



The National Centre of Excellence
in Youth Mental Health

MythBuster

Moving away from common myths to a better understanding of anger and anger-related difficulties in young people

MYTH

.....
"Problematic anger
is the same as
aggression"



Who is this mythbuster for?

This mythbuster is written for young people and their families and friends. It may also be of interest to health and other professionals working with young people. The first section summarises key facts about anger and anger-related difficulties in young people. The second section explores what anger is, and when it becomes problematic, in more detail. Evidence that counters common myths about anger is then provided.

Common myths about anger

Anger is perhaps the most misunderstood of all feelings. When we think about anger, we are likely to be affected by common stereotypes about anger as an emotion, who gets angry, and how anger is expressed. There is often a misunderstanding that anger always results in obvious aggressive behaviour and so it is a 'bad' emotion. There is an assumption that people who experience problematic anger are dangerous or that they are less deserving of help than people with other issues. Confusing anger with aggression can also lead to an assumption that it is always easy to tell when someone has anger problems. In fact, this is not the case. Myths about anger are harmful as they can make it harder for people to seek and receive helpful support for anger-related difficulties. It is important to challenge these myths because we know that problematic anger can be extremely destructive to a young person's life. We also know that it can be effectively treated [1-4].

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Getting support for anger-related difficulties

Anger is not a problem in itself. However, if you feel angry a lot of the time or have difficulty managing your anger it may be helpful to seek support from a healthcare professional. It is particularly important to seek support if your anger problems are causing problems in your relationships (e.g., with friends, family, colleagues or teachers), making it hard for you to keep up with your commitments (e.g., work or studies), resulting in other problems like feeling down or substance use or causing you distress. Another important reason to seek help is if you feel that you are at-risk of hurting yourself or someone else as a result of your anger.

If you think anger may be a problem for you, you don't need to figure out all of the answers before talking to someone about it. Even if you're just a bit worried about your anger, or know that others close to you are concerned, it is a good idea to talk to someone. Seeking support from your GP or your nearest headspace centre is a good place to start. If you prefer to seek support online or over the phone, you can access support through [ehespace.org.au](https://www.headspace.org.au). Getting support early could make a big difference to your wellbeing and your relationships.

Is anger a problem for young people?

Anger problems are concern for many young people. Recent research with over 24,000 young people indicates that anger-related problems are one of the main presenting issues among young people attending headspace centres [5]. Only depression and anxiety ranked higher than anger. Younger males (aged 12-14 years) were particularly likely to present with anger problems. Anger is also a very common presenting problem in specialist mental health services and school counseling services [6-8]. However, internationally, research suggests that many people experiencing problematic anger do not seek support and when they do, anger and how to treat it is not well understood [9]. Several factors are likely to contribute to low rates of help-seeking and treatment. These include a lack of understanding about what problematic anger is, whom it affects, how it typically presents and unclear pathways to help.

What is anger?

Anger is an emotion that includes thinking, feeling and action components [10]. It can be experienced at different levels of intensity, ranging from mild irritation through to rage. The thinking component of anger relates to the thoughts and attitudes that effect how someone interprets their surroundings and things that are happening around them. These thoughts and attitudes influence what is interpreted as anger inducing [11]. Anger is usually associated with the belief or perception that somebody has done us wrong [12]. It is closely linked to the body's 'fight-flight-freeze' response. This response is very important to our survival because it prepares our body to react to a perceived threat. It can cause lots of physical changes in our bodies (e.g. raised heart rate, rapid breathing, hot flushes). This means that we experience anger in our bodies as well as in our thoughts and feelings. When we are feeling very angry, the way we think is also affected. It can be hard for us to think clearly as all of our attention is diverted to the perceived threat.

Understanding anger can help in learning how to manage our feelings and how to express them in a healthy way. In order to understand anger (in ourselves or in others) it is important to distinguish between the experience and expression of anger [10, 11, 13]. When someone experiences or 'feels' angry, they can express or 'show' this anger in different ways. Anger can be expressed outwardly through a person's verbal or non-verbal behaviour. For example, someone may verbally express that they are feeling angry while speaking in a calm tone, and at a normal volume or they may shout, scream or use offensive language. Their anger may also be expressed in changes to their facial expression or through their actions. This may range from walking away from an interaction, throwing or hitting things, or physically attacking another person. Anger can also be suppressed or 'bottled up' (i.e., someone can feel very angry without showing their anger). When anger is 'bottled up' in this way, it may not be obvious to other people that someone is experiencing anger, even if it is intense or persistent.

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What is problematic anger?

