

# Have Questions?

Call David Earl Johnson,  
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For assessments, call 651-430-0888.

## References Used In This Group

Real, T. (1997). *I Don't Want To Talk About It: Overcoming The Secret Legacy Of Male Depression*. New York: Scribner.\*

Real, T. (2007). *The New Rules of Marriage*. Balantine Books.\*

Reilly, P. M., Shopshire, M. S., & others. (2013). *Anger management for substance abuse and mental health clients: cognitive behavioral therapy manual* (No. HHS Publication No. (SMA) 13-4213). U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment 1 Choke Cherry Road Rockville, MD 20857. Retrieved from <http://store.samhsa.gov> (Workbook is free.) \*

Creating a Process of Change for Men Who Batter Curriculum Package. (2011). *Domestic Abuse Intervention Programs National Training Project* 202 East Superior Street Duluth, MN 55802.

\* *Recommended reading for this group*

## NuView Psychological Services

6120 Oren Ave  
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Phone: (651) 430-0888  
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NuView is a private mental health clinic that is dedicated to helping clients heal within a safe, professional environment. Our clinicians provide treatment within a holistic approach.

- Individual, Couples and Family Psychotherapy
- Depression, Anxiety and Stress Management
- Faith Related Issues
- Psychological Testing
- Health Psychology· Integrated Care
- Grief, Loss & Trauma
- Dialectical Behavior Therapy and Skills Groups
- Depression, Anxiety and Anger
- A.D.H .D. Assessments
- Women's Issues I Men's Issues
- Parenting, Family and School Concerns
- Child and Adolescent Care
- Conflict Resolution
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- Pre Surgery Psychological Evaluations
- Group Therapy
- Complimentary Healing Techniques
- Mindfulness Meditation & Yoga

### Pregnancy Specialty Psychology

- Postpartum Depression and Mood Disorders
- Reproductive Trauma and Loss
- Fertility Concerns
- Parenthood Adjustments

### *Our Staff*

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## Depression, Anxiety and Anger: Group Therapy

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## How Does Anger Fit with Depression and Anxiety?

As a culture, we spend a lot of time, effort and money to escape how we feel. For some of us, emotion has become the enemy, something we must avoid at all costs. How we raise our children is most often just like we were raised. Sometimes, this is part of the problem.

Girls are often encouraged to express their feelings and vulnerability. They are discouraged from expressing their anger. So girls, and later women, tend to internalize their emotional pain. They often blame themselves and draw distress into themselves.

Boys are generally encouraged to speak their minds and express their anger. They are often discouraged from expressing their feelings, especially of vulnerability. Boys, and later men, then tend to externalize their emotional pain; they are more likely to feel victimized by others and to express their anger verbally and through action.

Males far outnumber females in their rate of violent incidents; women outnumber men in self-destructiveness. Men often act on aggressive thoughts and suppress vulnerability. Women often suppress aggression and anger. This creates barriers to the true relatedness in intimate relationships. A depressed woman's internalization of emotional pain weakens her psychologically and hampers her capacity for direct communication. A depressed man's tendency to express emotional pain aggressively often does more than simply limit his capacity for intimacy. It may render him psychologically threatening.

Too often, the wounded boy grows up to

become a wounding man, inflicting upon those closest to him the very distress he refuses to acknowledge within himself. A wounded girl may grow into a wounded woman who suffers privately and manifests anxiety and depression.

Anger becomes a means to suppress other emotions, to assign blame and escape responsibility for a solution. Other dysfunctional coping may include substance abuse, compulsive gambling, computer gaming, shopping, as well as addictive relationships.

But emotion is something we need, it allows us to interpret our environment, especially our social relationships. Our cultural bias is to express our reason and suppress our emotional selves publically. However, suppressed emotions leak out at intense moments and can distort our reason making our public selves inconsistent and at times unpredictable.

Depressed and anxious women may have obvious pain. When they find their voice, it's often angry and resentful. Men often hide their vulnerability in rationality and a quick anger. Underneath the anger, they are often depressed and anxious. Without their anger, men feel lost, insecure, and inadequate, and they may revert back to anger to cover their vulnerability.

### How Can This Group Help?

Anger and depression are secondary emotions, driven by feelings and experiences beneath. Anxiety is generic distress, without the identifying emotional flavor or knowledge of the source. The purpose of the group is to help members learn about underlying emotions and impulses that can damage their relationships.

The group is open to men and women. Group members will learn about all of their emotions,

their purpose, and a way to transform emotion to do productive work in their lives. Group members will learn how to rebalance the power in their relationships, and to communicate respectfully with sensitivity and assertiveness.

This group is not intended as a replacement for Anger Management education, but could be considered a therapeutic follow-up for anger classes. Clients sometimes report an increase in depression and anxiety after learning to manage their anger. Clients appropriate for this group may have a past history of history of violence, but no active violent behavior in the past year.

This group might be considered as a preparation for couple's counseling to repair a damaged relationship. Group members will be presented with skills to help them more fully participate in healthy intimate relationships. Couples counseling could be found to be premature before completing this group.

Prospective group members will be assessed comprehensively including mental health issues, history of aggressiveness or violence, and relationship history. Referrals may be made for psychiatric assessments. Medication compliance maybe required for individual members if deemed necessary.

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