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Anger Management May Not Help at All

By Benedict Carey

The brawl that erupted last week at a basketball game in Auburn Hills, Mich., has prompted extensive soul-searching about the role of aggression – on the part of athletes and fans – in sporting events.

But the fight has also exposed the weakness of a common assumption: that anger can be treated almost as if it were an infection, with a course of anger-management classes instead of antibiotics.

Ron Artest, the Indiana Pacer at the center of the N.B.A. melee, was ordered to participate in anger-management classes at least once before, in 2002, after he was accused of striking a former girlfriend, and may be ordered to do so again.

Psychologists said they were not surprised that previous counseling had failed to hold Artest's outbursts in check.

“Anger-management classes, I think, are a Band-Aid; they allow people to feel they've done something, but they haven't had any kind of real treatment,” said Dr. Ray DiGiuseppe, a psychologist at St. John's University, where Artest played college basketball. “We have no organized treatment, no idea whether counselors doing the teaching have training in mental health. We're operating under this delusion that we're helping people when we may be just continuing the violence.”

Artest is not the only athlete to be sent for anger-management training. Earlier this year, Los Angeles Dodger outfielder Milton Bradley said he would seek anger counseling after a confrontation with a fan. And Jose Guillen, an outfielder recently traded by the Anaheim Angels to the Washington Nationals, was reportedly asked to attend anger-management classes after he threw a tantrum in the dugout.

Anger training is often mandated by courts for spouse abusers, violent criminals, bullying adolescents and aggressive drivers. The classes are based on a loosely defined set of principles and techniques thought to help some people settle or contain outbursts.

A pattern of hostile behavior is not considered a specific diagnosis by the American Psychiatric Association, something that limits research that could lead to effective treatment.

State and county programs have generally been set up without consulting research, experts say, and the result is an unregulated system without any agreed-on standards of what should be taught, when, and to whom. Recent studies suggest that the techniques can be helpful for some people, but that in many cases the classes have little or no measurable effect, and can potentially make the problems worse.

“Certainly the odds of seeing some benefit go way down if the person does not want to be there, if they come in with an attitude, ‘I’ll shape up as soon as the world starts treating me better,’” said Dr. Jerry Deffenbacher, a psychologist at Colorado State University in Fort Collins, who specializes in anger treatment. “Our profession has done a poor job of designing a program to help this kind of person.”

In a 2003 review of 92 anger-management treatments, including more than 1,800 people, DiGiuseppe and Dr. Raymond Tafrate, a psychologist at Central Connecticut State University, found that the classes can reduce feelings and expressions of anger in people who are motivated to change their behavior.

The courses are typically group-counseling sessions that include relaxation training, some techniques for identifying anger and its causes, and assertiveness skills, to teach people to express their emotions without losing control. Another treatment teaches people to think through the consequences of striking out, a concept that is not always so evident, especially to young people whose tempers often get them into trouble.

But psychologists and psychiatrists say that in many people, a short fuse and strong aggressive instincts go far deeper than an inability to relax or assert themselves. A continuing survey of men and women who have sought anger management in the New York area found that about 60 percent have other mental troubles, most often drug or alcohol abuse or leftover distress from early traumatic experiences. People whose angry outbursts actually land them in court tend to be far more troubled, researchers find: depression, anxiety and impulse-control disorders are commonplace.

“In these cases, clearly, the anger skills are only going to work if the other problems are addressed first, which usually mean more in-depth one-on-one counseling,” said Dr. Mitch Abrams, director of inpatient psychology at Northern State Prison in Newark. “You have to quiet down the loud stuff before you can get anywhere.”

Some anger-control techniques even seem to make people more apt to lose their temper. In a reanalysis of their data, the St. John’s researchers found that programs that encouraged people to feel their rage and to vent it in counseling sessions were associated with poorer outcomes. The findings mesh with the message from a series of studies in the 1990’s in which psychologists found that venting anger, for example, by hitting a pillow, in fact escalated anger and intensified physical sensations of fury like a racing heart and flushed face.

Classes that include more than 10 or 12 people but only a single instructor can also exacerbate angry feelings, as group members identify with and justify each other’s sense of frustration and bitterness, experts said. “Teams will contact me to do anger-management workshops and

modules reactively, after something has just happened, as if I could somehow undo what was done,” said Abrams, who also consults with sports programs through a firm called Learned Excellence for Athletes. Abrams said that sometimes teams enlist his help more to reduce liability than in an earnest attempt to change behavior.

In one case, he said, he got a call from a high school after its lacrosse team beat up two teenagers on Halloween night, “just for the fun of it.”

“I came in and did this intervention, on a Saturday morning, and some of these players were indignant, saying, ‘I can’t believe I’m here now,’” Abrams said. “I had to explain to them that the only reason they weren’t in jail was that their parents were on the PTA.”

With earlier attention to aggression and anger problems, he said, clubs and sports programs in particular might avoid these kinds of episodes altogether.

Courses intended to curb domestic violence usually focus on relationship counseling more than anger-management advice, but these classes, too, have proved less effective than previously thought in reducing violence. In a review of 22 studies of state programs, a team of psychologists in Texas and New York reported in January that the courses had little positive effect. Many anger-reduction classes aimed at spouse abusers teach that violence stems from inequalities in power between the man and the woman, and that a more egalitarian relationship will help defuse tensions.

“I love this idea, and it has had powerful impact in bringing recognition to the seriousness of domestic violence,” said Dr. Julia Babcock, a psychologist who is an associate professor at the University of Houston and the lead author of the study, “but unfortunately, it doesn’t work as well as we think it should.”

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