

I. THE PSYCHOLOGICAL VIEW OF ANGER

I believe that one of the most important abilities and needs a person has is that of being aware of his own feelings. Many of us, particularly those of us with religious backgrounds, have been virtually robbed of the right to our feelings, especially feelings of anger. It's even comparable to a sort of psychological rape, in which a vital part of our humanity is violated, leaving us with irreparable emotional damage.

--Psychiatrist Dwight L. Carlson¹

When we cling to anger in spite of potentially helpful knowledge and insights, it is usually due to an intricate system of rationalization. Change is difficult. It requires persistent effort and a stubborn willingness to restructure the thoughts and perceptions that guide us. But we humans can be lazy. We want to change but we resist the notion of hard work. Therefore if changes required in anger management do not come easily, we may shun personal responsibility by hiding behind rationalizations. Instead of admitting, "I choose to cling to my anger," we prefer to think, "My anger is in me because of someone else's problem."

--Therapist Les Carter and Psychiatrist Frank Minirth²

Mental health clinicians at the hospital where I once worked saw me reading a legendary psychologist's book on anger and smirked, "Phil, I didn't know you had a problem with anger." They assumed that, because I wanted to know about anger, I had a problem with it myself. But I was reading the book because nothing in my counselor training prepared me to help people handle anger more effectively.

When I trained to be a counselor in the mid-1980s, therapists urged their clients to "get anger out" by screaming and slamming pillows or other inanimate objects with their fists or with large pads on the ends of broom-handle-size sticks, called "battakas." Group therapy leaders offered everything from

empathic counselor-led mutual support sessions to days-long emotionally traumatic “encounter” groups to confront anger problems. Assertiveness training was a standard part of treatment because, therapists believed, “passive-aggressive” clients needed to effectively express their feelings to the aggressive people in their lives. Outwardly angry people were enrolled in stress management training seminars. All of these techniques were part of anger management training. The generally accepted theory at the time was that pent-up emotions had to be released, to eliminate inhibitions and other hang-ups.

All of these approaches continue to be used in some form today, but the mental health profession has added scholarly research to popular psychological theories, thus improving our understanding of anger and leading to more effective interventions. The current view about anger in psychology, found in many current writings, is “Anger is not good or bad. But what we do with anger can be good or bad.”³

The founder of the Anger Institute of Chicago said, “One out of every seven Americans... are on the verge of exploding in an act of violence. The problem is not anger. The problem is mismanagement of anger.”⁴

Anger, as reported in newspaper headlines and television newscasts, is a central issue in human existence. “Conflict is normal and inevitable.... Yet we tend to look at it as an abnormal state, as a sign of deficiency,” one psychiatrist writes.⁵ “Bringing conflict out into the open and dealing with it constructively can be termed confrontation... something that many people avoid at all costs—and the costs are high.”⁶ It seems essential that angry people learn to differentiate between good anger (when something constructive needs to be done) and bad anger (when something destructive is about to occur).

Even so, not many therapists, regardless of training or experience, truly understand anger or how to help angry clients. One professional comments, “As psychologists, we have the so-called Bible of diagnoses [*Diagnostic and Treatment Manual of Mental Disorders*]⁷, and anger’s not even mentioned in it. A lot of psychologists don’t know what to do with anger or how to treat it.”⁸

To some degree we all have a problem with anger—whether in our own lives or in the lives of those with whom we live and work.

II. THE CAUSES, SYMPTOMS AND TYPES OF ANGER

Causes of Anger.

Behavioral scientists study anger from many different perspectives. Some research finds a biological basis for anger, such as brain damage, which can cause catastrophic results.

Research has shown that stimulation of certain parts of animals' brains leads to aggression. Stimulation of other parts stops aggression. We don't know how this works. In 1966, Charles Whitman killed his wife and mother because "I do not consider this world worth living in..." then climbed a tower in the University of Texas campus and fired his rifle at 38 people. He killed 14 before being killed. An autopsy revealed a large tumor in the limbic system of his brain (where the aggression "centers" are in animal brains). Abnormal EEG's [encephalograms] have been found among repeat offenders and aggressive people. So, aggression may sometimes have a physical basis. Brain damage can be caused in many ways (Derlega and Janda, 1981).⁹

Other physiological causes of aggression include chemical, hormonal, or genetics. Medical researchers and psychologists frequently cite these when discussing anger and aggression. Social scientists see "primitive urges" as the evolutionary root of the problem. One practitioner writes, for example:

The socialization process, i.e. becoming a mature person, involves taming these destructive, savage, self-serving urges that probably helped us humans survive one million years ago but threatens our survival today.¹⁰

But evolutionary theory—which proposes that humans will eventually "outgrow" anger and aggression as we evolve beyond the need for it— does not solve the problem of anger, with its complex web of symptoms and causes. To truly help people, therapists need a deep-level understanding of human nature and the issues surrounding anger.

