

Fifty Signs of Mental Illness

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James Whitney Hicks, M.D.

Fifty Signs of Mental Illness

*A Guide to
Understanding
Mental Health*

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Designed by Nancy Ovedovitz and set in Sabon type by Binghamton Valley Composition. Printed in the United States of America by Vail-Ballou Press

Library of Congress Cataloging-in-Publication Data

Hicks, James Whitney.

Fifty signs of mental illness : a guide to understanding mental health / James Whitney Hicks.

p. cm.—(Yale University Press health & wellness)

Includes index.

ISBN 0-300-10657-2 (cloth : alk. paper)

1. Psychology, Pathological. 2. Mental illness. I. Title. II. Series.

RC454.H536 2005

616.89—dc22 2004021535

A catalogue record for this book is available from the British Library.

The paper in this book meets the guidelines for permanence and durability of the Committee on Production Guidelines for Book Longevity of the Council on Library Resources.

10 9 8 7 6 5 4 3 2 1

The information and suggestions in this book are not intended to replace the services of your physician or caregiver. Because each person and each medical situation is unique, you should consult your physician to get answers to your personal questions, to evaluate any symptoms you may have, or to receive suggestions on appropriate medications.

The author has attempted to make this book as accurate and up-to-date as possible, but it may nevertheless contain errors, omissions, or material that is out of date by the time you read it. Neither the author nor the publisher has any legal responsibility or liability for errors, omissions, out-of-date material, or the reader's application of the medical information or advice in this book.

To Colin, *da te la vita prende ogni splendore*

To my parents for encouraging me to write, teach, and listen

Over the victim
We sing this song of madness
Distracting and destroying the mind.
—Aeschylus, *The Furies*, c. 458 B.C.

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Acknowledgments

Several friends and family members took time to make suggestions, read drafts of my manuscript, and provide valuable feedback. Thanks to Nishith and Suman Bhattacharyya, Alison Bethel and Alfredo Pastor, Colin Bethel, Jeanette Bethel, Terence Bethel, Lynn and Steve Clayton, Joe and Linda Hicks, Teri Jacobs, Louise Phillips, and Tom Wells. I especially appreciate the feedback on chapters dealing with child mental health provided by my colleague Paulina Loo, a child psychiatrist at Columbia University, College of Physicians and Surgeons, and director of the elementary school-based mental health program at Children's Hospital of New York-Presbyterian.

Elizabeth Law provided valuable guidance in the world of publishing. Thanks to my agent, Glen Hartley, and to my editors at Yale University Press: Jean E. Thomson Black, Erin Carter, and Jeffrey Schier. Thanks also to my colleagues at Yale University, Kirby Forensic Psychiatric Center, the New York State Office of Mental Health, and New York University Medical Center.

I am most indebted to the patients I have worked with in Connecticut, California, Ohio, and New York for sharing their personal, frightening, perplexing, and inspiring experiences with mental illness. I hope that this book will help others, as you have helped me, to understand.

Fifty Signs of Mental Illness

Introduction

This book will teach you what you need to know about mental illness, whether you have been diagnosed with a mental illness, have untreated problems, or care about someone who may be mentally ill. The book is organized alphabetically by symptom so that you can look up the specific symptoms that concern you. In each section you will learn how the symptom presents itself in various illnesses.

The symptoms of psychiatric illness frequently overlap and are easily misdiagnosed. For example, if you have bipolar illness, or manic depression, you will see, on average, at least three physicians over an eight-year period before you receive a correct diagnosis and proper treatment. If you feel anxious all the time, you may have depression, phobia, obsessive-compulsive disorder, panic disorder, a drug or alcohol problem, or any number of other underlying illnesses. This book will inform you about the possibilities and help you and your physician or therapist to make the correct diagnosis in your case.

In selecting topics, I have tried to use terms that are commonly used and easily recognized, even if their medical meanings are not widely known. The extensive index will help you find detailed discussions of specific illnesses, medications, and symptoms. Each topic includes multiple italicized references to other related topics. For example, when you read about *psychosis*, you will also be referred to *delusions*, *hallucinations*, and *nonsense*.