Anger may become problematic when it occurs frequently, at high intensity, and results in other problems [10]. These may include: aggressive behaviour, excessive risk-taking, self-harm, health problems, and high levels of stress and/or psychological distress. How much a person usually experiences anger and how intensely is considered to be a personality characteristic or 'trait'. The important thing about personality traits is that they are dimensional, so at one extreme a person is likely to feel angry a lot and/or very intensely, while at the other end of the spectrum, a person will rarely feel angry and/or experience only mild anger. Research shows that some people are much more likely to respond with anger to a range of situations, and to feel angry a lot of the time [10]. These people are described as having high trait anger [10].

Anger is a healthy emotion that serves many adaptive functions

In certain situations, it may be a more helpful response to suppress or 'bottle-up' (rather than express or 'show') anger. For example, a person who is feeling physically threatened may suppress their anger if they think that expressing it would make the situation worse and place them at increased risk of harm. However, when anger is suppressed frequently, or in situations where it is not helpful, this can be problematic in a number of ways. It can cause problems in relationships and reduce the chances of a person's needs being met. For example, a longitudinal study found frequent suppression of emotions predicted young people having less social support, feeling less close to others and less satisfied in their relationships than their peers in their first year of university [14]. Suppression of intense emotions can also result in other psychological problems such as depression or low self-esteem [15-17]. Suppression of anger can also be associated with unexplained

physical health complaints [18] and can sometimes lead to a person turning anger 'inwards' against themselves. When this happens, intense anger can result in self-harm [19; see our Mythbuster on self-harm for more information, available from orygen.org.au].

MYTH: Anger is a 'bad' emotion

Anger is a healthy emotion that serves many adaptive functions. Both the expression and experience of anger are part of healthy emotional functioning. Of all emotions, young adolescents may particularly struggle to recognise and respond to anger [20]. Learning to be aware of our emotions and express them appropriately is very important to both healthy development and mental health [21]. Recognising and expressing anger can be healthy and helpful in developing assertiveness skills (so we can stand up for ourselves), our belief in own abilities and persistence [21]. By learning to express our anger in a healthy way, we are much more likely to get our needs met. We can also prove to ourselves that anger is an emotion that we are able to manage so we don't need to avoid it or think of it as 'bad'. Experiencing anger can motivate us to address perceived threats, or perceived injustices, by asserting or 'standing up for' ourselves, taking practical steps toward a solution, or defending ourselves or others. Far from being harmful, research suggests that developing these skills and characteristics may actually reduce our chances of experiencing anxiety and depression [21].

MYTH: It is easy to tell if somebody has anger problems

Some people who experience intense anger, or who feel angry frequently, suppress or 'bottle up' their anger. A person may do this consciously or sub-consciously (i.e., the person may not identify their feelings of anger or be aware that they are suppressing it). These people may be less likely to get help for their anger as it is not always apparent to those around them that they have difficulty managing their anger. Others may not realise that a young person's anger has become problematic and they are likely to need support to manage it. They may minimise or dismiss the young person's anger by saying or thinking things like 'boys will be boys', or 'he/she will grow out of it'.

MYTH: Problematic anger is the same as aggression

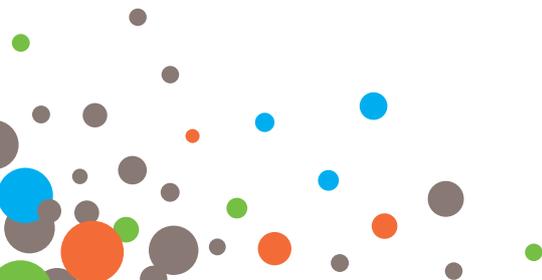
Problematic anger should not be confused with aggression. Anger is a feeling, whereas aggression is a behavioural response [12]. Aggressive behaviour is not always a sign that someone is feeling very angry, it can result from other strong emotions [10-12]. For example, if someone is feeling extremely anxious and overwhelmed, their behaviour may become aggressive in trying to escape their immediate environment [22]. Similarly, aggressive behaviour can occur in the absence of anger [e.g., if someone is trying to intimidate another person; 23]. When anger is expressed outwardly, it can result in aggressive behaviour, but this is only one way that anger may present. Anger can also be expressed through assertive action that is not aggressive. For example, when you are being asked to do something immediately, calmly and clearly telling the person that you will do what they are asking, but not until you are able to do it.

Problematic anger should not be confused with aggression

MYTH: Problematic anger is a 'male problem'

There are lots of different myths about gender and anger. For example, only men experience anger; when women are angry their anger is always appropriate to the situation; or that women's anger is less problematic or serious than men's [24]. These myths are closely tied to ideas about different social rules around emotional expression for boys and girls that exist in Western societies. Girls are encouraged to be more emotionally expressive than boys when it comes to most emotions (e.g., happiness, sadness, fear, guilt and shame) while boys are expected to display less of these "tender emotions" but more anger, contempt and disgust [21]. As a result, girls may learn to suppress their anger, while boys learn to express it.

