A Conversation About… Anger and Mental Health: The Nature of Anger

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network Podcast series. MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Mark Creamer (00:19):

Hello and welcome to this episode of MHPN Presents, a conversation about anger and mental health. My name is Mark, Mark Creamer. I'm a clinical psychologist and I'm professorial fellow in Department of Psychiatry at the University of Melbourne. And I'm really excited to be doing this series because from time to time in the course of my clinical work, I encounter clients with quite severe anger and I've often felt quite ill-equipped to actually deal with it. So I'm thrilled to be able to pick the brains of our expert guests over the next three episodes. And I'm particularly excited that I have a co-host for the whole series in the form of Dr. Tony McHugh. Welcome, Tony.

Tony McHugh (01:02):

Thank you very much Mark.

Mark Creamer (01:03):

Tony's bio is on the MHPN webpage for this episode, and I really encourage you to check it out. But briefly, Tony is also a clinical psychologist and a researcher. He's got over 30 years experience in the assessment and treatment of mental health conditions, particularly around trauma related disorders. And I happen to know that he's passionate about evidence-based treatment and its implementation. So welcome Tony. But obviously on top of that you've got a particular interest in anger. So to set the scene for us, can you just give us a few words about what got you interested? Why are you interested in anger?

Tony McHugh (01:37):

My interest Mark, dates from the early nineties when I was working in community mental health with what we call low prevalence, mental health disorders, the psychosis, mood disorders, etc. And then I was fortunate enough to begin a career working in the field of stress or related disorders, particular PTSD, and it was immediately obvious to me that people with PTSD are troubled by anger and so much so that it's encumbered upon us to actually address their anger if they are to actually remediate their PTSD.

Mark Creamer (02:10):

And we'll go on and talk about that, about how it can be a sort of central feature of a number of conditions. But just to pick up on your last point there about why is it important for clinicians do you think, to understand about anger?

Tony McHugh (02:22):

It's so important from the point of view that people who are experiencing problems with anger don't actually want those problems. It's aversive to them. They're distressed at being like that, and they don't understand that there are effective treatment psychological treatments that will help them be the best version of themselves by addressing their anger.

Mark Creamer (02:41):

Yeah, I think also that, as I said in my introduction, that a lot of clinicians are a little bit frightened by it, and I hold my hand up there as well. So the opportunity over the next three episodes to learn a bit more about it, I think is going to be very useful. Today we're going to look at the nature and impact of anger on the person and on the people around them. We'll have a chat about some diagnostic issues and we'll look a little bit or chat a little bit about prevalence, how common it is. In the next episode, we're going to try and understand more about why some people get angry and others don't, and we'll also look at how we might assess it in our clinical practice. And in the final episode, we're going to talk about how we might manage anger problems in our clients. And we'll try and explode a few myths. But now I am very pleased to welcome our special guest for this episode, Dr. Amy Adler, who's joining us from Washington via, the wonders of Zoom. So welcome Amy.

Amy Adler (03:36):

Thank you so much. It's really special for me to be here.

Mark Creamer (03:39):

It's certainly great to have you. Now, Amy's bio is up on the MHPN website as well, so please take a look at her. Extremely impressive background. But briefly, Amy, for the benefit of our listeners, can you just give us a sentence or two by way of introduction?

Amy Adler (03:53):

Sure. I'm a clinical psychologist and I've been working as a researcher for the US Army for more than 30 years. I'm the senior scientist at the Centre for Military Psychiatry and Neuroscience at the Walter Reed Army Institute of Research in the US.

Mark Creamer (04:11):

Right. And you've done, in the course of that career, you've done a whole lot of research on a whole lot of areas relating to things like resilience and mental health and so on. But you do also have this interest in anger. And a moment ago I asked Tony about how he got interested in anger. What about you? What was it that got you interested in anger?

Amy Adler (04:28):

Well, I've been doing this for about 30 years or more, and I've been working in the field as you've mentioned about thinking about resilience and interventions. And in particular, I worked for the military, so I'm very focused on helping service members function well under stress and recover as well. And about 20 years ago, I'd first became interested in anger because soldiers were returning from really highly intense combat deployments. And we were working on developing interventions with them. And what we realised and what I experienced just talking to them, is that with all of our focus on classic signs of post-traumatic stress disorder, as we understood it at the time, we kind of were missing the boat because the experience that the soldiers were bringing back was really focused on anger. They were easily irritated, they felt disconnected from others, they were alienated, and they were quick to respond sort of as their first line of emotional defense with anger. And I realised if we didn't start thinking about anger from a research perspective and including it in all of our studies, we might miss the boat.

