Road Rage: When Drivers Lose It

A Review of
Road Rage: Assessment and Treatment of the Angry, Aggressive Driver
by Tara E. Galovski, Loretta S. Malta, and Edward B. Blanchard
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One of the nice things about a book such as Road Rage: Assessment and Treatment of the Angry, Aggressive Driver is that it focuses on something about which almost every American adult has some familiarity. When the subject is road rage, anyone who drives or rides in a vehicle on today’s roadways has either experienced the explosive negative reaction we call road rage or, in some unfortunate cases, been targeted by a driver who is experiencing it. This is a book about the clinical assessment and treatment of the driver who regularly experiences extreme anger and explosive outbursts while driving.

This timely, well-written book focuses on people for whom angry driving is “pathological.” This word is placed in quotation marks here because it is important to realize (as the book’s authors note) that road rage is not currently recognized by the psychiatric community as a mental disorder. However, it is hard not to think of it as such, given the authors’ consideration and discussion of it from a clinical perspective. As a result of their discussion, it’s hard not to think of the angry driver who experiences road rage as someone who is mentally unstable, has permanently “lost it,” and is “crazy.”

According to the book’s authors, who are clinical psychologists, road rage can be instigated by the actual behaviors of other drivers or by a driver’s perception of other drivers. This means that whereas in some cases another driver may actually be responsible for the angry driver’s rage (e.g., changed lanes without signaling), in other cases, it is because of the driver’s faulty perception and reasoning that he or she becomes unjustifiably angry. Given either scenario, the outcome is often the same and may involve the angry driver screaming obscenities at the “offending” driver, tailgating, preventing the other driver from passing, or in more rare cases, following that driver to his or her destination and physically assaulting him or her.

The latter outcome that occurs when an angry driver follows and then confronts his or her target, though less rare, can have dire consequences. Witness the following description posted on an Internet Web site (http://www.road-rage.driverstory.com/) by a driver who was targeted by an angry driver earlier this year:

On the way there..., I turned left onto a four lane road and cut off a driver who was speeding. I tried to speed up enough to get out of his way, but he was going too fast and my car was too slow. He blasted his horn at me and then switched lanes to pass me on the right side. When he got right next to me he began to cuss me out. I tried to ignore him. I slowed down and pulled into the right lane behind him. He moved into the left lane again and when we stopped at the next red light, he was right next to me on my left. He rolled down his passenger window to cuss me out some more... He said “who taught you how to drive punk? You drive like crap, punk. I ought to get out of this car and kick your butt, punk...” He called me a punk about ten more times... He jumped out and ran around his car to confront me. He had a small club in his hand. I turned my wheels to the right and tried to go
Although it is clear that this book is written as a guide for clinicians who treat angry aggressive drivers, those who are also likely to benefit (however indirectly) from the laudable efforts of the book’s authors are the rest of us, on the roads, who have the misfortune of crossing paths with drivers like the one described in this Internet posting of a real-life encounter. There are 11 chapters divided into three sections in the book. Most of the chapters contain a brief “clinical hint,” which amounts to the authors’ suggestions and advice on a particular topic that are based on their clinical experience rather than actual research. Part 1, which includes Chapters 1–3, provides background information about the scope of the problem of aggressive driving, specific definitions of aggressive driving behaviors and related terms, as well as theories that can be useful in understanding this problem. In Chapter 1, the authors convincingly make the case for the need for increased attention to aggressive driving. They write:

The fatalities, injuries and psychological impact of motor vehicle accidents (MVAs) and the potential physical and psychological toll of daily stress associated with commutes on congested highways as well as the relatively rare but extremely dangerous road rage incidents all make aggressive driving a relevant societal issue and a topic worth continued social and clinical study. (p. 14)

Chapter 2, which focuses on definitions of constructs related to aggressive driving (e.g., anger, hostility, and aggression), suggests as many questions as it seeks to answer. Indeed, it is here that they note their ambivalence with the term road rage, given that there are any number of contingencies to aggressive driving, including the fact that some who drive aggressively may not even be angry but may instead be looking for thrills and excitement. The authors begin this chapter by stating, “There currently is no consensus within the general literature on definitions of hostility, anger, and aggression” (p. 15). Specialists in aggression research might take issue with at least some aspect of this wide-sweeping claim. Although most would agree that there is evidence of ambiguity in past definitions, when one looks at contemporary social psychological formulations of aggression, there is far less ambiguity than suggested by the authors. Generally speaking, aggression is regarded as any behavior intended to harm. The authors present a far more cumbersome definition of the term in their attempts to specify driving aggression, and they define aggression as “behaviors whose function is attack or coercion or that inherently contain both the potential to harm and a disregard for the rights and safety of others” (p. 23).

