

MANAGING ANGER WITH COUNSELLING

LESSON AIM:

Explain the psychosocial causes of anger and understand the anger management strategies used by counsellors.

INTRODUCTION

As we saw in Lesson 1, anger is difficult to define since it can be viewed in terms of physiological responses, behavioural responses, cognitive appraisals, and social constructions which serve social purposes. As with anger, there are different approaches to understanding anger management.

ANGER MANAGEMENT

Whilst we tend to construe anger as a bad thing, anger involves both positive and negative aspects. The negative aspects are all too familiar i.e. thinking becomes clouded, you may become overly defensive, and you might act on your anger in a violent or aggressive way. The positive aspects which are often overlooked are that we often express our feelings when we otherwise might repress them, we have heightened energy levels due to physiological arousal, and we can often solve problems and take control whilst we are in this elevated state. The idea behind anger management is not to remove all anger, but to manage it by channelling it into the positive aspects and away from the negative aspects. If anger is expressed in acceptable and appropriate ways then it can be productive rather than destructive.

We all experience anger, though some people might be considered more bad tempered than others. Given that anger is a strong emotion, it can become too strong and over-bearing. When this happens, people may over-react. At such times it is possible to draw other people in and so the anger escalates. Anger management seeks to control exaggerated anger and channel it into constructive areas.

There are many anger management techniques ranging from relaxation exercises to changing thought patterns, learning how to communicate better to reducing stress levels. In this lesson we shall look at some counselling strategies for dealing with anger management, but first let us consider some of the reasons we become angry.

CAUSES OF ANGER

There are a number of different causes of anger.

1) Frustration

This happens when we are prevented from achieving a valuable goal, though it can also occur when we get something we do not want. Frustration can be something relatively small such as when someone jumps the queue in front of us, or it can be a major event such as losing out on your dream home. The cause of the frustration might be another person, a situation, an organisation or indeed, yourself. Nevertheless, frustration need not develop into problematic anger and can be adaptive if we were to consider that we simply wished that the frustration had not happened.

However, according to Wessler and Wessler (1980) it does become problematic when we demand that the frustrating situation should absolutely have not happened and that it is a tragedy that we have not got what we wanted, and we curse the cause of the frustration.

2) Breaking Personal Rules

Beck (1976) suggested that another common source of anger is when personal rules are broken. Personal rules might include such things as expecting to be treated with respect, with equity, in a reasonable way, with politeness, consideration and so on. Someone who holds such rules would expect that they be observed at all times and so if someone treated them rudely, with indifference, or unfairly, they would be likely to become angry. Nevertheless, it is not realistic to expect that everyone they meet will treat them in their prescribed way. It is more realistic and adaptive to prefer to be treated in this way but not to always expect it, and to come to terms with the fact that there will sometimes be exceptions to these personal rules.

3) Self-Defence

Dryden (1987) described another cause of anger which he called 'self-defence' anger. This occurs when an individual's self-esteem is challenged by the responses of an organisation or another individual. Their anger serves as a self-defence mechanism to protect them from a negative evaluation of themselves.

If you imagine that a team of football players are told by their manager that they are not putting enough effort in but one of the players comes forward to angrily claim that he is. In this case, the player's response serves to protect him from the other possible thought that he was failing which is unthinkable. If he held the belief that failing in his role as a player meant he was a failure, then he might think that the manager was actually saying that he was a failure as a person and so no wonder he becomes angry. Such a person would find criticism very hard to take.

People who express this type of anger are often considered to be 'touchy' or 'defensive'. They will often shirk responsibility and point the blame at others. They cannot accept responsibility for mistakes or poor performance since that would mean accepting that they were failures or somehow worthless.

Expression of Anger

Often someone who becomes angry will retaliate or lash out against the perceived source of frustration. This expression of anger may be physical or verbal, or it may sometimes be expressed indirectly such as by being unhelpful or deliberately awkward.

Someone who has a very damning or demanding thought pattern is likely to express their anger in destructive or aggressive ways. Long-term anger can overwhelm a person so that they do, in fact, feel as if they were consumed by it. It can interfere with enjoying life and may contribute towards high blood pressure and associated pulmonary and cardiovascular diseases.

