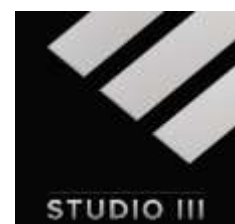# Anger, the Client-Practitioner Relationship, and Low Arousal

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Introduction

As humans, we are all under the heel of our emotions; both the positive and the negative ones. One of these emotions is anger. Anger combines a cognitive appraisal with an action tendency. It's a subjective feeling of unpleasantness linked to a wrongful action, resulting in the inclination to antagonise or be defiant (Novaco, 2017). Not only exhibited as an extremely formidable emotion, anger is also a universal truth in the field of human behaviour. Anger is a natural human response, alongside basic emotions such as happiness, fear, joy and surprise. People displaying anger can be perceived as dominant, capable, and intimidating (Clark, Pataki, & Carver, 1996; Knutson, 1996; Tiedens, 2001). Serving both a positive and a negative purpose (McDonnell, 2019), anger can offer an adaptive function (Novaco, 2007; 2017). Anger can also be seen as a 'guardian to low self-esteem,' or serve other protective functions for humans. It can contribute to individuals expressing negative feelings or, alternatively, can spur oneself on to find solutions to problems, while containing factors essential for human survival (Novaco, 2016). Ultimately, anger supports individuals to deal with an emotional experience they have encountered.

Nonetheless, anger poses a recurrent problem for people with learning disabilities. It's proposed that people with learning disabilities have higher rates of anger incidents compared to the typical population (Benson & Brooks, 2008; Hagiliassis, et al., 2005; Rose & Gerson, 2009; Willner et al., 2011). Often (mis)labelled as episodes of 'challenging behaviours,' presentations of anger in people with learning disabilities are perceived to be instances of verbal and/or physically aggressive behaviour (Allan & Felce, 1999; Taylor & Novaco, 2005). These aggressive behaviours can result in unfortunate outcomes such as the breakdown of relationships,

exclusion, isolation, mental health decline, loss of services and, in extreme situations, criminal penalties (Allen, Lowe, Brophy & Moore, 2007; Emerson et al., 2008; Novaco, 2017).

All behaviour can be perceived as a form of communication, and people with learning disabilities often express anger due to an unmet need or difficulty they are experiencing. For example, the person may not have developed a mature way of communicating their wishes or concerns, thereby reverting to anger. However, supporting people with a learning disability who are showing behaviours that challenge, such as anger, can be particularly stressful for family members, friends, and other professionals (Rose, Jones & Fletcher, 1998; McDonnell, 2019). Unconstrained anger in such situations can flood the environment and affect people in close proximity (Garfinkel et al., 2016), thereby exacerbating or even perpetuating the highly stressful environment. Such interactions can cause people to feel emotionally and physically drained. It is by evaluating and reflecting on our own behaviour during such incidents of anger that we gain understanding, and develop the necessary skills to assist (McDonnell, 2019).

Typically, people have some understanding of what 'pushes their buttons;' nonetheless, most fail to sidestep such a trap. Individuals with a learning disability often find it difficult to regulate their emotions due to many challenges, such as diminished ability to self-monitor their emotional state, deficits in impulse control, experiencing elevated levels of stress which negatively impacts their cognition, along with difficulties in expressing their problems, all ultimately culminating in an angry outburst (Novaco, 1986; Novaco, 2007).

Manifestations of anger can range from a mild annoyance to uncontrollable rage; however, this article will focus on anger displayed as verbally and/or physically aggressive behaviours. The primary purpose of this article is to help practitioners, families, and wider communities support individuals with a learning disability presenting with anger. To this end, the article will briefly describe how anger arises in the learning disability community, show fictitious examples of anger and provide tangible actions.

Anger in People with Learning Disabilities

People with a learning disability are more prone to turn to anger when confronted with stressful situations (Benson & Fuchs, 1999). To understand the development of this cognitive shortcut, it's useful to consider different aspects of anger development. The definition of anger notes the person engaging in a subjective appraisal of the situation. However, a person's subjective appraisal of the situation is often influenced by the person's coping strategies and resilience (ibid.). When it comes to coping, people with a learning disability are often less proficient in adaptable conceptual thinking and focused attention (Hartley & MacLean, 2008), and are more inclined to settle for avoidance coping strategies when faced with challenging social situations (Benson & Fuchs, 1999; Hartley & MacLean, 2005; Wayment & Zetlin, 1989). Below outlines four fictitious scenarios involving a person with a learning disability succumbing to anger. Each of the scenarios show different environments, stress triggers and undesirable responses.