The relationship between anger and gender is complex. It is likely to differ depending on factors such as a person's age and maturity, their social context (e.g., are they alone or with peers?), and the potential consequences of expressing anger appropriately [e.g., whether they will be rewarded in some way or punished; 21]. When thinking about these gender



differences, it is particularly important to distinguish between anger experience and anger expression (i.e., feeling versus expressing anger).

Generally research doesn't support the idea that men *experience* more anger than women [25]. In fact, recent research suggests that if a gender difference exists, it is likely that women *feel* more angry often than men, and they may also experience more intense and enduring anger. In a large-scale study of the Australian population (aged 16-65 years), women reported experiencing more severe levels of anger than men [26]. This finding has been replicated in studies of adolescents [27, 28] and young adults [29] in a number of countries.

Overall, research suggests that men and women may *express* their anger in different ways. Direct aggression (i.e. physical and verbal aggression), and especially physical aggression, is more common among men than women at all ages [25, 30] and peaks in youth [aged 18-30 years; 25]. This may lead to an assumption that women are more likely to express relational aggression [i.e., more subtle forms of aggression such as manipulation of relationships, spreading gossip, exclusion from group activities; 30]. In fact, there are more similarities than differences in the way boys and girls use relational aggression in childhood and adolescence [30].

... research suggests that anger causes more destruction to people's relationships than any other emotion

MYTH: Anger is less worthy of intervention than other emotional problems

People who experience persistent and/or intense anger, or who have difficulty regulating their expression of anger, can experience significant psychological distress. Their social functioning can also be severely impacted. In fact, research suggests that anger causes more destruction to people's relationships than any other emotion [10]. Most of the research exploring the negative outcomes associated with experiencing problematic anger has been conducted with adults. However, research with young people similarly indicates that individuals who experience problematic anger are at-risk of experiencing a wide range of negative outcomes in terms of their physical health, mental health and their social functioning [11].

People who experience problematic anger are at increased risk of engaging in a wide-range of maladaptive behaviours including self-harm [19, 31, 32], problematic gambling [33], substance abuse [e.g., 26], and aggressive behaviour [34]. They are also at increased risk of experiencing a number of mental health problems including mood and anxiety disorders [26, 35, 36]. Anger also has a significant positive association with suicidal thinking [37]. People who present with persistent anger, or who have difficulties expressing their anger in a healthy way, are also at increased risk of developing physical health problems, such as coronary heart disease and type II diabetes [38]. They are also likely to die younger than individuals without a history of anger problems [39]. Similarly, high levels of aggression (both direct and relational) are associated with a range of harmful outcomes [27, 30, 40].



Is problematic anger a diagnosable problem?

Problematic anger is not a psychiatric diagnosis, however it is commonly part of a more complex clinical presentation [10, 41]. Anger can serve a function in regulating other feelings that are experienced as threatening or unacceptable by a person [42]. For example, if a person experiences sadness as a sign of weakness and vulnerability, strong feelings of sadness may be perceived as intolerable. As a result, when a person feels sad or anticipates feeling sad, this may trigger them to feel angry. Anger can also stem from other feelings that a person finds confusing or has trouble understanding. When anger functions in this way, it may 'mask' other negative emotions that are very distressing to the person. For example, mood disturbance in children and adolescents experiencing a depressive disorder may present as an irritable mood rather than sadness [43]. As a result, parents and teachers may describe depressed children and teenagers as "angry" rather than depressed or sad. It has been proposed that depressive symptoms in young men are more likely to be 'masked' by anger, aggressive behaviour, and difficulty identifying one's emotions [e.g., 44]. However, recent research suggests that the relationship between depressive symptoms and anger is stronger among young women than young men [29]. This means that it is important to be aware that a young person experiencing anger problems may be struggling with depressive symptoms, regardless of their gender. For some young people, high levels of anger and/or difficulties managing anger may be associated with traumatic experiences (e.g., ongoing or past physical or sexual abuse).

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Helpful resources

For more reliable information about anger including factsheets, videos, young people's stories of their experiences of anger, and how and where to get help check out headspace.org.au/get-info/anger/ and ReachOut.com. The Centre for Clinical Interventions (Western Australia) also provides a series of factsheets and self-help resources that may be helpful including 'What is Anger', 'Coping with Anger' and 'Assertive Communication' (http://www.cci.health.wa.gov.au/resources/infopax_doc.cfm?Mini_ID=49). The National Health Service in the UK has produced a more detailed self-help resource for anger problems called Moodjuice (<http://www.moodjuice.scot.nhs.uk/anger.asp>) based on Cognitive Behavioural Therapy.

Clinicians can refer to the Evidence Summary - *Understanding and assessing anger-related difficulties in young people - a guide for clinicians* on our website orygen.org.au for more information.



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