Me, Angry?

A Woman's Resource for Understanding Anger and Mental Health

a FREE publication from Project LIFE

How to Use This Resource

This resource manual is designed to help women recognize and constructively respond to their anger. Many women are unaware of their anger, unwilling to deal with primary emotions that cue the emotion of anger, such as fear and sadness, or unable to express their anger in a healthy way. The manual is designed to help a woman understand her anger, change her behavior, and learn positive cognitive strategies.

The manual

- describes anger and discusses the sources of chronic anger;
- offers behavioral strategies for management of anger; and
- offers solutions for positive changes in thought processes and attitude.

In addition, the manual discusses gender-specific reproductive health and mental health issues associated with anger.

— Kristen Heitkamp, Director of Information
Project LIFE (4/2007)

About the Missouri Department of Mental Health

The Department of Mental Health improves the lives of Missourians in the areas of mental illness, substance addiction and developmental disabilities. For information, call the department toll-free line at 1-800-364-9636, or visit the web site at www.dmh.missouri.gov.

About Project LIFE

Project LIFE (Leisure Is For Everyone) is making a difference in the lives of Missourians who have mental illnesses. A cooperative program sponsored by the Missouri Department of Mental Health, the University of Missouri and University Extension, our mission is to increase public awareness of mental health issues. Our free publications are available to all Missourians, by calling the Project LIFE Line at 1-800-392-7348.

Visit our web site at http://projectlife.missouri.edu.

Information contained in this booklet is not intended to replace mental health treatment or medical advice.

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About Anger

Anger serves a purpose; it can be used to protect ourselves and those we love. It can be the catalyst that helps us stand up to bullies and assert our rights. This emotional state is critical for physical survival.

Problems with anger come from the behaviors we use when we are angry. If we are angry about a situation, we can take constructive measures to correct it—or complain. If we are angry about the way someone treats us, we can assert our rights in a nonviolent way—or carry a grudge. When we get angry, we can choose how we behave.

How do you respond when angry?

The healthy way to respond when angry is to be assertive. Being assertive means being respectful of yourself and the other person. If you are assertive, you are not afraid to get angry, but you do so in a way that does not devalue or put down the other person.

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Psychologist Les Carter writes that angry behaviors take three forms:

- **Aggressive** anger is directed at others—yelling, nagging, temper tantrums, arguing, shouting. Aggressive anger does not respect the other person.
- **Passive/aggressive** anger is a behavioral pattern used to avoid conflict. The pattern evolves from a childhood environment that caused fear of verbal, physical or emotional abuse. In such an environment, a child learned that she would be harmed if she displayed anger, and thus she devised silent retaliation. As an adult, she may stonewall, procrastinate, or fail to meet obligations. A person with passive/aggressive tendencies finds it difficult to express her needs.
- **Self-directed anger.** Denying anger does not get rid of it—the anger gets directed towards yourself. This may happen when you feel ashamed and angry about something traumatic, or you may have been trained to be "nice." Just because you attempt to deny it, anger doesn't vanish. Instead, anger can surface in physical and mental disorders, migraines, eating disorders, self-injury and addictions.

Anger Styles

While anger is a normal, healthy emotional state, the way we behave when angry will determine our physical and mental health. Following are different ways people behave when angry.

- Do you see yourself in any of these examples?
- Can you identify which type of behavior is given in each example?
  (Assertive, Aggressive, Passive/aggressive, Self-directed or Mixed)

Stuffing it. The stuffer hides her anger to avoid conflict, so her anger surfaces in headaches, stomach pains or other physical ailments. She may harbor a grudge, and release her anger inappropriately long after the original incident.

Anger type _____

Cold shoulder/iceberg. A person displays her anger by giving other people the "silent treatment." Since this avoids dealing directly with the issues, it does not solve the problem.

Anger type _____

Blaming. A person cannot recognize her primary emotions, and so blames other people and situations for her problems.

Anger type _____

A **Bully** puts others down in subtle and not-so-subtle ways, and makes fun at the other's expense.

Anger type _____

The Triangle. Some people cannot directly express their anger to another person, so they bring in a third party. They'll kick the dog or yell at the kids instead of their boss. They'll be rude to a server or cashier. They'll gossip about person A to person B.

Anger type _____

Exploding/Rage. A habit of expressed anger by verbal or physical violence, or temper tantrums.

Anger type _____

Problem Solvers. Problem solvers admit they are angry and then deal with the issues that make them angry. This is a healthy way to deal with anger. They use the energy caused by anger to change the situation, or they accept that they can't change others, and let go.

Anger type _____

POSSIBLE ANSWERS: (THERE MAY BE OTHERS)

Stuffer: Self; Cold Shoulder: Passive/aggressive; Blaming: Mixed (passive/aggressive, aggressive); Bully: Aggressive; Triangle: Passive/aggressive; Exploder: Aggressive; Problem Solver: Assertive.

Based on information from Denise Chrisman, North Carolina Juvenile Justice System

Chronic Anger

Have you ever been called a "know-it-all" or "hard to please," "touchy" or "demanding"? These so-called personality traits often mask chronic anger. Consider the sources of chronic anger, and suggestions for dealing with it, below:

Can writing about your anger help? It does! Becoming aware of your anger, and making an e ort to release it, are vital steps in healing. When you write an angry letter, ALWAYS burn the letter, or DELETE the email. The idea is to externalize and release the feeling.

1. Childhood abuse, in all forms, creates a climate of fear and anxiety, and produces a legacy of anger.

Suggestion: Learn to identify your feelings. What else do you feel, besides anger? Write a poem or song, draw pictures, or create a collage of all of your feelings. Let yourself laugh or cry.

2. Control issues create anger**.** Your life appears to be controlled by outside forces—you may feel trapped in a marriage or job, or your parents demand that you conform to their expectations. You may be in a relationship with someone who has an addiction. Since you cannot control the external situation, you make every attempt to control your body, your family, your workplace or friends.

Suggestion: The first step is to recognize the real issue. Who is in control? Can you reasonably expect another person, or circumstances, to change in your favor? Instead of demanding that other people and situations adjust to your expectations, change your point of view. You must adapt to the situation, or change yourself.

3. Life is Unfair**.** If you grew up in a household where your feelings, dreams and ideas were devalued, very likely, you became fearful and resentful. If you have been a target of prejudice for any reason, or if you have a disabling physical or mental disorder, you may feel short-changed.

Suggestion: Life isn't fair. "You cannot get rid of the past, either by returning to it or by running away. You cannot put it out of your mind and memory, because it is part of your mind and memory. You cannot reject your past, because it made you who you are." (PD James, *A Certain Justice)*

4. Anger is one stage in mourning a death or life-altering loss; typically, you become angry with the person who died, with yourself or others. Some of us deny our anger or fail to work through it, so anger influences the rest of our lives. Often, anger can be a cover-up for heartache and loneliness.

