Where anger rules

Heather Moran explains and illustrates the use of personal construct psychology to explore the child's or young person's view of personal anger

Stephanie (eight years) was referred to CAMHS after being excluded from school temporarily for severely aggressive behaviour. A mental health assessment indicated that she had Asperger's syndrome, that she had difficulty relating to all people, and that she was insecurely attached to her mother. The diagnosis did not remove the problem: despite great efforts by support services, Stephanie remained furiously angry, attacking other children by scratching their faces, threatening the head teacher and describing the ways she would like to kill him, and taking violent revenge upon other children who had crossed her. This led to exclusion on permanent basis and a transfer to a special unit. At home, Stephanie would threaten to attack her mum if she did not do as Stephanie wished. She would carry out her threats calmly and cooly, including cruelty to pets. She refused to see anyone in CAMHS so my role was limited to working with social services to reduce the level of risk she presented. After a few months, mum rang to ask for an appointment: Stephanie was feeling unhappy and wanted some help. Her angry outbursts had continued and were as extreme at home as always. Mum had told her that I might be able to help her to feel better. I offered an appointment with great trepidation and a high expectation of failure.

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Thomas (15 years) was referred for psychological and psychiatric help after his mother took him to casualty when she feared that he would carry out his threat to end his life. It transpired that Thomas had been depressed for years and so had his mother. He had been failing more and more in school, disrupting lessons and losing friends. His family life was difficult with an acrimonious relationship between his separated parents and an older brother who bullied him regularly. Thomas' depression lifted after a combination of therapy and medication, but as we moved towards discharge from therapy, he became very worried about the level of his angry feelings. He was terrified of the intensity with which he reacted to ordinary irritations with his mother and friends. Thomas wanted to continue his therapy sessions to tackle this problem.

These two cases are not so unusual; similar referrals are received every week by CAMHS services and by other agencies providing counselling for children. Over the last 15 years I have been using and developing approaches to such problems using Personal Construct Psychology (PCP).

PCP

The theory of PCP was published by George Kelly in the 1950s in *The psychology of personal constructs*[1]. There is a simplicity and applicability of the theory that appeals to many professionals in health and education[2-4]. Briefly, Kelly suggested that each of us has unique interpretations or theories of events and experiences (called personal constructs) and we behave in accordance with our construing. Interpretation and behaviour are inextricably linked, so trying to understand a person's behaviour requires an exploration of that person's construing. The theory of how people construe applies to all people, to the therapist as much as the client, so it is respectful of diversity and equality.

Constructs are theories

Each construct may be seen as a theory which may represented by a continuum from one extreme to another. The extremes are called poles. For example, by stating that Thomas has a *'problem with anger'*, I am using a shorthand version of a whole theory of what a *'problem with anger'* is to me, as both a psychologist and as a person. I mean that he has *'frequent angry outbursts, gets angry with family and friends and teachers, dwells on angry thoughts*

between outbursts, and is unable to sort out the problems angry behaviour causes'. I could also tell you what I think Thomas is not (*'enjoying life by feeling cheerful, developing friendships, succeeding in school'*). So, I have a construct '*problem with anger<>enjoying life*'. I might use this construct to help me to think about many of my clients at work. In my professional role, I might need to rate individual children along this continuum, and re-rate them frequently as part of an evaluation of treatment. However, it is the child's personal construction of anger that is vital to an understanding of (1) whether the child sees his anger as a problem and (2) why his anger is a problem is to him.

Why use a PCP approach?

There are good reasons for PCP to be particularly useful in working with children. Firstly, PCP makes no distinction between children and adults. It proposes that children use the same processes as adults to interpret and understand their experiences. Construing develops gradually as more experiences occur and are construed as being different from previous ones. A baby will be construing, making discriminations between experiences, even though that baby cannot name the constructs. As more and more constructs evolve, they become organised into a system, with the most important constructs being those about the meaning of life. The development of construing can become 'stuck' in relation to episodes of trauma, so construing can be poorly developed in particular aspects of relationships. One can sometimes see this in children who have been abused: they continue to use construing which helped them to survive the abuse, leaving them vulnerable to further abuse by different abusers. Therapy would be trying to help the child to develop a safer ways to construe other people (remembering that behaviour and construing are linked so a change in behaviour will be linked with the development in construing).

In therapy, the most significant – or 'core' – constructs are important because they can be the very things that prevent progress occurring. For example, Juliet, a teenager is *depressed* and wishes to be rid of the depression. However, Juliet also construes paying attention to the self as *selfish, unkind and self-absorbed*, qualities she does not like in herself and others. Therefore, taking an approach which requires her to reflect upon herself with a mood diary or to look after herself by giving herself a daily treat will need very careful handling so that they are not rejected outright.

