

**Treatments for Anger in Specific Populations: Theory, Application, and Outcome**

edited by Ephrem Fernandez, PhD. Oxford University Press, New York, NY, 2013, 289 pages, \$49.99 (paper).

*Treatments for Anger in Specific Populations* is a book for our time. These days, to me at least, anger seems to be all around us. Whether on television's "reality shows"; on the evening news at the local, national, and world levels; or on our daily commute to work—whether the rage on the road or the behavior of those of us stuffed in subways in our crowded cities. Here is a volume that clearly and practically presents, from many different angles, the "negatively valenced feeling" (p 1) so familiar to all of us.

Fernandez has wisely chosen 14 chapter authors who are each expert at delivering, as the title promises, treatment for anger in specific populations. Subjects focus importantly on the influences of culture and gender across the age continuum.

The opening chapter, written by the book's editor, differentiates between *anger*, *aggression*, and *violence*, terms often but erroneously used interchangeably. The fact that our present-day psychiatric nosology has only 1 category in the *DSM* that is an anger disorder (intermittent explosive disorder) does not align with the frequency with which we see and treat anger in clinical practice. Anger more typically is present as a symptom of other psychiatric disorders.

The topic of cognitive therapy for angry drivers is covered next. This informative chapter calls attention to a problem most likely experienced by all of us at one time or another. While the *DSM* might not have a perfect categorization for angry drivers, such anger is nevertheless a problem with significant associated risks. Several clinical interventions for angry drivers are described thoughtfully and clearly. These include relaxation techniques, cognitive interventions, and behavioral interventions and an approach combining these 3 interventions in various combinations depending on the clinical situation. The chapter also includes an informative case study.

The application of emotion-focused therapy to patients who have experienced complex child abuse trauma, that is, the "repeated exposure to violence and betrayal, usually at the hands of loved ones and caregivers" (p 33), is covered in chapter 3. The important distinction between adaptive and maladaptive anger is explained, and clinical examples from emotion-focused therapy for trauma (EFTT) are presented. The problem of violence and suicide in postcombat veterans is addressed, with the author noting "the high prevalence of extreme anger and aggressive behavior among combat veterans" (p 34). A case vignette is used to demonstrate the complexity of anger experiences in a patient together with the

phases of EFTT utilized. This chapter ends with a description of the most relevant intervention principles of working with anger in each of the phases of EFTT.

The topic of regulating anger in combat-related posttraumatic stress disorder (PTSD) naturally follows the prior chapter. "Anger," it is noted, "plays an important role in PTSD development, maintenance, and potential response to treatment . . . [and] may also play an important role in the activation of aggressive behavior associated with PTSD" (p 53). The hyperarousal symptoms found in PTSD seem to be the more common findings in veterans of the wars in Iraq and Afghanistan. Rates of comorbidity of PTSD with depression, substance abuse, or other anxiety disorders have been reported to be as high as 90% (p 54). The case is clearly made for the importance of studying this population with an eye toward screening and treatment. A chilling depiction of the combat veteran with PTSD and problematic anger is given, followed by a discussion of the theories accounting for anger in combat-related PTSD along with implications for intervention.

Other chapter topics include anger management treatment and substance use disorders, management of anger in people with intellectual disabilities, anger regulation for psychotic patients, dialectical behavior therapy for maladaptive anger in borderline personality disorder, anger in forensic populations, anger management in schools, and treatments for anger regulation and reactive aggression in young children. The book ends with a chapter devoted to the common and unique factors of the treatment of anger in different populations.

In addition to the extensive references included for each subject covered, concise conclusions and a rich supply of case vignettes make the material presented clear and practical so that clinicians can not only appreciate the areas of study but also put what is learned to use in their practices and teaching.

I commend the editor for the care in the selection of topics covered in this 289-page volume. Often, in volumes of this scope, either the material is superficially covered or density replaces lucidity in the service of fewer manuscript pages. Neither is the case with *Treatments for Anger in Specific Populations*. Fernandez provides us with a book in which every clinician will find something new to learn and something useful to apply in the consulting room, clinic, or lecture hall. I highly recommend this book.

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