Aggression and Violent Behavior 14 (2009) 396–401

Contents lists available at ScienceDirect

Aggression and Violent Behavior

Mindfulness and the treatment of anger problems

Steven Wright [a], Andrew Day [b,*], Kevin Howells [c]

[a] School of Psychology, University of South Australia, Adelaide, Australia
[b] Centre for Offender Reintegration at Deakin, School of Psychology, Deakin University, Australia
[c] Peaks Academic and Research Unit, Rampton Hospital and Institute of Mental Health, Nottingham University, UK

ARTICLE INFO

Article history:
Received 12 August 2008
Received in revised form 27 May 2009
Accepted 24 June 2009
Available online 3 July 2009

Keywords:
Mindfulness
Anger
Treatment
Forensic

ABSTRACT

Clinical interventions based on training in mindfulness skills are an increasingly common part of psychological practice. Mindfulness training can lead to reductions in a variety of problematic conditions including pain, stress, anxiety, depressive relapse, psychosis, and disordered eating but to date there have been few attempts to investigate the effectiveness of this approach with problematic anger. In this paper, the literature in relation to the theory and treatment of problematic anger is reviewed, with the aim of determining whether a rationale exists for the use of mindfulness with angry individuals. It is concluded that anger as an emotion seems particularly appropriate for the application of mindfulness-based interventions, and the potential mechanisms for its proposed effects in alleviating the cognitive, affective and behavioral manifestations of anger are discussed.

© 2009 Elsevier Ltd. All rights reserved.

Contents

1. Anger treatment . . . 397
2. Current treatment modalities . . . 397
3. Psychological acceptance and mindfulness . . . 398
4. Empirical research on mindfulness-based interventions . . . 398
5. The application of mindfulness to anger disturbances . . . 399
6. Discussion . . . 400
References . . . 400

Although anger does have positive qualities, such as in relation to its role in mobilizing psychological resources, energizing corrective behaviors, facilitating perseverance, protecting self-esteem, and communicating negative sentiment (Taylor & Novaco, 2005), it has long been regarded as one of the most destructive emotions. This relates primarily to the potential that angry individuals have to create harm to themselves or to others (Conger, Conger, Edmondson, Tescher, & Smolin, 2003; Deffenbacher, Story, Stark, Hogg, & Brandon, 1996; Fesbach, 1986; Greene, Coles, & Johnson, 1994; Kroner & Reddon, 1995; Schneider, Egan, Johnson, Drabny, & Julius, 1986; Siegman & Smith, 1994; Spielberger, Jacobs, Russell, & Crane, 1983; Wilcox & Dowrick, 1992). However, anger has also been associated with distorted perceptions of reality, and an impairment in the ability to make a correct assessment of the nature of things (Goleman, 2004). This view of anger as an affliction or impediment to reason is not new and, as noted by Howells (2004), "the argument that angry emotions, when poorly regulated, understood and expressed, make a major contribution to human distress is a compelling one" (p. 195).

A range of psychologically-based theories of anger and its component processes have been proposed (e.g., Berkowitz, 1999; Novaco & Welsh, 1989). While these theories differ in some respects, Howells (2004) notes their similarity in terms of those components that are regarded as fundamentally ubiquitous to the anger experience. This includes an emphasis on factors such as triggering events, cognitive appraisals and evaluations of events, physiological activation, the subjective experience of angry feelings, action tendencies, self-regulatory capacities, behavioral reactions, and behavioral functions. Indeed, current conceptions of anger tend to regard it as a multidimensional construct consisting of "physiological (general sympathethic arousal, hormone/neurotransmitter function), cognitive (irrational beliefs, automatic thoughts, inflammatory imagery), phenomenological (subjective awareness and labeling of angry feelings), and behavioral

* Corresponding author. c/o PO Box 630 Oakbank, South Australia 5243, Australia.
E-mail address: andrew.day@deakin.edu.au (A. Day).

1359-1789/$ – see front matter © 2009 Elsevier Ltd. All rights reserved.
doi:10.1016/j.avb.2009.06.008

variables (facial expressions, verbal/behavioral anger expression strategies)" (Eckhardt, Norlander, & Deffenbacher, 2004, p. 20). Such definitions are consistent with recent research which regards emotions as episodic rather than dispositional, and experienced as a pattern of specific cognitions, subjective experiences, and physiological reactions (Royzman, McCauley, & Rozin, 2005).

Novaco's (1978) work illustrates how anger may be theorised. Novaco was the first to present the case for the emotion of anger being central to many, although not all, forms of violence. Such approaches can be categorized as cognitive-affective in nature — the emphasis is on affective instigators (anger, rage, annoyance) and on the cognitive structures, propositions, operations and products which might give rise to affective states (for more detail about this theory and supporting evidence refer to Howells, 1998; Novaco & Welsh, 1989; Power & Dalgleish, 1999). He understands anger as a function of four interacting dimensions which share a reciprocal relationship with one another: external events, cognitive processes, physiological arousal, and behavioral reactions. Anger eliciting events can include external circumstances (such as being cut off in traffic), as well as internal events (such as thinking about an ex-partner and past transgressions) (Deffenbacher, 1999). Whether a provocation results in anger arousal will, however, depend on cognitive processing, including appraisals of current and past situations, attributions, cognitive expectations of situations, and private speech and self-statements (Novaco, 1977). Individuals who are prone to experience high trait anger are thought to have distortions in these cognitive processes, including the tendency to attribute hostile intent (Averill, 1983), ruminate about upsetting events (Sukhodolsky, Golub, & Cromwell, 2001), and make attributions of unfairness, blameworthiness and intentionality (Kassinove & Sukhodolsky, 1995). Physiological arousal is the third component of Novaco's model of anger, given that heightened physiological activation in response to provocation is common among individuals with high trait anger (Deffenbacher et al., 1996; Howells, 1998). At the fourth level, a number of behavioral reactions may follow the subjective experience of anger, including violent and aggressive behavior, as well as more constructive responses, such as assertiveness (Averill, 1983).

