

# **BEHAVIOURAL, EMOTIONAL AND SOCIAL DEVELOPMENT**

## **UNIT 13**

### **UNDERSTANDING AND MANAGING ANGER**

#### **LEARNING OBJECTIVES**

Teachers will:

- Understand anger from the physiological and psychological perspectives
- Be aware of the range of approaches to reduce and control anger
- Be able to advise the school on measures to improve its responses to anger.

#### **ONLINE RESOURCES**

The content and tasks throughout these PDFs are supported by online resources that are designed to facilitate and supplement your training experience.

Links to these are signposted where appropriate. The resources use graphics and interactive elements to:

- Highlight salient points
- Provide at-a-glance content summaries
- Introduce further points of interest
- Offer visual context
- Break down and clearly present the different stages and elements of processes, tasks, practices, and theories

The online resources offer great benefits, both for concurrent use alongside the PDFs, or as post-reading revision and planning aids.

Please note that the resources cannot be used in isolation without referencing the PDFs. Their purpose is to complement and support your training process, rather than lead it.

You should complete any learning or teaching tasks and additional reading detailed in this PDF to make full use of the Advanced training materials for autism; dyslexia; speech, language and communication; emotional, social and behavioural difficulties; moderate learning difficulties.

To find out more about the resources, how they work, and how they can enhance your training, visit the homepage at: [www.education.gov.uk/lamb](http://www.education.gov.uk/lamb)

The first resource for this unit can be found here:  
[www.education.gov.uk/lamb/besd/managing-anger/intro](http://www.education.gov.uk/lamb/besd/managing-anger/intro)

## **BRIEFING**

Individuals have different dispositions to anger and consequently, their anger patterns differ. For example, some people erupt and then calm down quickly while others may be slower to arouse but take longer to calm down.

In schools, individuals and groups have to interact in complex ways that often involve conflicts of interests and other frustrations. Anger may flare up in a number of contexts (e.g. between pupils, between pupils and adults, between colleagues and between school staff and parents). When anger interrupts rational thought and mutually considerate relations, relationships and learning may be damaged and, in extreme cases, individuals may be hurt mentally or physically. Unresolved anger can also have longer-term negative effects on health and corrode relationships within institutions.

Although anger occurs between individuals, the impact of the school environment should not be understated. Schools with a positive atmosphere, clear expectations and appropriate pastoral and academic support systems are likely to experience less bullying and other misbehaviour, along with concomitant anger.

However, to a large extent, anger is linked to our more primitive responses. Most of our evolutionary history has been concerned with becoming successful hunter-gatherers. The demands, in modern society, to act in a complex cognitive and emotional manner are constantly at risk from being “hijacked” by responses that are more concerned to coping successfully in an entirely different context.

When we consider how anger might be prevented or reduced, it is important to do so with an understanding of both the physiological and psychological dimensions.

## **THE PHYSIOLOGY OF ANGER**

**See online resource:**

[www.education.gov.uk/lamb/besd/managing-anger/physiology](http://www.education.gov.uk/lamb/besd/managing-anger/physiology)

Anger is a normal emotion, an essential element for survival and part of the fight or flight response to threat. It overlaps with other aspects of human emotion and behaviour (e.g. fear, stress, anxiety, low self-esteem). The way individuals express anger is determined by how and what they think (cognitive processes), their temperament and previous experience, which goes some way to explaining why individuals vary in their disposition to anger.

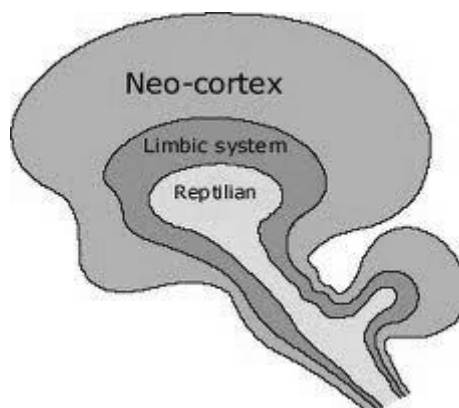
When individuals become angry, a number of physiological changes occur in the body:

- Senses become sharper and pupils dilate, allowing improved vision, even in darkness
- Body hairs stand on end to enable enhanced sensitivity to the environment

- The heart rate increases dramatically, arteries constrict to maximise pressure and veins enlarge to ease the return of blood to the heart
- The throat and nostrils open up to help speed up breathing and enable increased oxygenation of the blood, necessary to allow muscles to work harder
- Fats from fatty cells and glucose from the liver are metabolised to create instant energy
- Blood vessels to the kidneys and digestive system are constricted, effectively shutting down systems that are not essential
- Blood vessels to the skin are constricted reducing potential blood loss and sweat glands open to increase cooling of the overworked system
- Endorphins, the body's natural painkillers, are released to minimise the impact of pain on the body's ability to respond to threat, and
- The natural judgement system is turned down and gives way to more primitive responses.

