Chapter 5
Helping Couples Deal with Anger and Conflict

Vanessa Woods

Conflict among couples is inevitable, but if these difficulties are not addressed, anger and resentment toward partners gradually builds and may lead to aggression and the dissolution of the relationship. Although the 2007 United States Bureau of Justice Statistics reported a decline in the rates of nonfatal and homicidal partner victimization, the fact is that any form of aggression in couple relationships is a salient issue for some who seek counseling, so it is imperative to address this early on in therapy. That is not to say that anger typically results in aggressive behavior, but anger can impact couple relationships in numerous negative ways. Scherer and Wallbott (1994, as cited in DiGiuseppe & Tafrate, 2007) noted that anger has a more negative impact on relationships than any other emotion.

According to Kassinove and Tafrate (2002), as well as DiGiuseppe and Tafrate (2007), anger is universal and a common human response that people of all ages, cultures, educational levels, income levels, and backgrounds experience. In fact, Kassinove and Tafrate (2002) posited that it would be difficult to find a person who hasn't experienced anger. That having been said, anger becomes very problematic for some people when it is "excessive in frequency and duration and disproportionate to the event or people who triggered it" (Kassinove & Tafrate, 2002, p. 1). As we know, when people are angry they often say things they don't mean; they overgeneralize and blow things out of proportion or label their partner as lazy, irresponsible, or selfish. When things like this are during the heat of an argument, they are often stated in an aggressive tone that inhibits constructive communication. Seldom does this type of anger result in anything productive; in fact, it can destroy relationships.

The purpose of this chapter is to explore the types and functions of anger and to identify how to assess a couple's suitability and readiness for participation in treatment. The author will also explore irrational beliefs associated with anger and

V. Woods, M.A. (✉)
Integrated Forensic Psychiatry Program, Royal Ottawa Mental Health Centre, Ottawa, ON, Canada
e-mail: vanessa.woods@theroyal.ca

A. Vernon (ed.), *Cognitive and Rational-Emotive Behavior Therapy with Couples: Theory and Practice*, DOI 10.1007/978-1-4614-5137-2_5,
© Springer Science+Business Media New York 2012

provide case examples to illustrate how these beliefs manifest themselves in couples who have dysfunctional anger. Cognitive, emotive, and behavioral interventions that can be used to address issues related to anger and conflict in couple relationships will also be a focus of this chapter.

What Is Anger?

Kassinove and Sukhodolsky (1995) described anger as a negative emotion that varies in frequency, intensity, and duration. It is associated with distorted cognitions as well as verbal and physical behaviors. Tafrate and Kassinove (2009) stated that "anger is something that happens inside your body. It's an emotional response you consciously feel" (p. 6). Anger is a galvanizing emotion that is intended to address a given goal at times in which it is perceived to have been thwarted. In fact, many people would argue that their anger is justifiable; that they have a "right" to be angry if someone or something interferes with their goal. Kassinove and Tafrate (2002) noted that there is usually a perception of blame associated with anger, as if another person is seen to be the cause for it. According to Tafrate and Kassinove (2009), people become angry when they perceive a threat to their well-being, comfort, image, or property.

Anger can be further characterized as both functional and dysfunctional based on the quality of an individual's thoughts at the time of a given anger episode. When people experience functional anger, their thoughts are flexible with respect to addressing a given goal, while dysfunctional anger develops "from rigid and highly extended boundaries to the personal domain. Preferences are no longer personal and flexible guidelines for behavior, but become dictatorial commandments of self and others" (Eckhardt & Deffenbacher, 1995, p. 31). When individuals experience dysfunctional anger in the face of a threat to a given goal, "goal-directed behaviors become imperative rather than preferential" (Deffenbacher, 2011). The experience of dysfunctional anger is further characterized by an increase in frequency and intensity of anger episodes and may also include outbursts of aggression, periods of rumination, and the holding of grudges. Kassinove and Tafrate (2002) emphasized the longer-term negative impact of dysfunctional anger on individuals, including problems with interpersonal relationships, substance abuse, physical health concerns, problems in the workplace, and increased risk taking. Without a doubt, all of these can be very problematic for couple relationships.

