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Difficult to change? The differences between successful and not-so-successful participation on anger management groups

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Abstract

Background: Although much is known about the importance of participation on anger management programmes, little has been written on the differences in phenomenological experience between successful and unsuccessful participants on such courses. *Research Aim*: This research aimed to explore the reported differences in experiences between men who had succeeded in reducing their angry behaviours and men who had been less successful. M*ethod*: Phenomenological research was carried out using data from the weekly 'check-in' process of six male participants enrolled on one of two 10-week mindfulness-based anger management programmes. The data was analysed using Interpretive Phenomenological Analysis (IPA). *Key Findings*: Men who had successfully managed to lower their anger developed an improved bodily awareness, the ability to de-escalate others and possessed a determination to continue the course 'homework' exercises. Men who were less successful seemed to be in 'emotionally stuck' states, found it difficult to change their perceptions of threatening situations and had problems continuing their homework practice. C*onclusion*: Men who struggle to manage their anger may have deeper developmental issues preventing them from changing their angry responses. The authors recommend that in order to help such men, new anger theory and practice be developed based on the notion of narcissism.

Introduction

Over the past 30 years researchers have developed a number of programmes designed to help reduce anger and aggression mostly employing cognitive behavioural and mindfulness/relaxation-based elements. In a recent paper Lee and DiGiuseppe (2018) reviewed 13 anger management meta-analyses and suggested that all of the programmes studied seem to have at least a moderate effectiveness. The authors recommended future anger research should explore the use of different methodological and theoretical approaches to improve the general effectiveness of anger management programs.

Anger research is typically carried out within the psychological/scientific paradigm and uses statistical data to validate its claims. There is a dearth of qualitative approaches in this particular field and this tends to exclude the voices and lived experience of people directly affected by chronic anger but who could effectively contribute to the debate. This article aims to help redress the balance somewhat by introducing a new approach to anger studies that explores the phenomenological experiences of men enrolled in two anger management programmes and reports on their lived experiences. The research utilises a novel methodological approach, Interpretive Phenomenological Analysis (IPA) that aims to explore the 'fine grain' of a participant's reported experience and a new theoretical lens that attempts to understand participants who find it difficult to achieve change on such programmes.

Anger

Most researchers would agree that anger is a complex, often transient emotional process which mixes 'uncomfortable…experiences and…cognitions' alongside 'automotive [bodily] reactions' with resultant emotional outbursts that are both stigmatising and socially unacceptable (Kassinove & Sukhodolsky, 1995, p. 11).

Anger is a phenomenologically complex reaction according to Deffenbacher (1999) who describes anger through a cognitive-behavioural lens, as a debilitating series of actions automatically and habitually repeated which become the default emotional position for individuals experiencing anger in its more chronic state. Eckhardt, Deffenbacher & Norlander (2004) elaborated on the link between the cognitive and the physiological by suggesting anger comprises of triggering events and mental cognitions which combine with physiological mechanisms associated with the sympathetic system response, leading to verbal and/or physical outbursts.

In light of the mental and physiological affects experienced by chronically angry individuals, it is of little surprise that people who have problems regulating their angry reactions can often misread the actions or motivations of others as hostile (Peled & Moretti, 2010). Owen (2011) for instance proposed that the misreading of hostility begins when an individual ruminates on their angry interactions and on past angry episodes increasing their embittered feelings. The cycle of rumination seems to be reinforcing and leads in-turn to more of the same angry and aggressive behaviour which begins to affect the individual's phenomenological perspective (Rusting & Nolen-Hoeksema, 1998).

Taking this research into consideration it is not surprising that chronic anger places significant strain on social and interpersonal relationships, with effects evident through the individuals mental and physical health. Renshaw, Blais & Smith (2010) for instance, examined 301 couples' level of anxiety, angry hostility, and depression and found that chronically angry individuals were prone to feeling an increased sense of irritability in both their marital and close personal relationships.

A further issue for individuals experiencing anger in its more chronic form and one which is less well known are the reported mental health problems associated with anger. According to the literature people experiencing chronic anger are more likely to encounter a range of mental health issues such as generalised anxiety disorder, major depressive disorder, panic disorder, bipolar disorders, Post Traumatic Stress Disorder (PTSD) and have a propensity for substance abuse (Barrett, Mills, & Teesson, 2013; Painuly, Mattoo, & Sharan, 2007).

