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Angry clients: Reactions of therapists

Pats, Barbara Farrell, Ph.D.
The Ohio State University, 1988

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UMI
ANGRY CLIENTS: REACTIONS OF THERAPISTS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of the Ohio State University

By

Barbara Farrell Pats, B.A., M.A.

The Ohio State University
1988

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CHAPTER 1

INTRODUCTION

Anger is a common emotion, reportedly experienced by the average person anywhere from several times a day to several times a week (Averill, 1983). There has been a plethora of psychology books focusing on anger, directed at the general population, e.g., Ellis (1977), Lerner (1985), Madow (1972), Rubin (1970), Warren (1983), and Weiss (1984) (Averill, 1983). Yet, the discussion and understanding of anger in the psychological and counseling literature has been limited and controversial (Averill, 1982; Rubin, 1986). While the emotion of anger may seem to be a unidimensional experience, people's expression of anger can take many forms, such as shouting, fighting, and ranting and raving; people may also tend to inhibit, suppress, or deny the feeling and may find alternatives to experiencing the anger such as by walking away from the situation, by keeping it inside, or rationalizing the feelings away.

Much of what has been written has focused on different styles of expressing the feeling of anger. These include the use of direct expression, without holding back, in an effort to let it out and be cleansed. Alternatively, others promote the suppression of anger and making efforts to stay in control by thinking the situation through clearly and rationally in order to avoid any possible destructiveness of anger. It is
very unclear which style is preferable, and which should be encouraged, although both have been proclaimed as "the way" to deal with anger (Rubin, 1986). In addition, both the expression of anger as well as its suppression have been implicated in somatic disorders, such as hypertension and heart disease (Diamond, 1982; Feshbach, 1986; Tavris, 1982) as well as psychological disturbance, as in turning anger against oneself in the form of depression and low self-esteem, or turning it outward in the form of aggressive or violent acts (Rubin, 1986; Feshbach, 1986; Tavris, 1982; Wetzel, 1984).

Thus, expression of anger in a variety of ways has been shown to have both positive and negative consequences for those individuals feeling the anger as well as for those who are the targets of the anger (Alschuler & Alschuler, 1984; Averill, 1982, 1983; Epstein, 1980; Gaelick, Bodenhausen & Wyer, 1985). It may not necessarily be the feeling of anger that is positive or negative, but the way one might choose to express it, although this difference is often not clearly stated. Therefore, it seems that no simple way of dealing with anger may be most effective; rather, aspects of the individual and the situation probably interact, contributing greatly to the consequences of any particular mode of dealing with anger.

Anger is often brought into the counseling session because it is seen as a negative emotion (Izard, 1977), one which disrupts personal relationships and social well being (Alschuler & Alschuler, 1984), because anger is associated with physical or somatic complaints (Diamond, 1982), or because individuals harbor excessive amounts of anger at situations, themselves, or other people and need help coping.
Counseling may be one of the few outlets for expressing feelings of anger since there are many societal constraints placed on anger expression in other settings (Miller, 1983; Stearns & Stearns, 1986).

Because the consequences of anger seem to be based on the way the individual expresses the feeling, counseling can be useful in order to examine how an individual expresses anger. In doing so, it is possible to explore alternative means of expressing the emotion, and change those styles of expression which may be maladaptive to the individual or to others in his or her life. Counseling can be a setting in which appropriate control and expression of anger can be practiced and supported such that individuals have choices of how to deal with their anger. In this way they can be assisted in dealing with it in the most constructive manner in which to meet their goals. This may mean learning to recognize and accept the feelings of anger, as well as making a conscious choice of how to express these feelings, based on the specifics of the situation (Alschuler & Alschuler, 1984; Burtle, 1985; Feshbach, 1986; Tavris, 1982).

There are many types of issues for which part of the healing process may involve the need to get outwardly angry as a way of gaining control over a situation in which one feels helpless. Acceptance and direct expression of anger has been suggested as an important stage in the rehabilitation and survival of a life-threatening illness (Viney & Westbrook, 1982), in the working through of the grieving process over a death of a loved one (Worden, 1982), in dealing with rape and sexual abuse (Burtle, 1983), and in the process of leaving a battering situation (Collier, 1982). In situations such as these, expression of anger may need to be encouraged and supported by the therapist as necessary in
regaining a sense of control, since frequently the angry feelings will be
suppressed and denied because of guilt or feelings of worthlessness
(Bernadez-Bonesatti, 1978; Burtle, 1985; Collier, 1982; Feshbach, 1986;
Miller, 1983; Worden, 1982). In addition, anger is a common emotion
found in interpersonal situations (Izard, 1977) and may be denied or shut
off because of the discomfort and helplessness that may accompany
strong feelings directed at people with whom one is close.

In these and other such cases anger may be expressed in the
counseling session and may need to be encouraged and accepted by the
therapist. The therapist needs a certain comfort level with the expression
of anger if its expression is to be constructive and therapeutic. However,
many therapists may be uncomfortable with the overt expression of
anger, operating under the same societal pressures to suppress anger as
do clients (Bernadez-Bonesatti, 1978; Kaplan, Brooks, McComb, Shapiro,
& Sodano, 1983; Stearns & Stearns, 1986). In order to provide a safe
therapeutic environment which promotes healthy expression of feelings
such as anger, the therapists’ willingness to hear and accept the
expression of these feelings by clients is essential. Therefore, it seems
important to be aware of therapists’ reactions to the expression of anger
in the counseling context, the conditions under which anger is acceptable
and encouraged by the therapist, and the conditions under which it is
uncomfortable and perhaps is being suppressed.

Recent debates over how to best express anger seem to be reaching
agreement by concluding that expression of anger in moderation is
important. Flexibility in different situations may be the key to acting
most constructively (Feshbach, 1986; Rubin, 1986; Stearns & Stearns,
Flexibility requires individuals to have a repertoire of ways of expressing anger, which can be acquired and tested through counseling or therapy. Tavris (1982) describes anger as providing choices of expression, and contends that expressing or suppressing anger is "bad" only if the response makes the situation worse. Thus, adequate judgement and a range of options of possible responses seem to be necessary to cope productively with angry feelings.

The question, then, is whether counseling can provide these options. Studies done in the 1960's seemed to suggest that anger expression by clients was avoided by counselors and anger made the counselors anxious and uncomfortable (Bandura, Lipsher, & Miller, 1960; Beery, 1970; Bohn, 1967; Gamsky & Farwell, 1966; Heller, Myers, & Kline, 1963; Milliken & Kirchner, 1971; Russell & Snyder, 1963; Varble, 1968). Do counselors still respond this way? If so, the theories that suggest anger as important to therapeutic growth would not be utilized in an effective manner. If counselors are uncomfortable and shy away from anger in the session, then perhaps they are giving messages to clients about appropriate and inappropriate uses of anger. These messages need to be clarified and examined to see whether these are desirable messages. If counselors feel comfortable with anger, what differences are accounted for by intensity level of expression? Does the comfort level of counselors change with different targets of the anger? What about sex differences? Early studies generally did not explore the impact of sex or possible sex differences in either clients or counselors. When these issues were explored, male anger seemed to be more acceptable than female anger (Gamsky & Farwell, 1966).
Recent writings about sex differences with regard to anger discuss the many societal constraints on women's anger (Chesler, 1972; Kaplan et al, 1983; Miller, 1983). Women who have difficulty dealing with the a male- oriented system may harbor legitimate anger at the system (Lerner, 1977; Miller, 1983; Wetzel, 1984). According to Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970), this system provides a double standard of mental health for men and women, with healthy women perceived to be less healthy by adult standards than men. More recent reviews of the sex-bias literature in counseling and psychotherapy suggest that there is less sex-bias reported in self-report studies than formerly, although perhaps this may be the result of transparent research instruments and the effects of social desirability (Davidson & Abramowitz, 1980; Smith, 1980). Smith (1980) suggests exploring the interaction between sex and personality traits to provide more useful information than would be gained from studying the effect of sex alone. With some of the varying messages to men and women about anger, it may be important to examine if therapists view female anger differently than male anger and if so, how? Is this meeting the goals of clients who come to counseling? How do counselors of both sexes typically respond to anger from both male and female clients in today's world?

The present study sought to explore the way in which counselors react to angry clients. Since anger is a complex emotion, with many styles of expression, more than one intensity level of anger expression was explored, to see if certain intensity levels of anger expression are seen differently by therapists, even with the same issue as a basis for the anger. The targets or issues on which the anger was based were of
several types, e.g., peers, the counselor, an authority, and "the system." The anger was based on a justifiable incident, rather than generalized hostility. Counselors exposed to these angry statements were asked to give their personal reactions to the client, indicating such things as how well they could work with that client, how much they would want to have that individual as a client, and their feelings about the client. Sex differences were explored, for both counselors and clients, to see if sex plays a major role in how a therapist perceives and reacts to clients expressing anger.

In exploring the counselors' judgements and attitudes about clients who are angry in the counseling situation, there appear to be several additional variables which may also play a role in how the counselors may respond. These include the counselor's own style of anger expression and the counselor's attitudes toward anger in a more general way, outside of the therapy situation. In addition, the theoretical orientation of the counselor may be important in the reaction to an angry client, as well as the years of experience of the counselor, the professional level attained (e.g., graduate student or psychologist), and the type of doctoral program of the therapists. Experiences associated with these variables may affect the framework through which the counselor views the counseling relationship and reactions to clients within it.

Theoretically, expression of anger has become more acceptable. Recent psychological writings have discussed the utility of expression of anger under a variety of conditions (Averill, 1983; Feshbach, 1986; Rubin, 1986; Stearns & Stearns, 1986; Tavris, 1986). The counseling environment, as a supposedly safe setting, may or may not be a place
where these angry expressions are acceptable by virtue of the therapists' reactions. If a client is angry and feels inhibited from expressing those feelings in the counseling setting, the outcome of his or her treatment may be affected. In addition, if the client uses an anger expression style which is ineffective and does not meet his or her goals, the counseling setting may be an important place for change to occur. The results of this study should provide aid in understanding how therapists react to clients' anger and differences in therapists' reactions under different conditions. With this information, one is able to examine the messages from counselors and therapists that may be given to clients about their expression of anger.
CHAPTER 2

LITERATURE REVIEW

This literature review focuses on the role of anger in the counseling or therapy setting. General theories of anger and aggression are described, along with some of the theoretical differences specific to women's anger since sex was a variable of interest in the present study. The next section addresses why people get angry and the role of anger in interpersonal relationships. The third section describes research findings on anger in counseling and therapy. The next section discusses various instruments used to assess anger. The final section describes a variety of interventions designed for clients having difficulties with anger. The literature review chapter ends with the research questions of the present study.

THEORIES OF ANGER AND AGGRESSION

Although anger and aggression are closely related concepts, anger is not necessarily aggression and aggression is not always attributed to anger (Averill, 1982). Psychological studies have historically focused more on studying aggression than anger, because aggression is an overt easily identifiable behavior, and aggression, particularly because of its societal implications, is seen as a more pressing problem. Consequently, some of the early theories either spoke only of aggression or considered
anger and aggression interchangably. However, the study of anger independent of aggression has merit because it is a frequently experienced emotion and because people's level of comfort with their anger is closely related to their sense of well-being (Averill, 1982).

Freud was one of the earliest theorists to strongly emphasize aggression. Freud's conception of "personality" was composed of two primary instincts, sex and aggression (Freud, 1933). He viewed aggression as potentially self-destructive as well as destructive to others. This "death instinct", although later recanted, included the idea that for self protection one may need to inflict damage onto others. Moreover, Freud (1933) believed that sex and aggression make up the backbone of the essence of life. While he was also aware of the difficulties people have controlling aggression, he believed that the individual's ability to control aggression is essential to peaceful existence in society. Learning this control is one of the earliest and most difficult sacrifices imposed upon an individual by society (Freud, 1933). Thus, based on Freud's writings, aggression is instinctual and destructive, as well as necessary to control.

Another early theory and one which was, at one time, widely accepted, was built around Dollard, Doob, Miller, Mowrer & Sears' (1939) definition of aggression as a sequence of behavior designed to inflict injury on a specific person. Their Frustration-Aggression Hypothesis posited that aggression is always a consequence of frustration. Therefore when an individual becomes frustrated, aggression will inevitably result. Their hypothesis suggests that aggressive behavior may take many forms and can be directed at a number of targets. Important factors that vary
the form of the aggression response or otherwise influence it include the
strength of the instigation to aggression (frustration level), forces
inhibiting aggression (punishing forces), and those reducing a need for
aggression (such as catharsis). These factors include aspects of the
individual as well as the situation in which the instigation or provocation
occurs (Dollard et al, 1939).

The "drive theory" of aggression (Feshbach, 1970) involves the
process of frustration leading to an aggressive drive which, in turn, leads
to aggressive behavior. The goal of the drive is to restore the aggressor's
self-esteem and power by producing pain in others, a common result of
aggression (Feshbach, 1970).

Later, these theories were broadened to allow for nonaggressive
reactions. In his theory of aggression, Berkowitz (1962) included the
emotion of anger as a component, suggesting that frustration leads to
feelings of anger which serve as a drive heightening the likelihood of
aggressive behavior, although not guaranteeing its expression. Under
normal circumstances frustration may not be particularly potent, but it is
a factor that can contribute to anger and/or aggression.

According to the social learning theory of aggression (Bandura,
1973), aversive experiences and anticipated consequences lead to
emotional arousal and reaction. This reaction can take many forms,
including dependency, achievement, withdrawal, resignation,
psychosomatizing, self-anesthesia with alcohol and drugs, problem
solving, or aggression. Thus, aggression is merely one of a range of
possible responses to an aversive situation. Arousal has been shown to
be similar across many emotions, with the specific emotion experienced
as a product of both physiological arousal and social labeling (Bandura, 1973). It is the arousal that facilitates aggression which is a learned response, not an automatic one (Bandura, 1973).

In contrasting aggression, anger, and hostility, aggression and hostility have been viewed as involving destructive force (Cahill, 1981; Rothenberg, 1971) while anger involves constructive force, specifically facilitating communication (Rothenberg, 1971; Tavris, 1982) and mastery over a situation (Cahill, 1981). Anger has been defined as an emotional syndrome, with aggression as one of its common manifestations (Averill, 1982). Alschuler and Alschuler (1984) define anger as a temporary internal state that is a response to being hurt. Aggression, on the other hand, is an overt destructive behavioral response that may or may not involve anger, while hostility is the residual negative feeling that persists after anger subsides, e.g., accompanying grudge-holding or resentment (Alschuler and Alschuler, 1984).

In his theory concerning anger, Novaco (1976a) viewed arousal of anger as an emotional response to provocation with identifiable autonomic, central nervous system, and cognitive components. Rather than being deemed solely constructive (Cahill, 1981; Rothenberg, 1971), anger can have adaptive as well as destructive functions (Novaco, 1976a). The adaptive functions include energizing effects on behavior, expressive functions in communication, and inducement of feelings of potency, or control in a situation. Also, defensive functions of anger act to protect the individual against feelings of vulnerability. This is done by externalizing the cause of the angry feelings. Discriminative functions of anger allow the awareness of anger to be trained to act as a discriminative cue
Destructive functions of anger include disruptive effects on behavior. In addition, self-promotional functions of anger permit self presentation in a preferred way (e.g., sometimes it is better to appear angry and agitated rather than anxious or apprehensive). Finally, instigative functions of anger occur when the anger serves as the impetus for aggression (Novaco, 1976a).

Anger and fear have been seen as generally the two emotions that dominate behavior in times of stress and emergency (Gaylin, 1984). These emotions alert us to the presence of danger and prepare us to meet that danger through "fight or flight" reactions. However, sometimes even without danger or threat, anger is felt or is an emotional reaction to indirect threats or actions misperceived as threats. Anger may still be a dominant force in such a situation, and may prepare an individual for solutions (fight or flight). These responses may be nonproductive and may even cause problems for the individual because they are based on an unwarranted emotional reaction to a misperceived instigation. Thus, an issue of concern may not be whether anger is expressed or repressed, but whether anger is a valid emotional response to the situation.

Anger can be a function of attributions of what Ferguson and Rule (1983) call the "is-ought" discrepancy, or, in other words, the difference between the reality of the instigator's actual responsibility for harm and an individual's perception of how things should have occurred. The attribution or perceived cause of the anger-creating incident influences the amount of anger or blame generated. Their "is-ought" theory has been supported by research showing that as the attribution for the incident changes, so does the amount of anger generated in response to it;
when a provocation is intentional, foreseeable and perpetrated for socially unacceptable reasons there is more anger than when the provocation is unintentional, unforeseeable, and for socially acceptable reasons.

A healthy person has a large repertoire of defenses against the potential self-destructiveness of anger (Gaylin, 1984). These can include denial or repression of the recognition of anger, which can be helpful in controlling highly feared anger; catharsis, leading to guilt and shame with awareness of the anger, which may not be helpful and is often harmful; passive-aggressive behavior, which disguises anger, often creating guilt in others; and despair, which in a depressed person signals the absence of rage (Gaylin, 1984).

Fear, anger and sadness are often interrelated emotions (Thomson, 1983). These feelings help an individual work through a problem. Thomson differentiates the temporal qualities of each emotion: fear, of dealing with the future (fear of future dangers); anger, in dealing with the present as when someone or something behaves in a way an individual does not like and wants to change; and sadness, in dealing with the past as with adjustment to a loss which has already occurred. Thomson (1983) stressed the importance of appropriate matching of time and feeling in order for the feelings to be functional, to avoid getting "stuck" in one feeling and not working through all three feelings necessary for growth and healing. When a client is "stuck" in a feeling, Thomson advises therapists to explore the other feelings in appropriate temporal order. For example the therapist should explore feelings of fear and/or sadness when a client is only reporting anger. By accepting and
experiencing fear, anger and sadness and their accompanying functions, temporal qualities and the appropriate reactions that may accompany them, people are able to get "unstuck" from dysfunctional feelings and be able to continue therapeutic growth.

Tavris (1982) sees anger as a process, a way of communicating, with different types of anger requiring different processes. She questioned several common assumptions: (1) emotional energy is a fixed quantity, (2) anger and aggression are inextricably linked, (3) anger is an instinctual response to threat and to the frustration of goals and desires, and (4) if outward expression of anger is blocked, it "turns" inward. She disagreed with these assumptions, stating that people have a range of choices of how to behave and the individual has a choice of whether to express anger or to control it. Rather than basic human instincts, cultural and societal rules set the guidelines for the way anger is used or expressed. The manner chosen to express anger and its consequences are only "good" if it suits the purpose or needs of the situation. This allows a flexibility and range of options of ways to express anger. With this freedom, Tavris (1982) suggests anger can be used in a healthy manner and can play a positive role in our culture.