Behaviors Associated with Anger

It is often assumed that if someone is angry, he or she is also aggressive. As previously noted, this is a falsehood, so it is important to distinguish between anger and aggression. Anger, as described above, is defined as an emotion, while aggression is

defined as a "motor behavior enacted with the intent to do harm and the expectation that harm will occur" (DiGiuseppe & Tafrate, 2007, p. 31). Anger may not always be accompanied by aggression and aggression may not always be accompanied by anger. More specifically, anger can be both inwardly and outwardly directed and the behavior associated with anger may either be goal-defeating or goal-enhancing. Individuals may behave aggressively when they experience anger because they have rigid, inflexible beliefs related to the fact that their goals are blocked and they have very little patience to address the issue at hand. This can be demonstrated in couples when one of the partners uses aggression with the intent to harm his or her partner who is perceived to be blocking the goal rather than remaining focused on addressing the actual goal. An example of this would be when Brad went through a great deal of effort to arrange a night out for himself and his partner, yet Sandra was not enjoying herself and was complaining. Brad then raised his voice, called Sandra names, yelled at her, and proclaimed that she never enjoyed any event that he arranged for them. The couple continued to disagree for the rest of the evening, and Brad abandoned his goal of having a pleasant evening with Sandra in favor of condemning her for the fact that she wasn't enjoying the evening. As a result, Brad's goal of experiencing an enjoyable evening with his partner was thwarted.

Specific examples of aggressive behavior include verbal aggression such as yelling and screaming and cursing, or physical aggression which may include throwing or banging inanimate objects, as well as pushing, shoving, or hitting another individual. It is important to note that aggression may be directed at the target of the person's anger, or it may be displaced, in which the target of the anger is different from the target of the aggression. For example, a woman might come home from work and behave aggressively toward her spouse because she didn't express her anger towards her boss earlier in the day.

Individuals may also behave passively when they feel angry by disregarding their goal rather than addressing the concern directly. Anger episodes with passive behaviors may be defined as dysfunctional because the goal has been abandoned. In the case of Brad and Sandra, if Brad chose not to say anything to Sandra when she was complaining, he may still have abandoned his goal of a pleasant evening since he was most likely consumed with his anger toward her. Individuals may also behave passive aggressively toward their partner and the target of their anger when the intent is to harm their spouse indirectly, such as intentionally not completing a favor or a task for him or her.

Individuals may also behave assertively in the face of an anger episode, which allows them to remain focused on attaining the goal while ensuring that no harm will come to them or others in the process. Those who are able to behave assertively when angry have flexible beliefs and use their anger in a functional manner. For instance, if Brad had behaved assertively when Sandra began to complain, he could have expressed his thoughts and feelings about the situation to her at the time, while articulating his intended goal for the evening. By addressing his concerns to Sandra in this fashion, he is more likely to achieve his goal because he remains focused on it.

Beliefs Associated with Dysfunctional Anger

From an REBT/CBT perspective, dysfunctional anger is the result of beliefs, primarily in the form of demands, that interfere with individuals' ability to think rationally and address conflicts in a healthy manner. These beliefs may or may not be true, and they are usually exaggerated, distorted, or inaccurate. Helping couples identify their beliefs associated with their anger is a key element in the therapeutic process.

Demandingness. Demandingness is considered to be the primary irrational belief that underlies most dysfunctional negative emotions (Dryden & David, 2008), and Kassinove and Tafrate (2002) posited that demandingness is the most common anger-related belief. A demand is an unrealistic and absolute expectation of a situation or of another person (Walen, DiGuiseppe, & Dryden, 1992): a partner *must* or *must not* do something. When couples engage in demandingness they escalate their preferences to absolutistic "rules" that others should adhere to. Instead of wishing that her spouse would be more romantic and attentive, a woman might think that her husband *must* be more loving and is angry when he doesn't treat her exactly as she thinks he should.

Low-frustration tolerance (*LFT*). LFT is very common in couples who present with relationship difficulties, especially those with anger issues. LFT is defined as "the person's perceived inability to withstand the discomfort of an activating event" (Walen et al., 1992, p. 129), and individuals who experience this are likely to think they cannot stand something or that things shouldn't be so hard or take so much effort. When partners demand that their counterpart behaves in a certain fashion but doesn't, they often get frustrated and their thinking escalates to "he's doing this again and I can't stand it. His (or her) behavior is intolerable." With beliefs of this nature, anger remains at a high level of intensity.

To illustrate, let's take the case of John and Sarah who have lived together for approximately 15 years. Both are in their 50s and have presented in couple's counseling as a result of long-standing difficulties related to what they define as poor communication. Sarah is also in group therapy to address issues related to dysfunctional anger. The couple acknowledges frequent anger episodes but believe Sarah is the only one who has a problem with anger.

Sarah:	"John and I had another fight last week and I'm still angry about it."
Therapist:	"Can you tell me what happened?"
Sarah:	"John keeps taking phone calls while we are having dinner together and I find his behavior to be very disrespectful toward me."
John:	"But it's not just any phone call, Sarah, it's my boss that's calling me. You know that."
Therapist:	"Does this happen often?"
Sarah:	"Almost every night."
John:	"Sarah, you're exaggerating. It has been most evenings, that is true, but only since I received my promotion."