Mindfulness
Mindfulness is a psychological therapeutic approach based on Buddhist meditation practice popularised by Jon Kabat-Zinn (1990). Germer (2005) described mindfulness as a moment-by-moment awareness of the present experience, while Kabat-Zinn himself (2003) describes the practice as paying attention in a particular way, on purpose, in the present moment. The overall aim of mindfulness is to cultivate a non-judgemental attitude and awareness of ones own phenomenological experience (Bishop, Lau, & Shapiro, 2004). Mindfulness Based Interventions (MBIs), have seen significant growth over the last thirty years as researchers have successfully combined mindfulness with Cognitive Behaviour Therapy to create Mindfulness Based Cognitive Therapy (MBCT) (Hayes, Strosahl, & Wilson, 1999) and Mindfulness Based Stress Reduction (MBSR) interventions (Shapero, de Jong, Desbordes, Greenberg , & Pedreli, 2018).
In one mindfulness study Barnes, Brown, Campbell, Krusemark & Rogge (2007) carried out research on 82 dating college students to assess their dating satisfaction. The authors concluded that people who were more mindful had a greater capacity to recognise and communicate their emotions through a raised level of natural empathy. In another mindfulness study Farb et. al. (2007) studied 36 participants on an eight week MBSR programme and used functional magnetic resonance imaging (fMRI) to test their ability to mindfully focus their attention. These results suggest people who practice mindfulness in a regular, structured way develop more positive 'self-focus' and empathic ways of relating to others.

For individuals who experience chronic anger, there are many benefits to creating a mindful practice as a growing number of studies advocate. Robins, Brantle, Ekblad & Keng (2012) for

instance took 56 participants who were randomly assigned to an MBSR course or placed on a waiting list. The MBSR group reported a range of positive changes to their emotional reactions including a reduced fear of their emotions, suppression of anger, lower aggressive anger expression and less difficulty regulating their emotions.

Methodological Lens
Our philosophical approach to the research process draws upon the work of Merleau-Ponty (1962) who proposed that human beings are situated within the world and are a visceral, observing part of it. He goes on to suggest that humans have their own unique phenomenological understanding of their experience which is personal to them and that cannot be separated from their situated and embodied point of view. Within this model researchers are both subjective and embodied beings, with their perception of the other always predicated upon their own experience.

This is an important distinction for phenomenological thought as researchers can only assume the feelings or emotions of others through second hand means and cannot truly know what the other genuinely experiences within their own embodied experience. This does not imply researchers ignoring humanistic experiences such as empathy and compassion, but recognising the philosophical limits to our ability to capture the other persons experience and to create theory from our interpretation of those experiences (Merleau-Ponty, 1962).
Our choice of methodology for data analysis was IPA, a qualitative research approach that aims to help researchers appreciate how participants make sense of their experience. IPA was developed by Flowers, Larkin and Smith (2009) and is useful when researchers wish to explore the richer meanings encapsulated in the data within an idiographic frame of reference. IPA interpretations employ a 'double hermeneutic' approach, a technique that attempts to surface meanings residing underneath the narrative and described within the text in metaphor, idea fragments or intimated meanings. The power of the hermeneutic approach is in the way it allows researchers the freedom to 'read between the lines' and interrogate data in much more depth than other thematic approaches (Smith & Osborn, 2003). The IPA methodology is one recommended to anger researchers by Tafrate and Kassinove (2006) as potentially fruitful in the study of anger and aggression and is a further reason for choosing the approach within this study.

Method
Design
This paper is based on research of an anger management programme developed by the lead author and run in the UK since 2013; the programme is a psychoeducational initiative lasting 10 weeks and incorporates weekly sessions, each lasting two hours. Every week participants learn about their own anger and how it impacts others through a number of psychological theories, the main one being Transactional Analysis (TA) (Berne, 1961). Group participants are also taught breathing and mindfulness techniques aimed at reducing angry reactions which they are required to practice at home for 20 minutes every day. At the start of the session group members embark upon a 'check-in' and discuss how their week has been in terms of their anger management efforts and how they have fared when practicing the breathing or mindfulness techniques.
Ethical considerations
The project was designed with consideration of the ethical guidelines for researching counselling and psychotherapy as set out by Bond (2004) and gained formal approval in October 2016 through the York St John ethics committee. Running any kind of research project with angry individuals has its inherent ethical challenges and risks that need to be considered before ethical approval can be granted. One concern was the risk posed to group members by exposure to other potentially angry people who may either intentionally or unintentionally trigger an angry outburst. To help mitigate this each participant was asked to attend an assessment with the lead author (a qualified TA psychotherapeutic counsellor) and the co-facilitator before joining the programme. The assessment was intended to establish if

potential group members possessed the capacity to control their anger within a group of peers. We were also aware of our duty of care to research participants and the potential for some individuals to be 'triggered' by elements of the psychoeducational course content. To help manage this situation we felt it important to establish a set of group boundaries in the first session where participants agreed on a course of action should anyone experience a triggering event. All group members agreed that in such circumstances, they would excuse themselves from the room, take a 'cooling off' walk in the grounds and at the end of the session speak to a facilitator about their triggering experience with a view to receiving therapeutic support.

Participants
Participants to the programme were recruited in one of two ways, by recommendation from community mental health professionals of the local NHS Trust or by self-referral when contacting the universities' mental health clinic asking for support with managing their anger. The research sample this paper draws upon consisted of men aged between 24 to 60 years old who attended one of two anger management groups run in 2017 and 2018 and reported high levels of chronic anger as measured on the Snell, Gum, Shuck, Mosley & Kite (1995) Clinical Anger Scale (CAS).