American society seeks to regulate both the feeling and expression of anger by limiting choices (Stearns & Stearns, 1986). In general, because of valuing an individual's need for control and protection from vulnerability, society seeks to repress and deny anger. When individuals attempt to stay in control, anger that is recognized is often accompanied by guilt and anxiety (Stearns & Stearns, 1986). Therefore, ambivalence between controlling anger and seeking ways of expressing anger is
common. Even if controlled or denied, Stearns and Stearns (1986) suggest that anger is often expressed indirectly, through alternative means such as crying or sickness. It has become increasingly difficult to study the direct expression of anger, e.g. to consider it separately from hostile behaviors, because it is viewed so unpleasantly and is thus usually suppressed. A problem with anger-control theories and research is the common belief that anger is an internal problem rather than a normal response to an external stimulus (Stearns & Stearns, 1986). If seen as an internal problem individuals may be encouraged to keep anger hidden and under control. If anger is viewed as a respond to an external stimulus, it would be more acceptable to experience and express anger. Once accepted, individuals can learn appropriate and constructive ways of expressing anger. Therefore, rather than learning controls, people may need more options to deal with their anger (Stearns & Stearns, 1986; Tavris, 1982).

Averill's (1982) theory of social constructivism views anger as a socially created syndrome. Anger is seen as serving a positive social function in interpersonal relationships, with people becoming angry most often with those with whom they are close. Wanting to change conditions in an interpersonal relationship is a common and constructive motivation for anger. Averill (1982) writes of three parts of anger: the instrumental responses of anger, that is what a person says and does; the manner of expression; and the reappraisals or desired changes of the instigating conditions. After anger is experienced, it is common to feel depression or anxiety. This analysis assumes that anger is maintained within the social system because it has positive as well as negative consequences.
Although it may be accompanied by negative feelings, anger is often an effective way to change conditions or deal with issues between people, especially those in close relationships.

In evaluating the effect of anger, reactions of the "target" person, the recipient of the anger, can be of primary importance. Tavris (1982) believes that the healthy expression of anger requires a range of styles of expression for different situations and targets. Although people may be angry at themselves, peers, authority figures, or even at a system, the targets of the anger are most often those closest to the angry person (Averill, 1983; Rothenberg, 1971). Anger is often a highly interpersonal emotion requiring assignment of responsibility to someone (Averill, 1983), and is most likely to occur under conditions of need, love, and involvement (Rothenberg, 1971). Interpersonal conflict is likely to occur when there is an equality of power (Watson & Remer, 1984), as may be true in the case of peers, friends, and family members. There are several reasons to explain why close interpersonal relationships are most likely to generate strong feelings of anger (Rothenberg, 1971). First, a high frequency of interaction between people, since with more time together, there is a greater chance of provocation. Second, an individual views the transgressions of loved ones as more distressing, generating strong feelings of anger. Similarly, there is a high motivation to push loved ones to change. Finally, because loved ones are known well, there are expectations of desired behavior as well as less inhibition of strong feelings (Averill, 1982).

Although the target of the anger usually felt hurt and upset at the time of the anger expression, most of the targets in Averill's (1982) study
of everyday anger viewed the angry episode positively afterwards, and felt it strengthened their relationship with the angry individuals. Averill's study found that the consequences of the angry incident were more likely to be based on the expressive component of the anger, rather than on the incident for which the target was blamed. Therefore, it seems that how one expresses feelings of anger may be more important than the situation that generated those feelings.

WOMEN'S ANGER

Much has been written about the specific constraints and restrictions on women's expression of anger in today's society (Miller, 1983). Generally, as women become aware of sex discrimination in society, anger at the system which perpetuates the inequalities may naturally result. As women recognize they have choices of behavior rather than stereotyped roles (Miller, 1983), their anger functions as an energizing emotion (Novaco, 1976a), often providing the impetus to fight for equality. Anger awareness and its constructive expression is encouraged by many feminist therapists (Burtle, 1983). Often, however, there is little outlet and acceptance for this anger in society or in traditional therapies, sending the message to women that their anger is unacceptable (Chesler, 1972; Kaplan et al, 1983; Miller, 1983).

Many stereotypes of angry women exist; they are called "manhaters", described as bitter and domineering, or alternatively, irrational and infantile (Lerner, 1977). These images are often internalized by women preventing the legitimization of their anger, even when the anger is justified. These internalized feelings may lead to the suppression of anger, often resulting in depression and low self-esteem.
(Wetzel, 1984). When the anger is not suppressed, angry women often experience a cluster of emotional responses along with the anger, including guilt, anxiety, sadness, (frequently accompanied by tears), serving to obscure the anger (Lerner, 1977; Weiss, 1984). When women are not taken seriously, even by themselves, increased feelings of anger, helplessness, and worthlessness by many women may result (Kaplan, et al 1983; Lerner, 1977; Miller, 1983; Weiss, 1984).

Another difficulty with anger for women may relate to the role of relationships in their lives. Relationships are often central to women who may take primary responsibility for the maintenance of the relationships in their lives (Gilligan, 1982). Since anger is more likely to be present in close relationships (Averill, 1982, 1983; Rothenberg, 1971) and is seen to be disruptive, women are likely to try to avoid feeling angry, often by denying or suppressing anger (Miller, 1983; Stearns & Stearns, 1986; Weiss, 1984). Women may hide their anger out of fear of losing love, or fearful that the anger will make them unlovable. They are more likely to use the word "upset" and hide the anger in an attempt to keep "everyone" happy (Weiss, 1984). Such women may benefit from learning that denied and suppressed anger can cause feelings of depression, low self-esteem, and worthlessness (Wetzel, 1984), and even injure the relationships that they are trying to protect (Weiss, 1984). Expressing anger constructively can result, in contrast, to feelings of control and increased self-confidence (Bernadez-Bonesatti, 1978; Burtle, 1985; Izard, 1977), which in turn, will generally improve interpersonal relationships (Weiss, 1984).
According to Averill (1982), women are more likely than men to be in therapy for problems resulting from lack of assertiveness and from suppressing their feelings of anger. On the basis of societal changes and awareness of women's difficulty with the emotion and expression of anger, issues of how best to help are arising for therapists. If a woman does not express the anger that she feels, she may need to be encouraged and given some means to express it. Similarly, if a woman expresses anger in ways which are damaging and nonproductive, she needs to learn new modes of expression.

ROLES OF ANGER

Psychologists have put forth many reasons to explain why people become angry. These reasons include frustration (Alschuler & Alschuler, 1984; Averill, 1982; Gaylin, 1984), loss of self-esteem (Alschuler & Alschuler, 1984; Averill, 1982; Feshbach, 1986; Gaylin, 1984), violation of personal wishes (Averill, 1982), violation of socially accepted behavior (Alschuler & Alschuler, 1984; Averill, 1982), humiliation or insult (Feshbach, 1986; Gaylin, 1984), and exploitation of oneself or others (Alschuler & Alschuler, 1984; Gaylin, 1984). Reasons for anger can be viewed from a developmental perspective (Alschuler & Alschuler, 1984). The earliest determinant of anger occurs in infancy, that of a response to being physically injured. This is followed by the childhood reason for anger which is primarily frustration, followed by blows to self-esteem in the adolescent stage. Finally, the adult determinant of anger is injustice. Thus, the determinants of anger vary from primitive, that of injury and hurt, to very advanced stage, that of injustice (Alschuler & Alschuler, 1984), any of which occur throughout the lifespan.
In addition to emotional aspects, cognitive factors are also critical elements of anger (Hogg and Deffenbacher, 1986; Rubin, 1971). Certain irrational beliefs have been found to be associated with those who report high amounts of anger (Hogg and Deffenbacher, 1986). These irrational beliefs include catastrophizing, personal perfection, and demand for approval, each comprising unrealistic demands on the individual and others in his or her world. The failure to meet these demands represents a threat to one's personal world view, thus, leading to anger (Hogg and Deffenbacher, 1986). Cognition also plays a role in differentiating anger from anxiety (Rubin, 1971). Angry thoughts often lead to powerful feelings, but are then commonly followed by anxiety and guilt for feeling so powerful (Rubin, 1971). Alternatively, feeling anxiety in a situation may lead to helpless feelings bringing up hate, rage, or anger, in some cases leading to aggression and violence (Rubin, 1971).

Types of anger have also been differentiated by motive. Such motives include malevolent anger, hurting others; constructive anger, directed at correcting the conditions that led to the instigation or perceived wrong; and fractious anger, meant to let-off steam. Constructive anger was the most common in Averill's (1982) study exploring anger in everyday life, and is the type of anger most likely to strengthen relationships. Cahill (1981) calls this type of anger "gentle anger" and sees experience and comfort with expressing it. He believes that gentle anger plays an important role in enabling one to commit to a relationship, tolerate intense feelings, think clearly when angry, and avoid attacking others with hostility (Cahill, 1981).
In exploring anger as an emotion, Izard (1977) notes that anger causes the person to feel great tension, (second only to that resulting from fear), and far more self-assurance than in any other "negative" emotion. Anger can be effective in providing an individual with the self-confidence to speak up. Rothenberg (1971) calls anger an "alerting phenomenon" leading to verbal communication to remove a perceived threat in the environment. Thus, anger can be potentially constructive in that its expression serves to remove the threat and increase one's control in the situation (Novaco, 1976a). When it results from intense needs or hurt feelings, anger can also make one vulnerable. Such vulnerability may be viewed as unacceptable or too risky in today's society, and therefore, individuals may be likely to suppress and inhibit the anger which exposes their emotions and needs (Rothenberg, 1971; Stearns & Stearns, 1986).

ANGER IN COUNSELING/THERAPY

In contrast to many other areas where anger is not perceived as acceptable, the counseling session is usually seen as one place where anger can be expressed. Many people use therapy as a forum to release stored up anger or express very intense anger and channel it during the therapy session in a constructive way.

There are other reasons why anger becomes the major theme of a counseling session. Weiss (1984) discusses how the immediate or most primitive cause of anger is usually hurt (Alschuler & Alschuler, 1984). Although anger can increase one's vulnerability in a situation (Rothenberg, 1971), anger expressed harshly can also be an effective defense against the vulnerability which may lead to the hurt. Strong
expressions of anger can also be effective in keeping others away, preventing closeness and protecting one from rejection. For such individuals, the intense anger feelings serve as a defense and are often symptomatic of the underlying problems of the individual (Cahill, 1981).

Problems arise when there is unwarranted generation of anger in response to perceived threats in the environment, stimuli which actually may be quite ambiguous (Gaylin, 1984). For clients with impulse control problems, or those with poor or distorted judgement, it is often necessary to use anger control and anger management techniques in addition to dealing with the underlying hurt. Some of these techniques will be described in a later section of this literature review. Resistance is often expressed by the use of anger in the counseling session. As it can be a strong defense, clients often use anger to protect themselves from threats, including perceived threats from the therapist, such as the feelings created by opening up and revealing vulnerabilities and fears.

Other clients, however, find anger dangerous and use a variety of methods to block or protect themselves from the feared destructiveness of such an emotion. These may involve denial of the anger, minimizing its intensity, passive-aggressive disguises for anger such as sarcasm or lateness to appointments, or depression, directing the anger against oneself (Gaylin, 1984; Wetzel, 1984).

In a study exploring the criteria used to determine problems with anger control, Hoshmand and Austin (1985) found the presence of personal difficulties with anger to be strongly related to the self-perception of anger problems. Those individuals in Hoshmand and Austin's study were able to rate themselves as having anger problems if
they saw themselves as (1) having personal dissatisfaction with how they handle anger, (2) using verbal behavior disruptive to interpersonal relationships, (3) having high intensity and (4) having high frequency of anger expression. Viewing the above characteristics in oneself may motivate one to go to counseling to deal with their difficulties in appropriate anger expression (Hoshmand & Austin, 1985).

For many angry clients, recognizing their anger can be therapeutic. Consequently, therapists need to focus on the hidden cues of their clients. Turock (1980) describes this as immediacy, involving "a counselor's understanding and communication of what is going on between the counselor and client within the helping relationship, particularly the client's feelings, impressions, expectations, as well as the wants of the counselor" (Turock, 1980, p. 168). By using immediacy with regard to anger, clients can be helped to become aware of and explore the role anger plays for them in their relationships. A first step toward working with clients' anger involves identifying the clients' patterns of anger expression (Rubin, 1986).

Recognition and expression of anger by the client may often be necessary for healing and growth. In studying patients' psychological reactions to chronic illness, Viney and Westbrook (1982) found that patients' frustration related to their illness often produced anger. Expression of this anger, rather than just the existence of angry feelings, was associated with health promotion and overcoming their illness. Counselors often may need to give permission for this expression of anger, since the feelings may be denied or repressed (Gaylin, 1984). For some clients, expressing the anger directly resulted in increased feelings
of competence (Novaco, 1976a), beneficial for physical rehabilitation
(Viney & Westbrook, 1982).

Anger is part of the normal grief process when someone close to us
dies (Kubler-Ross, 1969; Worden, 1982). Many people come to counseling
while grieving, needing encouragement and permission from the
counselor to express their anger directly. This is necessary to resolve the
pain of mourning in a healthy way (Worden, 1982), especially important
when someone close dies by suicide. Usually the survivors feel very
angry at the suicide victim, and at the same time, guilty about those
thoughts and feelings. They need an outlet for the anger as well as the
assurance that the anger can be controlled and it will not overtake them.
The therapist can provide such an atmosphere and assurances (Worden,
1982).

Other issues brought to therapy that may bring up a lot of anger
include dealing with abusive or victimizing situations, especially for
women, such as rape, incest, assault, physical and emotional battering
(Burtle, 1985). Without the energy that anger brings (Novaco, 1976a),
many people in such situations often feel hopeless, depressed, worthless
and guilty (Bernadez-Bonesatti, 1978; Feshbach, 1986; Gaylin, 1984).
Being able to acknowledge and express feelings of anger provide the
individual with a sense of power and control (Novaco, 1976a), rather than
helplessness and guilt. It is at this point that the client will be able to
make changes (Burtle, 1985; Collier, 1982; Miller, 1983).

In order to deal effectively with these multiple issues of anger,
therapists must be able to signal permission of anger expression to a
client who needs the encouragement to express this often frightening
feeling (Thomson, 1983). Even if the anger is inappropriate or destructive, the therapist must be able to identify those patterns in order to intervene and provide alternatives (Rubin, 1986; Tavris, 1982).

Many therapists have difficulty in dealing with clients' anger. As Kaplan et al (1985) found in some cases, the therapist "did not hear" the client's anger, although the anger was quite apparent to others. Other cases involved activation of the therapist's own defensive patterns so that the therapist was directing personal anger at the client. Just as clients may have difficulties with becoming aware of and expressing anger appropriately, therapists also experience uncertainty about their own anger (Cahill, 1981; Kaplan et al., 1983). The way the therapist handles personal feelings of anger may frequently determine the outcome of therapy (Cahill, 1981).

Counselor's Anger

Often direct expression of anger by counselors in the sessions is discouraged (Fremont & Anderson, 1986). However, most of the psychologists in a study examining ethical beliefs and behaviors of therapists reported that "telling a client that you are angry at him or her" is an ethical practice, at least under some circumstances. However, of the 90% that reported engaging in this behavior, half of them do it only rarely (Pope, Tabachnick & Keith-Speigel, 1987). Thus, although counselors do get angry with clients and feel that it would be acceptable to express such feelings, they often refrain from doing so during a session. Kaplan et al (1985) suggest that in order for counselors to be able to be supportive, accepting and willing to hear and understand all their clients' feelings, they must closely examine how they are reacting to
clients' anger.

Incidents that counselors report make them angry, irritated or frustrated with a client were explored by Fremont and Anderson (1986). These tended to be grouped in categories of (1) client resistance to counseling; (2) client impositions or dependencies on the counselors; (3) client verbal attacks on the counselor; and (4) client manipulation of the counselor's emotional responses by drawing him or her into becoming overly involved (Fremont & Anderson, 1986). Although many of the specific incidents may evoke justifiable anger, it is important for the counselor to be able to identify when the client's behavior is demonstrating a characteristic which reflects the problem behavior that brought the client into counseling. For this reason, counselors often hesitate before expressing anger, even though the feedback might be helpful for the client. Counselors reported hesitating before expressing anger because of fears that the client could be hurt, because the counselor generally feels uncomfortable expressing anger, and because the anger might be a product of the counselor's own issues, not of the client's behavior. Fremont and Anderson (1986) recommended that counselors use their anger constructively to model appropriate expression of anger, and that they help clients see how anger is a normal emotion between people, rather than primarily a destructive element in human relationships.

Johnson (1971) investigated the conditions under which the expression of anger is most likely to have a constructive or destructive impact on the client. He explored how the expression of warmth along with expression of anger may be most effective in communicating angry
feelings. The order of expressing warmth and anger was explored to see how they may effect the listener. He found that when counselors who express anger convey their reactions to the client's behavior, the authentic expression of anger followed by reaffirmation of warmth towards a client may be an effective means of increasing the impact of the statement, that is reaching the client in an influential way. Although such expressions of anger followed by warmth can enhance the effect of counseling, the study also found that people tend to underestimate the alienating effect of their expression of anger. Thus, the counselor needs to be cautious regarding the use of anger and be sensitive to its impact upon the client (Johnson, 1971).

Client's Anger

Clients with an angry or hostile attitude have been shown to gain less from counseling (Filak, Abeles and Norquist, 1986). In a study investigating the relationship between client attitudes and the outcome of therapy, Filak et al (1986) studied the relationship between client's pretherapy attitudes -- hostile versus affiliative -- and the outcome of his or her psychotherapy. It was found that those clients with pretherapy affiliative interpersonal attitudes were significantly more likely to have a successful therapy outcome that those with pretherapy hostile interpersonal styles. Outcome was measured by self-report of both the therapist and client and described the extent of benefit from counseling, satisfaction with counseling, and extent of change. Although their findings suggested that a client's attitude towards others was highly predictive of outcome of therapy, Filak et al (1986) noted that hostile clients may be much more difficult to work with and may be mismanaged
by the therapists because of their own personality needs (Filak, Abeles & Norquist, 1986). Such a finding suggests that in an interpersonal interaction such as psychotherapy, those who express anger do not respond as well to some types of therapies, such as the short term psychodynamic approaches used in that study, and may require different therapy strategies than those used for clients who enter therapy with a more affiliative interpersonal style. In addition, the presence of hostile attitudes may elicit lower expectations of success from the therapist than for more affiliative clients (Berger & Morrison, 1984; Filak et al, 1986).