Therapist: "Sarah, when this happens, how do you feel?"
Sarah: "Really angry."
Therapist: "And when you are so angry, can you tell me what you are thinking?"
Sarah: "That he's rude and doesn't care about being with me. I think he should tell his boss that he is eating and will call him back. And it's not just his boss; he'll take calls from anyone."
Therapist: "And what do you typically do when you are angry?"
Sarah: "I tell him how angry I am and I usually yell at him."
Therapist: "John, how do you tend to behave when Sarah tells you she's angry and yells at you?"
John: "I just get up from the table and leave the room."
Therapist: "Sarah, do you think your anger toward John's behavior is functional or dysfunctional?"
Sarah: "Dysfunctional."
Therapist: "And why is that?"
Sarah: "Because I probably shouldn't have such a strong reaction to him taking a call. I also don't think it does any good to yell, but sometimes I just get so frustrated. Meal time is one of the only times we have together and I just wish he would stop taking calls."
Therapist: "Wishing he wouldn't take the calls is very reasonable. But suppose that you don't have any control over that, and let's just assume that John continues to answer his phone at the dinner table. How would you like to handle the situation?"
Sarah: "I would like to ask him politely to end the call as quickly as possible."
Therapist: "And what is preventing you from doing that?"
Sarah: "I don't know…I guess just thinking that he shouldn't be so disrespectful to me and that I can't stand it."
Therapist: "And suppose John continues to do this; do you think you *really* can't stand it? Can you think of anything worse?"
Sarah: "When you put it that way, of course there are things that are worse, and it's not that I really can't stand it; I just don't like it."
Therapist: "When you think to yourself that you can stand it, you just don't like it, is your anger less intense?"
Sarah: "Yes—then I guess I'm just more irritated."
Therapist: "I see. John, has Sarah ever behaved disrespectfully to you?"
John: "Yes."
Therapist: "And is there any rule that states that Sarah *musn't* be disrespectful?"
John: "I'd like her to be more respectful at those times, but she doesn't have to be. She can do whatever she wants and I'll just have to deal with that."
Therapist: "Sarah, what is the difference between what you said that John *musn't* be disrespectful and what John said, which was 'I'd like her to be more respectful, but she doesn't have to be. She can do whatever she wants and I can deal with that?'"
Sarah: "Well, the way John puts it sounds nicer, I suppose."
Therapist: "Which one is more compatible with reality, would you say?"

Sarah: "John's."
Therapist: "And why is that?"
Sarah: "Because, at the end of the day, I can't control him—I can only control myself, so demanding that John does or doesn't do something doesn't make any sense."
Therapist: "Sarah, where's the evidence that when John behaves in a manner that you perceive as disrespectful that you 'can't stand it?'"
Sarah: "There isn't any; I *can* stand it, but I don't like it."
Therapist: "That's fine. You don't have to like it. But let's suppose John behaves disrespectfully in the future and you tell yourself that you'd like him to be more respectful, but he doesn't have to be, how are you likely to behave?"
Sarah: "I'm not sure. Maybe I'd just go on eating my dinner and keep telling myself that I don't have to get upset. I suppose I'd ask him politely to end the call as soon as possible."
Therapist: "John, how do you think you would respond if Sarah reacts in this way when you take a phone call during dinner?"
John: "I would do my best to end the call as soon as possible so we could enjoy our meal together."
Therapist: "So can you see that it isn't the fact that John is taking the calls that upsets you so much, Sarah? It's what you are thinking—that he *shouldn't* do this and that you *can't stand it*—that causes you to get so angry?"
Sarah: "Yes, I see it. I just hope I can keep thinking that way because I don't like getting angry."
Therapist: "That's great. So, as a homework assignment between sessions, I would like the two of you to continue to eat dinner together every night. Sarah, before the meal is served, I would like you to imagine John receiving a call from his boss and talking on the phone over dinner, and to then remind yourself of your new, rational belief, and to picture yourself addressing your concern with John in a polite, respectful manner. Do you think you can do that?"
Sarah: "Yes."

As the therapist has illustrated here, rather than trying to change Sarah's perspective of John's behavior, the session focused on identifying Sarah's underlying, demanding belief that John *musn't* be disrespectful and her LFT for John's behavior at those times. The therapist also employed disputation techniques that involved John in the process. A key component of couples' sessions includes the assigning of homework to help them internalize their new rational beliefs between sessions.

