1974) has suggested, resulted in a tendency to ignore the social significance of emotions. Additionally, there has been little acknowledgement of the relationship between emotions and behaviour apart from references to passions willing the soul to action. This tradition offers little to the understanding of 'disordered' emotion, and it ignores the public arena of emotions.
A note on the meaning of the emotional concept

Aristotle argued that to understand emotions fully, we must understand their function. Implicit in this was the notion that similar physiological processes could result in different emotions, as these would be defined by their functions, and similar functions could come about as the result of similar physiological processes that may underpin an emotion. Averill (1978) termed this an 'expressivist approach'. It assumes emotional terms used in language do not refer to something else, i.e. a referent, rather that they provide a vehicle of shared consciousness. This resulted in emotional terms in language being studied as a way of looking at emotional experiences. Wittgenstein has been particularly influential regarding the expressivist view of language (in Averill, 1974). Wittgenstein uses an example of a child being injured and being in pain. The term ‘pain’ becomes associated with a complex set of behaviours (and experiences) that are learned from and are shared by others. Words take on meaning by the way they are used, and not just by the feeling they express. Words have meaning as part of a system of activity at a socio-cultural level and at a psychological level because they are internalised.

Traditionally emotional theorising has focused on finding referents to emotions. The Platonist tradition is illustrative of a referential position. The referential position or positivist position was given credence by the enlightenment period and the belief of science and objectivity. Names are taken as the paradigm case. Therefore they refer to entities; the actual name between an object and an entity is arbitrary. Therefore in ‘operationalising’ these models, researchers have looked for the referents of the emotion.

Therefore, emotions can be construed in a number of ways, firstly as an underlying concept such as a trait and secondly as a language game, which is related to the natural history of the behaviour or to internal belief systems. Within an expressivist framework (e.g. Averill, 1978) the emphasis has been placed on the use of the emotion within a given society. Conversely, within a referential paradigm, emotions have been distinguished in terms of the uniqueness of their referents. Within a psychophysiological sphere, this has referred to the uniqueness of the physiological patterns that can be found in response to different emotions.

The trends that have been seen in philosophical approaches to emotion have had a significant affect on emotional theorising. Some of the key trends in emotional theorising in this century will now be reviewed.
1.5 Psychological research in the twentieth century

A number of trends have developed in the last century and while there has been considerable overlap between them, at least three key movements can be identified. The first half of the century was predominately influenced by referential notions of meaning, whereas since then, there has been a rise in functionalist ideas.

At the beginning of the century, a psychophysiological stance dominated (e.g. in the work of James, 1890). James posited a direct relationship between visceral states and emotional behaviour. This was criticised by Cannon (1929; cited in Power & Dalgleish, 1997), who argued that sensory input is transmitted via the thalamus in the brainstem, to cognitive centres in the cortex, to the sympathetic nervous system, thereby providing a mechanism by which physiological states can co-exist with cognition (Averill, 1978).

In the middle part of this century, the overemphasis on introspection at the expense of overt behaviour gave rise to the behavioural theories of emotion, whereby the emotion, in this case anger, was viewed as hereditary ‘pattern reactions’ (for example, Watson 1931; cited in Power & Dalgleish, 1997), or as states of readiness (for example, Skinner, 1974; cited in Power & Dalgleish, 1997). Later the neo-behaviourists construed anger as an intervening variable that acted as a drive, thus resulting in a response (for example, Hull, 1943; cited in Power & Dalgleish, 1997).

Since the 1960’s there has been a rise in a cognitive perspective within emotional theorising. These approaches have been noticeably influenced by the Aristotelian functionalist position. The Stoic philosophers recognised the importance of cognition, and the importance of interpretation, judgement, meaning and opinion. However, more recently, the notion of cognition has become associated with automatic processes involved in interpreting and processing information from the levels of perception rather than just as an intervening variable between perception and behaviour. The cognitive tradition has been based on the assumption that adults do not approach new stimuli in a novel way. Rather, information is processed in the light of pre-existing beliefs, knowledge and propositions (Novaco, 1992). Two broad streams of thought can be identified within cognitive theories of emotion; these are the appraisal theories and the associationist theories.

The appraisal (or constructivist) theories include the work of Arnold (1960), Schachter & Singer (1962), Lazarus (1991), Mandler (1984) and Weiner (1986). Latterly, the emphasis on
cognitive processes has become more important and the role of cognitive schema has become incorporated. For example, Mandler (1984) proposed that physiological arousal is generated as a result of discrepancies that arise when there are interruptions to planned goals. This undifferentiated arousal is in turn cognitively processed by the activation of schemata. This has similarities to Lazarus' (1991) 'cognitive-motivational relational theory', whereby each emotion has a person-environment relation. Emotions are appraised in relation to wider goals and in relation to blame, coping resources and expectations. Oatley (1992) proposed a different model whereby priority is assigned in relation to wider goals and plans. The appraisal approaches have often cited verbal reports of emotional experiences in support of how people construe their emotions. The central role of expectation and appraisal can be seen in the contemporary work of Berkowitz (1994), Forgas (1992a) and Ortony, Clore and Collins (1988). An example of this type of research would be a study by Jenkins, Smith & Graham (1989) that asked couples to describe their emotions during conflict.

Possibly most damaging to the notion that there is general physiological arousal which is then cognitively mediated, has been the growing support that there may be a small number of distinct physiological patterns that have been linked with some emotional states (e.g. Ekman, 1992). However, Power & Dalgleish (1997) suggested that the notion that a number of physiological patterns exist that correspond to a particular emotion is not incompatible with the notion that appraisals are important; rather these provide parameters which may influence the way situations are construed.

The associationist school has underpinnings that can be traced to Freudian ideas and models of autobiographical memory. Freud (1979) proposed that memories are formed from a pathogenic nucleus around which other memories were linked. This school also appears to have been influenced by fields as diverse as linguistics and dream analysis, as well as memory research. In network theories, nodes and links represent emotions. It is hypothesised that emotions are directly activated by appropriate emotional stimuli in the environment and the activation spreads along the nodes, which can represent physiological or 'cognitive elements' in the natural environment (Bower, 1992). The first models conveyed very simple relationships between elements (Quillan, 1968), however, they later incorporated more complex relationships such as prototypicality (e.g. Collins & Loftus, 1975). Some of the original limitations regarding learning have been sidestepped by the development of Parallel Distributive Process Systems (Rumelhart & McClelland, 1986). These allow loops between various components of the system to have much more elaborate connections. Additionally, they allow different layers of the system to have feedback loops. An example of such an
approach would be the multi-process model put forward by Forget (1992) or Leventhal (1993). ‘State dependant’ memory effects were cited in support of associationist models (Bower, 1982). This refers to the notion that material learnt in an induced mood state is better recalled in a similar mood state. However, Bower (1987) himself found difficulty in replicating some of the ‘state dependent’ learning effects.

Although associationist theories have been very influential in emotional theorising and have provided a new way of conveying some aspects of the emotional experience, they fail to draw together some of the complexities involved in the dynamic process of having an emotional experience. For example they fail to represent the complex interactions that occur between cognition, physiology and the situational context (Bower, 1992; Power & Dalgleish, 1997). More importantly they do not address the existence of the emotions per se.

Most researchers accept that physiology and ‘cognitive or mental activity’ are involved in the generation of an emotional experience. Opinion is divided as to what has precedence, either physiology or cognitive activity. Consequently, emotions have been construed as being organised in a variety of ways. This will now be addressed.

1.5.1 Emotions and how they are organised

Traditionally, emotions have been construed as higher order entities that have been constructed from simpler components. Another way of understanding emotional research is to see it as an attempt to describe ways in which the emotions are organised. For example, some theories have focused on the biological components (e.g. Izard, 1977; Plutchik, 1980; Tomkins, 1982), and others, such as the ones outlined, have focused on the organisation of the psychological elements of the emotion. Another way of organising emotions is at a social level; that is, to look at the way emotions are used to facilitate social relationships. A social constructivist perspective such as that developed by Averill (e.g. 1988) utilised a social approach in the organisation of an emotional syndrome. Specifically, the theory proposed that meaning is imposed upon emotions by society. Undoubtedly, a phenomenon as complex as emotions has to be understood from a variety of perspectives. Social constructivist perspectives have served to highlight areas that have traditionally been neglected, and thus have served to challenge some ideas that have stemmed from the influence of referential notions of meaning. Therefore, a social constructivist theory of emotions will now be described.
1.6 A social constructivist view of emotions

Dewey (1922; cited in Horschild, 1989) suggested that the appropriate level of analysis was one whereby emotions were construed as roles which individuals adopt in particular situations. Goffman (e.g. 1974) developed some of these ideas in relation to the way that emotions regulated social groups. Horschild has been instrumental in looking at the emotional roles which individuals adopt in relation to emotions in personal and vocational encounters. Therefore, this approach emphasises the social and intellectual aspects of emotions and as a result runs contrary to the traditional 'passion views' of emotions. Additionally, this approach focuses not on finding 'referents' or components that constitute an emotion; rather, the focus has been more on describing the organisation of various emotions within a specific context. Therefore, a social constructivist view is closer to functionalist/expressivist notions than those that stem from the referential position.

Averill has put forward theories emphasising the function that emotions have in the regulation of social encounters and interpersonal interactions. This has been applied to anger (Averill, 1982, 1983), love (Averill, 1985), fear (Averill, 1987), grief (Averill & Nunley, 1988), hope (Averill, Catlin & Chon, 1990), and to generalised stress reactions (Averill, 1989).

Averill (e.g. 1983) has criticised the emphasis of a referential position for a number of reasons. Firstly, he has suggested that parts of the emotion, or subparts, have come to represent the whole, thus diverting attention away from a wider range of phenomena (which could also be emotional). Secondly, the traditional way of construing emotions has led to confusion over the temporal dimension of emotions (Finhandler & Averill, 1982). They argued that the failure to find an event (e.g. a physiological change that lasts for a prolonged period of time) has falsely led people to assume that the emotional state has ended. Thirdly, partly as a result of these factors, the important function that anger has in relation to 'managing' social relationships, has been ignored. Averill has focused on the positive role of emotions and with respect to anger he strongly rejects the notion that anger is predominately destructive (a view that is implied in the ancient 'passion' accounts of anger).

As an alternative, Averill has put forward a social constructivist view, the central tenets of which can be summarised along four dimensions (Averill 1982, 1983). Firstly, it is assumed that emotional responses are the result of the whole person and therefore they cannot be defined in terms of a subclass, or subclasses (for example, as cognitive appraisals or instrumental acts). Secondly, emotions are polythetic syndromes; that is, no subset or element
or kind of response is necessary or sufficient. The philosophical behaviourist, Ryle (1949) eloquently provided an example of the difficulty that can arise when people focus at the level of occurrent responses, rather than focusing on the entire syndrome. To illustrate this he used the analogy of a person showing a foreign visitor around all the colleges at Oxford. Afterwards the visitor asks ‘where is the university?’ That is, the person was unable to see the university for being overly focused on its individual components. Thirdly, Averill argued that the rules that govern the elements of a syndrome are social in nature. Fourthly, emotions serve a function in a social system, or at least they correlate with other behaviour that has a social function.

Averill has produced a framework for conceptualising the experience of emotions, which is represented in Figure 1.6.1.
Figure 1.6.1. A social constructivist model of emotion

Level I
Biological and social potentials

Level II
Fundamental capacities and tendencies

Level III
Specific abilities

Level IV
Episodic dispositions

Level V
Component responses

Emotional Traits

Rules of emotion

Emotional syndromes (social roles)

Initiating and terminating conditions

Emotional states

Situational constraints

R₁ R₂ R₃ R₄

Reflexive experience

(adapted from Averill, 1988)
As can be seen from the diagram, emotions are conceptualised into five levels. The first level is the level of biological and social potentials. Biological potentials are linked to the genotype of an individual. These can be further divided into biological systems of behaviour (such as the instinct to reproduce) and temperament, the style and manner by which an individual will respond. This will be independent of the sort of response that the individual is making. Similarly, Averill has suggested that there is a social system of behaviour and a social temperament. Social systems of behaviour are encoded in the symbols, artefacts and customs of the society of which the individual is part.

Averill suggested that the next level is closely related to the fundamental capacities and tendencies which an individual possesses. Emotional traits and IQ would form an example of these. This is the first level that can be measured directly. At level three, Averill discussed emotional syndromes or specific abilities. He distinguished between an individual's capacity to be emotional and their ability to be emotional. The former is attained if all the optimal conditions occur to ensure that this level is reached. For example, an individual may have the capacity to be very angry but this may have been limited as a result of socialisation experiences. These occur at level four. Emotional states (or episodic dispositions) occur if there are appropriate initiating conditions, for example if an individual is in the appropriate motivational state. Emotional states are dispositions to respond in certain ways, they are not occurrent reactions. The final level, level five, is the level at which component responses of the emotional syndrome occur. These are the responses individuals may or may not exhibit during an emotional response. For example, they may include physiological changes, cognitive appraisals, expressive reactions and instrumental acts.

The model proposed could accommodate situations where not all stages are likely to occur. For example following on from the notion that no response is necessary or sufficient, the model could facilitate the occurrence of an emotional reaction which is a reflex reaction, whereby no subjective feeling of the emotion is experienced. Although Averill suggested that while the subjective element of an emotional syndrome is not essential, he has nonetheless regarded it as one of the most prototypical responses.

1.6.1 Anger as a syndrome, anger as a role

Averill (e.g. 1982) used two metaphors to elaborate on his social constructivist theory of emotions. Firstly, Averill described emotions as emotional syndromes; this relates to the
notion that emotions are a collection of responses, none of which is necessary or sufficient for the syndrome to exist. Secondly, he described emotions as transitory social roles (Averill, 1998). This suggests that an individual will opt in and out of roles and will carry them out with varying degrees of skill. Others who work within a social constructivist framework have shared this idea. For example, Horschild (1979) suggested that social roles provide social rules and contracts. She proposed that individuals take on the role of actors involved in ‘deep or method acting’ whereby their life is a script that they act out. Horschild suggested that this occurs unconsciously a great deal of the time, however people often try to evoke certain feelings and it is at this point that they become more aware of the complexities involved in ‘acting out’ the correct emotion. Horschild suggested that this is particularly noticeable in the service industries where employees often have to be overly polite, often subjugating their own frustrations for a smile. The notion of rules defining and regulating emotions is central to Averill’s work. Social rules were the vehicle in this study by which the experiences of ‘disordered’ anger were examined.

These rules, Averill argued, are implicit in society, for example through language and behaviour. All the rules need social recognition and legitimacy (the influence of functionalist philosophical thought is very evident here). Therefore, Averill argued, in its purest form, the role is not temporary, as it is a shared cultural role, it is one’s involvement with the role which is temporary.

Therefore, a social constructivist model differs from a great deal of contemporary theories on anger, as it does not focus on intrapsychic processes. Indeed, the way emotions are processed is not dealt with directly. Averill, (1993, p49) asserted,

“My basic point is the study of rules per se can be divorced almost completely from any concern with the rules of inference without regard to the cognitive processes that are involved”.

Indeed, Averill illustrated these issues by pointing out that a grammarian can study the rules of language without attempting to understand the cognitive processes involved in language production or comprehension.

A social constructivist theory while drawing attention to elements of emotion that have traditionally been neglected has a number of limitations. Namely, the supposition that stems from a social constructivist perspective, meaning is imposed on emotions by society, and thus
society is fundamental to the regulation of emotional experience. Nonetheless, some of the limitations of a social constructivist theory of emotion will be outlined.

1.6.2 Critique of Averill’s theory of ‘normal’ emotion

Averill’s model has little explanatory power. At a descriptive level it provided a vehicle by which to combine a vast amount of research from many different areas involved in the analysis of emotion. It also emphasised the social and intellectual element of emotions that have traditionally been neglected. Nonetheless, Averill provided little direct evidence to support the hierarchical structure of the model.

The hierarchical nature of a social constructivist theory of emotion is not central to a social constructivist theory of ‘disordered’ anger. Before investigating social constructivist conceptualisations of ‘disordered’ anger some trends in anger research will be reviewed along with a model of ‘normal’ anger that has had considerable bearing on clinical work with people whose anger is ‘disordered’.

1.7 Anger research

At least four constructs have dominated the research in anger. These are associated with 1) frustration, 2) physiological arousal, 3) aggressive stimuli and 4) extrinsic motivation. The role of frustration in relation to anger has been central to many experimental studies relating to anger (e.g. Berkowitz, 1990, 1994). Additionally, frustration has often been cited as a reason for anger within everyday studies of anger. However, while most of the recent work has acknowledged the importance of frustration, there is growing recognition that frustration is not always detectable. This has led some (e.g. Averill, 1982) to the conclusion that, while in most instances frustration is important, it is not necessary or sufficient for the occurrence of anger. Nonetheless, research focusing on frustration in relation to anger has generated a lot of empirical data, a great deal of which has been laboratory based.

A second construct that has dominated the anger research has been the physiological correlates of anger. This has been particularly important in respect of cognitive theories that have stemmed from the work of Schachter & Singer (1962). In particular, the work of Zillman (e.g. 1971,1979,1983; Zillman & Bryant, 1974) into the work of residual physiological arousal being transferred between situations has been important.
A body of research has developed into environmental factors that may facilitate or inhibit aggressive behaviour. In particular, the effects of aggressive stimuli on levels of aggression have been important. For example, Berkowitz & Le Page (1967) and Turner (1975) found that the presence of a gun in a room enhances people's anger related behaviour.

Factors such as physiological correlates of anger, aggressive stimuli and the role of frustration have been important in guiding theoretical thinking and empirical research. They have undoubtedly been influenced by the referential paradigm within research. This work has been important in helping develop an understanding of some of the processes that may underpin anger as an emotional experience. However, this type of research has been limited for a number of reasons. Firstly, there has been an over-reliance on laboratory studies and it is unclear how some effects that were induced in the laboratory generalise into naturalistic settings. This seems particularly apt, as some factors appear to have an inhibitory effect on anger expression while others have facilitatory effects. Secondly, aggression has often been focused on at the expense of anger. Thirdly, important aspects of the emotional syndrome of anger may have been overlooked. For example, Novaco (1993) has been instrumental in drawing attention to wider 'distal' factors, which may affect the occurrence of anger, such as atmospheric variations. Fourthly, the significant role that anger may have in regulating relationships and social group interactions has historically been overlooked.

Traditionally within clinical psychology, the unusual has been studied to offer insight into the usual. Another way of investigating 'normal' anger is to carry out field studies. This is difficult for a number of reasons. Firstly, episodes of anger may not necessarily occur in public, therefore making observation difficult. Secondly, if anger occurs in public at a time when it can be observed, it may be expressed differently due to the fact that it is in the public domain. Thirdly, factors that may be contributing to the episode of anger may not be observable (Novaco, 1992). Finally, a great deal of resources would be expended in observing people continually while awaiting an aggressive episode. There would also be ethical implications in observing people without their consent. As a result, obtaining information on everyday experiences of anger has been done primarily through interview, diary studies and questionnaires. The results from these studies have been incorporated into some of the cognitive appraisal theories reviewed earlier, however, for the purpose of this study, they have been fundamental in providing information about what are 'normal', everyday experiences of anger.
1.7.1 Limitations on self-report

People who self report on interviews, diary studies or questionnaires may not be a representative sample. Additionally, there has been an over-reliance on student participants. Another consideration is the accuracy of the self-reports people give. It is unlikely that people can accurately identify all the factors that led them to behave in a certain way, as well as remembering information such as motives, goals and plans. It would seem reasonable to assume that people can only report what appears in consciousness. In their review of the area, Nisbett & Wison (1977) concluded that people may be unaware of factors influencing their behaviour and therefore self reports may be a combination of preconceived beliefs they have about what should, or has, influenced their behaviour. Averill (1982) suggested a derogation of self-reports is often based on the assumption that people should be able to generate detailed accounts of what guided their behaviour. From his work, he suggested that people do seem able to give reasons for their behaviour or at least an indication as to what may have guided them. However, another criticism of self-reports remains, that even if people do accurately account for their behaviour, they may not be willing to recount all the factors influencing them due to them wishing to be seen favourably. Averill suggested social desirability is only a problem if social desirability is a confounding variable (Averill, 1983). This would not be the case when trying to glean social rules that define and regulate emotions (as would be the case from a social constructivist perspective). Therefore, a social constructivist theory, such as the one proposed by Averill does not assume that people are able to recount all the factors that may be affecting their behaviour. Rather, it assumes that social norms, expectations and the rules that encompass these will be embedded within retrospective reports. Therefore, some ‘everyday studies’ of anger will be examined. Within a social constructivist model of anger (e.g. Averill, 1983), it is assumed that the norms of anger can be explicated from the way anger is manifest within the ‘everyday’ context.

1.7.2 Everyday studies of anger

Spielberger (1993) commented that while the physiological correlates of anger and hostility and behavioural manifestations of aggression have been investigated in numerous studies, the phenomenological experience of anger has been largely neglected in psychological research. It would seem probable that this may be related to concerns people have about the use of self-reports.
Hall carried out one of the first studies of everyday experiences in 1899 (in Averill, 1979) which was part of a larger study on children. Hall asked nearly 900 parents, teachers and others to provide descriptions of children's anger. From this, he developed a number of vignettes, which illustrated various aspects of anger in children. However a great deal of the data was second-hand or based on memories of instances from the past.