In a study comparing hostile versus affiliative clients, Berger and Morrison (1984) presented counselor trainees with video tapes of client sessions with "easy" clients (expressing intrinsic motivation for help, responding openly to questions, and spontaneously elaborating on responses), and "difficult" clients (expressing extrinsic motivation for help, responding slowly and tersely to questions, and showing hostility when asked to elaborate on a response). The counselor trainees were asked to make judgements about these clients, who were both presenting with the same issue, in terms of degree of disturbance, prognosis, and likely benefit from treatment. Results indicated that the difficult clients were not judged to be more severely disturbed, but would be harder to treat and would benefit less from counseling than the "easy" clients, who were judged to be easier to work with and were liked more (Berger & Morrison, 1984).

Many studies exploring anger and hostility in counseling relationships have focused on the therapists' reactions to anger and ways of dealing with clients' anger. A study by Bandura, Lipsher, and Miller
(1960) was one of the first to explore psychotherapists' reactions to patients' expressions of hostility. Using an approach-avoidance method of organizing therapists' reactions in actual therapy sessions, they found, among other things, that therapists were more inclined to give avoidance reactions to hostility statements from clients, especially if the target was the therapist rather than other persons or objects. Those therapists who were most likely to permit and encourage the client's hostility when directed at others, were those who typically expressed their own anger directly and who had a low need for approval, as opposed to those therapists who expressed little direct hostility and high approval seeking behavior.

These differences between direct anger expression and indirect expression were not found when the anger was directed at the therapist. The avoidance reactions by the therapists tended to be followed by the client stopping the hostile expression, usually by changing the subject. No interpretation was made of this. One possible conclusion may be that as a result of the therapists' avoidance responses, the clients closed up and lost even the counseling session as an outlet for expression of anger. Under such circumstances, those therapists who were uncomfortable with the expression of anger would be able to reduce the hostility expressed by clients, and thereby increasing the therapists' own comfort level in the session.

Subsequent studies explored the difficulties many counselors and therapists have in dealing with the expression of anger or hostility by clients. Russell and Snyder (1963) found that counselors displayed increased anxiety when confronted with hostile client behavior rather
than friendly behavior. Anxiety was shown to increase on a variety of measures, including physiological, as well as actor-client estimates of counselor anxiety and independent ratings based on verbal responses of the counselors. Yulis and Kiesler (1968) indicated that highly anxious counselors (such as those dealing with hostile clients) tended to be less personally involved with their clients, showing greater detachment, than counselors with a low level of anxiety. Milliken and Kirchner (1971) found that anger expression from a client tended to relate to counselors having more difficulty remembering information shared in the session.

Heller, Myers, and Kline (1963) found that counselors responded with less friendliness when confronted with client hostility than when dealing with friendly clients. Similarly, Beery (1970) explored unconditional positive regard from counselors when dealing with hostile versus friendly clients and found therapists at high and low experience levels to respond less positively to hostile clients than to friendly ones. Bohn (1967) also found that the same therapist will respond differently to hostile versus dependent clients, being more directive with those described as hostile, although this tended to decrease after some training.

Varble (1968) investigated the responses by therapists to different types of anger targets expressed by clients, finding that therapists tended to use more approach responses (rather than avoidance) when the hostility was other directed than when it was focused on the counselor. These results are similar to those found by Bandura et al (1960). Interestingly, such a response was shown to be less so for less experienced counselors, i.e., interns, who, unlike more experienced counselors, tended to use approach responses to counselor directed anger.
The differences were attributed to the interns' increased awareness of hostility and the availability of outlets to resolve their own conflicts created by the anger as a result of supervision.

In a study focusing on different types of hostility, Gamsky and Farwell (1966) used verbal behavior analyses to explore counselor responses to expressions of client anger in the session. They used variables of: the experience level of the counselor, sex of counselor and client, and the focus of client hostility (directed toward or away from the counselor). They found that counselors reacted more negatively when the client focused hostility towards the counselor than when focused towards others (Bandura et al, 1960; Gamsky & Farwell, 1966; Varble, 1968). Experienced counselors were less inclined to avoid direct hostility than those with less experience. Sex differences failed to show consistent patterns, although results were confounded because the male client's anger was based on different circumstances than the female client's anger. However, counselors used more agreement, reflection, requests for information and elaboration, and fewer disagreement types of verbal responses with male clients than with female ones (Gamsky & Farwell, 1966). No conclusions were drawn, although it did appear that male expressions of anger seemed to elicit a more accepting manner than female expressions of anger. Unlike other studies which focused on generalized hostility (e.g., Beery, 1970; Bohn, 1967; Heller, Myers & Kline, 1963; Russell & Snyder, 1963), Gamsky and Farwell (1966) concentrated on the expression of justifiable anger in response to a specific situation in the counseling session. Moreover, this was the only study to attempt to explore sex differences.
Based on counselors' negative responses to clients' anger, programs have been implemented for teaching counselor trainees how to respond to negative affect from clients (Davis, Hector, Meara, King, Tracy & Wycoff, 1985; Hector, Davis, Denton, Hayes, Patton-Crowder, & Hinkle, 1981; Hector, Davis, Denton, Hayes, & Hector, 1979). Hector et al (1979) utilized modeling and didactic procedures. The trainees were either shown a counseling session on videotape where counselors were responding to the negative feelings of the client, or given reading material and a lecture with suggestions of how to respond consistently to client negative affect. The lecture also described the usual behavior of trainees, which is to initially respond to the negative affect of the client and then move away from the feelings. In subsequent counseling sessions with angry clients, both strategies proved to be successful in that the counselor trainee stayed more consistently with the anger of the client, with both groups performing more consistently than a control group (Hector et al, 1979).

Hector et al (1981) expanded the training strategies to find the best combination of training techniques. It was found that in training sessions involving client feelings of anger and depression, verbal practice plus modeling was better than either verbal practice or modeling alone. Davis et al (1985) explored the effects of such training strategies with different types of anger. The study found that the training enabled the counselors to better respond to the clients' angry feelings than those in the control groups who received no training. All the groups had the most difficulty responding consistently to aggressive anger directed toward the counselor and least difficulty with responding consistently to the
aggressive anger directed away from the counselor, replicating previous findings (Bandura et al, 1960; Fremont & Anderson, 1986; Gamsky & Farwell, 1966; Varble, 1968). The direction of the anger, that is, whether the anger was directed toward or away from the counselor, was not significant with passive anger. The study noted that in debriefings, the counselor trainees reported finding it difficult to respond consistently to the angry feelings, perhaps feeling threatened by the anger directed at them. As beginning trainees, the authors pointed out, they may exhibit a high need for approval. The authors concluded that while learning to respond to anger directed towards oneself, as a therapist, is difficult, it is a necessary skill to develop (Davis et al, 1985).

ASSESSMENT OF ANGER

The necessity of a clear definition and assessment of the emotion of anger is vital in the investigation of its psychological and social implications. Several scales have been developed assessing different aspects of anger and hostility. In this section some of the anger inventories will be described and reviewed, including the one used in the present study.

Aspects of anger can be a function of both individual characteristics as well as the situation instigating the feeling (Dollard et al, 1939; Stearns & Stearns, 1986). To address these two factors, assessment of anger inventories have been of two general types, those which measure response to specific anger-provoking situations and those which have items intended to measure anger-related constructs in a general, less situationally-bound manner (Biaggio, 1980; Knight, Ross, Collins & Parmenter, 1985). While all the questionnaires imply the
existence of an underlying trait of anger, hostility, or aggressiveness, there is great variation in the way responsiveness to particular anger producing stimuli is measured (Knight, et al, 1985).

Of the more general instruments, the best known and most frequently used inventory is the Buss Durkee Hostility Inventory (Buss & Durkee, 1957). It consists of 75 true false items assessing eight types of hostility and attempts to provide a descriptive and quantitative analysis of the individual's preferred mode of hostility expression. Based on factor analysis the types of hostility reflect an attitudinal component (subscales of resentment and suspicion) and a motor component (subscales of assault, indirect hostility, irritability and verbal hostility). The inventory has separate norms for men and women based on findings that males score higher on total hostility, verbal hostility and assault, with females scoring higher on guilt subscales. However, a study by Biaggio (1980) found no significant differences by gender on the guilt subscale.

The Anger Self-Report (Zelin, Adler & Myerson, 1972) was found to correlate with the results of the Buss Durkee Hostility Inventory, both measuring the awareness and expression of aggression (Biaggio, 1980). It is a 64 item Likert style questionnaire with scales of awareness of anger, expression of anger (including subscales for general, physical and verbal expression), guilt, condemnation of anger, and mistrust. In Biaggio's (1980) study, males scored significantly higher than females on physical expression, verbal expression, total expression, guilt, and condemnation of anger.
Other inventories taking the general assessment of anger approach include the Hostility and Direction of Hostility Questionnaire (Foulds, Caine & Creasy, 1960), derived from the pool of MMPI items and a more recent scale, the State-Trait Anger Scale (Spielberger, Jacobs, Russell & Crane, 1982). That inventory is made up of two 15-item scales, one measuring how angrily one would generally respond, and the other how angry the individual is feeling at the time the scale is administered.

Another aspect of anger involving a general response mode is the extent to which the emotion is controlled. This has been assessed with the Courtauld Emotional Control Scale (Watson & Greer, 1983). The inventory measures the extent to which the individual reports controlling anger, anxiety and depressed mood. Its development was based on a population of women with breast cancer. Based on clinical interviews, such women have been found to be more likely to report suppressed anger and anxiety than those with benign breast disease. The Anger subscale includes items such as "When I feel angry, I keep quiet", "When I feel angry, I smother my feelings" or "When I feel angry, I refuse to argue or say anything", etc. The inventory was found to be capable of discriminating those individuals who control emotional reactions from those who do not control emotions (Watson & Greer, 1983).

The second type of anger assessment involves reactions to specific anger producing provocations. The S-R Inventory of Hostility provides 14 stimulus situations, each of which can be rated on ten response scales (Endler & Hunt, 1968). The Novaco Anger Inventory (Novaco, 1975) also falls into this category as an inventory of anger reactions to a wide range of provocations. The instrument consists of 90 potentially anger
provoking incidents to which the individual responds on a five point Likert scale according to degree of anger ("not at all" to "very much") if the incident were actually happening.

Similar in many ways to Novaco's scale is the Reaction Inventory (Evans & Strangeland, 1971), developed as a clinical instrument to identify in individuals the specific stimulus situations which result in anger. It consists of 76 items to which the individual responds on a five point scale of degree of anger the situation is judged to provoke ("not at all" to "very much"). The Zuckerman Inventory of Personal Reaction (Zuckerman, 1977) also uses specific stimulus situations while incorporating the state trait distinction described by Spielberger et al (1982). The Trait scale provides situations to which individuals rate their degree of affective responses, including fear arousal, positive affection, anger and aggression, and feelings of sadness. The State scale uses the same affective scales, but without the situation; the individual simply responds how he or she feels at the time of the administration of the inventory.

To combine the disposition to feel angry in specific situations and general response modes, Knight et al (1985) developed the Subjective Anger Scale involving the presentation of situations where the subject indicates reactions and feelings on five point scales. Another instrument designed to provide a multidimensional assessment of anger is the Multidimensional Anger Inventory (Siegel, 1986). In addition to the subscales which assess modes of anger expression, degree of hostile outlook, and anger arousal, Siegel's inventory also includes responses to specific anger-eliciting situations. Thus, it provides a more
comprehensive assessment of anger than some of the more specialized instruments. Because of its comprehensiveness and its adequate reliability and validity, the Multidimensional Anger Inventory was chosen as the assessment tool for the present study to assess the therapists' use of anger. More information about this instrument can be found in the Method chapter.

The tools for exploring the construct of anger have been found to overlap in purpose and also to be correlated in several cases (Biaggio, 1980; Spiegel, 1986). The measures also seem to assess several different aspects of anger, including awareness of anger, mode of expression, and responses to specific situations. Most of the instruments have been found to be adequately reliable, yet validity data is often insufficient (Biaggio, 1980; Knight et al, 1985; Speigel, 1986).

It is important to use measures that match the purposes of the research or clinical use, choosing the instrument that will provide the most appropriate data (Biaggio, 1980; Knight et al, 1985). For counselors, the main advantage of using scales with situational cues is that it makes the assessment more relevant to the process of counseling. In counseling where a client is taught to handle stressful or anger-provoking situations constructively, results of how the client responds to specific situations can be utilized directly. However, using specific situations may reduce the generalizability of anger scores from one scale to another, and it is therefore important that the situations be relevant for the client or population in question. Tests developed with college students, usually for research purposes, may include situations involving frustrations arising in academic settings, not necessarily identifiable issues for the general
population (Knight et al, 1985).

INTERVENTIONS

In addition to exploring the emotion of anger and responding consistently to encourage constructive expression of the feeling, many therapists employ a wide variety of interventions to help clients decrease the negative aspects of anger. These methods include cognitive-behavioral techniques such as stress inoculation training, systematic desensitization, relaxation, imagery procedures, and assertiveness training. This section will explore some of the available techniques and relevant research.

A program designed to prevent maladaptive anger and to enable the individual to regulate the arousal of anger was developed by Novaco (1973). His Stress Inoculation program consists of three stages: (1) a cognitive preparation or education stage where anger is identified, along with causal factors, forms of expression, and how anger management techniques can be coping strategies; (2) the skill acquisition stage where individuals learn to break down provocations into parts (Preparation, Impact and Confrontation, Coping with arousal and agitation, and Reflecting) and are taught how to deal with each part cognitively, affectively, and behaviorally, employing self-statements and relaxation; and (3) the application stage involving role-playing and practicing using individuals' own experiences. Inoculation consists of the introduction of an anger situation while the client is relaxed followed by having the client imagine becoming angry and coping with it effectively before returning to the quiet scene (based on Meichenbaum, 1975). A hierarchy of anger situations is often used, allowing clients to imagine coping
successfully with increasingly intense anger provocations.

Novaco's (1975) program has been shown to be effective with a range of populations. Outpatient clients requesting a treatment for anger control showed significant decreases in self-reported anger and systolic blood pressure after the six session program (Novaco, 1976b). The procedure has also been used with Type A personalities (Thurman, 1984), and in training of police officers. The results show that cognitive self-control techniques are effective in conflict management (Novaco, 1977a). Another successful research application was a case study with a hospitalized depressive patient who had severe anger problems. The patient significantly decreased on the self-report of anger (Anger Inventory, Novaco, 1975) and showed fewer impulsive-aggressive and acting-out incidents (Novaco, 1977b).

Social learning techniques can be useful to modify and control aggression (Bandura, 1973) by the use of modeling, reinforcement procedures, instructions, and other behavior modification procedures. Rimm, DeGroot, Boord, Heiman and Dillow (1971) used Systematic Desensitization for the management of anger while driving, involving systematic desensitization with a hierarchy of anger provoking driving situations combined with deep muscle relaxation. The treatment was found to be effective in reducing anger with subjective and physiological measures when compared to control groups (Rimm et al, 1971). In such a systematic desensitization program, the relaxation competes with anger arousal in the same way as it has been shown to do with fear responses. One additional interpretation offered for the success of the treatment was that the subjects may have learned to generate anger as a consequence of
being initially fearful in such situations (Thomson, 1983), and it was the fear that was removed by desensitization, making the anger no longer necessary (Rimm et al, 1983).

Many studies have found the use of systematic desensitization to be effective in reducing maladaptive anger (Warren and McLellarn, 1982). However, assessment of the anger in these studies was mostly limited to self-report. Warren and McLellarn recommended a multimodal assessment and treatment because more comprehensive approaches may be required to focus on the cognitive and behavioral aspects of anger as well as the somatic-affective component (Warren and McLellarn, 1982).

Two methods which utilize different theoretical explanations of anger reduction include the ABC's of Rational Emotive Therapy (Ellis & Harper, 1975) and the empty chair technique of Gestalt therapy. By way of an analogue study, Conoley, Conoley, McConnell and Kimzey (1983) examined both of these approaches. Rational Emotive Therapy focuses on the process of becoming angry, in which clients are instructed to use alternative interpretations of their perceptions to change their feeling of anger to more positive feelings. The empty chair technique involves having the client direct anger outward, to the empty chair. In a study using female undergraduates, the authors provided anger stimuli (writing out five recent anger-provoking events), and then introduced the treatments, both of which were effective in reducing systolic blood pressure and self-report of anger as compared to a control group (Conoley et al, 1983).
An effective approach with children identified by teachers as "angry" has been Affective Imagery Training (Garrison & Stolberg, 1983). In this approach, emotional imagery is used to expose a child to different affective situations and thereby teach the child to differentiate between emotions by attending to physical and cognitive cues. The children imagined recent affectively laden events, were told to attend to the associated physiological responses, and then to label the emotion. It was found that as labels other than anger were used to define aroused states (Bandura, 1973), the frequency of angry behaviors and acting-out was decreased. The program was able to benefit those who mislabeled feelings as well as those who lacked experience with specific emotions (Garrison & Stolberg, 1983).

Hazaleus and Deffenbacher (1986) utilized relaxation and cognitive treatments for individuals with anger problems in a comparative way. One of the two groups, the relaxation-based group, focused on imagining anger arousing scenes while maintaining a state of relaxation. The other group was a cognitive modification group which utilized systematic rational restructuring involving the identification of anger contributing thoughts and construction of more adaptive cognitions. Both treatment groups showed significant anger reduction across a range of physical and subjective measures without significant differences between groups (Hazaleus and Deffenbacher, 1986). This finding suggests that both relaxation and cognitive treatments can be equally effective in treating individuals with anger control problems (Hazaleus and Deffenbacher, 1986).
Assertiveness Training is a method shown to be effective in increasing response options and the appropriate expression of anger as well as in gaining perceived control over one's anger (Alberti & Emmons, 1974; Doyle & Biaggio, 1981; Phelps & Austin, 1975). Assertiveness has been defined as "behavior that allows a person to express honest feelings comfortably, to be direct and straightforward, to exercise personal rights without denying the rights of others, and without experiencing undue anxiety or guilt" (Alberti & Emmons, 1974). In Assertiveness Training programs, individuals are taught to accept their anger, that it is normal and that there are appropriate ways of expressing it to get one's needs met, without infringing on others. There has been widespread development of Assertiveness Training Workshops and books in popular literature, and is now often recommended for individuals who have difficulty dealing with anger, either from being too aggressive or too passive (Alberti & Emmons, 1974; Alschuler & Alschuler, 1984; Phelps & Austin, 1975).

Typical training programs are provided in a group setting and involve learning to differentiate among assertive, aggressive, and passive behaviors. Participants are taught ways to decide when to be assertive, and are given verbal and nonverbal techniques to facilitate direct assertive messages. Modeling, role playing, and feedback are essential components so participants learn to apply the strategies personally and to practice new and initially awkward interactions (Alberti & Emmons, 1974; Alschuler & Alschuler, 1984; Collier, 1982; Phelps & Austin, 1975).