Data collection and analysis
Our IPA methodology enabled us in the data analysis stage, to track the phenomenological changes participants described over 10-week programme and gave us an appreciation of the individuals changing relational experiences over this time. We analysed the data by 'moving from the descriptive to the interpretive' and by employing a 'commitment to an understanding of *each participants* point of view' as an aid to our sense making (Flowers, Larkin, & Smith, 2009, p. 79).

The study of *focus groups* using IPA as an analysis tool is a growing area of interest but has come under some scrutiny by researchers who question its phenomenological capacity (Dowling, 2007) and the changing ideographic nature of the focus group itself (Tomkins & Eatough, 2010). In response to this criticism, it is important to stress that although this research concentrated on groups, it did not use a single-session focus group method; our research participants met regularly over 10 weeks and provided us with 'longitudinal' data as opposed to single case, single session data.

The data were collected at the weekly anger management group session as each participant checked-in and reflected on their week and their anger management efforts. The check-ins were recorded on an electronic voice recorder and later transcribed using NVIVO qualitative data analysis software. The data analysis stage began by reading each participants transcript a number of times in order for us to familiarise ourselves with the complexity of the data and its themes. We made Initial notes of each transcript to help us make sense of the data (Figure 1) and upon re-reading the transcripts we were able to define a number of descriptive, linguistic and conceptual ideas that we would later use to help create emergent themes, unique to the individual participant.

After the individual data were analysed, they were grouped into thematic blocks helping us reveal a number of themes, representing the essence of the accounts provided by participants in the check-in process. Finally, we began to look for patterns across each of our participants data and undertook a process of clustering the data into superordinate and subordinate themes. These themes seemed to help us crystallise the accounts in a reasonable way (see Appendix 1). We then clustered the themes around two distinct narratives, individuals who reported successfully lowering their angry behaviours and those who reported less success over their 10-week course.
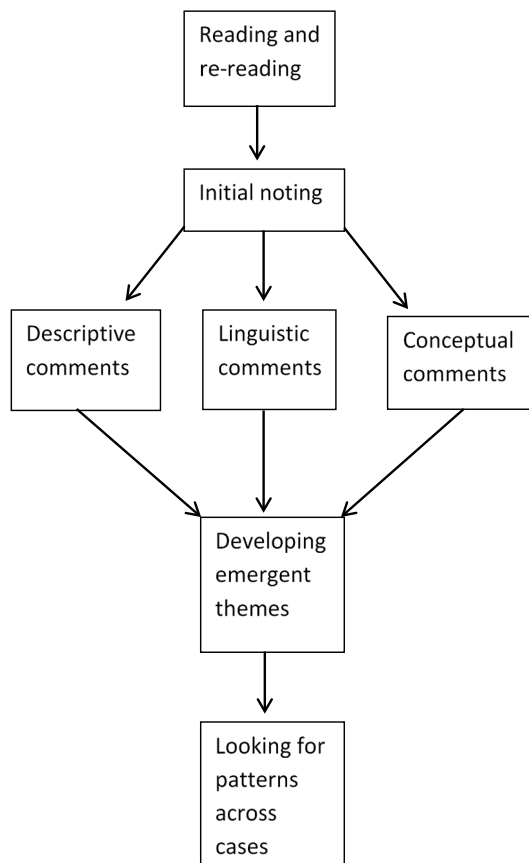
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Figure 1: Steps in analysing the transcription data (Smith, Flower, & Larkin, 2009)

The first narrative stream consisted of accounts by men who reported successfully lowering their anger, these narratives had a total of five themes of which we used three (Bodily awareness, Calming situations down and Creating a structure). The second stream had four themes and consisted of accounts by men who reported less success in their anger management efforts of which again we used three (Being in an 'emotionally stuck' state, Threatening situations and Problems with the practice). Finally, we matched up opposing themes that seemed to convey a narrative of reportedly successful and not so successful experiences within the groups. In the following section we move on to explore the differences in experience of Austin, Jamie, Mike, Phil, Robert and Sean (all of these names are pseudonyms).

Key findings.
1 Bodily awareness vs Being in an 'emotionally stuck' state
Participants who reported success in their anger management efforts became much more aware of their physiological feelings as their anger grew, as Mike, Austin and Phil reflect.

> M-'I could feel things start building up… [I thought to myself] just breathe, bring it back down… and then tackle it…'

> A-'You can feel it building up and you think I've got to take the space, back off and just try and do the breath … the initial bit is very hard cus you're sort of [imitates fast panting] like that wanting to do it but you just think no! calm! ...it's good, brilliant and you just feel that you've got that level where you can take the edge of it …'

> P-'I mean I could feel myself getting p***** off as I carried on walking, I was just saying to myself just breathe, just breathe, calm down, relax breathe…'

Each participant recalls a build-up of energy and then an engagement with positive self-talk which had the effect of lowering their anxiety. The self-talk has connotations of a wiser observing ego, overseeing the situation and providing sage advice. Participants reporting progress within the group seem to have the ability to take notice of this 'voice' and respond appropriately.

Participants who struggled to make changes to their anger would often recount the ways in which their emotions seemed to be 'stuck' or rigid. In this excerpt Sean recalls how thoughts are locked away, never to be examined and never to be discussed, even with his life partner.