COUSSELLING STRATEGIES

In cases where anger is not severe and there is an imminent threat of violence, a counsellor may prefer to deal with anger rather than refer the angry client on to another professional. One of the techniques at the counsellor's disposal is to help the client to recognise their anger and to express it within the safe environs of the counselling process.

This might begin by reflecting back feelings or thoughts e.g. “I can see that talking about this is making you angry”. However, if the client’s level of anger appears to escalate, then it is prudent for the counsellor to take control and divert the anger away from them.

Empty Chair Technique

One of the techniques used by Gestalt therapists is the ‘Empty Chair Technique’. This involves asking the client to face an empty chair and imagine it is occupied by someone with whom they are angry. The client is then encouraged to express their feelings of anger towards the ‘person’ in the chair. They should address the person they are angry with directly and may need to be guided to do so e.g. “I’m really angry with you, Dad...” rather than “I’m really angry with my Dad”. This helps them to be more open and less reserved.

The advantage of this method is that the anger is not directed towards the counsellor. Also, the client can vocalise their anger and get it off their chest. Encouraging a client to express their anger should not be attempted with someone with a known history of violence, someone with a known mental health disorder, or someone who clearly has difficulties in controlling their actions.

Recognising Physiological Arousal

As we discussed in Lesson 1 there are a wide range of physiological changes which can occur in the body when we become angry. Although we probably mostly experience the same symptoms, the degree or notability of symptoms might be different for different people. For instance, one person who becomes angry might notice that their cheeks become hot and flushed. Another person might notice that they clench their fists or teeth. It is important for the angry client to learn to recognise these symptoms so that when they feel them happening, they can either use them as cues to take control over their anger, or they can choose to release the angry outburst. Either way, learning to recognise their physiological cues provides them with a choice as to what happens next. There’s no harm in releasing anger every now and then but to do it continuously would destroy relationships around them.

There are several courses of action a client might take once they have come to recognise the physiological changes which occur when anger wells up.

Thought Stopping

The client may say ‘stop’ to themselves when they feel themselves becoming angry. Typically the physiological changes will be accompanied by angry thoughts and so thought-stopping is a technique whereby they can arrest those angry thoughts. One method is to imagine they are looking at themselves from outside their body. Another method is to begin breathing more slowly and perhaps count from 1-10 inside their head. This helps the muscles of the body to relax.

A variation on this then is the ‘stop, think, do’ approach or traffic lights. Whilst it is sometimes used with children to control behaviour it can also work with adults. The client is encouraged to envision a red traffic light signifying ‘stop’ when they feel themselves becoming angry. They then ‘think’ about what action to take, and then they ‘do’ that action. The provision of the thinking stage allows them to make a choice about how they respond.

Relaxation Exercises

As alluded to above, relaxation is an important means of learning to manage anger. Breathing exercises involve taking in a deep breath, pausing for a couple of seconds, and then exhaling until the lungs are empty. In the counselling room, the client might lower their head forward slightly as they do this and allow their arms to become limp, hanging down over either side of the chair. When they breathe in, they might say to themselves “breathing in relaxation”. As they breathe out, they could say “breathing out anger”. If they do this for several minutes they will feel their physiological arousal slowly disappear.

Progressive Muscle Relaxation

Another option is to concentrate on the muscles. This technique is sometimes used as a pre-cursor to hypnosis. The client sits in a chair with their arms hanging limp either side or resting on their knees. They close their eyes and begin to focus on their scalp imagining the muscles in their scalp relaxing. When they feel that their scalp is relaxed they then work down to their eyes, followed by their mouth, neck, shoulders, torso, abdomen, buttocks, thighs, calves, and feet. By the time they have reached their feet they should feel that their whole body is now relaxed and all feelings of anger have dissipated.

Time Out

This is a means of ‘buying time’. The client stops what they are doing and calms down before deciding what action to take. This could involve walking away from a situation and so clearly in a case where a relationship is involved and one person is undergoing counselling for anger issues, this is something which would have to be discussed beforehand.