Many of us are initially reluctant to seek help from a professional. This book will help answer your questions and guide you to treatment, if treatment is needed. Moreover, each section suggests ways to cope with your specific concerns.

Everyone Experiences Mental Health Problems

Nearly one of every three of us experiences psychiatric symptoms each year. These range from the relatively minor, such as a short period of anxiety or grief during times of stress, to the severely disabling and painful. Nearly half of us have a family member or a close friend with serious mental illness. One common illness, depression, is the major cause of medical disability in the United States. Mental illness can kill: rates of suicide are as high as one in five in bipolar illness, one in six in depression, and one in ten in schizophrenia. Though poorly understood by most people, mental illness clearly rivals any other area of medicine in its widespread and serious impact on people's lives.

Fortunately, mental illness has been coming out of the closet in the past decade. The respected television journalist Mike Wallace has talked about his experiences with severe depression. The actor Margot Kidder has candidly discussed her recurrent bouts of manic psychosis and her recovery with medication. The best-selling author Stephen King has written about his struggles with alcohol and drug abuse. The Oscar-winning box office hits *A Beautiful Mind* and *Shine* dramatize the real-life stories of talented individuals who developed schizophrenia or similar mental illnesses. In 1999, the surgeon general of the United States issued a national report on mental health and illness, bringing the symptoms and treatment of psychiatric illness to the attention of physicians, public health workers, politicians, and the general public.

What Causes Mental Illness?

Scientists do not know exactly what causes mental illness. Like cancer, mental illness can strike anyone and has a variety of causes. Scientists are certain that genetic vulnerability plays a role in many mental illnesses, since the risk of becoming ill is greater if you have a close relative who suffers from depression, bipolar illness, schizophrenia, anxiety, or alcoholism, among others. However, no specific gene has yet been isolated that causes any of these illnesses. Even identical twins (who have identical genetic makeup) do not always develop the same mental illnesses.

Everyone agrees that stress plays a role in most mental illness. Even if you have a genetic vulnerability, the illness might not develop unless something disturbs your equilibrium. The loss of an important relationship—

for example, through divorce—is one of the most serious stresses to the mind. You may become sick after experiencing extraordinary dangers. On the other hand, serious illness can arise seemingly out of the blue, without any obvious stress or loss. You may have always thought of yourself as a confident and happy person until, over the course of a month or two, you find yourself feeling inexplicably hopeless and sad, confused and suspicious, or unable to sleep and concentrate.

Scientists are also uncertain about which physical changes in the brain lead to psychiatric symptoms. They have studied brain volume, hormone levels, blood flow, and other physiological data without finding conclusive answers. We know that abnormal proteins cause plaques in the brains of people who suffer from Alzheimer's dementia, but no smoking gun has been found for depression, schizophrenia, or other major illnesses. The medications that treat mental illness have complex effects on certain molecules in the brain, particularly those involved in the communication between brain cells. Scientists speculate that abnormal levels of these molecules may cause the underlying illness. This is why psychiatrists often talk about a chemical imbalance in the brain. Eventually it may be possible to connect specific genes to specific molecules to specific illnesses and, ultimately, to specific treatments. But the brain is a very complex organ, and scientists are far from achieving this goal. Scientific breakthroughs have been rare in other illnesses, such as diabetes and angina, even though the organs involved—in these cases, the pancreas and the heart—are considerably simpler than the brain.

Mental Health Problems Are Treatable

Effective treatments exist for most mental health problems. Some problems respond very well to psychotherapy, in which a skilled clinician talks to you and helps you to change your feelings, choices, and behaviors. For several decades medications have been available for successfully treating illnesses such as depression, anxiety, bipolar illness, and schizophrenia. Antidepressant medications are prescribed more widely in the United States than any other class of medication, with the exception of antibiotics. They are among the most effective of medications, with at least two-thirds of sufferers responding within weeks to the first antidepressant prescribed. Similar rates of improvement are seen in the treatment of other mental illnesses.