Richardson (1918), as part of a study on ‘mental behaviour’ asked 10 college students and two others to keep diaries of all their instances of anger and extreme irritation, over a three month period. Gates (1926), focused on overt behaviour and eliciting conditions. Gates asked 51 female psychology students to keep a diary of all instances of anger or extreme irritation, over a week. Out of the 145 instances reported, 37% were related to frustration of routine activities and 64% were related to being frustrated by self-assertive activities. The greatest proportion of the self assertive activities were defensive reactions to people (36%), 7% of the instances were the result of them being assertive with other people and 21% were associated with frustrations arising out of self-assertion involving defensive reactions to things. Meltzer (1933) carried out a study on male and female college students and Anastasia, Cohen and Spatz (1948) carried out a study of 38 female college students, both using a similar technique to Gates. The Anastasia et al study focused on eliciting conditions associated with anger, whereas the Meltzer study focused on responses that occur when a person is angry. Meltzer asked the students to recall all the instances that made them angry over the period of a week. Fourteen percent of the instances of anger resulted from frustration of routine activities, whereas 86% resulted from frustration of self-assertive activities (38% were defensive reactions to people, 13% were assertive reactions to people and 35% were defensive reactions to things). The Anastasia et al study found that anger was instigated in response to thwarted plans (52%), inferiority and loss of prestige (21%), college work (13%), family relationships (10%), and abstract problems (5%).

McKellar (1949, 1950) carried out the first British study into everyday experiences of anger. McKellar was interested in the conditions that elicit anger. He asked several hundred members of adult education classes in London to complete a questionnaire that asked about two episodes of anger and annoyance. This information was supplemented by McKellar's own observations, and also from material he gained while interviewing a number of the participants. He found five main triggers for anger. These were related to 1) thwarting of plans, 2) issues relating to inferiority, 3) issues relating to loss of prestige, 4) issues relating to college work and 5) issues relating to other ‘abstract’ problems.
While the studies outlined have covered the diverse areas of the events, agents, interpretations and appraisals associated with everyday studies of anger, it is difficult to compare these with each other or to decipher the ‘rules’ surrounding anger from the studies which as a collection are rather piecemeal. However, most of the results of these studies were mirrored in Averill’s study of anger (Averill, 1982).

Averill (1982) carried out the most comprehensive study to date looking at individuals’ experiences of anger. The study was based on questionnaire and diary studies which looked at five dimensions associated with anger: anger as experienced by the angry person, experiencing another person’s anger, differences between anger and annoyance, temporal dimensions of anger and differences between men and women in the everyday experience of anger. The method will be briefly outlined, along with the results to the first study only, which was related to anger as experienced by the angry person. The results of the other studies will be drawn upon where appropriate.

Averill distributed an 88-item questionnaire to 160 participants; 80 were randomly chosen from the community (aged 21 to 60 years old and married) and the other 80 subjects were recruited from a local university (they were less than 21 years old and single). Participants were asked to provide detailed descriptions of instances that had made them angry in the time sampled. Eighty-five percent of the participants reported becoming angry in the last week, the median length of the angry incident was one hour (although shorter episodes of anger were more common). Most of the participants who responded reported their anger as ‘intense’ (between 7-10 on a ten-point scale). Eighty-eight percent of the instances were perceived as being the result of other people and 7% were perceived as being the result of human institutions. The target of anger was normally a loved one, or acquaintance. Only 6% of the instances of anger were aimed at inanimate objects. The individuals that provoked anger were usually perceived, as having done something that the receiver felt was wrong, or they were doing something that was frustrating but avoidable. Frustrations were associated with interruptions to some ongoing planned activity. However, other factors were often implicated as well as frustration. These included violation of important personal expectation, loss of personal pride, violation of socially accepted rules, possible or actual property damage, or personal injury. Ninety-three percent of participants reported the desire to be aggressive in response, although few actually were. Participants were twice as likely to feel the impulse to verbally aggress than physically aggress. The majority of participants dealt with their anger by engaging in calming activities. After the angry incident, participants reported various feelings. These included feelings of irritability, depression or anxiety. Averill found few
differences in the way men and women expressed anger, except that women were more likely
to cry.

1.8 A Social constructivist perspective on anger

Averill’s work on anger has been incorporated into the theoretical model outlined above. He
defined anger as (1982, p317):

“A conflictive emotion that, on the biological level, is related to aggressive systems and, even
more important, to the capacities for co-operative social living, symbolisation, and reflective
self-awareness; that, on the psychological level, is aimed at the correction of some appraised
wrong; and that, on the socio-cultural level, functions to uphold accepted standards of
conduct.”

A social constructivist position, such as the one outlined, proposed that anger could be viewed
as a conflictive emotion as opposed to an impulsive emotion, which is associated with
straightforward inclinations and aversions, or a transcendental emotion (which is linked to a
breakdown of ego boundaries). It is posited that conflict exists at both a biological level and
a social level. Campbell (1975) suggested that a conflict exists between biological impulses
to aggress and the social need for corporate living. At a psychological level, conflict exists
between becoming angry for selfish ends and not becoming angry enough at the instigation of
an appraised wrong.

Averill (1982) rejected the position that anger is predominantly related to biological factors
on the ground that anger reactions and the appropriate rules regarding anger expression are
largely social. Averill suggested cross-cultural variations in the ‘anger/aggression’ syndrome
provide evidence in support of the moderating effects which social factors can have on
genetic predisposition to act in certain ways. Briggs (1972) provided an example of this type
of research. Briggs studied the Utku, a group of Canadian Inuit who rarely show anger or
aggressive behaviour. Averill (1982) suggested that is because the Utku are a numerically
very small group who live over a large geographical area and therefore, it would not be
advantageous for them to be aggressive.

Within this perspective, anger is conceptualised as an emotional state, or episodic disposition
to act in certain ways. The role associated with this state will be enacted if the appropriate
initiating conditions are present. The manifestations of this state will be varied and can
include diverse factors such as physiological responses and aggressive behaviour. The anger role will be governed by constitutive, regulative and procedural rules. By observing anger in everyday settings, these rules can be elicited for a given society.

Averill (1982) suggested that anger is related at a social level, to the maintenance of social systems and accepted standards of behaviour. Social factors, such as symbols and artefacts, moderate and shape the expression of biological factors, which are related to the genotype of an individual, in relation to the anger phenomenon. An example of this would be language. Therefore, some aspects of anger expression would be expected to vary cross-culturally.

Averill suggested that any complex behaviour would result in conflicting elements or subsystems. As a result of conflict, he suggested that new forms of behaviour might arise and if these were reinforced they might achieve functional autonomy (Averill, 1982). Averill (1982, p118) suggested that “no society is so simple that its various subsystems intermesh without potential conflict”. This is the mechanism that Averill proposed allows ‘new behaviours’ to be incorporated into the emotional syndrome of anger, at both an individual and group level. If the majority of the rest of the group shares these behaviours, then they may be given social legitimacy of part of the emotional syndrome.

1.8.1 Rules and norms of anger

Averill (1982) suggested that precepts or standards that regulate the syndrome of anger could be defined in terms of social rules that are prescriptive or proscriptive in nature. He suggested that these could be obtained by looking at studies of anger in everyday situations (or normative studies of anger). “The existence of rules can often be inferred from statistical regularities” (Averill, 1982, p119). The rules pertaining to the emotional syndrome of anger, as devised by Averill, are outlined in Appendix 1.

However, Averill suggested that two complications exist when extrapolating rules from everyday studies of anger. Primarily he argued that the effects of non-normative factors could confound statistical regularities. For example, one in five respondents in Averill’s study on anger (1982) said they had been angered when the behaviour of the target of their anger, had been socially appropriate. Berkowitz (1993) suggested that this apparent anomaly is the result of non-normative factors. If these factors affected one in five respondents then it would seem that non-normative factors relating to anger are possibly more important than Averill suggested.
Nonetheless, four more recent studies have confirmed some of Averill’s findings relating to the normative factors surrounding anger (particularly with respect to the appropriate initiating conditions for anger). Ben-Zur & Breznitz (1991) in a series of studies of students’ anger, found three dimensions, associated with the instigation that affected the experience of anger. These were: the extent of damage involved, the cause of the damaging act and the likelihood of further damage. Snell, McDonald & Knock (1991) also studied anger-provoking situations in students. These were classified along three dimensions: 1) individual inadequacies and failures related to unattained pursuits and goals, 2) frustrating events associated with the public side of the individual and 3) events associated with interpersonal exploitation. Baumeister, Stillwell & Wotman (1990) asked participants to give accounts of when ‘someone angered you’ or when ‘you angered someone’. Generally the results of this study confirmed previous findings. However Baumeister et al (1990) found that some participants’ anger was related to events that had occurred sometime in the past. Harris (1993), in a study entitled ‘What makes men and women angry’, looked at behaviour associated with anger. Generally, these later studies have served to support the findings in the Averill (1982) study and also the norms that have been explicated from it.

1.8.2 Anger experiences in non-mainstream populations

Nonetheless, there has been a lack of studies within the UK, especially with populations that may differ from the mainstream dominant position/positions. Ashmore (1989) conducted one study that attempted to look at everyday experiences within an UK prison population. She asked 63 prisoners to complete diaries and fill-out standardised questionnaires. The prisoners were classified into high, low and non-violent (this was done on the basis of prison records of instances that had occurred while they were in prison). Ashmore found minimal differences in the way the three groups reported their anger. This may have been in part due to Ashmore delineated her three groups using the dimension of violence, rather than anger. As we have noted, the relationship between anger and aggression (and violence) is complex. Also, violence can be motivated by factors other than anger, such as in the case when it is being used instrumentally.

A model that has been used widely within clinical settings and thus has been applied to various ‘non-mainstream’ groups within society, has been a model of anger put forward by Novaco (e.g. 1975, 1979). Novaco’s model has been premised upon a social constructivist philosophy and has also incorporated some of the ‘information processing’ ideas that have
been evident in contemporary 'cognitive' theories of emotion that were reviewed previously. Therefore, this model will be reviewed briefly before looking specifically at a social constructivist model of 'disordered' anger.

1.9 Novaco's model of anger

Novaco (1994), like Averill, has also been critical of the emphasis that has traditionally been placed on the negative aspect of anger, the dominance of intrapsychic models of anger and the neglect of the role of anger as a normal emotion. Novaco's theory was heavily influenced by Meichenbaum's (1978) 'stress inoculation' approach to the problems of anxiety. Novaco construed anger as a stress response to environmental demands. The adverse physiological, health, emotional and behavioural reactions that can result due to prolonged or intense anger, are seen as stress reactions.

Novaco defined anger as an emotional state which is characterised by the presence of physiological arousal and cognition of antagonism (Novaco, 1985). A central proposition is that there is no direct relationship between external events and anger, rather that expectations and appraisals are designated as the principal class of cognitions that determine the occurrence of anger. In Novaco's model, expectations and appraisals are central to the way in which the individual construes the environment and thus processes this in relation to physiological arousal. Novaco and Hayes (1980) suggested that discrepancies between expectations and outcome result in elevated levels of physiological arousal. Individuals then seek to attribute these discrepancies; one way of doing this would be to label the arousal as anger (if anger cues were also present). Novaco (1975,1979,1985) suggested that physiological arousal can either combine with anger stimuli and result directly in a behavioural manifestation of anger, or that the physiological arousal can decay slowly. Thus, physiological arousal from another source (i.e. not directly related to anger stimuli) may combine with beliefs about anger and thus intensify angry feelings. This is linked to Zillman's (1971, 1974,1983) concept of extraneous transfer of arousal which is conceptually similar to the work of Koneci (1975), which was mentioned earlier. Novaco suggested that the role of extraneous arousal is an important one. Therefore, anger has to be understood within an environmental context (Novaco, 1992), whereby factors such as pollution, noise, economic strain could result in increased arousal and/or frustrations that may result in anger. Novaco (1992) has been critical of many researchers failure to take more distal factors into consideration. Therefore, Novaco suggested physiological arousal (resulting from the immediate situation and from wider distal factors) combines with cognitive processes to result
in anger. He suggested that anger might manifest itself in a number of ways, which include verbal antagonism, physical antagonism, and passive aggression or avoidance/withdrawal. This is illustrated in Figure 1.9.1.

**Figure 1.9.1. Determinants of anger arousal according to Novaco**

![Diagram of determinants of anger arousal](image)

(Novaco, 1978)

To summarise, Novaco (in line with a social constructivist position) indicated that anger should not automatically be viewed as a negative or undesirable condition (Novaco, 1976), rather he emphasised the important role anger can have in individuals’ wellbeing. However, Novaco’s model of anger has focused primarily on the process that underpins the anger experience, whereby a social constructivist approach such as the one outlined by Averill (e.g. 1988) has attempted to provide an explanatory model for explaining the existence and presentation of anger. Namely, Averill suggested that anger is predominately about the correction of appraised wrongs in society.

It would seem probable that the positive affects of anger that are emphasised in social constructivist theories of anger (and within Novaco’s conceptualisation of anger) would be outweighed by the increasing negative effects that would presumably occur as anger becomes ‘disordered’. Traditional ways of construing ‘disordered’ anger will now be outlined before focusing on a social constructivist framework for ‘disordered’ anger.
### 1.10 Anger disorders

#### 1.10.1 The context of anger disorders

'Passion views' of anger have resulted in the notion that anger is not rational or social and therefore, like other emotions it has been closely associated with our animal nature, relating to uncivilised actions that must be suppressed (Averill, 1988). Within passion accounts lies the notion that failure to control or suppress an emotion can result in diseases of the mind. Therefore, it is not surprising that anger has been found to have semantic ties to insanity (Lakoff, 1987). A considerable emphasis has traditionally been placed upon expressing an 'appropriate amount of an emotion' whereas the expression of too much (and occasionally too little) of the emotion has been seen as pathological or 'disordered'. In relation to anger, there lies an assumption that there is an appropriate amount of anger for a situation. The assumption within a social constructivist perspective is that the 'appropriate amount' of anger can be gleaned from an analysis of how anger is normally regulated within everyday experiences.

#### 1.10.2 Defining anger as 'disordered'

Novaco (1985) suggested that anger as a clinical problem is best understood in relation to a number of response parameters (frequency, intensity, and mode of expression) by which the anger reaction can be gauged in terms of the effects it is having on individuals' performance, health and personal relationships. Novaco's cognitive-behavioural model (1975, 1979, 1985) has been found to be a good descriptive model in relation to anger in clinical populations (Power & Dalgleish, 1997).

A social constructivist perspective such as the one proposed by Averill would define anger as a clinical problem if 'the norms associated with anger expression were frequently violated'. Nonetheless, this too would result in abnormal expression in terms of frequency, intensity, and/or mode of expression. A social constructivist conceptualisation of anger will now be presented.

Numerous explanations exist as to why anger becomes 'disordered'. A social constructivist perspective of anger, such as the one put forward by Averill (1988) provides a framework in which to link together a number of explanations of 'disordered' anger. Before reviewing Averill's model of 'disordered' anger, some of the factors that are believed to underpin 'disordered' anger will be reviewed.
1.10.3 *Ways in which anger can become ‘disordered’*  

Power & Dalgleish (1997) in a review of the literature suggested that ‘disordered’ anger could arise for a number of reasons. Firstly they suggested that anger could be appropriate for the situation, but too intense. Secondly, anger could be displaced onto inappropriate agents. Thirdly, anger disorders may stem from anger being used to gain attention, maintain fear in loved ones, build barriers to intimacy, or provide ways to justify behaviour. Finally, anger difficulties may be the result of individuals becoming angry at events, which the rest of society sees as inappropriate. These can all result in anger being expressed in a way that would traditionally be seen as ‘disordered’ in that there would either be too much or too little anger being displayed in a situation.

1.10.4 *Subcultural explanations of anger ‘disorders’*  

It seems highly plausible that within a society there may be variations of the norms around the enactment of a social role. This will be particularly evident in some groups that can be seen as rejecting the values of the dominant social group. Averill proposed that within a given society (generally he talks of Western society) the dominant societal group is associated with the power in a society and it is this group whose rules are normally adopted, generally because they are often in a position to enforce their rules. This line of research has been particularly influential within the sociological and criminological literature. Wolfgang & Ferracuti (1967) proposed that subcultures could have their own rules around the appropriate expression of anger. They found support for this from studying the Vendetta Barbarcinia in Sardinia and the Mafia in Sicily. They also found support for this from their studies of street boys in Philadelphia (Wolfgang, 1979). A subcultural theory of crime has suggested that men of lower socio-economic class conform to criminogenic subcultures. These cultures devalue traditional ways of achieving success and alternatively value hedonism and destruction (Bartol, 1995).

Genders & Morrison (1996) investigated the nature of, and the circumstances involved in, a number of violent crimes (particularly wounding and grievous bodily harm) that occurred within the Midlands between 1989-1991. They found some support for a ‘hard core’ group of criminals that may form a ‘violent’ subculture. They collected data by interviewing participants and by reviewing police records. They found that 9 out of 10 people who were convicted of such crimes were male (the mean age of the participants was 25). In their study
the more serious the crime, the more likely the participant was to have a criminal history that dated from an early age. They suggested that this group might form a ‘hard core’ (however, in relation to the overall numbers, this constituted a small proportion of participants). Generally, they found that most people became involved in serious violence infrequently, and that this was normally related to individuals becoming involved in fights in or outside pubs. Often, the participants knew the targets of violence and often the aim of any violence was not to cause serious injury to the target. Tsytsanev & Callahan, (1995) in their review of the related literature also supported these findings. Genders and Morrison (1996) found the participants said that the fights normally broke out after some arguments, the nature of which involved something the victim had done or allegedly done which related to the participants’ rights, property, or women with whom they were involved. Genders & Morrison (1996) found that the participants were often socially isolated and concluded that lack of social skills may have been instrumental in the situation. However they hypothesised that participants having a ‘lack of control’ may be a more important factor.

Andrews (1994) suggested that defining a subculture is a difficult, if not impossible, task. Traditionally, it has been done along parameters such as age and geography. Andrews suggested that this does not define subcultures, but that a more appropriate way of defining a subculture would be by using the more complex phenomenon of shared personal values and attitudes. Nonetheless, there is a general consensus that some factions of society may be following different rules with regards to the appropriate expression of anger.

1.11 A social constructivist model of anger ‘disorder’

Within a social constructivist paradigm, emotional disorders are linked with violations of social rules. A normal emotional state is presumed to exist when a person is disposed in a manner consistent with the emotional syndrome, under conditions that legitimise involvement in the role (Averill, 1988). That is a person’s anger is considered to be normal if they become angry in situations that others would become angry in, and that they display their anger in a way that would be consistent with others’ behaviour when they were angry. The reasons given by Power & Dalgleish (1997) for anger being ‘disordered’ can also be construed as the violation of rules surrounding the phenomenon of anger. Occasional misapplication or misconstrual would be considered a ‘disordered’ instance, whereas regular violations of the social rules for anger would be construed as anger ‘disorder’.
Averill (1988) appeared to imply that deviations from a societal norm in relation to the experience and expression of anger are indicative of 'disordered' anger. This may be too simplistic. The issue of 'violent subcultures' has already been raised and it would also seem that variations may exist from the dominant culture norms in relation to the expression of anger, for example between different social classes, different ethnic backgrounds and even across generations.

Fridja (1988) has drawn attention to the moral issues involved in defining 'deviations' from the norm as pathological or 'disordered'. Fridja raises the question of whether it was pathological to challenge the 'status quo' in Germany during the Second World War. Therefore, it seems that defining 'disordered' anger simply in terms of deviations from norms may be too simplistic. It would seem to be important to the extent to which these norms are shared by others, the extent to which they are idiosyncratic to an individual, and the extent to which this way of behaving is functional for the individual who chooses to express their anger in this way.

### 1.11.1 Rules that are involved in an emotional syndrome

Averill distinguished three main types of rules that relate to the function of emotion. These are constitutive, regulative, and procedural in nature. Constitutive rules help create/define the role as say, an angry role, as opposed to a sad role. Regulative rules specify the manner and circumstance under which an 'emotion' would be enacted. This would include things such as the initiating conditions. Thirdly, there are procedural rules that contribute to the skilled enactment of the role. Averill acknowledged that the rules do not equal a true trichotomy, as any rule can have constitutive, regulative and procedural elements. Rules can also apply to various aspects of the emotional syndrome (Averill, 1988). For example, rules of appraisal are concerned with the object of anger, whereas rules of behaviour are concerned with the expression of anger both overtly and covertly. Rules of prognosis tie the components of anger into a coherent episode. Finally, rules of attribution determine how an 'emotional episode' relate to the self and the social system to which an individual belongs (Averill, 1988).

Averill suggested that the elements of the anger syndrome to which these rules can apply are arranged hierarchically in terms of levels of abstraction, with behaviour and appraisal being at the bottom. Then these elements are tied by aspects of anger that are linked to prognosis. Finally, he suggested that the most abstract level is related to attribution. See Figure 1.11.1.1.
A model of ‘disordered’ anger

**FUNCTION**

- Constitutive
- Regulative
- Procedural

**SCOPE OF APPLICABILITY**

- Attribution
- Prognosis
- Appraisal - behaviour

(Averill, 1988)

Rules of emotion classified according to function (constitutive, regulative, and procedural) and to the aspect of the emotional syndrome to which they apply (attribution, prognosis, appraisal and behaviour) (Averill, 1988).

