MUSIC, IDENTITY AND GROUP THERAPY:
ADDRESSING ANTI-SOCIAL TRAITS IN YOUNG MALE
ADOLESCENTS

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“Envy, mockery, disdain, anger, vengeance and the rest of the affects which are related to hate, or arise from it, are evil.” (Spinoza, 1677, Ethics, II/244)

“Anger, is one possible response where there is ‘already a difficult evil present’ in the mind; anger is the movement of attack against the evil. To succumb to the evil is sadness. The removal of that evil is both a move towards goodness and a dissipation of anger.” (Aquinas, Summa Theologia, Q23,3.)

“aim at what is intermediate in passions and in actions…any one can get angry – that is easy - …; but to do this to the right person, to the right extent, at the right time, with the right aim, and in the right way, that is not for everyone, nor is it easy; that is what goodness is, rare and noble.” (Aristotle, Nichomachean Ethics, II. 9 20-30)

This paper outlines a group therapy programme aimed at 12-15 year old adolescents who have started showing signs of anti-socialism in school, have high levels of anger and are acting aggressively, may have been diagnosed with one or more externalizing disorders but are not yet engaged in serious criminal acts. The approach is school based, ten weeks long and utilizes percussion as a means of engaging boys and understanding the experience of anger. I’ve developed the programme over the last three years in schools in the Newcastle region. It is entitled “Doing Anger Differently” (DAD).

**Therapy and Boys**

The programme is aimed at boys. There are substantial difficulties in persuading male adolescents to participate in therapy, much less keeping them involved to the point where they benefit. The initial problem encountered in developing the DAD approach was that sitting and talking about inner experience seemed to be antithetical to “boys culture”. Boys who have had a childhood of physical, sexual or developmental trauma (Streeck – Fischer and Van der Kolk, 2000) have every reason to avoid focusing on their inner experience and speak of their feelings. Yet this is exactly what is asked of them in the therapeutic encounter. Therefore, the DAD approach is initially one of “doing being”: one that accords with a boy’s culture of “doing”, but allows them to express their inner experience. The methods utilized in the approach to achieve this are group percussion games that assist boys to express, reflect on and influence their experiences of anger, and a theory of change which takes into account this reluctance to speak of inner experience.

**Overview of the Doing Anger Differently Approach**

The DAD programme has three components, outlined here. It is an attempt to theorise a developmentally coherent group therapy approach for this population. Fundamental to the programme is a theory of individual change which I will outline shortly. A second part of the programme assists boys to chart a series of “anger maps” which take account of their anger and the manner in which it influences their feelings, thoughts and actions. Also important is the group context, which provides a microcosm of relationships where boys can examine the impact of their anger and aggression on their relationships. The three components reinforce and spill over into each other. The reasoning behind this multi-leveled approach flows from recent evidence that has shown the delinquents and adult violent criminals are not a homogenous population in terms of the factors that contribute to their violent offending (Granic and Butler, 1998; Loeber, 1990). Whilst there are a number of past approaches discussed here that have effective elements, it is unlikely that one approach will be appropriate for this population. We hypothesize that an effective therapy depends on the “fit” between an individual’s difficulties and certain characteristics of the therapy. Therefore a multi-leveled approach offering a number possibilities or modes for change at the same time may result in a higher treatment success rate.
In terms of the current field, the DAD programme sits between two approaches. On the one hand, there are simple cognitive behavioural anger reduction approaches (see Feindler, 1990) which have for the most part failed to produce “generalized and well maintained improvements.” (Feindler, 1990, p49) Inspired by many studies which have demonstrated that high levels of anger in young adolescence produces a series of negative outcomes in adulthood (Colder and Stice, 1998; Dutton, 1995a; Feindler 1991, 1995; Lochman and Lenhart, 1993; Loeber, 1990; Roese et al 1998; Saunders, 1992), these approaches have focussed purely on symptomatic reduction of anger and violence without questioning it’s nature.

On the other hand are “multi-component” approaches (See Greenberg, 2002) which address the multiple settings of anti-social adolescents’ lives – school, home, peers as well as the adolescent themselves. These approaches recognise that in many senses aggression is a functional response to the environment, and set about trying to not just alter the adolescent, but also his social context. Such approaches, which may well be indicated, are resource intensive and require a great deal of time in engaging not just the adolescent but individuals in his environment.

The aim I am attempting to articulate here is to formulate an approach with an alternative emphasis, which synthesizes these theoretical approaches whilst continuing to work only with the adolescent in school. This synthesis is borne out within the programme via a repeated use, on the one hand, of validation of the “kernel of truth” of emotion or distress that lies within violent or aggressive acts, whilst sending repeated invitations to change a way of being that constantly alienates boys from the institutions they must exist within. I turn to briefly outlining the approach now.