Suggestion: Make time to grieve and to reflect on your loss; accept that anger is expected in recovery. You don't need to feel guilty about being angry; confide in a close friend or grief counselor. Then, volunteer your time to help others. Helping others has been shown to be an effective way to recover from grief.

5. Women grieve in reaction to giving up a child for adoption, or after having an abortion. Women grieve after being raped. Women are humiliated and angry after being date-raped. These situations—as well as with infertility, miscarriage, stillbirth and sudden infant death—are characterized by personal sorrow, shame and stigma. These secret losses may contribute to anger and depression.

Suggestion: Do not continue hiding your grief and pain. Healing begins when you get it out in the open. You're not alone. If you cannot confide in a family member, friend or therapist, there is hope. Many women benefit from anonymous peer support on the Internet.

Secret Losses:
Many women find anonymous peer support on the Internet. See the following websites.
Maternal loss:
http://www.obgyn.net/women/
Maternal and child health forum:
http://www.medhelp.org
Post-abortion healing forum:
http://afterabortion.com

6. "Burn-out" and sleep deprivation contribute to physical illnesses, anxiety, decreased work performance and depression. If you keep pushing yourself, you develop resentment and loss of hope. The resentment surfaces in your daily interactions with others, as you become easily irritated or explosive.

Suggestion: Reassess your priorities. What is most important? List them and let the rest go. You cannot be everything to everybody. For your physical and mental health, make yourself a priority; arrange your schedule to get 7–9 hours of sleep each night.

7. Substance use or abuse is connected to anger and violence. Do you argue when you drink? Are you irritable when you have a hangover?

Suggestion: If you are a social drinker, quit using alcohol for at least three months, and observe how others respond to you. You may not be aware that alcohol use increases aggressive behavior. For more information, see "Substance Abuse," page 29.

8. Rumination. Obsessive reflection upon an situation, especially a painful memory or injustice, feeds the fire of anger.

Suggestion: Forgive. Forgiveness heals YOU. When you forgive, you release the toxic effects of prior injuries. You free yourself from pain. Forgiveness is a process; you don't have to forgive all at once. Be willing to let go of your anger.

Am I angry?

Recognizing when you are angry is the first step in controlling your anger. There are four ways to identify anger: physical signs, behavior, emotions and self-talk. What happens to you?

PHYSICAL SIGNS:

__ Get hot __ Turn red __Sweat
__ Feel nauseous __Get a headache __ Other: _____

BEHAVIORS:

__ Clench your jaw __Get quiet __ Make a face
__ Clench your fists __Raise your voice __ Other: _____

EMOTIONS: Other emotions, such as fear, hurt, jealousy or humiliation, are the primary emotions that underlie anger. "It is easy to discount these primary feelings because they often make us feel vulnerable." (Reilly and Shopshire)

What other emotions do you feel when you are getting angry?

_____

_____

_____

SELF-TALK: These habitual thoughts kick into gear when you are angered. Some people describe these thoughts as "a conversation we are having with ourselves." Someone may interpret a comment as an insult or criticism, or interpret the actions of other people as demeaning or controlling. (Reilly and Shopshire)

What does your self-talk tell you? Does it "kick in" with certain people? Why?

_____

_____

_____

The next time you identify the physical signs and behaviors, STOP. Before you react, recognize that you are angry. Take a deep breath, and *slowly* exhale, *slowly* counting to "ten."

While you are counting, think. What is making you mad? What is going on? Are you tired, hungry, or stressed? What are your primary feelings? What is the issue? The key point of this exercise is to identify your feelings, so that you can develop healthy responses.

Calming Exercises

When you are stressed and tense, you need a healthy way to calm yourself.
Do any of these strategies work for you?

_____ Positive thoughts
_____ Time-out
_____ Listening to music
_____ Exercising
_____ Counting to ten
_____ Meditation or prayer
_____ Visualizing my favorite place
_____ Relaxation

What else calms you? List ways you are able to calm yourself:

_____
_____
_____
_____

Practice a calming exercise before you fall asleep, while you are waiting in line, while you are driving, while you are brushing your teeth, or whenever you have a free moment. Train yourself to take a deep breath and release it slowly. While you are breathing, think of something soothing: a prayer or mantra, a favorite place. Learn to calm yourself, so you can do it automatically, as needed.

Roots and Triggers

We get angry for a reason. Usually something triggers it. In order to deal effectively with anger, start with the incident, work back to the trigger, then explore the root. (Make copies of this exercise and use it every time you are angry.)

1. I got mad when: (Example: I argued with my partner.)

_____

_____

_____

_____

_____

_____

2. What triggered my anger? (Example: My partner didn't want take-out for dinner.)

_____

_____

_____

_____

3. What are the roots of my anger? The "root" of anger can be physical: we might be hungry or tired; we might be experiencing a hormonal imbalance. Or the root can be found in the primary emotion: fear, humiliation, grief, hurt (sadness), disappointment. Finally, anger may be rooted in past associations and memories. (Example: I was tired and hungry, but deep down I felt unappreciated, and that I deserved a night off.)

_____

_____

_____

_____

_____

_____

_____

Make copies of this page, and use it when needed.

Anger Diary Date _____

Along with "Roots and Triggers," it helps to keep a diary of your actions when angered.

1. Today, I got angry when _____

_____

_____

2. Who did I get mad at? _____

3. I felt *(circle those that apply)* irritated, defensive, anxious, bitter, frustrated, resentful, indignant, worthless, mean, insulted, disappointed, embarrassed, misunderstood, impatient, (other) _____, _____, _____, _____.

4. I was (circle those that apply) rushed, late for _____, tired, hungry, exhausted, distracted, worried about something else, in PMS, pregnant, menopausal, in traffic, waiting for _____, (other) _____ , _____.

5. My reaction/ response (circle one) to feeling angry was _____

_____

_____

6. How did the situation make me feel besides angry?
(Example #1: I resent being forced to give in all the time. I always give in!)
(Example #2: I'm disappointed that I am not treated with respect.)

_____

_____

7. Next time, I would like to respond by _____

_____

_____

_____

_____

Verbal Conflict

When researchers studied children on the playground, they observed gender differences from the get-go. When boys got mad, they duked it out, then went on playing. Not so for girls, who argued, cried, sulked, and gossiped. Since women are more comfortable using words than fists, we must pay attention to verbal messages. What we say will determine whether the conflict resolves or continues.