Frijda (1988) has criticised Averill in failing to specify what is meant by the terms ‘rule’ and ‘role’. Indeed Averill appeared to use the terms interchangeably. Rule can refer to both a prescription for conforming to a standard and a regularity that prevails. (Frijda suggested that this is akin to the term ‘law’ in a criminal justice sense and ‘law’ in the scientific use of the word). Similarly the term ‘role’ appears to be used in two contexts; firstly as in the ‘part’ an actor plays, and secondly as a measure of how well others will perceive the actor to be acting out a particular part (as in; he played the role of Romeo well). The benefit of this approach would be enhanced if the use of these terms could be clarified.

1.11.2 *Factors underlying individuals’ ‘disordered’ anger*

Averill (1982, 1988) suggested that emotional disorders could result from factors that are internal and/or external to the individual (or a combination of both). In particular, Averill suggested that physiological dysfunction such as brain tumours or lesions, head injuries, hormone sensitivity and the presence of environmental releasers may have an automatic affect on behaviour, possibly as a result of forming idiosyncratic neural pathway connections. Averill proposed that ‘unusual’ physiology could result in part of the anger syndrome occurring in isolation and thus resulting in a tendency for other components to be activated.
automatically. For example, a racing heart could result in an individual feeling more physiologically aroused and thus more likely to respond to provocation in a way that would result in the anger 'role' being activated. Novaco & Walsh (1989) found that anger and aggression were associated with a number of disorders including depression, organic brain syndromes and epilepsy. These 'disorders' may result in parts of the anger syndrome being automatically activated, thus providing an explanation for the increased frequency of anger that is often associated with such 'disorders' or states.

Like Power & Dalgleish (1997), Averill proposed that individuals might fail to adhere to societal rules around the enactment of an emotional role because of failure to learn the rules. Averill proposed that this might be linked, in part, to the way the individual has been socialised, possibly through the lack of appropriate role models, or with those who have experienced a disruption in the learning process, possibly due to trauma. However, Averill suggested that anger could be 'disordered' even when an individual knows the rules regarding the appropriate expression of an emotion. Averill (1988) and Power & Dalgleish (1997) recognised that individuals may choose to subvert knowledge regarding the appropriate expression of an emotion for extrinsic needs or goals. Averill argued that this is an exaggerated form of something that occurs regularly with individuals who do not suffer from an anger disorder. Cognitive biases can also result in individuals not following the rules of the rest of society. These have been found to be independent of wider needs or desires the individual may have. In the last two decades, research has turned to look at cognitive processes that may be underpinning the process of anger in individuals, e.g. Keltner, Ellsworth, & Edwards (1993). The research of Novaco & Walsh (1989) has also resulted in attention being drawn to cognitive processes, in particular attentional cueing, perceptual matching and attributional errors, which may be operating in people who have difficulty managing their anger.

### 1.11.3 Types of 'disordered' anger

Averill (1988) suggested that breaking different 'classes of rules' result in different kinds of anger disorder. Most rules are constitutive, regulative, and procedural in a number of respects. Therefore, it follows that breaking a sufficient number of regulative rules could result in a constitutive rule being broken. Similarly, if a sufficient number of procedural rules are broken, then it may be difficult to recognise the emotion. If an emotion was not recognised as anger, but occurred under the conditions in which anger would be expected, then the disorder resulting would be classified as neurotic. However if the emotion was still
recognised as anger, but was irregular in terms of its expression, then it would be 'delinquent'. This would be the class of rules that would be contravened in a subculture that differed from mainstream society with regard to the expression of a particular emotion. Ineptitude results when procedural rules are lacking.

Arguably, Averill (1988) has produced a significant contribution in providing a framework in which to conceptualise 'disordered' anger. The framework that has been provided has produced a mechanism whereby individuals' experiences of anger can be related to societal norms and thus the 'everyday experiences' of other people.

1.12 Anger treatment

By far the most widely used treatment approach for anger has been the one developed by Novaco (Novaco, 1975 & 1979). Novaco (1985) attributed some of the principles underlying his work to some of the ideas of Averill. Novaco's approach uses a cognitive-behavioural framework to bring about a more constructive use of anger. The model rests upon the premise that anger is a stress response and thus emphasises the role of an individual's perception of a situation and their ability to cope. It emphasised the person/environment interaction and also the importance of environmental contingencies. Novaco's stress inoculation model is an approach that is embedded in recognising the functional aspects of anger. In addition, the model incorporates some findings with regard to some of the processes that underpin the experience of anger; e.g. appraisal processes, physiological processes and behavioural processes. The package traditionally follows three steps: cognitive preparation, skill acquisition, and rehearsal with application and practise. The model has the advantage of having similarities to other clinical interventions such as the area of anxiety management (Meichenbaum, 1977) and therefore provides a familiar framework for clinicians.

A social constructivist approach would be supportive of a number of elements within the 'general stress inoculation package'. Firstly, it would be supportive of the importance that is placed upon developing a 'shared language' with clients in which to understand their experiences. Secondly, it would be supportive of the emphasis placed upon individuals recognising and developing an awareness of the functions of their own anger. Thirdly, it would be supportive of the notion that therapy for 'disordered' anger should primarily be about increasing the effectiveness of anger rather than anger reduction.
The treatment approach has been successfully applied to a number of clinical populations. For example, Nomellini & Kantz (1983) implemented the treatment program with abusive parents and Feindler, Ecton, Kingsley & Dubey (1986) implemented the approach with psychiatric patients. In the last ten years, there has been a rapid growth of anger management group work with the prison system in the UK (Towl & Crighton, 1996). Also, the approach has been implemented with mentally disordered offenders (e.g. Renwick, Black & Ramm, 1997). The effectiveness of anger management multi-component treatment packages has been demonstrated in forensic inpatients (e.g. Howells & Hollin, 1989). Nonetheless, there has been a paucity of studies with forensic outpatient samples.

There have been difficulties evaluating the model due to such packages often being implemented in groups. This has been compounded by the lack of formal measures of anger available that would have utility in assessing change. Nonetheless, there does appear to be growing support for the utility of the model. For example Tafrate (1995), in a review, found support for large treatment effects. However, he did not find support that the multi-component model was necessarily superior to self instructional training, anger management training (a treatment that emphasises relaxation skills) and systematic desensitisation. Nonetheless, in this review, only a small number of studies (17) had been evaluated and in 60% of these, the participants were undergraduate student volunteers and out over half of the studies have been carried out by one researcher (Deffenbacker).

The model has been adapted by various researchers (for example, Feindler et al, 1986) to enhance the treatment package by including elements such as generalised self statements, preparing clients for non-reinforcing contingencies and promoting the use of ‘booster sessions’.

Interpreting the effects of treatment packages is an arduous task, primarily as most studies do not use clinical populations. Also, they do not provide accurate descriptions of the way an individual’s anger is ‘disordered’. A social constructivist perspective of ‘disordered’ anger may provide a framework that facilitates this, particularly if it was used in conjunction with psychometric measures of anger measurement. While a social constructivist approach is suggestive that an individual’s tendency to contravene societal norms with regard to their anger expression, the measurement of an individual’s propensity to contravene rules over a period of time may be enhanced by the use of some psychometric measures of anger. The measurement of anger (and ‘disordered’ anger) will now be addressed.
1.13 Psychometric approaches to anger

One line of thinking that has emerged from the tendency to focus on the ‘person-situation’ interaction in relation to anger research has been the development of trait measures of emotions. Traits are construed as stable personality characteristics across time. Aggression has been favoured in relation to anger because it is readily observable, thus it is predicted that individuals with high measures in relation to aggressive traits will be more inclined to act aggressively across time (Blackburn, 1989). However, Mischel (1968) suggested that empirical data did not support the notion of broad response dispositions. Blackburn (1989) suggested that traits could be construed as 'capacities' to act in a certain manner, which reside within a person and are manifested only under certain conditions. Nonetheless, Blackburn suggested that traits are weak predictors of behaviour in a particular situation. However, he has suggested that traits may be good indicators of an aggregate. Therefore, trait measures of anger and aggression may provide a useful way of looking at the “prominent features of a person’s behavioural repertoire” (Blackburn, 1989, p63)

Spielberger, Krasner & Solomon, (1988b) likened anger to a state emotion, and hostility to a trait (the label ‘aggression’ is the behavioural manifestation of anger and hostility). This line of thinking has been particularly influential in the development of measures for anger related phenomena and when discussing anger in relation to adverse health effects. Individuals have traditionally been classified into those who express anger (anger out) and those who suppress anger (anger in). People are classified as ‘anger out’ if they express anger to those people and objects in the environment, or they may receive a classification of ‘anger in’, if their anger is directed towards the ego or the self, which is often associated with feelings of guilt or depression. Writing within the psychoanalytic sphere has heavily influenced the notion of ‘anger in’.

A social constructivist approach to anger such as the one proposed by Averill offers an explanatory model to account for the emotion, whereas a trait conceptualisation does not. Additionally, a social constructivist approach construes anger as an emotional syndrome where no response is necessary or sufficient; rather its definition emphasises the function of the emotion. However, trait approaches focus on the level of occurrent responses and thus define the occurrence of the emotion in this way. Therefore, there may be differences in the way an emotion is construed along temporal lines. Nonetheless, combining the two approaches may provide a compatible way to look at the dynamic concept of anger. If a ‘state-trait’ measure of anger was combined with a social constructivist measurement, this
could provide a vehicle to look at the function of anger for an individual in terms of the role
individuals enact (and the rules they adhere to or break), alongside an indication of an
individual’s behavioural repertoire. The ‘state-trait’ perspective has been very influential in
the development of instruments to explore anger.

1.13.1 Measurement of anger

There have been a number of measures developed to look at anger and other closely related
phenomena. However, since there has been a tendency to focus on the subjective element of
anger (e.g. Novaco, 1975, 1988), these have dominated many of the measurement
instruments. Additionally, many of the instruments have been developed in an ‘ad hoc’
fashion, empirically generated from interviews, or produced from parallel measures (Novaco
1994).

One exception to this and also one of the most frequently used measurement tools of anger in
clinical practice is the STAXI (State-Trait, Anger Expression Inventory)(Spielberger, 1988a).
It is a combination of two previous scales, namely the State-Trait Anger Scale (STAS)
(Spielberger, Spielberger, Jacobs, Russel & Crane, 1983) and the Anger Expression Scale
(Ax) (Spielberger, Johnson, Russel, Crane, Jacobs, & Worden, 1985). The STAXI measures
both the experience of anger and the expression of anger. The norms of the STAXI have been
based on over 9000 people, less than thirty percent of which have been college students.

A variety of other measures have been developed including the Buss Durke Hostility Scale
(Buss & Durkee, 1957), the Reaction Inventory (Evans & Strangeland, 1971) the Anger Self-
Report Inventory (Zelin, Adler & Myerson, 1972) and the Novaco Provocation Inventory
(Novaco, 1975,1988). However, these instruments have been developed exclusively with
college students, and have not been used as widely with violent or clinical populations
(Novaco, 1994). Additionally, the most recent of these, the Novaco Provocation Inventory
does not assess the frequency, duration, or mode of anger expression, nor does it differ
between anger and aggression.

Generally, there has been a lack of instruments to look at a number of aspects of the anger
experience as it occurs in everyday situations.
1.14 Summary

Anger is one of the most frequently experienced emotions (Averill, 1982) and yet there has been a lack of studies within the UK looking at how this emotion is experienced by individuals within the context of their normal life. Definitional problems, conceptual confusion and an over-reliance on laboratory studies have dogged research. There has been a tendency to focus on research that has come from a relativist point of view. This has led to research being focused on ‘non-normative’ factors that may underpin the expression of anger. A social constructivist perspective offers a useful way of construing the function of anger within society, particularly in relation to conceptualising the use of anger as a role that an individual acts out (the role being determined by rules that are social in nature).

There has been a paucity of studies using clinical populations. Nonetheless, there is a need to look at the application of existing models of anger disorder to clinical populations.

Kassinove (1995, p26) commented: “Although we strongly believe that practitioners have much to learn from Averill’s findings; we also believe further investigation of anger in clinical samples will yield important fruits for the practitioner”

1.15 This study

1.15.1 Definitions

Anger is construed as an emotional syndrome, where no response is necessary or sufficient to identify its presence (Averill, 1988). The syndrome of anger may be linked to aggression, capacities for co-operative social living, symbolisation and reflective self-awareness.

1.15.2 Aims of the study

This study aimed to investigate the experiences of anger of clients referred to a forensic outpatient psychology service. A forensic sample was chosen because anger problems form a common reason for referral to forensic psychology outpatient services (although anger itself does not form a diagnostic category of mental illness). Individuals who are referred to the service are often perceived as having ‘disordered’ anger that is affecting some area of their life. They may or may not have convictions for offences that relate to violence.
It has been hypothesised that traditionally psychologists have traditionally focused on extreme cases to understand the 'normal' mechanisms behind behaviours (Averill, 1982). In this case, 'everyday experiences' of individuals who had 'disordered' anger were compared to individuals whose anger was not 'disordered'. Additionally, from examining these experiences, it was hoped that this might give insight into what rules forensic clients, whose anger is 'disordered', may be following and whether or not these differed from others' experiences of anger.

In order to examine how the experiences and expressions of anger of a male forensic-angry group may differ from people whose anger is not 'disordered', their experiences were compared with a non-forensic male sample. A forensic non-angry group was also included to ensure that any differences found between the forensic-angry group and the forensic non-angry group were not simply due to artefacts of being a forensic client.

This study focused upon anger as experienced by an angry person. In order to examine these, a semi-structured questionnaire was used. The semi-structured questionnaire that was used was based on one used by Averill (1982) when investigating a community and student participants experiences of anger, within the USA. This was the measure that Averill used to establish the norms of anger. Averill (1982) suggested that self-report measures allow information to be gathered that would be difficult to obtain in any other way. Neisser (1976) suggested there was a need for research which has “ecological validity”, allowing factors in the natural environment that may influence anger to be identified.

Averill (1988) suggested that people with 'disordered' anger would be less skilled at enacting an angry role. Therefore, he suggested that they might break functional rules of anger. In this study, particular attention was given to the participants' ratings of the frequency, intensity, duration and control of their anger experiences, to ascertain if there were any differences between the groups on these indices. If significant differences existed between the groups, then this was seen as being indicative of a tendency by a group to break some of the functional rules of anger. Participants were also asked to describe a situation that made them angry in the previous week. They were asked about what factors were involved in the situation, the identity of the targets of their anger, how they showed their anger (and felt like showing their anger), whom they blamed for the situation and finally how they felt after being angry. These questions relate to parts of the anger phenomena that Averill (1988) suggested were regulated by norms within society (that are outlined in Appendix 1). From Averill’s model of ‘disordered’ anger, the appraisal element of anger relates to the ‘object’, or reasons
for being angry. The behavioural element of anger relates to the way anger is shown. The area of prognosis relates to the cohesion of the anger episode across time (in this study this was related to the duration of the anger experiences that were described). Finally, the attribution element of anger relates to how a person relates the experience to themselves and the social system. In this study this was investigated by focussing on emotions after the angry incident. Therefore, significant differences across groups with respect to these aspects of the anger experience may be indicative that a group had been breaking rules that related to a particular part of the anger phenomena.

In addition to the semi-structured questionnaire, participants were given the STAXI, which conceptualises anger along state-trait dimensions. This has the advantage of being a standardised questionnaire that looks beyond a specific instance of anger, thus facilitating a measure of how a person is using and experiencing anger over time.

This study aimed to compare the experiences of anger within a group of people who have been identified as having ‘disordered’ anger, to ascertain if their experiences differed from other people’s.

1.15.3 Hypotheses

Hypothesis 1

*It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the functional rules of anger...*

a. with respect to the frequency of their anger in the previous week.
b. with respect to the intensity of their anger in the situations they described.
c. with respect to their ability to control their anger.
d. with respect to the duration of their anger.
Hypothesis 2

It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the appraisal aspect of their anger experiences...

a. with respect to the factors that may have provoked them to become angry in the situations that they had described.
b. with respect to the targets of their anger.
c. with respect to the extent to which they thought other people would have become angry in similar situations.

Hypothesis 3

It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the behavioural aspect of their anger experiences...

a. with respect to their actual expression of anger in the situations they described from the previous week.
b. with respect to whether they thought other people would show their anger in similar ways.
c. with respect to the way they felt like showing their anger in the situations they described in the previous week.
d. with respect to their ratings of physiological arousal in the situations that they described in the previous week.

Hypothesis 4

It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the prognosis of their anger experiences.
Hypothesis 5

It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the attribution of their anger experiences...

a. with respect to the extent to which they took their anger out on a third person.
b. with respect to the extent to which they felt their use of anger was beneficial.
c. with respect to the feelings they report after being angry.
d. with respect to the extent to which they took responsibility for the situations they described in the previous week.

(Attribution in this sense is used to look at the way a person is relating their anger experiences to themselves and to the world around them. Averill (1988) suggested that most people do not find the actual experience of anger pleasant, however they find it constructive in terms of bringing about change for the good. He suggested that anger is used predominately within the context of interpersonal relationships).

Hypothesis 6

It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group on all scales of the STAXI.
2. Method


2.1 Participants

In total, there were 56 male participants in the study who were divided into three groups. These consisted of a forensic-angry group \(N=12\), a forensic non-angry group \(N=16\) and a non-forensic group \(N=28\).

The participants for the two forensic groups were recruited primarily from men who were being seen by psychologists from the psychology outpatient service at Arnold Lodge Regional Secure Unit, Leicester. However, not all of the Arnold Lodge clients were seen at Leicester as some were recruited from 'satellite clinics' around (what was formally) Trent Regional Health Authority. One participant was recruited from the forensic psychology service of Nottingham Community Health Care Trust.

Over half \(N=17\) of the non-forensic participants were men who worked at Arnold Lodge Regional Secure Unit. This included nursing assistants, nurses, security staff, psychology staff and management personnel. The remainder of the non-forensic participants were male clients of an inner-city hair designer. A decision was made to recruit these participants from the hairdressers in order to maximise the number of participants in the non-forensic sample. Also, it was hoped that by recruiting from another setting, this would increase the ability to generalise the results from the male non-forensic sample, which had been recruited at Arnold Lodge, to a wider group of men.

The psychologists at the Regional Secure Unit were approached and asked to participate in the study (out of the four who were asked, one declined to take part). A psychologist who worked for the Nottingham Forensic Service was also approached and asked to participate in the study. These psychologists were asked to classify all current clients as angry or non-angry. Angry clients were identified on the basis that anger was the main, or a significant factor, in the clients' current difficulties (this may or may not have been the reason for referral to the service).

Within the forensic sample, social service referrals were excluded. This was because it was felt that they differed qualitatively from the majority of outpatient clients, in that the reason for referral is often to carry out an assessment of parenting skills or risk assessments in relation to children. Similarly, women were excluded from the present study, because there are very few woman within the service and there are some indications that men and women may express their anger differently (Averill, 1982).
2.2 Materials

A semi-structured questionnaire was adapted from the one used by Averill (1982), to examine participants' experiences of their own anger. People were asked to describe a situation that had angered them in the previous week and the specific elements of that experience were extracted. Specifically, these were related to the frequency, intensity, and duration of anger in the situation. Participants were also asked about factors that provoked their anger, who their anger was aimed at, ways in which they showed their anger (and also ways in which they felt like showing their anger), who they blamed for the experience and how they felt after they became angry. Participants were also asked to rate how they felt their experiences compared to those of other people. Also, a number of questions were included that related their experiences, in the situations they described, with their experiences in general.

Averill's questionnaire was modified and many of the questions that involved categorical answers or Likert type responses in the original questionnaire were converted, so that they were amenable to visual analogue methods of measurement. The ordering of some of the questions was changed, so that progression was from questions about the specific to the general. Additionally, the wording of some questions was altered in order to avoid 'Americanisms'. Questions were omitted that related to the difference between anger and annoyance, motivation for anger and some aspects of physiological change during anger. Also excluded were questions regarding the way the person re-interpreted the angry incident. Primarily this was so that the questionnaire would be shorter and to avoid some overlap with questions addressed in the STAXI. Additionally, some of the questions that were concerned with feelings after the angry incident, which were grouped in the original questionnaire were separated in the adapted questionnaire.

The semi-structured questionnaire was piloted with three forensic inpatients who were on the rehabilitation ward. They were asked to complete the questionnaire, giving an indication of the time it took and to make notes about the wording of questions or any points which they felt were unclear. Two psychologists who had experience of questionnaire design, four men known to the researcher and the research nurse at Arnold Lodge were also asked to complete the questionnaire and make notes on comprehension, grammar and spelling. Also, the research pack, containing the information leaflets (one for the male comparison sample and one for the forensic groups), a consent form, a background information form and the two questionnaires were sent to the clinical director of Arnold Lodge and eight ward managers for
information and comment. A copy of the research pack that included the semi-structured questionnaire, the STAXI, the information leaflet and the consent form can be found in Appendix 2.

The semi-structured questionnaire was scored in the following ways: Categorical answers on the semi-structured questionnaire were given numerical values. Answers on visual analogue scales in the semi-structured questionnaire were scored out of 100. Open-ended questions in the semi-structured questionnaire were organised into themes.

The STAXI is a 44-item questionnaire that aims to measure the experience and expression of anger. It consists of six scales and two sub-scales. These are:

**In relation to the experience of anger:**

*State Anger:* This aims to investigate the intensity of angry feelings at a particular time, namely the time of measurement.

*Trait Anger:* This aims to measure individual differences in the disposition to experience anger.

*(Angry Temperament):* This is a sub-scale of trait anger that measures the general propensity of individuals to experience and express anger without specific provocation.