Awfulizing. Kassinove and Tafrate (2002) described awfulizing as the "tendency to exaggerate the level of hardship associated with aversive life events" (p. 37). An *awfulizing* belief overstates a situation with the use of key words such as *terrible*, *awful*, and *horrible*. When a demand is preceded by the belief that something is *awful*, it can readily result in anxious feelings and avoidant behaviors. When

individuals feel anxious, they may also make a connection between the A (activating event) and the C (emotional and behavioral consequence), thinking that their partner is responsible for their anxiety, leading to a secondary anger episode directed at their partner. This is often the case with couples who have financial concerns. In these situations, the therapist has two tasks: to address the anxiety about the future and to address the anger in the present. The therapist should help the couple understand that dysfunctional anger is not helpful to them if they want to achieve their goal of improving their relationship.

To illustrate, consider the case of Robert and Janet who have been living together for 5 years, presenting in counseling because of conflict related to financial stressors. After some preliminary data gathering, the therapist initiated the session by asking them to describe the problem with a recent example.

Janet: "Well, just this week Robert and I got into a disagreement and I'm still angry about it."

Therapist: "Tell me more about the disagreement."

Janet: "I'm just fed up with him just lying around the house all day, basically doing nothing while I'm at work trying to make enough money for us to live on. It's not fair that I'm the only one who takes on this responsibility."

Robert: "What are you talking about? I resent what you just said. I'm not just lying around. I'm doing the best I can; it's not my fault that I don't have a job that's as important as yours."

Therapist: "Robert, you said that you resent what Janet said about your behavior, so I assume that you are angry?"

Robert: "You better believe it."

Therapist: "What is it specifically about what Janet said that you are angry about?"

Robert: "Janet thinks I contribute nothing to our relationship when I'm really trying my best to be a provider. She *should* be more understanding of how hard it is for me to find work."

Therapist: "I understand that you would like Janet to be more understanding of your situation, but is there anything to say that she *should* be?"

Robert: "But she's my partner; of course she has to be."

Therapist: "If Janet were in your shoes without a job, is there any rule that says that you should be more understanding of how difficult it is for her to find work?"

Robert: "No, there's no rule."

Therapist: "I see. So if you don't have to be understanding of Janet's difficulties, is there any reason that Janet has to be understanding of yours?"

Robert: "No, but it would be nice if she was more understanding."

Therapist: "That is true, it would be nice, but can you change the way Janet thinks or behaves any more than she can change the way you think and behave?"

Robert: "No; we can't control each other."

Therapist: "That's right. Now, Janet, I understand that you don't want Robert to just lie around the house when you are at work. First of all, where is the evidence he is just lying around, and what would you prefer he do with his time instead?"

Janet: "Well, I don't know exactly what he does all day, but I assume that if he wasn't just lying around he'd have a job by now. I want him to be looking for work."

Therapist: "And why is it so important to you that he get a job?"

Janet: "Because money is a huge problem for us. We can hardly make ends meet; for the past two years we've barely managed to pay our bills. This really stresses me out and we wouldn't be in this situation if he had a job or tried harder to find one. It's not fair that I have to handle all of this by myself."

Therapist: "And suppose Robert remains unemployed?"

Janet: "It would be awful. I just don't know if I can stay in this relationship if something doesn't change."

Therapist: "I understand that you are both in a very difficult situation here. Janet, how do you feel when you tell yourself that your situation is *awful*?"

Janet: "I'm so anxious! I worry all day and I can't sleep at night. I keep thinking we won't have enough money to make our mortgage and car payments."

Therapist: "And suppose that "worst case scenario" actually happens."

Janet: "I don't know…it's too awful to think about."

Therapist: "Can you think of anything you could tell yourself that would help you deal with the possibility of the worst case happening?"

Janet: "I don't know. It hasn't happened yet, so maybe we will continue to scrape by."

Therapist: "Exactly. Is it really helpful to you to think the worst?"

Janet: "Not at all…because then I don't sleep at night and I'm less effective at work and things bother me more when I'm tired, so then I worry that I might get fired because I am less productive. Then when I get home I guess I take it out on Robert."

Therapist: "And how helpful is it to get angry at Robert?"

Janet: "It probably doesn't help, but it's his fault that I'm so anxious and angry."

Therapist: "Oh, so Robert has the power to make you feel angry and anxious?"

Janet: "I guess. I wouldn't be angry and anxious if he had a job."

Therapist: "I wonder if other women in your situation would feel as angry and anxious as you do under these circumstances?"

Janet: "I don't know. I suppose some wouldn't."

Therapist: "And if they wouldn't be as anxious and angry, what do you suppose they might be thinking?"

Janet: "Maybe that it doesn't do any good to worry about it and that getting angry isn't going to help the situation."

Therapist: "Exactly. So can you apply this thinking to your situation?"

