
WORKING WITH ANGER

A CONSTRUCTIVIST APPROACH

Edited by

Peter Cummins

Coventry Teaching Primary Care Trust



John Wiley & Sons, Ltd

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West Sussex PO19 8SQ, England
Telephone (+44) 1243 779777

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John Wiley & Sons Canada Ltd, 22 Worcester Road, Etobicoke, Ontario, Canada M9W 1L1

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Library of Congress Cataloging-in-Publication Data

Working with anger : a constructivist approach / edited by Peter Cummins.

p. cm.

Includes bibliographical references and index.

ISBN-13: 978-0-470-09049-7 (cloth : alk. paper)

ISBN-10: 0-470-09049-9 (cloth : alk. paper)

ISBN-13: 978-0-470-09050-3 (pbk. : alk. paper)

ISBN-10: 0-470-09050-2 (pbk. : alk. paper)

1. Anger. 2. Constructivism (Psychology) 3. Personal construct theory. I. Cummins, Peter.

BF575.A5W67 2006

152.4'7—dc22

2005016321

British Library Cataloguing in Publication Data

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

ISBN-13 978-0-470-09049-7 (hbk) 978-0-470-09050-3 (pbk)

ISBN-10 0-470-09049-9 (hbk) 0-470-09050-2 (pbk)

Typeset in 10/12pt Times and Helvetica by TechBooks, New Delhi, India

Printed and bound in Great Britain by TJ International Ltd, Padstow, Cornwall, UK

This book is printed on acid-free paper responsibly manufactured from sustainable forestry in which at least two trees are planted for each one used for paper production.

For Sally, Matthew and Simon who have lived with the production of this book.
And for my mother, Maeve, who would have vicariously enjoyed the whole
production.

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ABOUT THE EDITOR

Peter Cummins trained in Clinical Psychology at the Crichton Royal Hospital in Dumfries, Scotland, from 1974–76. There he was introduced to Personal Construct Psychology by his new head of department, Millar Mair. He has been involved with PCP ever since. He went on to train in Personal Construct Psychotherapy at the Centre for Personal Construct Psychology in London, gaining his diploma in PCP Psychotherapy in 1988. He has worked within the British NHS since 1976, at Bexley Hospital, then Maidstone and since 1995 he has been Head of Adult Psychological Services in Coventry. All his clinical work has been with working-age adults. For the past eight years he has specialised in working with angry and violent people who have managed not to be sent to forensic services.

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PREFACE

This book began as a result of my trying to deal with a clinical problem. The service that I manage was being asked more and more frequently to work with people who had anger problems. We had no one within the service with any expertise in this area. In a supervision group run by Fay Fransella I was able to begin to explore a personal construct perspective on anger. I began running an anger group in May 1997 and first presented a paper on anger at the International PCP conference at the University of Washington in Seattle in July 1997. Within six months of starting to work with anger, I was subpoenaed to a local court to give reasons as to why I had declined to accept a referral. Anger, I discovered, can be a very political issue to deal with, as it is a frequent reason for court proceedings, both for domestic problems and the wider issues of public behaviour. As I began to develop a framework for working with anger, I became aware of issues which seemed to appear again and again for the people I was asked to work with. This book is an effort to provide a coherent set of answers to these issues which repeatedly arise.

When I began, the only structured response I could find was that on anger management from a CBT perspective. I then discovered the work of Averill who had developed a social constructivist view of anger in 1982. He defined anger as a socially constituted syndrome (a transitory social role) which includes the person's appraisal of the situation. For Averill, a constructivist view emphasises the social origins and current functions of anger: 'Anger is a social product, not simply a byproduct' (1982, p. 63). Averill, however, is a social psychologist; most of his research involved university undergraduates and it does not address the clinical issues of working with anger.

The first question I struggled with was what sort of treatment approaches could be developed within a constructivist perspective. Chapters 1 and 2 are my own answer to this. In Chapters 3 and 4 two other constructivist practitioners describe their answers to the same question. I was particularly interested in the fact that we all independently developed group-based treatments. Inevitably, however, there are some people who, for a number of reasons, are not suited to group-based approaches. In Chapter 5, Jill Thomas and Larry Leitner explore the individual treatment of anger. Since many of the experiences which lead to angry adults derive from childhood, I often wonder what would happen if the person had been seen as a child. In Chapter 6, Heather

Moran explores ways of doing just this, describing her way of working with children and anger. In Chapter 7, Rob Adelman both makes a case for REBT as a constructivist approach and takes us on to a slightly older group in his description of a programme aimed at working with adolescents.