> 'my missus said to me … that I just don't tell her what I'm thinking and it's just kind of like after everything that happened [in] the last couple of years, it's kind of easier to lock some of those things away…'

In the following excerpt, Robert reports how the change in a colleagues work routine affects him, leaving him in a 'stuck' situation.

> 'I was very, very quiet erm, on Wednesday, I'm finding it difficult because a colleague who has been supporting me as you know, erm- he's gone part-time. Erm, so, he's not in everyday of the week now… and I'm finding the days he's not in incredibly difficult. Because I don't feel like I have anyone to talk to'

Robert's quietness may represent the abandonment and vulnerability he feels as he describes his support system going 'part-time' and not being able to engage with him as before. Robert seems to lay great emphasis on the other person and how his absence has made Robert's anger management efforts more difficult. There seems to be a childlike resignation in this excerpt, almost as if a close care giver has disappeared from his life. These two accounts suggest a real absence of positive self-talk or that of a wise observing ego which seems stifled by the growing internal preoccupation of both group members.

2 Calming situations down vs Threatening situations

An attribute shared by participants who considered their efforts more successful was a growing ability to positively influence the emotional states of other people. In this example Austin recounts how he began a discussion with his partner who was becoming more irritated.

> [I said] 'we need to discuss this, and here are the actual topics that we need to discuss, forget the emotion and everything else that had been bubbling up, these are the factual things that we need to discuss and we need to get sorted. And the minute I did that she changed as well. Because suddenly the situation was defused and… we could actually have a constructive conversation and that was good…'

Austin's forthright manner is reminiscent of a schoolteacher chiding a pupil, his language and tone invite his partner to think differently, could this directness be a representation of Austin's own observing ego? It may be that Austin is mimicking his newly discovered self-talk to illicit a similar type of phenomenological change within his partner. Along with this, the text also suggests Austin metaphorically asking to replace the liquidity of the emotion bubbling up between the couple in favour of a more solid, 'building and constructing' type metaphor, which seems to have a more secure and permanent feel to it.

In the following extracts, Phil recalls how he managed to diffuse an angry incident.

> *'… he says to me you f****** little shit and all that and I said look just take a breath, calm down relax before you talk so he took a breath he says alright so we started talking quite normal you know like normal human beings.'*

This incident suggests Phil is in the presence of quite high levels of derogatory and quite toxic emotion which he skilfully resists. Phil tolerates the verbal attack and behaves in a way that helps calm the troubled scene, maybe by summoning up his new-found observing ego to diffuse the situation.

Participants who reported feeling less successful at managing their anger seemed to perceive threatening situations in many areas of their lives, seeming to lack confidence in resolving the conflict as it arises. In this section Sean, Jamie Robert recount their experiences.

> *'If I feel threatened I get quite angry uhm, when sharing a house on holiday I got into bed [and later] some guys thought it would be funny to open the door and come in and say wake up wake up and I jumped up and was ready to literally kill them'*

Sean's account suggests he is used to the experience of feeling threatened, even on holiday in the privacy and supposed safety of his own bed. When he is jolted awake by a noisy group, his body reacts in a familiar 'fight' mode and Sean readies himself for conflict. This account provides no indication that Sean considered diffusing the situation or reacting any differently than he has in the past.

> *'I've got other triggers as well, like, if I feel disrespected or if I feel, kind of threatened by anyone, then I have this tendency to wanna fight or whatever'*

Jamie's reflection utilises words that seem to hark back to old fashioned values and brings to mind Western films where the townsfolk are threatened and a hero arrives to dispense justice and regain respect. It is interesting to wonder if Jamie may actually hold these ideas and if they could reflect an old-fashioned and outdated attitude he is unable to leave behind. This account suggests the absence of positively influencing behaviour and in its place the meting out of the trope of old fashioned 'justice'.

> *'Someone from the Complaints team came to me and said this particular chap is kicking off and he just wants someone to sort of phone him and explain something to him. And I just went into total abject terror because… I just can't, you know, I can't.. I dread having to deal with any negative complaint at all'*

In this example, Robert feels threatened at work by both his Complaints team and a customer who both seem to represent confrontation. It may be that Robert feels both a sense of betrayal by his work colleagues and feels victimised by the seemingly constant criticising customers. The terror and dread Robert recounts are difficult to escape here, as these feelings reside in yet another supposedly safe environment - the workplace.

3. Problems with practice vs Creating a structure

Participants reporting less success in their anger management efforts commonly reported difficulty in carrying out the mindfulness and breathing practice aimed at reducing angry reactions.

> S-*'I just couldn't find the space or time to myself you know, I was in the office late so I didn't do it that day, I tried it again on Tuesday before I met up with a friend and it made me feel very dizzy and I just had to stop again'*

> R-*'… whether I'm able to translate [practice] into the workplace is a different matter altogether, I probably need to adjust the time of my lunch break but at the moment it's incredibly difficult because we're very short staffed'*

These accounts speak of structural problems preventing mindfulness practice taking hold, together with a frustration with external factors that seem to be out of the participants control. There were many more examples of this phenomenon in the programme, seeming to indicate an embedded lack of flexibility and a low level of frustration tolerance within this particular group.