"The roots of physical violence are found in verbal violence."
(Elgin)

When you are angry, observe the following rules:

1. Use a three-part assertive sentence to express your anger: "When you do X, I feel Y, because Z." Be clear and to-the-point: "When you took the car without asking me, I felt angry, because I wanted to drive to the store." NOT "You make me so mad when you get up and drive off without even thinking of anyone else."
2. Take responsibility for your feelings. Use the "I" Rule when expressing anger. Say, "I feel upset when you're late," "I wish you would put gas in the car when you use it," "I am deeply hurt by that remark."
3. Target the behavior, not the person. "I am upset with your action." NOT "You are so selfish!"
4. Don't bring up the past. "I needed the car today." NOT "You took the car last week when I had a doctor's appointment! I had to call a cab and I was late!"
5. Avoid saying Always and Never. "We both own the car." NOT "You *always* think about Number One, don't you? *Never* anyone else."
6. Ask for desirable behavior: "From now on, will you check with me before taking the car?"

When someone is angry with you, observe the following rules:

1. Pay attention. Do not interrupt. Listen. Usually, when people have blown off steam, they are more willing to negotiate.
2. Respond, do not react. The choice is yours. If you react with anger, the conflict escalates.

   Instead, choose one of these responses:

   • **Rephrase.** Say, "So let me make sure that I've heard your message. When I take the car without asking, you get mad because you need the car, is that it?" Rephrasing leads to a dialogue.

   • **Apologize.** "You have my apology. From now on, I will bring in the laundry when it looks like rain."

   • **Time out.** You may not be ready to deal with the problem. Say, "Let me think about that. I will get back with you (specific time) to discuss this. Would that work for you?"

Deflecting verbal anger

The following section, based on Suzette Elgin's series on the "Gentle Art of Verbal Self-Defense" (see bibliography), will help you avoid or deflect a verbal attack. **Do you know someone like the following people? Could you be one of these?**

BULLIES love to pick on DOORMATS. Women become doormats to avoid confrontation, but in effect, they're left feeling humiliated and devalued. It takes courage to stand up to a bully, but standing up for yourself gets easier, every time you do it. If you're afraid to stand up for yourself because you fear physical abuse, then walk away. Remove yourself from the situation. If you find yourself bullying people, back off.

Losing your temper and screaming at someone is like pounding a large nail into a board. Afterward, saying "Sorry" is like yanking out the nail. It leaves a hole.

— Anonymous

BLAMERS start the fight, and use guilt as their weapon. "Blamers pepper their speech with words like these: *always, never, nothing, nobody, everything, none, not once*. When they ask questions (and they ask far too many questions), they … stress the question word," linguist Elgin explains.

Listen to yourself. If you are angry, play fair. Take ownership: "I am disappointed that you're late." "I feel upset when you yell at me." Refuse to get tricked into blaming.

If you feel that someone is blaming you unjustly, state your case objectively. Be brief. "You say that I am a bad mother. I do not agree."

NAY-SAYERS are never happy. It doesn't matter what you offer, they don't want it. If you're happy, they're not. They dispute your words and disparage your perceptions. "I'm not angry," they tell you. But they are angry, and display it through passive-aggressive behavior. Instead of arguing back, remember (1) you aren't the problem; (2) they have a problem; and (3) it's not your problem.

Do you find yourself responding negatively to people? This is a form of put-down. If you constantly negate or oppose another person's opinions, observations or desires, it's not what they are saying that bothers you. The issue runs deeper. Use this insight to work on your relationship with the other person.

Overcoming Communication "Blocks"

One or more of the following habits may be blocking communication with others. Consider the list of "blocks," then use the "solutions" in conversation.

Comparing: You're busy comparing yourself or your experience with the other person. *Solution:* Everyone is unique. Your story is not her story. Listen.

Identifying: Similar to comparing. By identifying, you disregard their experience. *Solution:* Remember, everyone is unique. Her story is not your story. Listen.

Preconceptions (Judging): Labeling the talker (dumb, stupid, uninformed, etc.). *Solution:* If you don't want to be misjudged, don't judge others. Wait until you have heard the entire message before evaluating the content.

Filtering: Usually based on preconceptions, filtering involves picking up on certain information and disregarding the rest. *Solution:* In order to understand the message, listen carefully to what is actually being said. Then, repeat what the other person said, and ask if you heard correctly.

Sparring: You can't listen, you want to debate. This often happens when you feel defensive or anticipate an argument. *Solution:* Calm down, clear your mind. Count to ten. Repeat what the person said, and ask if you heard correctly.

Derailing: When the conversation becomes uncomfortable, instead of arguing, you change the subject. *Solution:* Although this is an excellent tool for avoiding a scene, or cutting off an impolite monologue, derailing is really a subtle put-down. Listen until the person is finished. If you don't want to respond, say, "Give me some time to consider that."

Placating: When you feel defensive or uncomfortable, you just agree with the person—"Right! Sure! Okay." If you always placate a particular person, or back down on a particular topic, you probably feel bullied. *Solution:* The way to handle bullies is to be assertive. To break the habit of placating, do something different. Reply, "Let's talk about this when you've (I've) had more time to think it." And walk away.

Second Guessing: Jumping in before the speaker has finished, because you think you've figured out what he's going to say. *Solution:* Stop, listen until the person is finished talking, then respond.

Mind Reading: Trying to figure out what the other person is saying without asking for clarification. *Solution:* Don't assume. Repeat what you think the person said, and ask if you heard correctly.

Rehearsing: Not really listening; preparing what you are going to say when the speaker finishes. *Solution:* Listen first, respond later.

Advising: You're ready with suggestions, you don't want to hear the details. *Solution:* Don't give advice unless you're asked for it.

Positive Change:
Break the cycle of anger

Call it the "cycle of anger." You're under stress, you get tense, and then you blow up: perhaps you speed on the freeway, kick the trash can or smoke a cigarette. Maybe you mouth off to a friend, complain to a co-worker, or pick on your partner. The problem that begins with stress doesn't magically go away when you explode, because the object of your anger responds with anger, resentment, hurt or humiliation. Tension builds, and the cycle continues. The way to end a cycle of explosive anger is to deal with the source. Some sources of tension and stress are hidden messages, assumptions and expectation.

Hidden messages

Children who grew up in explosive, insecure or abusive households tend to blame themselves for the problem. They feel ashamed of their parents or caregivers, and the shame carries over to feelings about themselves. If the parent was a substance abuser, the child lived in constant fear: when would the "nice" parent turn into the "weird" parent? If the parent was explosive, the child learned to be anxious, aggressive or passive-aggressive. Children develop any number of inappropriate coping mechanisms and continue using these throughout life. As an adult, your job is to take the resources you have, and confront the hidden beliefs and attitudes that imprison you.