The second half of this book represents an effort to answer the questions about what is actually going on within anger. The first question is to explore what it is actually like to be angry. In Chapter 8, Graeme Sutherland presents a powerful description of the reality of living with anger. In 'Mr Angry' he begins by describing the realities of angry behaviour that he and his immediate family had to cope with. He goes on to elaborate where the invalidation underlying his anger was derived from and his struggle both to reconstrue his behaviour and to alter it. He presents a real-life example of how family structures lead to the development of anger, a question addressed in Chapter 9 by Harry Proctor and Rudi Dallos. In Chapter 10 the question of why 80 % of our referrals are male, and whether they differ from female referrals is addressed by Bhavisha Dave et al.

At a clinical level we have noticed that again and again people told us how their relationship with their parents (usually their father) was disrupted between the ages of 8 and 12. This was commonly due to parental separation, but could be due to physical illness or depression leading to a lack of relationship. This distinct pattern left me wondering just what developmental issues children are working on at this particular age. In Chapter 11 Mike Mascolo et al. set out to answer this question.

While home is the key place for children, the second place for them is school. Many of our clients remember either being humiliated at school (often because of literacy difficulties) or being angry and aggressive which resulted in being excluded from school. In Chapter 12, Paternite and colleagues explore what happens in school and present possible alternative constructions. They then provide a framework for validation which would prevent young men growing up angry.

After about a year of working with anger I came across a quote that said that what mattered was to get angry with the right people, in the right way, at the right time. This described perfectly what I was trying to achieve with the people I was working with. I was very surprised to discover that this quote was from Aristotle's *Nicomachean Ethics* which dates from c. 324 BC; 2,300 years ago and anger was already understood. This philosophical contribution is described in Chapter 13 by Bill Warren who has taken on the 'daunting task' (Taylor and Novaco, 2005) of delineating the contribution of philosophers.

And, finally, we come to the critical question, does any of what we do actually achieve real change? In Chapter 14, Pekkala and Dave have carefully evaluated the Coventry Anger programme. They have very deliberately used mainstream assessment techniques so that these results can be contrasted with other studies in the anger literature.

The elements of constructivist theory described in Chapter 1 are common to all the contributors to this book. All would accept Averill's (1982) observation that 'one of the orienting assumptions behind a constructivist view is that emotional syndromes are maintained within the social system because they serve a function'. Each of them in their own way has developed an understanding of anger based on constructivist principles.

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ACKNOWLEDGEMENTS

I would like to acknowledge the inspiration I received from Miller Mair as a trainee, which has stayed with me for nearly 30 years. My raw enthusiasm was encouraged by the late Don Bannister and shaped and developed by the supervision of Helen Jones, and later, Fay Fransella. In particular, it was with Fay's help that I first began to develop a PCP-based approach to anger and was encouraged to develop this book.

The Coventry Anger group, comprising Diane Allen, Bhavisha Dave, Dina Pekkala and Matt Wilcoxson, have contributed greatly to the evolution of this volume.

I would also like to acknowledge the contribution of my office manager, Angie Morris, who has tried hard to protect my time to allow the production of this book. Claire Ruston at Wiley has very gently but clearly achieved me almost meeting my agreed deadlines.

Finally, I want to acknowledge the hidden contribution to this book of many of the people I have worked with over the past eight years, in particular L. S. and J. E.

THE CONSTRUCTION OF EMOTION

Peter Cummins

When I 'Googled' 'Anger,' I was told that there were 6,190,000 references. The first of these that I looked at (angermgmt.com) told me that one in five Americans had anger management problems! Given that the latest estimate of the American population is 294,353,630, this means there are a lot of angry people in the USA!! The UK has a population of nearly 59 million. I have not found any similar estimate of prevalence; if we were to assume a similar rate to the USA, then we also have a lot of angry people in this country.