Mark Creamer (05:35):

It's very interesting. I mean, actually Tony and I were talking about the Middle East deployments the other day. You had a similar feeling, didn't you, Tony?

Tony McHugh (05:41):

Oh, absolutely. Mark. This generation of soldiers have been described frequently in the literature, as the most angry soldiers in the history of Western society.

Mark Creamer (05:49):

Wow, that's a big call, isn't it? That is a big call. Okay, look, thank you very much for that Amy. I'd like to move on now and look at the phenomenology. What is it we're talking about? And I suppose the questions that come to my mind is what is anger? How do we define it, what does it look like? And so on. So I dunno which of you'd like to start, but have we got any definitions of anger? Can we define anger or...

Tony McHugh (06:13):

We do have definitions of anger. They typically describe it as an aversive. I've made that point already, an aversive emotion that people don't want to be experiencing. But there's a cognitive element to it, a very important bodily element to it. When people are agitated physically, they're more likely to be angry. And certainly a behavioural component, which we'll talk more about, but it's an all-person experience. And people, again, I make the point, advisedly don't want to be like that. They just don't know how to stop being angry.

Mark Creamer (06:45):

I'm going to see if we can pull apart what you said there around the physiological and the cognitive and the behavioural components of anger. Amy, did you want to add anything to what Tony was saying there about what is anger?

Amy Adler (06:55):

Well, I think the description is being multifaceted is really important. The other thing is it's a normal human emotion. Everybody experiences it. Everybody has it in and of itself. It's not necessarily a problem and it's just one of the many emotions that we all experience.

Mark Creamer (07:13):

Well, that's an interesting one cause I was going to ask you actually whether it's on a continuum. Now I get really irritated with technology, which doesn't seem to work for me like it should. Is that part of the same continuum do you think? Or is it qualitatively different?

Amy Adler (07:26):

I think thinking a bit along a continuum can be really useful. I guess I would say that anger can actually be very, very helpful. It can signal to somebody that something's wrong. It can serve like an early sign that there's a problem. It can motivate people to address a wrong or injustice. It can be energising. So in and of itself it's normal. It has positive aspects to it. But when we think about it along the continuum and we take into account sort of the intensity, the frequency, the duration, and we put all that together. If it results in people feeling distressed and it interferes with their functioning, then it becomes problem or problematic anger.

Mark Creamer (08:10):

Yeah. I want to go on and talk about that impact in just a second. Would you go along that Tony sort of on a continuum?

Tony McHugh (08:16):

Absolutely. Those three characteristics that Amy mentioned, frequency, duration, intensity are really important. One of the seminal papers in this world is Averill 1983, an American psychologist and he says, nice people experience anger frequently, if not monthly, weekly, daily. People do not stop thinking of them as nice people. So it's a natural human emotion. It's just better regulated.

Mark Creamer (08:43):

And this idea that we often use the word problematic anger, I suppose perhaps to differentiate us when it's become a problem. I won't pick apart though what you said earlier. I do think it's worth exploring this in bit more detail. It's got a strong physiological component. What either of you like to talk about what that is? What do we mean when we talk about the physiological aspect?

Amy Adler (09:03):

When I think about the work that we've been doing, we talk about it from the perspective of service members and why they might be particularly at risk. So if you imagine someone's deployed and they are having to stay highly activated and intensely ready for threat at any moment, they have to be ready to interpret ambiguous stimuli as a potential threat. So when in doubt they have to be ready to react. And so they're pretty revved up at all times. And then when it primes them to be able to quickly see threat

and to quickly respond to threat. So there's a certain goodness that comes with that if they're potentially in a dangerous situation, but challenges that over time that's exhausting. Over time it becomes a habit and when they return, they're still revved up. So even though they come back from a deployment, they're physiologically viscerally revved up and that basically primes them to respond in an angry way to things that are even ambiguous that could be interpreted either way. And they're biassed in how they interpret stuff. And as a result, it's harder for them to adjust and it interferes with their quality of life, it interferes with their ability to get along at work, to get along in their relationships at home. So that's when it becomes so important to address.