*(Angry Reactions):* This is a sub-scale of trait anger that measures differences in the disposition to express anger when criticised or treated unfairly by others.

**In relation to the expression of anger:**

*Anger In:* This aims to measure the extent to which feelings are held in or suppressed.

*Anger Out:* This aims to measure how often an individual expresses anger towards other people or objects in the environment.

*Anger Control:* This measures the frequency with which an individual attempts to control the expression of anger.

*Anger Expression:* This provides a general index of the frequency with which anger is expressed, regardless of the direction of expression.
2.2.1 The norms of the STAXI

The means and the standard deviations for each of the scales, in relation to the population the measure was standardised on are outlined in Table 2.2.1.1 (Spielberger, 1988a).

Table 2.2.1.1. Mean scores and the standard deviations for each of the scales for the STAXI with male adults

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>State-anger</td>
<td>11.29</td>
<td>3.17</td>
</tr>
<tr>
<td>Trait-anger</td>
<td>18.65</td>
<td>4.81</td>
</tr>
<tr>
<td>Trait-anger (temperament)</td>
<td>6.24</td>
<td>2.47</td>
</tr>
<tr>
<td>Trait-anger (reaction)</td>
<td>9.34</td>
<td>2.59</td>
</tr>
<tr>
<td>Anger in</td>
<td>15.36</td>
<td>3.92</td>
</tr>
<tr>
<td>Anger out</td>
<td>14.41</td>
<td>3.33</td>
</tr>
<tr>
<td>Anger control</td>
<td>26.20</td>
<td>4.26</td>
</tr>
<tr>
<td>Anger expression</td>
<td>19.35</td>
<td>7.36</td>
</tr>
</tbody>
</table>

The scales of the STAXI measuring ‘Trait anger’, ‘Anger Reaction’, ‘Anger In’, ‘Anger Out’, ‘Anger Control’ and ‘Anger Expression’ have been found to have good validity when compared to other measures of anger (Spielberger, 1988a). The STAXI, particularly in relation to ‘Anger Expression’, has been found to be a good indicator of pathogenesis, in relation to medical disorders (Spielberger, 1988a).

In relation to the validity of the measure, the scale of State Anger and the sub-scale of Anger Temperament have been found to be insensitive at distinguishing between low scores (Spielberger, 1988a).

In this study, responses on the STAXI were scored according to the STAXI scoring manual (Spielberger, 1988a); but percentiles were not calculated.

The relationship between the two measures and the hypothesis are summarised in Table 2.2.2.1.
Table 2.2.2.1. The relationship between the measures of anger and the hypothesis set in the study.

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Question number on the semi-structured questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the functional rules of anger.</td>
<td>4, 6, 12, 45, 46</td>
</tr>
<tr>
<td>2. It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the appraisal aspect of their anger experiences.</td>
<td>7, 14, 15, 16, 17, 18, 19, 20, 21, 22</td>
</tr>
<tr>
<td>3. It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the behavioural element of their anger experiences.</td>
<td>23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 44</td>
</tr>
<tr>
<td>4. It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the prognosis of their anger experiences.</td>
<td>13</td>
</tr>
<tr>
<td>5. It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the attribution of their anger experiences.</td>
<td>9, 38, 39, 40, 41(a-l), 43</td>
</tr>
<tr>
<td>6. It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group on all scales of the STAXI.</td>
<td>These related to the STAXI</td>
</tr>
</tbody>
</table>

2.3 Procedure

Ethical approval was sought from the University of Leicester, Leicestershire Mental Health Trust and Nottingham Healthcare Trust. Additionally the ‘research pack’ was sent to the ethics committee at Arnold Lodge Regional Secure Unit for information.

2.3.1 Forensic clients (Arnold Lodge)

A number of days were identified where the researcher invited the psychologists to ask the clients (who they would routinely see in a clinic on that specific day) if they would be willing to take part in the research. Therefore, clients were asked irrespective of whether it was their first or subsequent appointment.

If the client was willing to take part, the client was introduced to the researcher who explained the rationale of the study (this was not necessary in the case of the researcher’s clients who were being seen by the researcher anyway). Two forensic clients, who were invited to take part in the study using this method of recruitment, declined to take part.

Twenty-seven agreed to take part in the study. They were given a research information pack that contained an information leaflet, a consent form, a background information sheet, and the
two questionnaires. Participants were then asked if they wanted to be interviewed, or if they would rather fill out the questionnaires themselves. Participants were given this option because the researcher felt that a number of forensic clients may have had difficulty completing the form on their own and so would have declined to take part in the study if they were asked to do so. Therefore, a decision was taken to give them a choice so that there would not be a bias in this sample of participants (with respect to people being excluded on the basis that they were not willing or were unable to complete the forms on their own). If they chose to be interviewed, the researcher interviewed them and completed the questionnaire on their behalf. If they chose to complete the questionnaires on their own, they were shown to a quiet room and left to do so. Two participants from the forensic-angry group and six participants from the forensic non-angry group chose to be interviewed. Finally, when participants completed the questionnaires they were thanked for their co-operation.

2.3.2 Forensic client (Nottingham)

The psychologist explained the rationale of the study and invited the participant to take part in the study. The participant was then left to read the patient information leaflet, fill out the consent form, background information details and the questionnaires.

2.3.3. Non-forensic group (Arnold Lodge)

Research packs that included a staff information leaflet, a consent form, a background information sheet and the two questionnaires was sent via internal mail to all nursing staff and security staff \((N=45)\). Staff were sent a pre-addressed internal mail envelope so that they could return the packs to the researcher. Of those sent out, eleven completed packs were returned to the researcher.

The researcher also visited each ward on two occasions (and telephoned each ward on another occasion) and asked the nursing staff to fill out the questionnaires. Also, any questions regarding the nature of the study were clarified.

Additionally, male psychologists and male managers were approached and asked to take part in the research. If they agreed, they were given a research pack to complete and return, via internal mail, to the researcher. Six participants were recruited in this way.
2.3.4. Non-forensic group (hairdressers)

The owner / manager of the hairdresser was approached, the rationale of the study was explained and he was asked whether he would be willing to assist with the study.

He agreed and invited male clients to complete a research information pack during the course of their visit.

He then collected these and returned them to the researcher. Therefore, none of the non-forensic participants were interviewed.

2.4 Data analysis

Results were calculated using a Kruskal-Wallis Test, which is a non-parametric test as was appropriate for the data. On the semi-structured questionnaire, most of the questions asked participants to rate their responses using a 100 point visual-analogue scale, thus providing an interval measure. As almost none of these were normally distributed, non-parametric tests were chosen to compare the responses of the groups. This was two-tailed, as the direction of the response generally could not be predicted, and a probability level of .05 was accepted as significant.

If the Kruskal-Wallis Test did indicate a significant difference between the groups, a non-parametric test of comparison between two means (a Mann Whitney U test) was calculated. This was to ascertain whether there was a difference between each of the groups: the forensic-angry group and the non-forensic group, the forensic-angry group and the forensic non-angry group and finally the non-forensic group and the forensic non-angry group.

Descriptive data was analysed in the normal way.
3. Results
3.1 Background information

There was no significant difference between the groups in terms of age ($H=0.23$, d.f.=2, $p=ns$). The mean age was 37.3 (SD=6.85) years in the forensic-angry group, 32.9 (SD=10.37) years in the non-forensic group and 35.7 (SD=9.64) years in the forensic non-angry group.

The groups differed significantly in employment status, as only 8.33% ($N=2$) of the forensic-angry group and 18.75% ($N=3$) of the forensic non-angry group were employed. However, the majority of the non-forensic group were employed (92.86%, $N=26$) and the remainder were students (7.14%, $N=2$) ($H=28.48$, d.f.=2, $p<.05$).

The living arrangements of the participants are illustrated in Table 3.1.1.

Table 3.1.1. The living arrangements of participants.

<table>
<thead>
<tr>
<th></th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$N$</td>
<td>(%)</td>
<td>$N$</td>
</tr>
<tr>
<td>With a wife/partner</td>
<td>1</td>
<td>(8.33)</td>
<td>5</td>
</tr>
<tr>
<td>With family (wife/partner + children)</td>
<td>1</td>
<td>(8.33)</td>
<td>5</td>
</tr>
<tr>
<td>With parents (and/or siblings)</td>
<td>0</td>
<td>(0.00)</td>
<td>2</td>
</tr>
<tr>
<td>With children only</td>
<td>0</td>
<td>(0.00)</td>
<td>0</td>
</tr>
<tr>
<td>Alone</td>
<td>7</td>
<td>(58.33)</td>
<td>3</td>
</tr>
<tr>
<td>Other (shared house, grandparents, hostel)</td>
<td>2</td>
<td>(16.67)</td>
<td>1</td>
</tr>
<tr>
<td>Missing Data</td>
<td>1</td>
<td>(8.33)</td>
<td>0</td>
</tr>
</tbody>
</table>

Therefore, it would seem that a higher proportion of forensic-angry clients live alone than is true of the other two groups.

There was a significant difference between the three groups in the extent to which they reported committing the following crimes: ABH, GBH, affray, wounding, manslaughter, murder, and threatening behaviour ($H=23.21$, d.f.=2, $p<.05$). This is illustrated in Table 3.1.2.
Table 3.1.2. The number of times participants said they committed ABH, GBH, affray, wounding, manslaughter, murder and threatening behaviour.

<table>
<thead>
<tr>
<th></th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>(%)</td>
<td>N</td>
</tr>
<tr>
<td>Never</td>
<td>1 (8.33)</td>
<td></td>
<td>9 (56.25)</td>
</tr>
<tr>
<td>1 to 5 times</td>
<td>5 (41.67)</td>
<td></td>
<td>6 (37.50)</td>
</tr>
<tr>
<td>6 to 10 times</td>
<td>0 (0.00)</td>
<td></td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>11 to 15 times</td>
<td>1 (8.33)</td>
<td></td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>16 to 20 times</td>
<td>1 (8.33)</td>
<td></td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>Over 20 times</td>
<td>1 (8.33)</td>
<td></td>
<td>0 (0.00)</td>
</tr>
<tr>
<td>Missing Data</td>
<td>3 (25.00)</td>
<td></td>
<td>1 (6.25)</td>
</tr>
</tbody>
</table>

It appears that the forensic angry group reported committing crimes that may be associated with anger or violence more frequently than the other two groups.

3.2 Analysis

3.2.1 Hypothesis 1

It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the functional rules of anger...

a. with respect to the frequency of their anger in the previous week.

There was a significant difference between the groups in terms of the number of times they reported becoming angry in the previous week ($H=10.47$, d.f.=2, $p=<.05$). See Table 3.2.1.1.
Table 3.2.1.1. Frequency of anger reported in the previous week.

<table>
<thead>
<tr>
<th></th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Participants said they had not become angry</td>
<td>0 (0.00)</td>
<td>1 (6.25)</td>
<td>4 (14.29)</td>
</tr>
<tr>
<td>1-2 times a week</td>
<td>3 (25.00)</td>
<td>10 (62.50)</td>
<td>14 (50.00)</td>
</tr>
<tr>
<td>3-6 times a week</td>
<td>2 (16.67)</td>
<td>3 (18.75)</td>
<td>4 (14.29)</td>
</tr>
<tr>
<td>7-10 times a week</td>
<td>6 (50.00)</td>
<td>0 (0.00)</td>
<td>3 (10.71)</td>
</tr>
<tr>
<td>Over ten times a week</td>
<td>1 (8.33)</td>
<td>1 (6.25)</td>
<td>3 (10.71)</td>
</tr>
<tr>
<td>Missing</td>
<td>0 (0.00)</td>
<td>1 (6.25)</td>
<td>0 (0.00)</td>
</tr>
</tbody>
</table>

This was accounted for by the forensic-angry group reporting becoming angry more often over the previous week.

Hypothesis 1a has been supported.

b. with respect to the intensity of their anger in the situations that they described.

There was a significant difference between the groups in terms of the intensity of their anger during the angry incidents ($H=4.02$, d.f.$=2$, $p<.05$). (Forensic-angry group: $M=74.75$, $SD=29.34$; forensic non-angry group: $M=65.00$, $SD=40.83$; non-forensic group: $M=26.21$, $SD=8.87$).

Consequently, the scores between the groups with respect to anger intensity were compared. There was a significant difference between the forensic-angry group and the non-forensic group ($Z=-2.61$, $p<.05$). There was not a significant difference between the non-forensic group and the forensic non-angry group ($Z=-1.77$, $p=ns$), nor was there a significant difference between the forensic-angry and the forensic non-angry group ($Z=0.82$, $p=ns$). The differences between the groups can be accounted for by the non-forensic group reporting that their anger was less intense than the two forensic groups.

Therefore, hypothesis 1b has been supported.
c. with respect to the extent to which they attempted to control their anger.

There was no significant difference between the groups in terms of the extent to which they generally made an attempt to control their anger ($H=4.02$, d.f.$=2$, $p=ns$), the extent to which they generally 'broke the rules' when they were angry ($H=4.02$, d.f.$=2$, $p=ns$), or the extent to which they felt other people knowingly 'broke the rules' when they were angry ($H=4.02$, d.f.$=2$, $p=ns$). See Table 3.2.1.2.

**Table 3.2.1.2.** Participants' ratings of the extent to which they control their anger and the extent to which they, and others, 'broke the rules'.

<table>
<thead>
<tr>
<th></th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
<th>$H$ (d.f.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
</tr>
<tr>
<td>The extent to which</td>
<td>70.18 (32.71)</td>
<td>70.57 (30.92)</td>
<td>67.92 (30.52)</td>
<td>4.02 (2)</td>
</tr>
<tr>
<td>participants generally controlled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>their anger</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The extent to which</td>
<td>65.00 (37.76)</td>
<td>44.13 (36.17)</td>
<td>33.75 (26.15)</td>
<td>4.02 (2)</td>
</tr>
<tr>
<td>participants felt they</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>generally broke the rules</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The extent which</td>
<td>52.58 (30.99)</td>
<td>57.94 (32.05)</td>
<td>49.12 (26.49)</td>
<td>4.02 (2)</td>
</tr>
<tr>
<td>participants felt others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>broke rules</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Therefore hypothesis 1c was not supported.

d. with respect to the duration of their anger.

There were significant differences between the groups in the extent to how long their anger lasted in the situations they described in the previous week, and how typical this duration was for them. See Table 3.2.1.3.
The difference between the groups with respect to the duration of their anger was further explored. There was a significant difference between the forensic-angry group and the non-forensic group \((Z=-3.86, p<.05)\). There was also a significant difference between the non-forensic group and the forensic non-angry group in respect of anger duration. \((Z=-2.05, p<.05)\). Additionally, there was a significant difference between the forensic non-angry group and the forensic-angry group in respect of anger duration. \((Z=-2.44, p<.05)\).

Similarly, the difference between the groups with respect to how typical this was, was analysed further. There was a significant difference between the forensic-angry group and the non-forensic group \((Z=-3.16, p<.05)\). There was no significant difference between the non-forensic group and the forensic non-angry group in respect how typical it was for their anger to last this long \((Z=-0.08, p=ns)\). However, there was a significant difference between the forensic non-angry group and the forensic-angry group in respect to how typical it was for their anger to last this long \((Z=-2.58, p<.05)\).

The forensic-angry participants rated their anger as lasting longer. Therefore, hypothesis 1d has been supported.
3.2.2 Hypothesis 2

It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the appraisal aspect of their anger experiences...

a. with respect to the factors that provoked them in the situations they described.

Participants had to indicate whether they understood why they had become angry. In this respect, there was no significant difference between the groups ($H=1.76$, d.f.=2, $p=ns$). (Forensic-angry group: $M=71.33$, SD=32.28; forensic non-angry group: $M=82.17$, SD=28.94; non-forensic group: $M=86.46$, SD=13.74).

Participants were asked to rate the extent to which they were provoked by a number of predetermined factors. There was no significant difference between the groups in terms of their ratings on factors that may have provoked them. See Table 3.2.2.1.
Table 3.2.2.1. Factors that participants rated as provoking them in the situations they described from the previous week.

<table>
<thead>
<tr>
<th>The extent to which participants:</th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
<th>H (d.f.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffered physical injury</td>
<td>24.64 (37.69)</td>
<td>16.62 (33.00)</td>
<td>13.88 (25.71)</td>
<td>1.38</td>
</tr>
<tr>
<td>Belongings were damaged</td>
<td>25.45 (39.34)</td>
<td>9.08 (26.47)</td>
<td>8.58 (21.17)</td>
<td>4.63</td>
</tr>
<tr>
<td>Had to 'stop carrying out a task'</td>
<td>37.33 (42.56)</td>
<td>25.85 (36.44)</td>
<td>38.42 (38.03)</td>
<td>1.17</td>
</tr>
<tr>
<td>Felt they were 'put down'</td>
<td>32.00 (39.20)</td>
<td>29.23 (36.68)</td>
<td>39.92 (29.22)</td>
<td>0.56</td>
</tr>
<tr>
<td>Felt the situation involved somebody acting in a way that was against widely held rules of how you should behave</td>
<td>62.83 (43.16)</td>
<td>54.62 (41.75)</td>
<td>49.26 (34.91)</td>
<td>1.71</td>
</tr>
<tr>
<td>Felt the situation involved somebody acting in a way they found offensive, but others may not have</td>
<td>53.42 (47.69)</td>
<td>43.92 (43.86)</td>
<td>37.00 (31.01)</td>
<td>0.78</td>
</tr>
<tr>
<td>Felt their 'position in society' was involved</td>
<td>46.75 (40.65)</td>
<td>22.00 (36.43)</td>
<td>22.39 (29.32)</td>
<td>4.27</td>
</tr>
</tbody>
</table>

Therefore, hypothesis 2a has not been supported.

b. with respect to the targets of their anger in the situations that they described.

There was no significant difference between the groups in their ratings of whether they were angry at a person, how well they knew the person or whether they were angry at an institution. See Table 3.2.2.2.
Table 3.2.2. The targets of anger in the situations the participants described.

<table>
<thead>
<tr>
<th></th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
<th>H (d.f.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The extent to which</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
</tr>
<tr>
<td>participants were angry at a person</td>
<td>50.83 (46.51)</td>
<td>68.77 (36.35)</td>
<td>67.37 (29.48)</td>
<td>1.47</td>
</tr>
<tr>
<td>The extent to which</td>
<td>68.77 (36.56)</td>
<td>50.75 (42.24)</td>
<td>52.17 (39.46)</td>
<td>1.05</td>
</tr>
<tr>
<td>participants felt they</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>knew the person</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The extent to which</td>
<td>50.83 (46.51)</td>
<td>19.00 (37.53)</td>
<td>19.58 (29.95)</td>
<td>3.51</td>
</tr>
<tr>
<td>participants were angry at 'the</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>services' or 'the law'</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Therefore, hypothesis 2b was not supported.

c. with respect to the extent to which they felt others would become angry in similar situations.

There was no significant difference between the groups in terms of the extent to which they rated the likelihood of others becoming angry if they were in a similar situation ($H=2.35$, d.f.=2, $p=ns$). (Forensic-angry group: $M=48.18$, $SD=33.74$; forensic non-angry group: $M=62.77$, $SD=31.41$; non-forensic group: $M=51.33$, $SD=19.75$).

Therefore, hypothesis 2c was not supported.

3.2.3. Hypothesis 3

It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the behavioural element of their anger experiences...

a. with respect to their actual expression of anger in the situations that they described from the previous week.

The ways in which participants showed their anger can be found in Table 3.2.3.1.
Table 3.2.3.1. The ways that participants expressed their anger in the situations that they described from the previous week.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>(%)</td>
<td>N</td>
</tr>
<tr>
<td>Made a nasty remark</td>
<td>6</td>
<td>(50.00)</td>
<td>4</td>
</tr>
<tr>
<td>Was physically aggressive</td>
<td>2</td>
<td>(16.67)</td>
<td>0</td>
</tr>
<tr>
<td>Stopped something they would normally do</td>
<td>2</td>
<td>(16.67)</td>
<td>0</td>
</tr>
<tr>
<td>Acted ‘overly friendly’</td>
<td>0</td>
<td>(0.00)</td>
<td>0</td>
</tr>
<tr>
<td>Acted a ‘bit off’</td>
<td>8</td>
<td>(66.67)</td>
<td>6</td>
</tr>
<tr>
<td>Talked the incident over with somebody</td>
<td>6</td>
<td>(50.00)</td>
<td>7</td>
</tr>
<tr>
<td>Talked the incident over with somebody ‘to get back at the target’</td>
<td>2</td>
<td>(16.67)</td>
<td>0</td>
</tr>
<tr>
<td>Took their anger out on somebody (verbally)</td>
<td>7</td>
<td>(58.33)</td>
<td>2</td>
</tr>
<tr>
<td>Took their anger out on somebody (physically)</td>
<td>3</td>
<td>(25.00)</td>
<td>0</td>
</tr>
<tr>
<td>Had a drink, smoked a cigarette or got stoned</td>
<td>10</td>
<td>(83.33)</td>
<td>2</td>
</tr>
</tbody>
</table>

A larger proportion of the forensic-angry participants (than the non-forensic participants) reported showing their anger in the following ways: being physically aggressive, stopping something they would normally do, acting off, taking the incident over with someone, taking their anger out on somebody else (verbally and physically) and using substances.