Do you have a "loser's script"? Keep a pad of paper and pencil handy. Every time you have a thought about yourself, jot it down, and rate it as a plus or minus. Be precise when you record the thoughts; you may discover self-defeating patterns, such as putting yourself down for lack of education or body image. Usually these thoughts target your deficiencies. After a week, total the score. If the negative thoughts outweigh the positives, you have work to do. Consciously replace negative thoughts with positive ones, for example: replace "I'll never find a partner," with "I have good friends."

Assumptions and Expectations

Two notable sources of stress are assumptions and expectations. An assumption is a belief or opinion based on inadequate evidence. Assumptions may be rooted in prejudice or fear. "Assuming something" means to take for granted.

ASSUMPTIONS:

She's a blonde, so she must be dumb.

He has tattoos, so he must be a loser.

He's handsome, so he must be a good lover.

What do these assumptions have in common? They are based on appearances, and predict a person's character in every situation ("must be"). But wait! Don't judge a book by its cover. Ask yourself, "What are my assumptions about myself? About my role as a woman, person, partner, spouse or parent? What are my assumptions about others? How are these assumptions true? How are they false?"

EXPECTATIONS are easier to recognize than assumptions: we expect something to happen, or expect someone to act in a certain way. We have a multitude of expectations in our daily lives; while some expectations are valid, others are false. Here we are concerned with expectations that cause stress. When you find yourself feeling stress, take a moment and ask yourself:

"Do I feel stress because someone had unrealistic expectations of me?"

"Is there conflict in this situation because I took someone or something for granted?"

"Do I feel stress because I expect something bad to happen? What is the worst that can happen?"

People often get angry when things don't turn out as expected. If you make assumptions, or have unrealistic expectations, you're setting yourself up for disappointment and anger.

DESCRIBE AN INCIDENT when your assumptions created a problem for yourself and/or for others.

_____

_____

_____

DESCRIBE AN INCIDENT when your expectations set up conflict with another person.

_____

_____

_____

Was your expectation reasonable? _____

How could you prevent disappointment in the future? (Check all that apply)

___ Get the facts before I make assumptions

___ Communicate my needs and feelings in advance

___ Be realistic when making commitments

___ Be realistic in what I expect from others

___ Be realistic in what I expect from the situation

___ Other: _____

Attitude is everything

You control your emotional destiny… while you often can't control ***what*** *happens to you in the world, you usually can control* ***how you react*** *to what happens to you.* (Albert Ellis)

Self-defeating thoughts are similar to self-directed anger. A self-defeating attitude sends the message that "I'm not good enough, and I'll never be good enough." When you feel frustrated and angry, remember these simple words: "There it is." What happens to you is "There." It happened. You can't change or control it. What you *do* control is your attitude. How do you want to remember this incident tomorrow or ten years from now?

Don't Argue. Negotiate.

To change the cycle of arguing, practice negotiation skills. Negotiating turns a conflict into a win/win situation. Before you start an argument, put yourself in "negotiating mind-set," by repeating the thought, "Do no harm," or "win/win." Your ability to negotiate gets better with practice. At first, you may want to take "time out" and figure out how you will present your side fairly, without being hurtful. As you develop negotiating skills, you will find it easier to drop your anger and move on.

For example:

You've been waiting an hour for your son to pick you up from work. You let him borrow your car if he promised that he would be on time. When he does show up, how do you respond without losing your temper?

Linguist Suzette Haden Elgin offers the following rules:

1. **Listen.** Do not plan what you are going to say while the other person is speaking. Do not think of a rebuttal. Simply listen.
2. **Repeat what the person said.** "In other words, the tire was flat, and you forgot your cell phone so you couldn't call me."
3. **Put yourself in the other person's shoes.** "You had to stop and change the tire. You were afraid that I would jump to conclusions and get angry."
4. **Figure a win/win solution.** The goal is not to triumph, but to understand. How can you solve the problem without putting the other person down? "I was angry because you were late, but I didn't realize that the tire was flat. Thanks for changing it. Next time, remember your cell phone."

Treat your family the way you treat your friends. Don't take out your frustrations on someone close to you.

Women's Health

Reproductive Hormones and Mood

Women have a significantly higher risk for developing mood disorders than men. Although reasons for this gender difference are not fully understood, it is clear that changing levels of reproductive hormones throughout women's life cycles can have direct or indirect effects on mood…Reproductive hormones also may affect response to some antidepressant drugs and alter the course of rapid-cycling mood disorders. (Parry and Haynes)

MENARCHE. Prior to the her first menstrual cycle, a young woman's body becomes "flooded" with reproductive hormones. Like pregnancy, this is a time when hormone levels fluctuate drastically. A young woman's moods may be unpredictable and extreme. Lack of sleep and/or difficulty sleeping, along with hormonal fluctuations, may make a young woman irritable, anxious and depressed. This is normal. Moods should level off, or become more predictable, once she has established a menstrual cycle.

PREMENSTRUAL SYNDROME (PMS)

"Having PMS felt as if my evil twin took over my body. I would behave erratically, and then spend the rest of the month doing damage control!" (Editor)

Premenstrual Syndrome (PMS) (also called Premenstrual Stress or Premenstrual Tension) describes a combination of physical, psychological and emotional symptoms related to a woman's menstrual cycle. While most women of child-bearing age have some premenstrual symptoms, PMS symptoms are of "sufficient severity to interfere with some aspects of life." Some women become depressed, others become irritable and explosive. These symptoms are predictable and occur regularly with the menstrual cycle. If you are prone to PMS, it's good practice to keep a detailed calendar. Chart your mood and reproductive cycle. (See "PMDD," below). And protect yourself when you are most vulnerable:

Chocolate cravings may indicate a magnesium deficiency. Magnesium is crucial for calcium absorption, and helps regulate mood. Increase your intake of magnesium by eating more whole grains, nuts, seafood and green vegetables.

- Be prepared. Avoid scheduling important meetings, or making commitments during a PMS time.
- Adjust your diet: cut down on caffeine (a stimulant) and alcohol (which reduces inhibitions).
- Chocolate cravings may indicate a magnesium deficiency. Magnesium is crucial for calcium absorption, and helps regulate mood. Increase your intake of magnesium by eating more whole grains, nuts, seafood and green vegetables. Consult your health care provider about taking a magnesium supplement.
- Practice deep breathing to reduce tension and irritability.

- Exercise! Swim, dance, work out, walk, whatever you enjoy. Aerobic exercise elevates mood.
- Tell your family or friends (if appropriate) what's going on. If they are informed, they are less likely to react to your moodiness.