Whilst the angry person is trying to calm down they may wish to engage in breathing exercises, progressive muscle relaxation, or some other activity which helps them to accomplish this. If they are not prone to violence they could take out their frustration on a punch bag or something similar. This may be useful for short-term or crisis-induced anger for an individual who is not normally angry. This method is not suited to someone who is likely to become violent as it might reinforce their violent behaviour.

Assertiveness Training

Assertiveness training is often used to treat a range of disorders which are characterised by a lack of assertiveness such as schizoid and dependent personality disorders or as a means of helping unassertive people to deal with everyday life situations. However, it can also be used to enable the aggressive or angry individual to be more assertive and less aggressive – in other words by improving the way in which they communicate their anger.

The way an individual expresses their anger is due in part to how extreme their angry thoughts are but also how adept they are at expressing their anger and the fears that might be associated with this.

There is a distinction between being assertive and being aggressive. An assertive person wants to be heard and understood but they do not always have to get what they want. On the other hand, an aggressive person does always have to get what they want and they do not mind hurting others as they do so. Being assertive means being able to give and take criticism without becoming angry or defensive, it means being able to ask for what you want without always expecting it, and it means treating others as equals and respecting their views and rights.

An assertive person will respect that they may have a different opinion to someone else and will not feel the need to persuade that person towards their way of thinking. It is respecting one's own wishes as well as those of others. Assertiveness, then, is the skill of communicating thoughts, feelings, beliefs and so forth - in a non-aggressive, open and honest way.

A common cycle of unassertiveness (submissiveness) occurs as follows. A submissive individual holds in and bottles up anger without releasing it. This bottled up anger is then released at some later point as an aggressive outburst. This explosion of anger makes the individual feel guilty. They then return to being submissive and holding in their anger until the next aggressive outburst.

Assertiveness training aims to teach the individual to be neither aggressive nor submissive but to express their anger clearly and directly in a non-threatening but constructive way.

Assertiveness training often involves learning to use statements such as "I feel..." which are followed by an objective statement and not an interpretation of the facts e.g. "I feel annoyed when you don't listen to me". By doing this, the individual is taking ownership of their feelings and not accusing the other person of blame as they would if they made an aggressive statement such as "You never listen to me because you're only interested in your own point of view".

Assertive statements are designed to lead to a positive outcome. Another way would be to make a request which leads to a mutual agreement e.g. "If you would please listen to what I am saying, then I will listen to you". The idea is to learn to listen to and absorb what the other person is saying rather than challenge them. Wessler and Wessler (1980) stated that the assertive person seeks to get what they want whilst respecting what the other wants.

In a well-known book by Harris (1973) entitled 'I'm OK. You're OK' the differences between aggressive, submissive, and assertive individuals are summarised as follows:

- 1) 'I'm OK, you're not OK' – the aggressive person believes that what they want is of utmost importance but what the other person wants is of no importance.
- 2) 'I'm not OK, you're OK' – the submissive person believes what they want is of no importance but what the other person wants is of utmost importance.
- 3) 'I'm OK, you're OK' – the assertive person believes what they want is important and they respect what the other person wants.

Three Steps in Assertiveness Training

The steps involved when counselling a client in assertiveness training are as follows:

- 1) The first thing is to distinguish between assertiveness, unassertiveness, and aggressiveness. This not only involves educating the client about the distinctions but also about how to become more aware of their personal rights.
- 2) This involves dealing with mental blocks to assertiveness.
- 3) The final step is to practice assertiveness in real-life situations and through role plays within the counselling situation. These can be regarded as the main components of assertiveness training although it is never likely to be quite so easy in practice. Various skills which might be included in a training programme include:

- Learning how to ask for things
- Learning how to say 'no'
- Expressing anger in a non-accusatory way
- Accepting and expressing criticism
- Accepting and expressing complements
- Accepting and expressing apologies

