

from simmering to explosive

Victoria Samuel and colleagues investigate the use of images of volcanoes in anger management programmes for people with learning disabilities. Implications for the use of metaphorical imageries in such programmes are also discussed



Anger is a subjective emotional state involving physiological arousal and cognitions of hostility which can precede aggressive behaviour (Novaco 1994). Angry feelings and poor anger control are commonly experienced by clients with learning disabilities (Smith *et al* 1996, Sigafoos *et al* 1994), particularly those referred to services (Walker and Cheseldine 1997, Williner *et al* 2002). The life circumstances of such people are characterised by limited social interaction, minority status, prejudice and minimal control – all factors that can trigger anger (Moore *et al* 1997, Clegg 1993). In particular, it has been noted that aspects of the environment in institutional settings tend to provoke feelings of frustration, helplessness and injustice (Taylor 2002) resulting in elevated rates of anger and aggression (Sigafoos *et al* 1994).

People with learning disabilities may also have difficulties in recognising, encoding, regulating and expressing emotion (McAlpine *et al* 1991) and this can exacerbate angry emotions. When their needs or grievances are disregarded, this can produce a vicious cycle of antagonistic behaviour (Holt 1994).

According to Novaco's (1975) anger management model, which has been widely adopted in the field, anger has three key components: physiological; behavioural and cognitive. Therapy addresses these components using relaxation, coping skills and cognitive restructuring (Williner *et al* 2002). Several studies have indicated the efficacy of this approach in group settings with people with learning disabilities (Benson *et al* 1986, Moore *et al* 1997, Rose *et al* 1996, Williner *et al* 2002).

The group

In response to a number of referrals involving clients who were experiencing difficulties in coping with anger and aggression, a ten-week anger management group was developed by the learning disability service for Plymouth Teaching Primary Care Trust. Using a cognitive behavioural therapy (CBT) framework, the aim of the group is to help clients to develop an enhanced awareness of the interrelation of thoughts, feelings, and bodily sensations, as well as an improved recognition of anger-provoking situations. Problem-solving skills, practical techniques for resolving conflict and relaxation are central to the programme content.

Following a review of a pilot group, it was decided that a visual

rating the intensity of angry feelings at assessment.

A need for a visual resource for use within group sessions was also identified. In the pilot group it was noted that clients struggled to articulate angry emotions verbally and it was felt that visual images might foster discussion and provide a common lexicon for the discussion of angry feelings.

The benefits of visual aids when working with clients with learning disabilities has been noted in the literature; visual imagery has been described as helping to prompt memory (Turk and Francis 1990) and make abstract concepts more concrete (Whitaker 2001), as well as promoting understanding and making group discussions less threatening (Burns *et al* 2003).

'visual images might foster discussion and provide a common lexicon for the discussion of angry feelings'

resource should be introduced in the future both for assessment purposes and as a visual aid for group members. Group facilitators had noticed that during the pilot group assessment clients had struggled to understand and respond to anger assessment scales that used graded semantic continuums (such as 'very', 'little', 'moderate' amount). Indeed, the literature suggests that multiple-choice questions about degree or frequency are problematic for people with learning disability and may lead to inaccurate reporting (Finlay and Lyons 2001). Wadsworth and Harper (1991) advocate representing questionnaire responses in pictorial form in order to increase group members' responsiveness and understanding. We therefore decided to develop a visual substitute for the semantic differential scale as a means of

Developing the visual scale

The aim was to develop a visual, continuous, graded scale representing levels of anger intensity. Initially, a colour scale (comparable to paint charts) was considered, however it proved difficult to adequately represent anger intensity using a smooth continuum of colours and it was felt that a more tangible image would be more accessible. An art psychotherapist in the team (Barry Damarell) was 'commissioned' to develop a five-stage pictorial sequence representing anger intensity.

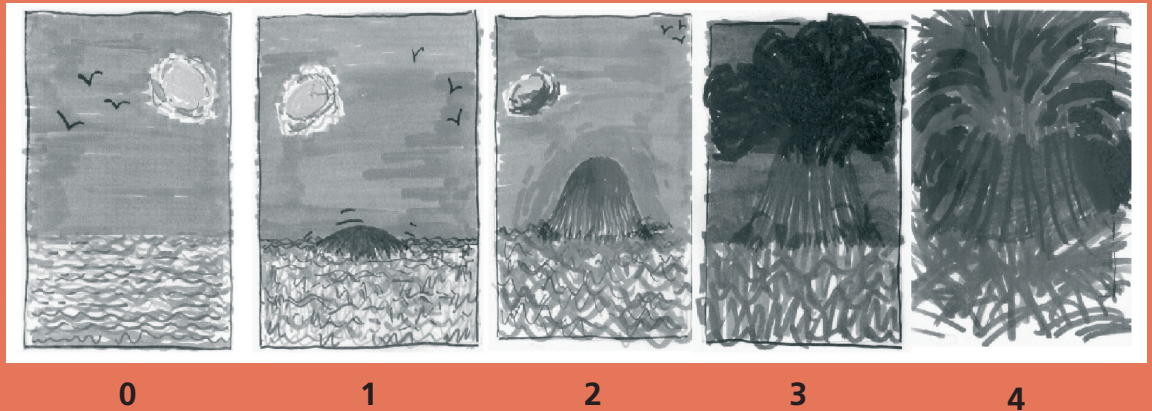
The art psychotherapist created a set of five images (drawn using coloured felt-tip pens) representing a volcano in graded stages of eruption, against a seascape backdrop (see figure 1). While the image design was constrained by certain practical constraints, for example to

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- violence

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Fig. 1. Volcanoes as metaphorical representations of anger



be of a certain number, size and of a graded continuum, the art psychotherapist described the creation of the images as a spontaneous and fluid process.