PREMENSTRUAL DYSPHORIC DISORDER (PMDD) is a severe form of premenstrual syndrome with symptoms including severe depression, feelings of hopelessness, anger, anxiety, low self-esteem, difficulty concentrating, irritability and tension. In making a diagnosis of PMDD, three factors are considered:

- symptoms must be primarily related to mood (most often, depression);
- symptoms must significantly interfere with a woman's personal, social, work or school life;
- symptoms must be related to the timing of her menstrual cycle, that is, they occur prior to having her period, and remit afterward.

This cyclic pattern needs to be documented by daily mood ratings. Research suggests that reproductive hormones affect serotonin levels; an SSRI antidepressant (such as Sarafem®) may be prescribed for PMDD.

POSTPARTUM AFFECTIVE DISORDERS

POSTPARTUM DEPRESSION ("Baby Blues" or "Maternal Blues") is caused by hormonal shifts occurring soon after giving birth. These hormone imbalances cause a mother to be excessively sad, to cry for no reason, or to behave erratically. A mother may have nightmares about her baby, or have bizarre thoughts. She may be irritable or explosive. Once hormone levels have moderated, this condition usually resolves without psychiatric assistance.

POSTPARTUM PSYCHOSIS is a rare, extreme form of postpartum mood disorder. Postpartum psychosis is diagnosed when a woman, who has recently (within the past year) given birth, loses touch with reality. This condition is a **medical emergency**. CALL 911 immediately, if you or someone you know experiences the following signs after childbirth:

- Hallucinations
- Delusions
- Illogical thoughts
- Insomnia
- Refusing to eat
- Extreme feelings of anxiety and agitation
- Periods of delirium or mania
- Suicidal or homicidal thoughts

Brain Disorders, Medications and Therapy

For more information about brain disorders, read the free Project LIFE publication "Understanding Mental Illness." See Resources for ordering details.

The following discussion of psychiatric diagnoses is offered to help you understand the factors that may contribute to anxiety and/or anger. The source of this information is the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). Note that a diagnosis is a description of a set of symptoms—it does not define who you are, nor is it conclusive. Each of us is unique, and what applies to one person does not necessarily apply to another.

Medication may be necessary to restore your health. Brain functioning is regulated by a complex of neurochemicals, which influence not only the way you think, but also the way you feel. Treatment with a psychiatric medication balances the effects of these neurochemicals, so that you can feel better and think more clearly. If you feel *worse* on the prescribed medication, call your health care provider. You may be able to take a different medication, or adjust the prescribed dosage.

Anxiety Disorders

Anxiety disorders include Panic Disorder, Obsessive-Compulsive Disorder Social Anxiety Disorder and Posttraumatic Stress Disorder. Symptoms of anxiety disorders include prolonged emotional states of fear, tension, irritation and/or anger, which are debilitating, and interfere with daily functions and activities. Anxiety disorders are associated with severe, long-term depression and eating disorders, as well as increased hospitalization and suicide rates. People with anxiety disorders have a high risk of developing alcohol and other substance dependence disorders. Anxiety disorders are linked to conditions such as arthritis, asthma, ulcers and increased rates of hypertension.

Anxiety Disorders Medications

Anxiety disorders respond well to medications that balance brain levels of serotonin. Selective serotonin reuptake inhibitors (SSRIs) have been developed to address specific disorders of the central nervous system, including anxiety, depression, obsessive-compulsive disorder, hypertension, migraine and nausea.

Benzodiazepines (such as Valium® or Xanax®) may be prescribed, but they offer the potential for sedation, the risk of discontinuation difficulties, or the risk of dependence.

NOTE: The development of anxiety and panic attacks during treatment with SSRIs has been well-documented, even though SSRIs are prescribed for these conditions. It takes several weeks for an SSRI to have an effect on mood or anxiety. If you cannot tolerate the SSRI , get medical advice.

Anxiety Disorders Therapy

COGNITIVE-BEHAVIOR THERAPY (CBT) is very useful in treating anxiety disorders (such as obsessive-compulsive disorder and social phobia). CBT is distinguished by cognitive (thought) restructuring, in which people identify their misjudgments and develop realistic expectations of the likelihood of danger in social situations. CBT includes anxiety management training to control levels of anxiety, and to develop coping and self-calming skills. The behavioral focus of CBT is exposure therapy, which helps people become more comfortable by gradually exposing them to frightening situations.

NOTE: SSRI/SNRI Discontinuation Syndrome

If you are using SSRIs or an SNRI (such as Effexor), do not quit cold-turkey. Medical experts advise that you "taper off," by slowly reducing the dosage. Withdrawal symptoms may include dry mouth, muscle twitching, sleeplessness, dizziness, stomach cramps, nightmares, blurred vision, anxiety, agitation, panic attacks, irritability, aggressiveness, worsening of mood, crying spells, hyperactivity, confusion and memory/concentration difficulties."

Posttraumatic Stress Disorder (PTSD)

Chronic anger may be a signal of underlying Posttraumatic Stress Disorder (PTSD). An estimated one out of ten women will acquire posttraumatic stress disorder at some time in her life. Women who have PTSD include victims of rape, domestic abuse, childhood sexual and physical abuse; or survivors of accidents, war or natural disasters. Children of alcoholics or substance abusers also develop PTSD. (DSM-IV)

PTSD symptoms include persistent anxiety, rage, excessive aggression, depression, emotional numbing ("blunting" or denial of feelings), risky behavior, hypervigilance, self-mutilation, feeling "out of body," "magical thinking," short or long-term memory loss, panic attacks, flashbacks, sleep disturbances, and eating or elimination disorders. PTSD may co-occur with substance abuse, anxiety disorders, or mood disorders.

PTSD Medications

Medications prescribed for PTSD include SSRIs (such as Prozac®), sertraline and benzodiazepines (such as Valium®). Sleeping medications may also be prescribed.

PTSD Therapy

Before a person with PTSD can confront memories of the trauma, it is important to follow a continuum of therapy. Trauma therapy is an essential step in recovery. Through therapy, the mind can release the primary feelings associated with trauma, and relieve the subconscious effects of these feelings.

Self-Injury

Emotions cannot be denied. When a person cannot express emotions in a healthy way, she may have the impulse to self-injure—by cutting, hitting, burning, "scratching, skin-picking, banging her head, breaking bones, not letting wounds heal, among others." Physical pain diverts attention from emotional pain. Moreover, when the body is injured, it releases endorphins to ease the physical pain—these hormones create a natural "high." Research indicates that levels of cortisol (the hormone linked to stress) are reduced after self-injury. Suicidal or sexual behaviors are not classed as self-injury.