Participants were also given the opportunity to report any other ways that they showed their anger in the situations they had described from the previous week. Some of the forensic angry group reported withdrawing when angry. Additionally, some of the participants in this group reported self-harming, punching and kicking walls, searching for the target and giving ‘evil looks’. Some of the forensic non-angry group reported making angry faces, threatening violence and showing their anger by being suicidal and depressed. Other ways in which some of the non-forensic group reported showing their anger included telling people the consequences of their anger, socially withdrawing, driving faster and making rude gestures.
There was no significant difference between the groups in terms of the extent to which they felt this was the usual way they showed their anger \((H=5.40, \text{ d.f.}=2, p=\text{ns})\). (Forensic-angry group: \(M=84.25, \text{ SD}=15.74\); forensic non-angry group: \(M=56.15, \text{ SD}=34.32\); non-forensic group: \(M=72.00, \text{ SD}=3.62\)).

Therefore, hypothesis 3a has been supported.

\(b. \) with respect to whether this was how participants thought other people would show their anger.

There was a significant difference between the groups with respect to whether participants felt other people would show their anger in a similar way to them \((H=5.41, \text{ d.f.}=2, p<.05)\). (Forensic-angry group: \(M=34.42, \text{ SD}=36.43\); forensic non-angry group: \(M=63.61, \text{ SD}=31.75\); non-forensic group: \(M=67.26, \text{ SD}=26.56\)).

Consequently, the scores between the groups were compared. There was a significant difference between the forensic-angry group and the non-forensic group \((Z=-2.42, p<.05)\). There was no significant difference between the non-forensic group and the forensic non-angry group \((Z=0.18, p=\text{ns})\), however there was a significant difference between the forensic-angry and the forensic non-angry group \((Z=-2.01, p<.05)\).

Therefore, the forensic-angry clients appeared to rate others as less likely to show their anger in a similar way to them. Hypothesis 3b has been supported.

c. with respect to the way they felt like showing their anger in the situations they described in the previous week.

The ways in which participants said that they felt like showing their anger (but may not have) can be seen in Table 3.2.3.2.
Table 3.2.3.2. Ways participants said they felt like showing their anger.

<table>
<thead>
<tr>
<th></th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
<th>H (d.f.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
</tr>
<tr>
<td>Felt like making a nasty remark</td>
<td>68.25 (40.70)</td>
<td>61.63 (36.87)</td>
<td>65.26 (31.49)</td>
<td>0.83</td>
</tr>
<tr>
<td>Felt like being physically aggressive</td>
<td>20.55 (5.16)</td>
<td>35.40 (39.62)</td>
<td>71.92 (35.57)</td>
<td>11.71 *</td>
</tr>
<tr>
<td>Acted 'a bit off'</td>
<td>71.92 (35.57)</td>
<td>26.08 (38.14)</td>
<td>21.62 (30.83)</td>
<td>0.00</td>
</tr>
<tr>
<td>Stopped something they would normally do</td>
<td>34.00 (41.43)</td>
<td>18.18 (29.98)</td>
<td>10.81 (22.09)</td>
<td>0.54</td>
</tr>
<tr>
<td>Felt like being overly friendly</td>
<td>20.55 (5.16)</td>
<td>16.44 (12.34)</td>
<td>7.50 (19.74)</td>
<td>0.95</td>
</tr>
<tr>
<td>Felt like talking the incident over with someone</td>
<td>58.55 (45.44)</td>
<td>12.43 (25.45)</td>
<td>33.83 (31.73)</td>
<td>2.37</td>
</tr>
<tr>
<td>Felt like talking the incident over with someone (to get back at the target)</td>
<td>35.64 (42.35)</td>
<td>12.17 (18.69)</td>
<td>13.91 (26.42)</td>
<td>1.13</td>
</tr>
<tr>
<td>Felt like taking their anger out on someone else verbally</td>
<td>71.08 (35.75)</td>
<td>31.15 (37.70)</td>
<td>16.43 (23.62)</td>
<td>16.20 *</td>
</tr>
<tr>
<td>Felt like taking their anger out on someone else physically</td>
<td>62.62 (33.59)</td>
<td>16.44 (4.40)</td>
<td>8.17 (12.38)</td>
<td>16.60 *</td>
</tr>
<tr>
<td>Felt like having a drink, smoking a cigarette or getting stoned</td>
<td>79.42 (29.63)</td>
<td>38.96 (40.91)</td>
<td>25.35 (36.11)</td>
<td>17.42 *</td>
</tr>
</tbody>
</table>

* p<.05

The groups did not appear to differ significantly in the extent to which they felt like: making a nasty remark, acting 'a bit off', stopping something they would normally do, acting 'overly friendly' and talking the incident over. However, the groups did differ significantly in the extent to which they felt like being physically aggressive, felt like taking their anger out on someone verbally or physically and felt like using substances.

Consequently, the extent to which the groups felt like being physically aggressive was compared. There was a significant difference between the forensic-angry group and the forensic non-angry group (Z=-3.133, p<.05). No significant difference was found between
the non-forensic group and the forensic non-angry group in respect of the extent to which they felt like being physically aggressive ($Z=-1.90, p=ns$). However, there was a significant difference between the forensic angry and the forensic non-angry group in respect of the extent to which they felt like being physically aggressive ($Z=-3.10, p<.05$).

Also, the extent to which the groups felt like taking their anger out on someone verbally was compared. There was a significant difference between the forensic-angry group and the non-forensic group ($Z=-3.62, p<.05$). No significant difference was found between the non-forensic group and the forensic non-angry group in the extent to which they felt like being verbally aggressive ($Z=-1.20, p=ns$). There was a significant difference between the forensic-angry and the forensic non-angry group in respect of the extent to which they felt like being verbally aggressive ($Z=-3.23, p<.05$).

Similarly, the extent to which the groups felt like taking their anger out on someone physically was compared. There was a significant difference between the forensic angry and the non-forensic group ($Z=3.57, p<.05$). No significant difference was found between the non-forensic group and the forensic non-angry group in the extent to which they felt like taking their anger out on someone physically ($Z=-1.90, p=ns$). However, there was a significant difference between the forensic angry and the forensic non-angry group in the extent to which they felt like taking their anger out on someone physically ($Z=-3.10, p<.05$).

Additionally, the extent to which the groups felt like using substances was compared. There was a significant difference between the forensic-angry group and the non-forensic group ($Z=3.79, p<.05$). No significant difference was found between the non-forensic group and the forensic non-angry group in respect of the extent to which they felt having a drink, smoking a cigarette or getting stoned. ($Z=-0.77, p=ns$). However, there was a significant difference between the forensic angry and the forensic non-angry group in respect of the extent to which they felt like having a drink, smoking a cigarette or getting stoned ($Z=-3.45, p<.05$).

Therefore to summarise, further analysis indicated that the forensic-angry group differed significantly from the other two groups in feeling like being physically aggressive, taking their anger out on someone verbally or physically and using substances.

In response to the other ways they felt like showing their anger, a few of the forensic-angry participants said they felt like driving too fast, punching walls, causing physical damage,
socially isolating themselves and self-harming. Some non-angry forensic participants said that they also felt like socially isolating themselves and driving too fast. Other non-angry forensic participants said they felt like contacting their solicitors, flinging objects about, going to bed and one participant who was angry with their psychologists said that he felt like stopping attending psychology. Additionally, some non-forensic participants said that they felt like showing their anger by pulling faces and destroying the target’s property.

Therefore, hypothesis 3c has been partially supported.

d. with respect to their ratings of physiological arousal in the situations that they described in the previous week.

There was a significant difference between the groups in terms of how ‘physically wound up’ they became ($H=14.06$, d.f.=2, $p<.05$). (Forensic-angry group: $M=84.50$, SD=19.82; forensic non-angry group: $M=44.69$, SD=35.03; non-forensic group: $M=40.42$, SD=28.06).

As a result, the differences between the groups were explored further. There was a significant difference in between the forensic angry group and the non-forensic group ($Z=-3.79$, $p<.05$) in the extent to which they reported being ‘physically wound up’. No significant difference was found between the non-forensic group and the forensic non-angry group in respect of the extent to which participants said they got ‘physically wound up’ when angry ($Z=-0.19$, $p=ns$). However, there was a significant difference between the forensic angry and the forensic non-angry group in respect of participants getting ‘physically wound up’ when angry ($Z=-2.59$, $p<.05$).

Therefore, the differences between the groups was accounted for by the forensic-angry group reporting that they had become more ‘physically wound up’ when angry.

There was a significant difference between the groups in terms of how physically wound up they thought other people would become ($H=6.89$, d.f.=2, $p<.05$). (Forensic-angry group: $M=44.12$, SD=22.13; forensic non-angry group: $M=66.69$, SD=20.98; non-forensic group: $M=48.00$, SD=25.23;).

Similarly, the differences between the groups were explored further. There was no significant difference between the forensic-angry group and the non-forensic group ($Z=-2.49$, $p=ns$) in the extent to which they reported being physically wound up. A significant difference was
found between the non-forensic group and the forensic non-angry group in respect of the extent to which participants felt others got physically wound up when angry \( (Z=-2.46, \, p<.05) \). There was also a significant difference between the forensic angry and the forensic non-angry group in respect of the extent to which participants felt others got physically wound up when angry \( (Z=-1.98, \, p<.05) \).

The differences between the groups was accounted for by the forensic non-angry group rating others as becoming more physically wound up when angry.

Therefore, hypothesis 3d has been partially supported.

3.2.4 Hypothesis 4

It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the prognosis of their anger experiences.

The results in relation to the prognosis of their anger were discussed in relation to hypothesis 1d. See Table 3.2.1.3.

Therefore, hypothesis 4 has been supported.

3.2.5 Hypothesis 5

It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group in relation to the attribution of their anger experiences...

a. with respect to the extent to which they took their anger out on a third person.

The forensic-angry group appeared more likely to take out their anger on a third party both verbally and physically. See Table 3.2.3.1.

Therefore, hypothesis 5a has been supported.
b. with respect to the extent to which they felt their use of anger was beneficial.

There was no significant difference between the groups in terms of the extent to which they felt that the incident had been beneficial ($H=1.54$, d.f.=2, $p=ns$). (Forensic-angry group: $M=29.64$, SD=32.77; forensic non-angry group: $M=31.54$, SD=38.60; non-forensic group: $M=40.29$, SD=37.83).

Therefore, hypothesis 5b was not supported.

c. with respect to the feelings they reported after being angry.

There was no significant difference between the groups in terms of the extent to which they felt good, pleased, irritable, confident, embarrassed, relieved, guilty, calm, satisfied or worried. However, the groups differed significantly in the extent to which they felt hostile ($H=14.52$, d.f.=2, $p<.05$) and/or depressed ($H=11.76$, d.f.=2, $p<.05$) after the incidents that they described from the previous week. See Table 3.2.5.1.
Table 3.2.5.1. The feelings participants reported after the incidents they described from the previous week.

<table>
<thead>
<tr>
<th></th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
<th>H (d.f.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>13.00 (21.63)</td>
<td>25.77 (28.56)</td>
<td>21.74 (29.99)</td>
<td>0.91</td>
</tr>
<tr>
<td>Pleased</td>
<td>10.33 (14.65)</td>
<td>20.69 (29.50)</td>
<td>19.96 (28.60)</td>
<td>0.23</td>
</tr>
<tr>
<td>Irritable</td>
<td>67.17 (33.69)</td>
<td>60.38 (28.52)</td>
<td>41.87 (32.29)</td>
<td>5.55</td>
</tr>
<tr>
<td>Hostile</td>
<td>73.17 (23.28)</td>
<td>25.23 (35.16)</td>
<td>28.17 (37.83)</td>
<td>14.52 *</td>
</tr>
<tr>
<td>Confident</td>
<td>37.00 (42.10)</td>
<td>28.69 (37.85)</td>
<td>44.65 (36.83)</td>
<td>2.23</td>
</tr>
<tr>
<td>Depressed</td>
<td>78.18 (30.65)</td>
<td>39.67 (45.72)</td>
<td>18.50 (22.60)</td>
<td>11.76 *</td>
</tr>
<tr>
<td>Embarrassed</td>
<td>35.45 (38.28)</td>
<td>42.50 (43.84)</td>
<td>17.09 (20.66)</td>
<td>1.21</td>
</tr>
<tr>
<td>Guilty</td>
<td>26.64 (34.72)</td>
<td>42.77 (44.16)</td>
<td>13.14 (23.42)</td>
<td>3.68</td>
</tr>
<tr>
<td>Relieved</td>
<td>35.27 (42.37)</td>
<td>42.77 (44.16)</td>
<td>20.73 (26.78)</td>
<td>2.15</td>
</tr>
<tr>
<td>Calm</td>
<td>24.91 (31.87)</td>
<td>31.00 (25.35)</td>
<td>37.91 (33.57)</td>
<td>0.70</td>
</tr>
<tr>
<td>Satisfied</td>
<td>8.27 (17.11)</td>
<td>37.08 (40.55)</td>
<td>35.82 (34.72)</td>
<td>4.90</td>
</tr>
<tr>
<td>Worried</td>
<td>41.09 (42.20)</td>
<td>46.58 (44.18)</td>
<td>23.82 (35.82)</td>
<td>2.20</td>
</tr>
</tbody>
</table>

* p<.05

The extent to which the groups felt hostile was further explored. There was a significant difference between the forensic-angry group and the non-forensic group (Z=-3.86, p<.05). There was no significant difference between the non-forensic group and the forensic non-angry group in respect of their ratings of how hostile they felt after the angry incident (Z=-0.93, p=ns). However, there was a significant difference between the forensic non-angry group and the forensic-angry group in respect of their ratings of how hostile they felt after the angry incident (Z=-3.12, p<.05).

Similarly, the extent to which the groups felt depressed was further explored. There was a significant difference between the forensic-angry group and the non-forensic group (Z=-3.72,
There was no significant difference between the non-forensic group and the forensic non-angry group their ratings of how depressed they felt after the angry incident ($Z=-0.25$, $p=ns$). However, there was a significant difference between the forensic non-angry group and the forensic-angry group in respect of how depressed they felt after the angry incident. ($Z=-1.86$, $p<.05$).

Therefore, the differences between the groups in terms of feelings of hostility and depression was accounted for by the forensic-angry group reporting higher rates of hostility and depression after the incidents of anger they had described.

There was no significant difference between the groups in terms of the extent to which they felt others would have had similar feelings if they had dealt with the incidents in the same way ($H=0.93$, d.f.=2, $p=ns$). (Forensic angry group: $M=59.09$, $SD=35.52$; forensic non-angry group $M=63.31$, $SD=31.75$; non-forensic group: $M=51.77$, $SD=23.37$).

Hypothesis 5c has been partially supported.

*d. with respect to the extent to which they took responsibility for the situations they described in the previous week.*

There was no significant difference between the groups in terms of the extent to which they thought the angry incident was unfair, the extent to which they felt they were to blame for the incident or the extent to which they thought someone else was to blame. See Table 3.2.5.2.
Table 3.2.5.2. Attributions of blame and responsibility in the incidents that participants had described in the previous week.

<table>
<thead>
<tr>
<th></th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
<th>H (d.f.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The extent to which participants felt the situation was unfair</td>
<td>74.75 (29.34)</td>
<td>65.00 (40.83)</td>
<td>60.46 (27.63)</td>
<td>4.02</td>
</tr>
<tr>
<td>The extent to which they felt they were to blame for the situation</td>
<td>75.00 (30.40)</td>
<td>45.08 (39.92)</td>
<td>40.91 (30.41)</td>
<td>1.31</td>
</tr>
<tr>
<td>The extent to which they thought the other person was to blame</td>
<td>59.09 (35.52)</td>
<td>71.69 (39.47)</td>
<td>69.74 (31.03)</td>
<td>1.30</td>
</tr>
</tbody>
</table>

Hypothesis 5d has not been supported.

3.2.6 Hypothesis 6

*It was hypothesised that the forensic-angry group would differ from the non-forensic group and the forensic non-angry group on all scales of the STAXI.*

### Table 3.2.6.1. Participants scores on scales of the STAXI.

<table>
<thead>
<tr>
<th></th>
<th>Forensic Angry Group</th>
<th>Forensic Non-Angry Group</th>
<th>Non-Forensic Group</th>
<th>H (d.f.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
</tr>
<tr>
<td>State Anger</td>
<td>20.42 (9.89)</td>
<td>12.87 (3.64)</td>
<td>12.56 (8.04)</td>
<td>10.27 *</td>
</tr>
<tr>
<td>Trait Anger</td>
<td>31.17 (5.17)</td>
<td>20.19 (16.73)</td>
<td>18.65 (6.43)</td>
<td>18.28 *</td>
</tr>
<tr>
<td>Anger Temperament</td>
<td>11.83 (3.95)</td>
<td>7.19 (3.49)</td>
<td>6.48 (2.73)</td>
<td>7.92 *</td>
</tr>
<tr>
<td>Anger Reaction</td>
<td>24.75 (45.51)</td>
<td>9.00 (3.29)</td>
<td>9.00 (2.88)</td>
<td></td>
</tr>
<tr>
<td>Anger In</td>
<td>23.81 (3.82)</td>
<td>18.19 (3.69)</td>
<td>16.46 (4.62)</td>
<td>15.62 *</td>
</tr>
<tr>
<td>Anger Out</td>
<td>20.55 (5.16)</td>
<td>16.44 (4.40)</td>
<td>15.79 (3.62)</td>
<td>7.04 *</td>
</tr>
<tr>
<td>Anger Control</td>
<td>15.64 (2.94)</td>
<td>21.75 (5.84)</td>
<td>21.88 (5.11)</td>
<td>13.34 *</td>
</tr>
<tr>
<td>Anger Expression</td>
<td>43.91 (10.17)</td>
<td>27.67 (9.26)</td>
<td>26.21 (8.87)</td>
<td>4.02 *</td>
</tr>
</tbody>
</table>

The scores of all the scales on the STAXI for the non-forensic group were similar to the norms outlined by Spielberger (1988a). (See Table 2.2.1.1.)

A further analysis was undertaken for each scale on the STAXI to investigate the relationship between the groups. See Table 3.2.6.2.
Table 3.2.6.2. Post hoc comparisons between the groups on sub-scales of the STAXI.

<table>
<thead>
<tr>
<th></th>
<th>Non-Forensic Group vs. Forensic Angry Group</th>
<th>Non-Forensic Group vs. Forensic Non-Angry Group</th>
<th>Forensic Angry group vs. Forensic Non-Angry Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Anger</td>
<td>-2.80 *</td>
<td>-0.04 *</td>
<td>-1.95 *</td>
</tr>
<tr>
<td>Trait Anger</td>
<td>-4.00 *</td>
<td>-0.76</td>
<td>-3.49 *</td>
</tr>
<tr>
<td>Anger Temperament</td>
<td>-3.56 *</td>
<td>-0.28</td>
<td>-2.97 *</td>
</tr>
<tr>
<td>Anger Reaction</td>
<td>-2.77 *</td>
<td>-0.07</td>
<td>-2.22 *</td>
</tr>
<tr>
<td>Anger In</td>
<td>-3.77 *</td>
<td>-1.30</td>
<td>-2.90 *</td>
</tr>
<tr>
<td>Anger Out</td>
<td>-2.62 *</td>
<td>-0.55</td>
<td>-1.95 *</td>
</tr>
<tr>
<td>Anger Control</td>
<td>-3.51 *</td>
<td>-0.27</td>
<td>-2.97 *</td>
</tr>
<tr>
<td>Anger Expression</td>
<td>-3.90 *</td>
<td>-0.58</td>
<td>-3.38 *</td>
</tr>
</tbody>
</table>

* p<.05

For the scales relating to ‘State Anger’, ‘Trait Anger’, ‘Anger Temperament’, ‘Anger Reaction’, ‘Anger In’, ‘Anger Out’, ‘Anger Expression’, the differences appeared to be accounted for by the forensic-angry group having significantly higher scores (from the other two groups). However, in relation to ‘Anger Control’, the differences between the groups was accounted for by the forensic angry group having a significantly lower score than the other two groups.

Therefore, hypothesis 6 has been supported.

3.3 Additional Analysis

A further investigation was carried out to see whether the forensic-angry group differed from the other two groups in the extent to which their experiences appeared to be related to those of other people. See Table 3.3.1.
Table 3.3.1. The relationship between forensic-angry participants’ scores and how they rated other people.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>They knowingly broke the rules and others knowingly broke the rules</td>
<td>0.60</td>
<td>0.11</td>
<td>0.48</td>
</tr>
<tr>
<td>How angry they became and how angry others became</td>
<td>0.67 *</td>
<td>0.30 *</td>
<td>0.62 *</td>
</tr>
<tr>
<td>How physically wound up they become and how physically wound up other people wound become</td>
<td>-0.12</td>
<td>0.15</td>
<td>0.00</td>
</tr>
<tr>
<td>How they generally understood their anger, how other people understood their anger</td>
<td>-0.14</td>
<td>0.13</td>
<td>0.14</td>
</tr>
</tbody>
</table>

* p<.05

No significant relationships were found, with the exception of a significant relationship between how angry the participants became in the situations they had described, and how angry they thought other people would become in a similar situation.
4. Discussion
Averill (1988) suggested that one way to understand 'disordered' emotions is to look at them as rule-governed syndromes. Averill (1988) has provided a framework for examining 'disordered' emotion. In order to test out this framework, forensic participants who had been identified as having 'disordered' anger, were compared with a sample group of forensic non-angry participants and also a sample group of non-forensic participants.