**Theory of Individual Change**

Most people who have worked with aggressive boys know that it can be difficult to work with them in groups. Particularly difficult can be trying to think in the here and now of the group; - to think about and theorize possibilities for change in the face of what sometimes seems to be utter chaos as a group of boys swings between playing and destroying. The DAD programme charts a cycle of identity (after White 1994, p128; Nicholson, 1995) which I’ll outline now. Most boys we have worked with seem to be caught in a provocation – aggression action pattern which gives them no sense of choice about who they may wish to be. A primary aim of the intervention is to assist boys to move from being trapped in an aggressive necessity to choosing how they may act in the face of subjective provocation.

**From Action to Description**

As boys are interested in doing, the early focus of the programme is on merely gaining descriptions of experience: we use a series of drumming games and recording of experience in anger diaries to further this aim. These descriptions of experience tend to focus on linking external events and actions with thoughts and feelings. This is a necessary first step in changing the manner in which inner experience influences action. Being able to describe and discuss in detail happenings, let alone internal experience, is often quite a challenge for many boys with histories of trauma or coercive family environments where aggressive responses are functional.

**From Description to Constructing Meaning**

Once a boy has described several of their experiences of anger, they will often be in a position to make sense of these experiences, or re-evaluate the meanings they have already attributed to them. They may decide there are aspects of their actions which were justified, and others which were not. Violence ceases to become a necessary response to the experience of anger, and several other possibilities are considered; the nature of the response becomes a question. Specifically, therapists focus at this point on the longer term consequences of aggressive acts, which contribute to a boy’s
sense of victim-hood. This sense is variously apparent in boy’s description of their “reputation”, their relation with a particularly “hated” teacher, peer or sibling or perhaps a sense that they have no friends or peers with whom they have a relationship of trust, often precisely because of their “reputation”. Therapeutic interest centres on these relationships and meaning is constructed around them.

What is often lies latent is a boy’s “problem – saturated” (White, 1989) view of himself. This view of self, his view of other’s view of him, may need to be brought into awareness and questioned (although not directly) as to whether this is this a preferred view of self. The response of many boys is negative. Their work in the group then becomes finding a way of changing this view of themselves, lying as it does between the self and the other.

From Constructing Meaning to Performing Meaning

Once the questions have been asked, there is the matter of utilizing these questions, or of finding an answer both inside and outside of the group. Often boys bring answers to their dilemmas in their anger diaries or recitations of their experience. Adolescents do not tend to claim to understand something important as a result of the therapist’s intervention or discussions in the group. Often teenagers act on their insights, and their understandings may be made apparent in the form of actions (see Gordon, 1989; Gamsie, 1999; Malekoff, 1997). It is a matter of therapists being able to see and hear these “exceptional outcomes” which we can define as events, outcomes and actions which could not have been predicted by a person’s “problem saturated” description of themselves. These exceptional outcomes are further examples of action, to be described, discussed and made meaning of within the group.

In this way the participant enters a cycle of meaning which is iterative of identity. Each turn of the cycle, each example of “standing up to anger” or exceptional outcome creates or iterates, another spiral in the identity of the young person.

A major assumption of my approach is that this identity is not a static unitary construct, but something that emerges in a fragmented manner in lived experience. (Gordon, 2002). It is this self – identity that is continually shaped by the expressions of anger and aggression and their aftermath. It is this that is the focus of our therapeutic endeavour through the use of this cycle of identity to catch exceptional outcomes in the experiences of the boys in the therapy groups.

This theory of change conceives of the human subject somewhat more broadly than the narrower cognitive focus of Cognitive Behavioural Therapy. It emphasizes meaning, self and identity, rather than only thinking and behaviour.

Anger Maps

However, I have drawn on CBT research on “anger management” to create structure within the intervention. CBT research has delimited a field of intervention which is of use in assisting participants to question their experiences of anger. (e.g. Deffenbacher et al 1996; Feindler 1991, 1995).

This structure is seven focus areas which are worked through as the programme progresses. These focus areas are dimensions to be “mapped” in questioning or problematising specific areas of the experience of anger. The programme commences with working at building an awareness of the physical and mental aspects of anger. It then moves to mapping the impact of anger on self and identity through participants’ gradually thickening descriptions of their behaviour and other’s reactions.