Mark Creamer (10:27):

That's again a point I want to come back to this idea that actually in certain contexts it might be adaptive and it was adaptive there, but it's not adaptive now as it were in civilian life. Did you want to add anything on physiology, Tony?

Tony McHugh (10:40):

So I would endorse what Amy said. The only thing I would add is about the approach motivation that's involved in anger. And when emotions get beyond certain thresholds, they actually affect our ability to think through things. We make mistakes, we have poor judgement, etc. So the point is to find the moderator of the emotion.

Mark Creamer (11:02):

Yeah, quite okay. So we've got people who are very hyped up, physically energised I would say. And I guess that has implications itself, adaptive in some situations, not in others. Let's go on and talk a bit about cognitive. If we could just quickly, and perhaps Tony, I'll throw to you this idea that well, tell me about the cognitive components of anger.

Tony McHugh (11:22):

The cognitive components are to identify a risk, identify a danger, and this causes the person affected by the anger to not be able to sometimes discern between friend and foe. So friends become foes and there's a cognitive element around justifying behaviour on the basis of anger that the solutions are to be aggressive, et cetera. So there's a bias towards action. There's a bias towards identifying people who weren't anything but friends, the time of the emotion.

Mark Creamer (11:54):

Is that your experience, Amy, that people have got distorted views as it were of reality really?

Amy Adler (12:00):

Yes. I think it's helpful to think of this as sort of a cognitive bias. So let's say somebody bumps into them in line at the grocery shop, someone without an anger issue may be thinking, oh, that person didn't see me. Or maybe they're in a rush. And if somebody has problematic anger and they have this cognitive bias, they're more likely to interpret that ambiguous situation as, oh, that person's trying to get ahead of me, they think I'm weak and that they can take advantage of me and I'm going to show them that that's not okay and I'm going to defend my right to stand here in the queue. And so it's certainly that kind of cognitive orientation is ripe for conflict and problems and making things worse because it becomes sort of a self-fulfilling prophecy.

Mark Creamer (12:50):

And at that point in the supermarket queue, presumably the anger spirals out of control very quickly. At least there's a danger that it will. Let's go on and talk about the behavioural component and into the impact of anger. I'm interested in how it affects the individual and the people around them. And I'm interested also, Amy, that you've made the point strongly that anger isn't necessarily always bad, but we do know that it can be pretty damaging as well. There's a whole range of areas to talk about, but let's talk about social functioning relationships and things like that.

Tony McHugh (13:19):

Absolutely important point. When people are gripped by anger, they lose interest in sociality, they're primed to go towards a problem. They act without balance sometimes. And reason in the kind of attacking manner that we're describing, this is not good for social relationships and ultimately it leads to social censure if people are acting in a way that's out of balance and antisocial.

Mark Creamer (13:46):

Yeah. Do you find that a lot with your military population, veterans that relationships are suffering?

Amy Adler (13:50):

Yes. In fact, I really agree with what Tony's describing. We did a study that was just published this past year that looked at people's anger levels and then we followed them up five years later. So it's many, many years later. And we controlled for a whole host of other variables, but we still found that those people with problematic anger were much more likely to have relationship difficulties. So they were unhappy in their relationships. They reported low levels of social support. And I think this other finding that I'm going to mention is particularly telling, they found it difficult to cope with the demands of being a parent. So it's affecting them at all levels in their intimate relationships, just in terms of their general social relationships and then also in terms of their ability to be a parent.

Mark Creamer (14:40):

That's interesting. So anger levels at one point were predicting this behaviour five years down the track, is that what you're saying?

Amy Adler (14:47):

Yes. And we controlled for all kinds of other variables. We're scientists, so we're always looking to make sure it's not some other variable that's accounting for these relationships, be controlled for age and sex and race and ethnicity, education, marital status, rank, mental health problems, and we still solve this relationship.

Tony McHugh (15:07):

I would add to that, it's an algorithm I've used over time. I say dis-controlled anger, problematic anger is the inverse of happiness. So people who are struggling with anger have no joy at being how they are. They can in retrospect see their behaviour and it saddens them. And again, I make the point they just don't know how to stop being angry.

Mark Creamer (15:29):

That's an important point, isn't it? I don't know that we think enough about what the individual's experience is like and the fact that this is actually a joyless experience, it's an unhappy experience. That's a very important point to make. And if as clinicians we can recognise that perhaps it helps us be a bit more empathic.