Conversely, participants who reported more success in their anger management efforts seemed to make time to carry out their mindfulness and breathing homework, no matter how busy they were.

> M-'… so it's either like I'll take the time out at lunch, close the office doors, switch everything off, crack on with it then with the head phones in, or at night at home, and it's probably been around 50-50 during the course of the week'

> A-'I do what I call daydreaming out of the window, I could do that for hours, but whether it's what we should do, you know watching the squirrels bound over the rooves-I don't know… I just find its a piece of cake'

These excerpts demonstrate how adaptable this group of participants became when creating a structured mindfulness practice. Mike's solution to the practice issue was to find time and simply make space in his work-day, whilst Austin seemed to revel in the beauty of nature which he skilfully combined with his observing mindfulness exercise to make his practice an enjoyable activity. Maybe the freedom of the squirrels Austin watches bounding over the rooftops represents how free he now feels from the anger he described at the beginning of the programme.

Discussion

The findings of this study suggest there seem to be a number of phenomenological differences between men who report success in managing their anger and men who report less success in their efforts. We consider it was quite a useful exercise to pair up the opposing themes in order to try to understand the sharp differences between the two groups, as this has provided some clarity to our thinking.

As we reflected upon the similarities and differences in narratives, we were struck by the way in which engagement with the mindfulness aspect of the programme seemed to help the successful individuals become less angry. This finding corresponds to the mindfulness literature as work by Chambers, Allen & Lo (2008) for instance, who point out how mindfulness practice helps individuals become more aware of their bodily reactions and helps them separate their mind from their experience and create an observing ego of sorts.

We wondered if the ability to be more understanding of others and to actively manage other people's impulse control may come from a reduction in participant's rumination cycle. If the individual ruminates less on past angry episodes and becomes more reflective, they may begin to experience events more realistically and react in more appropriate ways than reacting with the usual angry pattern (Feldman, Greeson, & Senville, 2010).

This leaves us with the experiences of the group of participants who reported less success in their anger management efforts. After we reviewed the content of this group's check-ins, we noticed that these individuals seemed to have a certain amount of rigidity in their thinking and a negative perception of their experiences which they had difficulty changing, even after 10 weeks of anger management support, encouragement and advice.

This group also experienced a type of 'stuckness' in their emotional repertoire, suggesting less spontaneity in their interactions with others. Along with this we felt participants had a reduced capacity for problem solving in triggering situations, something the other group managed more effectively. These participants also reported events in which an increased level of threat often made them feel at risk and made world around them seem like a hostile place. It is important

to remind ourselves that everyone was given the same opportunity on the programme to adopt anger management strategies and techniques, but it appears these individuals found engagement more difficult as it seemed to profoundly challenge their phenomenological experience of the world.

As a result of our reflections, we wondered if it would be more useful to consider the problems these individuals were voicing through a developmental lens as opposed to a cognitive behavioural one. When reviewing this groups transcripts, it became clear to us that individuals seemed unable to take on board new ways of behaving because of their preoccupation with other things, their situation, their workmates, their time management or their health, for instance. This group all seemed quite vulnerable and powerless to achieve their stated goals due to circumstances 'beyond their control'. It was this thinking that led us to explore the developmental work of Kohut (1978) and his notions on narcissism.

Kohut's theory of narcissism
According to Kohut (1977) narcissism- the omnipotent feeling that the child is the centre of its own universe- is a normal aspect of an infant's self-development that changes and adapts over time as the ego matures. The infantile ego uses the nurture, support and attention of a main caregiver to develop both an adequate self-concept and internal self-esteem. According to Kohut when a child grows up experiencing such nurture, support and attention, they are likely to introject feelings of safety and security into their self-experience. At times of crisis and anxiety the memory of these loving and supportive experiences can be drawn upon and activated in the regulation of emotions. Kohut (1977) refers to the capacity of the child to utilise internal resources by providing esteem to the self as 'structure'. We suggest this level of structure may be present in participants who reported satisfactory progress in the programme, demonstrated by their ability to adapt to the course and reduce their angry behaviours.

Kohut suggests that individuals who have not had the experience of such nurturing in early life or who have experienced traumatic events at a young age will most likely grow up with a distortion of their own narcissistic process as a result (Cain, Ansell, & Pincus, 2008). Individuals who have a less developed structure to call upon in times of increased anxiety tend to view the world as threatening and use anger, rage and aggression in response (these seem to be strikingly similar reactions to those reported experiences of our second group). In place of structure, the child erects psychological barriers to counter feelings of inadequacy or threat which can take the forms of either 'grandiose' or 'vulnerable' narcissism (Cain, Ansell, & Pincus, 2008).