1. Anger treatment

There is a steadily accumulating evidence base to suggest that a variety of interventions can be effective in reducing anger disturbance, both in terms of its experience and expression. To date, six meta-analytic reviews of anger treatment have been published (Beck & Fernandez, 1998; Del Vecchio & O'Leary, 2004; DiGiuseppe & Tafrate, 2003; Edmonson & Conger, 1996; Sukhodolsky, Kassinove, & Gorman, 2004; Tafrate, 1995), each of which reaches broadly similar conclusions: that anger treatment typically produces medium to large effect sizes. Beck and Fernandez (1998), for example, from their meta-analysis of 50 outcome studies concluded that individuals receiving cognitive-behavioral anger management therapy were 75% better off, in terms of anger reduction, than untreated controls.

This broadly supportive evidence base should not, however, be read to imply that further theorising and research about anger and the development of new approaches to intervention is unnecessary. All of the meta-analytic reviews note a number of methodological limitations in the available outcome studies, including the use of non-clinical samples (i.e., students and other convenience populations), a heavy reliance on self-report data, and a focus on only one treatment method (namely cognitive-behavioral therapy). Particular concerns have been expressed in relation to the applicability of anger treatment programs to offending populations, since typically this client group may be resistant to engage in treatment, be coerced into treatment, and may not perceive themselves as having problems with anger (Renwick, Black, Ramm, & Novaco, 1997). Given that one of the primary reasons for delivering anger treatment is to reduce the risk of violence, the further development of treatments to meet the specific needs of this group is clearly warranted.

In addition, there is a lack of clarity about the mechanisms by which multi-modal interventions bring about change. A review of specific interventions commonly employed in anger management programs (cognitive, relaxation, behavioral skill, exposure, or multi-component based) by Deffenbacher (2006) concluded that "the majority of comparisons between active treatments did not reveal significant differences" (p. 48). These findings require explanation, although this is clearly not an issue that is limited to anger interventions. Other leading anger researchers have noted that new, creative and more effective interventions for alleviating anger disturbances are needed (DiGiuseppe, Cannella, & Kelter, 2003). Howells (2004) has also implied that there is a need for broadening the theoretical framework through which anger is viewed. Howells notes that although most contemporary approaches to anger management "encourage greater awareness and insight into angry states, the level of awareness achieved is low and unconvincing" (p. 193). He describes the method of 'mindfulness training' – a form of training in sustained and non-evaluative ongoing awareness of triggering events and then of the subtle phenomenological changes in thoughts, sensations, perceptions, feelings, body states and impulses to action – as an avenue for further theorising and empirical research. The aim of this review, then, is to develop this suggestion and examine further the idea that there may be benefits in expanding the realm of anger theory and intervention to examine the conscious development of states of mind and behaviors that are incompatible with, or undermine, angry states.

2. Current treatment modalities

One way of describing current approaches to the treatment of anger is by outlining the features of intervention that are thought to bring about change. In particular four would appear to be important. First, exposure to provocation (either overt or covert) is a common feature of the cognitive-behavioral approach to anger. Indeed, Shapiro, Carlson, Astin, and Freedman (2006) noted that the general psychological literature is replete with evidence of the efficacy of exposure in treating a variety of disorders. Second, cognitive change is required given that anger is commonly understood as mediated by the presence of automatic thoughts and irrational beliefs (DiGiuseppe, Tafrate, & Eckhardt, 1994), and a consequence of rumination (Simpson & Papageorgiou, 2003). Improving self-management skills is a third component of many interventions. Self-regulation is considered as the process whereby systems maintain stability of functioning and adaptability to change (Shapiro et al., 2006), and interventions tend to encourage the development of appropriate coping skills, rather than avoidance or dysregulation strategies. Finally, relaxation has been suggested as an important way of reducing physiological arousal and help participants to manage stress.

A number of potential problems with the cognitive-behavioral approach have been raised, including the implicit requirement for introspective ability and self-awareness but a lack of explicit attention in treatment on developing awareness. With limited self-awareness it is, for example, difficult to choose an alternative conscious response to a trigger stimulus. In addition, Fehrer (2002) suggests that cognitive-behavioral interventions are not always effective when individuals react too quickly to apply an alternative behavior or thought. For example, often before one can choose an alternative conscious response (such as applying relaxation or engaging in cognitive challenging), the emotional reaction may have already occurred. Goleman (1995) refers to this phenomenon as the 'hijacking' of the cognitive system by the emotional system.

Other critiques have suggested that clinical improvement often occurs before the presumptively key features have been adequately implemented (Ilardi & Craighead, 1994), and that changes in cognitive mediators often fail to explain the impact of treatment (Burns &

دریافت فوری ← متن کامل مقاله

ISIArticles
مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات