

**Accounting for anger: A thematic analysis
of participants' understanding of anger
after undertaking anger management**

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Abstract

This study examined participant's accounts, understandings of and relationships with anger after having undertaken some form of participant-identified anger management intervention with an NHS or other service provider in the UK. Whilst previous research in this domain has produced many useful findings, these studies have been predominantly conducted from a positivist perspective. As such, in these studies, participant responses had been constrained via forced-choice questionnaire formats; their responses had been reduced to simple 'yes/no' or other quantitative measures and their ability to engage with the topic area in spontaneous, flexible, and ecologically valid ways had been curtailed. In positivist studies participants are not able to argue, debate or engage with the topic area in any meaningful way. As such, our knowledge of their experience and understanding of issues is limited by the methods used to gain that knowledge. In this study six semi-structured one-to-one interviews were conducted asking open questions, seeking to explore, amongst other issues, participants' relationship with anger. A social constructionist Thematic Analysis (Braun and Clarke, 2006) was conducted on the interview data. The thematic analysis yielded four superordinate themes and several subthemes. The superordinate themes were: Constructions of anger linked to perceptions of control in relationships; Constructions of anger linked to perceptions of trust in relationships; Constructions of anger linked to perceptions of emotional distress in relationships and Constructions of anger linked to perceptions of incongruence between relationship experiences. Overall, the four superordinate themes revealed how all the participants appeared to struggle with unproblematically articulating, verbally expressing their experiences of their anger, or indeed any form of emotional distress, as it occurs, in relation to themselves or other people. The findings suggest that undergoing anger management training or aiding per se, does not appear to help participants with being able to unproblematically appraise, articulate, or clarify these emotions. However, anger management may help in other domains. The findings are discussed in relation to policy, education, and health systems. Limitations of this study are also discussed. Suggestions for future research include moving away from realist thematic analysis methods and using more relativist critical psychology approaches, utilising various social media platforms, in research.

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The development and production of this thesis took shape in the context of:

- One hundred years since suffragettes gained legal vote for women in UK, which took over 30 years to implement
- #me too campaign, following disclosure of historical sexual abuse
- Times-up campaign, following protests associated with historical and current inequalities
- Global coronavirus Covid 19 pandemic

Personally, I want to give my heartfelt gratitude to all the participants who took part in this study; I am truly humbled by your resistance to oppression and in awe of your resilience.

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Chapter 1: Introduction

Famous quote

**“He who angers you conquers you”
(Elizabeth Kenny)**

This thesis is about anger. It is about who feels anger and how they feel it; how people experience it, account for it and tell us about it. This thesis is about how ordinary people, who have undergone an anger management intervention, understand, experience and talk about anger. This thesis was inspired by a desire to better understand and support individuals who are suffering with psychological and emotional distress. Notably, the issue of where to locate anger – in the individual, the environment or elsewhere, is an important one, not only for society but for humanity as a whole. Wars are started and ended because of anger. Relationships thrive or fail because of anger and human beings achieve incredible things or underachieve because of anger. We can live or die because of anger. Unsurprisingly, the study of anger has a long history. Kemp and Strongman (1995) have provided a useful synopsis on ancient and medieval views on anger, based upon writings. Aristotle suggested human-behaviour is associated with the interaction of psychological faculties, which he termed as: nutrition, appetite, sensation, imagination, memory and locomotion (Kemp et al., 1995). What are now referred to as emotions he referred to as the appetite, which he described as motivators (Kemp et al., 1995). Differences were viewed to exist between people regarding these motivators (emotions) and in susceptibility, as to whether the individual could override these emotions with ‘reason and will’ (Kemp et al., 1995). The stoic philosopher Seneca suggested that acts of will, both at the time of an anger-provoking incident or having occurred in a similar previous event, were more influential factors; the rational-mind should dominate and control decisions. According to Kemp et al. (1995), early western cultures appeared to view that people should not only control the expression of anger, in most situations, but also learn to master it and other emotions too. Writings gave advice on managing one's own anger such as self-monitoring one's ‘bad habits’ and how to deal with ‘angry’ others, recommending seeking help from a philosopher, much like someone would seek help for a physical ailment from a medical doctor (Kemp et al., 1995). Many medieval books gave practical advice, emphasising the ‘evils of anger’ and the virtues of ‘temperance’ (Kemp et al., 1995).

According to Stearns (1992), in Victorian Britain, the display of 'anger' by women was viewed as unfeminine and in stark contrast with what was socially acceptable behaviour for females and against family life. However, for men, anger was viewed necessary in giving them the edge in business and politics (Stearns, 1992). Child-rearing practices were affected too; girls were encouraged to be placid, whilst boys were encouraged to channel anger, for example, through boxing (Stearns, 1992). Although men were expected to control their anger, if they never became angry then this was viewed as 'wimpish' (Stearns, 1992).

Based on the writings shown above (Kemp et al., 1995), it appears that historically studies located 'anger' within individuals. What about present-day viewpoints? According to Wikipedia, 'the emotion anger, also known as wrath or rage, is an intense emotional state. It involves a strong uncomfortable and hostile response to a perceived provocation, hurt or threat' (Videbeck, 2006). Importantly, although many different loci are available, the most fundamental difference between locating psychological phenomena such as anger appears to come down to just two – internally or externally, to the individual. In turn, this has enormous implications for people and for societies.

Modern Western societies have a tendency of locating anger within individuals. Indeed, most explanations for human behaviour are located internally to the individual, such as the study of personality, traits, motivations, emotions e.g. individual psychology. This view has many important implications, most notably, and related to this present thesis, the location of 'remedies' for anger within individuals. Most, if not all, appear to be predominantly located internally to the individual - the person is the primary site of behaviour (according to the so-called 'psy-sciences' of Psychology, Psychiatry and allied disciplines, such as counselling and psychotherapy). This can be easily illustrated by the proliferation of 'anger management' groups. All the major structural systems in Western countries, such as legal, health, policy, educational and NGO (non-government organisations) and charity sectors have adopted an internalistic, individualistic approach to human behaviour. Especially, in relation to anger and anger management (e.g. Henwood, Chou and Browne, 2015; Bahrami, Mazaheri and Hasanzadeh, 2016; Howells, Day, Williamson, Budner and Jauncey, 2005). Over the past few decades psychiatric terminology has become prevalent in health and legal systems. Various types of 'personality disorders' had been identified, such as 'emotionally unstable personality disorder' otherwise known as 'borderline personality disorder'. This individualistic approach suggests

that the 'remedies' or the rehabilitation of anger should be of the individual and where it is predominantly viewed as atypical, faulty – as something to be fixed, remedied and rehabilitated.

This study focuses on ordinary (laypeople) people's understanding of just some of these issues after having undergone some form of anger management intervention. The study's aim was to make visible varied perspectives in rich, uniquely meaningful data, collected after participant-identified anger management work. In offering an inductive, participant-led and participant-focused framework, through its use of Thematic Analysis (Braun & Clarke, 2006), the present study aligns with aspects of Counselling Psychology and qualitative research methodologies that usually draw researchers to these methods due to their emancipatory, non-pathologizing and anti-oppressive strands. What all these perspectives have in common is their focus on how the positivist framework maintains and perpetuates inequality in modern Western societies (e.g. exclusion from accessing healthcare) and how social injustice may be achieved for individuals from marginalised sections of society (e.g. females, minority ethnic, socio-economically disadvantaged/deprived/impooverished).

Within the positivist perspective, the phenomenon anger, just like other psychological phenomena, is predominantly conceptualized as a unitary self-contained, discrete, and easily understood phenomenon (Guba and Lincoln, 1994). Although this perspective has produced a great deal of useful knowledge about 'anger', it also has several limitations. Critical perspectives, of which there are many, and which qualitative methods are designed to counter, are critical of aspects of positivism. From a critical standpoint, anger can and should be conceptualized in multiple, pluralistic, and diverse ways. The phenomenon anger can be conceptualized in an infinite number of ways and may mean many different things to different people. The present study seeks to explore this complexity, diversity and pluralism in the concept anger, not from a deductive, positivist perspective, with its rigid inclusion and exclusion conceptual criteria, as to what counts as data/knowledge, but through a subjectively focused 'lived experience', meaning-making (Riessman, 2008; Douglas, 2010) perspective. It explores how human beings make sense of themselves, other people and anger experiences in their own words.

1.1 Theoretical/conceptual frameworks for how people understand anger

Researching any topic associated with human experience necessitates the explication of conceptual frameworks. A research paradigm is the basic belief system or worldview which

guides a researcher in fundamental ontological (ideas about the nature of the world) and epistemological (nature of knowledge) ways, along with choice of enquiry methodology (Guba et al., 1994).

1.2 The positivist paradigm in psychological and psychology-aligned domains

NHS mental health services are funded, and practice/research based on the individualistic (individual-centred, where the individual is viewed as the site or repository for all the concepts that cause, enable or guide behaviour), medicalised (i.e. the 'medical model' is based on an individualistic view of the human body, health and illness) view and language of psychiatric disorders, pathologizing emotional distress as abnormality; something 'disordered' within the individual (Guba et al., 1994). This positivist ontological and epistemological viewpoint assumes that one true reality exists independently of our perception and description of it (Guba et al., 1994) and therefore, is reasonably unproblematically knowable. Several important assumptions guide this worldview. Notions of unproblematic objectivity, for example, suggest that the researcher and the participant are independent of each other and that by controlling variables the researcher can study the participant without influencing or being influenced by the social context. Key aspects of these research endeavours include reliability, validity, replicability, generalisability, control and rigour. This type of research uses the hypothetico-deductive method (laboratory experiments) to examine the phenomena of interest to the researcher, most often located within individuals. In order to do this, these phenomena are operationalized via tests, such as validated psychometric tools of IQ tests or other standardised questionnaires, which aim to quantify various phenomena. The assumption being that statistical analyses is appropriate to study social behaviour.

More recently, the positivist paradigm has undergone some extensions and modifications. What has been termed the post-positivist position provides some additional assumptions to the positivist perspective. Specifically, a reality exists independently of our perception of it is still an important assumption within this framework, but due to cognitive and physiological structural deficiencies in human beings, along with the uncontrollability of phenomena, it is assumed that understanding reality can never be exact or perfect (Guba et al., 1994). However, despite modifications that take account for the 'social context' or environment, objectivity has remained the gold standard of this scientific research and this objectivity is tested against and protected

by an evidence base overseen by supposedly objective professional peers (Guba et al., 1994). In other words, knowledge gained from the research endeavours in a post-positivist framework is still objective, neutral, unpartisan and bias-free. The 'gold-standard' research methodology is the randomised controlled trial (RCT), in which the researcher artificially manipulates and controls variables in a rigid, metaphorical laboratory-like experiment of human experience. This sort of research aims to develop general laws, theories which are broadly applicable to everyone. Reductionist, quantitative methodology (statistical analyses) is used to study social behaviour which seeks to reduce the complexity of social phenomena to key components and underlying mechanisms. An assumption of positivist experimental social psychology is that social behaviour is determined (determinism) by pre-existing causes which can be identified, such as the relatively simplistic reductionism 'attitude causes racism'.

Notably, 'anger management' groupwork in prisons was based initially upon Raymond Novaco's (1986) work on the anger. According to Novaco (1994), anger is a subjective emotional state involving both cognitive and physiological activity but is related to environmental circumstances. Novaco states (1994) that for an individual to become angry some event triggers patterns of cognitive and physiological arousal. Often this trigger is in the individual's perception of the actions or words of another (Novaco, 1986). According to Novaco (1994), the physiological processes associated with anger are increased autonomic nervous system activity, such as muscular tension, perspiration, increased heart rate and rise in body temperature. The cognitive processes involved are complex, beginning with the person labelling this emotion as anger. According to Novaco and Welsh (1989), labelling of this emotional state is a function of the person's system of beliefs or schemas. These beliefs or schemas can speed up information processing, however increased speed can also lead to erroneous biased judgments (Novaco et al., 1989). From Novaco's descriptions, it appears that 'anger' is viewed as a complex, inter-subjective phenomenon; to attempt to operationalise anger for use in any top-down, psychometric measure is likely associated with an individualistic perspective to complex, inter-subjective social behaviour, which ignores, and deflects attention away, from the wider contexts in which human behaviour occurs (i.e. reductionist, deterministic).