No value judgments are made in PCP therapy: no constructs are good or bad, even when they lead people into problems. Therefore, if a child sees his anger as a good thing, in PCP style, that child would be encouraged to consider the way his construct is played out in everyday life, and whether that leads him to achieve the life he wants. This is still rather radical, but this curious and accepting approach makes PCP a very suitable approach for dealing with young offenders. This does not mean that all children will want to work in therapy, but the therapist might end up with a pretty good understanding of why therapy won't succeed at that time.

In PCP, there is no particular separation between assessment and therapy: exploring constructs is part of the therapy because the experience is often enlightening and therapeutic in itself. This means that even a single initial session can achieve something useful. Therapy might involve exploring and working with those constructs the client construes as significant in maintaining the problem.

A PCP approach will always require techniques to find out about the child's constructs. There are a number of techniques available, almost all requiring no more equipment than paper and pen[4-7]. In my own practice, I tend to use anything that the child seems to connect with, in addition to paper and pen.

Stephanie's PCP therapy

In Stephanie's case, I used her own toys to find out how she construed herself. In our first session, she was highly anxious and had brought her bag of toys with her, something she took everywhere. We looked at the toys and, fortunately, she had some small action figures which showed various emotions. We were able to use these constructs and find out for each construct what was the opposite extreme (eg *snappy<>calm, grumpy<>happy, happy<>sad, lazy<>works hard*) and then Stephanie rated herself along the constructs. She did not find this difficult to do and she was cooperative but highly tense and anxious throughout the session.

For the following sessions, we always began in the same way: looking at the toys in her bag, laying them out on the table and naming them, re-rating herself on the constructs and talking very briefly about any changes. Gradually, we began to do different things with the toys, first taking photos of them with a digital camera and making a slide show of the pictures on the computer. In each case, Stephanie dictated answers to questions to go alongside the photographs. The questions were designed to explore her constructs (eg Why do you like Teddy Blue? What else is good about him?). It became clear that Stephanie used very few emotion constructs indeed: *nice<> horrible, kind<>mean, and good<>bad*. Such a limited range was consistent with the problems she showed in understanding other people. She was also able to talk briefly about other children and adults in these sessions but with far less interest than when talking about her toys.

I reconstrued Stephanie's problems as resulting from extreme anxiety and confusion, with the anger being due to feeling so easily threatened. In PCP, the definition of threat is a particular one: it refers to feeling at risk of losing one's identity; the

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threat is to core constructs. In Stephanie's case, the threat was very real and she responded accordingly (eg she screamed abuse back at a child who called her stupid; she threatened teachers who told her she must do her work). She was defending her identity as a competent and independent child who was able to accomplish school tasks easily. By refusing to work, she did not have to experience the struggle to master skills. Stephanie's difficulties had worsened dramatically after she moved into the junior school, where wider knowledge and more application to tasks was necessary. Until then, Stephanie had survived well on a good grasp of literacy and basic number skills, masking a significant difficulty with thinking about anything abstract. She had been able to play in parallel to other children in infant school, but in the juniors her peers demanded that she use social skills she did not possess. Her revenge was carried out cooly because she saw it as a logical process, rather than as an emotional one: they had hurt her so she could hurt them back.

The sessions progressed surprisingly well, moving from taking photos to making a video. Anger problems were brought into the video by mum reporting problems to me outside the session and then me weaving them into whatever we were using at the time. For example, when she had an angry outburst at the dentist, we discussed the issue (working on the theory that she was anxious because she did not know what to expect). Next we developed a script and recorded a video conversation with Stephanie explaining to her teddy about why it was important to behave well at the dentist: *The dentist wants to be nice and kind and help you to look after your teeth. He needs to look in your mouth to do that but he can't see unless you sit in his special chair under the bright light. You need to sit still so he can count your teeth and have a good look at each one.* In PCP terms, we elaborated her construction of the dentist so that she could construe the experience as something useful and relevant to herself. We used her own constructs (*nice, kind*) to describe the dentist so we could be sure that Stephanie understood perfectly. The video recording was used so that Stephanie could rehearse the explanation and improve her understanding and so she could have a permanent record of the session. This worked well and a number of videos were made including various problems with angry outbursts.

Another important element in the theory of PCP is the idea of anxiety being due to not being able to fully construe what is about to happen. Kelly suggests that the main purpose of construing is to predict the future. In Stephanie's case, the predictability of each session, with a routine beginning, meant that she could move from the waiting room into the session with an expectation of what would happen. We had developed a shared construction of therapy sessions, something Kelly called *commonality*[1], enabling her to take part more and more and to stay for longer sessions.

Another essential element of Kelly's theory is the idea of the process of construing. Kelly suggested that we construe in a cycle – first, considering our options about how to construe an experience; next deciding on how to construe it; finally, construing (and the associated behaviour)[1]. A good example of this is the way we construe an adrenalin rush – we have the biochemical change and decide what it means according to the way we construe the situation (as anxiety, excitement, fear). The same physical experience may be construed differently in each situation.