Overall, assertive responses tend to elicit more compliance, less anger and more sympathy from the target than do either direct or
passive aggression. Provided the request was reasonable, assertion produced the most constructive responses in others (Epstein, 1980). Having assertive skills is related to being more direct and at ease in expressing anger (Doyle & Biaggio, 1981; Galassi & Galassi, 1975). Individuals expressing feelings in a non-assertive way tend to experience more covert anger, i.e., guilt and mistrust, than those who are more assertive (Doyle & Biaggio, 1981; Galassi & Galassi, 1975). Therefore, Assertiveness Training may be especially helpful for those individuals who tend to inhibit and repress their anger (Doyle & Biaggio, 1981; Epstein, 1980; Galassi & Galassi, 1975). Sex differences were found in that assertive females were more likely to be direct in hostility expression, a pattern not found with men (Galassi & Galassi, 1975).

Rimm, Hill, Brown, and Stuart (1974) used Assertiveness Training to treat a sample of male college students who reported problems controlling their tempers. In role-played responses, subjects in the training group were able to increase their level of assertiveness along with a decrease in the amount of anger experienced compared to a control group.

In a similar study with college women, Galassi and Galassi (1978) provided Assertiveness Training to subjects who were low in self-reported assertiveness and high in self-reported aggression and hostility. After the training those who participated in the treatment showed more assertiveness than did controls on self-report and role-playing measures, but differences in groups were not found on measures of verbal hostility. To assess the efficacy of specific components of Assertiveness Training or Social Skills Training with aggressive individuals, Fehrenbach
and Thelen (1981) assigned male college students to one of several individual Assertiveness Training programs. The programs included one with a full range of procedures: modeling, rehearsal, and instruction; another with the same program without the modeling component; a placebo group, and a control group. Subjects from the two treatment groups showed significantly greater assertiveness than the placebo or control group. Those for whom modeling was part of training were more assertive than the others, although the presence of modeling did not affect verbal hostility, which was decreased for all treatment groups equally (Fehrenbach and Thelen, 1981).

In general, Assertiveness Training can be very effective because it provides an alternative way of responding to the inappropriate aggression or passivity based on feelings of anger (Fehrenbach & Thelen, 1982; Moon & Eisler, 1983). Moon and Eisler (1983) compared several approaches to anger control including Novaco’s (1975) stress inoculation program, social skills training (including assertive techniques), and problem solving training (DZurilla & Goldfried, 1971). All three approaches had significant effects in reducing the cognitive components of anger. The stress inoculation group showed the greatest decreases in anger provoking cognitions, as well as decreases in behavioral aggression, although there were no substantive increases in assertiveness. In contrast, the problem solving and social skills training groups both showed fewer anger provoking cognitions and aggressive behaviors as well as displayed increases in socially skilled assertive behavior. Problem solving and social skills approaches encouraged individuals to interact competently with the social environment whereas stress
inoculation training tended to foster withdrawal from anger provoking stimuli without teaching alternative responses, at least as shown in this study (Moon & Eisler, 1983).

These findings speak to the need for comprehensive interventions for anger management (Moon & Eisler, 1983; Warren & McLellarn, 1982). An example of how such a program may be used successfully was shown in a study by Feindler, Ecton, Kingsley, and Dubey (1986). They devised a successful group treatment for anger control in working with inpatient adolescents. The eight week treatment program involved relaxation, self-instructions, use of coping statements, assertiveness skills, evaluations of one's own behavior, self-monitoring of anger and conflict experiences, and problem-solving training. Behavioral rehearsal, homework, role-playing as well as modeling by staff in verbal and nonverbal anger control techniques contributed to the success of the program. The adolescents significantly increased their use of appropriate verbalizations, as well as decreased frequency of hostile responses during conflict situations. These changes continued after the program ended. In addition, there was a decreased frequency of on-ward restrictions for physical aggression and general rule violations in the treated adolescents, suggesting that a multi-pronged program can be successful in enabling people to express anger in appropriate and constructive ways (Feindler et al, 1986).

PURPOSE OF THE STUDY

Recently, much has been written on what Rubin (1986) calls the anger expression controversy. Does one "let it all hang out", being completely open and honest about one's feelings, or are some controls
important in that free expression can be damaging and destructive at times (Rubin, 1986; Stearns & Stearns, 1986; Tavris, 1982). Conclusions surrounding this controversy seem to suggest that anger expression in moderation is useful, especially in interpersonal relationships, but flexibility in behavior in different situations is the key to the most constructive outcomes (Averill, 1982,1983; Feshbach, 1986; Rubin, 1986; Stearns & Stearns, 1986). Tavris (1982) describes anger as providing choices of expression, and contends that expressing or suppressing anger is "bad" only if the response makes the situation worse. Thus good judgement in the use of a range of behavioral options seem to be necessary to cope productively with angry feelings. Tavris (1982) discusses how effective use of anger options "...requires an awareness of choice and an embrace of reason. It is knowing when to become angry - 'this is wrong, this I will protest' - and when to make peace; when to take action, and when to keep silent; knowing the likely cause of one's anger and not berating the blameless." (Tavris, 1982, p. 253). Counseling can be a place to learn and practice the use of adequate judgment as well as gain alternative ways of expressing anger.

The present study was designed to explore anger in the therapy relationship, to see how therapists react to clients expressing anger. Anger can be expressed in a variety of ways, and toward a variety of targets. Using situations of justified anger, target and intensity level of the anger expression are varied in order to explore counselors' acceptance and willingness to work with clients expressing anger in different ways. In addition, various characteristics of the counselors are explored to see what attributes are important in determining how a counselor will react.
to angry clients. Research questions are:

1. What is the relation of sex of the counselor to personal reactions to clients expressing anger at different intensity levels (No anger, Annoyance, Direct Anger, Rage) directed at different targets (Peer, Counselor, Authority, System)?

2. What is the relation of sex of the client to the counselors' personal reactions to clients expressing anger at different intensity levels directed at different targets?

3. What is the relation of the intensity of the anger expression by clients to the counselors' personal reactions to the client when the anger is directed at different targets?

4. What is the relation of the target of the clients' anger to the counselors' personal reactions to the client when anger is expressed at varying intensity levels?

5. Are the counselor's experience of anger, attitudes about anger, mode of expressing anger, and range of anger-eliciting situations related to counselors' personal reactions to clients expressing anger at different intensity levels directed at different targets?

6. Is counselor experience level related to counselors' personal reactions to clients expressing anger in a variety of ways?

7. Is counselor theoretical orientation related to counselors' personal reactions to clients expressing anger in a variety of ways?

8. Is counselor professional level (graduate student or psychologist) related to counselors' personal reactions to clients expressing anger in a variety of ways?
9. Is counselors' graduate program (Counselor Psychology, Clinical Psychology, or Non-Counseling and Non-Clinical Psychology programs) related to counselors' personal reactions to clients expressing anger in a variety of ways?

10. How much of the variance do all the variables together account for in counselors' personal reactions to clients expressing anger in a variety of ways?
PARTICIPANTS

Participants in the study were 75 counselors/therapists from the Columbus, Ohio community. They participated in the study during the summer of 1987. Experience levels varied, ranging from being beginning trainees or practicum students in graduate psychology programs to practicing psychologists with as much as 30 years of experience. Approximately half (52%, N=39) of the participants were graduate students in doctoral counseling or clinical psychology programs, and half (48%, N=36) were licensed psychologists (or Ph.D.'s working toward licensure). All of the participants had some experience as psychotherapists and were currently seeing clients.

The participation of potential predoctoral trainees was solicited by letter with a telephone follow-up from listings of students in the Counseling Psychology and Clinical Psychology graduate programs at The Ohio State University. A total of 63 graduate students were invited to participate. All of these students were then telephoned. Of these, 5 were eliminated because they had no direct experience with clients, and another 14 were not available by telephone. Of the remaining 44 predoctoral therapists, 4 refused to participate, citing lack of time and
other work as reasons. The remaining 40 agreed to take part and all but one completed the entire study. Thus, among the predoctoral half of the participants, 89% of those invited by telephone did complete the study.

Potential Ph.D. psychologists were recruited by letter and follow-up phone call based on listings and personal referrals of independent psychologists and those working at various agencies in and around Columbus, Ohio, including several colleges and a rehabilitation program. A total of 69 psychologists were invited by letter. Of those, 5 were not called because of location: their practice was outside of the Columbus area; another 19 were unavailable by telephone at the time of data collection. Of the remaining 45, seven declined to participate, citing time limits as a factor. One additional therapist was eliminated because the therapist was no longer doing clinical work. 37 therapists agreed to participate and all but one completed the study. Thus, among the psychologist half of the participants, 80% of those invited by telephone completed the study. Further information and descriptive statistics on the therapists can be found in the Results chapter.

INSTRUMENTS

The therapists completed several instruments as part of the study. These included a Demographic sheet assessing basic demographic information; the Therapist Reaction Inventory, designed especially for the study as the primary dependent measure, which measured the participant's personal reaction to each of the stimulus tapes of angry clients; finally the Multidimensional Anger Inventory (Siegel, 1986) was also completed as a measure of the therapist's style of dealing with his or her own anger.
**Demographic Sheet**

This questionnaire identified each participant by sex, status as a graduate student or psychologist, degree program, licensure status, and number of years of counseling/therapy experience. Theoretical orientation was also assessed by asking respondents to indicate on a checklist the approaches from which they draw most heavily. The list included behavioral, cognitive, gestalt, humanistic, psychodynamic, systems, eclectic, or other. (A copy of the Demographic Sheet is included in Appendix A).

**Therapist Reaction Inventory (TRI)**

This instrument included 10 counselor reaction statements drawn from Strupp (1973), based on a larger questionnaire assessing initial impressions of the client by the therapist. The original instrument consisted of 47 items designed to assess the therapist's view of diagnostic impressions, clinical judgements, treatment plans, and the counselor's attitude toward the client. Ten of the questions relevant to personal reactions to the client were selected as the Therapist Reaction Inventory in which the therapist responded to statements about the client in terms of: how effective could the counselor be with the client, feelings of warmth, empathy, impatience, interest, difficulty of working with the client, willingness to treat the client, suitability for working with the client, how much they'd look forward to sessions with the client, and feelings toward the client. These items were rated for each client on a 7 point scale and the summation of all 10 items (with those items corrected for negative scaling) provided an overall score of counselor reaction towards the client, with a higher score indicating a more positive reaction.
(A copy of the instrument can be found in Appendix B).

Because this instrument was designed for this study, both test-retest reliability to evaluate consistency of the measure over time and a Cronbach alpha test to measure internal consistency were conducted. Test-retest reliability testing was done using a sample of 14 graduate students with a major or minor in psychology. They had completed at least a laboratory class on counseling and therapy which involved an opportunity to simulate a counseling situation, if not actually having seen clients directly. Initially, they listened to four of the stimulus tapes, with a sample of each target and intensity level, and following each tape, completed the TRI for that client heard on the tape. This procedure was then repeated a second time one week later and the TRI results were correlated for reliability. For three of the four stimulus tapes (those of female anger directed at a peer, male rage directed at authority, and the male no anger condition directed at the system) there was a significant correlation (p<.01) over time, with $r$'s of .72 or .73. For the fourth tape, that of annoyance directed at the counselor, the correlation was still significant (p<.01), but with a lower $r$ of .65. Because it was previously determined that the test-retest reliability ideally should be at least .70 to be acceptable, another sample of three stimulus tapes with the target of anger being the counselor were tested for test-retest reliability to see if there was something about the particular sample tape that lowered the reliability, or if there were problems with the instrument.

Results of the second reliability testing were significant (p<.01) for the female no anger at the counselor condition with a correlation of .82. For the male direct anger at the counselor condition, the correlation was
.41, at a non-significant level of reliability, and for the female rage directed at the counselor, the correlation was .66, a significant correlation (p<.05). These last two sample tapes had less desirable test-retest reliability correlations than had been hoped, suggesting the possibility of problems with those specific stimulus tapes.

Cronbach Alpha tests were also performed for counselor reactions to the sample of stimulus tapes tested for reliability, to see how the individual questions relate to the overall therapist reaction score as a whole. It was previously determined that alpha scores should at least be above .50 for the instrument to be useful for the purposes of this research. Alpha coefficients for each of the sample tapes ranged from .65 to .94, depending on the stimulus tested, indicating that each of the 10 questions were strongly related to the overall reaction score made up of them. Therefore, based on the varied sample of tapes, the instrument seems to have an acceptable level of internal consistency.

The instrument shows evidence of internal consistency and adequate test-retest reliability for most of the selected stimulus tapes. However, because of lower levels of test-retest reliability with several of the anger conditions directed toward the counselor, some questions may be raised about the meaning of the therapists' reactions to those stimulus tapes which may need to be considered when interpreting results.

**Multidimensional Anger Inventory (MAI) (Siegel, 1986)**

This instrument is a 38 item questionnaire based on a self-descriptive rating scale of 5 points for each statement. It was designed to be sensitive to the multidimensionality of the concept of anger and measures the following dimensions of anger: Anger Arousal (measuring
frequency, duration, and magnitude of the individual's experience of anger), Mode of Expression including anger-in which is the tendency to hold anger in and to keep the feeling inside, or anger-out style of expression which is the tendency to express anger outward and to let others know when one feels angry, Degree of Hostile Outlook, and Range of Anger-Eliciting Situations. It has been administered to a college sample of both sexes as well as a sample of male factory workers. 60 college students were tested once and then again after 3-4 weeks resulting in a test-retest reliability of .75 (Pearson correlation coefficient) (Siegel, 1986). Validity data were collected by comparing scores on the MAI to other anger inventories, the Buss-Durkee (Buss & Durkee, 1957), Harburg (Harburg, Erfurt, Hauenstein, Chape, Schull & Schork, 1973), and Novaco (1975) inventories. Significant correlations between the measures were found with the highest correlations being between the scales that seemed to be most similar across the various inventories (Siegel, 1986). (A copy of the MAI can be found in Appendix C).

PROCEDURE

As noted previously, potential participants were recruited by letter and then received a follow-up telephone call by the investigator to determine willingness to participate and to make arrangements for completing the study. Pre-doctoral participants were identified from student lists of those in the Counseling and Clinical Psychology graduate programs at The Ohio State University. The letter introduced the investigator, explained the study and indicated that a follow-up call would be made. (A copy of the letter sent can be found in Appendix D.) Psychologists were sent individual letters based on personal
recommendations by people with access to many professionals in the community. The letter stated the recommendation source, explained the study and indicated that they would be telephoned. (A format for these letters can be found in Appendix E.) During the phone call, if the participant agreed to take part in the study, arrangements were made for the respondent to either come to the university to complete the study or to have the investigator deliver the materials and pick them up later at an arranged time.

Participants received a packet including the Demographic Sheet, eight TRI sheets, and the MAI. They also received a cassette tape with the introduction and the eight stimulus situations on it. They were instructed to turn on the audiotape which introduced the stimulus client statements. The introduction stated:

Imagine yourself in the office where you usually see your clients or patients. Imagine that the individuals you will soon hear on this tape are all people you have been working with for a significant amount of time and with whom you have established a working relationship. These are relatively high functioning individuals with at most an adjustment disorder, who are college students and are also holding down a job. In each case, imagine that it is early in the session when your client or patient begins to tell you what you will hear on the tape. After each client statement, there will be a pause. At that time, please stop the tape recorder and quickly fill out the next Therapist Reaction Inventory in your packet for the person you just heard. Then turn the tape back on and listen to the next brief client statement. Please do this for each of the eight clients you will be hearing today. Thank you.

After the introduction, the participants heard 8 randomly grouped client statements, which included 4 targets of anger expression, at different intensity levels, with different sex clients. The client statements were
performed by two male and two female graduate students in psychology programs at The Ohio State University. Intensity levels included: (1) No anger; (2) Annoyance; (3) Direct Anger; and (4) Intense Anger or Rage. These were distributed across four targets or issues of which justified anger may be appropriate. The targets include: (1) anger toward a same-sex friend as the client, because the friend does not show up for an arranged dinner date; (2) anger toward an authority figure because the boss promised the client an assistant for the project he or she is working on and even after repeated reminders, no help has been given; (3) anger toward the counselor because the counselor has been staring into space and does not seem to be listening or paying attention to what the client is saying; and (4) anger toward the system because the client has been closed out of many required classes at the university. The tapes were made by students improvising the role of client based on descriptions provided for them about their roles, allowing them to act as the client dealing with the specific situation for a one to two minute time period. Each segment was performed by both male and female actors. (The tape descriptions can be found in Appendix F.)

The tapes were validated by six expert raters to insure that the tapes were credible as part of a counseling session. Also, the intensity levels of the anger expression were judged to see if they were easily differentiated on a continuum from least intense to most intense, from no anger, to annoyance, to direct anger and then the most intense, that of the expression of rage. Judges rating the tapes were graduate students and professors in psychology. Instructions for them were:
You are going to hear several tapes of clients who are expressing different levels of intensity of an emotion. After hearing each one, please rate from one to four how believable each was as part of an actual counseling session, with one as not believable and four as believable. After hearing all four tapes for each target, please rate them and put them in order from least intense to most intense expression of the emotion. Then listen to the next four and do the same for each of the other targets. After you have done this with all the tapes, please identify the emotion you think is being expressed.

The judges were used to assess the credibility of the tapes, to validate the intensity levels of the tapes, and to see if the emotion was readily identifiable as anger. After hearing the instructions the six judges listened to each of the tapes, four at a time, grouped by target and divided by sex. After hearing each tape, they rated it on believability and after hearing each of the eight groups of four client statements, the judges rank-ordered the four statements on the basis of intensity. (The Expert Rating sheet can be found in Appendix G.)

97.4% of the client statements were rated by the expert judges as believable representations of what may actually occur in counseling sessions. Only five cases out of the 192 ratings were judged as not believable, and then by only one expert judge in each instance.

With regard to the ratings of intensity levels, there was 100% agreement on four of the eight target groupings, with a minor difference in judgement by only one rater on another two groupings. On the final two groupings, those of anger directed at the counselor by a male client and of anger directed at authority by a female client, there were two levels which were interchanged by half of the raters, signifying that these two levels were not clearly distinguishable. These four unclear levels were retaped with a changed script and emphasis to make them more clearly
distinctive in intensity of anger expression. Further validity testing on the groupings with the new tapes resulted in consistent rank-ordering of intensity level by expert judges. All of the judges identified the emotion expressed as anger.

Tapes for use in the study were then randomly divided into groups of eight per cassette so that each therapist heard and reacted to eight different client statements. These were counterbalanced in terms of order so individual therapists heard various combinations of intensity of the anger with the different targets. Each cassette included two of each target expressed with different intensities of anger. A total of eight different cassettes were made, with copies also made of each cassette for easier data collection.