When considering the structure of the brain in relation to anger, the model of the triune brain (see diagram below) is helpful. This is based on the idea that as the brain evolved, it developed into three parts:

- The most primitive part, the “reptilian” brain, which is the control centre for the body's automatic functions (e.g. heart beating, digestion, breathing) and the fight or flight response;
- The limbic system, the emotional centre of the brain, also plays a significant role in learning; and
- The neo-cortex, where higher-level thinking, language and complex processing of information are located.



**The Triune Brain Model**

The fight or flight response originates from the oldest (in evolutionary terms) and most primitive parts of the brain, the “reptilian brain” and the amygdala, which is located deep within the limbic system.

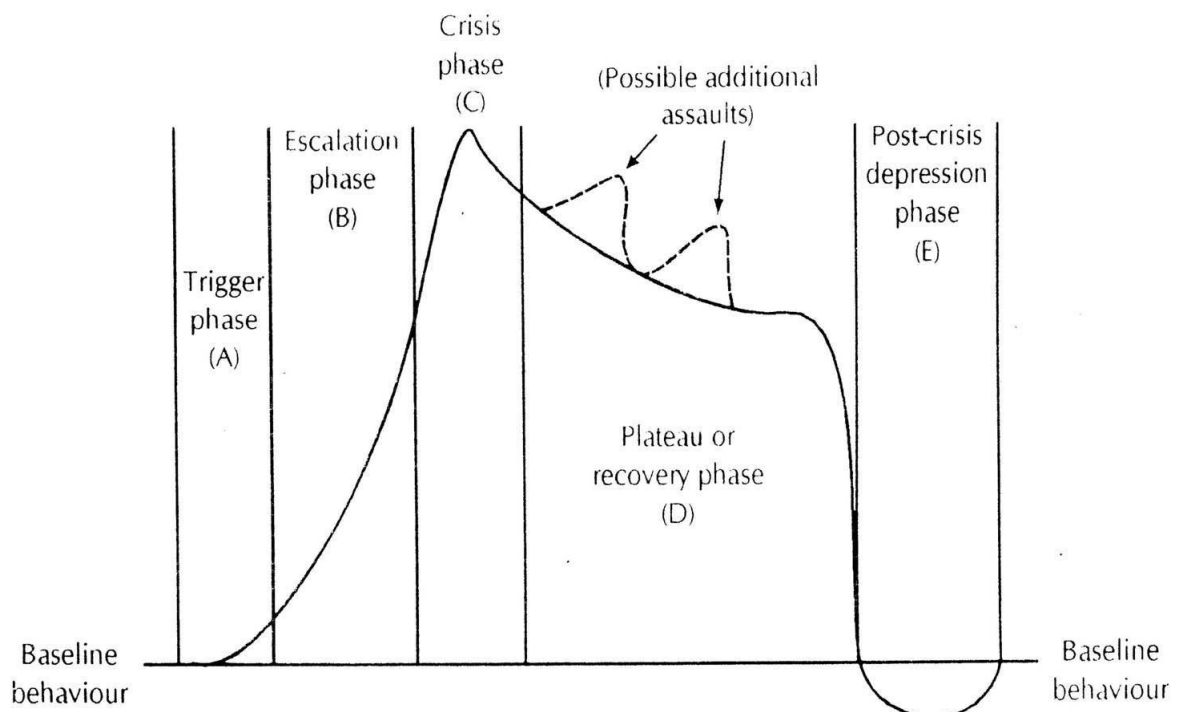
The amygdala has several functions, one of which is the autonomic responses associated with fear or threat. This response is not conscious and results in the secretion of adrenaline, which leads to the physical changes in the body, outlined above.