Typically, self-injury begins in adolescence. Self-injury can be triggered by severe emotional pain, by anger or by feelings of shame. A person who self-injures hasn't learned healthy ways to cope with emotions, or has been conditioned to hide her feelings. The cycle of self-injury, like the cycle of anger, is typified by increased tension, injury and release of tension. (Martinson)

Alternatives to Self-Injury

The following strategies cause pain but do not mutilate the body:

- Hold some ice cubes in your closed mouth for as long as you can stand.
- Wrap a rubber band (loosely) around your wrist and "snap" it against your skin.
- Squeeze your ear lobe between your finger and thumb.
- Hold your arms in front of you for as long as you can bear.
- Take a cold bath (Not a hot bath, as scalding can kill).

Eating Disorders

Underlying issues associated with eating disorders include low self-esteem, anger, depression, feelings of loss of control, feelings of worthlessness, identity concerns, family communication problems, and problems coping with emotions. Often other disorders co-exist with eating disorders: depression, anxiety disorders, social phobias or substance abuse.

Anorexia Nervosa

"Lose Weight. Feel Great. Be Happy." You could say that this sums up the thought pattern of a person with Anorexia. While the average age of onset is 17, Anorexia has been diagnosed in individuals (90% are females) as young as 13. Underlying stress, depression or anxiety, in addition to weight gain, may have caused the initial negative body image. The need to be in control is a major motivation. Dieting is a way to gain control, thus the emphasis on diet and exercise. With professional help and peer support, a person can recover from Anorexia.

Binge-Eating Disorder

(Compulsive Overeating)

Binge-eating (also known as Compulsive Overeating) is described as "a vicious cycle" of overeating and depression. People with this disorder use food as a coping mechanism. Anxiety creates stress and is followed by anger, which is relieved by bingeing, which is followed by feelings of guilt and shame, followed inevitably by depression. And so the cycle continues.

Binge-eating often occurs in private. A person may eat normally in public, binge in private, or "graze" on food all day long. People who have compulsive overeating disorder are unhappy about their weight, which often determines how they feel about themselves. Medical complications of this disorder can be severe. (National Association of Anorexia and Associated Disorders)

Bulimia Nervosa

This eating disorder is characterized by binge eating and subsequent purging (vomiting), use of laxatives, diuretics, diet pills, ipecac, strict diets, fasts, "chew-spitting," vigorous exercise, or other "compensatory" behaviors to prevent weight gain. A person with Bulimia usually is within normal body weight, yet has unrealistic feelings about body shape and weight. Since this ritual is usually done in private, a person may deny the Bulimia; she (or he) may feel guilty and fear humiliation. The pattern of eating forbidden food, then feeling guilty, erodes a positive self-image.

Eating Disorders Medications

Selective serotonin reuptake inhibitor medications (SSRI) help women with eating disorders. Fluoxetine (Prozac™) is most often prescribed.

Eating Disorders Therapy

Cognitive Behavioral Therapy (CBT) is helpful, because the source of eating disorders are thoughts and hidden messages. Through examining hidden messages, and replacing these with objective thoughts, along with replacing eating behaviors, a person can heal. In group therapy, a person gains acceptance by peers who have similar experiences and motivation.

Mood Disorders

Problems with anger may indicate the presence of a mood disorder; often, women respond to anger by internalizing and becoming depressed. Or anger could be an indication of unacknowledged depression. Mood disorders are linked to neurochemical imbalances of the brain. Symptoms of mood disorders can be mediated by therapy, medication and self-care.

Depression

An overwhelming emptiness is the essential characteristic of clinical, or major depression. Hopelessness and helplessness, as well as irritation, anger and rage, are also symptoms of depression. Some people have been depressed all of their lives. Trauma, genetics, organic imbalances and nutritional deficiencies (of magnesium or vitamin B-12) are known risk factors for depression. Depression is a natural reaction to loss, especially the death of a close family member or friend.

Stress may increase the risk of depression and may contribute to recurrent depressive episodes.

Childhood sexual abuse, social isolation and early-childhood deprivation may lead to permanent changes in brain function that increase susceptibility to depression and mood disorders. In other cases, depression may develop without an identifiable source.

DYSTHYMIA describes a mild depression characterized by **irritation**, a "lowered expectation of outcomes, and lack of real enjoyment. People with dysthymia often have been depressed so long that others think it is part of their personality. Typically they are irritable, hard to please, unhappy with nearly everything and very trying to be around." (Chandler)

Depression and Physical Illnesses

Depression often appears as a physical problem rather than a mood problem. Physical symptoms of depression are wide-ranging and include complaints such as headache, constipation, back pain, chest pain, dizziness, musculoskeletal complaints (sprained ankles, carpal tunnel syndrome) and weakness.

Depression frequently co-occurs with heart disease, stroke, cancer and diabetes. Depression can increase the risk for physical illness, disability and premature death. Chronic fatigue syndrome, immune system diseases and sexual dysfunction may also accompany depression and anxiety. Primary care physicians may fail to identify depression as the cause of physical symptoms; at the same time, psychiatrists may overlook physical causes of depressed moods.

Depressive Disorders Medication

Mild depression can be treated with selective serotonin reuptake inhibitors (SSRIs). Many other drugs are used to alleviate various symptoms of depression, including buproprion hydrochloride (Wellbutrin®) and amitriptyline (Elavil®). A monoamine oxidase inhibitor (MAOI) patch is also available.

Depressive Disorders Therapy

EXERCISE

Researchers at Duke University suggest that 30 minutes of aerobic exercise (enough to raise your heartbeat and cause you to sweat), three times per week, over the long-term is an effective therapy for depressive disorder.

COGNITIVE-BEHAVIORAL THERAPY

Research has shown that certain types of psychotherapy, particularly cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT), work as well as medication to relieve the symptoms of mild depression. New research at the University of Wisconsin-Madison suggests that the brain is "neuroplastic," that is, the brain has "the ability to change its structure and function in response to experience." (Begley)

Researcher Helen Mayberg explains, "Cognitive therapy targets the cortex, the thinking brain, reshaping how you process information and changing your thinking pattern. It decreases rumination, and trains the brain to adopt different thinking circuits."

CBT helps change the negative styles of thinking and behaving that are associated with depression. IPT focuses on working through relationship problems that may contribute to depression. Studies of adults show that while these therapies alone are rarely sufficient to treat moderate to severe depression, they are effective when used with antidepressant medication. Results of a NIMH-funded study indicate that IPT in combination with an antidepressant medication was more successful than either medication or therapy alone.

ELECTROCONVULSIVE THERAPY (ECT) (Shock Treatment)

Electroconvulsive therapy (ECT) remains one of the most effective yet most controversial treatments for severe clinical depression, with 80% to 90% reported improvement. Memory loss and other cognitive problems are common side effects, yet proponents maintain these are typically short-lived.