Scenario 1:

This scenario depicts how highly emotional situations, regardless of the nature of the emotions, can result in a person experiencing stress and ultimately anger. The scenario shows a typical family Christmas dinner: despite it being a happy time for all, it is still experienced as highly arousing and stressful.

Jimmy is 40-year-old man with a learning disability who avails of full-time residential services. Jimmy started his residential placement as a young adult due to his aging parents being unable to manage his ever-increasing challenging behaviours. His siblings are less involved in his life; however, during Christmas, they invite Jimmy to the family Christmas dinner. During the previous Christmas social, Jimmy was involved in a verbal altercation with one of the adolescent family members, which erupted in a major distressing event for most. Following the incident Jimmy's brother contacted his residential service informing them of the incident, and requesting that they collect him as soon as possible. This year, Jimmy's family informed his service that they will not be inviting Jimmy to the family Christmas dinner.

In this scenario, Jimmy found it difficult to regulate his emotions due to the highly emotionally charged environment, albeit because of him being happy. His levels of anxiety were heightened before the event due to excitement, but also the pressure of being sociable with his family whom he does not see often. These heightened emotions resulted in Jimmy being more prone to react negatively, and anger was his response to additional environmental stressors. Jimmy's response resulted in his family distancing themselves from him. Subsequently, staff at Jimmy's residential

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service noticed Jimmy's increased isolation, diminishing appetite, and a decline in his mood, such as increases in negative appraisals about himself and others. Jimmy's family unfortunately have a minimal understanding of Jimmy's difficulties regulating his stress levels, and how their interaction exacerbated his level of anxiety. The scenario shows how anger can result in punitive actions, which can further cause detriment to relationships and mental well-being.

It is therefore imperative to understand how stress and anger can develop, and how one's interaction with others may have a detrimental effect on this person's emotional state. Empathy and the ability to *walk in the other person's shoes* is also extremely important to understand how anger can arise in people with learning disabilities (McDonnell, 2019).

Scenario 2:

In certain situations, presentations of anger can be reflective of trauma, hardship, chaotic social relationships, or mental health challenges. Anger is worn as a shield and carries an aura of repelling threat from others, which provides protection to one's self-worth (Novaco, 2007). As practitioners, it is necessary to understand what someone's behaviour might mean, and subsequently get to the bottom of that meaning to support this person more effectively. When supporting people who are distressed, it is important to recognise that their ability to make informed decisions is compromised, therefore their behaviour might not align with what they need at the time. Consequently, when anger is expressed by an individual, their supporters should evaluate the context and attempt to understand what's driving their behaviour.

Consider the following example, which shows how anger can interact with stress to impact responses from practitioners, and lead to negative outcomes:

Julie is a twenty-year-old young adult availing of disability day services. Julie experienced complex trauma during her childhood and struggles with regulating her emotions and relating to others, even though she appears to feel the need for connection. During her busy day service support, people often have to share staff's attention. Often, her mood fluctuates for no apparent reason, and she experiences bouts of verbal and physical aggression. During one such incident, two or three staff congregated around her and attempted to diffuse her anger. Labelling the behaviour as 'attention seeking,' staff would engage in punitive actions, such as warning her that they would be contacting the local authorities, or ushering her to an empty room and interrogating her to find out why she was behaving in such a manner. Often, such strategies resulted in an increase in behaviours that challenge.

On some occasions, behaviours that challenge may be rooted in stress associated with trauma, loss, and attachment difficulties (McDonnell, 2019; Novaco, 2017). Even Julie's fluctuating mood presentation may be rooted in her exposure to trauma (Taylor & Novaco, 2005). During such interactions, both the staff members and Julie are subject to emotional contagion, resulting in reciprocal aggravation of Julie's level of emotional distress. In addition, staff (possibly feeling loss of control over the situation) instinctively turn to a punitive resolution due to their compromised cognition as a result of the stressful situation.

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Scenario 3:

Uncontrolled anger may result in relational breakdown, isolation and alienating others. It is crucial for people supporting individuals to be aware of their own emotional well-being and state during stressful situations, as it is common to revert to a fight or flight state when confronted by anger. In such cases, emotional contagion can aggravate stressful situations.