Anger is typically related to other clinical problems. An amalgam of experiences, emotions, cognitive distortions, and physical complaints may show themselves as anger responses. Forms of depression, anxiety, trauma, systemic stressors, physical illness, ADD [Attention Deficit Disorder], LD [Learning Disorders], substance abuse as well as affective, personality, brain injury/head trauma and cognitive disorders may underlie anger symptoms as pre-morbid or co-morbid factors.¹¹

Certainly, physical causes of anger need to be investigated and ruled out in order to determine why an anger problem exists. Once that is done, however, the therapist must help the client look at personal responsibility for angry thoughts and behaviors. One therapist writes, “Anger can be a lifestyle of choice.... Anyone who lives a life of anger is choosing to do so.... As adults, we have the capability to decide whether we will keep or weed out certain traits learned in our formative years. Clearly, we are what we choose to be.”¹²

To illustrate the issue of “choice” in the matter of anger, the same author developed a formula by which a person can become consistently angry:¹³

- Be picky and finicky.
- Don’t listen to another person’s point of view.
- Hold on so firmly to your religious convictions that you can’t help but condemn someone who disagrees with you.
- Pride yourself on never being silly.
- Overload your schedule.
- Expect others to cater to your every whim.
- Constantly demand your rights.
- Make fun of things such as love and gentleness.
- Speak in a loud, booming voice when you have a point to make.
- Worship money and material possessions—make them more important than human relations.
- Don’t look at your personality to examine your strengths and weaknesses.
- Have no compassion for people who are suffering.
- Learn to nag and criticize—look for the worst in people and focus on it, and make others aware of their faults.

The writer “guarantees” that following those guidelines will develop an angry individual.

Many angry people are not aware they are angry—although the people in their lives are. What are the signs and symptoms of anger? The most comprehensive list of anger symptoms that I found in preparing this paper was from the *Treatment Planner*, a software program published by the American Association of Christian Counselors¹⁴ (presented in adapted form, below). By using such a checklist, therapists can assess clients and educate them about anger issues.

Emotional Symptoms.

Fear	Stress	Tension	Worry	Depression
Fatigue	Irritability	Insecure	Inadequate	Hurt/rejected

Cognitive Symptoms.

Threat sensitive Projection	Personalizing Poor reality testing	Mind reading Rigid/inflexible problem solving
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- Lack of ability to generate adaptable solutions to goal barriers.
- Few coping strategies or destructive ones such as addictions, dependency/co-dependency, rule-breaking, withdrawal, risk-taking, manipulation.
- Irrational belief systems characterized by forms and combinations of entitlement, paranoia, morbid fantasies, vengeance/getting even; how dare you thinking; personal inferiority and high need to be viewed as competent.
- Perfectionist unrealistic expectations of self and others.
- Naive or absolute beliefs such as life should be fair.
- Failing to see consequences of actions or accept responsibility for choices.
- Seeing self as victim who is controlled by others.
- A history of negative experiences, losses, near misses, traumas, or being taken advantage of, which serve as cognitive triggers to anger.
- Poor role modeling of problem solving or anger management in family of origin.
- Failing to acknowledge or recognize needs of others; lacking an empathetic viewpoint.
- Harboring suicidal or homicidal ideation.
- In extreme cases, may experience violent nightmares and fantasies

Behavioral Symptoms.

Defensiveness Posturing	Resistive Rigid, self righteous stance	Argumentative Legalistic comments
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- Lack of openness or willingness to examine self.
- Over-focused on personal wrongdoing by others.
- Tendency to argue or haggle over therapy fees, time of appointment, Christian views, being charged for a service, challenges the counselor if late or for some minor failure.
- May be overly agreeable, humble, and passive.
- Poor insight.
- Easily offended, quickly infers or mind-reads thoughts of therapist or others.
- Cynical, inappropriate language, judgmental communication and observations.
- Tendency to set self up for failure or replicates hurt by current relationships.
- Tendency to keep their anger going, and seems to derive joy by remaining upset or feeling mistreated.
- Inability to listen, quick to defend self.
- Physiological changes, e.g. increased heart rate, tightness, facial changes, bristling, closed, protective body language.
- Throwing objects, pounding fists, kicking objects, slamming things, storming away, stomping, and driving fast.
- Frequent outbursts, over-protective or punitive.