Amy Adler (15:48):

I know we've talked about individuals being unhappy with their anger, but I do want to point out that for some individuals in certain occupational contexts, for example, like the military, anger is actually not necessarily viewed in a negative way. It's an acceptable emotion. And as a result, sometimes people can think that having problematic anger isn't a problem, they can be a little bit confused about the toll that this can take on them. We published a study in 2017, I like the title of the paper, it's called Can Anger be Helpful? And we just asked soldiers whether anger helped them perform their work better. And we then looked at about half the soldiers said that it helped them at least some of the time perform their work better. So they viewed it very positively. But then we sort of saw how that fell out and the soldiers who said that it helped them were much more likely over time to have problems. So they had more mental health problems, more somatic symptoms, and they also reported having more difficulties functioning. So even though a lot of them are in some level of distress for some subgroups and especially for certain occupational groups, I think it's important to keep in mind that the individuals may think it's helping them even when it probably is not.

Mark Creamer (17:10):

But I do want to pick up on where you went there, Amy, and that is about the effect or the impact on performance. You've talked a lot, Tony, about how it does interfere with cognitive functioning. It interferes with decision making and accurate appraisals of what's happening. Do you feel it interferes with functioning?

Tony McHugh (17:26):

Oh, absolutely. And it's a pivotal moment in the treatment process when a clinician is able to talk to a client about that very fact that when people are stressed, distressed, and notably so often, Mark, they can't solve the most simple of problems, can't add up as it were. And I think it's a really important pivotal point, and I really liked Amy's point about natural emotion. It has value at times, but the point is to work through when it's of value and when it's not of value. And talk about regulation.

Mark Creamer (18:01):

This might be an unfair question, Amy, but I bet a lot of listeners are thinking it, so I'll ask it. What about combat? Do you think that in combat anger is helpful?

Amy Adler (18:10):

I think it's a question we don't know the answer to because just because somebody is engaging in combat doesn't mean they are necessarily angry while they're doing it. In fact, one way to think of it is the term tactical aggression, right? They're trained to engage in a series of behaviours that enable them to protect their team and to accomplish the mission, but they don't need emotion to do that. They need focus, they need attention, they need good cognitive processing. And so it's not the same thing as anger. It's certainly possible, but it's not necessarily the same thing.

Mark Creamer (18:47):

I mean, one of the things that struck me while you're talking there is that one of the advantages perhaps of anger is that because it's externalising the feelings, I don't have to think about how frightened I am. I don't have to think about my vulnerability if I'm externalising. Has that got some legs? That kind of idea, do you think?

Tony McHugh (19:02):

Absolutely. And I think to take the combat metaphor a bit further, if people don't control emotions in certain dangerous situations, they will make mistakes and it can have counterproductive consequences. So even in battle or boxing, the metaphor in boxing is if you lose your temper in the ring, it's not going to be very good.

Mark Creamer (19:26):

Yeah, yeah, it's quite, quite a good point. Okay. To bring it back to domestic situations, is there a link, perhaps it sounds obvious, but is there a link between anger or problematic anger and violence?

Tony McHugh (19:38):

I'll go first on that one here. I'm channeling research from probably 10 years ago that talked to the fact that there's probably around about a 10% increase in aggression after the experience of anger. So the important take home is that people can be angry. It does not automatically lead to violence.

Mark Creamer (19:57):

Good point. Talking about violence, I'm wondering about inwardly directed violence. What do we know about the relationship between anger and suicide? Tony?

Tony McHugh (20:05):

Profound relationship, Mark, we've suspected this clinically for a long time, but the research in the last 10 years is really showing a powerful relationship between anger and issues of self-harm or harm to others.

Amy Adler (20:20):

I think that those two points are really important, that it does place people at greater risk for aggression and also for suicide related behaviours.

Mark Creamer (20:29):

Those two alone, of course, very good reason then to treat it and to address it and so on. Let's move on and talk about some diagnostic issues. So as it stands at the moment, I think I'm right in saying that the closest diagnosis we've got for anger in the DSM, is this intermittent disorder, is it a useful diagnosis do you think?

Tony McHugh (20:51):

Not sure, Mark, because I have not seen in my clinical experience people described as having IED, but it goes to this point, the dysfunctional problematic anger has a low incidence, right? The incidence of IED is around about 4% according to the literature. So I'm not sure that it's a useful construct, but I take the

point about diagnosis. This debate's been going on for probably 30 years about whether there is merit in having an anger related diagnosis or not.