Why do our feelings, our thoughts, and our behaviors improve with medication? Most of us like to think of our minds as independent of our body and of the effects of medication. In fact, what we call the mind is inseparable from the physical functioning of the brain. Our ability to think, to perceive the outside world, and to experience emotions derives from the continuous cellular growth, electrical transmission, and movement of molecules within our brain. Even our memories are physically “stored” in the cellular structure of our brain. Like any other part of the body, the brain can sometimes experience stress. When that happens (and it does happen to all of us at one time or another), then either rest, the attention of friends and family, religious faith, or the passage of time—or a combination of these—can lead to recovery. On the other hand, the brain, like all other organs, can sometimes become sick to the extent that it will not get better without medical treatment.

Most of us now understand that there are medical explanations and treatments for many of our emotional pains and worries. Americans make more than twenty-six million visits to a psychiatrist each year. But most of us first turn to our primary care physicians, if we turn to anyone. Unfortunately, half of us who experience mental health problems do not seek treatment at all. And physicians often misdiagnose and undertreat the psychiatric symptoms that we bring to their attention.

Signs, Symptoms, Syndromes, and Disorders

The fifty topics that follow cover the full range of psychiatric disturbances. Most of them are what physicians refer to as signs and symptoms. A symptom is a medical complaint that you bring to the attention of your physician, such as chest pains or feeling sad. A sign is an abnormal finding by the physician, which you may or may not be aware of, such as high blood pressure or rapid speech.

A few of the fifty topics belong to a broader category, which physicians refer to as syndromes. A syndrome is a collection of signs and symptoms that typically occur together but which may be seen in several different illnesses. For example, pneumonia is a syndrome that typically includes cough, breathing difficulty, and fever but can be caused by several different germs. In this book *mania* and *psychosis* are syndromes made up of a number of signs and symptoms, most of which are also discussed as separate topics. Mania and psychosis can occur in several different illnesses,

though they are most often associated with bipolar disorder and schizophrenia, respectively. *Depression* can refer to both a symptom and a syndrome (when sadness is combined with changes in energy, sleep, and appetite).

Psychiatrists have classified the wide range of mental disturbances into several specific disorders that are listed in the textbook *Diagnostic and Statistical Manual of Mental Disorders* (or *DSM*; see “Recommended Resources”). None of these disorders can be diagnosed exclusively on the basis of laboratory tests or other physical findings, so psychiatrists have reached a consensus, based on clinical experience and research, on the signs and symptoms that are required to make a specific diagnosis. Most of these illnesses have been well described and reliably diagnosed for decades, if not centuries. The disorders that psychiatrists diagnose and treat can be grouped into several major categories:

- Adjustment disorders (temporary emotional reactions to stress).
- Anxiety disorders (phobias, panic attacks, and disabling worries).
- Depression (which affects mood, sleep, appetite, sexual desire, and energy level).
- Bipolar disorder, formerly known as manic-depressive illness (periods of depression alternating with elevated mood and hyperactivity).
- Schizophrenia (hallucinations, delusions, and disorganized thinking).
- Obsessive-compulsive disorder (intrusive thoughts and repetitive behaviors).
- Post-traumatic stress disorders (reactions to life-threatening events).
- Personality disorders (persistent and extreme character styles that often lead to problems in relating to others).
- Drug and alcohol disorders (intoxication, addiction, and withdrawal).
- Physical complaints and worries (can reflect psychological difficulties).
- Sexual disorders (performance problems and unwanted urges and pre-occupations).
- Autism, mental retardation, hyperactivity, and other learning disorders emerging in childhood.
- Dementia and delirium (memory loss and confusion, most common in the elderly).