Spiritual Symptoms.

- Demanding with God.

- Experiences God as distant, punishing, disloyal, unloving because one's prayers or needs are not being met as one expects God to do.
- Prideful and right in one's own eyes.
- Withdrawal from God due to feelings of rejection.
- Maintains a perception of God as mean, controlling, harsh father figure.
- Sees self as alienated from God.
- Frequent church changes or little fellowship or worship experiences.
- Rejects God's discipline as being unwarranted.
- Tends to determine God's love by what He gives or does materially or spiritually.
- May surround self with other angry or embittered Christians.
- Little prayer or spiritual activity: "What's the use?" attitude.
- A general position that God exists to serve one's own needs.
- Avoids accountability or counsel from others.
- A general mistrust of pastors, God or fellow believers.

Social Symptoms.

- Isolated; few friends.
- Substance abuse or dependence.
- Financial or other systemic stressors; work; single parent; divorcing.
- History of abusive behaviors as victim or perpetrator.
- Inability to maintain social relationships, including employment, school, church.
- Social organizations or peers may be of a cause nature; of rigid or legalistic beliefs that promote ignoring or denigrating the rights or feelings of others or use violence as a means of social problem solving.
- History of breaking laws, mores, norms or rights of others, the means justify the ends.
- Easily provoked, annoyed or aggravated with others over minor offenses.
- Individual's reaction to people or situations does not fit the offense.
- Difficulty communicating needs or feelings to others; high need to promote self as strong, or someone who won't be taken advantage of.
- Encouraging them to compromise or to have empathy is to ask them to be weak or a doormat to others in a social conflict.

Types of Anger.

The American Psychological Association describes the nature of anger:

Anger is "an emotional state that varies in intensity from mild irritation to intense fury and rage," according to Charles Spielberger, Ph.D., a psychologist who specializes in the study of anger. Like other emotions, it is accompanied by physiological and biological changes; when you get angry, your heart rate and blood pressure go up, as do the levels of your energy hormones, adrenaline, and noradrenaline.¹⁵

This definition does not cover appropriate uses of anger—such as "righteous" anger experienced by a person who witnesses a grievous wrong done by one person to another. When we study anger, we need to differentiate between appropriate and inappropriate expressions of anger.

People who handle anger inappropriately use one of two contrasting ways: “swallowing” it or “exploding.” Either style has physical and interpersonal consequences. Dr. Neil Clark Warren, a clinician, author and researcher, finds that the passively aggressive person avoids outward expression of angry emotions but develops terrible health problems and suffers in virtually every human interaction.¹⁶ Suppression of anger is also correlated to the incidence of migraine headaches.¹⁷ Two studies of suppressed anger found greater incidence of heart disease, regardless of gender:

In the first study, men who are unable to express their anger increase their risk of developing coronary artery heart disease by up to 75 percent, suggests preliminary research in the *Journal of Epidemiology and Community Health*.... The effects of anger patterns on the blood pressure and cholesterol levels of 2,500 men were measure regularly over a period of nine years. Men who repressed anger... were up to 75 percent more likely to develop heart disease than men who let their anger out... or who were able to talk about it.... Known risk factors, such as weight, alcohol and cigarette consumption, did not affect the findings.

In the second study, middle-aged women who hide their anger, have hostile attitudes or feel self-conscious in public may have a greater risk of developing cardiovascular disease, according to research from the University of Pittsburgh School of Medicine. The 10-year Pitt study is the first to associate psychosocial characteristics of atherosclerosis or high blood pressure.... According to study author Karen A Matthews, Ph.D., professor of psychiatry, epidemiology and psychology... in a randomly selected group of 200 healthy pre-menopausal women between the ages of 42 and 50, those who reported having hostile attitudes, holding in anger and feeling self-aware in public situations were at risk of higher IMT [intima-media thickness, an early marker of atherosclerosis or high blood pressure] scores 10 years later, as seen by using ultrasound. “This study provides compelling evidence that attitudes and styles of expression have an effect on cardiovascular health in women,” commented Dr. Matthews. “A woman’s style of dealing with negative feelings may have physical consequences.... It may be best to express negative feelings in a constructive fashion than hold them in.”¹⁸