Gerry avails of residential services for adults. He shares the house with three other residents with similar challenges. Gerry experienced complex trauma as a young adolescent, which he does not talk about. He has a reputation as a person to be avoided due to his frequent, emotionally volatile behaviours. Even the neighbours from time to time must endure Gerry's anger outbursts. One day, Gerry returned to his residence, following a visit with his parents, presenting as annoyed and impatient. Without provocation, Gerry engaged in verbal aggression towards anyone in the vicinity. Gerry's support staff tried to reason with him, asking him to calm down, which seemed to exacerbate Gerry's anger. This led to close by objects being knocked over.

Gerry respects his parents, although sometimes he struggles with fearful, anxious, and dismissing attachment styles. In this scenario, Gerry's staff team are always on high alert and threat-focused, especially when Gerry returns from his parents. The staff team perceives his actions as unfair, demanding, and inflexible. Staff were triggered with fear and became hyperaroused when Gerry requested something, using system one thinking (Kahneman, 2011). They worried that Gerry's anger may suppress their ability to support him effectively, as this had previously had a damaging effect on

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Gerry's staff team's morale and their relationship with Gerry. It began to influence the team's arousal levels, ultimately impacting their cognitive processes when working with Gerry. Some became angry and began making poor decisions based on these emotions, while others began to develop a negative perception of Gerry, which impacted the way they support him. This anger did not only affect Gerry's immediate circle of support: within society, his anger (which is perceived as aggression) resulted in negative outcomes, such as restricted opportunities, impaired relationships, limited access to the community and difficulty obtaining staff for Gerry's supported living team.

Scenario 4:

There are times when the people we support must attend appointments or meetings which they would rather avoid. During the lead-up to such events, stress can build up due to the person not being in control of the situation and the environment. Also, the expectation of interacting with others who might be posing questions which the person being supported might not know the answer to or not understand can be daunting. In some cases, the person who they are meeting with may be unfamiliar with interacting with people with a learning disability.

Jamie has multiple diagnoses of a learning disability, schizophrenia, as well as a social anxiety disorder. Jamie's pharmacological regime includes, amongst others, various anti-psychotic medication and mood stabilisers, and is reviewed annually by a psychiatrist. Jamie is always accompanied to his annual medication review by staff from his service, as he finds the experience extremely anxiety provoking. At the

appointment, Jamie had to wait an additional half an hour because previous appointments over-ran. While in the waiting room, Jamie repeatedly asked the staff if they could go home. The staff member managed to distract Jamie momentarily, and eventually they entered the psychiatrist's office. The psychiatrist appeared friendly but anxious, and soon launched into rapid-fire questions aimed at Jamie. After answering the first two questions, Jamie froze and did not respond. As a result, the psychiatrist's tone of voice changed, and he began highlighting negative consequences of Jamie's unresponsiveness. Suddenly, Jamie jumped up from his chair and proceeded to verbally berate the psychiatrist, knocking various items from a table before rushing out of the office.

In this example, Jamie's level of anxiety was already heightened because of his trepidation around the psychiatric appointment. Jamie attempted to reduce his anxiety by exerting control over his environment, which failed when his request to return home was denied. This failure to control his environment exacerbated Jamie's level of anxiety. Whilst in the consultation room, Jamie was exposed to emotional contagion from both the anxious supporting staff and the psychiatrist. Due to an extraordinary amount of anxiety and loss of control, Jamie succumbed to the mirrored affect and responded in kind.

Supporting People to Manage Anger

The scenarios above depicted various situations involving environmental and relational stressors, where the person involved was attempting to regain control of the

situation to help them regulate. During such circumstances, it is imperative to the well-being of the people we support that we assess the situation as best as possible and act accordingly, with the aim of providing a sense of control (McDonnell, 2019). How practitioners, family members and support staff manage such situations is crucial to their ability to effectively support someone in a distressed state. As proposed, the next section will discuss affect theory, Low Arousal, and the ability to reflective.