In grandiose narcissism the individual ignores the perceived needs and concerns of others whilst focusing solely on their own. This could show itself for instance through the individual being self-absorbed and seeming to be unaware of the needs of others whilst placing greater emphasis on their own needs. In employing this behaviour, the individual is able to experience powerful grandiosity and can ignore their phenomenological feelings of shame and low self-esteem (Kohut, 1978).
Individuals who experience a more vulnerable narcissism tend to deny their real feelings in order to experience feelings of vulnerability and helplessness. This group of people may express frustration at not being able to achieve their goal or may report feelings that others have robbed them of their power to act, whilst conversely reporting feelings of invincibility and omnipotence. This type of behaviour is adopted by a vulnerable narcissist as a way to stave off their very real feelings of emptiness, low self-esteem and shame (Kohut, 1978). As we reviewed the literature, we felt that the vulnerable narcissistic theory fitted quite well with phenomenological experiences we had detected in our unsuccessful and still quite angry group of individuals. Finally, an important point to note in this discussion is that although this is a very small-scale project, the principal author has worked with anger management groups since 2013 and has come across similar styles of relating from people reporting less satisfaction with their anger management efforts at the end of the programme.

Theoretical implications

We believe that using IPA as a research methodology offers new ways to explore the issues of anger and the phenomenological experience of group work. Historically there are very few researchers using IPA in this way, with a study by Barber (2018) being a notable exception. We would encourage future anger management researchers to adopt the IPA methodology in further studies as we feel this approach may garner more 'fine grained' insights as a broader understanding of the individuals experience develops.

The IPA process led us to the realisation that less successful individuals seemed to report a stuckness and enduring anger that eventually led us to contemplate the possibility of a narcissistic process at work. This idea has theoretical implications for anger researchers as it calls into question the traditional anger management approach whilst explaining the developmental reason some individuals are unable to embrace change within programmes. We speculate that poor performance in anger management programmes could be due to the programmes themselves being unable to cater for people who have unmet narcissistic needs. Programmes that fail to identify and address the basic 'binds' people with unmet narcissistic needs have, overlook important factors such as existential emptiness, with low self-esteem and the individuals experience of shame. participants who feel unhappy with their anger efforts on cognitive behavioural based programmes may continue to access services in what seems to be a 'revolving door' of therapy as their willingness to engage with the same type of approach lowers whilst their anger remains at chronic levels.

There are two theoretical areas of potential research we would recommend future researchers investigate. The first would be to identify individuals who are both unhappy with their change efforts on previous anger management courses and who may have unmet narcissistic needs. If such individuals could be identified, then inductive research projects could be developed using methodological approaches such as Grounded Theory (GT) (Corbin & Strauss, 1990) as a way to provoke new thinking around the needs of the narcissistic group member to anger management initiatives.

The second area of theoretical interest would be for researchers to develop augmented anger management programmes specifically created for the vulnerable narcissistic group by its former members. This research could utilise a participatory action research (PAR) model and draw upon the experience of a number of past participants to review the content of their anger management programme. The group could engage in cycles of reflection and action leading to suggested programme content change with a view to developing a course closely matching their own needs (Schwartz, et al., 2013). The PAR approach is reminiscent of the well-respected Recovery College model in tertiary mental health care where a range of mental health related courses are co-devised by people with lived the experience of mental health difficulties (NHS Confederation, 2012). The advantage of this method of programme development is that courses become tailored to the requirements of the service user through 'bottom up' engagement, as opposed to the more traditional method where researchers devise programmes based on their knowledge and experience that are then imposed on individuals from the 'top down'.

Clinical implications

At the moment, anger management programmes are run for specific groups of people (prisoners, psychiatric patients, young children etc.) using relatively undifferentiated cognitive behavioural and mindfulness approaches. These programmes have at least a statistically moderate effectiveness across all populations with researchers and practitioners having little understanding of why some people succeed and others are less successful in their efforts (Lee & DiGiuseppe, 2018). This could still be the state of play for many years to come as long as practitioners are content to run these programmes with little curiosity about the participants who do not manage to change their angry behaviour to their satisfaction.

This research has implications for clinicians who may feel frustrated by the current effectiveness of anger programmes as we think it provides hope in the development of future, more targeted interventions for traditionally 'hard to change' angry people. By considering anger and aggression as having a developmental as opposed to a behavioural basis for some people, researchers and clinicians may feel more empowered to imagine much more novel approaches for clients who find it difficult to change their behaviour on more traditional anger programmes.

We wonder if new approaches may emerge from 'splicing' together anger management programmes with methods deemed useful when working with people with unmet narcissistic needs. This could be, for example to incorporate ideas based on object relations theory (Kohut, 1978) with more humanistic or person-centred methods (Proctor, 2004). We would encourage clinicians to work with anger researchers interested in vulnerable narcissist clients as in this way the two interests can combine with the cohorts having the opportunity to be included in new anger programmes, GT studies or PAR sets.

Conclusion

It is important to state at the outset that this is a relatively small-scale research project that makes no claim to statistical significance, however, we do contend that the six years of anger management group experience the lead author possesses, helps give this paper some measure of validity and reliability.