Interestingly, the individual who afflicts others with his/her angry outbursts also develops high blood pressure and other heart-related illnesses that can cause sudden death by heart attack. Psychologist William J. Sieber details the physiology that is involved in anger of either type:

Anger elevates levels of testosterone, catecholemines, and cortisol. These potentiate atherosclerosis as shunting of blood away from liver lowers ability to clear blood of cholesterol, thus contributing to fatty deposits in the arteries; elevated blood pressure also damages arteries creating tiny tears in arterial walls with fatty deposits covering tears and stopping flow of blood.¹⁹

Anger can be deadly. Learning to properly handle anger could save lives.

III. THERAPEUTIC INTERVENTIONS REGARDING ANGER

Testing to Assess and Uncover the Client's Anger Issues.

Angry people can be very skilled at hiding their feelings. For that reason, therapists might consider using specialized testing to uncover the depth and strength of a client's anger. One such test is the Novaco Anger Scale, which is presented below with instructions ²⁰:

Take this test, called the Novaco Anger Scale, to learn more about your anger.

DIRECTIONS: In the space provided before each incident, estimate the degree it would ordinarily anger or provoke you, using the key Bated below. Make your best general estimate even though many potentially important details are omitted (such as what kind of day you were having, or who was involved in the situation).

KEY:

0 = I would feel very little or no annoyance 3 = I would feel quite angry

1 = I would feel a little irritated 4 = I would feel very angry

2 = I would feel moderately upset

[] 1. You unpack an appliance you have just bought, plug it in, and discover that it doesn't work.

[] 2. You are overcharged by a repairman who has you in a bind.

[] 3. You are singled out for correction when the actions of others go unnoticed.

[] 4. You get your car stuck in the mud or snow.

[] 5. You are talking to someone who doesn't answer you.

[] 6. Someone pretends to be something he or she is not.

[] 7. While you are struggling to carry four cups of coffee to your table at a cafeteria, someone bumps into you, spilling the coffee.

[] 8. You have hung up your clothes, but someone knocks them to the floor and fails to pick them up.

[] 9. You are hounded by a salesperson from the moment that you walk into a store.

[] 10. You have made arrangements to go somewhere, but the person backs out at the lost minute and leaves you all alone.

[] 11. You are being joked about or teased.

[] 12. Your car is stalled at a traffic light, and the guy behind you keeps blowing his horn.

[] 13. You accidentally make the wrong kind of turn in a parking lot. As you get out of the car, someone yells at you, "Where did you learn to drive?"

[] 14. Someone makes a mistake and blames it on you.

[] 15. You are trying to concentrate, but a person near you is tapping his or her foot

[] 16. You lend someone an important book or tool, and he or she fails to return it.

[] 17. You have had a busy day, and the person you live with complains that you forgot to do something you agreed to do.

[] 18. You are trying to discuss something important with your mate or partner, who isn't giving you a chance to express your feelings.

[] 19. You are in a discussion with someone who persists in arguing about a topic he or she knows very little about

[] 20. Someone intrudes and interrupts an argument between you and someone else.

- [] 21. You need to get somewhere quickly, but the car in front of you is going 23 m.p.h. in a 40 m.p.h. zone, and you can't pass.
- [] 22. You step on a wad of chewing gum.
- [] 23. You are mocked by a small group of people as you pass them.
- [] 24. In a hurry to get somewhere, you tear a good pair of slacks on a sharp object.
- [] 25. You use your last quarter to make a phone call, but you are disconnected before you finish dialing, and the quarter is lost.

SCORING: Be sure you put a number by each of the 25 statements.

11-45 The amount of anger and annoyance you generally experience is remarkably low. Only a few percent of the population will score this low on the last. You are one of the select few!

46-55 You are substantially more peaceful than the average person.

36-75 You respond to life's annoyances with an average amount of anger.

76-80 You frequently react in an angry way to life's many annoyances. You are substantially more irritable than the average person.