According to Leahy, Tirch and Napolitano, (2011), anger, like anxiety, is a set of processes, no one of which is enough to discreetly call an experience emotion. However, over recent decades there has been a number of studies (e.g. Henwood, Chou and Browne, 2015)

on the use of anger management programs in prisons with the aims and objectives of 'remedying', or 'rehabilitating' people to societal norms; thus making economic savings by reducing the strain on the legal systems and also, reducing aggressive behaviours that may lead to property damage and human damage with its associated strain on the health services. Some individuals are coerced to attend anger management sessions as part of their 'rehabilitation' in secure mental health services (e.g. Wilson, Gandolfi, Dudley, Thomas, Tapp and Moore, 2013) or other services, following domestic-violence, criminal charges heard in court. According to Howells et al. (2005), anger management interventions with offenders, particularly violent offenders, are a common form of 'rehabilitative' activity. Howells et al. (2005) suggests that the rationale for addressing 'anger problems' is clear-cut and that there is good evidence that anger management can be effective with some client populations. This may well be so, however the 'knowledge' attained was constrained by the (quantitative) methods used to attain that 'knowledge'. It tells us little about how people who have undertaken an 'anger management' intervention account for, understand and relate to the phenomenon anger after these interventions.

Henwood et al. (2015) conducted a meta-analysis and review of the effectiveness of CBT informed 'anger management' and suggested that 'anger management' appeared to be effective in reducing the risk of recidivism, especially violent recidivism amongst adult male offenders. Importantly, such quantitative studies, whilst useful, divert attention from the wider contexts in which human behaviours occur. Variables such as socio-economic, cultural, gender, amongst others, are ignored and attention is diverted away. The positivist quantitative methods utilised in such studies constrain the so-called 'knowledge' attained. Complex, social behaviour has been reduced to numbers, which does not offer any meaningful information on how the participants of anger management interventions, understand, account for and orientate towards the construct anger, following an intervention. The previously mentioned research, whilst useful in many ways, does not explore the perspectives of the individuals who have undergone these interventions, in any meaningful way. In a diverse, multi-cultural society (i.e. many people are non-white, non-male, non-middle-class), perspectives, understandings and meanings in relation to the construct anger will be different for each participant after any intervention.

In view of the proliferation of 'anger management' in health care systems, for example Naeem, Clark & Kingdon (2010) conducted a post-positivist, gold-standard RCT of a CBT-

based anger management programme, as part of an NHS CBT service, to assess effectiveness of the group intervention. Various top-down, researcher-biased, validated psychometric measures (NAS, STAXI, EBS, HAD, CORE) were used to assess effectiveness of this intervention. According to the results (Naeem et al. 2010), significant improvement on all the measures, apart from anxiety and depression (HAD), was evidenced in comparison with the waiting list (control) group. Interestingly and as noted by the researchers (Naeem et al., 2010), due to high drop-out rates and non-responders, it was not possible to carry out analyses at six months follow-up, which begs the question was it effective at all and if so, what at? Importantly, the study does not offer insight into participants perspectives. It does not reveal how participants constructed meaning or not, about themselves, other people and experiences, following group anger management. Collecting quantitative measures does not offer participants' unique understanding of their emotional distress, following such an intervention. Seeking to reduce complex social behaviour to numbers is surely meaningless. Importantly, this present research argues that the relational, inter-subjective phenomenon anger cannot be operationalised, measured, controlled, or just got rid of, as perhaps the aforementioned RCT (i.e. Naeem et al., 2010) and its measures aim to suggest. Attempting to simplify a complex, inter-subjective, abstract construct such as anger, by putting this construct into reductionist categories in a so-called validated tick-box, for the purpose of illustrating it works and hitting targets to enable further funding, is surely unethical. However, this is a current requirement placed on services by government policies. The positivist language of the systems of power in society acts as social policing which maintains the status quo of inequality and social injustice for many. Attempting to quantify a complex, inter-subjective phenomenon such as anger, or indeed any other 'emotion' concept is questionable, if not invalid. Importantly, academic and psychotherapeutic counselling work does not take place in a vacuum, devoid of clinical guidelines; rather, counselling psychologists must bear the tension of working in an environment controlled by positivist, individualistic, internalistic beliefs, values and assumptions, which control mental health research and practice.

There exists a wealth of positivist research which has sought to locate emotional, relational distress (of which 'anger' is often associated) within the individual, a 'disorder', along with connotations of binarized right/wrong, negative/positive and good/bad idealized ways of thinking, feeling and behaving. Indeed, much has been written from the privileged position of