This paper makes clear that participants who report successful management of their anger are an unproblematic group as they can easily adapt their behaviour by the application of psychoeducational ideas and mindfulness practice. The broader issue seems to be why it is that some participants fail to make the progress they expect and what can be done to help this group. Through our study we were curious as to the reasons for the failure of some individuals to manage their anger to an acceptable level. Our proposition is that as far as this group is concerned, there may be something else at work 'below the surface'.

By training our attention onto the work of Kohut (1977) we have attempted to direct the researcher away from the well-established, but academically sterile MBCT and MBSR approaches to anger management, in place of a more fruitful (we believe) developmental understanding of anger using self-psychology. Of course, there are limitations to these ideas too, any approach advocating new non-cognitive models proposing initiatives requiring the participant's contribution to the design of new programmes will always seem problematic to anger researchers wedded to the manualised CBT paradigm. New approaches to anger management will most probably be time intensive, as the programmes developed by ex-participants may well advocate lengthier and more in-depth interventions, adding more cost to funding streams.

We should not be prevented from thinking about anger management in novel ways, however, if the end result could be more people resolving their angry issues and less people engaged on the merry go round of service provision and clinical pathways. Such new programmes may be more cost effective in the long run if we consider the additional social costs chronic anger places on both the emergency services and social services in particular.

With the introduction of developmental notions in anger management group programmes, we feel that anger research is at a potentially exciting time as we have the opportunity to explore new types of anger initiatives in more creative ways whilst helping quite a substantial number of 'left behind' and still angry individuals. It may be that anger research is at a similar crossroads to when researchers began exploring mindfulness practices over 20 years ago and discovered the links between anger, mindfulness and an accepting mind. Now may be an opportune time to reflect on our traditional cognitive behavioural approach to anger with a certain amount of scepticism. It may be time for researchers to accept the 'difficult to change'

participant may have unmet developmental issues that must be addressed before the promise of a calmer phenomenological experience becomes a reality.

Appendix 1

Table 1. Superordinate and subordinate themes: Men who report successfully lowering their anger**Superordinate themesubordinate theme**

Superordinate themes	subordinate theme
Motivations to change	Personal relationships
	Clouded decision making
	Personal and professional decision making
	Triggers, causation and resolution
Calming situations down	Assertiveness
	Transactional Analysis (TA)
	Assertive resolution
	Ego state recognition
	Active TA implementation
	Strategizing
	Support
	Structure
	Active engagement
Bodily awareness of anger	Breathing
	Releasing tension
	Improved Psycho/physiological regulation
	Removal from stressor
	Slowed escalation
	Implementing theory
	Reduced physiological response
Creating a structure for practice	Adapting to routine
	Regularity
	Consistency
	Recognising a need
	Structured activity
Changes in perception of self	Self-awareness
	Identifying triggers
	Avoiding triggers
	TA relationship awareness
	Stressor perception
	Positive focus
	Cognitive awareness

Table 2. Superordinate and subordinate themes: Men who report less success in lowering their anger **Superordinate themesubordinate theme**

Threatening situations	Feeling threatened
	Self-appraisal
	Embarrassment
	Disrespect/threatened
	Rejection
	Self-acceptance
	Self-help
	Poor Assertiveness
	Inferiority
Problems with practice	Breathing
	Physiological breathing difficulties
	Structure
	Concentration
	Interrupted by someone
	Engagement
	Implementation
	Structuring
	Avoidance
	General difficulties
Problems releasing emotion	Aggressive release
	Little support
	Poor assertiveness
	Poor communication
Being in an 'emotionally stuck' state	Feeling guilty
	Psychological inflexibility
	Experiencing prolonged tension
	Triggers and physical pain
	Shame
	Stress
	Overwhelmed

References

Barnes, S., Brown, K., Krusemark, E., Campbell, W., & Rogge, R. (2007). The role of mindfulness in romantic relationship satisfaction and responses to relationship stress. *Journal of Marital and Family Therapy, 33*(4), 482–500.

Barber, T. (2018). The forgotten emotion: An investigation into the lived experience of anger in young men. *Counselling and Psychotherapy Research, 18*(3), 332-341.

Barrett, E. L., Mills, K. L., & Teesson, M. (2013). Mental health correlates of anger in the general population: Findings from the 2007 National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry, 47*(5), 470-476.

Berne, E. (1961). *Transactional analysis in psychotherapy.* New York: Grove Press.

Bishop, S., Lau, M., & Shapiro, S. e. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*(11), 230–241.

Bond, T. (2004). Developing and monitoring professional ethics and good practice guidelines. In *Handbook of professional and ethical practice for psychologists, counsellors and psychotherapists* (pp. 25-36). London: Routledge.

Cain, N. M., Ansell, E. B., & Pincus, A. L. (2008). Narcissism at the crossroads: Phenotypic description of pathological narcissism across clinical theory, social/personality psychology, and psychiatric diagnosis. *Clinical psychology review, 28*(4), 638-65.

Chambers, R., Allen, N. B., & Lo, B. (2008). The impact of intensive mindfulness training on attentional control, cognitive style, and affect. *Cognitive therapy and research, 32*(3), 303-322.