86-100 You are a true anger champion, and you are plagued by frequent, intense, furious reactions that do not quickly disappear. You probably harbor negative feelings long after the initial insult has passed. You may have the reputation of a firecracker or hothead among people you know. You may experience frequent tension headaches and high blood pressure. Your anger may often get out of control and lead to impulsive hostile outbursts which at times get you into trouble. Only a few percent of the adult population react as intensely as you do.

Assuming the client is able to benefit from being shown the extent of his/her anger issues, the therapist can use this or another testing tool to begin moving an angry person toward resolving the "unfinished business" of therapy. One assumption in therapy is that understanding the problem can lead toward a therapeutic solution.

Therapy Interventions.

A well-disciplined approach to anger management is proposed by two licensed clinical social workers who developed the following intervention system for use with angry clients²¹:

- Assess what purpose anger plays in the client's social system and why it is used to solve his/her problems.
- Assess for chronic pain, illness, migraines, neurological impairments or allergies that may be present.
- Inventory the various situations which the client finds to be provocative.
- Assess the thought processes that follow these "triggering events," and help him/her to identify "automatic thoughts," irrational beliefs, or family-of-origin memories that are

symbolized by the triggering event. (Ask for example, “When was the first time you remember thinking that someone was trying to control you?”)

- Examine the client’s emotional reactions to the triggering events, as well as beliefs. Help him/her look beyond the anger to identify other feelings (hurt, guilt, shame, sorrow, or insecurity).
- Look at the physical changes that occur during anger. Identify these changes as a God-given “alarm system” that signals problems in need of resolution. Help the client recognize anger in his/her behavior.
- Teach him/her that anger indicates a problem that needs to be solved. Assess the rationalization system used to justify anger responses, including rigid, unrealistic, and opinionated statements used to support angry behavior. (“No one ever listens to me, so why try to talk about anything?”)
- Help the client change the beliefs that support inappropriate anger. Explore how the client’s original family used anger.
- Look at inappropriate versus appropriate anger.
- Help the client develop a variety of problem solving skills and strategies for coping with conflict or personal hurt.
- Set firm limits and boundaries regarding expectations of your time, and issues of confidentiality (such as duty to warn regarding harm to self or others). Determine whether there are weapons in the home that need to be removed.
- Assess the client’s social support system, including at least one person who can provide accountability or support to the client during crisis times. Refer to self-help groups, discipleship mentors and groups, support in the local church body, and other professionals.
- Because angry clients are masters at provocation and will try to be “in charge” and to take control of the therapy, set firm limits on behavior and the rules of therapy—while maintaining an attitude of mutual respect.
- Recognize—and teach clients—that “each person is always in control of his/her level of anger and how it is expressed.”
- Teach clients to develop numerous strategies for “using anger appropriately, solving problems effectively, and resolving conflicts.”

Theoretical Approaches to Intervention.

Mental health professionals who work with anger problems integrate family systems, cognitive-behavioral, behavioral and psycho-educational to help clients develop skills for controlling their anger.

Some of the foundations of these therapeutic approaches include:

- An understanding that no person will never be able to control or change others but can influence others’ behavior by his/her responses and reactions.
- Similarly, the client has no control over “activating events,” but can control his/her thinking and emotional responses, and can identify and manage the “triggers” in his/her life.
- Faulty or erroneous thinking (“irrational beliefs”) can be refuted, challenged and stopped through techniques learned in therapy.
- The meanings we attach to feelings and our interpretations of these feelings determine what our outward actions will be. We have control of these things.
- The client can use the “alarm” of angry feelings to purposefully do something constructive about emotionally upsetting events.

- “Choice and self-control” are essential concepts. Therapists challenge clients to choose from various responses to anger.

Behavioral techniques learned in therapy include relaxation, deep breathing, thought stopping (using scriptural or imagery techniques), letter writing, journaling, capturing feelings on a tape recorder, and calling a supportive person are examples of ways to slow down thoughts or urges.

Cognitive techniques help clients to develop realistic appraisals of triggering events and to challenge the irrational beliefs and memories that would otherwise justify inappropriate anger.