Within the neo-cortex, the frontal lobes play a critical role in counter-balancing the response to threat, triggered by the amygdala, and consequently can prevent or reduce anger. For some time, neuroscience has suggested a link between aggressive behaviour and fluctuating levels of the neurotransmitter (brain chemical) serotonin. However, recent research<sup>1</sup> has identified that serotonin may have a role in the regulation of anger by facilitating communication between the amygdala and the pre-frontal lobes. When serotonin levels are reduced, communication between these two parts of the brain is impaired and individuals are more likely to become angry. Low levels of serotonin have also been linked to individuals being stressed or hungry and when these have been addressed, their predisposition to anger is lessened.

Interventions in schools that reduce pupils' stress and ensure that they are not hungry are likely to be beneficial in reducing incidents of anger.

Breakwell<sup>2</sup> (1997) identified five phases (see diagram below) which occur when an individual becomes angry:

- The initial “trigger phase”
- The “escalation phase” during which anger builds
- The “crisis phase” when the anger explodes
- The “plateau or recovery phase” when the anger subsides but there is a risk of further crises
- The “post-crisis depression phase” when mood drops below the normal baseline for the individual.



<sup>1</sup> Passamonti, L et al. 2011. *Effects of Acute Tryptophan Depletion on Prefrontal-Amygdala Connectivity While Viewing Facial Signals of Aggression*. *Biological Psychiatry*. Vol.70. Issue 6.

<sup>2</sup> Breakwell, G.M. 1997. *Coping with Aggressive Behaviour*. Leicester: British Psychological Society

## **The trigger phase**

Anger can be triggered for a number of reasons, for example: personal attack on property or character; the incompetence of others or self; or injustice. However, it is important to note that it is the perceived threat and not the reality of a situation that triggers anger. Consequently, any interventions to reduce or prevent anger should address the perceptions of the individual even though these may appear unfounded to the observer.

Prevention of anger is most likely to succeed during this phase and may involve techniques such as: distraction, relocation to a less stressful environment or active listening

## **The escalation phase**

It is during this stage that the physical changes in the body begin to occur as a result of the release of adrenaline: muscles tense, breathing becomes more rapid and blood pressure begins to rise. The individual's receptiveness to reason is also increasingly impaired during this phase.

## **The crisis phase**

This is characterised by the explosion of anger accompanied by an inability to make rational judgements, demonstrate empathy for others or listen to others as the "reptilian" brain dominates and the prime objective is fight or flight.

## **The plateau or recovery phase**

During this stage, anger begins to subside. However, the body is still partially ready for action and one or more reoccurrences of the crisis stage are possible if there is further provocation or insensitive handling of the situation. It can take the body up to 90 minutes to return to normal, in cases of extreme anger and interventions should take account of this.

## **The post-crisis depression phase**

Anger consumes a tremendous amount of the body's resources and it needs to rest and recover following the high state of arousal during the crisis stage/s. During this final stage, the ability to think and listen returns and is accompanied by either feelings of guilt or remorse. Guilt can lead to negative feelings about self and impact adversely on the individual's self esteem. Alternatively, feelings of remorse can lead to positive responses (e.g. making an apology, thinking about ways of avoiding a reoccurrence).

Work with pupils, following an angry outburst, should focus on increasing their ability to make positive responses and in doing so, are likely to prevent damage to their self-esteem.

**See online resource:**

[www.education.gov.uk/lamb/besd/managing-anger/phases](http://www.education.gov.uk/lamb/besd/managing-anger/phases)

## **PSYCHOLOGICAL THEORIES OF ANGER**

Faupel et al<sup>3</sup> highlight the “complex interactions of thoughts, feelings and behaviour” that are associated with anger and describe the three approaches to understanding anger from a psychological perspective: behaviourist, cognitive and psychodynamic.

### **The Behaviourist Perspective**

From a behaviourist perspective, anger is a learned response to certain antecedents and influenced by previous experience of rewards and sanctions. A behaviourist believes that just as behaviour is learned, so it can be unlearned. Behaviourist theory tells us that it is easier to eliminate a behaviour, if we can replace it with a different more rewarding one. If anger is reinforced, it is more likely to reoccur. However, if a more positive response is rewarded and angry outbursts are sanctioned, it is more likely to diminish and be replaced by the desired behaviour.