Janet: "I can try."
Therapist: "And if you think about it, who controls whether or not Robert gets a job?"
Janet: "Robert does."
Therapist: "I agree. How does it help you, then, to demand that Robert *must* get a job?"
Janet: "It doesn't. I just really want him to get one."
Therapist: "Of course. That's very realistic. But if you just *want* him to get a job, rather than thinking he *must* get one, how does that affect your relationship with Robert?"
Janet: "I wouldn't be as angry and we probably wouldn't fight as much."
Therapist: "Right. And even though it's been very difficult, have you been able to tolerate this difficulty over the last few years?"
Janet: "Barely, but we have gotten by."
Therapist: "So if you were to say that your present difficulties are very, very hard rather than *awful*, do you think you would feel differently?"
Janet: "Yes….maybe I'd just be very worried but not quite as anxious."
Therapist: "And if you were able to be only worried about it, how would that affect your interactions with Robert relative to his getting a job?"
Janet: "I can't make him get a job, but I could sit down with him and go over our financial situation and maybe we could think of ways to address this problem."
Therapist: "And Robert, how would you react if she were to do that?"
Robert: "I'd be more willing to talk about it and try to do something about it. I just don't like her yelling at me or nagging me constantly because I haven't been able to find a job. I just don't like to let her down and I know how hard she is working. And I have been trying to find work… she just doesn't give me any credit for that."
Janet: "It would help if you would communicate with me about these efforts. I can't read your mind."
Robert: "I just hate to even bring up the topic because I feel like whatever I do it won't be enough."
Janet: "Well, I am glad to know you have been looking. We just need to talk about this more without yelling and screaming about it."
Robert: "I agree."
Therapist: "I think the way in which you have just been talking is a good example of how you can work together on the issue because without the anger and resentment you're in a much better position to work on the real issue in a productive manner."

As this case illustrates, the therapist initially addressed Robert's anger related to his demand that Janet be more understanding of his difficulties in finding work in order to help diffuse Robert's anger to allow him to participate more fully in the session. The therapist then turned the attention to Janet's anger toward Robert and only when that was addressed could the anxiety be explored. Had the therapist dis-

puted the irrational belief related to Janet's anxiety first, he or she would run the risk of either minimizing Janet's anger related to Robert's lack of employment or not addressing the secondary anger at all.

Global evaluations of human worth. When people are angry they frequently condemn the person they think has offended them, often resorting to global evaluations and overgeneralizations (Kassinove & Tafrate, 2002), such as "He's an idiot; he can't even keep our finances straight." Obviously when one or both partners engage in negatively rating the other person, anger can be intense and result in arguments or more escalated verbal or physical aggression.

In addition to negative rating of partners, couples will often describe themselves as "unlovable" in the eyes of their partner, rating their own worth and associating this with something their partner does or doesn't do. Individuals in such situations feel hurt, humiliated, anxious, or angry. This anger is seen as secondary to the initial problem. While the anger episode and its corresponding irrational beliefs can be reviewed with the couple, it is also beneficial to explore the idea that one is "unlovable." The identification of the inability to accept oneself unconditionally may be achieved through the use of inference chaining (Walen et al., 1992), a technique that assumes that the person's appraisal of a situation is true in order to reveal the corresponding, irrational belief. Let's take the case of Michael and Jennifer, a couple who have been married for the last 12 years. They have presented in couples counseling as a result of frequent disagreements over what they report to be trivial issues. These episodes have led to increasing resentment and a decrease in sexual intimacy.

Therapist: "What would you like to work on in this session?"
Jennifer: "We had a big fight last Monday."
Therapist: "Tell me more about what happened."
Michael: "I had made a wonderful, romantic dinner just for the two of us and she didn't come home from work until after 8:00 p.m."
Therapist: "How did you feel when she came home so late?"
Michael: "I was angry and wouldn't talk to her for the rest of the night."
Therapist: "Michael, what did that mean to you that Jennifer was late coming home to your wonderful meal?"
Michael: "It meant that she doesn't appreciate me and that I'm unlovable in her eyes."
Therapist: "Alright, let's just assume that you are unlovable in Jennifer's eyes. What does this mean to you?"
Michael: "It means that I'm worthless to her."
Therapist: "And suppose that's true? Then what?"
Michael: "Then it must mean that I'm unlovable."
Therapist: "So are you telling me that your self-worth depends on whether or not Jennifer comes home from work in time for your romantic meal?"
Michael: "Well, when you put it that way…"
Therapist: "Suppose the tables were turned and it was you who arrived home late from work after Jennifer had prepared a romantic meal. Would that mean she's unlovable?"