Mark Creamer (21:25):

I always think it's a bit ironic that the initials are IED, which in military circles is improvised explosive device. The analogy is not completely lost. What about you, Amy? Is that a diagnosis that's used much in the United States or among your populations?

Amy Adler (21:39):

I actually don't know how much it's used, but I know when we're doing research or trying to understand what's going on with service members who are at risk for patic anger, intermittent explosive disorder has not been especially helpful. I think from my read of the literature, it's sort of too extreme diagnosis that leaves a lot of people who have problematic anger out of the diagnostic pool. So it sort of misses the kind of common experience that people have when they have problematic anger. I think it's an important diagnosis and great research can be done because it's so extreme and it's really focused on aggression, but it's missing the more common experience. And then there are other diagnoses that pepper anger throughout the criteria, but it's typically not a required, a necessary component of the diagnosis. It's optional, and it's, as a result, it's led to a lag in the research that's necessary to address problematic anger given that problematic anger has implications for people's response to evidence-based treatments to the way clinicians are eager to work with them or not, and has implications for long-term adjustment for these people. So we really need sort of a better way to capture this experience.

Mark Creamer (23:05):

Would you go along with that, Tony?

Tony McHugh (23:06):

Categorically. Absolutely. It's like some kind of unconscious bias against identifying this very problem. And it's the big three emotions. The other two being anxiety and oppressive emotion anger's a common human emotion, and we don't conceptualise it as well as we might, and we treat it well enough, but we could treat it better.

Mark Creamer (23:28):

And as we've seen with other diagnosis, and of course PTSD being the obvious example, it's really only when it gets formally recognised by the psychiatric community in the manual or whatever, that legitimises much more research and explosion research and so on. I suppose I'm not going to open this Pandora's box, but always the challenge about to what extent should we pathologize something that actually is sort of a normal, but I take the point that once you get to problematic anger, it's not, can I come back to what you said, Amy? I just want to make sure we all understand that anger is a feature of other disorders, and I suppose the one that springs to mind first and foremost is post-traumatic stress Disorder or PTSD. And I think you've both commented on the fact that really you've noticed it as a key feature of PTSD. Would you go along with that?

Amy Adler (24:11):

Sure. So there are different diagnostic criteria for PTSD, and one of them includes a negative alterations and cognitions in lewd. And examples of that include things like fear, horror, anger, guilt, or shame, and all of those are really important emotions. But notice that anger has just sort of popped in there as just one other example along with all the others. So I think while it's great that it's included, it's sort of downplayed and may miss the boat for people who are trying to focus in on it.

Mark Creamer (24:48):

Although we do have irritability in the arousal criteria.

Tony McHugh (24:52):

We do Mark, but to emphasise Amy's point, those particular emotions she described, anger is front and center to each and every one of them. When people are guilty, they're angry or they feel guilty, they're angry. When they feel shame, they're angry. When they're disgusted, they're angry. It's not in any diagnostic literature or classification literature, but I talk about enduring PTSD, PTSD, that just goes on and on and on, and anger is in there frequently front and center.

Mark Creamer (25:23):

But just let's have a quick look at other disorders. I mean, would either of you like to comment on whether it's a feature in depression, whether it's a feature in substance use disorders, in personality disorders? Is anger a feature of those other diagnoses?

Tony McHugh (25:35):

I might say something about depression. It's 1959, and Beck and Ellis on both sides of America or either side of America are starting to look at things like depression. And the idea in those days was that depression was anger turned inward, and they both independently identified that that's simply not true. So people can be depressed and angry. But I think we just need to be careful and not engaging in mythology at times. Anger is most often externalised. It causes unhappiness, but I think it's a myth to say that depression is anger at the self.

Mark Creamer (26:11):

Any thoughts, Amy?

Amy Adler (26:11):

I also know that anger shows up in different personality disorders. So clinicians will be familiar with seeing it as a feature, and I think that's important, but as a result of the lack of some sort of problematic anger diagnosis or some other kind of categorization, people can miss it and view it as just sort of a small side note, when for many people's lived experience, it's the primary topic, it's the primary issue, it's the primary thing that's getting in the way of them living the life that they might want to live.

