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Models of response to client anger in music therapy

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ABSTRACT

Anger is an emotion that is commonly addressed in therapy situations, and particularly in music therapy since music, by its nature, is evocative of emotion. This qualitative study examines music therapists' experience of and response to client anger utilizing a multiple instrumental case study design. Descriptive narratives of clients' expressions of anger during sessions were collected from 29 board-certified music therapists working with a variety of populations in a number of different settings. The narratives were analyzed through a process of hermeneutic phenomenological reflection, then compared and grouped according to similar aspects and reanalyzed. The results of these analyses revealed four groupings of therapists' responses, the division of which is primarily based on the therapists' intent, and which are described as models of response. They include the Redirection Model, the Validation Model, the Containing Model, and the Working-through Model. The models are compared by similarities and differences, and their usefulness in relation to clinical application is discussed.

Introduction

Anger is an emotion that is often addressed in therapy. Given that music is evocative of emotion, music therapists may frequently encounter clients who are expressing strong emotions like anger during music therapy sessions. This study examined how music therapists experience and respond to client expressions of anger within the music therapy session. Is each therapist's experience of client anger entirely individual, and does this lead to unique responses? Or do music therapists experience their clients' expressions of anger in similar ways, and does this lead to similar ways of responding? If they respond in similar ways, can these responses be categorized in some manner that will reveal identifiable models or prototypes? To this end, the study was designed around the following research questions:

1. How do music therapists experience their clients' expressions of anger within the clinical setting?
2. And, how do they respond to their clients' expressions of anger within the clinical setting?
   (a) Are there characteristic ways in which music therapists respond to their clients' expressions of anger?
   (b) If so, can these responses be categorized?

For the purposes of this study, "anger" was defined as a strong experience of belligerent displeasure, manifested physiologically, emotionally, cognitively, and/or behaviorally, often resulting, consciously or unconsciously, from the perception of a wrong, injury, or injustice. The study focused on the therapists' experiences of their clients' expressions of anger, their understandings of those expressions within the context of the clients' sessions, and their subsequent responses. The therapists' own personal emotional feelings were described as part of their experience of their clients' expressions, as well as their rational thoughts and interpretations, and their behavioral responses to their clients during these expressions. In this way, the therapists' experiences could be understood a holistic way. So, in the context of this study, the "therapist's experience" was defined as the totality of the therapist's thoughts, feelings, responses, interpretations, and understandings of the event as remembered and re-experienced in the present.

Related literature

Anger is a complex phenomenon having many descriptive aspects that might be influenced by numerous factors. It has been studied in terms of gender differences (Cox et al., 2004; Newman, Fuqua, Gray, & Simpson, 2006), as state and trait anger (Rice & Howell, 2006; Stimmel, Rayburg, Waring, & Raffeld, 2005), and as anger-in and anger-out expression styles (Alkhadher, 2004; Linden et al., 2003). It has also been studied in terms of its correlates, such as depression (Boergers, Spirito, & Donaldson, 1998; Stein, Apter, Ratzoni, Har-Evan, & Avidan, 1998), powerlessness and external locus of control (Carmony & DiGiuseppe, 2003), shame and guilt (Lutwak, Panish, Ferrari, & Razzino, 2001; Tangney, 1991), frustration (Frick, 1986), and pessimism (Alkhadher, 2004). These studies are helpful in understanding specific aspects of anger, but none pro-

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vides a comprehensive picture of the emotion that can illuminate how client anger might be understood within the clinical setting.

A large majority of the literature considers anger from the cognitive-behavioral orientation, which conceptualizes the emotion as behaviors that are the result of the interaction of thoughts and behavior patterns. Cognitive-behavioral interventions that focus on anger reduction and management have been explored with numerous client populations including child and adolescent client groups (Goodwin, 2006; Humphrey & Brooks, 2006; Stern, 1999), individuals with learning disabilities (Willner, Jones, Tamsy, & Green, 2002), individuals with mental retardation (Rose, Loftus, Flint, & Carey, 2005), various forensic groups (Jones & Hollin, 2004; Taylor, Novaco, Gillmer, & Thorne, 2002; Vannoy & Hoyt, 2004), individuals who are assaultive to their spouse or partner (Eckhardt, 2007), those with trauma-related disorders (Wiseman, Metzl, & Barber, 2006), individuals with traumatic brain injuries (Gongora, McKenney, & Godinez, 2005), those with attentional disorders (Miranda & Presentacion, 2000), and those with driving anger or road rage (Deffenbacher, Filetti, Lynch, Dahlen, & Oetting, 2002). These interventions have also been used with mental health client populations who are experiencing anger as a part of their symptomotology, including those suffering from depression (Leung & Slep, 2006), with anxiety disorders (Erwin, Heimberg, Schneier, & Liebowitz, 2003), with symptoms of both depression and anxiety (Martin & Dahlen, 2005), substance abusers (Lin, Enright, Krahn, Mack, & Baskin, 2004), as well as with children who are demonstrating early psychiatric symptomotology (Snyder, Stoolmiller, Wilson, & Yamamoto, 2003). The intent of many of these studies is to identify best practice in anger treatment and management, but the actual focus of the studies is rarely on exploring the clients' expressions of anger in the clinical setting, or on understanding how therapists understand their clients' expressions of anger and how that understanding leads to intervention choices. Additionally, Glancy and Saini (2005) note that most of the research literature focuses on cognitive-behavioral interventions for anger issues while many other types of interventions are currently in practice; for example, psychodynamic, psycho-educational, experiential, treatment within substance abuse counseling, etc. They highlight the fact that the relative lack of rigorous testing of other types of treatment interventions for anger hinders the ability to determine whether cognitive-behavioral therapies should be considered "best practice," or simply one of a variety of choices in treatment interventions.