Michael: "No, it would just mean that I was late getting home work; it says nothing about her as a person."
Therapist: "So why is this not the case for you?"
Michael: "Good point. I guess it doesn't make much sense to think that she considers me unlovable just because she spoiled my romantic dinner."

If individuals have difficulties accepting themselves unconditionally, numerous cognitive distortions related to their partners' behaviors are likely to surface in order to avoid experiencing the discomfort of thinking negatively about themselves. Therefore, by helping Michael accept himself unconditionally, he is less likely to define his self-worth by what Jennifer does or doesn't do and is more likely to have a normal, negative emotional experience related to Jennifer's late arrival, such as disappointment or irritation.

Often couples report that they engage in name calling or they make derogatory comments which distract them from dealing with the initial problem. It may be beneficial at this junction to help the couple understand the concept of unconditional acceptance of others (UOA). Since there is no way to define human worth, one assumes that all human beings are of equal worth (Walen et al., 1992). If a couple can accept this, they can choose to dislike their partner's behaviors while not condemning them as a human being. In the example involving Michael and Jennifer, if Michael is truly able to accept himself unconditionally, he is more likely to accept Jennifer and her fallibilities unconditionally. As a result of his unconditional acceptance of both himself and Jennifer, Michael may then be able to manage his anger in a more functional manner when conflicts arise for the couple. Jennifer and Michael may also be able to use these skills outside of the marriage in their ability to accept the fallibilities of the world around them.

Emotional Responsibility

According to Ellis, individuals are largely responsible for their emotions that are influenced by their beliefs about a given situation (Ellis, 1962, 2001). Yet, many couples who present in counseling often blame their partner for their own emotional upset. The concept of emotional responsibility is best explored early on in couple's therapy in order to help both parties understand that they can control their own emotions, regardless of how their partner behaves, but most likely they will not be successful in trying to change their partner. This will then allow the couple to focus on identifying the irrational beliefs associated with their anger episodes rather than blaming one another. By helping couples take responsibility for their own emotions, couple sessions can focus on helping individuals change their thoughts, and in turn their feelings and behaviors in order to improve the relationship, rather than partners focusing on how to change the other person. It can also be very empowering for partners to be aware that they ultimately control their own emotions in the face of their partner's behaviors.

Couple Assessment of Anger and Conflict

Assessment in cognitively based couples counseling is an ongoing process and is interwoven with treatment techniques even during the initial session. One of the early goals of a couples' assessment is to identify the dysfunctional emotions and how they contribute to the conflict, as well as to identify distorted cognitions. In addition, it is important to determine whether or not individuals have their own specific problems. Another key component of the assessment in the initial sessions includes determining if there has been a history of physical aggression in the relationship as well as the potential for it to occur in the future. Professionals in the field recommend that separate interviews be conducted with each person to determine the presence and extent of physical aggression in the relationship as couples may not spontaneously share such experiences with the therapist or may not believe it safe to do so if their partner is present (Heyman & Neidig, 1997; Lataillade, Epstein, & Werlinich, 2006). Should the presence and future risk of physical aggression be so high that an individual is fearful for his or her life, couples counseling may be contraindicated and the creation of a safety plan with relevant community resources such as distress lines, shelters, and emergency services may be warranted in such a circumstance. If there have been episodes of physical aggression yet there is a commitment by both individuals to address these issues, it may be possible for the couple to engage in the counseling process, but a safety plan may still be warranted and a risk assessment should be conducted at every session.

Another aspect of the assessment is to understand what each member of the partnership experiences and each person's perception of how it impacts their relationship. The frequency, intensity, and duration of these episodes, as well as the corresponding triggers, should also be explored. It is helpful for the couple to define times in which they have been able to resolve conflicts by using their anger in a functional manner and how their episodes of dysfunctional anger differ qualitatively.

Typically individuals with anger issues tend to justify their anger and externalize it by blaming others for "making them angry." It is often helpful to have a structured assessment at the beginning and at various intervals of the treatment. Useful quantitative measures for anger and aggression include the State Trait Anger Expression Inventory—2 (STAXI-2) (Speilberger, 1999), the Buss–Perry Aggression Questionnaire (Buss & Perry, 1992), and the Anger Disorder Scale (ADS) (DiGiuseppe & Tafrate, 2004).

Helping the Couple Set Treatment Goals

Early in therapy, it is important for the couple to establish treatment goals for ongoing sessions. Couples are encouraged to set their individual treatment goals as well as what they hope to achieve as a couple. This may be very difficult for couples to do if they have little insight into their experience of anger. Initial sessions may begin by defining how anger has been a problem for each person and how this has impacted the couple's relationship to date with specific examples to illustrate this.