VAGUS NERVE STIMULATION

For those who do not respond to standard depression therapy, a new type of brain stimulation may be an option: vagus nerve stimulation. The FDA approved use of vagus nerve stimulation in depression for specific situations:

- For treatment of long-term, chronic depression that lasts two or more years, in conjunction with standard treatments
- Recurrent or severe depression
- Depression that hasn't improved after the use of at least four other treatments, such as four different antidepressants.

Bipolar Disorders

These mood disorders are characterized by cycling mood changes: highs (mania) and lows (depression). Episodes may be primarily manic or depressive, with normal mood between episodes. Mood swings may occur within hours or days (rapid cycling), or may be separated by months to years. "Highs" and "lows" may vary in intensity and severity.

When people are "manic," they may be overactive, overly talkative, have a great deal of energy, and have much less need for food and/or sleep than normal. Sometimes people who are manic may be irritable or angry. They may have false or inflated ideas about themselves. Untreated, mania may worsen to a psychotic state, in which the person may endanger herself or others.

In a depressive cycle, the person may have: low mood with difficulty concentrating; lack of energy, with slowed thinking and movements; changes in eating and sleeping patterns; feelings of hopelessness, helplessness, sadness, worthlessness, anger, guilt; and, sometimes, thoughts of suicide.

BIPOLAR DISORDERS are classified as Bipolar I, Bipolar II and cyclothymia. The most important distinctions between Bipolar I and II are:

- Psychotic symptoms such as hallucinations or paranoia indicates Bipolar I Disorder; the presence of such symptoms rules out Bipolar II.
- A person with Bipolar II experiences hypomanic episodes but not manic episodes. The difference between mania and hypomania is a matter of severity—hypomania generally does not impair a person's daily functioning or cause the need for hospitalization.

CYCLOTHYMIA is "a chronic, fluctuating mood disturbance involving numerous periods of hypomanic symptoms and numerous periods of depressive symptoms." [DSM-IV]

Bipolar Disorders Medication

All medications should be carefully monitored, since moods can change quickly. Lithium, valproic acid (Depakene®), or divalproex sodium (Depakote®) may be prescribed to regulate mood. Other medications may include antidepressants, or antipsychotic medications (clozapine, resperidone or quetiapine). Proper medication can make a dramatic difference in a person's quality of life.

Bipolar Disorders Therapy

Depending on the individual, a combination of medication and psychotherapy is prescribed. "Know yourself." An effective practice is to keep a "mood" journal, in order to track seasonal and other precipitating factors for mood swings. A circle of support is essential; include a therapist, family members, and friends who can provide feedback and encouragement.

Personality Disorders

Personality Disorders are characterized by inflexible patterns of perception and relations in regard to oneself and others. Of these disorders, Borderline Personality Disorder is most often associated with the emotion of anger.

Borderline Personality Disorder (BPD)

A person with BPD lives in a state of hyperarousal, and is extremely conscious of potential threats. "Anger then seems a natural reaction, something to be expected, perhaps even something understandable," according to therapist Erin Johnston. "These feelings of anger are very strong and often have a lot of old 'baggage' behind them." A person with BPD has angry outbursts "as a reasonable reaction to threat, attack, or hurt by the target of the rage. The target, or recipient, of the anger attack may be completely caught off guard, and unaware of what they did to trigger this reaction." (Johnston) A person with borderline personality disorder also may self-injure to relieve the stress and anxiety associated with feeling threatened.

Characteristically, anger, impulsiveness, substance abuse and poor self-image are typical of BPD, which affects one in thirty women in the United States. "Individuals with Borderline Personality Disorder make frantic efforts to avoid real or imagined abandonment." (DSM-IV) Learning how to identify and deal with anger is crucial to managing this disorder.

Borderline Personality Disorder Medications

Many women benefit from antidepressants, especially with the selective serotonin reuptake inhibitors (SSRIs). Some people with chronic risk of suicidal or self-injurious behaviors benefit from low-dose antipsychotic medications (clozapine, resperidone or quetiapine). One other drug that merits mention is ReVia (naltrexone), which reduces the craving to self-mutilate.

Borderline Personality Disorder Therapy

It is essential to learn coping mechanisms to replace self-injury and other forms of self-destruction. Cognitive-behavioral therapy (CBT) can help "rewrite the script" to adjust self-defeating attitudes and behaviors.

DIALECTICAL BEHAVIOR THERAPY (DBT) addresses the tendency of people with borderline personality disorder to see things in black and white extremes. DBT helps people find the middle ground between overvaluing themselves and their ideas on the one hand, and devaluing themselves on the other. DBT also focuses on developing problem-solving skills, interpersonal skills, regulating emotions, and improving the capacity to tolerate stress and pain. DBT includes individual and group therapies along with "real world" interventions, with therapists available 24/7 to coach patients.

Research on BPD

BPD AND OMEGA-3 FATTY ACIDS

A recent study suggests that omega-3 fatty acids found in salmon, sardines and anchovies, as well as walnuts and flaxseed oil, may be safe and effective additions to medication for women with moderately severe borderline personality disorder. (Am J Psychiatry. 2003; 160(1):167-169)

BPD AND ESTROGEN

Research suggests that fluctuations in estrogen levels during the menstrual cycle may significantly worsen BPD symptoms. Researchers found, when estrogen is rapidly increasing, women are more prone to BPD symptoms such as rapid changes in self-evaluation and relationships. Women who showed the greatest changes in estrogen from one week to the next had the greatest number of BPD symptoms. "These results are significant because they suggest that a previously unknown factor may play a role in the development of BPD," the authors write. "If estrogen fluctuations exacerbate symptoms, this may help explain why more women are diagnosed [with BPD], and also suggest new possibilities for treatment." (DeSoto, Geary et al. 2003)

Researchers also found that symptoms worsen when many woman with BPD start taking oral contraceptives. If you have been diagnosed with BPD, a diary of your symptoms and menstrual cycle may help identify hormonal triggers.

Substance Abuse

Substance abuse is "characterized by the use of a mood or behavior-altering substance [alcohol, inhalant or drug] in a maladaptive pattern resulting in significant impairment or distress." (DSM-IV) Substance abuse interferes with a person's ability to function normally, or to fulfill obligations to her family and society.

The National Institut e on Alcohol Abuse and Alcoholism recognizes four signs of alcoholism:

- Loss of control over drinking. Alcoholics may intend to have two or three drinks, but before they know it, they are on their tenth.
- Continued use of alcohol despite social, medical, family and work problems.
- Increased alcohol tolerance over time (needing more alcohol to become intoxicated).
- Withdrawal symptoms, which include anxiety, agitation, increased blood pressure, and, in extreme cases, seizures. These symptoms may persist for several days.