From Emotional Contagion to Emotional Co-Regulation

Stress is infectious; it results in lower levels of psychological well-being for staff, as well as lowering the quality of support they provide and contributing towards poor decision making. Elvén (2010) argues that when a person with learning disabilities resorts to anger, it's not the emotions that create the challenging behaviour, but rather the intensity of the emotions. When a person experiences heightened emotions, such as unresolved stress, and they are less effective at regulating these emotions, they may present with behaviours that challenge. such as anger. During such situations, stress is contagious. Lundstrom and colleagues (2007) found that practitioners reported high levels of anger after they were exposed to challenging behaviour from people they support. Several studies also found that staff members who experience anger in the form of aggressive behaviour report lower levels of psychological well-being, which negatively impacted their quality of support (Jenkins, Rose & Lovell, 1997; Rose, Jones & Fletcher, 1998). Support staff may encounter feelings of anger triggered by the person they support. Consequently, as McDonnell (2019: p.114) suggests, "angry people make poor decisions," which in turn not only has a negative influence on their emotional well-being, but also the quality of service they provide.

During a typical day where people experience lower levels of stress, they are usually able to shield their emotional state from those around them. However, when individuals experience heightened levels of stress, their emotional state is less shielded, and therefore more prone to emotional contagion (Elvén, 2010). Guarding your emotional state by managing your level of anxiety is crucial (McDonnell, 2019). If you are calm and in control of your emotions, you will be less emotionally affected by the presentation of anger in others, which will also result in better decision making. In addition, your calm demeanour will result in emotional co-regulation with the person you support, which would decrease their level of stress and ultimately return a sense control over their situation.

Reflection

The ability to reflect on one's own behaviour, thoughts and emotions is a skill which needs to be developed. Reflection is a method of understanding our actions and reactions by engaging in continuous self-observation and self-evaluation (Hickson, 2011). Reflection may happen in the moment as suggested by Schon (1994), and relates to being aware of one's physical, emotional, and thought processes while engaged in the confrontation. Alternatively, reflection can occur after the incident. Engaging in reflective practice, be it in the moment or afterwards, allows for a critical review of the extent to which our behaviour influenced the person we were supporting, as well as how our interaction shaped the environment (McDonnell, 2019). As with any skill, reflection needs to be practiced. Acknowledging that a supporter's behaviour or emotional state negatively influenced the person being supported can be difficult and,

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in some cases, can conflict with one's personal beliefs. However, this is the essence of a non-judgemental reflective practice.

Low Arousal Interactions

The use of a Low Arousal support paradigm involves reflecting on the support staff, professional, or family member's own behaviour, and how their behaviour impacts the person being supported. The Low Arousal Approach is defined as a "person-centred, non-confrontational method of managing behaviour" (McDonnell, 2019: p.179). This methodology, derived from humanistic philosophy, is focused on "basic human kindness" (ibid.: p.179) and avoids punitive measures, thus de-escalating high-intensity affect situations. An anger response becomes more likely when the person feels threatened, stressed or otherwise highly aroused (Elvén, 2010; McDonnell, 2019). Therefore, support needs to be applied in such a way as to not exacerbate but de-escalate the situation for the person being supported. Practical ways de-escalation can be achieved include reacting in a controlled manner, avoiding eye contact and touch, respecting personal space, sitting down, waiting, changing the support staff, talking calmly, giving in, and directing the conversation to another person in proximity (Elvén, 2010). In addition to staying calm, showing empathy by validating the person's concerns may help them to feel heard, which in turn may aid in defusing the situation.

The protagonists in the scenarios above all experienced heightened emotional arousal, which culminated in the presentation of anger. The possibility of each of the scenarios resulting in anger could have been mitigated if the other party involved

reacted by talking in a calm way, avoiding eye contact and touch, and giving the person space and time to regain their composure.

Conclusion

The ability to help people with a learning disability manage stress and ultimately their anger is of pivotal importance to everybody in the person's circle of support, as well as the wider community. Individuals face many challenges, such as regulating emotions, awareness of their emotional state, difficulties with impulse control, and heightened levels of stress, which can further diminish their cognition. Understanding these challenges will strengthen our empathy for these individuals, but also change our perspective on such behaviours. Thus, instead of attributing the cause of the anger to the person we support, we need to contemplate and consider our role in the anger situation. Reflection, not only on our actions and behaviours, but also on our emotional state, is critical to insightful continuous development.

If you need help with crisis intervention, training, or clinical support, please do not hesitate to contact Studio 3. For more information about our services, visit www.studio3.org or contact us at admin@studio3.org.

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