These earlier sessions should also focus on psycho-education related to functional versus dysfunctional anger, and the corresponding behaviors which may be passive, assertive, or aggressive in nature. Couples also may not have the vocabulary to easily identify their emotions; therefore a discussion regarding ways to describe their experience of anger may be very useful in the early sessions.

Interventions

There are numerous cognitive, emotive, and behavioral interventions that can be employed within session as well as assigned as homework so that couples can reinforce concepts learned during the therapy sessions. Several examples of interventions will be described.

Cognitive Techniques

During the session, the clinician may use a variety of disputation methods which include logical questioning (i.e., "What's wrong with that way of thinking?"), reality-testing (i.e., "Where is the evidence for this?"), pragmatic questioning (i.e., "How is your anger helping you?"), and didactic approaches in which the clinician provides brief explanations about irrational beliefs, anger, anger triggers, and so forth. Once couples have become familiar with the A–B–C framework, they are then better able to dispute one another's irrational beliefs and this can be particularly meaningful for both individuals.

It is also helpful to engage clients in self-monitoring to develop greater awareness of anger episodes. Kassinove and Tafrate (2002) suggested having clients monitor their bodily sensations when they experience an anger episode or having them keep a journal about their anger. Another exceptionally beneficial self-monitoring intervention is to use the Anger Episode Record (DiGiusseppe & Froh, 2002) which helps clients determine what triggered the anger, how they appraised it (i.e., awfulizing, LFT, demandingness, and so forth), the intensity and duration of the anger, physical sensations, how anger was expressed, and the outcomes. Therapists can also suggest that clients complete a Cost Benefit Analysis, where they identify advantages and disadvantages of holding onto their anger versus letting it go.

Emotive Techniques

One very useful technique is to use Rational Emotive Imagery (REI) (Walen et al., 1992). Through the use of positive REI, clients expose themselves in imagination to the anger-provoking situation in which they feel and behave in a more functional manner. As in the case of John and Sarah, Sarah was asked to imagine the scenario in which

John answers the telephone over dinner and she experiences a functional, negative emotion and behaves in a more appropriate manner. This technique allows Sarah to deepen her new, rational belief related to John's behavior and is conducted during the session and then practiced between sessions. Another version of REI is called negative rational emotive imagery in which the person closes his or her eyes and imagines him or herself in the problematic situation and experiencing the dysfunctional, negative emotion, raising a hand once the negative emotion is experienced. The therapist then instructs the client to change his or her emotion to a predetermined, functional, negative emotion and raise a hand once he or she has been able to do this. The client then opens his or her eyes and describes how he or she was able to do this, which is essentially describing a cognitive shift.

Role playing is another very powerful emotive technique that can be used to help couples manage their anger more effectively. The therapist might want to use a reverse role play, in which he or she plays the part of the angry client, using one of the identified issues, while the client plays the role of the partner who is the recipient of the anger. This strategy helps the client understand what it might be like to be in her partner's shoes when she has her angry outbursts. Tape recording the role play and playing it back is a good way to increase the client's awareness of his or her anger.

Behavioral Techniques

Behavioral techniques that can be applied in session include skills training. Specifically, it can be very helpful to teach couples how to actively listen to each other and to use *I messages* versus *You messages* (Gordon, 2000). The therapist should model the difference between these types of messages through a short role play, asking one of the members of the couple to be the recipient of the message while the other is the observer. The therapist, using one of the couple's issues, might say something like "You never do anything to help out around the house; I'm sick of this," versus "I would like some help with these chores." Debrief with the couple by discussing the fact that *I messages* do not put people on the defensive and are similar to assertive communication techniques, which are also helpful skills for couples dealing with anger to learn.

Behavioral techniques applied as homework for the couple can include behaving in ways that they have previously determined to be more appropriate. For instance, couples may engage in name-calling during disagreements and have determined that this is an inappropriate way for them to communicate and would like to address this issue. At that time, the therapist may recommend that between sessions the couple modify this behavior through the use of a name-calling jar, in which the offending person places a sum of money into the jar if he or she engages in name-calling. This technique encourages a modification of the predetermined bad behavior by employing a punishment if the behavior occurs. Another example of a behavioral technique is for couples to reward themselves with a positive behavior if they behave in a manner that they deem to be appropriate or to complete an undesirable task if they behave in a way that is deemed inappropriate.

Relaxation training is another important behavioral intervention to use with couples experiencing problems with anger. As Kassinove and Tafrate (2002) noted, there has been a significant amount of research confirming that relaxation training should be a part of an anger management program. Relaxation techniques help couples stay calm when something provokes them. Likewise, encouraging clients to exercise regularly as a way to release tension and stress that may result in anger is helpful.