A number of hypotheses were devised that attempted to isolate the ways in which the forensic-angry participants experience and expression of anger may have differed from the two comparison groups. The way that forensic-angry participants had been hypothesised to deviate from the two comparisons groups were based on rules that had been extracted from studies of 'everyday experiences of anger'. These rules were related to the function of anger and to various parts of the anger syndrome.

4.1 Summary of results

Within this study, forensic-angry participants' anger appeared to last longer, be more intense, result in more physiological arousal and be more frequent than the two comparison groups. Therefore, forensic-angry participants, as hypothesised, contravened some functional rules of anger. Also, forensic-angry participants differed significantly from the two comparison groups in their propensity to be physically aggressive, take their anger out on a third person and in their use of 'substances' when they were angry. Therefore, forensic-angry participants contravened some rules that related to the behavioural element of the phenomenon of anger.

As was mentioned previously, forensic-angry participants’ anger lasted longer than the two comparison groups. This may have indicated that they had contravened rules relating to the prognosis of the anger phenomenon. Additionally, the forensic-angry participants reported greater feelings of hostility and depression after being angry. This may have indicated that they had contravened rules that pertained to elements of the anger that relate to attribution.

The forensic-angry participants scored significantly higher scores on the STAXI (this included the measures of ‘State Anger’, ‘Trait Anger’, ‘Anger Reaction’, ‘Anger Temperament’, ‘Anger In’, ‘Anger Out’, and ‘Anger Expression’). The forensic-angry participants scored significantly lower scores in relation to ‘Anger Control’ measures on the STAXI. Therefore, the scores of the forensic-angry group on the STAXI were confirmatory to the hypothesis set, which suggested that the forensic-angry participants would differ from the other two groups in relation to their experiences and expression of anger.
Contrary to what was hypothesised, there were few significant differences between the three groups in relation to the following: 1) the situations of anger that they had described, 2) their ratings of factors that had provoked them, 3) their ratings of how angry other people would be in a similar situation and 4) their ratings of various targets of anger. In this instance ‘targets of anger’ refers to the person that angered them, rather than how they displayed their anger.

Supplementing the semi-structured questionnaire with a more general measure of their anger experiences and expression (namely the STAXI) allowed generalisations to be made about the experiences of individuals within this study. This was important because focusing upon a specific instance of anger only provided a ‘snap shot’ of how an individual may be experiencing and expressing anger, which may or may not have been representative of their behaviour across time.

The findings of this study will be discussed in more detail in relation to the hypothesis set and in relation to a social constuctivist theory of ‘disordered’ emotion. Also, the clinical implications of these findings will then be explicated. This will be followed by a discussion of the limitations of this study and implications for future research into ‘disordered’ anger and/or a social constructivist theory of ‘disordered’ anger.

4.2 Functional rules in relation to anger

4.2.1 In relation to anger frequency

Despite the actual variability in how anger was defined and how it was measured, previous studies of anger have indicated that it is a common emotion. This was mirrored in the present study. However, this study focused on the differences between the groups rather than on the actual values. The forensic-angry group experienced anger more frequently than the other two groups. This is not surprising, because the groups were selected on the basis that the forensic-angry group would differ from the other two comparisons groups in the respect that their anger had been seen to be problematic. Nonetheless, the client’s perceptions of this may have differed from the psychologist who classified them has having ‘disordered’ anger.

These findings were also supported by the forensic-angry group differing significantly from the other comparison groups on ‘Trait’ measures on the STAXI. ‘Trait’ measures are reported to be a measure of an individual’s disposition to experience anger (Spielberger, 1988a).
Experiencing anger more frequently may have been indicative of a trend that forensic-angry participants were breaking rules that 'regulated' the expression of anger. Also, further support for this notion stemmed from the forensic-angry group differing significantly from the other two groups in relation to measures of 'Anger Expression' on the STAXI. ‘Anger Expression’ is a general measure of an individual’s tendency to experience anger irrespective of how it is expressed (Spielberger, 1988a). Additionally, the forensic-angry group differed significantly from the other two groups in relation to ‘Anger Temperament’ on the STAXI. The ‘Anger Temperament’ sub-scale is taken to be a measure of an individual’s propensity to experience and express anger, without specific provocation (Spielberger, 1988). Therefore, these findings were supportive of the hypothesis that the forensic-angry group had a tendency to contravene rules that related to the regulation of anger. However, this did not seem to apply directly to appraisal aspects of anger as there were few significant differences between the groups with respect to the elements of appraisal that were investigated in this study.

4.2.2 In relation to anger intensity

The forensic-angry group reported having more intense angry feelings in the specific situations they described. The forensic-angry group also had significantly higher scores than the other two groups on the ‘State Anger’ scale of the STAXI. The ‘State’ dimension of the STAXI gives a general indication of the intensity of someone’s anger at a given time (namely when they carried out the test) (Spielberger, 1988a). This may have been indicative of the forensic-angry group’s propensity to report more intense feelings of anger generalised beyond the specific situations they had described from the previous week. Therefore, it would appear that forensic-angry clients may have had difficulty following rules regarding the ‘appropriate’ amount of anger that would be ordained for a given situation. This could be indicative of the forensic-angry group breaking either regulative rules and/or procedural rules with regard to anger expression.

4.2.3 In relation to the anger control

Contrary to what was expected, there were no significant differences on the semi-structured questionnaire in the extent to which participants indicated that they generally attempted to control their anger. However, in relation to measures of ‘Anger Control’ on the STAXI there were significant differences. The forensic-angry group had significantly lower scores than the other two groups, indicating that they invested less time monitoring their expression of anger (Spielberger, 1988a). The apparent discrepancy may have been due to individuals rating
themselves against their own attempts to control anger on the semi-structured questionnaire, whereas the STAXI is a general measure of control where individuals are compared to other people. Therefore, it may have been that the forensic-angry group were underestimating the extent to which other people attempted to control their anger. Nonetheless, this finding was indicative of the forensic-angry participants' difficulty in following procedural rules in relation to their anger.

Therefore, it would appear that forensic-angry clients were breaking a number of rules that regulate the appropriate expression of anger and allow it to be executed with skill.

4.3 Differences between the groups in relation to appraisal, attribution, prognosis and behaviour

Constitutive, regulative and procedural rules apply to all areas of the anger phenomenon. As Averill (1988) suggested, each functional rule can apply to varying degrees to all areas of anger.

4.3.1 Elements of anger relating to behaviour

It was hypothesised that the forensic-angry participants would differ from the other two groups in relation to the ways in which they expressed their anger and the ways in which they felt like expressing their anger. The forensic-angry group appeared to use a wider variety of responses. Additionally, an increased number of respondents from this group reported stopping something they would normally do, acting ‘a bit off’, and talking the incident over with someone. However, possibly more importantly in terms of affecting other people, a higher proportion of the forensic-angry clients reported being physically aggressive, taking their anger out on a third party (both verbally and physically) and using substances. Arguably these particular responses are more likely to result in legal penalties and in the case of substance use, may actually increase the probability of further provocation that could result in anger. The tendency for forensic-angry participants to differ in the way they expressed their anger appeared to generalise beyond the specific instances that they had described in the previous week. This was indicated by the forensic-angry group not differing significantly to the other groups in relation to how typical they rated these ways of showing their anger.

The forensic-angry group had significantly higher scores in relation to ‘Anger Out’ on the STAXI. Generally, high scores on the ‘Anger Out’ scale are linked to people showing a general way of relating where anger is associated with aggressive behaviour being directed
towards other people or objects in the environment (Spielberger, 1988a). This may have been indicative of the forensic-angry group not following regulative rules relating to the behavioural aspect of the anger phenomenon. In particular, the notion that the response should be proportional to the instigation and the response not exceeding what is necessary to correct the situation (Averill, 1982). Also, the propensity of this group to use aggressive responses more often may have been indicative of them having difficulty adhering to procedural rules in relation to the behavioural element of the anger phenomenon. Averill (1988) suggested that violent outbursts might be associated with difficulty in following procedural rules. A propensity to contravene procedural rules in relation to the way that anger is expressed may be related to the forensic-angry group having lower levels of control over their responses.

4.3.2 Elements of anger related to prognosis

The duration of anger has reference to the functional rules of anger (in that the forensic-angry group reporting anger that lasts longer duration may be indicative of them contravening procedural rules in relation to anger). Also, the duration of anger also relates to the prognosis of anger as a syndrome. That is, rules that pertain to the way various aspects of the syndrome are linked to one-another.

As was expected, the forensic-angry group’s anger experiences lasted significantly longer than the other two groups (however, the forensic non-angry group was also angry significantly longer than the non-forensic group). Additionally, the forensic-angry clients appeared to indicate that the duration of their anger in the situations that they described was significantly more typical than that rated by the other two groups. Therefore, this was suggestive of the forensic-angry group experiencing angry experiences of longer duration more often than the other two groups. This may be indicative of the forensic-angry group frequently breaking regulative and procedural rules particularly relating to the area of prognostication. It seems plausible, given the duration of their anger, that the course of the forensic-angry group would not follow the social norm of anger proceeding without interruption. Thus, it seems likely that a ‘deviation from the norm’ such as this would create confusion for the target as to why the person is angry and thus serve to decrease its effectiveness in regulating social interactions. Also, it seems more likely, given the longer duration of the anger that the forensic-angry group were breaking the social rule that normally dictates that anger is terminated if the target apologises, offers restitution, or gives assurance that the instigation will not be repeated. As was noted, previously prolonged anger has
adverse effects on physical and psychological health as well as personal and occupational opportunities. Novaco (1994) suggested that anger that lasts too long is indicative of a clinical problem. Given the forensic non-angry group's anger being of longer duration that the non-forensic group, this too may be indicative of them contravening procedural and regulative rules with reference to the area of prognostication. This may have been suggestive of non-normative factors are confounding the experiences of the groups, such as higher levels of unemployment (that would be common to both the forensic-groups). Or it may be suggestive that the forensic non-angry group also experienced an element of 'disordered' anger.

4.3.3 Elements of anger that relate to appraisal: Some negative findings

Contrary to what was predicted, forensic-angry participants did not differ significantly in relation to their ratings of factors that provoked them or in relation to the targets of their anger. While there may have been some differences in the types of situations that the forensic-angry group reported in their qualitative responses, these could be accounted for by 'non-normative' factors. For example, the forensic-angry group's tendency to report becoming less angry at work opportunities is probably related to the higher levels of unemployment in this group. This study confirms the findings of Deffenbacher & Twaites (1991) whom, in a study of college students, some of whom described their anger as problematic, found few differences in the types of situations that provoked their participants. Like this study, they also found significant differences in the intensity and frequency of anger between those who had high levels of anger and those who did not.

Averill (1988) suggested that 'disordered' anger that affects the appraisal element of anger is closely linked with cognitive biases. This area has received a considerable amount of attention in the last decade. For example, Deffenbacher (1993) found that students with 'disordered' anger appeared to estimate probability poorly, misattribute causes of events, over-generalise and be prone to dichotomous thinking. The forensic-angry participants scored higher on the 'Anger Reaction' sub-scale of the STAXI, this indicating that they were highly sensitive to criticism, perceived affronts of others and readily express their anger with little provocation (Spielberger, 1988a). This may have been suggestive of them being more likely to construe ambiguous situations in a hostile and threatening way (and thus breaking some rules of anger that relate to appraisal). However, it may be that the higher scores in relation to 'Anger Reaction' on the STAXI could also be related to poor impulse control after they had been provoked.
Therefore, within the domains of this study, little support was found for the hypothesis that forensic-angry participants contravened rules that related to the appraisal dimension of the anger phenomenon. This is important as the assumption that people with 'disordered' anger have appraised situations in a distorted way is central to Novaco’s theory of anger (Novaco, 1978) and treatment packages that have been derived from that model (Novaco, 1985).

4.3.4 Elements of anger that relate to attribution

The forensic-angry group indicated that they had significantly higher levels of hostility and depression after the situations that they had described in the previous week. This may have been indicative of the forensic-angry participants differing in terms of how they related their experiences of anger to themselves and to the world around them. Averill (1988) termed these 'attributional elements' of anger. However, from this study it is impossible to ascertain if these feelings also preceded the angry incidents. It may be that increasing levels of hostility result in more anger. Epps & Kendall (1994) also found support for a positive correlation between hostility and anger.

Higher levels of hostility and depression may be indicative of the forensic-angry participants having a hostile outlook on their environment and thus would explain their propensity to be readily provoked. Depression, on the other hand, may indicate that they felt helpless. Novaco (1976) suggested that hostility might be linked to clients attempting to coerce the environment to obtain goals, but also to fit with their previous expectations. Also, he suggested that depression might result from frustrations that may arise in doing this. Regardless of the explanation for the increased levels of hostility and depression, the finding may have been indicative of the forensic-angry group were contravening rules that pertain to attribution.

It could be hypothesised that failure to get angry in situations where other people get angry could result in more intense feelings of hostility and depression. The forensic-angry group differed significantly from the other groups on measures of 'Anger In' on the STAXI; this is a measure of the extent to which individuals suppress their anger (Spielberger, 1988a). If a propensity to suppress anger is related to increase levels of hostility and depression then it may be indicative that the forensic-angry group were contravening regulative rules in relation to attribution.
4.3.5 Anger as a beneficial experience: Some negative findings

Contrary to what was predicted, the forensic-angry group did not differ significantly in their ratings of how beneficial the ‘experience of anger’ was. It may be that the forensic-angry participants underestimated how beneficial other people find their experiences of anger, or it may be that due to long-term difficulties associated with anger, that the forensic-angry group did not really expect to achieve much by being angry. Nonetheless, the mean scores of all the participants were relatively low in relation to how beneficial they found the experience of anger. This lies at odds with Averill’s findings that most of the participants in his study found the experience constructive and/or useful (particularly with regard to strengthening personal relationships). It may be that the lower scores by all three groups in this study were related to differences in the wording of the question. Or it may be that a question related to the positive aspects of anger, embedded within questions asking about specific experiences of anger, does not facilitate participants’ being able to make a ‘detached’ evaluation of their experiences. Nonetheless, the finding in this study that participants ratings of how beneficial their experience of anger was relatively low, does pose difficulties in relation to the fundamental tenets of a social constructivist theory of anger. That is, the assumption that anger helps maintain peace and order in society and strengthen relationships.

4.3.6 Attributions of blame and responsibility: Some negative findings

In contrast to what was predicted with regard to attribution of blame and responsibility, there were no significant differences between the forensic-angry group and the other two groups. It may be the case that the forensic-angry group made different attributions at the time of being angry and that these are not being reflected in ‘post hoc’ reappraisals, which were more in line with social norms.

Nonetheless, the forensic-angry group did show significant differences with regard to the extent to which they took their anger out on a third party (both physically and aggressively) and the extent to which they wanted to do likewise. This may be linked to them having poorer control over the way anger is expressed, rather than them feeling the situation was unfair or unjust, thus, suggesting that they may have had difficulty enacting their anger skilfully and may have been breaking procedural rules. Therefore, this study has not been supportive of the forensic-angry participants contravening rules relating to attributions of blame.
4.4 General implications in relation to a social constructivist theory of ‘disordered’ anger

There appears therefore, to be a number of areas where forensic-angry clients experiences differed from those of other people, and thus may suggest that they were (and generally are) contravening mainstream norms in relation to areas of behaviour, prognosis and (to a lesser extent) attribution. There are five possible explanations for this: 1) them not knowing what those rules are, 2) them not knowing what are appropriate ways to express their anger, 3) them having difficulty following rules that they know and share with ‘mainstream’ society, 4) them following ‘personal’ rules with regard to the experience and expression of anger, or 5) them following different rules from ‘mainstream society’ (that is that they are part of an ‘angry subculture’).

Only careful examination of this group’s impressions of whether they see their anger as problematic and whether they see it as differing from those round about them (in their immediate environmental context) may yield answers that would allow further insight as to why this group’s anger experiences differ. Preliminary findings in this study (where participants were asked to compare their anger experiences with others) suggested that the forensic-angry group did not differ significantly from the other two groups in the extent to which they felt their experiences differed from other people’s. This is with the exception of the area of physiological arousal. While there was some indication that the forensic-angry group had difficulty controlling their anger, the results of this study suggested that the forensic-angry group did not see their ability to control their anger as differing from other people. In order to ascertain whether this group form an ‘angry subculture’, the commonalities between the group need to be explored, along with the extent to which participants affiliate with each other. This was beyond the scope of this study.

There were a number of areas in which the experiences of the forensic non-angry group differed from the experiences of the non-forensic group. This may be due to the compounding effects of factors associated with being a forensic client, or it may be suggestive that some elements of the forensic non-angry participants’ anger and ability to follow social norms was somewhat impaired. Or alternatively, it may indicate that they too were following different rules in relation to the appropriate expression of anger from the rest of society.
4.4.1 Constitutive rules in relation to anger

Within this study, forensic-angry participants had broken primarily procedural and regulative rules, rather than constitutive rules. Nonetheless, the tendency for the forensic-angry participants to score significantly higher in relation to ‘Anger In’ scores on the STAXI, and for some individuals within this group to report becoming depressed, socially withdrawn and self-harming could be seen as a transgression of constitutive rules. This is because these behaviours are very similar to what would be expected from a depressive disorder. Averill (1988) suggested that contravention of primarily constitutive rules would result in a ‘neurotic’ disorder. It seems highly likely that regular contravention of constitutive rules in relation to anger would have resulted in individuals being referred to adult mental health services as opposed to forensic services.

4.4.2 Contravention of Regulative and Procedural rules

Most of the rules that forensic non-angry participants contravened appeared to be regulative and/or procedural. Averill labelled the propensity to break regulative rules as ‘delinquent’ and suggested that it may result from individuals following ‘subculture norms’. However, there is also some evidence that the forensic-angry group appeared to be breaking procedural rules (particularly as they scored significantly lower on the anger control scale of the STAXI). Averill (1988) described this as being ‘inept’ and suggested that this stems from motivational, physiological disorders and inadequate socialisation.

Averill (1988) also suggested inadequate socialisation could result in people developing a social skill deficit. Genders and Morrison (1996) found that participants in their study suffered from a degree of social isolation. Indeed, in this study, forensic-angry participants were more likely to be living apart from their family. It may be that forensic-angry participants have had less opportunity to develop, or have been less successful in displaying, social skills, thus putting a strain on interpersonal relationships (and potentially vocational relationships and thus possibly attributing to the higher levels of unemployment in this group). Therefore, it may be that a social skill deficit contributes to the probability that forensic-angry clients may resort to violence as a way of resolving interpersonal conflict.

4.5 Anger and Crime

The forensic-angry group indicated they had committed more crimes that may be associated with anger, violence or aggression. As the group was selected on the basis that their anger
was ‘disordered’ and that they were part of the forensic services, it is not surprising that the forensic-angry group contained a higher proportion of participants who reported committing crimes that could be seen as anger or aggression related.

Genders and Morrison (1996) found that most of the convictions, for the violent crimes they studied were related to incidents outside pubs that typically involved young men getting into fights. This may reflect a social norm for some young men of a particular age. In this study, none of the angry incidents that were described appeared to occur in such a context. Therefore, it would seem that the frequency with which aggression or violence results in a conviction for a violent offence (in relation to the frequency of which anger is expressed) is rare. The vast majority of the incidents described by the forensic-angry participants involved issues within interpersonal relationships. Gunn (1973) suggested that most violence occurred between people who were known to each other. Howells (1989) suggested that anger could be a key antecedent to interpersonal violence. Also, Dobash and Dobash (1984) found that most instances of domestic violence were preceded by arguments between partners. Therefore, it may be that violent acts that result from ‘disordered’ anger in ‘domestic settings’ are being under-reported in crime statistics.

It seem more plausible that ‘disordered’ anger is primarily manifest within a domestic context, and indeed it could also be hypothesised that violence is more likely to occur within this context. Traditionally, the types of activity that result in convictions for crimes that are associated with violence do not fall within this category. Therefore, there may be different norms regarding the expression of anger within the public and the private sphere. In order to fully understand the function of anger and how it can be ‘disordered’, closer attention has to be paid to the function that this serves within the context in which it occurs.

4.5.1 Lack of control in relation to ‘disordered’ anger and crime

There is some evidence that ‘lack of self control’ is a significant factor in some crimes. As was noted earlier the forensic-angry participants had significantly lower scores in relation to ‘Anger Control’ measures on the STAXI. McGuire and Broomfield (1994) in a study that analysed factors that may have contributed to a number of violent crimes suggested that lack of self-control was the principle factor involved in acts of violence. Also, Genders and Morrison (1995), in their study of violent acts, suggested that lack of self-control was a significant factor in a number of criminal acts that involved aggression (which may or may not have stemmed from feelings of anger).
Heusmann, Eron, Lefkowitz and Walder (1984) found that aggression as early as eight was indicative of criminal behaviour at the age of thirty (as measured by a variety of indices, such as arrests, convictions, spouse abuse, and traffic offences). Therefore, it may be that there are some overlap with regard to the factors that affect an individual's tendency (or ability) to adhere to the rules with regard to the appropriate expression of anger in early life, with those that put people at risk of criminal behaviour in later life. An example of this may be poor impulse control that would make adhering to procedural rules more difficult in relation to the appropriate expression of anger.

4.6 Clinical Implications

As the focus of this study was primarily to look at the differences between groups of individuals, the clinical implications for the differences between the forensic-angry group and the other two groups will be discussed.