Mark Creamer (26:48):

I think that's really important, isn't it? And so many veterans that I've seen, they're only sitting there in treatment because their wife has told them, if you're not coming in, I'm leaving. And a lot of that is driven by their irritability. If their anger, alcohol, does alcohol feed anger, do you think? Is it a factor?

Tony McHugh (27:04):

It's a disinhibitor. So when people are drinking too much, they're capable of things they wouldn't do when they're sober. And my clinical experience as partners would identify regularly that people became more angry when they were drinking.

Mark Creamer (27:18):

You'd agree with that, Amy?

Amy Adler (27:19):

Yes. In fact, in the study that I mentioned before where we looked at people's problematic anger and how they were doing five years later, they were more likely to have problematic drinking, even controlling for a whole host of other variables like depression and other kinds of problems. So there is a link and it certainly doesn't help.

Tony McHugh (27:40):

What I'd also add, and it's a key motivational point for people who were struggling with alcohol, anger, and everything that goes with that is it takes years off people's lives. It's been called the deadly emotion. It's associated with all kinds of illness, particularly cardiovascular disease. It's a key motivator when you say to people that your anger might be doing you physical harm.

Mark Creamer (28:05):

It's a very interesting point, and we know that there's a strong association between diagnoses like PTSD and morbidity, physical morbidity. One wonders if one was able to pass out the anger, how strong that relationship would still be. This is my final question, and it may be an impossible one to answer. I don't really know. I'm interested in how common it is. How common do we think anger is?

Tony McHugh (28:26):

Well, Amy made the point beautifully that it's a natural human emotion. It's common. It becomes a problem when people's behaviours get out of balance, that they do unhelpful things that they wouldn't do if they were more regulating of their anger.

Amy Adler (28:42):

Well, I can say that we've done a few different studies. This is with US service members, and we have about 17% scoring high on a measure of problematic anger. That number goes up after they leave the military, and it doesn't go up necessarily immediately, but slowly and surely by about two years following their departure from military service, they're twice as likely to report problematic anger. So there is this sort of common quality to it, but it's not everybody, right? Not every vet is angry. Not every service member is angry. Not every individual has problematic anger, but it's enough that it warrants attention. And I did want to say one other thing. Just thinking about long-term sequelae, long-term outcomes for people besides the physical health issues, which of course are severely important to think about, we've also identified that there are economic consequences as well. So there's that study I described about the five-year follow-up that people with palmed anger were more likely to have substantial financial insecurity and employment challenges. And I think if you're working with clients or patients and trying to motivate them to take part in treating their problematic anger, knowing that there are not only relationship and health consequences of problematic anger, but also that it can affect them economically, might help motivate them to address it.

Mark Creamer (30:15):

And we're going to go on actually in our third episode and look at treatment. And I reckon that idea about motivation and engagement is going to be important. Unfortunately, as always, the clock is against us. It's been a fascinating discussion. I've really enjoyed it. But we have run out of time. We've covered a lot of ground, and certainly for me as much as anything else, it's wetted my appetite for our next two episodes. So I'm looking forward to them, and I hope you'll all be able to join us. To you, our listeners, I hope that you've enjoyed today. It's been a value to you, and I hope you've enjoyed it as much as we have. I'd like to thank Tony very much indeed for your time. And of course we'll be talking to you again in the next episode. And in particular, thanks to you, Amy, for joining us today.

(30:54):

We've had a tremendous introduction to the area of anger, but I'm also, as I said, really interested in understanding a bit more about why it is that some people get angry and others don't. So that's going to be the topic of our next episode. If you want to learn more about Amy, Tony, or me, or if you want to access any resources that we might mention in any of our episodes, go to the landing page. You'll also find a link to the feedback survey. Please follow it, fill it in. Let us know what you thought of today, and also give MHPN some ideas about how they can better meet your needs. But for now, it's thanks very much indeed, again to you, Amy, for joining us and sharing your knowledge and wisdom.

Amy Adler (31:34):

Thank you so much. It's been wonderful to be here.

Mark Creamer (31:37):

Thanks, and thanks also to you, Tony.

Tony McHugh (31:39):

My pleasure.

Mark Creamer (31:40):

We'll talk to you, Tony, of course, again, in our next episode. It's also goodbye from me. Don't forget to tune in for our second episode in this three part series on anger and mental health. In the meantime, thanks very much to you all for joining us and listening to our podcast. Bye for now.

Host (31:58):

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