It is certainly true that referrals for anger are the second most common reason for referral in the service I work within. This is true despite the fact that there is not a formal diagnostic category for anger. As Novaco (Novaco and Welsh, 1989, p. 40) points out, 'While anxiety and depression are clinical conditions; anger (like fear and sadness) is an emotion'. The existing approaches to anger frequently acknowledge that anger is an emotion, and then appear to forget the implications of this in a maze of cognitive approaches and techniques. By far the most dominant approach is the cognitive behavioural therapy (CBT) approach, of which Novaco is a leading proponent. The CBT approach is almost always called Anger management. This is despite Novaco's (1998) own acknowledgement of three layers:

1. General clinical care for anger.
2. Anger management.
3. Anger therapy.

General clinical care for anger identifies it as a clinical need and addresses it through 'counseling, psychotherapeutic and psycho pharmacological provisions including client education, support groups and eclectic treatments without a formal intervention

structure' (Novaco, Ramm & Black, 2000). I think that this level should also include skills required by all staff to deal with people, e.g. the receptionist dealing with an angry person or inpatient ward staff dealing with everyday anger. The second level, that of Anger management, is usually a fixed length group which is run along psycho educational lines; people are taught the model and encouraged to integrate it into their daily lives. The third form, that of Anger therapy or Anger treatment (Novaco et al., 2000) acknowledges that there can be more to anger than management. As Novaco et al. put it, 'Anger treatment is distinguished from these other levels of intervention by its theoretical grounding, systematization, complexity and depth of therapeutic approach. It is best provided on an individual basis and may require a preparatory phase to facilitate treatment engagement'.

The problem is, however, that the wider world and, in particular, the criminal justice system have adopted the idea of anger management. This comes up in all parts of the social care/justice/professional system. People often attend anger management courses in prison. Family courts have become keen on insisting that people complete anger management courses before they are allowed access to their children or their partner. Doctors who lose their temper at work in stressful situations are told by their disciplinary hearing that they should attend an anger management programme. Social Services often require parents to attend anger management courses if they are to be allowed to retain parental rights to their children. Laming describes a similar pattern, in Australia, in Chapter 3 of this book. Probably due to this popularity we now have Hollywood in on the act, in the film called *Anger Management*.

It is very difficult to get acknowledgement of anger therapy, the dominant ideology is that of anger management. Even after nearly seven years of telling referrers that we run a 'Working with anger group', almost without exception people are referred for 'Anger Management'. This idea, that you can learn to manage your anger in short-term courses, can cause real problems. This is particularly true when we see people who have already been through an anger management programme. (For obvious reasons, I rarely see people who have had a successful experience of anger management.) What I do see are people like Sam who told me 'I have had anger management and it was crap'. When I asked him about this, he described a day programme he had attended in prison. I asked him what made him think it was crap and he replied, 'I knocked a screw [prison officer] out the following day'. This may be a reasonable assessment of limited success in anger management! A careful reading of Novaco's own work makes it very clear that much of what is described as anger management would not meet his basic requirements. As Taylor and Novaco (2005, p. 24) comment: 'There is a wide variation in "anger management programmes" which are now marketed commodities'.

Mr X has been in trouble with the law since childhood. He has been arrested many times. Some of his arrests include assault, embezzlement, carrying offensive weapons and rape. He has not served any jail sentences. The psychiatric assessment concluded, 'He has no emotion as emotion is a sign of weakness. I believe he poses a significant risk to others and he openly stated that he is naturally inclined to violence'.

The conclusion of this report was that the best answer was anger management. Our conclusion was that he belonged in the forensic services! This referral sums up a common current perspective on anger that, even in the extreme, it can be treated by an anger management programme.