You should keep in mind when reading this book that there is a wide range of variation in what can be considered normal. Even something as seemingly disturbed as hearing voices when no one is around may be nor-

mal in certain circumstances. We have a wide range of temperaments, cultural backgrounds, beliefs, experiences, and idiosyncrasies, and the world would be a boring place if this were not so. So when you read about personality disorders, you should be aware that shyness, impulsiveness, empathy, grandiosity, moodiness, and other traits exist on a spectrum. We all have these traits to some extent. Likewise, we all experience sadness, joy, and nervousness from time to time. We each get stressed-out, and sometimes we each make bad decisions. One goal of this book is to show the extent to which many of these experiences can be normal. You should resist the temptation to diagnosis yourself just because you once felt jealous or lost your temper, for example. Another goal of this book is to demonstrate how normal even the oddest behaviors can seem once you understand the underlying illness.

What Treatments Are Available for Mental Illness?

If you experience mental health problems, you should consult a professional at some point. Many mental health problems can worsen if left untreated, or they can occur again in the future. And there may be physical causes of your symptoms that only a physician can uncover. This book will help you to recognize your symptoms and communicate to your physician about them. It also provides valuable information about the benefits and side effects of available medications, which your physician may not discuss with you in depth. In some cases, you will learn that psychotherapy may be more appropriate than medication.

A psychiatrist is a medical doctor who specializes in the assessment and treatment of mental illnesses. Psychiatrists have an M.D. or a D.O. degree and are licensed to practice and prescribe as a physician. Fellowship training and board certification are signs of additional expertise or qualification. A psychiatrist is able to perform a medical examination, order tests, assess for signs and symptoms of mental illness, make a diagnosis, prescribe medication, perform psychotherapy, or make a referral to a qualified therapist. If you have a serious, chronic, or difficult-to-treat mental illness, then you should certainly see a psychiatrist.

General medical doctors are also able to make a psychiatric diagnosis and prescribe psychiatric medications. However, they have less experience than psychiatrists in working with mental illness. If you have mild to moderate problems with anxiety, depression, alcoholism, or nicotine addic-

tion, then your regular doctor may be able to provide adequate treatment. A general doctor does not provide psychotherapy.

Psychologists and social workers can be licensed to provide psychotherapy. Some psychologists have a Ph.D. or Psy.D. degree and are referred to as doctors, though they are not medical doctors. They often have greater expertise than psychiatrists in providing specific types of psychotherapy and in administering psychological tests that assist in diagnosis. They can assess for signs and symptoms of mental illness and make a diagnosis. They can refer you to a psychiatrist for further medical workup or to see if you might benefit from medication. Social workers have a master's degree and can provide psychotherapy or more general counseling and support.

There are many types of psychotherapy, or talk therapy, that may help you feel better, either as a sole treatment or in combination with medication. The types of therapy that are generally most effective are those that use cognitive-behavioral techniques aimed at changing your habits and modifying attitudes that can cause or perpetuate your symptoms. These techniques are particularly helpful in the treatment of anxiety disorders. When you are in a personal crisis, you may benefit from counseling that helps you to problem-solve and improve your relationships with others. Couple therapy and family therapy focus on problems that have developed between people who care about each other. Relapse-prevention therapy is the treatment of choice for addiction, often supplemented with participation in a self-help group.

Psychodynamic therapies, which evolved out of the theories of Freud and his successors, try to explore your unconscious motivations and link your current patterns of behavior to past experiences. This may increase anxiety and other symptoms, at least initially, and has not been proven to be effective in the treatment of most serious mental illnesses. However, if your symptoms are mild, you may find a deeper exploration of your motivations and relationship patterns to be enlightening and enriching. Over time, psychodynamic therapy may help you to alter your personal patterns of behavior and long-standing ways of thinking that bother you.

All forms of psychotherapy share some basic features. You will receive information about psychological disturbances and the significance of your experiences. You will be reassured and feel more confident as a result of understanding the symptoms that have troubled you. You will have a safe and confidential relationship with a professional and be able to say things

that you might not be able to share with anyone else. You will be given guidance and suggestions on how to understand and resolve your problems. You will feel glad that you took a positive step toward helping yourself feel better.

You may be able to find some of these features in a deep discussion with a parent, best friend, or religious leader. But mental health professionals are much more experienced with psychiatric symptoms and solutions and can provide you with more specific information. They can also take a fresh and objective look at your problems.