Corbin, J. M., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative sociology, 13*(1), 3-21.

Deffenbacher, J. (1999). Cognitive-behavioral conceptualization and treatment of anger. *Journal of Clinical Psychology, 55*, 295-309.

Dowling, M. (2007). From Husserl to van Manen. A review of different phenomenological approaches. *International journal of nursing studies, 44*(1), 131-142.

Eckhardt, C., Deffenbacher, J., & Norlander, B. (2004). The assessment of anger and hostility: a critical review. *Aggression and Violent Behaviour*(9), 17-43.

Farb, N., Segal, Z., Mayberg, H., Bean, J., McKeon, D., Fatima, Z., & Anderson, A. (2007). Attending to the present: Mindfulness meditation reveals distinct neural modes of self-reference. *Social Cognitive and Affective Neuroscience*(2), 313–32.

Flowers, P., Larkin, M., & Smith, J. A. (2009). *Interpretative phenomenological analysis: Theory, method and research.* London: Sage.

Germer, C. K. (2005). Teaching mindfulness in therapy. Mindfulness and psychotherapy. *1*(2), 113-129.

Hayes, S., Strosahl, K., & Wilson, K. (1999). *Acceptance and commitment therapy: an experiential approach to behaviour change.* New York: Guilford.

Kabat-Zinn, J. (1990). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness.* New York, NY: Delacorte Press.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology Science & Practice*(10), 144-156.

Kassinove, H., & Sukhodolsky, D. G. (1995). Anger disorders: Basic science and practice issues. *Issues in comprehensive pediatric nursing, 18*(3), 173-205.

Kohut, H. (1977). *The restoration of the self.* New York, NY: International University Press.

Kohut, H. (1978). Thoughts on narcissism and narcissistic rage. In P. H. Ornstein (Ed.), *The search for the self* (Vol. 2, pp. 615-658). Madison, CT: International University Press.

Lee, A., & DiGiuseppe, R. (2018). Anger and aggression treatments: a review of meta-analyses. *Current opinion in psychology,*(19), 65-74.

Merleau-Ponty, M. (1962). *Phenomenology of Perception [Phénoménologie de la Perception]..* Routledge & Kegan Paul.

NHS Confederation. (2012, April). *Investing in emotional and psychological wellbeing for patients with long-term conditions*. Retrieved October 2, 2019, from Mental Health Network: https://www.nhsconfed.org/resources/2012/04/investing-in-emotional-and-psychological-wellbeing-for-patients-with-long-term-conditions

Owen, J. M. (2011). Transdiagnostic cognitive processes in high trait anger. *Clinical Psychology Review*(31), 193–202.

Painuly, N., Mattoo, S. K., & Sharan, P. (2007). Antecedents, concomitants and consequences of anger attacks in depression. *Psychiatry Research, 153*(1), 39–45.

Peled, M., & Moretti, M. (2010). Ruminating on rumination: Are rumination on anger and sadness differentially related to aggression and depressed mood? *Journal of Psychopathology and Behavioral Assessment*(32), 108-117.

Proctor, G. (2004). *Responding to injustice: working with angry and violent clients in a person-centred way.* Oxford: Radcliffe Medical Press.

Renshaw, K. D., Blais, R. K., & Smith, T. W. (2010). Components of negative affectivity and marital satisfaction: The importance of actor and partner anger. *Journal of Research in Personality*(44), 328–334.

Robins, C. J., Keng, S. L., Ekblad, A. G., & Brantle, J. G. (2012). Effects of mindfulness-based stress reduction on emotional experience and expression: A randomized controlled trial. *Journal of clinical psychology, 68*(1), 117-131.

Rusting, C. L., & Nolen-Hoeksema, S. (1998). Regulating responses to anger: Effects of rumination and distraction on angry mood. *Journal of Personality and Social Psychology*(74), 790-803.

Schwartz, R., Estein, O., Komaroff, J., Lamb, J., Myers, M., Stewart, J., . . . Park, M. (2013). Mental health consumers and providers dialogue in an institutional setting: A participatory approach to promoting recovery-oriented care. *Psychiatric Rehabilitation Journal, 36*(2), p. 113.

Shapero, B., de Jong, M., Desbordes, G., Greenberg , J., & Pedreli, P. (2018). Mindfulness-Based Interventions in Psychiatry. *Focus (American Psychiatric Publishing), 16*(1), 32–39.

Snell Jr, W. E., Gum, S., Shuck, R. L., Mosley, J. A., & Kite , T. L. (1995). The clinical anger scale: Preliminary reliability and validity. *Journal of Clinical Psychology, 51*(2), 215-226.

Tafrate, R. C., & Kassinove, H. (2006). Anger management for adults: A menu-driven cognitive-behavioral approach to the treatment of anger disorders. *Anger-Related Disorders: a practitioner's guide to comparative treatments*, 115-137.

Tomkins, L., & Eatough, V. (2010). Reflecting on the use of IPA with focus groups: Pitfalls and potentials. *Qualitative Research in Psychology, 7*(3), 244-262.