The counselor heard each taped sequence consisting of the taped client expressing emotions about the target incident for 1-2 minutes, and then the counselor completed the Therapist Reaction Inventory based on reactions to the client just heard. After listening to the eight taped sequences, the participant completed the Multidimensional Anger Inventory which ended the study. The entire procedure took the counselors approximately 45 minutes to complete.

ANALYSIS OF DATA

The purpose of the study was to ascertain the effect of the different independent variables on therapists' reactions to clients expressing anger in various ways. The analyses used each angry episode as a separate and independent reaction, therefore, all analyses were between-subject designs. Each of the 75 subjects provided eight reactions, providing a total of 600 separate cases, with approximately 19
reactions corresponding to each different stimulus tape.

The dependent variable for each taped anger episode is the therapist reaction score tabulated from the Therapist Reaction Inventory. Independent variables were of two major types: those based on the client from the stimulus tapes (target of the anger, intensity of the anger expression, and client sex); and those based on attributes of the therapist (sex, professional level, type of graduate program, years of experience, theoretical orientation, and five aspects of how they deal with their own anger).

To see the effect of all the variables individually and in combination on the variation in the dependent variable, that of therapist reaction score, a Multiple Regression analysis was performed entering all of the independent variables. The results indicated types or personal attributes of therapists as well as aspects of the anger expression which tended to affect how the therapist reacted to a client expressing anger.

The continuous variables which accounted for a significant amount of the variance in the therapist reaction scores were examined within the multiple regression equation to explore the specific qualities of their contributions to the variation in the therapist reaction score. Since the variables include both continuous and categorical variables, categorical variables were coded using effects coding to quantify them which enabled them to be used with the continuous variables in the multiple regression procedure, as suggested by Pedhazur (1982).

To explore the significant categorical variables, an Analysis of Variance procedure was performed involving the categorical independent variables which were significant in the regression equation. From the
results of the ANOVA, significant main effects and interactions were analyzed further with post-hoc analyses using Scheffe procedures for multiple comparisons. In doing so, it was possible to explore those specific conditions which significantly related to variation in the counselors' reaction scores. In addition, descriptive statistics were employed, to provide frequencies of variables in the research. Statistical analyses were done using the Statistical Package for the Social Sciences (SPSS).
To explore how therapists react to clients expressing anger, the present study investigated different therapists' reactions to audiotapes of angry clients. The reaction of the therapist was a composite score of the Therapist Reaction Inventory, based upon responses to questions assessing personal feelings towards the client, willingness to work with that client, patience for the client, and other such questions. The therapist group varied on the basis of sex, professional level (graduate student or psychologist), type of graduate program, experience, and theoretical orientation. The tapes to which they listened consisted of clients of both sexes whose angry expressions varied by target of the anger and the intensity at which it was expressed, ranging from a no anger condition to a rage level of intensity. By listening to the tapes, the therapists were exposed to the angry clients and expressed their reaction to the client on the Therapist Reaction Inventory. By exploring which variables significantly contributed to differences in the therapists' reaction, it is possible to understand how therapists react to clients expressing anger, and what qualities, of both the client and the therapist, may affect the reaction.
Variables in this study can be divided into two groups. The first group of variables described attributes of the therapists who participated. These include gender, professional level (graduate student or psychologist), type of graduate program (Counseling Psychology, Clinical Psychology, or other related non-counseling and non-clinical psychology program), years of experience as a therapist, and primary theoretical orientation. It also included five factors of how they deal with their own anger, as assessed by the Multidimensional Anger Inventory (Siegel, 1986). These five factors are: (1) an anger arousal factor consisting of frequency, magnitude and duration of their anger experiences (referred to as "arousal"); (2) the degree to which they deal with anger by holding it in (referred to as "angerin"); (3) the degree to which they deal with anger by expressing it (referred to as "angerout"); (4) the tendency to have a hostile outlook (referred to as "hostile"); and (5) the range of situations that they report make them angry (referred to as "range").

The angry clients were presented by audiotaped expressions of anger. These one to two minute stimulus tapes depicted clients expressing anger in various ways as if they were in a psychotherapy session with the therapist-participant. The second group of independent variables in the study are those based on these stimulus tapes: client sex, the target towards which the anger is directed, and the intensity level at which the anger is expressed.

This study explored how each of the above variables, individually and in interaction with the other variables, affected the therapist's reaction to the client who is expressing anger on the tape. The dependent variable was the therapist's personal reaction to the angry client on the
tape including issues of liking of the client, wanting to work with the
client as well as other feelings about the client on the tape. It was
assessed by means of the Therapist Reaction Inventory which is an
instrument designed for the study assessing various components of
acceptance or rejection of clients expressing anger, and the composite
score is referred to as the therapist reaction score.

DESCRIPTIVE DATA

Table 1 provides descriptive data on the therapists who
participated in the study. Graduate programs of the therapists were
divided into Counseling Psychology, Clinical Psychology, and non­
counseling and non-clinical psychology programs. The latter groupings
were all doctoral level programs including Counselor Education (N=8),
School Psychology (N=1), Developmental Psychology (N=1), and
Psychobiology (N=1). Five psychologists did not provide their graduate
program. There was a broad range of theoretical orientation represented
(behavioral, cognitive, gestalt, humanistic, psychodynamic, systems, and
eclectic). Other theoretical orientations were listed only infrequently
(5.4%), including feminist orientation (N=2), existential orientation (N=1),
and neurolinguistic programming (N=1). The orientation with the highest
percentage of responses was eclectic, with 26 counselors listing it as their
primary theoretical orientation. The range of years of experience as a
therapist was from 1 to 30, with a mean of 7.4 years (SD=5.9).

MULTIPLE REGRESSION EQUATION

To identify which variables contributed significantly to the
therapists' reactions, a Multiple Regression analysis was performed on the
Table 1

Therapists' descriptive statistics

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<td><strong>Sex of Counselor:</strong></td>
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(continued on next page)
### Table 1 (continued)

**Therapists' descriptive statistics**

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<td>(Psychologist)</td>
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<td></td>
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<tr>
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<tr>
<td>(All Psychologists)</td>
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<td></td>
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<tr>
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</table>

(continued on next page)
Table 1 (continued)

**Therapists' descriptive statistics**

<table>
<thead>
<tr>
<th>Primary Theoretical Orientation</th>
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<th>%</th>
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<tr>
<td>Cognitive</td>
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<td>Gestalt</td>
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<td>Humanistic</td>
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<tr>
<td>Psychodynamic</td>
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<td>9.3</td>
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<tr>
<td>Systems</td>
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<td>6.7</td>
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<td>Eclectic</td>
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<td>34.7</td>
</tr>
<tr>
<td>Other: Feminist</td>
<td>2</td>
<td>2.7</td>
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<tr>
<td>Existential</td>
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<td>1.3</td>
</tr>
<tr>
<td>Neurolinguistic Programming</td>
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<tr>
<td>No response</td>
<td>1</td>
<td>1.3</td>
</tr>
</tbody>
</table>
data using the score describing the therapist reaction score as the dependent variable, a score ranging from 10 to 70 which provides the level of acceptance of the angry client based on the personal feelings and reactions of the therapist. A larger score signifies a more positive reaction, or more acceptance of the client expressing anger. To be included in the Multiple Regression analysis, all categorical variables needed to be transformed to quantitative variables. The method employed for this transformation was effects coding wherein a set of variables is coded as 1, 0 or -1 to represent a particular category. The categorical variables that were coded this way were counselor and client sex, professional level, type of graduate program, theoretical orientation, target of the anger, and intensity level of the anger expression.

The continuous variables and the effects coded categorical variables were then entered into the multiple regression equation as potential predictors of the dependent variable, the therapist reaction score. The results of the multiple regression indicate that the variables entered explain a significant amount of the variance in the therapist reaction scores ($R^2 = .20, F=5.88, p<.0001$).

The $t$-ratio of each variable was then examined as a test of significance, to determine whether the individual variable made a significant contribution to the overall variance in the therapists' reaction scores. Table 2 shows the variables in the equation and their resulting $t$-ratios. Counselor and client sex, professional level, type of graduate program, theoretical orientation, target of the anger, and intensity level of
Table 2

Multiple regression analysis for therapists' reactions to expression of anger

<table>
<thead>
<tr>
<th>Variable</th>
<th>t</th>
<th>Variable</th>
<th>t</th>
</tr>
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<tr>
<td>Anger Arousal</td>
<td>.15</td>
<td>Experience</td>
<td>2.26*</td>
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<tr>
<td>Angerin</td>
<td>-2.66**</td>
<td>Counselor Sex</td>
<td>2.17*</td>
</tr>
<tr>
<td>Angerout</td>
<td>- .33</td>
<td>Program 1c</td>
<td>5.06**</td>
</tr>
<tr>
<td>Hostile Outlook</td>
<td>-1.00</td>
<td>Program 2c</td>
<td>-2.04*</td>
</tr>
<tr>
<td>Range of anger</td>
<td>-1.82</td>
<td>Orientation 1d</td>
<td>-.04</td>
</tr>
<tr>
<td>Professional level</td>
<td>1.70</td>
<td>Orientation 2d</td>
<td>-.89</td>
</tr>
<tr>
<td>Target 1a</td>
<td>3.29**</td>
<td>Orientation 3d</td>
<td>.31</td>
</tr>
<tr>
<td>Target 2a</td>
<td>2.85**</td>
<td>Orientation 4d</td>
<td>-.38</td>
</tr>
<tr>
<td>Target 3a</td>
<td>-3.29**</td>
<td>Orientation 5d</td>
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<tr>
<td>Intensity 1b</td>
<td>.79</td>
<td>Orientation 6d</td>
<td>-.41</td>
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<td>Intensity 2b</td>
<td>3.80**</td>
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</tr>
<tr>
<td>Intensity 3b</td>
<td>.80</td>
<td>Client sex</td>
<td>.91</td>
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</table>

* p < .05,  ** p < .01

*a* Target 1, Target 2, and Target 3 are effects coded variables comprising the categorical variable of target of the anger expression.

*b* Intensity 1, Intensity 2, and Intensity 3 are effects coded variables comprising the categorical variable of intensity of the anger expression.

*c* Program 1 and Program 2 are effects coded variables comprising the categorical variable of graduate program of the therapist.

*d* Orientation 1 through Orientation 7 are effects coded variables comprising the categorical variable of primary theoretical orientation of the therapist.
the anger expression were categorical variables transformed into effects coded variables and are represented in the table by the use of number after the variable name (e.g. Target 1, Target 2, etc.)

Two of the continuous variables were found to be significant: years of experience of the therapist, (t=2.26, p<.05), and Angerin (the extent to which the therapist expresses his or her own anger using an inward style) (t=2.66, p<.01). Experience of the therapist had a positive beta score (β=.29), indicating a positive correlation with the therapist reaction scores. This may imply that the more experienced therapists reacted more positively to clients expressing anger; they were more accepting of anger in clients than less experienced counselors. Angerin had a negative beta score (β=-.54), indicating a negative relationship between the variable and the therapist reaction scores. This implies that those counselors who deal with their anger by holding it in reacted less positively to clients expressing anger; they were less accepting of clients expressing anger than those counselors who tend not to hold in their anger. The other variables in the therapist’s attitudes regarding their own anger (Arousal, Angerout, Hostile, and Range) were not found to be significant.

For variables that were transformed by effects coding, interpretation can be more complex, because several effects coded variables were used to represent one categorical variable. Counselor sex had only two categories so was transformed into only a single effects coded variable, and this was found to be significant (t=2.17, p<.01). Type of program had two effects coded variables, both of which were found to be significant. This may indicate that the type of program a therapist
came from relates significantly to how he or she reacts to client anger expression. Target of the anger had three effects coded variables and they were all found to be significant, indicating target of the anger was a significantly contributing factor to the therapist reaction to clients expressing anger. Intensity level of the anger expression had four categories and therefore was transformed into three effects coded variables. Of these, one was found to be significant ($t=-3.80$, $p<.01$) and two were not. It is thus difficult to evaluate the significance of the intensity level variable as a whole without further analyses. None of the coded variables of theoretical orientation were found to be significant. In addition, client sex was also not significant in predicting the therapist reaction scores.

**ANALYSIS OF VARIANCE (ANOVA)**

Further analysis was undertaken to more fully evaluate the significance of the categorical variables in the counselors' reaction to clients expressing anger. An Analysis of Variance (ANOVA) procedure, a $4\times4\times3\times2$ analysis of variance model, as well as post hoc procedures were used to examine these categorical variables by groups to see more clearly how they related to the dependent variable, scores of the therapist reaction to clients expressing anger.

The independent variables in this analysis were the significant categorical variables found in the regression equation: the four targets of the anger (peer, authority, counselor, system), the four intensity levels of the anger expression (no anger, annoyance, direct anger, rage), the three categories of graduate psychology programs (counseling psychology, clinical psychology, and non-counseling and non-clinical psychology)
programs), and the sex of the counselor. The results indicated that these four variables together explained a significant proportion of the variance in the dependent variable ($F=2.52, p<.001$). The ANOVA source table is shown in Table 3.

Significant main effects for three of the variables and one significant two-way interaction were found. Higher level interactions were examined in separate analyses and were not found to be significant. The only significant two-way interaction was between the target of the anger and the intensity level at which it was expressed ($F=6.79, p<.01$).

Significant main effects were found for the variables of target of the anger expression ($F=10.17, p<.001$), intensity of the anger expression ($F=13.04, p<.001$), and graduate program of the counselor ($F=17.1, p<.001$). Although sex of the counselor was found to be significant in the multiple regression equation, it was not shown to have a significant main effect in the ANOVA procedure.

**POST-HOC ANALYSES**

Post-hoc analyses were used to examine multiple comparisons of the reaction means within each of the significant variables. The variables in the ANOVA found to have significant main effects were divided by category, and means of the therapist reaction scores were compared using the Scheffe post-hoc analysis procedures. Table 4 shows the mean therapist reaction scores and standard deviations for each category of the significant variables: target of the anger, intensity of the anger expression, and graduate program of the counselors. The categories are listed in order of their mean therapist reaction scores.
Table 3

**Analysis of variance source table of therapist reaction to anger expression by target, intensity, counselor sex, and type of graduate program**

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<th>Source of Variation</th>
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<th>df</th>
<th>MS</th>
<th>F</th>
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<td>9</td>
<td>1097.29</td>
<td>12.05*</td>
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<td>2775.98</td>
<td>3</td>
<td>925.33</td>
<td>10.16*</td>
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<td>Intensity</td>
<td>3560.96</td>
<td>3</td>
<td>1186.99</td>
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<tr>
<td>Counselor sex</td>
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<td>225.60</td>
<td>2.48</td>
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<tr>
<td>Graduate Program</td>
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<td>2</td>
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<td>17.10*</td>
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<tr>
<td><strong>Two-way Interactions</strong></td>
<td>6312.75</td>
<td>29</td>
<td>217.68</td>
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</tr>
<tr>
<td>Target x Intensity</td>
<td>5560.69</td>
<td>9</td>
<td>617.85</td>
<td>6.79*</td>
</tr>
<tr>
<td>Target x Counselor Sex</td>
<td>72.27</td>
<td>3</td>
<td>24.09</td>
<td>.26</td>
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<tr>
<td>Target x Program</td>
<td>286.87</td>
<td>6</td>
<td>47.81</td>
<td>.53</td>
</tr>
<tr>
<td>Intensity x Counselor Sex</td>
<td>63.42</td>
<td>3</td>
<td>21.14</td>
<td>.23</td>
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<tr>
<td>Intensity x Program</td>
<td>277.17</td>
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<td>.51</td>
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<td>Counselor Sex x Program</td>
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<td><strong>Explained</strong></td>
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<td>38</td>
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<tr>
<td><strong>Residual</strong></td>
<td>50898.12</td>
<td>559</td>
<td>91.05</td>
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<tr>
<td><strong>Total</strong></td>
<td>67086.52</td>
<td>597</td>
<td>112.37</td>
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* p < .001
Table 4

Mean therapist reaction score by target, intensity, and graduate program

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<th>Group</th>
<th>Mean Reaction Score</th>
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<td>Peer</td>
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<tr>
<td>Authority</td>
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<td>System</td>
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<td>Counselor</td>
<td>47.57</td>
<td>11.68</td>
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<tr>
<td><strong>Intensity</strong></td>
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<tr>
<td>Annoyance</td>
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<td>8.71</td>
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<tr>
<td>Direct anger</td>
<td>50.66</td>
<td>9.46</td>
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<tr>
<td>No anger</td>
<td>50.22</td>
<td>11.07</td>
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<tr>
<td>Rage</td>
<td>46.18</td>
<td>11.70</td>
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<td><strong>Graduate Program</strong></td>
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<td>Counseling Psychology</td>
<td>52.31</td>
<td>9.82</td>
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<tr>
<td>Non-counseling or clinical programs</td>
<td>48.52</td>
<td>11.46</td>
</tr>
<tr>
<td>Clinical Psychology</td>
<td>47.12</td>
<td>10.33</td>
</tr>
</tbody>
</table>

*lines drawn between groups indicate significantly different means at .05 level of significance.
For the variable of target, counselor reactions were divided into groups based on the target of the client's anger (peer, authority, counselor, system). The reactions were significantly more positive, indicating more acceptance of the angry client, with the targets of peer and authority than they were with targets of counselor and system. Counselor reactions to targets of peer and authority were not significantly different from each other nor were counselor reactions to clients with anger directed toward targets of the system and counselor.

For the variable of intensity of the anger expression, three categories, no anger (mean therapist reaction score of 50.22, SD=11.07), annoyance (mean therapist reaction score of 53.23, SD=8.71) and direct anger (mean therapist reaction score of 50.66, SD=9.46) were not significantly different from each other. The intensity level of rage, with a mean therapist reaction score of 46.18 (SD=11.70), was significantly different than the other three intensity levels, with a significantly lower therapist reaction score indicating the therapists are less accepting of clients expressing anger with a rage intensity level, than of those expressing anger with lower intensities. The third significant main effect was due to the graduate program of the counselor. Those from a Counseling Psychology graduate program gave a significantly higher therapist reaction scores for clients expressing anger, than the other two categories, Clinical Psychology and Non-counseling and Non-clinical programs, not significantly different from each other.

INTERACTION OF TARGET BY INTENSITY

The final post hoc analysis was performed to explore the significant interaction between the variables of target of the anger expression and
its accompanying level of intensity. Means and standard deviations of the therapist reaction scores were compared at one level and category of each variable when combined with each level or category of the other variable to see how differences occurred. The mean therapist reaction scores at each of these combinations can be seen in Table 5. The mean therapist reaction scores of Table 5 are also pictured in Figure 1 to assist in describing trends of therapist reactions to clients expressing anger in the various conditions of expression. Each line on the graph represents a different target, and indicates the mean therapist reaction score for that target at each intensity level (no anger, annoyance, direct anger and rage). The interaction between target of the anger and the intensity level of its expression is represented on the graph by non-parallel lines.