In reviewing the literature and previous research findings on aggressive driving (Chapter 3), the authors consider findings from early studies as well as more recent research. According to the authors, the early literature on aggressive driving includes discussion and examination of three theories: the social maladjustment theory, the personal maladjustment theory, and the impulse noncontrol theory. There is also consideration of the role of personality, demographic, and environmental factors in this chapter. In addition, the authors note that recent research attempts to understand aggressive driving have considered the MVA risk behavior syndrome as well as the frustration-aggression hypothesis. Although each of the theories covered is capable of explicating some aspect of driving aggression, when the theories are considered individually, the authors indicate that they each fall short of being able to fully account for this problem. This is perhaps the strongest chapter within the book’s first section. Here the authors effectively summarize a wide range of findings from different studies using different methodologies. In the end, their review of previous research and theories suggests the following: (a) Understanding aggressive driving is complicated, (b) there are no clear-cut criteria for identifying it, and (c) a profile of the aggressive driver is almost impossible to construct.

As an aggression researcher who is not a clinician, I found the first section of this book to be the most useful. Although the authors’ definition of aggression gave me reason to pause, and the fact that they contend that distinctions between it and related terms remain less clear than is actually the case, Chapters 1–3 provided the most information that is useful to understanding the problem of aggressive driving and road rage for readers like me. This is not surprising, given the authors’ statement that “this book was written primarily for clinicians who treat aggressive drivers and clinical scientists who research aggressive driving” (p. 43). The first part of the book represents a summary of available information on aggressive drivers. This is useful for those readers who may not be clinicians wishing to carry out future research on aggressive driving.

The remaining 8 chapters focus on assessment and treatment. In fact, these chapters represent the “meat” of the book
and are likely to be what those who regularly interact with treatment-seeking aggressive drivers will find most useful. Taken together, these chapters detail psychiatric and psychophysiological assessment procedures, as well as the necessary steps and an accompanying manual for treatment.

For example, Chapter 4 provides descriptive information about sample characteristics of those included in the authors’ Albany Studies. In those studies, the authors and their associates assessed four different samples of aggressive drivers including undergraduate students at the University of Albany. The samples consisted of court-mandated and self-referred aggressive drivers as well as undergraduate students who, for the most part, participated to satisfy a research requirement for introductory psychology courses. Chapter 4 contains a detailed description of the treatment program involving an initial structured interview as well as a driving diary that participants completed on a daily basis for the duration of their participation in the study. An Appendix to this chapter includes the 23-page interview schedule.

In Chapters 5–7, the authors describe the additional assessment data collected from structured psychiatric diagnostic interviews, psychological tests, and psychophysiological tests. Chapter 5 also includes discussion of a little-studied disorder known as intermittent explosive disorder. According to the authors, it is only after a pattern of several overaggressive, assaultive acts or property damage over and beyond a normal response that such a diagnosis would be rendered. In addition to the diagnostic interview for assessment of this disorder, Chapter 5 presents information on the likelihood of its co-occurrence with other disorders.

In Chapter 6, the authors explain the ways that participants in each of the samples differ from one another on the Driving Anger Scale, the Driver’s Stress profile, the State–Trait Anger Expressions Scale, the Buss–Durkee Hostility Inventory, the Beck Depression Inventory, and the State–Trait Anxiety Inventory. The information included throughout this section is detailed and permits comparison across the different groups of participants. Chapter 7 describes results of the investigations of the samples on physiological measures (e.g., electromyogram, heart rate, blood pressure). Results are reported for two studies involving comparison of court- and self-referred aggressive drivers and low-aggressive driving volunteers, who each provided their responses to audiotaped vignettes of an aggressive driving scenario. As a result of their findings, the authors conclude that systolic blood pressure is the physiological response that is most responsive to treatment and that shows the greatest between-groups differences. It is important to note that this reactivity is significantly reduced with treatment involving incorporation of relaxation strategies.

The final section of the book—Part 3—contains Chapters 8–11, which, when taken together, provide an approach to the treatment of the angry aggressive driver. Chapter 8 describes prescriptions for treatment by researchers other than the authors and their colleagues. It is a very brief chapter. Chapter 9 summarizes results of the treatment program conducted by the authors’ Albany Center for Stress and Anxiety Disorders during 1999–2000, and Chapter 10, which is chock-full of information, includes the program’s actual treatment manual. The final chapter of the book, Chapter 11, briefly describes the process by which the authors established a formal relationship with the local district attorney’s office as one way of securing the participation of patients and study participants in their treatment program and research. This section of the book provides guidelines, instructions, and suggestions for other clinical researchers who might wish to carry out research such as this or implement a similar type of program.

There is some debate about whether aggressive driving really is on the rise or whether this perception results from the sensationalization of “road rage.” According to this book’s authors, “The question of whether aggressive driving is on the increase remains unanswered; a definitive answer awaits more rigorous longitudinal prevalence research” (p. 13). Some readers might expect to obtain this information in the present volume and will inevitably be disappointed given that this book does not answer this important question. Nonetheless, for those clinicians who interact with patients who are angry aggressive drivers, and who might wish to conduct scientific research, this book will prove to be extremely useful. All others who are interested in this topic will have to wait for future research in this area.

References