A Five-Stage Assertiveness Training Interview

Stage 1 Beginning the Session – (building rapport and structuring)	Emphasis on client participation and goals. Indicate that observable behaviours are focus.
Stage 2 Gathering Information – (discussing problems and issues)	Use listening to find behaviours in relation to situations. Focus on individual and context issues. Use role plays to find specifics of behaviour
Stage 3 Mutual Goal-Setting (what does the client want to happen)	Carry on search for goals for behaviour change and redefine more clearly
Stage 4 Exploring Alternatives (confronting incongruities & conflicts and re-storying)	Confrontation between behaviour and goals. More role play to demonstrate goals. Possibly emphasise environmental factors related to behaviour change
Stage 5 Ending (generalising and action)	Attention to generalisation for behaviour change outside counselling. Arrange follow-up to ensure behaviour is maintained

The above interview structure is an example of a behavioural counselling approach to assertiveness training, though the same type of approach may be adopted by proponents of other counselling styles. The first stage involves building rapport with the client so as to create a relaxed and trusting therapeutic relationship. The focus is on finding examples of observable behaviour which could be changed. The emphasis is on action and doing. The counsellor would inform the client that they are going to do some role playing but involve them in the decision making process as much as seems necessary.

The second stage involves gathering more information about specific examples of when the client gets angry (or submissive) but then the counsellor shifts from actively listening to the problems to role playing them with the client i.e. bringing the problems into the here and now. The counsellor will then identify behaviours that are aggressive or submissive rather than assertive, and will encourage the client to identify others – thereby teaching them the distinctions.

The counsellor will further discuss specific behaviours looking at what is wrong with them but also seek out and emphasise the client's strengths. That is, the client needs to know that they have the capacity within them to overcome these issues.

In stage three, the client is able to identify specific behaviours and set goals based on their strengths. The focus is on where they can be more assertive and less aggressive or submissive.

In stage four, the client's goals can be contrasted with their current behaviour by using confrontational skills in order to resolve the discrepancy. This is usually done by summarising examples of the errant behaviour and what the client wants to happen so that the difference is clear to see. This is followed by further role-playing until the client is able to demonstrate assertiveness. This could take some time and may take several sessions to accomplish.

The final stage of termination involves giving the client 'homework' tasks so that all their good work is not undone. A relapse prevention strategy is usually included so that the client does not lose what they have learnt. Generalisation is important because it enables the client to transfer their new skills to real world situations. The counsellor will work through a relapse prevention sheet with the client which includes typical obstacles to assertiveness.

Mental Blocks to Assertiveness

There are a number of ways in which the path towards assertiveness can be blocked.

1) The first example is where someone blames others for frustrating them and so they damn them or become more focussed on hurting them than getting what they want. This approach leads to aggressive interactions with others e.g. "You are totally pathetic!"

2) Probably the most common block to assertiveness is where an individual feels unable to express themselves for fear of criticism or negative appraisal from others. The client will often state that they do not want to upset or anger others as being the reason they behave in this way. This fear of upsetting others is based upon thoughts such as 'I need the other person's approval and it would be terrible if they rejected me'. Any such rejection may confirm their evaluation that this is evidence of their worthlessness or uselessness.

3) The other type of block is where an individual believes that it is wrong to act according to their own interests and feel guilty if they do so. This may be because they believe that self-interested behaviour is selfish and wrong, or it could be that they have low self-esteem and really do not deserve to have what they want. They cannot make a distinction between positive self-regard and disrespect for the needs and desires of others. Such clients need to be helped to understand their rights and express their own interests.

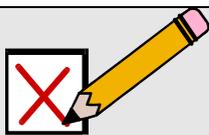
SET READING

Refer to, and read any reference material you have access to that relates to the aim of this lesson.

This may include any of the following:

- Books in your own possession, or which you find in a library
- Periodicals you have access to (i.e. magazines, journals or newspapers)
- Websites e.g. use search engines

Spend no more than 2 hours doing this.



SELF ASSESSMENT

Perform the self assessment test titled 'test 2.1'.

If you answer incorrectly, review the notes and try the test again.

SET TASK

Interview someone who deals with lots of people in their daily work, and ask them to tell you about two different people they have encountered who exhibit signs of anger.

This might be:

- A teacher
- An employer, manager or supervisor
- A sales person
- Someone working in health or welfare
- ...or anyone else.



ASSIGNMENT

Download and do the assignment called 'Lesson 2 assignment'.