The target which suggests the most dramatically different pattern from the others in mean therapist reaction scores was the target of the counselor. For this target, the reaction by the therapist decreased, that is, the therapist became less accepting of the client expressing anger, as the intensity of the expression increased. In contrast to the target of the counselor, the other lines representing other targets appear to have less dramatic shifts across intensity levels. The other three targets follow similar patterns as the intensity of the expression was increased from no anger to annoyance; they all showed a more positive therapist reaction score, a higher reaction score. In addition, they all dropped somewhat as the intensity increased to direct anger. However the targets of peer and authority showed a very slight drop, while the targets of system and counselor show greater decreases at the direct anger level.
Table 5

Mean therapist reaction score by target for different levels of intensity of anger expression

<table>
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<tr>
<th>Level of Intensity:</th>
<th>No Anger</th>
<th>Annoyance</th>
<th>Anger</th>
<th>Rage</th>
</tr>
</thead>
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<tr>
<td>Target: Peer</td>
<td>51.60</td>
<td>55.81</td>
<td>55.51</td>
<td>47.08</td>
</tr>
<tr>
<td></td>
<td>(SD-10.31)</td>
<td>(SD-6.29)</td>
<td>(SD-7.98)</td>
<td>(SD-12.52)</td>
</tr>
<tr>
<td>Authority</td>
<td>49.49</td>
<td>54.24</td>
<td>52.66</td>
<td>51.31</td>
</tr>
<tr>
<td></td>
<td>(SD-10.18)</td>
<td>(SD-7.70)</td>
<td>(SD-8.76)</td>
<td>(SD-8.16)</td>
</tr>
<tr>
<td>Counselor</td>
<td>54.38</td>
<td>52.00</td>
<td>48.23</td>
<td>37.41</td>
</tr>
<tr>
<td></td>
<td>(SD-9.37)</td>
<td>(SD-10.63)</td>
<td>(SD-7.80)</td>
<td>(SD-10.77)</td>
</tr>
<tr>
<td>System</td>
<td>45.59</td>
<td>50.84</td>
<td>46.77</td>
<td>49.57</td>
</tr>
<tr>
<td></td>
<td>(SD-12.63)</td>
<td>(SD-9.16)</td>
<td>(SD-10.66)</td>
<td>(SD-9.84)</td>
</tr>
</tbody>
</table>
Figure 1

Graph of interaction between target and intensity of anger expression on counselor reaction.
It is at the intensity level of rage that the similarities of pattern across targets diminished. The therapist reaction scores dropped sharply for the counselor target. There was also a sharp drop in therapist reaction scores for the target of peer (55.51 to 47.08). The target of authority line only slightly decreased, from the direct anger to rage intensity level (52.66 to 51.31). Finally, the target of anger directed at the system showed an increase in mean therapist reaction score from the intensity level of direct anger to rage (46.77 to 49.57). The therapist reaction scores for the peer, authority, and system targets were very similar in the rage intensity level (47.08, 51.31, and 49.57, respectively), with the therapist reaction scores to the target of counselor much lower (37.41).

SUMMARY OF RESULTS

The preceding analyses sought to determine which variables of the list in Table 2 significantly contributed to therapists' reactions to clients expressions of anger in various ways. The analyses supported that the following variables had a significant effect on the therapist reaction scores, accounting for a significant amount of the variance in how the therapist reacted to clients expressing anger: degree to which the counselor expresses his or her own anger in an "angerin style", experience of the counselor, graduate program of the counselor, target of the anger, and intensity of the anger expression. The following variables were not shown to be significant contributors to the therapist reaction scores, not accounting for a significant amount of the variance in how therapists react to clients expressing anger: Anger arousal, angerout mode of expression, tendency to have a hostile outlook, range of anger situations,
professional level of the therapists, theoretical orientation, counselor sex, and client sex. A more complete discussion of the results follows in the next chapter.
CHAPTER 5

DISCUSSION

The experience of anger is a frequent one (Averill, 1982), and people express the emotion in many different ways. Ideally, individuals should have a repertoire of ways to deal with feelings of anger and to choose the most effective strategy to meet their needs at the time (Feshbach, 1986; Rubin, 1986; Stearns & Stearns, 1986; Tavris, 1982). However, in today's society, suppression of anger may be subtly encouraged while direct expression of anger is rarely accepted (Stearns & Stearns, 1986).

Many individuals enter counseling because of problems surrounding their own or others' anger and how the anger is expressed. Research in the counseling setting has focused on reactions or responses of the therapist to clients' expression of anger. Most of the studies used clients with generally hostile attitudes (Beer, 1970; Bohn, 1967; Heller et al, 1963; Russell & Snyder, 1963). When working with these hostile clients, counselors tended to avoid clients' hostile statements (Bandura et al, 1960), become more anxious (Russell & Snyder, 1963), be more detached (Yulis & Kiesler, 1968), or otherwise respond less positively than to "friendly" clients (Beery, 1970; Gamsky & Farwell, 1966). In addition, counselors expected angry clients to be more difficult to work
with (Berger & Morrison, 1984) and to be less likely to have a successful therapy outcome than more affiliative clients (Filak et al, 1986).

The present study sought to extend the research on anger in the therapy setting by exploring therapists' personal reactions to angry clients whose anger was specific to a target, rather than using generally hostile clients. The study also varied the intensity levels of the anger expression. Other variables explored were counselor's professional level, type of graduate program, primary theoretical orientation, experience level and sex of the client and counselor. The counselors' attitudes about their own anger were also investigated, involving assessments of amount of anger arousal, mode of anger expression, degree of hostile attitude, and range of situations that counselors report make them angry. This chapter reviews and interprets the findings of the present study, discusses issues and limitations of the study, and suggests research, theoretical and clinical implications of the findings.

In the study, counselors listened to audiotapes of clients expressing anger toward a variety of targets with a range of intensity levels. It was found that all the variables together, including the variables involved in the client's anger, and the variables describing qualities of the therapist, were able to significantly predict the therapist's personal reaction to the angry client. Several specific variables accounted for a significant amount of variance individually in the therapists' personal reaction. First, one mode of anger expression by therapists, that of "angerin" mode, was significantly related in a negative way to therapists' reactions to clients expressing anger. Second, experience of the counselor was positively related to counselors' reactions. Third, the type of graduate program of
counselors was a significant variable, with those counselors from Counseling Psychology programs reacting significantly more positively to angry clients than counselors from Clinical Psychology or Non-Counseling and Non-Clinical Psychology programs. Finally, there was an interaction between the variables of target of the anger and intensity level of expression significantly influencing the therapists' personal reactions to clients expressing anger.

The variables not found to be significant in the therapists' personal reactions to clients expressing anger included several aspects of the counselors' own anger (anger arousal, "angerout" mode of expression, level of hostile attitudes, and range of anger situations that counselors report make them angry). Other non-significant variables included counselors' professional level, primary theoretical orientation, and sex of both counselor and client.

Because this study was an exploratory one, no specific hypotheses were made. Rather, exploratory questions were posited of how each variable was related to counselors' personal reactions to clients expressing anger. Previous research exploring the variable of target of the anger found significant differences in counselor reaction between anger directed toward the counselor and anger directed at others. More avoidant counselor responses were found when the anger was directed toward the counselor (Bandura et al, 1960; Davis et al, 1985; Gamsky & Farwell, 1966; Varble, 1968). Therefore, it could be expected that the target of the anger towards the counselor would be related to more negative counselor personal reactions to the client, generally the case in this study. Experience of the counselor has previously found mixed
results in counselor responses to angry clients. Many of the other variables (aspects of counselor's style of anger expression, professional level, graduate program, sex, and intensity level of anger expression) were the subject of little previous research attention and, thus, no predictions were made about them.

**SIGNIFICANT VARIABLES**

Counselors personally endorsing an "angerin" mode of anger expression were significantly more likely to react negatively to clients expressing anger. An "angerin" style was one aspect of the Multidimensional Anger Inventory defined as the tendency to hold anger in and keep the feeling inside (Siegel, 1986). Clients on the tapes tended to express anger outwardly, telling the counselor how they felt, directly contrasting an "angerin" mode of expression. Such an outward style of expression may be likely to create discomfort in the counselor who reports being most comfortable holding feelings inside. An anxious or uncomfortable counselor may be less likely to be accepting and may have less desire to work with that angry client.

In contrast, counselors who do not report holding anger in may be more likely to encourage and support clients who express their feelings (Bandura et al, 1960). These counselors would be likely to attempt to elicit anger expression and, thus, be more willing to work with clients expressing anger.

Interestingly, the "angerout" mode of expression, that is, the tendency to express anger outward and to let others know when one feels angry (Siegel, 1986), was not significantly related to counselors' personal reactions to angry clients. This suggests that the suppression of the
counselor's own anger is a more critical indicator of reactions to clients than whether the counselor expresses anger. Counselors who tend to hold their anger inside may not put an emphasis on anger expression in counseling, rather, they may be likely to avoid such a focus. Counselors who express their own anger outwardly do not seem to have a consistent way of reacting to clients expressing anger and may deal with clients' anger in a variety of ways. They would, thus, not react in a significantly positive or significantly negative way to clients expressing anger.

Another significant variable was the experience level of the counselor. Experience levels of counselors ranged from 1 year to 30 years of experience with a mean of 7.9 years (SD=5.9). This variable had a positive significant relationship to counselors' personal reactions to clients expressing anger. The more experienced, the more likely the counselor was to be accepting of the angry client. Those with less experience were more likely to react negatively to clients expressing anger.

Previous research investigating the effect of experience level on counselors' reactions to angry clients has resulted in mixed findings. Beery (1970) found no differences in responses to hostile clients on the basis of experience level; therapists at both high and low experience levels responded less positively to hostile clients than to friendly ones. Varble (1968) found interns, i.e., less experienced counselors, to be more accepting of clients who expressed anger towards the counselor than were more experienced counselors, who tended to use more avoidant responses. In contrast, Gamsky and Farwell (1966) found less experienced counselors to be more likely to avoid direct hostility from
clients than counselors with more experience. These latter findings are consistent with findings of the present study where more positive reactions to clients were reported from counselors with more experience.

Anger can be overwhelming and threatening, especially if expressed at high intensity levels. Counselors with little experience may not have established ways of dealing with clients expressing strong emotions and may react in a negative way to clients expressing anger. Beginning counselors may tend to lack confidence in their skills, have a higher need for approval (Bandura et al, 1960; Davis et al, 1985), and have a strong need for control of the counseling session. Angry clients may disrupt the session and exacerbate insecurity in the counselor.

In contrast, more experienced therapists may view the anger expression as an indication of high involvement for the client. The presence of anger would therefore indicate a meaningful therapy issue. Thus, the presence of anger may indicate a substantive issue worth bringing up strong emotions, which may override any discomfort the counselor may have around the expression of anger. Experienced counselors may view the expression of strong feelings as an indication that the client is working. In addition, counselors who have dealt with many angry clients may be more likely to accept clients who are angry, knowing what to expect. This may have been especially true in the present study because the anger was directed at a specific target, with a justifiable provocation, rather than diffuse hostility.

Previous research with trainees or graduate students has examined difficulties with counselor responding to strong expressions of anger by clients, finding that trainees expect angry clients to be difficult clients
(Berger & Morrison, 1984). Instructional programs for trainees have been developed to facilitate consistent responding to clients' anger (Davis et al., 1985; Hector et al., 1979, 1981). From the results of the present study, however, "years of experience" was the variable found to be significantly related to acceptance of an angry client, rather than professional level of trainee or psychologist. Thus, whether or not one is a trainee may not be the issue of concern, but how experienced one is as a therapist. These are certainly correlated, but based on the results of the study can be usefully differentiated.

Type of graduate program was also a significant variable in predicting therapists' personal reactions to clients expressing anger. Therapists who graduated from or were enrolled in a Counseling Psychology Ph.D. program were significantly more likely to react positively to angry clients than therapists from Clinical Psychology Ph.D. programs, or Non-Counseling and Non-Clinical Psychology Ph.D. programs.

Traditionally, a major difference between Counseling and Clinical Psychology training programs is one of Counseling Psychology's emphasis on strengths and the use of normative approaches, while Clinical Psychology's focus is on issues of disintegration and in working with an "abnormal" population (Delworth, 1977; Fretz, 1982). Counseling Psychologists work with clients from a positive perspective, with clients striving for growth often blocked by denial of emotions (Hill, 1977). A therapist's goal from a Counseling Psychology perspective is to unblock and allow for the expression of emotions. With such an orientation, the expression of anger would be seen as a positive step forward for the
client (Hill, 1977). A Clinical Psychologist traditionally would focus on the maladaptiveness of the anger and the resistance the client may be expressing, and thus would be less likely to react positively to the angry client.

In comparing Counseling and Clinical Psychology graduate training, Hamilton (1977) found few differences in the content of training, rather found differences to be centered around the Counseling Psychology's training placing greater emphasis on the individual and the process of learning. Counseling Psychology programs were more likely to have students with higher levels of personal maturity and increased self-awareness than Clinical Psychology programs (Hamilton, 1977). These may be strengths that allow for Counseling Psychology students to be more open to working with and accepting of angry clients. Counseling Psychology programs may view dealing with anger or other potentially threatening emotions as an important issue to be highlighted, which may not necessarily be the case in other programs. Because of their emphasis, Counseling Psychologists may have been better prepared to work with and accept anger expression from clients.

The target of the anger was a significant variable, with counselors reacting significantly more positively to clients expressing anger toward a peer or authority figure than towards a system or the counselor. The intensity level of the clients' anger expression was also a significant variable with counselors reacting more negatively to clients expressing anger at a rage level of intensity than when clients were expressing anger at any of the other intensity levels (no-anger, annoyance, and direct anger). The significance of the target of the anger and intensity level of
anger expression cannot be interpreted independently because of the presence of a significant interaction between the two variables. An interaction means that the effects of each of the two variables on the therapist's personal reaction to the client varied at different levels of the other variable, increasing the complexity of the interpretation. The interaction may be seen more clearly in graphic form, depicted in Figure 1 (in the Results chapter).

The target which had the most dramatic series of counselor reactions was that of anger towards the counselor. Counselor reactions to clients expressing anger toward the counselor became consistently more negative as the intensity of the anger expression increased. The most positive reaction of this target was toward the clients in the "no-anger" intensity level. In this condition, the client was expressing feelings of disappointment over observing that the counselor did not seem to be paying attention (for more details, see Appendix F). Such feedback was probably seen as helpful. However, as the intensity level increased and the client expressed the same message with annoyance and then anger at an increasingly stronger intensity to a level of rage, the counselor's reaction to the client sharply became more negative, with the rage intensity level generating the most negative counselor reactions of all the conditions in the study.

Anger directed at the counselor made the counselor the target or recipient of the client's anger, which can be a frightening position. Previous research exploring counselors' reactions to anger directed at themselves rather than directed at others found counselors to be more likely to avoid the anger, to react negatively to the client (Bandura et al,
1960; Gamsky & Farwell, 1966; Varble, 1968) and to have the most difficulty with responding (Davis et al, 1985). The results of the present study support these previous findings.

One reason why counselors reacted negatively to clients expressing anger at the counselor may be that it can be seen as a personal attack. One of the things found to make counselors angry is when clients direct anger at them (Fremont & Anderson, 1986). While the expression of anger in an interpersonal relationship may often eventually be viewed as a positive and intimacy-generating phenomenon by the target (Averill, 1982), counselors as targets in this study were only able to provide an immediate reaction. In addition, because of inequities in the counselor-client relationship, negative reactions to the anger may be expected (Watson & Remer, 1984). Moreover, although most counselors feel it is an ethical practice to tell a client when they are angry at the client, most refrain from such practices (Pope et al, 1987). Therefore, when faced with anger generating incidents without feeling free to respond openly, many counselors may tend to react negatively, and not feel strongly about working with the client.

Another issue involved is one of feeling responsible, which may occur even if the counselor knows the anger is an issue of the client's. If a client expresses anger at the counselor with a strong intensity level, or so enraged as to seem out of control, the counselor may feel responsible for the client's feelings. Feeling responsible and guilty may contribute to counselors having strong negative reactions to a client expressing anger at the counselor.
The other targets showed less dramatic shifts in counselors' reaction across intensity levels. Counselors reacted more positively to clients expressing anger at an annoyance level that at a no anger level of intensity. This was true for anger directed at all targets except that of anger directed at the counselor. This suggests that counselors see the expression of anger in a mild way as preferable to expressing the situation without anger. Many therapists may have viewed clients using the no-anger intensity level as a defense against facing their anger through the use of denial, minimization, or rationalization (Gaylin, 1984). Instead, counselors seemed to prefer clients who could express feelings more directly, in what may have been considered more assertive ways (Alberti & Emmons, 1974; Alschuler & Alschuler, 1984; Doyle & Biaggio, 1981; Epstein, 1980; Galassi & Galassi, 1975; Phelps & Austin, 1975). The no-anger condition could also have been considered uneventful or boring to the counselor since the client was so calm about the situation. The use of the annoyance intensity level seemed to be considered a more appropriate level of emotion at which to deal with a specific anger-causing issue.

Anger directed at the system, which was the large university, consistently produced the most negative therapist reactions. However, when directing anger at the university, those clients expressing it with annoyance and rage levels seemed to be more accepted than when clients expressed their feelings with no-anger and direct anger intensity levels. Annoyance is a relatively mild form of anger and may be easy to work with, while rage suggests an intense reaction, which can be exciting work for the counselor. Direct anger generated more negative reactions,
perhaps because the university is an impersonal irritating system and strong anger at it is a frustrated, powerless anger not likely to bring about change. In addition, it may be that some counselors, especially those not working within the university system, consider being closed out of classes not relevant or a trivial matter when compared to more traumatic life issues (Knight et al, 1985). Therefore, they might not be as eager to work with a client who seems to get angry over what they might consider minor incidents (Gaylin, 1984).

The target generating more client acceptance than the system, but not strongly positive therapist reactions, was that of anger at authority, specifically at the client's boss. The therapists' reaction to the clients was very similar at all intensity levels. Like the university, clients are not likely to be able to change bosses' behavior as a result of expressing anger. Bosses are in a superior position and therefore have more power than their employees. However, because there were some interpersonal aspects to the anger, the client may have somewhat more potential to do something to change the situation. This opportunity to make positive use out of angry feelings may have generated a somewhat more positive overall reaction than clients angry at the seemingly totally inhuman university system. Anger generated at these distant targets may feel frustrating to therapists because it may be futile and not likely to do anything to alter the system.