4.6.1 With reference to behaviour

Within this study, the area where forensic-angry participants appeared significantly different from the two comparison groups was in relation to how they expressed their anger and how they felt like expressing their anger. As was mentioned previously, in this study there were no significant differences in the way in which participants appraised anger provoking situations or attributed blame or responsibility to the situation. Therefore, it would seem advantageous to focus interventions in the particular area of behavioural control and expression of anger. Forensic-angry participants may benefit from interventions that focus upon outlining the appropriate ‘mainstream’ norms for the expression of anger. That is, they may benefit from entering into dialogues that consider when physical aggression is, or is not, appropriate, and when taking their anger out on a third party is, or is not appropriate. This may be facilitated by a group format, particularly if the other group members come from a similar social background and are of a similar age. This may serve to counteract any deviations from mainstream norms that may be relevant to a particular social group. Also, a group format may provide members with social support and may facilitate an element of accountability. A group format may also provide an opportunity for people whose anger is ‘disordered’ to learn and develop social skills.
Clients with ‘disordered’ anger may benefit from being taught social skills. The aim of such a component would be to teach behavioural responses that would increase the probability of a desirable outcome. The approach would also support social skills being taught in conjunction with assertiveness training (to teach clients how to ‘appropriately express emotion’ and a problem solving component). However, the utility of a ‘social skills’ approach in isolation is unclear, as Deffenbacher and Cornell (1996) found comparable results when they compared a cognitive behavioural-anger treatment program with a social skills approach with students. However Deffenbacker, Thwaites, Wallace and Oetting (1984) in a similar study, found a cognitive-behavioural approach more effective. Nonetheless, Tafrate (1995) found good treatment effects for social skills, assertiveness and problems solving.

The forensic-angry group reported that they smoked, had a drink or used drugs more often than the other groups. Also, they reported wanting to do so more frequently. Clinicians should monitor the extent to which angry clients use such strategies and should assist clients to develop alternative coping strategies to these. Clients whose anger is ‘disordered’ may benefit from education as to the effect of substances on their emotional state. In particular, clients should be made aware of the detrimental effects that alcohol and some other substances can have on their ability to control their anger and use it effectively.

4.6.2 With reference to anger control

There has been some indication in this study that forensic-angry participants put less effort into controlling their behaviour, with regard to anger. This may have been indicative of the forensic-angry group lacking the strategies to do so. People who have ‘disordered’ anger may benefit from techniques that encourage them to ‘slow down’ their responses. For example, learning about their own anger patterns and becoming aware of their ‘private speech’ and its influence on thoughts and behaviour, in addition to learning how to amend it. Also, they may benefit from learning a range of responses that could be elicited (almost automatically) in anger-inducing situations that would be incompatible with aggressive responses to other people or objects. For example, angry clients could be encouraged to remove themselves from a situation temporarily in order to think through what they want to obtain from the situation.
4.6.3 With reference to hostility

This study indicated that the forensic-angry participants felt more hostile after angry situations. Therefore, clinicians should encourage angry clients to become aware of their 'lowered' threshold for provocation following angry events. Also, clinicians should take steps to encourage clients to avoid further provocation after they have been angry, for example by spending some time alone. If systemic work is being undertaken, clinicians should encourage the people around the client to be aware of the likelihood that the client may be more prone to provocation and as a result take steps to 'protect' himself or herself. However, if the clinician is not working in conjunction with the significant people in the client's environment, taking such steps could be a breach of confidentiality. Clinicians should also take steps to protect themselves when working with clients who may be particularly prone to anger. For example, by not working in isolated settings. Additionally, it is important that clinicians learn to manage their own anxieties regarding assaultitiveness if they are going to work with such a client group. Diguiuseppe (1995) suggested that client hostility towards the clinician might be reduced if the clinician acknowledges that the client is getting angry because they are seeing something as unjust. Feindler et al (1986) suggested that setting clear therapeutic goals and explaining the process and structure of any treatment could reduce clients’ impatience and frustration that may result in anger.

4.6.4 With reference to depression

It appeared that the forensic-angry participants in this study felt more depressed in response to feelings of anger. It may be that applying techniques for depression could be helpful for this client group. Irrespective of this, clinicians should be aware of the depressive symptomatology with clients who appear to have 'disordered' anger.

The forensic-angry participants in this study showed a tendency to suppress feelings of anger. Therefore, clinicians should be wary of measuring treatment success of clients solely on indices that focus on overt behavioural (particularly aggressive) manifestations of anger. This is important as it has long been established that suppressed anger can have detrimental effects on health (Spielberger et al, 1988b). Clinicians should therefore, be investigating client's subjective feelings and assisting clients to 'work through' any issues that are resulting in excessive emotional arousal.
4.6.5 General clinical implications of a social constructivist model of 'disordered' anger

This study has shown that forensic-angry clients appeared to be angry for longer periods of time, experience more intense anger, experience anger more frequently and become more physiologically aroused. This study has also suggested that forensic-angry clients were more likely to use physical aggression and involve third parties. Additionally, forensic-angry clients were more likely to feel depressed and hostile after being angry. Defining these as 'rules that are broken' has provided a way to identify particular aspects of the emotional syndrome: 'anger', that may be 'disordered'. This seems particularly important given the apparent need to identify the applicability of certain components of a standard anger management package, or adjuncts to a package, to meet the particular needs of individual clients. For example, Howells (1989) suggested that relaxation techniques might only be beneficial for individuals who can identify increasing levels of arousal early in their experience of anger. Therefore, it seems that the task of identifying these factors is primarily one of clinical judgement and it would seem that the model put forward by Averill in 1988, provides a framework that may facilitate this.

With respect to conceptualising 'disordered' anger in terms of a rule governed emotional disorder, a predominance of contraventions of regulative rules may suggest that an individual does not know the appropriate norms, or is following different norms. Whereas a predominance of contraventions of procedural rules may indicate that an individual is lacking skill needed to act out the role of anger skilfully. The former may be aided by the clinician exploring differences in the client's experiences of anger and those of others, combined with a discussion of the implication of not following 'mainstream norms' (i.e. in that it may result in behaviour being sanctioned by law). It is important to enter into a dialogue with the client with regard to the consequences (both long and short-term) in following any particular script with respect to their anger. This would seem particularly important if clients are unmotivated for treatment and or may be adhering to subculture norms with regards to anger (Diguiuseppe, 1995). In these situations Diguiuseppe suggested that clients often do not see their anger as problematic, and consequently attend therapy in order to learn how to change the behaviour of the target of their anger. He urged clinicians to be willing to accept 'alternative scripts', whilst suggesting to clients that there are different ways of being. When predominantly procedural rules are broken it may be helpful to look at developing problem solving, assertiveness and social skills techniques with those clients.
Central to Novaco’s treatment package is the ‘inoculation’ concept whereby individuals are exposed to gradually increasing doses of ‘stressful [anger provoking] situations’ and as a result they develop the skills to deal with these without being ‘overwhelmed’. Novaco (1985) commented that he is frustrated by the way that this component of the treatment package is often ignored. However, it would seem practically impossible to carry out such a procedure in such a ‘controlled fashion’ because ‘angry clients’ undoubtedly have to deal with ‘real life’ anger-provoking situations that cannot be controlled during the time that they are participating in anger management treatment. As we have seen, the target of angry people’s anger is often someone they know and anger provocation often occurs in the domestic situation. Therefore, if anger can be construed as a role people enact, then other people will probably be enacting complementary roles. It would therefore seem logical to consider the issues at a wider systemic level ‘in vivo’—that is, deal with anger within the social context in which it occurs. One area of possible application would be to work systemically with individuals whose anger is ‘disordered’. This has been done in the area of domestic violence. Novaco (1985) suggested that most instances of domestic violence are underpinned by unmanaged anger. Nonetheless, the issues are complex, Goldberg, Penn, Schneidner and Walker (1990) looked at some of the complexities of working systemically with angry and often violent couples. In particular they warned against ‘blaming the victim’. Therefore, it seems important that a balance is struck between dealing with some types of ‘disordered’ anger within a systems context, while maintaining the notion of individual responsibility.

4.7 Limitations of study

Some of the specific limitations of this study will now be addressed. This will be followed by a brief discussion on some the limitations of a social constructivist theory of ‘disordered’ anger (such as the one outlined by Averill, 1988).

4.7.1 In relation to the participants: Confounding variables

Support for the hypotheses were sought by looking for statistical regularities. However, caution must be heeded in basing support for these on statistical regularity alone. This is because trends had been examined looking at collated scores and in particular looking at group differences. Therefore, this is likely to have obscured some individual differences. Secondly, the groups differed in a number of respects that may have confounded apparent differences. In particular, the forensic-angry group (and to a lesser extent the forensic non-angry group) had a significantly higher level of unemployment than the non-forensic group.
This may have had a number of effects that could have influenced the types of angry incidents participants had described. For example, this may have had 'knock on' effects in terms of housing, available financial resources, psychological and mental health of the participants and may have also affected the amount of time that they spent at home. Therefore, these may have acted as non-normative factors, which may have had the effect of confounding group difference in the experience and expression of anger. For example, it could have been the case that one group was more likely to have been subjected to frustration that was the result of poorer living conditions. Or alternatively, the non-forensic group may have been more likely to experience the frustration of long car journeys. Both of these frustrations may have affected the participants’ anger. (Novaco, 1993).

The forensic non-angry sample did not necessarily provide an 'ideal' comparison for the forensic angry sample, primarily because most of them were people who were being seen for drug or sexual offences. As was noted earlier, Marshall & Barbaree (1982) suggested that those involved in sexual offences may use violence gratuitously. Nonetheless, the purpose of this study was to focus on trends that emerged from the experiences of the groups, which might have indicated that there was a propensity to deviate from social norms in one or other of the groups. Indeed the inclusion of both 'comparison' groups was chosen in an attempt to 'tease out' the effects of some of these confounding variables, particularly that of being involved in a forensic setting. Additionally, it was hoped that these 'confounding variables' may have mirrored some of the 'real differences' that may have existed between these groups of people and that may have had an effect on their experiences of anger.

The study was limited by the time available to the researcher to recruit participants (particularly as there was access to only two forensic services). This was compounded by the fact that the researcher had to administer a sizeable proportion of the questionnaires to the forensic clients as they had indicated that they had difficulty completing forms. Given that the non-forensic comparison group did not have this option, it may also be that the differences in procedure could have confounded results. Nonetheless, this method was chosen because the desire to maximise numbers, particularly in the forensic sample, was seen as paramount. Also, the small number of participants in each group has limited the scope of the study. This is related, in particular, to examining within-group differences, most notably within the forensic-angry sample. It may be that a great deal is to be gained by looking at individuals within this population in more detail, particularly in relation to the possibility that some individuals may be following differing social norms; that is, be part of an angry / violent
subculture. Additionally, a larger number of participants would have provided the opportunity to use data reduction techniques with the semi-structured questionnaire.

4.7.2 In relation to the measures

A number of limitations arose due to the measures of anger that were adopted and the method by which they were used. Firstly, less time was spent piloting the semi-structured questionnaire that was adapted from the Averill (1982) study than was desirable. Also, it would have been desirable to compare the questionnaire with some other anger measures, in order to investigate the validity of some of the questions. The feasibility of this was limited both by the time available to the researcher and as a result of the number of participants available to take part in the study. Therefore, a compromise was sought between piloting the questionnaire and having a sufficient number of participants for the study.

In this study, the semi-structured questionnaire only asked for information in relation to a small number of targets and situations that had been found to be important in previous research. The semi-structured questionnaire did not include an analysis of the motivation for becoming angry (which could be another area relevant to the area of anger appraisal). Averill (1982) suggested that in order to understand the function of anger it is desirable to consider the motivation for anger. Generally, Averill (1982), in his study, found that the social norms regarding the motivation for anger are generally related to strengthening a relationship with someone who is typically well known (although the motives reported by participants may not appear to be particularly altruistic). This study did appear to offer some support for this, as a sizeable proportion of the situations that the participants reported, involved becoming angry with someone who was well known to the participant. Nonetheless, a more detailed analysis of this may yield further insight as to how anger may become ‘disordered’ with some individuals in respect of motivation. Averill suggested that the motivation of individuals could become distorted in most people when their aim is to achieve selfish ends. However, he suggested that this is indicative of ‘disordered’ anger when it becomes the norm rather than an occasional happening. The tendency for the forensic-angry participants to differ in the way they displayed their anger may have been indicative of a tendency to contravene the social norm that a person should not become angry at events that can be remedied in more standard ways. Additionally, it was suggestive that forensic angry participants may have been breaking the social ‘norm’ that suggests that anger should not be used as a tool to achieve selfish ends. Both of these would be indicative of the forensic-angry group breaking rules that regulate the motivational aspects of anger.
4.7.3 In relation to social desirability

A more significant limitation of this type of research, and in relation to research that relies on self-report in general, is the confounding effect of social desirability. Attempts to minimise this were sought by ensuring confidentiality, and emphasising to clients that ‘group’ results were being sought rather than the results of individuals. Nonetheless, social desirability will probably have had an effect, particularly when clients were interviewed ‘face-to-face’ and probably to varying degrees in their recollections of past events. It would seem plausible that clients consciously or subconsciously attempt to reconstruct their accounts of their anger to fit in with social norms. This may be particularly true when addressing motivational issues with regard to anger. While this is not necessarily a problem if social norms per se are being investigated (c.f. Averill, 1982), it is problematic when investigating deviations from social norms. Again, this may have had the effect of minimising differences between the three groups.

4.7.4 In relation to ongoing therapy

The results of the study may also have been confounded by the fact that most of the forensic participants were currently in therapy. It would seem plausible that, for the forensic-angry clients, this was including attempts to ‘manage their anger’. Therefore, this may mean that differences between the forensic-angry clients and the other two groups were less clear than they would have been before therapy began.

4.7.5 In relation to the lack of normative data for the UK

There is a lack of normative data with regard to people’s ‘everyday experiences’ of anger within the UK, particularly with regard to ‘subgroups’ of society who may be adhering to different rules of anger.

4.7.6 In relation to the lack of an accepted framework

Averill (1988) did little to explicitly link the norms that he outlined in his 1982 study with the rules of ‘anger’ that he proposed could become ‘disordered’. This study has included an attempt to do this. However, one is left frustrated in the task of working out which norms fit which rules. Semin (1988) suggested that in order for the model of disorder emotion to
develop, there has to be a consensus as to what type of behaviour results in which type of rule being broken.

4.7.7 In relation to generalising the results

The two forensic groups in this study were recruited from a regional secure unit. All of the forensic participants were being seen on an outpatient basis. It is difficult to ascertain to what extent the forensic-angry participants were typical of people whose anger is 'disordered'. In the locality that this study took place people whose anger is 'disordered' would often be referred to the forensic outpatient psychology service. Nonetheless, it could be envisaged that, within other localities where mental health and forensic services are organised differently, these people would be seen within the community mental health teams, the probation service or the voluntary sector. Therefore, the ability to generalise these results is largely dependent upon the sort of client group that they are being applied to, rather than the service they are being seen in. It seems probable that the results of this study are most applicable for people whose anger difficulties are at the moderate end of the anger-'disordered' spectrum. Nonetheless, the results of this study may be applicable to a wider range of clients, although they should be interpreted with caution.

Women were excluded from this study. Averill (1982) found some differences in the way women display anger, in particular he suggested they might cry more. It would seem reasonable, given the overlap between women and men's everyday experiences of anger, that the results of this study of 'disordered' anger are applicable to women, although, again they should be interpreted with caution.

4.8 Limitations of a social constructivist approach to 'disordered' anger

4.8.1 Over-emphasising the social

Social constructivist positions have been criticised for placing too much emphasis on the social (Reykowsik, 1988). Other researchers (e.g. Semin, 1988) have argued that this is a key strength of the model. It could be argued that the model deliberately focuses upon the social at the expense of other aspects of the anger phenomenon (such as the specific cognitive biases that people with 'disordered' anger make at an intrapsychic level). Novaco (1989) suggested that 'disordered' anger does hamper interpersonal and vocational relationships, therefore, it would seem advantageous to examine how angry people's experiences of anger deviate from
the rest of the population at a relational level. A social constructivist perspective facilitates this.

4.8.2 Little explanatory power

Semin (1988) suggested that Averill failed to suggest a mechanism by which motivational disorders, physiological disorders, cognitive biases and inadequate socialisation result in 'disordered' anger, and thus concluded that it may be impossible to account for these solely within a 'social constructivist' framework. This is not entirely true, as Averill (1988), has offered some explanation as to how these factors could result in 'disordered' anger. As was mentioned earlier, inadequate socialisation could result in a failure to learn 'appropriate societal norms'. Also, motivational disorders could result in individuals using anger for selfish ends. Physiological disorders could result in 'parts' of the anger role being enacted automatically, or not according to rules that regulate the disorder. Further investigation is needed in relation to how factors, such as 'brain trauma', affect the everyday experiences of individuals and how they may become distorted. Finally, Averill suggested that cognitive biases would result in individuals perceiving a situation as being worthy of anger, whereas it may not. Thus they may fail to 'adhere' to regulative rules with regard to the 'anger phenomenon'. In particular, Averill suggested cognitive biases and motivational disorders are linked to 'defence mechanisms' that a person may have developed as a way of dealing with certain 'life events'. Nonetheless, Averill's model of 'disordered' anger is limited in terms of providing an explanatory framework that goes beyond explaining why people with 'disordered' anger contravene the rules of anger, as embedded within people's everyday use of the emotion.

4.8.3 Anger as a disposition or as a process

The social constructivist model of emotion as outlined by Averill (1982) deviates from most other contemporary models of emotion in defining an emotion as a 'disposition to respond in ways that fit with social norms', therefore emphasising the temporary nature of anger. However, for some clients whose anger is 'disordered' the notion of a temporary role may be limited, as they appear to be in a more entrenched position in terms of acting out the role. Consequently, in defining 'disordered' anger within a social constructivist framework, it may be more useful to look at the function of an individual's anger and the extent to which their use of anger is effective in meeting their goals. Most other contemporary models of emotion construe anger as a 'process' (Reykowski, 1988). Process models generally define anger in
terms of response parameters, such as frequency and intensity. However, the focus of these models is often on the processes that underlie the emotion, rather than the function of the emotion per se. Nonetheless, process theories of emotion, such as the ones outlined in the introduction to this study, often provide some additional insights into the processes that may lie behind the phenomena of ‘disordered’ anger. Social constructivist theories of anger disorder are often limited in this regard. This is arguably the fundamental limitation of a social constructivist approach to ‘disordered’ emotion.

4.9 Contributions of a social constructivist model of ‘disordered’ anger

Averill’s model of ‘disordered’ anger has provided a framework in which to compare the experiences of a group of people who are construed as having ‘disordered’ anger, with those who don’t. Within this study, forensic-angry participants appeared to contravene regulative and procedural rules in relation to behavioural aspects of the anger syndrome. There was also some indication that they may break some constitutive rules.

4.9.1 Emphasising the function of anger

A social constructivist approach stands apart from many other theories of emotion. Traditional approaches to emotion have emphasised the biological, impulsive and non-volitional nature of the emotion, whereas a social constructivist approach emphasises the links between the intellectual, the emotional and the societal (to a greater extent than other functional theories of emotion). A social constructivist approach draws attention to the way emotions are socially influenced and regulated. In particular, the approach emphasises the ‘social-judicial’ nature of anger. This appears to have been an important factor within the descriptions of anger that participants gave in this study. Also, there was some indication that participants with ‘disordered’ anger in this study may have had difficulties within the social spheres of their life, as more were living on their own and there were higher rates of unemployment amongst them. The approach facilitates an awareness of the function of anger within society in general and specifically within the lives of individuals.

4.9.2 Establishing the norms of anger

The constructivist approach to anger as outlined by Averill (1982, 1983) has been fundamental in establishing the norms of anger within the United States of America. This has resulted in an elaborate description of how anger occurs within everyday settings. Even critics of the approach have recognised the importance of this (e.g. Reykowski, 1988).
4.9.3 'Disordered' anger can be construed as 'rule-governed'

The approach allows a stance whereby the influence of society in shaping and regulating emotions can be joined with a position that provides a mechanism that facilitates understanding of individual differences in the learning and regulation of emotional expression. Central to this has been Averill's proposition that 'disordered' anger results from deviations from social norms in the experience and expression of anger. Possibly the most important contribution within a social constructivist perspective has been the suggestion by Averill that individuals' 'disordered' anger can be construed in relation to constitutive, regulative and procedural rules that can then be applied to 'different areas' within the anger phenomenon. Within this study, this has facilitated an understanding of how the forensic-angry group differed in their experiences and expression of anger. Therefore, in addition to highlighting the functions of anger within society generally (and relationships specifically) the approach has helped develop an understanding of what specific areas of anger may or may not be 'disordered' in individuals.

4.10 Future Research

A number of areas will now be outlined which would facilitate an understanding of 'disordered' anger specifically and/or more generally, facilitate the development of a social constructivist theory of anger.

4.10.1 Anger relating to situations in the distant past

From a number of informal conversations that took place between the researcher and the participants, a number of forensic-angry clients indicated that they were very angry at events that happened outside of the week time scale. Indeed, it appeared as if these clients were ruminating upon these events. Averill (1982) found that 39% of the participants in his study wanted retribution for things that occurred in the past. This also mirrors findings by Baumeister et al (1990). While this appeared to be an issue for a substantial proportion of the participants in the Averill study, it only seemed to arise in conversations with forensic-angry clients in this study. (However, there was no opportunity to discuss issues with non-forensic clients, as the researcher did not help them complete the questionnaires and so rarely met them). Often these events had involved confrontations with ex-partners and family. This would appear to fit in with the notion, that as a group, these individuals were less likely to be living with partners and/or children. It may be that these types of situations have served to
increase forensic-angry clients' general levels of hostility and responsiveness to provocation. As this dimension of anger was not examined directly within this study, it was difficult to ascertain whether the trend to 'dwell on the past' was related to forensic-angry clients in particular. A fuller understanding of this would be enhanced by further research.