Conclusion

RE and CBT couple's therapy is a combination of individual work within the context of the couple. The goal is to assist the couple to individually and jointly understand their dysfunctional emotional responses and their associated distorted cognitions/irrational beliefs that affect their interpersonal functioning. Disputing the irrational beliefs and distorted cognitions associated with anger may be direct or indirect. In the direct method, the individual with the irrational belief is engaged directly, using either a Socratic or a didactic approach. In indirect disputation, the other partner is involved in disputing the distorted cognitions. The advantage of this latter form of disputation is that it tends to hold more meaning for the couple, which may deepen the conviction in the new, rational belief. Particularly useful strategies in counseling couples with dysfunctional anger include disputations related to unconditional acceptance of self, others, and world, the concept of emotional responsibility, and addressing low-frustration tolerance. Setting treatment goals for each individual and for the couple together is also a very useful tool in keeping couples engaged in treatment. Progress is maintained between sessions via various homework techniques agreed upon by the couple. Working with couples with dysfunctional anger can be very challenging, and it is critical to continually assess safety issues that could occur if anger escalates and results in aggression. In addition, therapists must be aware of their own tendencies to become frustrated or angry when working with angry clients, particularly when they don't respond to therapy as the clinician thinks they *should*. Consequently, working with couples who present with anger also involves monitoring one's own emotions.

References

Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *Journal of Personality and Social Psychology, 63*(3), 452–459.

Deffenbacher, J. L. (2011). Cognitive-behavioral conceptualization and treatment of anger. *Cognitive and Behavioral Practice, 18*, 212–221.

DiGiuseppe, R., & Tafrate, R. (2004). *The anger disorder scale: Manual*. Toronto, ON: MultiHealth Systems.

DiGiuseppe, R., & Tafrate, R. C. (2007). *Understanding anger disorders*. New York: Oxford University Press.

DiGiusseppe, R., & Froh, J. J. (2002). What cognitions predict state anger? *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 20*(2), 133–150.

Dryden, W., & David, D. (2008). Rational emotive behavior therapy: Current status. *Journal of Cognitive Psychotherapy: An International Quarterly, 22*(3), 195–209.

Eckhardt, C. I., & Deffenbacher, J. L. (1995). Diagnosis of anger disorders. In H. Kassinove (Ed.), *Anger disorders: Definition, diagnosis, and treatment* (pp. 27–47). Philadelphia, PA: Taylor & Francis.

Ellis, A. (1962). *Reason and emotion in psychotherapy*. Secaucus, NJ: The Citadel Press.

Ellis, A. (2001). *Overcoming destructive beliefs, feelings, and behaviors: New directions for rational-emotive behavior therapy*. Amherst, NY: Prometheus Books.

Gordon, T. (2000). *Parent effectiveness training: The program for raising responsible children*. New York: Three Rivers Press.

Heyman, R. E., & Neidig, P. H. (1997). Physical Aggression Couples Treatment. In W. K. Halford & H. J. Markman (Eds.), *Clinical handbook of marriage and couples intervention* (pp. 589–617). New York: Wiley.

Kassinove, H., & Sukhodolsky, D. G. (1995). Anger disorders: Basic science and practice issues. In H. Kassinove (Ed.), *Anger disorders: Definition, diagnosis, and treatment* (pp. 1–26). Philadelphia, PA: Taylor & Francis.

Kassinove, H., & Tafrate, R. C. (2002). *Anger management the complete treatment guidebook for practitioners*. Atascadero, CA: Impact Publishers.

Lataillade, J. J., Epstein, N. B., & Werlinich, C. A. (2006). Conjoint treatment of intimate partner violence: a cognitive behavioral approach. *Journal of Cognitive Psychotherapy: An International Quarterly, 20*(4), 393–410.

Scherer, K.R., & Wallbott, H.G. (1994). Evidence for universality and cultural variation of differential emotion response patterning. *Journal of Social Psychology, 66*, 310–328.

Speilberger, C. D. (1999). *STAXI-2: State-Trait Anger Expression Inventory—2, professional manual*. Odessa, FL: Psychological Assessment Resources.

Tafrate, R. C., & Kassinove, H. (2009). *Anger management for everyone: Seven proven ways to control anger and live a happier life*. Atascadero, CA: Impact Publishers.

US Bureau of Justice Statistics. (2007). *Intimate partner violence in the US*. Retrieved from http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1000. Retrieved on Nove. 30, 2011

Walen, S., DiGuiseppe, R., & Dryden, W. (1992). *A practitioner's guide to rational emotive therapy* (2nd ed.). New York: Oxford University Press.