The other two targets, those of anger towards a peer and anger towards the counselor are targets of interpersonal anger. These targets generated the most fluctuations in therapist reactions, with the intensity level of expression seeming to strongly influence the therapists' reactions.
Clients directing anger at a peer had the highest acceptance level of any condition when it was expressed with annoyance and direct anger intensities. Such anger is most likely to be seen as justified and positive, because in this situation, the anger was an attempt to communicate the individual's desire for change in the present situation (Tavris, 1982; Thomson, 1983). It was an interpersonal expression, based strongly on hurt over threatened feelings of closeness and trust with the other person, a common reason for anger (Alschuler & Alschuler, 1984; Cahill, 1981). Anger in interpersonal relationships is the most constructive form of anger, often an effective way to change conditions or deal with issues between people (Averill, 1982), with which therapists usually feel comfortable working. When expressed with some intensity of emotion, such interpersonal issues can become real and immediate for the client, leading to more positive reactions by the therapist. However, when the same issue was expressed at a rage level of intensity, the therapists' reactions were more negative. It is the rage style of anger expression that can destroy relationships, rather than more moderate expression of anger which often can be a positive force in interpersonal relationships (Averill, 1982, 1983; Rothenberg, 1971). Rage levels of anger expression can be interpreted as aggressive reactions, which are seen and described as destructive (Cahill, 1981; Rothenberg, 1971) and necessary to control (Freud, 1933).

The other interpersonal anger target was anger at the counselor, which as described earlier, generated increasingly negative reactions as intensity levels increased. However, some acceptance of the client expressing such anger at annoyance and direct anger intensity levels was
present. Therapists were more willing to work with and felt more positively toward clients expressing anger at the therapist with a direct anger intensity level, as threatening as it may have been, than they were with clients expressing direct anger at the system, a much more powerless anger.

Overall, it seems that a certain amount of expression of anger by clients enhanced therapists' reaction toward the clients. Clients expressing interpersonal anger at a peer where there was some reason to believe change in the relationship could result were most accepted by the therapists. An adaptive function of anger is the inducement of feelings of potency or control (Novaco, 1976a). The acceptance by therapists disintegrated when the anger was expressed more aggressively, at a rage intensity level. At that point, clients may have been more similar to the generally hostile clients used in previous studies, who consistently generated negative reactions. Perhaps enraged clients were seen to be overreacting and as a result having a diminished possibility for change in behavior or in the situation. Clients directing anger towards more distant targets such as large systems, seemed to be less accepted by counselors, with even less acceptance as the control or possibility for change in the situation decreased.

With authority figures, some interpersonal interaction was present, yet there was little power or control in dealing with a superior in a job situation. Therapists' reactions were more positive with clients angry at situations with an identified person as the target like authority than they were towards clients angry at impersonal systems like the university system. However, the reactions to clients expressing distant powerless
anger (towards a system or authority) were consistently negative at all intensity levels. Perhaps, when clients are seen as having little control over changing the situation, the therapist may have reacted negatively to them no matter how they expressed such anger.

When the anger was directed personally at the therapist, the clients expressing their thoughts without anger were the most accepted, perhaps because it would raise the least defensiveness or reciprocal feelings of anger in the counselor. In addition, when expressed at a tentative or mild level, there is the highest possibility that the therapist will hear the clients' message and perhaps consider changing any anger-producing behavior.

Findings of this study suggested that counselors and therapists reacted differently to clients expressing different kinds of anger. In most cases, some assertive expression of anger was viewed as more positive than when clients described the situations without expressing anger. The results indicate that the way therapists react to angry clients is not a result of whether the clients are angry or not. The process is more complex, with specific targets of the anger and the intensity levels at which it is expressed being important components contributing to therapists' reactions to angry clients. Futile or powerless anger seems to be less accepted than anger that has the possibility of changing the situation provoking the anger. The amount of personal threat to the therapist also seems to be important in determining therapist reactions. The greater the threat, the more negatively the client is viewed. The interpersonal nature of the anger is also an important variable. Clients were most accepted when they were angry at specific people and least
accepted when the anger was directed at large, impersonal institutions. Attributes of the therapists also significantly contributed to the therapists' reactions with therapists from Counseling Psychology programs and those with more experience being more accepting of angry clients and more willing to work with them. In addition, therapists who endorsed an "anger in" mode of expression for themselves were likely to be less accepting of angry clients.

NON-SIGNIFICANT VARIABLES

Sex of counselor and client were found to be non significant variables in predicting counselors' reactions to the angry clients. Although much has been written about women's anger and its negative perception in society (Kaplan et al, 1983; Lerner, 1977; Miller, 1983; Weiss, 1984), counselors did not react in a significantly different way to men and women expressing anger similarly. Perhaps, differences were not found because the emotion expressed by both men and women clients was clearly anger rather than a cluster of emotions including sadness, guilt and anxiety, as has been shown to be common for women (Lerner, 1977; Weiss, 1984). Women's anger is often obscured in this way, by the interplay of the other overlapping emotions, which reduces the risk of expressing anger directly (Lerner, 1977; Weiss, 1984). It may be this combination of emotions that is often described as women's anger. Because the emotion of anger was expressed directly and clearly by both men and women in this study, angry women were not significantly different from angry men. Social desirability could be another factor to account for the lack of sex differences. Counselors may have been aware
of how they thought they were expected to react, as egalitarian
counselors who would not respond differently to men and women.

Sex of counselor also was not found to be significant in counselors' reactions to clients. Perhaps sex differences are no longer a major factor in therapists. On the other hand, counselors were aware they were being studied, and may have responded in socially desirable ways, which served to obscure sex differences which may have otherwise occurred.

Theoretical orientation was also not found to be a significant variable. Because 34.7% of the therapists reported Eclectic as their primary theoretical orientation, there may not have been enough clearly defined theoretical variation to observe differences (e.g. restriction of the range). In addition, half of the sample were graduate students who, although able to state a chosen theoretical orientation, may not have developed it enough to respond consistently to clients in light of that theory. Therefore, it would be unlikely for theoretical orientation to play a strong role in the personal reaction of this sample of counselors.

Finally, of the counselors' attitudes regarding their own anger "angerout" mode of expression, level of hostility, and range of anger producing situations were not significant variables in their reactions to clients expressing anger. This may indicate that counselors were able to keep some of their own attitudes regarding anger expression separate from their initial reactions to clients, at least as shown by this study.

LIMITATIONS

This study is limited in several major ways. A primary limitation involves the Therapist Reaction Inventory (TRI), the instrument designed for the study as the means to assess the dependent variable of counselor
personal reaction to the client. Some problems in the instrument's test-retest reliability were found when it was tested with the target of anger toward the counselor. These lower reliability scores may be related to the sample of participants included in the reliability testing. These participants were graduate students with little direct experience as counselors and who may have been overwhelmed by anger directed at them by a client. If so, it is likely for them to have inconsistent and somewhat unreliable reaction scores. Reliability might have been better assessed with a sample more similar to the therapists involved in the actual study.

In addition, the TR1 is a broad measure, assessing a general level of acceptance of clients. While it has been shown to be internally consistent, it may be lacking in precision. A more specific instrument exploring key aspects of clients' behavior which led counselors to react positively or negatively may have been able to assess more specifically that which accounted for different reactions to the various conditions. In addition, the inclusion of how the counselor's reaction would affect what the counselor would do with the client in the session would add further relevant information.

The stimulus tapes presenting the anger situations also had the limitations of being audio only. Since only voices were heard expressions of emotional and nonverbal behaviors such as facial expressions and bodily gestures were not available. These are often as important in communicating feelings as the words (Izard, 1977). In addition, the tapes presented less than two minutes of the angry expression, providing only a small portion of the client's behavior from which to make judgements.
However, one advantage of an analogue study is to provide more experimental control than would have been possible using actual client statements (Munley, 1974). Another advantage of an analogue procedure is the ability to use a relatively large sample of counselors exposed to identical client stimulus material. Even given these advantages, however, the analogue procedures restrict generalization of the findings to limited initial interactions with the client (Munley, 1974).

One of the targets of anger in the study was the university system for closing the client out of classes. This issue may not be relevant to and may rarely be heard by some of the therapists in the study, especially those working privately, in a rehabilitation program, or in other non-college setting. In contrast, for graduate students, this issue may be very common in their experiences with clients at university practicum sites. Thus the unequal exposure of the issue for therapists may have confounded results of this target condition (Knight et al, 1985).

Another limitation is based on the study's design. Each therapist listened and reacted to eight client anger segments. Although randomized and counterbalanced, therapists heard the same issue discussed twice at different intensity levels or by different sex clients. The effect of hearing the same client's voice or the same issue raised was not assessed, although two client-actors of each sex were used to decrease potential confounds. A better strategy might have involved each therapist listening and reacting to only one client condition, although this would have required expanding the sample by a factor of eight.

A final major limitation is related to the sample of therapists in the study. It was not a random sample, rather it was drawn from volunteers
based on selective recruitment using class lists, recommendations of a graduate student working in a rehabilitation program, and of a psychologist in private practice. All of the therapists practiced in Columbus, Ohio and all of the graduate students in the sample were enrolled in Psychology or Counselor Education Ph.D. programs at The Ohio State University. These factors limit the generalizability of the results.

RESEARCH AND CLINICAL IMPLICATIONS

To increase generalization of the findings, the study could be replicated with a different sample, which expands its geographic scope as well as uses different employment settings and graduate programs. Regional differences regarding the expression of anger may occur because of the amount of external stressors in any particular environment. In a rural area, people may tend to have fewer stressors with a generally slower pace of life. Thus, anger expression styles may be different than people in an urban area who tend to have a multitude of stressors. Employment environment may also affect reactions to anger, with those working in a setting where strong expressions of anger are very common, such as in a prison, reacting differently than those people employed in a more serene setting.

In this study two major types of anger were identified based on their target: systemic anger and interpersonal anger. Theoretically, interpersonal anger is largely viewed as constructive and has been shown to improve relationships (Averill, 1982,1983; Rothenberg, 1971). Based on the results of this study, clients expressing interpersonal anger not directed at the counselor were accepted more by counselors than those expressing systemic anger. Future research needs to focus on the
differences between these types of anger. One distinction can be based on the perceived controllability over interpersonal relationships. People who are angry at someone with whom they are in a relationship, has the potential to change the problematic relationship. In contrast, with systemic anger, one frequently perceives little control or power to change the anger provoking aspects of the system.

Research could focus on the relationship between different types of anger and perceived control over the situation. It could be explored by having individuals chart situations in which they become angry as well as the amount of control over their ability to change the anger provoking situation. When individuals think they have more control, the more constructive their anger may be, either internally or in the external situation. The relationship between feeling control or power to change the anger producing situation and acceptance of the anger by therapists also needs to be tested.

Moreover, therapists may also want to work with situations in which they can have a significant role. It may be hypothesized that interpersonal anger experienced by clients allows therapists to have more positive reactions because they have an opportunity to take action and work with the situation. In contrast, anger at a system which related to more negative therapists' reactions, may provide little opportunity for therapists' input in changing the situation. In addition to targets used in the present study, these hypotheses can be tested using other targets or situations of interpersonal anger, such as anger at a family member or significant other person. Examples of systemic anger include anger at the legal system or the government.
There are many other avenues in the counseling setting from which to explore anger. Anger in the counseling session allows for an examination of both the instigation and the reaction by the target. Reactions to anger can be studied in the context of marital, family or group therapy. When others are present, each individual may react differently. By exploring reactions to anger of all clients present as well as those of the therapists, it may be possible to see the effect of anger on the therapeutic process. Major variables may be the therapist's reactions to the client's expression of anger, as well as the feelings of other clients present. These feelings could be correlated with the behavioral response or intervention by the therapist. Other clients' responses to a peer expressing anger may include a variety of behaviors such as becoming silent, starting to cry, or encouraging the anger expression through active agreement.

The receptivity of the angry client and others present to the therapist's response could be examined to see how clients' expressions change when therapists intervene. Further exploration in the area of client reactions to therapist intervention may allow for differential application of a variety of interventions for different purposes. For example, a therapist may begin to teach how to act assertively when a client expresses anger. Such an intervention may lead to a different process of therapy than an intervention which would encourage the affect, such as the empty chair method. Each may be useful and constructive with different types of clients in different situations, depending on the needs of the client and his or her pattern of anger expression (Rubin, 1971; Turock, 1980).
Process studies of anger in the real therapy setting would enable researchers to study the interaction between the therapist and the angry client. This may be especially interesting in a situation when the client's anger is directed at the therapist. The use of real dyads would extend the generalizability of the present findings and explore their validity in a "real life" setting. Tapes could be made of counselor–client dyads and then analyzed in terms of communication and language style to describe the interactional process occurring in counseling when clients express various types of anger. By reviewing the tapes, therapists could respond to how they felt when their clients expressed anger and how they thought their clients felt. In addition, their reasons for intervening could be assessed in the same way. Clients could also be interviewed during the review of the tapes to assess how they felt expressing anger in the sessions as well as their feelings when the therapists responded to their anger.

Since anger is such a common emotion (Averill, 1982), it will occur in counseling and can be a potentially positive force. Thus, counselors, especially if inexperienced, may benefit from training programs, to help with consistent responses to anger, such as those programs designed by Davis et al (1985) and Hector et al (1979, 1981). In addition to training and educational programs, therapy supervision can have a unique role in situations when clients express anger, especially if the anger is directed at the therapist. Therapists may become angry or uncertain as to how to respond when clients express anger. Therefore, the supervision setting is one place that has been suggested as a resource for helping therapists deal with angry clients (Davis et al, 1985; Hector et al, 1979, 1981;
Varble, 1968), where therapists can gain support and attempt to understand the effect of their clients' anger. There is an opportunity to model helpful ways of working with anger if supervisors can accept the therapist's angry feelings. Supervision can also provide the means to sort out the therapist's feelings to see which are realistic and which may be defensive reactions to the client. To enable therapists to deal effectively with the situation, the supervision process can be especially important if the anger has been directed at the therapist, which in this study was found to produce the most negative therapist reactions.

Other variables which may be important in therapists' reactions to angry clients are therapists' need for approval (Bandura et al, 1960; Davis et al, 1985), and control in a session, as well as the confidence of therapists to handle the counseling situation. These variables which often change with experience, have been found to be significantly related to acceptance of angry clients. Research needs to study how novice therapists' higher need for approval and need for control of a session and lower confidence relates to their attitudes and acceptance of angry clients. In addition, these variables may be related not only to how therapists feel when confronted with angry clients, but also to how therapists decide to intervene in a situation, and the effect of the intervention on therapists and clients.

Anger is a very powerful emotion, and can lead to other strong emotions when expressed in counseling (Rubin, 1971). Fear, sadness, or anxiety can be explored using a methodology similar to the one used in the present study. Thomson (1983) wrote of how anger, fear and sadness are linked, that as each feeling is expressed, it can facilitate the expression
of the other emotions. Therefore, it would be helpful to explore how therapists react to a variety of emotions and how these reactions may differ as the expressed emotions change. Hector et al. (1979, 1981) used the same type of training for therapists working with depressed as well as angry clients. The training programs were implemented because therapists had difficulty staying with both anger and depression consistently. By studying a range of emotions, it may become possible to explore how therapists' attitudes and reactions to different feeling states affect therapy, a potentially important factor in the outcome of therapy.

This study begins an exploration of how therapists react to angry clients. By understanding therapists' reactions, it may become possible to know the message given to clients as well as the basis of therapists' responses to clients. It may be possible to differentiate a response out of the therapist's own discomfort, or whether the therapist is genuinely responding to help the client deal with strong emotions and troublesome situations. Therapists' difficulty with angry clients is not a general phenomenon but specifically related to certain types of anger and certain attributes of therapists. Based on the results of the present study, therapists respond most negatively toward anger directed at the therapist and other interpersonal anger expressed at a rage intensity level, as well as systemic anger, in which there is little power to change the situation. Attributes of therapists which were related to negative reactions to angry clients were low experience levels and "angering" mode of expressing their own anger. In addition, therapists from Clinical Psychology programs and other Non-Counseling Psychology programs were more likely to react negatively to angry clients than those from
Counseling Psychology programs. There is, thus, a variety of issues involved in determining how therapists react to angry clients; there is no universal reaction nor is there just one constructive way to express anger.
CHAPTER 6

SUMMARY

The present study was designed to explore therapists' personal reactions to clients expressing anger in the therapy session. While societal pressures act to suppress anger in a variety of settings, including work and homelife (Feshbach, 1986; Stearns & Stearns, 1986), research has shown that the emotion of anger is very common and that its expression can be constructive in interpersonal relationships (Averill, 1982, 1983) and in the development of intimacy (Cahill, 1981). Some theorists have concluded that individuals need flexibility and a repertoire of responses to anger (Feshbach, 1986; Rubin, 1986; Tavris, 1982). With a variety of ways of expressing anger, individuals can make a choice of what might be the best way to respond when feeling angry (Tavris, 1982).

Therapists can have a large influence over the expression of angry feelings by the way they react when clients express anger in the therapy session. Studies which have explored therapists' reactions to hostile clients have found therapists to be likely to become anxious, uncomfortable, and to avoid expressions of client anger (Bandura et al, 1960; Gamsky & Farwell, 1966; Varble, 1968).
The present study was designed to assess therapists' reactions to clients expressing justifiable anger directed at specific targets rather than generalized hostility. The four targets included in the study are peer, therapist, authority figure (boss), and system (the university). The intensity of the anger expressed was also a variable with levels of no-anger, annoyance, direct anger, and rage. In addition, the sex of the client was also a variable. Subjects in the study responded to audiotapes of client-actors of each sex who expressed anger at each target and at each level of intensity.

The procedure involved 75 therapists, half of whom were graduate students and the other half psychologists, approximately evenly distributed by sex, who listened to a randomized counterbalanced selection of eight of the taped client segments. The therapist completed an instrument designed for the study, the Therapist Reaction Inventory, after listening to each client which assessed his or her personal reactions. Each therapist filled out a Demographic Sheet assessing the therapist's attributes of sex, professional level, type of graduate program, years of experience, and theoretical orientation. In addition, each therapist completed the Multidimensional Anger Inventory (Siegel, 1986) assessing the therapist's attitudes toward anger, mode of anger expression, anger arousal, and the range of anger provoking situations for that therapist.

Data analysis procedures involved Multiple Regression, finding all the variables together accounting for a significant amount of the variance in therapists' personal reactions to clients expressing anger. For those categorical variables which were independently found to be significant, Analysis of Variance and Post-Hoc procedures were performed.
Therapists who reported holding in their own anger were less likely to be accepting of clients expressing anger. More experienced therapists were significantly more likely to react positively to clients' anger. Therapists from Ph.D. Counseling Psychology graduate programs were significantly more accepting of clients expressing anger than therapists from Clinical Psychology and other Ph.D. programs.