There are several types of medications for mental illness, often referred to as psychotropics. You may not need psychiatric medication in order to feel better. Whether you do depends on the type of problem you are having, the severity of your symptoms, and your willingness to devote time and energy to psychotherapy instead. Psychiatric medications are generally as effective, and often safer, than medications used for other medical conditions, like heart disease and diabetes. Medications never control your thoughts or alter your personality. Rather, they restore your ability to think clearly and to feel like yourself again. Medications and their potential side effects are described in detail, especially at the end of the chapters on *depression*, *anxiety*, *psychosis*, *mania*, *hyperactivity*, *memory loss*, *sleep problems*, and *physical complaints and pain*.

A Note About Sources of Information

The chapters that follow present specific figures for the prevalence of mental illnesses and response rates to various treatments, among other data. These numbers are derived from research studies and are easily found in most psychiatric textbooks. Much of what we know about the prevalence of mental illness in the general community derives from studies such as the Epidemiological Catchment Area Study conducted in the 1980s and the National Comorbidity Survey of the early 1990s.

If you are interested in further detailed information about mental health and illness, you may wish to refer to the comprehensive psychiatric textbooks listed in the appendix “Recommended Resources.” The appendix also lists emergency hotlines, respected organizations, informative Web sites, and books about particular illnesses.

Anger

The car in front of you slows down and edges toward the curb, even though the light ahead is green. What is the driver up to? He hasn't signaled to turn. You sound your horn and start to move around him, but he hasn't pulled over enough to allow you to pass. Meanwhile, the passenger door opens, and a woman steps out. She turns and leans on the car and continues to talk to the driver while the light turns red. Your vision seems to turn red as well, and you lean on the horn harder. You roll down your window and attempt to shout at him over the blare of your horn. You stop only when you spot a police officer down the block turning your way.

You finally make it to the office, nearly half an hour late for a meeting. As you rush in you practically throw your folders onto the secretary's desk, nearly spilling her coffee in the process. "Have those typed for me before lunch," you shout.

Anger is one of the basic human emotions. When we feel threatened, harmed, obstructed, betrayed, or disrespected, our bodies automatically prepare to fight or escape. Our heartbeats accelerate, our mouths become dry, our pupils constrict, our breaths shorten, our speech becomes louder, and our bodies become tense. Anger tends to escalate and be contagious. If you become angry while speaking with someone, both of you may end up talking louder and louder and adopting hostile postures.

Though anger is an instinctive reaction, the extent to which you express anger depends much on your attitude. If you have a generally hostile view of the world, then you are likely to perceive threats and feel a need to defend yourself in situations where oth-

ers would remain calm. You may tend to leap to conclusions and misinterpret the intentions of others. On the other hand, you may be deferential and too easily taken advantage of. As is the case with many other emotions, your demeanor, attitude, and emotional response reinforce each other. When you are physically tense or thinking unpleasant thoughts, you are much more likely to become angry than when you are physically relaxed and cheerful. Irritability is the term for this emotional tone that predisposes one to anger.

Psychiatrists have identified several defensive, or subconscious, ways in which we deal with anger. You may repress your anger. Some therapists believe that bottled-up anger comes to the surface in the form of *depression*. You may sublimate anger by channeling your aggressive energy into a good cause, such as fighting against political oppression. You may express your anger passively—for example, by refusing to talk or by dragging your feet on an important project. You may express your anger but displace it onto easier targets; if your boss humiliates you, for example, you may feel unable to respond until you get home, where you scream at your wife instead. When you lose your temper, it is common to rationalize your behavior, claiming, for example, that you were drunk and not yourself. You may also project your anger, accusing your target of being the hostile one. We all utilize these defense mechanisms from time to time.

Anger is of concern to psychiatrists because it can lead to hostility and violence and because it is a feature in several psychiatric conditions. If you are not generally an angry person but find you are increasingly irritable and prone to losing your temper, then you may be responding to *stress*. Anger, nervousness, and sadness are all typical responses to stress, and sometimes they occur together. For example, if you are having financial difficulties, you may find yourself becoming tearful on the way home, snapping at your kids, and having trouble sleeping. Anger is often a reaction to the unexpected loss of a loved one, or being diagnosed with a serious illness (see “Grief”). After a *traumatic* event, you may find yourself constantly on edge and prone to overreact, sometimes with angry outbursts. If you develop post-traumatic stress disorder (or PTSD), you may purposely avoid situations in which you are likely to lose your temper.