PERSONAL CONSTRUCT PSYCHOLOGY AND EMOTION

In a previous work (Cummins, 2003) I have challenged the common misunderstanding that personal construct psychology (PCP) is a cognitive theory which does not deal with emotion. At the heart of PCP is Kelly's focus on abandoning the distinction between cognition and emotion. As Kelly (1991, p. xii) summarises it, 'There is no ego, no emotion, no motivation, no reinforcement, no drive, no unconscious, no need'. There is little written in the personal construct literature directly about anger. There is, however, a significant literature on PCP and emotion. (I have previously summarised this literature in Cummins, 2005). For me, the key paper was McCoy's 'A reconstruction of emotion' (1977). There is also a provocative paper by Don Bannister (1977) 'The logic of passion', in which he challenges the whole way in which emotion is dealt with within PCP, and Viney's *Images of Illness* that discriminates between images of anger which 'take the form of mild irritation which encourages those who experience it to deal promptly with some annoyingly discrepant aspects of their lives' and a second kind of anger which 'take[s] the form of wild outbursts against the people and events of one's world' (1983, p. 37). Davidson and Reser (1996) look at the cultural nature of construing. In looking at the experience of aboriginal youth, they note that where social links break down, the 'emotional state appears to have elements of extreme anger and loss'. Kirsch and Jordan (2000) quote Catina and Schmitt (1993) as stating that 'emotional behaviour is seen as an indicator of the state of a person's construct system'. They go on to use a system of categorising constructs into categories of emotion. The most common construct category at the beginning of treatment was that of rage/anger.

If I add in papers by Fisher (1990), Mascolo (1994; Mascolo & Mancuso, 1990), Katz (1984), and Mahoney (1988), then I have covered the available PCP literature. There is also an interesting book on emotion from an existential perspective written by Strasser (1999), which has a chapter on anger. In this, Strasser describes a clinical case where anger originated in the person's childhood experience of being disregarded as a person. This view fits very well with my previous suggestion (Cummins, 2003) that the most useful definition of anger is that: 'Anger is *an* emotional expression of invalidation'. I need to emphasise the *AN* as there are, of course, many other possible responses to invalidation. As Fransella (2003, personal communication) has pointed out, 'one can invalidate another's construing and make them very happy'. However, the people referred to us have not been made happy!! The most common statement they make is, 'I do not understand what my anger is about – I just get angry about silly things'. Again and again, I have to point out that what makes you angry is not silly, rather, what they mean is that they do not understand their own construing.

This position of getting angry about silly things often makes self-reporting anger very difficult as people are unwilling or unable to identify anger episodes. As I will describe in Chapter 2, this means that I always try to interview a significant other, usually a partner, as part of the assessment procedure.

PCP AND ANGER

There are six key concepts within PCP which are critical for the understanding of anger. These are anticipation, invalidation, hierarchy, hostility, permeability, and sociality. In this chapter I only have the space to focus on these. An introduction to PCP is given by Kelly (1970); a fuller account of PCP is available in Dalton and Dunnitt (1992) in the *International Handbook of Personal Construct Psychology* (Fransella, 2003), in the practitioners' version of the handbook (Fransella, 2005) and in Rossotti, Winter and Dimcovic (forthcoming).

Anticipation

Central to personal construct psychology is the idea of anticipation. Kelly's fundamental postulate on which he developed the rest of PCP states that 'A person's processes are psychologically channelised by the ways in which he anticipates events' (1991, p. 32). Our whole way of being is derived from our capacity to construe our past, present and future. When this process is interrupted or interfered with, we end up unable to satisfactorily construe the events we are confronted with. When this happens, we may be invalidated. 'Validation refers solely to the verification of a prediction, even if what was predicted was itself unpleasant' (Kelly, 1991, p. 111) (see later section on invalidation). There are, of course, many possible responses to this inability to construe (which may lead to invalidation), anger is but one of an array of possibilities. Where the reaction is anger, all that is immediately seen is the emotional expression described as anger. The underlying argument is that this emotional expression can be understood as signifying change or resistance to change, and that emotions therefore are expressions of constructs. The language here is difficult as Kelly was quite explicit about the need to abandon the emotion-cognitive construct dichotomy in favour of trying to understand 'emotion as forms of transition'. As Bannister puts it:

At such times we try to nail down our psychological furniture to avoid change or we try to lunge forward in answer to challenge or revelation by forcefully elaborating our experience. It is at such times that our conventional language most often makes reference to feeling.

(1977, p. 27)

Bannister goes on to point out that Kelly's definitions of transition try to make us recognise that we can only understand the person from within, in terms of the why, from their point of view. To understand my anger, you have to understand my understanding of WHY I get angry (see the later section on sociality). The first step (i.e.