A significant interaction was found between the target of the client's anger and its intensity level of expression, suggesting that both variables together are related to therapists' reactions. With anger directed at the therapist, most acceptance is generated when the message is expressed without anger. Therapists provide more and more negative reactions to the client as the intensity level of the anger expression increases. As intensity increases, such expressions of anger become very threatening. Anger directed at a peer and at an authority figure had more acceptance when expressed with intensity levels of annoyance and direct anger than at no-anger or rage levels. This suggests some expression of emotion is preferable in therapy, possibly indicating client involvement in the issue.

Clients directing anger at a peer are most accepted overall. This supports theoretical formulations of the constructiveness of interpersonal anger because of the increased possibility of change occurring in the relationship. Anger at an authority figure is accepted somewhat less, potentially because there is less likelihood for the individual to have control over changing the situation. Clients expressing anger at the university are least likely to be accepted (except for the rage expression of anger at the therapist which is related to the most negative therapist
reaction). Anger at such a system does not generally include any control over changing the situation. It may have been questionable to the therapists as to whether the expression of such anger could be helpful to the client, and, thus, generated a negative reaction.

Variables not found to be significant are counselor and client sex, theoretical orientation, professional level, and attributes of the therapist's anger expression: anger arousal, angerout mode of expression, hostile attitudes, and range of situations that are anger-provoking for the therapist.

Future research needs to expand the breadth of the sample to facilitate increased generalization of the findings. Actual therapist-client dyads will enable investigation into whether the findings of this analogue study generalize to real therapy settings. In addition to personal reactions which are feelings of the therapists, research could explore the therapists' actual interventions or behavioral responses to client expressions of anger. Results of this study suggest differences in types of anger based on the perceived ability to change the instigating situation. Research needs to explore this issue as well as whether therapists find it more acceptable for clients to express anger that is potentially constructive in changing the situation.

This study shows that aspects of the client's anger expression and attributes of the therapist affect how therapists react to angry clients. According to this study, angry clients can not be seen as a homogeneous group; expression of anger involves a variety of ways of responding to the emotion. In addition, anger expression does not have a universal effect on therapists. Therapists' difficulty with angry clients is not a
general phenomenon, but is specifically dependent upon the type of anger, how it is expressed, and the individual therapist involved.
LIST OF REFERENCES


Appendix A

Demographic Sheet

Sex: ___ M
___ F

Profession: ___ Student (Pre-doctoral):
  Program: ___ Counseling Psychology
  ___ Clinical Psychology
  ___ Counselor Education
  ___ Other (Name: ____________)

___ Psychologist (Post-doctoral):
  Program: ___ Counseling Psychology
  ___ Clinical Psychology
  ___ Counselor Education
  ___ Other (Name: ____________)

Licensed: ___ Yes
___ No
___ Working toward licensure

Years of experience as a counselor/therapist: ____ years
(include practicum experience)

Theoretical Orientation: Please check the orientation(s) from which you draw most heavily in your therapeutic work (check at most three and rank order those choices with 1 as the one from which you draw most heavily, 2 the next heavily, then 3).

___ Behavioral
___ Cognitive
___ Gestalt
___ Humanistic
___ Psychodynamic
___ Systems
___ Eclectic
___ Other (Please note: ________________)

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Appendix B

Therapist Reaction Inventory

Instructions: Based on the limited information you have just heard, it may be difficult to judge some of these questions, but do your best to make accurate judgements on the following items in response to the client you just heard on the tape. Please answer every question.

1. How effective do you think you could be with this client in therapy?
   
   1  2  3  4  5  6  7
   not helpful  very effective

2. How warmly do you feel toward this client?
   
   1  2  3  4  5  6  7
   not warm  extremely warm

3. How much would you look forward to sessions with this client?
   
   1  2  3  4  5  6  7
   not at all  very much

4. How difficult would it be to work with this client?
   
   1  2  3  4  5  6  7
   not at all  very difficult

5. How easy would it be for you to empathize with this client?
   
   1  2  3  4  5  6  7
   very easy  not at all

6. How well suited is your personality to working with this client?
   
   1  2  3  4  5  6  7
   poorly suited  very well suited

7. How willing would you be to treat this client?
   
   1  2  3  4  5  6  7
   very willing  not willing

8. How likely would you become impatient with this client?
   
   1  2  3  4  5  6  7
   very likely  very unlikely
9. What are your feelings toward this client?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tr>
<td>strongly like</td>
<td>strongly dislike</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. How likely would it be that you'd lose interest in this client?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>very likely</td>
<td>very unlikely</td>
<td></td>
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</tbody>
</table>

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Appendix C

Multidimensional Anger Inventory (Siegel, 1986)

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Instructions: Everybody gets angry from time to time. A number of statements that people have used to describe the times that they get angry are included below. Read each statement and circle the number to the right of the statement that best describes you. There are no right or wrong answers.

1. I tend to get angry more frequently than most people. 1 2 3 4 5
2. Other people seem to get angrier than I do in similar circumstances. 1 2 3 4 5
3. I harbor grudges that I don’t tell anyone about. 1 2 3 4 5
4. I try to get even when I’m angry with someone. 1 2 3 4 5
5. I am secretly quite critical of others. 1 2 3 4 5
6. It is easy to make me angry. 1 2 3 4 5
7. When I am angry with someone, I let that person know. 1 2 3 4 5
8. I have met many people who are supposed to be experts who are no better than I. 1 2 3 4 5
9. Something makes me angry almost every day. 1 2 3 4 5
10. I often feel angrier than I think I should. 1 2 3 4 5
11. I feel guilty about expressing my anger. 1 2 3 4 5
12. When I am angry with someone, I take it out on whoever is around. 1 2 3 4 5
13. Some of my friends have habits that annoy and bother me very much. 1 2 3 4 5
14. I am surprised at how often I feel angry. 1 2 3 4 5
15. Once I let people know I’m angry, I can put it out of my mind. 1 2 3 4 5
16. People talk about me behind my back. 1 2 3 4 5
17. At times, I feel angry for no specific reason. 1 2 3 4 5
18. I can make myself angry about something in the past just by thinking about it. 1 2 3 4 5
19. Even after I have expressed my anger, I have trouble forgetting about it. 1 2 3 4 5
20. When I hide my anger from others, I think about it for a long time. 1 2 3 4 5
21. People can bother me just by being around. 1 2 3 4 5
22. When I get angry, I stay angry for hours. 1 2 3 4 5
23. When I hide my anger from others, I forget about it pretty quickly. 1 2 3 4 5
24. I try to talk over problems with people without letting them know I'm angry. 1 2 3 4 5
25. When I get angry, I calm down faster than most people. 1 2 3 4 5
26. I get so angry, I feel like I might lose control. 1 2 3 4 5
27. If I let people see the way I feel, I'd be considered a hard person to get along with. 1 2 3 4 5
28. I am on my guard with people who are friendlier than I expected. 1 2 3 4 5
29. It's difficult for me to let people know I'm angry. 1 2 3 4 5
30. I get angry when:
   a. someone lets me down. 1 2 3 4 5
   b. people are unfair. 1 2 3 4 5
   c. something blocks my plans. 1 2 3 4 5
   d. I am delayed. 1 2 3 4 5
   e. someone embarrasses me. 1 2 3 4 5
   f. I have to take orders from someone less capable than I. 1 2 3 4 5
   g. I have to work with incompetent people. 1 2 3 4 5
   h. I do something stupid. 1 2 3 4 5
   i. I am not given credit for something I have done. 1 2 3 4 5
Appendix D
Graduate Student Recruitment Letter

June 23, 1987

Dear Graduate Student in Psychology,

I am contacting you because of a research project I am conducting that may interest you. As a graduate student in Counseling or Clinical Psychology you are a potential participant for my dissertation study. I am interested in how therapists respond to different expressions of emotion by clients and would like to invite you to take part in this research.

I have prepared short audio-tapes of clients expressing emotions in different kinds of ways, to which I would ask you to complete a brief instrument regarding your reaction to working with such clients. In addition to a few questions about theoretical orientation and background, I would like you to complete another questionnaire regarding your anger. The entire study would take less than an hour.

I would very much appreciate your participation in this study. It can make research efforts more relevant when they are conducted with practicing therapists like yourself who are working regularly with clients. I will be contacting you on the phone to answer any questions you might have and to set up a time to collect your responses. If you would like to contact me, I can be reached at 292-5303 or at 263-9244. Thank you and I look forward to talking with you.

Sincerely,

Barbara Farrell Pats, M.A.
Graduate Student
Counseling Psychology

Samuel H. Osipow, Ph.D.
Professor of Psychology
The Ohio State University

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Appendix E

Psychologist Recruitment Letter

June 23, 1987

Dear Dr. [Name],

I am contacting you because of a research project I am conducting that may interest you. I received your name from [referral source], who recommended you as a potential participant for my dissertation study at The Ohio State University in Counseling Psychology. I am interested in how therapists respond to different expressions of emotion by clients and would like to invite you to take part in this research.

I have prepared short audio-tapes of clients expressing emotions in different kinds of ways, to which I would ask you to complete a brief instrument regarding your reaction to working with such clients. In addition to a few questions about theoretical orientation and background, I would like you to complete another questionnaire regarding your anger. The entire study would take less than an hour.

I would very much appreciate your participation in this study. It can make research efforts more relevant when they are conducted with professionals like yourself who are working regularly with clients. I will be contacting you on the phone to answer any questions you might have and to set up a time to collect your responses. If you would like to contact me, I can be reached at 292-5303 or at 263-9244. Thank you and I look forward to talking with you.

Sincerely,

Barbara Farrell Pats, M.A.
Graduate Student
Counseling Psychology

Samuel H. Osipow, Ph.D.
Professor of Psychology
The Ohio State University
Appendix F

Tape Descriptions for Client Roles

P1: Peer, No anger, Done by female

The issue you are discussing with your counselor or therapist involves a situation where a woman friend of yours and you have not seen each other in 2 months and she did not show up for an arranged dinner date. You are not angry but you are disappointed and you don't understand why she would just not show up. It is bothering you because you thought the two of you were close and you care about her, yet it seems that she does not care about you or at least her behavior does not show it.

P2: Peer, No anger, Done by Male

P3: Peer, Annoyance, Done by Female

The issue you are discussing with your counselor or therapist involves a situation where a woman friend of yours and you have not seen each other in 2 months and she did not show up for an arranged dinner date. You are annoyed because you don't understand why she would just not show up. She at least deserves to give you a reasonable explanation, but she did not bother to give an excuse. You sat there and waited for her but she never showed. If she had had a justified excuse you would have tried to understand, but as it is you are just feeling annoyed and irritated by her behavior. It is bothering you because you thought the two of you were close and you care about her, yet it seems that she does not care about you or at least her behavior does not show it.

P4: Peer, Annoyance, Done by Male
P5: Peer, Direct Anger, Done by Female

The issue you are discussing with your counselor or therapist involves a situation where a woman friend of yours and you have not seen each other in 2 months and she did not show up for an arranged dinner date. You are expressing directly how angry you are at her because she did not show up. You feel you deserve a reasonable explanation, but she did not even bother to give an excuse. You sat there and waited for an hour for her but she never showed and she didn't even bother to call and cancel. You are feeling angry and upset by her behavior and are showing that to your therapist. It is bothering you because you thought the two of you were close and you care about her, yet it seems that she does not care about you or at least her behavior does not show it.

P6: Peer, Direct Anger, Done by Male

P7: Peer, Rage, Done by Female

The issue you are ranting about with your counselor or therapist involves a situation where a woman friend of yours and you have not seen each other in 2 months and she did not show up for an arranged dinner date. You are expressing your rage and anger very loudly because she did not show up. You feel no explanation would be justified, and besides she did not even bother to give an excuse. You sat there and waited for over an hour for her but she never showed and she didn't even bother to call and cancel. You are very angry and upset by her behavior and are in a rage about it. It is extremely bothersome to you because you thought the two of you were close and you care about her, yet it seems that she does not care about you or at least her behavior does not show it.

P8: Peer, Rage, Done by Male

A1: Authority Figure, No Anger, Done by Female

You are discussing with your counselor a situation with an authority figure, your boss at work, where he promised you an assistant
for the project you are working on. It is a complicated project with lots of odds and ends, like xeroxing and putting packets together and you really need some help. Even after repeated reminders, he has not given you somebody to assist you and you are disappointed and feeling that the project is overwhelming. You understand that he is short staffed and busy so you are not angry, but you wish something could be done.

A2: Authority Figure, No Anger, Done by Male

A3: Authority Figure, Annoyance, Done by Female

You are discussing with your counselor a situation with an authority figure, your boss at work, where he promised you an assistant for the project you are working on. It is a complicated project with lots of odds and ends, like xeroxing and putting packets together and you really need some help. Even after repeated reminders, he has not given you somebody to assist you and you are annoyed and feeling that the project is overwhelming. You understand that he is short staffed and busy so you are not angry, just irritated and annoyed, but you do wish something could be done.

A4: Authority Figure, Annoyance, Done by Male

A5: Authority Figure, Direct Anger, Done by Female

You are expressing your anger with your counselor about a situation with an authority figure, your boss at work, where he promised you an assistant for the project you are working on. It is a complicated project with lots of odds and ends, like xeroxing and putting packets together and you really need some help. Even after repeated reminders, he has not given you somebody to assist you which is making you anger and you are clearly showing your anger and upset feelings. You are also feeling that the project is overwhelming. You know that he is short staffed and busy but you are still angry, and wish something could be done soon.
A6:  Authority Figure, Direct Anger, Done by Male

A7:  Authority Figure, Rage, Done by Female
    You are in a rage this session with your counselor about a situation with an authority figure, your boss at work, where he promised you an assistant for the project you are working on. It is a complicated project with lots of odds and ends, like xeroxing and putting packets together and you really need help. Even after repeated reminders, some friendly, some more demanding, he has still ignored you and not given you somebody to assist you which makes you very angry and you are extremely upset about it, expressing that by becoming loud and ranting about it. You are feeling that the project is overwhelming. Even though he is short staffed and busy but you are quite angry, and something is not done soon, you feel like quitting your job.

A8:  Authority Figure, Rage, Done by Male

C1:  Counselor, No anger, Done by Female
    You are discussing with your counselor your observation that the counselor has been staring into space and does not seem to be listening nor paying attention to what you are saying. You feel disappointed because perhaps you are being ignored, but not angry because you know how much he or she has on their mind. Really, you just want to check out if they really are paying attention and to share that it feels like they are not being there today for you.

C2:  Counselor, No anger, Done by Male

C3:  Counselor, Annoyance, Done by Female
    You are discussing with your counselor your observation that the counselor has been staring into space and does not seem to be listening nor paying attention to what you are saying. You feel annoyed because
you think you are being ignored, but not really angry because you know how much he or she has on their mind. Really, you just want to check out if they really are paying attention and to share that it feels irritating and annoying when they do not seem to be there for you.

C4: Counselor, Annoyance, Done by Male

C5: Counselor, Direct Anger, Done by Female

You are expressing your feelings of anger with your counselor that he or she has been staring into space and does not seem to be listening nor paying attention to what you are saying. You are upset and angry because you think you are being ignored, even though you know how much he or she has on their mind. These sessions are supposed to be for you and you want to know if the counselor is really paying attention to you. You are angry because they do not seem to be there for you and are confronting this counselor directly with your feelings.

C6: Counselor, Direct Anger, Done by Male

C7: Counselor, Rage, Done by Female

You are confronting your counselor directly in a rage that he or she has been staring into space and does not seem to be listening nor paying attention to what you are saying. You are very upset and angry because you think you are being ignored. He or she may have a lot on their mind but these sessions are supposed to be for you and you expect the counselor to really be paying their full attention to you and your concerns. You are angry because they do not seem to be there for you and are expressing your feelings loudly and clearly. If this counselor isn't interested in you then you can always go to someone else.

C8: Counselor, Rage, Done by Male

S1: System, No Anger, Done by Female

You are discussing with your counselor an incident that happened when you had to deal with the university system. Basically what
happened is that you registered for important classes for the next quarter and you got closed out of many of these necessary classes for your major. You are disappointed because you need these classes and this always seems to happen, but you are not angry because it is part of what happens when you are dealing with a system as large as the one at Ohio State. You just need to accept that and go on. You just are not sure now whether to try and reschedule or to wait until classes start and ask to be let in to those for which you were closed out.

S2: System, No Anger, Done by Male

S3: System, Annoyance, Done by Female
   You are discussing with your counselor an incident that happened when you had to deal with the university system. Basically what happened is that you registered for important classes for the next quarter and you got closed out of many of these necessary classes for your major. You are annoyed because you need these classes and this always seems to happen, but you are not angry, just irritated because it happens over and over when you are dealing with a system as large as the one at Ohio State. You wish things could be easier and work more smoothly because this is such a hassle now to sort out.

S4: System, Annoyance, Done by Male

S5: System, Direct Anger, Done by Female
   You are expressing your anger with your counselor about what happened when you had to deal with the university system recently. Basically what happened is that you registered for important classes for the next quarter and you got closed out of many of these necessary classes for your major. It makes you mad and angry because you need these classes and this always seems to happen. You are angry and upset because this kind of thing happens over and over when you are dealing with a system as large as the one at Ohio State. It pisses you off and you are expressing that directly. You wish things could be easier because this is such a hassle now to sort out.
You are in a rage of anger in this session about what happened when you had to deal with the university system recently. Basically what happened is that you registered for important classes for the next quarter and you got closed out of many of these necessary classes for your major. It really makes you mad and angry because you need these classes and this always seems to happen to you. It never seems to get easier and you are angry and upset because this kind of thing happens over and over when you are dealing with a screwed up system like Ohio State. It pisses you off and you are in a real rage, and are expressing your feelings loudly. This is a real hassle and you hate it. It almost makes you want to drop out of school.
Appendix G

Expert Ratings Sheet

Please listen to the following tapes in groups of four. Each group of four centers around a common issue, yet there is a range of intensity levels of the way it is expressed. After hearing all four, rank order them in terms of intensity with from least intense to most intense.

For each tape, please give also a rating as to how believable this client statement would be as a representation of what may actually occur in counseling, with 1 as not believable and 4 as believable.

<table>
<thead>
<tr>
<th>Group 1</th>
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<tbody>
<tr>
<td>1.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>not believable</td>
<td>somewhat</td>
<td>somewhat</td>
<td>believable</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>not believable</td>
<td>somewhat</td>
<td>somewhat</td>
<td>believable</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>not believable</td>
<td>somewhat</td>
<td>somewhat</td>
<td>believable</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>not believable</td>
<td>somewhat</td>
<td>somewhat</td>
<td>believable</td>
<td></td>
</tr>
</tbody>
</table>

Rank ordering: Put the number into the correct blank on the basis of intensity.

___  ___  ___  ___

least intense  most intense

(Same procedure for 8 groups)

What emotion is being expressed on these tapes, in various forms of intensity? ____________

Thank you very much for your assistance.