4.10.2 Motivational issues in relation to 'everyday experiences'

As was mentioned previously the reasons motivating anger between the three groups in this study was not addressed. In particular, Averill suggested it is important to consider the following areas. Firstly, anger being used to establish controls over situations and establish personal worth. Secondly, anger being used to change the behaviour of the target either for the instigator's or the target's benefit. Thirdly, Averill suggested that anger might be used to enhance a relationship. A social constructivist theory of 'disordered' anger would be enhanced if the rules, in relation to the motivational issues of anger, were investigated in people whose anger is 'disordered'.

4.10.3 Sub-groups of 'disordered' anger

In relation to forensic-angry participants, attempts should be made to recruit larger numbers of participants in order to carry out within-sample analysis particularly in relation to examining the possibility that subcultural norms may be operating with angry clients. This would enhance the ability to ascertain whether the contravention of rules applying to certain parts of the anger syndrome, by groups of people and/or individuals, was related to them not knowing the rules, sharing 'subcultural' rules, or them finding it difficult to follow 'mainstream norms'.

4.10.4 Depression and anger

Clinical research should continue in its endeavour to tease out the overlap between depression and anger, and the applicability of existing treatment packages for both emotions.

4.10.5 The criteria used in defining anger as 'disordered'

It would seem important to develop an understanding of the criteria that various groups such as clinicians and professionals use in deciding whether an emotion, such as anger, is 'disordered'. Professionals who 'label' emotions as 'disordered' have to be aware of any biases that may exist within their profession that may affect what is deemed to be 'disordered'
emotion. For example, recruitment biases may mean a substantial proportion of people come from a similar ethnic origin and/or socio-economic background and thus are more likely to follow similar norms with regard to emotional expression.

4.10.6 Establishing norms for the experience and expression of anger

Attempts to examine 'disordered' anger within this country are hampered by the lack of normative data for mainstream, and sub-populations within the UK. Also, it would be beneficial to have more information on how anger is used within dyads where one or both parties appear to have 'disordered' anger. This would yield further insight into the usefulness of talking about a social norm, as it may be there are many social norms, or a dominant social norm with deviations that apply to certain individuals in certain circumstances. As yet, our understanding in this respect is embryonic. Also, a better understanding of pathological anger from a social constructivist viewpoint would be enhanced by the development of a shared framework for applying societal norms to the rules of emotion that have been proposed by Averill.

4.11 Conclusions

Despite some of the criticisms of a social constructivist perspective, it could be argued that this approach provides a vehicle to examine the functional, social and intellectual properties of emotions and how these may become 'disordered' in some individuals. The model of 'disordered' anger provides an effective way of identifying problem areas, within the anger phenomena, for clients whose anger is 'disordered'.

Within this study the forensic-angry group appeared to be angry for a longer duration, their anger was less intense and they made less attempt to control it. They did not differ significantly from the other two groups in terms of who they got angry at, or what provoked them. Although, there was some indication that they were provoked more easily. Despite this they did not differ significantly from the other two groups in terms of their attributions of blame or responsibility. They were more likely to show their anger by being physically aggressive. They also were more likely to take their anger out on someone who was not directly related to the incident. As a group, the forensic-angry participants reported feeling more hostile and depressed after an instance of anger.
Within this study, forensic participants whose anger was ‘disordered’ contravened regulative and procedural rules particularly in relation to parts of the anger phenomenon that was related to behaviour. There was some indication that this group, particularly in relation to the behavioural aspect of anger, may also have contravened constitutive rules in relation to the way that they expressed their anger.

A social constructivist model of ‘disordered’ anger would be enhanced if more information were available as to the way the emotion is experienced and expressed within the ‘everyday context’ in which it occurs, and if some of the terminology relating to the conceptual framework, was clarified.

Traditional multi-component treatment packages may be enhanced if the behavioural component of anger expression was focused upon. Specifically, the inclusion of a social skills and assertiveness component may be useful. Also, there may be some utility in working with clients whose anger is ‘disordered’ in conjunction with some of the ‘significant others’ in the person's life.
5. References


Appendix 1

Averill’s rules of emotion

Rules of appraisal

With respect to the instigation

1. Prescriptive
   A person has the right (duty) to become angry at intentional wrongdoing, including an
   affront to one’s honour, freedom, property or other rights.
   A person has the right (duty) to become angry at the unintentional misdeeds of certain
   others if those misdeeds are due to negligence, carelessness, oversight, and so forth.

2. Proscriptive
   A person should not become angry at events that are beyond his or her influence.
   A person should not become angry at events that can be remedied in more standard
   ways.

With respect to the target

1. Prescriptive
   Anger should be directed only at persons, and by extension, other entities (the self,
   human institutions) that can be held responsible for their actions.
   Anger is more appropriately directed at a peer or subordinate than at a superior.
   Anger is more appropriately directed at someone who is well known than at a stranger
   or mere acquaintance.
   Among strangers, anger is more appropriately directed at men than at women.

2. Proscriptive
   Anger should not be directed at persons who cannot be held responsible for their
   actions (e.g. because of age or ignorance).
   Anger should not be directed at persons who cannot profit from the experience (e.g.
   because of infirmity).

With respect to the aim or objective
1. Prescriptive
The aim of anger should be to correct the situation, restore equity, and/or prevent recurrences, not to inflict pain or injury on the target.

2. Proscriptive
Anger should not be used as a tool to achieve selfish ends.

Rules of behaviour

With respect to overt behaviour

1. Prescriptive
The response should be proportional to the instigation.
The response should be open and direct (so that the target knows who is angry and why).
The response, even when it involves physical aggression, should conform to community standards of appropriateness (which may vary as a function of the target, the angry person, the setting etc).

2. Proscriptive
The response should not exceed what is necessary to correct the situation, for example, to prevent the instigation from happening again, or to restore equity.
The response should not unfairly or unnecessarily take advantage of the target (e.g. through public humiliation, or ‘hitting a man when he is down’).

With respect to physiological arousal

1. Prescriptive
Depending on the circumstances, an angry person should be sufficiently involved in the emotional role to display an appropriate level of physiological arousal, that is, to be ‘in the heat of a passion’.
With respect to subjective experience

1. Prescriptive
   Anger should be spontaneous and not deliberate.
   Anger should involve commitment and resolve.

Rules of prognostication

With respect to the sequence of events

1. Prescriptive
   Anger should begin with an explanation of the harm done, and only if that fails should it escalate to the denial of some benefit, verbal aggression, and-as a last resort-physical aggression.
   Anger should proceed without interruption, as far as opportunity permits.

With respect to duration

1. Prescriptive
   Anger should terminate whenever the target apologises, offers restitution, or gives assurance that the instigation will not be repeated.

2. Proscriptive
   Anger should not last more than a few hours or days, at most (if the situation has not been resolved during that period, action may still be taken, but it will not be interpreted as anger).

Rules of attribution

With respect to events

1. Prescriptive
   These should be a causal connection between the target, the instigation, and the angry response.
2. Proscriptive
Anger should not be displaced on an innocent third party, nor directed at the target for reasons other than the instigation.

*With respect to self*

1. Prescriptive
An angry response may, and sometimes hold, be dissociated for the self-as agent (i.e., interpreted as a passion rather than as an action).

2. Proscriptive
An angry person should not be held completely responsible for his or her behaviour.
Appendix 2

Research information pack

Patient information leaflet
Staff information leaflet
Consent form
Anger questionnaire (semi-structured)
STAXI
Research Information Leaflet

I am a psychologist who is doing clinical training. As part of my training I am carrying out a piece of research. I am interested in people's everyday experience of anger. Anger is a very common emotion. However some people find it difficult to control their anger. I would like to find out if people who find it difficult to control their anger have different experiences of anger from those who don’t.

I will be giving all participants two questionnaires to fill in. The information from these will be ‘gathered together’. This is so I can compare groups of peoples’ results.

If you are currently seeing a psychologist this has nothing to do with the work you are doing with them. The psychologist will not be told of your results. This is because individual participants’ names are not being attached to the questionnaires.

Finding out this information will hopefully tell us more about people’s everyday experiences of anger. Information like the things we hope to find out in this study, can help psychologists understand people better.

It will take between 30-45 minutes to complete the questionnaires. You do not have to finish the interview. However it would be really helpful if you could try and finish the questionnaires.

Thank you for your help

Gillian M. Cooper
Researcher
Staff Information Leaflet

Dear colleague,

I am a clinical psychologist in training and I am carrying out a piece of research into the ‘everyday experiences of anger’ of male forensic patients who have difficulty managing their anger. I am particularly interested in how their experiences differ from those of other people (who don’t have difficulties managing their anger).

I am giving the forensic patients 2 questionnaires to fill out. In order to compare their results I need the same questionnaires filled out by men who don’t have anger difficulties. Therefore, I am writing to ask if you would be kind enough to do this, and then return them in the internal mail envelope provided.

Appropriate ethical approval has been granted.

If you would like more information about the study, please feel free to contract me. I can be found in the psychology department on Mondays.

Finally, I would like to emphasise that your responses will be treated in the strictest confidence.

Yours faithfully,

Gillian M. Cooper
Clinical Psychologist in Training
Consent Form

I have read the information leaflet, and I am willing to take part in the research. I understand my participation is voluntary. I understand if I have completed an anger questionnaire before, the scores may be used in this piece of research.

Signature..............................................................................................................................

I would like to be sent a summary of the outcome of this study (please tick the box).

Please can you tick the correct box (below), if you have committed any of the following crimes... ABH, GBH, affray, wounding, manslaughter, murder, threatening behaviour.

0 times □
1-5 times □
6-10 times □
11-15 times □
16-20 times □
Over 20 times □
Anger Questionnaire

PLEASE INDICATE THE FOLLOWING

1. Age:...........................................................................................................

2. Job (if employed):..........................................................................................

3. Who you live with:..........................................................................................

4. How many times did you become angry this week?
   (please tick one)
   Not at all □
   1 to 2 times a week □
   3 to 6 times a week □
   7 to 10 times a week □
   more than 10 times a week □

5. Describe the incident that made you most angry in the last week (even if the situation
   seems unimportant or silly now):
   .....................................................................................................................
   .....................................................................................................................
   .....................................................................................................................
   .....................................................................................................................
   .....................................................................................................................
   .....................................................................................................................
   .....................................................................................................................

I am now going to ask you some questions. These are based on the situation that you have
just described. That is the situation that made you most angry this week.

How angry did you become?

Please indicate your answer with a cross on the line. For example if you were very angry put
the cross towards the right end of the line.

Not at all angry ┌───────────────────────────────────────×─── Extremely angry

If you were fairly angry, but not very angry you would put the cross near the middle of the
line

Not at all angry ┌────────────────────×─────────────────── Extremely angry
6. How angry did you become? ...
Not at all angry |--------------------------------------------------------| Extremely angry

7. How angry do you think other people would be in a similar situation?
Not at all angry |--------------------------------------------------------| Extremely angry

8. To what extent do you think the situation could have been avoided?
Easily |--------------------------------------------------------| With great difficulty

9. To what extent do you think the situation that made you angry was unfair?
Very fair |--------------------------------------------------------| Very unfair

10. To what extent do you understand why you got angry in the situation you described?
I do not understand |--------------------------------------------------------| I understand fully

11. How physically wound up did you become?
Not at all wound up |--------------------------------------------------------| Very wound up

12. How long did your anger last in the situation you just described? .................

13. How typical for you is being angry for this long?
Not at all |--------------------------------------------------------| Very much so

Below is a list of things that can make people angry. At this point I am just interested in the things that may have provoked you, or led you to be angry. I am not asking about how you responded.

Some of the things below may have had a part to play in the situation that made you angry. Please indicate by putting a cross on the line how much each of these things was involved in the situation you described.

14. In the situation you described were you angry at a person/ or people?
Not at all |--------------------------------------------------------| Yes, very much so

15. If so how well did you know the person/ people?
Not at all |--------------------------------------------------------| Very well
16. To what extent did you suffer physical injury or pain?
Not at all | .......................................................... | Very much so

17. Did the situation involve damage to your belongings?
Not at all | .......................................................... | Very much so

18. Did the situation involve you having to stop doing something?
Not at all | .......................................................... | Very much so

19. Did the situation involve you being ‘put down’?
Not at all | .......................................................... | Very much so

20. Did the situation involve you being ‘angry’ with the ‘services’ or the ‘law’?
Not at all | .......................................................... | Very much so

21. Did the situation involve somebody acting in a way that was improper or was against widely accepted rules of how you should behave?
Not at all | .......................................................... | Very much so

22. Did the situation involve somebody acting in a way you found offensive but others may not have?
Not at all | .......................................................... | Very much so

The following are concerned with ways in which you actually showed your anger in the situation you described at the beginning.

23. Please tick the box if you acted in this way (you can tick more than one).

Made a nasty remark, shouted, etc.......................................................... □
Was physically aggressive- e.g. slapped someone....................................... □
Stopped something you would normally do- e.g. withheld pocket money........ □
Was overly friendly.................................................................................. □
Acted differently, was a bit off..................................................................... □
Talked the incident over with somebody.................................................. □
Told somebody about the incident to get back at the person who made you angry... □
Took your anger out on somebody (or something) verbally, even though it had nothing to do with them, e.g. shouted at a friend.................................................. □
Took your anger out on somebody (or something) physically even though it had nothing to do with them, e.g. kicked the cat.................................................. □
Had a drink, smoked a cigarette or got stoned (took drugs)......................... □

24. In what other ways did you actually show your anger (if any)?
..............................................................................................................

..............................................................................................................
The following are concerned with ways that you felt like showing your anger in the situation you described at the beginning. You may not have actually showed your anger in these ways.

Please indicate how much you felt like showing your anger in the following ways:

25. Making a nasty remark

Didn’t feel like doing at all | Felt like doing very much

26. Being physically aggressive - e.g. slapping someone

Didn’t feel like doing at all | Felt like doing very much

27. Stopping something you would normally do - e.g. withholding pocket money

Didn’t feel like doing at all | Felt like doing very much

28. Being overly friendly

Didn’t feel like doing at all | Felt like doing very much

29. Acting ‘differently’ or by being a bit off

Didn’t feel like doing at all | Felt like doing very much

30. Talking the incident over with another person

Didn’t feel like doing at all | Felt like doing very much

31. Telling someone about the incident to get back at the person or thing that made you angry

Didn’t feel like doing at all | Felt like doing very much

32. Taking your anger out on someone (or something) verbally even though it had nothing to do with them - e.g. shouting at the kids

Didn’t feel like doing at all | Felt like doing very much

33. Taking your anger out on someone (or something) physically even though it had nothing to do with them - e.g. kicking the cat

Didn’t feel like doing at all | Felt like doing very much
34. Having a drink, smoking a cigarette or getting stoned

Didn’t feel like ____________________________ | Felt like doing doing at all very much

35. In what other ways did you feel like showing your anger (if any)?
........................................................................................................................................

Focus on your actions following the situation that made you most angry this week.

36. Do you think other people you know would have acted in the same way?

Not at all |____________________________________| Very much so

37. In the situation you described, is that the usual way you would show your anger?

Not at all |____________________________________| Very much so

In the situation you described in the beginning …..

38. To what extent do you think you were to blame for becoming angry?

Not at all |____________________________________| Completely

39. To what extent do you think the other person/ people or thing was to blame for you becoming angry?

Not at all |____________________________________| Completely

40. To what extent do you think your ‘position in society’ was to blame for you becoming angry?

Not at all |____________________________________| Completely

41. Did you feel any of the following emotions after the angry incident?

a. Good: Not at all |____________________________________| Completely

b. Pleased: Not at all |____________________________________| Completely

c. Irritable: Not at all |____________________________________| Completely
<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Hostile:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Confident:</td>
<td></td>
<td></td>
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<tr>
<td>f. Depressed:</td>
<td></td>
<td></td>
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<tr>
<td>g. Embarrassed:</td>
<td></td>
<td></td>
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<tr>
<td>h. Guilty:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Relieved:</td>
<td></td>
<td></td>
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<tr>
<td>j. Calm:</td>
<td></td>
<td></td>
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<tr>
<td>k. Satisfied:</td>
<td></td>
<td></td>
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<tr>
<td>l. Worried:</td>
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</tbody>
</table>

42. Do you think most people you know would have felt the same if they had dealt with the situation in a similar way to you?

Not at all | Very much so

Focusing on what happened.

43. Do you think the whole incident was helpful in sorting out ‘the situation’?

Not at all | Very much so

44. Generally, to what extent do you understand how you behave when you become angry?

Not at all | Completely
45. Generally, to what extent do you make a deliberate attempt to control your anger?

Very little |-----—---------------------------------------------------------------| A lot

46. Generally, do you ever knowingly ‘break the rules’ when you show your anger?

Not at all |---------------------------------------------| Often

47. To what extent do you think other people understand why they get angry?

Not at all |---------------------------------------------| Completely

48. How physically wound up do you think other people become?

Not at all |---------------------------------------------| Completely

49. Do you think people you know, knowingly ‘break the rules’ when they get angry?

Not at all |---------------------------------------------| Often

Thank you for your help
**ANGER QUESTIONNAIRE**

**PART 1 DIRECTIONS**

A number of statements that people use to describe themselves are given below. Read each statement and then tick the response which best fits with your feelings. Remember that there are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to best describe how you feel **right now**.

**How I Feel Right Now**

<table>
<thead>
<tr>
<th></th>
<th>Not At All</th>
<th>A Little</th>
<th>More Than a Little</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am furious</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. I feel irritated</td>
<td></td>
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<tr>
<td>3. I feel angry</td>
<td></td>
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<tr>
<td>4. I feel like yelling at somebody</td>
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<tr>
<td>5. I feel like breaking things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I am mad</td>
<td></td>
<td></td>
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<tr>
<td>7. I feel like banging on the table</td>
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<tr>
<td>8. I feel like hitting someone</td>
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<tr>
<td>9. I am burned up</td>
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<tr>
<td>10. I feel like swearing</td>
<td></td>
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</tbody>
</table>
PART 2 DIRECTIONS

A number of statements that people use to describe themselves are given below. Read each statement and then tick the response which best fits with your feelings. Remember that there are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to best describe how you generally feel.

How I Generally Feel

<table>
<thead>
<tr>
<th>Statement</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. I am quick tempered</td>
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<tr>
<td>12. I have a fiery temper</td>
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<tr>
<td>13. I am a hotheaded person</td>
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<tr>
<td>14. I get angry when I am slowed down by others' mistakes</td>
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<tr>
<td>15. I feel annoyed when I am not given recognition for doing good work.</td>
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<tr>
<td>16. I fly off the handle</td>
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<tr>
<td>17. When I get mad I say nasty things.</td>
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<tr>
<td>18. It makes me furious when I am criticized in front of others</td>
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<tr>
<td>19. When I get frustrated, I feel like hitting someone</td>
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<tr>
<td>20. I feel infuriated when I do a good job and get a poor evaluation</td>
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</tbody>
</table>
PART 3 DIRECTIONS

Everyone feels angry or furious from time to time, but people differ in the ways that they react when they are angry. A number of statements are listed below which people use to describe their reactions when they feel angry or furious. Read each statement and then tick the box which indicates how often you generally react or behave in the manner described when you are feeling angry or furious. Remember that there are no right or wrong answers. Do not spend too much time on any one statement.

<table>
<thead>
<tr>
<th>When Angry or Furious</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I control my temper</td>
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<td></td>
<td></td>
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<tr>
<td>22. I express my anger</td>
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<tr>
<td>23. I keep things in</td>
<td></td>
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<tr>
<td>24. I am patient with others</td>
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<tr>
<td>25. I pout or sulk</td>
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<tr>
<td>26. I withdraw from people</td>
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<tr>
<td>27. I make sarcastic remarks to others.</td>
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<tr>
<td>28. I keep my cool</td>
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<td>29. I do things like slam doors</td>
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<td>30. I boil inside, but I don’t show it.</td>
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<tr>
<td>31. I control my behaviour</td>
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<tr>
<td>32. I argue with others</td>
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<tr>
<td>33. I tend to harbor grudges that I don’t tell anyone about.</td>
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<tr>
<td>34. I strike out at whatever infuriates me.</td>
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<tr>
<td>35. I can stop myself from losing my temper.</td>
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<tr>
<td>36. I am secretly quite critical of others</td>
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</tr>
</tbody>
</table>
When Angry or Furious (continued)

<table>
<thead>
<tr>
<th></th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. I am angrier than I am willing to admit.</td>
<td></td>
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<tr>
<td>38. I calm down faster than most other people.</td>
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<tr>
<td>39. I say nasty things</td>
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<tr>
<td>40. I try to be tolerant and understanding</td>
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<tr>
<td>41. I’m irritated a great deal more than people are aware of.</td>
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<tr>
<td>42. I lose my temper</td>
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<tr>
<td>43. If someone annoys me, I’m apt to tell him or her how I feel.</td>
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<tr>
<td>44. I control my angry feelings.</td>
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</tbody>
</table>

To be completed by the administrator only:

S - Anger

T - Anger (A - Temp) (A - React)

In - Anger

Out - Anger

Control - Anger