Anger and irritability can sometimes be signs of clinical *depression*, especially in those who are uncomfortable expressing sadness or emotional vulnerability. Anger also can emerge during a *manic* episode, when people

fail to realize how important and brilliant you are, or when people seek to restrain or obstruct you, for example, by putting you in a hospital.

Anger is a prominent feature of several personality disorders. If you have a *paranoid* personality style, you view everyone as potentially threatening. You are quick to take offense and to respond in kind. In both paranoid and narcissistic (see “Grandiosity”) personality disorders, you feel that you are superior to most people you know. You blame others for keeping you from reaching your potential. You may blame specific people, or you may express your resentment toward a whole group of people, for example, blaming immigrants for invading the job market when you lose a job. If you have a borderline personality disorder (see “Self-Esteem Problems”), you are often full of rage. You express anger at others when you feel that they have emotionally attacked, betrayed, or abandoned you. You may be angry at yourself when you feel worthless or ashamed, and you may consider *suicide* or indulge in *self-mutilation*. Sometimes, in a passive-aggressive manner, you hurt yourself in order to make others feel bad.

Anger seems to be the most genuine and characteristic emotion in *antisocial* personality disorder. If you have an antisocial personality, you tend to violate rules and the rights of others, and you feel entitled to do so. You lose your temper quickly whenever you do not get your way, and you often express anger to intimidate others. Most domestic violence (see “Jealousy”) and violence against strangers is committed by individuals with antisocial personality disorders.

Even if you are not normally an angry person, you may be prone to become angry when you are drunk. Cocaine and amphetamines, like alcohol, can increase irritability and decrease common sense. When *intoxicated*, you become more provocative and willing to express your thoughts and feelings without thinking about them first. If you are prone to anger, then being drunk or high will likely bring out the worst in you.

Hate is a chronic form of anger. Hate is not a sign of mental illness on its own, but psychiatrists, sociologists, and religious leaders would probably agree that it is rarely healthy. Persistent hate usually reflects a failure to utilize more constructive coping strategies to resolve angry feelings. Hate is often combined with prejudice, such that you hate individuals solely because of their membership in a larger group. Prejudices arise out of faulty thinking, attitudes such as generalization, entitlement, resentment, and an unwillingness to consider evidence that challenges your be-

liefs. Nevertheless, nearly everyone seems to have the potential to develop prejudices.

How to Cope with Anger

If you suffer from frequent and disturbing angry feelings, you may benefit from anger management, a type of psychotherapy. You identify your tendency to perceive hostility in others when it is not intended, and to under-appreciate your own proneness to violence and anger. You learn the triggers to your anger so that you can avoid them or defuse them rather than reacting automatically. You learn relaxation techniques (see “Anxiety”) to decrease tense and irritable feelings. You learn coping strategies and try to reduce the level of stress in your life. You practice asserting yourself without being threatening. You gain confidence in your ability to remain in control of your feelings. You may still lose your temper from time to time, but you regain control faster.

If you care about someone who has problems with anger, you should encourage him to seek treatment. You may be scared to suggest treatment to someone who is easily angered and might resent the implication that he is at fault. You might find it easier to engage his interest in couple therapy, even if you think that he is the only one who needs help. When your loved one is irritable, you should try to give him the time and space he needs to cool down. You want to communicate to him that you trust his ability to restrain his anger, rather than exacerbating the situation by yelling at him or accusing him of being out of control. Situations are more likely to get out of hand if both of you become angry. On the other hand, you should not tolerate anger, threats, or abuse, and you should calmly make this clear to your partner once he has cooled down. If you are concerned for your safety, then you should enlist the assistance of family, friends, or a domestic violence hotline before, or instead of, engaging in any confrontation.