Each focus area contains a drumming game which is illustrative of a specific problem to do with the experience of anger. Questions. Also used is an “anger diary” which is a method of gathering experience from outside the group for discussion. This discussion is guided by therapists towards several themes of the focus area.
Group

This third component of therapeutic action is the interactions within, and presence of, the group. Here, the programme focuses on relationships and the validation of emotional content that occurs in “real time” in the group. This follows approaches to therapy with adult personality disorders (see Meares 2001 conversational model; Linehan 1993 DBT).

Group approaches have been shown to be at least as effective as individual therapy with adolescents (Hoag and Burlingame 1997; Feindler and Scalley, 1998; Kastner, 1998). More importantly, a group work approach is of use in working with the “relationship basis of anger”, and may be of more use than an individual approach.

Whilst “process” group work has a long history (see Gordon, 1992, 1989; Lanyado and Horne, 1999; Malekoff, 1997), this is the first attempt to theorise such an approach specifically for boys with high levels of anger. The approach is relatively simple. Any disjunctions, disagreements, and arguments are viewed as material to be “worked on” in the group. There are two core techniques used to facilitate this working in the “here and now” with anger.

It’s Hot

Leaders may call “It’s Hot” if a conflict emerges within the group. At this point the work the group is doing ceases and the problem between group members is worked on. Rather than pursuing or enforcing a resolution when a conflict emerges within a group, therapists focus on the statement of a feeling and a position, description or reason that accompanies the feeling. The task of each therapist is to assist each boy to develop or voice his inner experience without canceling out the experience of the other boy. Over time this sends a message to group members about their inner experience of negative emotion: it is validated within the group and tolerated. This leads to a capacity for tolerating negative emotions and finding alternative ways of responding to these emotions. These alternatives are sought after and taken up by therapists for discussion within the group, as outlined above. Problem solving, assertiveness and non-violent action are encouraged once both boys have voiced their positions.

Time Out

Where a Time Out is called it is to ensure the continued running of the group when an individual’s actions have been particularly disruptive to the group. Time outs are not meant to be punitive, but it is almost inevitable that participants experience them as aversive.

During time outs, an attempt is made to validate the “kernel of truth” in the boy’s actions in the group. Again, the validation of the internal state that may have led to the disruptive act(s) is seen as foremost, rather than talking about the acts themselves in the first stage of time out. Often therapists may need to make an educated guess about the internal experience of a participant, as they may not be able to name it themselves. The therapist stance is beside the boy, as an ally, strengthening their therapeutic leverage. Once a participant has acknowledged their internal experience, it may be possible to negotiate a return to the group via discussion about the boy’s behaviour. The therapist outlines clearly the nature of the problem and discusses some possible changes in behaviour, and asks if there are any ways they might be able to help with the change. This might be to assist with timeouts in the future, or to give reminders in the group about the agreements, or to assist with their monitoring of their anger levels.
Results

The study was conducted within a 2 (treatment group) x 2 (time) design, with two groups, (treatment, n=19) and control (no treatment, n=18). This was tested by a 2 x 2 ANOVA on three primary outcome measures: trait anger (State Trait Anger Expression Inventory STAXI; Spielberger, 1996); depression (Beck Depression Inventory, Beck 1988), and self esteem (Coopersmith Self Esteem Inventory, CSEI; Coopersmith 1981). The intervention group was also followed up after six months. This was tested by a univariate ANOVA. Descriptive data on school misbehaviour reports was also collected. All F-statistics reported unless otherwise stated are the interaction within an 2x2 ANOVA.

The study revealed falls in trait anger (F interaction (1, 36)= 12.97; p=0.001), depressive symptoms (F Interaction (1, 36) = 3.75 ; p = 0.61) and falls in misbehaviour reports, from an average of 5.5 per term in the three terms prior to the intervention to 2.1 per term three terms after the intervention. The study revealed a non-significant rise in self esteem as measured by the Coopersmith Self Esteem Inventory (CSEI; F interaction = (1, 36) = 3.12; p=0.086).

The reduction in trait anger is clinically significant, as it represents a fall from the 89th percentile to the 33rd percentile against normative STAXI data for adolescents. The reduction was maintained at six month follow up. The non-significant result for depression may be an artifact of the low statistical power of the study, as the fall was clinically significant, from moderate to minimal depression as rated within the BDI manual. This reduction was maintained at six month follow up. Whilst non significant immediately following the intervention, self – esteem continued to rise and a univariate ANOVA at six months follow up was significant. (F (2, 12) = 6.55; p=0.006)

Discussion of Results

These results provide encouraging preliminary evidence that the intervention is effective. Indeed, the reductions in anger and depression retained at six month follow up are superior in terms of their longevity to any reported in the literature (c.f. Feindler 1990) with this population. Further work is being conducted to elucidate the nature of the mechanisms that have led to the success of the intervention.