IV. ASSESSMENT OF THE CLIENT’S RECOVERY FROM ANGER

The client has “recovered” from his/her anger problem when he/she has established the ability to control inappropriate angry thoughts and behaviors. “Anger control is developed based on the client learning to recognize the situations that elicit anger and where ineffective or destructive measures were once taken.”²²

Therapists help clients develop and rehearse an array (I use the concept of a “tool box”) of problem-solving techniques, coping and assertiveness skills, and communication practices as part of the strategy of living free from the control of anger. As clients develop self-control, they understand they have choices and can make decisions instead of resorting to anger. Impulsivity is replaced by planned and practiced, rational behavior. Much of the theoretical basis for effective work with clients who have problems with anger is found in the work of Aaron Beck and others.²³

V. BIBLICAL OVERVIEW OF ANGER AND THE WORK OF THE COUNSELOR

Interestingly, the person in the Bible who is most often described as angry is God—the sinless Father, as well as the Son of God.

The Hebrew word for anger appears approximately 455 times in the Old Testament, and of these, 375 times it is referring to the anger of God....

Jesus also became quite angry at times, contrary to the image we have of Him as a bland, quiet soul. He got upset when He saw the hardened, callous hearts of the people as He was about to heal the man with a paralyzed hand (Mark 3:1-5). In Mark 11:15-17 we find Him driving out the parasitic money changers in the temple with a whip.... In Matthew 23 he lashes out at the smug, hypocritical Pharisees....²⁴

Christians who teach that anger is always sinful, then, are in error (see Ephesians 4:26). Clearly, some expressions of anger are right and appropriate. We are, of course, to practice grace and forgiveness in our interactions with others. We are required, in fact, to forgive those who wrong us and to seek forgiveness for wrongs we have done to others (Matthew chapters 5 and 18), so that we will be reconciled. The Bible warns against letting anger turn into bitterness or resentment (Hebrews 12:15). We are warned against being quick-tempered (Proverbs 15: 1), and are to avoid unrighteous anger (James 1:19-20). Sinful anger is described in Proverbs 14:17, 15:18, 29:22 and Ecclesiastes 7:9.

An essential consideration for all of us has to do with what we are to do with angry feelings when we are grievously wronged. *Baker's Evangelical Dictionary of Biblical Theology* notes:

Government... [is] the executor of divine vengeance against law breakers (1 Peter 2:14), but personal vengeance is prohibited. Jesus requires that an ethic of helping one's enemies replace retaliation (Matt 5:38-48). Similarly, Paul forbids returning evil for evil and seeking personal vengeance (Rom. 12:17-21).... Forgiveness rather than vengeance is the basis for Christian morality.²⁵

Bitterness and inner anguish are likely to persist... unless there is a willingness to forgive. Such forgiveness may be difficult and possible only with the help of God. After instructing readers in Ephesians 4:32 to "get rid of all bitterness, rage and anger," Paul indicated how this can be done. "Be kind and compassionate one to another forgiving each other, just as in Christ God forgave you." ...If you are willing, God will remove your resentment, help you forgive, and enable you to know the freedom from persistent anger. Then you can live a life filled with kindness and compassion.²⁶

Anger is a complex human and therapeutic issue. Skilled therapists who understand the causes, symptoms and interventions to use can be very helpful in moving people from anger to effective living.

Christian counselors, with the help of the Holy Spirit and excellent clinical training, can be the most effective in this work because they include the Living God and His Word in therapy.

To close this portion of the paper, I include wisdom from a Christian registered nurse who gives ten practical steps for dealing with anger and bitterness in a godly way (adapted by this writer):²⁷

1. Acknowledge the problem.... To look in your own eye and see the speck in it is a mark of maturity, of true spirituality.
2. Stop feeding bitterness. The person who continually rehashes traumatic experiences cannot be free of them.
3. Stop making excuses for what happened.
4. Live in forgiveness... allow God to convict and punish.
5. Give yourself time to process your feelings.
6. Initiate reconciliation... decide to forgive.
7. Rid yourself of every root of bitterness as soon as possible (Eph. 4:31; Heb. 12:15.... Send it away... offer it to God as a love offering: "Release me from bitter feelings; recycle this experience for something good in my life.")
8. Renew your mind. Instead of "victim thinking," ask yourself, "What part did I play in the situation? When I assume some responsibility for the way things have gone, I begin to catch a glimmer of hope. As a victim, I have no control; as a learning person, I do have some control.
9. Make things happen.... Ask "What can I do now?" Leave the world a better place than you found it.
10. Proclaim God is sovereign (Psalm 10: 8-10, 14-17) and provides the grace we need to get through each day. "We can use circumstances as opportunities to exercise our faith, to grow in maturity, to become better people instead of bitter people... victors instead of victims."

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