TOWARDS COMPASSIONATE TRAUMA-INFORMED THERAPY IN THE TREATMENT OF PROBLEMATIC ANGER

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Abstract

Through consulting available social science research and providing therapy to clients mandated by the court system to attend anger management client it became apparent to the writer that compassionate focused therapy response is necessary in the provision of anger management counselling. The importance of moving towards a compassionate oriented provision of anger management is stressed in this article as trauma, victimization, neglect and inconsistent parenting have been found by the available research to be factors found in individuals who are engaging in anger management counselling services. Counsellors are urged to provide counselling from a compassionate lens while also addressing impaired self-regulation in clients.

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Summary

Through consulting available social science research and providing therapy to clients mandated by the court system to attend anger management client it became apparent to the writer that compassionate focused therapy response is necessary in the provision of anger management counselling.

Findings

The importance of moving towards a compassionate oriented provision of anger management is stressed in this article as trauma, victimization, neglect and inconsistent parenting have been found by the available research to be factors found in individuals who are engaging in anger management counselling services.

Applications

Counsellors are urged to provide counselling from a compassionate lens while also addressing impaired self-regulation in clients.

Compassion

A necessary component in successful anger management therapy is compassion. Gilbert identifies compassion to be “a deep awareness of the suffering of another coupled with the wish to relieve it” (Gilbert 2009, p.13). In addition, Gilbert (2010) identifies compassion to have 6 attributes which are sensitivity, sympathy, empathy, motivation/caring, distress tolerance and non-judgement”.

Sensitivity is being able to respond to the emotions of others and identifying and knowing when others need help. Sympathy is identified to be demonstrating “concern for the other persons suffering”. Empathy can be identified as placing oneself in another person’s position to understand their experience. The final
Component distress tolerance is one’s ability to manage the difficult emotions that one experiences when facing the suffering of another individual without being overwhelmed.

When one considers anger management therapy the approach is to provide client specific skills as clients who come for anger management therapy often lack skills related to self-regulation. Yet a keen focus on skill providing without the compassionate layer can be ineffective and lead to difficulty in engaging the client and motivating the client towards change. I theorize that motivating a client towards change in anger management therapy can only occur if the 6 attributes of compassion are utilized. Through utilizing a compassionate response, a therapist can motivate a client to share a vital part of their history which can identify the causes of aggression. Through the client’s own awareness of past causal factors in the client’s aggression the client can gain self-awareness and the possibility of change can finally become available to the client.

Multiple Pathways to Aggression:

Trauma & Aggression

A large amount of research has identified that offenders have been victimized in one manner or another. The outcomes of abuse can be isolation, hypersexuality, sexual deviance, aggression, and self-harm. Prison psychiatrist James Gilligan indicates “all violence is an effort to achieve justice or undo injustice”. Thus, past harm may be a causal factor in the individual’s current aggressive behavior. If this is the case the behavior may not stop unless the perpetrators own victimization is addressed. Thus, for the client to disclose their past trauma history the counsellor must be practicing with the compassionate lens, utilizing a non-judgmental approach along with sensitivity, sympathy, empathy and motivation/caring. Moreover, a compassionate response to the perpetrator’s recollection to past trauma is required for the client to change.

Traumas Relationship to Power

Once harmed a victim may be made to feel powerless. I propose the victim’s subsequent behavior that results may be attempts to reclaim power that was stripped from them during the victimization. Therefore, the victim may attempt to take back their power through self-harm, aggression, or victimizing others. Psychiatrist Sandra Bloom identifies “that unresolved trauma tends to be re-enacted; if it is not adequately dealt with, trauma is re-enacted in the life of those who experience the trauma, in their families, even in future generations”. Howard Zeher also suggests, “much violence may actually be a re-enactment of trauma that was experienced earlier but not responded to adequately”.

This information pushes us to assist victims from a compassionate lens, not one focused on a mechanical provision of set skills to clients involved in anger management programs. Thus, the approach no longer consists of skill providing, but an additional component is added one in which harm done to the offender is realized and addressed by both the counsellor and the offender through a compassionate lens.

Attachment Dynamics & Aggression

Much of the available research indicates that parents play a critical role in a child’s development of self-regulation. Parents help their child regulate their emotions by “modeling emotion regulation or specific emotion regulation strategies; (2) responding to their children’s emotional expression by acknowledging emotions, helping children process their emotions, helping children calm down, or questioning/punishing emotional expression (3) assisting children in the moment by teaching them various emotional regulation strategies”.

An additional issue in the context of aggression treatment is the potential of impaired attachment and emotional dysregulation. A child may develop an insecure attachment, due to the parent being unavailable at times of emotional distress, or due to inconsistency in providing care. When the caregiving is inconsistent the child starts to develop the understanding their voice has no impact on their mother or father. Uninvolved parenting has been linked to poor emotional regulation in children and aggressive behavior.

Research has identified most abused and neglected children have disorganized attachment patterns. In efforts to self-regulate due to the inability to control emotions individuals often display aggression against
other individuals. “Their difficulty putting feelings into word interfere with flexible response strategies and promotes acting out”.

Frankel et al indicates children who are avoidantly attached preschoolers have been identified to be angrier and more aggressive. Thus, “it may be that avoidantly attached children generally try to suppress their negative emotion, but continual suppression of negative emotion may lead to frustration and, ultimately, to poor emotional regulation later in development”. Thus, once again as the individual may have suffered from inconsistent parenting or neglect a compassionate approach to anger management is stressed.

Thus, clients may come to anger management therapy with a history of neglect or inconsistent parenting. Therefore, it is important when working with such clients to display the elements of compassion including sensitivity, sympathy, empathy, motivation/caring, distress tolerance and non-judgement. Through displaying these qualities, the client will disclose past parenting patterns and through displaying compassion a counsellor will help the client recognize their own suffering which can then be a catalyst for client change.