"People who have significant problems controlling their drinking and functioning in social situations because of alcohol may be considered alcoholics. Why some people become alcoholics remains a mystery, although most scientists now agree that a combination of genetic and environmental factors increases a person's vulnerability." (Kurtzweil)

Invest in yourself: join AA or NA. Peer education has been shown to successfully help people deal with addictions. Twelve-step programs are structured to provide support through relapse and recovery.

Substance abuse is often connected to anger. Some substance abusers will become more violent, but not all. For instance, data indicate that "40% of frequent cocaine users reported engaging in some form of violent behavior," while 60% do not. Some people use alcohol or drugs in order to numb feelings of anxiety, anger or depression. Some people become more aggressive when drinking, because it is socially accepted to do so. Nonetheless, use of drugs and alcohol reduces inhibitions, interferes with brain functioning, and distorts perceptions of reality.

Children of substance abusers have feelings of anger and shame, and may become anxious, aggressive, angry, disruptive or depressed.

Al-Anon (for spouses) and Alateen provide education and peer support. Call 1-888-425-2666 for information.

Methamphetamine abusers experience feelings of paranoia, fear and confusion, which may result in domestic or social violence.

Medication

Anabuse® may be prescribed for alcoholism. ReVia® (naltrexone) is prescribed to help reduce alcohol or narcotic cravings.

Resources

Project LIFE Resources

To learn more about brain disorders, request the following free Project LIFE publications from the LIFE Line at 1-800-392-7348:

"Understanding Mental Illness"
"ABCs of Children's Mental Health"
"Adolescent Mental Health"
"Anger Work: A Workbook for Men" by Steven E. Meyerhardt
"For the Young at Heart: A Guide to Mental Health for Elders"
"DV101: The Nature and Dynamics of Domestic Violence" by The Shelter

Web Resources

Anger Management On-line Resources of the North Carolina Juvenile Justice Department.
www.ncdjjdp.org/cpsv/Acrobatfiles/anger_management.PDF

Borderline Personality Disorder Sanctuary. http://www.mhsanctuary.com/borderline/

James D. Chandler, MD. http://www.klis.com/chandler

Depression and Bipolar Support Alliance. http://www.dbsalliance.org/

John Elder Anger Management. http://www.jelder.com

Medline. www.medline.com

Mental Help Net. http://www.mentalhelp.net/

Missouri Department of Mental Health. http://www.dmh.missouri.gov/
Network of Care for Mental Health is an online information place for individuals, families and agencies concerned with mental and emotional wellness, substance abuse and developmental disabilities. Visit the web site at http://missouri.networkofcare.org

NAMI: National Alliance for the Mentally Ill. www.nami.org/index.html

National Institute of Mental Health. www.nimh.nih.gov
NIMH Publications can be downloaded from the web site, or you can place an online order for one printed copy of any publication that NIMH has in stock. For more than one copy, call 1-866-615-6464 (toll-free).

Procovery. www.procovery.com

Project LIFE. http://projectlife.missouri.edu

Sidran Institute: Traumatic Stress Education and Advocacy. www.sidran.org

"The Reign of Ellen" blogspot (on depression) http://www.thereignofellen.blogspot.com/

Women's Trauma Recovery Program (Veterans Administration).
http://www.womenvetsptsd.va.gov/wtrp.asp

Bibliography and Suggested Reading

American Psychiatric Association. 1994. *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition. (cited as DSM-IV) Washington, DC: American Psychiatric Association.

Anderson, Greg. 1995. *The 22 {Non-Negotiable} Laws of Wellness: feel, think, and live better than you ever thought possible.* New York: HarperCollins.

Begley, Sharon. "How The Brain Rewires Itself," *Time* (Friday, Jan. 19, 2007).

Carter, Les. 2003. *The Anger Trap: Free yourself from the frustrations that sabotage your life.* San Francisco: Jossey-Bass.

Desoto, Catherine, David Geary, et al. "Estrogen fluctuations, oral contraceptives and borderline personality," *Psychoneuroendocrinology* 28 (2003) 751–766.

Elgin, Suzette Haden. 1987. *The Last Word on The Gentle Art of Verbal Self-Defense.* New York: Prentice Hall Press.

Ellis, Albert. 1998. *How to Control Your Anxiety Before It Controls You*. Seacacus, NJ: Birch Lane Press Book.

Hankins, Gary, Ph.D. and Carol Hankins. 1993. *Prescription for Anger.* New York: Warner Books.

Heitkamp, Kristen. 2003. *A Woman's Guide: Healing from Trauma.* Columbia, MO: Project LIFE.

James, P D. 1997. *A Certain Justice. (*1st American trade edition). New York: Knopf.

Johnston, Erin. "Anger with Borderline Personality Disorder," on-line Feb. 12, 2007 at http://bpd.about.com/od/livingwithbpd/a/BPDAnger.htm.

Kurtzweil, Paula. "Medications Can Aid Recovery from Alcoholism," *FDA Consumer Magazine* (May 1996).

Lerner, Harriet. 1997. *The Dance of Anger: A Woman's guide to changing the patterns of intimate relationships.* New York: HarperCollins Publishers, Inc.

Martinson, D. (1998). "Self-Injury: Introduction." http://www.palace.net/~llama/psych/injury.html. World-wide Web.

Parry, Barbara L. MD and Patricia Haynes, "Reproductive Hormones and Mood," *The Journal of Gender-Specific Medicine* 2000;3[5]:53-58.

Pinkola-Estés, Clarissa. 1992. *Women Who Run with the Wolves: Myths and Stories of the Wild Woman Archetype*. New York: Ballantine.

Rapson, James and Craig English. 2006. *Anxious to Please: 7 Revolutionary Practices for the Chronically Nice*. Naperville, IL: Sourcebooks, Inc.

Reilly, Patrick M. and Michael S. Shopshire. Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual. DHHS Pub. No. (SMA) 05-4008. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. 2002, reprinted 2003 and 2005.

The Shelter. 2003. *The Nature and Dynamics of Domestic Violence—also known as DV101.* Columbia, MO: Project LIFE.

Wittman, Jeffrey P. 2001. *Custody Chaos, Personal Peace: Sharing Custody with an Ex Who Drives You Crazy*. New York: Penguin Putnam.

Notes

Whatever caused you to be angry, remember that even when you are angered, you can choose how intense your anger will be, how long your anger will last, and how you will use your anger. (Hankins and Hankins)

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http://projectlife.missouri.edu
1–800–392–7348