Thomas' therapy

It emerged that Thomas was inclined to construe many physical changes as signs of being angry. At school, when he was embarrassed by his poor work (which had deteriorated considerably) but said he felt *angry*. When he was worried about his mum going out alone at night he felt angry. When he had to help around the house and his brother didn't because he was at work Thomas felt *angry*. He was too quick to decide how to construe an experience, falling back upon his core construct about himself having a problem with anger. In one session, the reason for this was discovered – something Thomas immediately recognised as the reason, but something he had not been properly aware of. We used a PCP technique called laddering to do this. This involves asking the child to provide constructs which move closer and closer to core constructs. The idea behind this is that although the behaviour of the child might seem not sensible to the adults around the child, it does make sense to the child and can be understood in relation to core constructs.

For example, for a 15-year-old-boy, Martin, to hit other children might appear to be a foolish option when it leads to getting into trouble, especially when Martin wants to do well at school so he can go to university. However, Martin also sees himself as a potential victim and this really bothers him. He has a core construct of *victim (weak, stupid and unable to hold a job down)<>independent (able to stick up for himself, strong and employable).* So, it makes sense for Martin to fight, even at the cost of getting into trouble in the short term, because he can then see himself as someone who *can stick up for himself* and is *independent*, things he wants to be in the longer term.

In Thomas' case, the importance of the anger showed very quickly. He did not want to ever get angry because he felt that he risked the same fate as his mother's brother. This uncle had never been mentioned previously but he was in prison for manslaughter after he killed a man in a fight. Thomas was often told that he was like his uncle in looks and in personality. The uncle was the favourite brother of Thomas' mum because he had

a gentle side to his nature, sometimes becoming depressed himself. Thomas told me that he sometimes felt he was on such a similar route towards disaster that the only way he could definitely prevent harm to others was by killing himself. Once this was clarified, it was possible for Thomas to work on his self-image, exploring possibilities for his future, and noticing aspects of himself which were unlike that uncle. He was able to consider strategies to cope with feeling angry once he had developed the idea of a continuum moving from *calm*, through *bothered*, to *irritated*, to *annoyed*, and to *angry*. Thomas also reconstrued his feelings in relation to day-to-day experiences, so that very few were *angry* but his feelings of distress were described more accurately (eg *embarrassed, worried, afraid*).

Summary

PCP has a lot to offer therapists and counsellors who work with children. The therapist can use any equipment that might suit any individual child, making it accessible to all children (and adults). It encourages the child to give a personal view of 'the problem', a unique perspective which should prove to be enlightening to the adults who are concerned about the child. It also accommodates therapist's preferences in style and materials, so that therapists can develop techniques that suit them. ■

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Information on training in PCP therapy and counselling can be found at www.pcpet.org.uk

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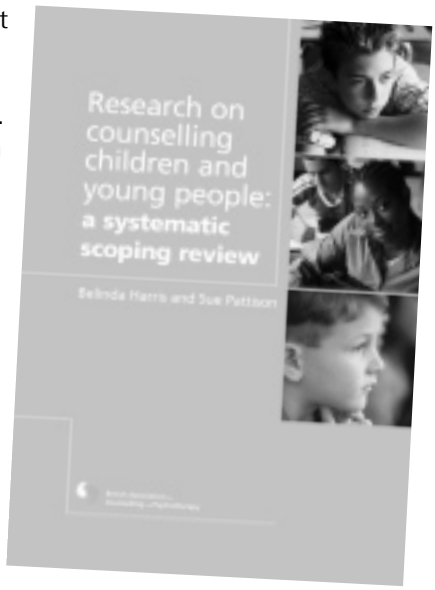
You want me to read *what?*

CCYP interviews Sue Pattison and Belinda Harris, authors of BACP's systematic scoping review[1] of current research on counselling children and young people. They suggest many ways to use the material, whether as counsellors or managers

No one has much time these days. Why should we pick up this review?

Belinda: One good reason stems from the Children Act 2004 with its Every Child Matters agenda[2], which has forced local authorities to radically review and reform their educational service provision. A key plank of the act is to develop integrated services for children and young people deemed to be 'at risk'. And these services are likely to be located in new extended schools or community centres. By bringing different professionals together under one roof, it is hoped that vulnerable young people will receive more joined-up and effective care. Counsellors will therefore be required to collaborate with social workers, community workers and education professionals to provide the 'best fit' service to suit the specific needs of individuals and groups. While I strongly believe that all these professionals will have the best interests of the young people in mind, they will have their own preferred ways of 'treating', 'helping', 'mentoring' and 'supporting' those in their care. So counsellors may find themselves having to put forward a good case in support of counselling and need to demonstrate that it is cost effective and evidence based. This review provides a wealth of information and evidence that can help counsellors develop a convincing case. Hopefully they will also find some of their assumptions about counselling challenged, and gain a different perspective on their work to discuss with their supervisor and peer networks.



Sue: Yes. Backing up what Belinda says, as counselling