In the images, the initially calm sea scape is depicted as gradually changing as a volcano emerges from below the water, to the point of explosion in the final image.

'Volcanoes are frequently used to describe angry feelings due to isomorphic parallels'

In addition to developments in the volcano's eruption, additional change is represented by the sea state (from calm to choppy), the sun (turning from warm yellow to fiery red) and the birds (gradually flying away from the imminent explosion). In the final stages, there is also a change in the pictorial boundaries as the images become increasingly uncontained.

Barker (1996) refers to isomorphic elements of metaphors; the common, corresponding features between the metaphorical and the real-life scenario. Volcanoes are frequently used to describe angry feelings due to isomorphic parallels; the gradual building up of internal tension and pressure which culminates in an uncontrollable outward,

visual explosion. Examples of volcanic metaphorical reference can be seen in everyday conversation; 'ready to explode', 'blowing your top', 'letting off steam' and also in literature; 'but deep inside I could still feel the pressure building like a volcano, waiting to erupt from deep inside my soul' (Pelzer 1995).

Metaphors and therapy

Metaphors can be extremely valuable in therapy, helping to introduce different perspectives, redefine difficulties, explore meanings and suggest solutions to problems in a way which is engaging, memorable, and non-threatening (Linehan 1993, Barker 1996).

The volcano as a symbol of anger is salient in clinical settings. Wiener (1998) discusses the pertinence of volcanic imagery within psychotherapy, commenting on the tendency for patients to reflect on powerful internal angry feelings which have the potential for eruption with destructive consequences.

This analogy is captured in the book *Volcano in My Tummy: Helping children to handle anger, a resource for use in anger management* (Pudney and Whitehouse 1996). As a further example, in *Volcanoes: Recovery from rage* (Fairfield 1999), the volcano

metaphor is used throughout to illustrate the inner turmoil and incomprehensible explosions of emotion experienced by survivors of childhood trauma. The art psychotherapist's experience of working visually with people with learning disabilities indicated that the volcano metaphor is used by clients not only as a verbal referent, but also as pictorial representation for angry feelings.

Use of volcano image cards

The images (laminated to facilitate use within the group) were used both for assessment purposes and as an aid to teaching and client expression during the first running of the full-length anger management group. The ten-week group was facilitated by Darren Bleek, a community learning disability nurse (with CBT training), and two trainee clinical psychologists (Victoria Samuel and Becky Watkins). The group on which the images were piloted was composed of ten men with mild to moderate learning difficulties.

At pre and post group assessment, using an adapted Novaco Anger Inventory, the cards were used to rate anger levels expected in response to provoking situations in place of the standard 0-5 numerical scale. Clients readily and instinc-

tively used the images to reference anger intensity with minimum explanation. Within the group, the cards were used by clients at the beginning of each session to review anger levels over the course of the preceding week. The cards were also used to facilitate a range of cognitive behavioural based group exercises. For example, the images proved useful when highlighting graded physiological changes with increased anger levels. The cards were also valuable in delineating different types and extremes of anger, for example, picture 1 was used to refer to 'irritated', 2 as 'frustrated', 3 as 'angry' and 4 as 'furious'.

Over the course of the group's ten-week lifespan, a development in members' linguistic expression was evident. Using the images to support description, clients spontaneously referred to feeling: 'chilled out' (0); 'kind of edgy' (1) 'simmering' (2), 'fuming' (3) and 'explosive' (4). When reviewing the week, the cards seemed to facilitate disclosure and provided a focus of attention away from the client onto a common, shared image.

The ease of acceptance and adoption of the cards as a language for anger intensity was striking. The clients seemed to be immediately comfortable with the images and integrated them into their descriptive repertoire effortlessly and with enthusiasm. When reviewing the group in the final session, many of the clients commented on how useful they had found the images and it seemed that they were the one of the most memorable aspects of the group.

Implications

The use of visual imagery with clients with learning disabilities is not in itself unusual; line drawings

and symbols are often used to aid communication with people with learning disabilities and the use of imagery is clearly central to art therapy. It has been noted, however, that such simplified visual representations of emotion may be difficult for people with learning disabilities to understand due to their decontextualised and simplified nature (Matheson and Jahoda 2005). Without dynamic or temporal cues the client must rely on 'inferential, cognitively based capacities' (Moore *et al* 1995) which may result in inac-

curate identification of emotions.

Our experiences suggest specific additional, perhaps underestimated, roles for metaphorical imagery with people with learning disability. Metaphorical images introduce a dynamic representation to feelings which is often missing in pictures or photographs (Moore *et al* 1997). The dynamic and multi-element nature of the metaphorical images may result in easier and more instinctive identification with the emotion depicted.

Moreover, our observations

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suggest that by depersonalising anger through abstract imagery, clients may find it easy to refer to angry feelings; the volcanoes provide an acceptable medium through which a socially unacceptable emotion can be described.

Finally, the metaphorical images may be preferential to cartoon images as the latter may be considered age-inappropriate and potentially devaluing for adult clients.

Our initial experiences point to a number of uses for the metaphorical images in clinical practice. First, it should be noted that the metaphorical imagery can be integrated effectively within a cognitive behavioural

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therapy framework. Such a resource provides an accessible medium through which the interrelation of thoughts, feelings, behaviours and bodily sensations can be clearly described and safely expressed. Second, metaphorical imagery can be constructed in a scale format to

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represent graded levels of intensity of feelings. This type of scale may be used both to support discussion of emotional variation and as a replacement for standard numerical scales in association with measurement tools.

The extent to which such a simple resource proved to be so valuable, versatile and well received was striking. We are excited about the possibility of developing further visual continuum scales reflecting additional emotions such as depression and anxiety. We anticipate that these scales could be useful across a broad range of client groups and service contexts ■

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