This perspective underlies social training approaches, including SEAL, towards managing anger by helping children and young people to recognise triggers and to consider alternative responses, such as moving away from the situation, practicing relaxation techniques and concentrating on deep breathing. In addition, some schools have introduced highly effective anger management interventions for specific pupils.

### **The Cognitive Perspective**

Cognitive approaches are based on the belief that distorted thinking leads to negative emotions, including anger. When Individuals perceive something as a threat, it is that perception that triggers the anger.

Cognitive approaches therefore, emphasise and address the distortions in thinking and acknowledge that these can be particularly strong in times of stress. The “talking therapies” such as cognitive behaviour therapy lie at the heart of interventions based on this approach.

### **The Psychodynamic perspective**

From the psychodynamic perspective anger is viewed as a defence mechanism. When in stressful situations, individuals may feel that their self-esteem is under

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<sup>3</sup> Faupel, A. Herrick E, Sharp, (2011) *Anger Management: A Practical Guide (2<sup>nd</sup> edition)*. David Fulton.

threat and anger is one response to that threat. Anger may also be triggered by feelings that underlie unresolved conflicts.

Interventions, based on this perspective, rely on approaches such as psychotherapy, delivered by a skilled professional.

**See online resource:**

[www.education.gov.uk/lamb/besd/managing-anger/theories](http://www.education.gov.uk/lamb/besd/managing-anger/theories)

**WORKING WITH ANGER**

When providing interventions that help to prevent, reduce or eliminate anger, it is worth considering the following:

- Staff approaches to managing anger
- The delivery of social and emotional training, at a universal level (e.g. SEAL) and at an individual level, where appropriate, and
- Opportunities for counselling and therapeutic approaches for individuals, whose anger is of major concern.

**Managing anger**

When managing anger, teachers may rely on some or all of the following:

- Identifying triggers and exploring how these may be reduced or avoided
- Using techniques to defuse anger, such as distraction, redirection, relocation, humour and active listening
- Managing anger flare-ups – moving away, separating antagonists
- Encouraging reflection, and
- Using follow up procedures including sanctions or the use of restorative approaches, where appropriate.

All interventions to manage anger need to be set in the context of clear guidelines and procedures for managing conflict and the appropriate use of physical restraint.

**See online resource:**

[www.education.gov.uk/lamb/besd/managing-anger/approaches](http://www.education.gov.uk/lamb/besd/managing-anger/approaches)

**Social and emotional training**

Social and emotional training on anger with individuals or small groups, may include some or all of the following

- Teaching assertiveness skills
- Behavioural, cognitive and affective models of anger. These are often simplified using such models as the match, the fuse and the explosion (Faupel et al, 2011)

**See online resource:**

[www.education.gov.uk/lamb/besd/managing-anger/models](http://www.education.gov.uk/lamb/besd/managing-anger/models)

- Opportunities to identify individual responses to conflict and frustration
- The use of games, role-play, drawing and other means of making “here and now” representations of conflict situations.<sup>4</sup>

**See online resource:**

[www.education.gov.uk/lamb/besd/managing-anger/social-emotional-training](http://www.education.gov.uk/lamb/besd/managing-anger/social-emotional-training)

**Counselling and Therapeutic approaches**

Counselling and therapeutic approaches may include all or some of the following:

- Longer term emotional and social training, sometimes in withdrawal facilities, such as Learning Support Units or nurture groups
- Access to counselling provided by trained professionals
- Membership of a support group
- Circles of Friends<sup>5</sup>, and
- Mentoring or coaching.

**See online resource:**

[www.education.gov.uk/lamb/besd/managing-anger/counselling](http://www.education.gov.uk/lamb/besd/managing-anger/counselling)

**TASKS**

1. Read and reflect on the book, *Anger Management: A Practical Guide* by (Adrian Faupel et al) and design and lead a staff training session to develop their understanding of anger and their skills in responding to it.
2. Identify the provision and processes that are currently available within school to prevent and manage anger, and critically evaluate their effectiveness. Based on what you have learned, suggest changes for the future to improve the school’s responses to reducing and controlling anger.

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<sup>4</sup> Daley, G. (2008) *Anger: a Solution Focussed Approach for Young People*. Optimus Education

<sup>5</sup> Newton, C. and Wilson, D.(1999) 'Circles of Friends', Folens, London