A few studies have examined anger from other clinical orientations. Of particular interest in these studies is the recognition of the role of the therapist in the therapeutic process, including the ability to set aside personal discomfort to facilitate the client's use of anger within the therapy session (VanVelsor & Cox, 2001), and use of transference and countertransference as a means of resolving anger (Wiener, 1998). Similarly, in studies that have examined anger as a relational process, the therapists' role as an active participant in the therapeutic process has been found to facilitate the client's ability to gain understanding of emotions and behaviors within the different contexts in which they are experienced (Dalenberg, 2004; Roffman, 2004).

The music therapy literature specifically related to anger is limited. While anger is rather frequently mentioned in the literature, it has rarely been the focus of study. Anger has been studied in relation to music styles (Gowensmith & Bloom, 1997), and has been used as an indicator to compare music therapy interventions to those of other therapeutic modalities (Cevasco, Kennedy, & Generally, 2005). These studies do not examine the nature of anger itself, nor do they look at the role that anger might play within the context of the music therapy session.

A number of articles and book chapters discuss anger within the presentation of case materials related to specific music therapy approaches, including Analytical Music Therapy (Priestley, 1994; Scheiby, 1991, 1998), the Bonny Method of Guided Imagery and Music (Borling, 1992; Pickett, 1995; Rinker, 1991; Schulberg, 1994; Ventre, 1994), and Nordoff–Robbins, or Creative, Music Therapy (Aigen, 1999; Nordoff & Robbins, 1977; Robarts, 1999; Rolvsjord, 1998). Some have mentioned anger in describing the use of specific music therapy methods, mostly notably including song writing (Bailey, 1984; Cohen, 1994; Freed, 1987; Lindberg, 1995; Robb, 1996) and improvisational drumming (Slotoroff, 1994). Again, these articles and chapters focus on other aspects of music therapy treatment, such as specific methods or the overall process of therapy. Their descriptions of clients with anger issues and their treatment do, however, allow the reader to make their own interpretations of the therapists' understanding of their clients' anger and how this led to their choices of response.

In summary, though there is quite a bit of literature related to anger, the information that it provides is not focused on understanding client anger as a phenomenon or on understanding how the therapist experiences those expressions and makes clinical choices in response. It does illustrate the subjective nature of anger and the many different presentations in which it may appear, lending support for taking a qualitative approach in studying anger. The music therapy research literature offers little that specifically focuses on examining clients' expressions of anger or on how therapists make choices in responding to those expressions, though case materials do provide opportunities for the reader to make inferences about this. This study was intended as a beginning step into an exploration of the phenomenon of client anger and how music therapists respond to their clients' expressions of anger.

Method

Participants

Participants for this study were board-certified music therapists in the USA selected from the Member Sourcebook of the American Music Therapy Association (AMTA, 2006). The aim of sampling was to recruit therapists who had varied experiences of and responses to client anger in order to understand the phenomenon in as complete a manner as possible within the confines of this study. After the study's review and approval by the Institutional Review Board, a total of 115 invitation e-mails were sent to potential participants, resulting in 29 fully completed questionnaires. The 29 participants represented both genders, a range of years of clinical experience, and varied levels of education. They identified numerous clinical orientations to which they ascribed, and they indicated that they work with a variety of client population groups in different settings. The demographics for these participants are shown in Table 1.

Design

This study used a multiple instrumental case study design in which the case served as a unit of data. In a multiple instrumental case study design, the researcher begins with a specific question or theme, and the cases are studied in order to reveal insight into that particular theme (Smeijseters & Aasgaard, 2005). The specifics of each therapist's experience were collected by means of a questionnaire, which was quasi-phenomenological in nature. On the one hand, the questions were mostly open-ended, and carefully designed to encourage the participants to place themselves back into an experience in the past, and to relive the events as they described them. On the other hand, the written format and the specificity of certain questions unavoidably imposed some structure upon the participants' responses. A phenomenological approach typically uses in-depth, open-ended interviewing to understand participants' experiences, but a semi-structured