psychology in which an individualistic perspective has been taken and contextual factors have been ignored. For example, in 2004, Del Vecchio and O'Leary conducted a meta-analytic review on the effects of treatment on various aspects of 'anger', updating a previous meta-analysis with far more available data. According to the results, the 23 studies analysed (taken from the original 111, but 78 were excluded for not meeting inclusion criteria), which used one or more of four therapies (cognitive therapy, cognitive behaviour therapy, relaxation therapy and other types of therapy), the use of these therapies for the treatment of various 'anger problems' was supported (Del Vecchio et al., 2004). Importantly, 73% of the studies used college students as participants, so, as the authors note (Del Vecchio et al., 2004) the results may not be generalisable to other populations. Furthermore, it was noted (Del Vecchio et al., 2004) that a large proportion of the studies were conducted by the same researchers, suggesting that bias may have played a part in the favouring of the therapies used. This research (Del Vecchio et al., 2004) may have been useful in many ways however it does not make visible participants perspectives, their understandings of their 'anger problems'. All research and 'knowledge' attained is constrained by the methods used, which are moulded, shaped by the beliefs, values and assumptions of the researchers.

Hoffman, Asnaani, Vonk, Sawyer and Fang (2014) conducted a meta-analysis (a statistical analysis that combines the results of multiple quantitative studies) examining the efficacy of CBT for various 'problems', one of which being described as 'anger control problems'. Importantly, they noted (Hoffman et al., 2014) that there are no meta-analytic studies based on ethnic minorities or low-income sample groups. The 'knowledge' attained will have been constrained by the methods used (reductionist, individualistic) which are based on the conceptual accounts, understandings, beliefs, assumptions and values of the researchers (i.e. confirmation bias).

The current so-called evidence-base appears to be constituted by a lack of non-positivist research in actual clinical practice, apart from based on specific populations such as in forensic settings, drug-users, at risk of domestic violence/child abuse, or learning disabilities. For example, MacMahon, Kroese, Jahoda, Stimpson, Rose, Rose, Townson, Hood and Willner (2015) assessed the views of participants (people with intellectual disabilities) following CBT group anger management. Interpretative Phenomenological Analysis (IPA) of the interview transcripts suggested (MacMahon et al., 2015) that the intervention was experienced as

enjoyable and effective. Various themes were identified, such as: 'the importance of relationships' and 'a new me', as well as 'what the group did not change' (MacMahon et al., 2015). This sort of meaning-making research could be useful for improving services and is indicative of more ethical, meaningful research. However, as previously mentioned, paradoxically this highlights the lack of qualitative research in actual clinical practice, apart from based on specific populations (similarly highlighted by Laughlin and Warner, (2005)). Unfortunately, this reinforces the positivist, medicalised discourse that describes complex, inter-subjective distress, in which anger or indeed rage is often seen as part of the picture, as pathological, internal to the individual and in need of controlling by society (i.e. anger management). These meta-narratives of pathology divert attention away from contextual factors such political, social and economic, as well as variables such as class, gender and race (Strawbridge et al., 2010). Crucially, these pathologizing methods for research and practice constrain the 'knowledge' that is attained, which may maintain inequality and social injustice for many individuals from marginalised sections in society (e.g. females, ethnic minorities, impoverished backgrounds).

Of the research identified in the database PsychInfo in relation to 'anger management', the overwhelming majority appeared to conceptualise and operationalise the phenomenon anger from the individualistic perspective of pathology. For example, Sturgeon, Tyler and Gannon (2018) focused on a review of the work conducted to facilitate the 'rehabilitation of patients' in high secure hospitals, which identified ten focuses of group work intervention, one of which being 'anger and aggression'. Whilst useful, it does not make visible varied perspectives in rich, uniquely meaningful data, collected after participant-identified anger management work. It does not offer alternative 'knowledge' about how participants understand, account for, discuss and make sense of the phenomenon anger associated with their emotional distress, following the intervention. The research (Sturgeon et al., 2018), whilst likely well-intentioned, frames 'anger' as something that is dysfunctional, something faulty within the individual and fitting with Western society's normalised dominant discourse of oppression, associated with some idealized viewpoint on how people are supposed to think, feel and behave. Notably, some researchers (e.g. Tibubos, Pott, Schnell and Rohrmann, 2014) do seem to recognise and acknowledge that the operationalization of 'anger' would seem a predetermining factor in the so-called results, however little change appears to have occurred.

All human beings will conceptualize anger, anxiety and other 'emotion' experiences differently. Everyone will have a unique understanding and relationship with these constructs. Within the NHS, nomothetic terminology is used to make a referral to services for help; without a diagnostic label, such as 'clinical depression' or 'emotionally unstable personality disorder' (adults), mental health services are difficult to access. So, what happens to adults who are struggling to manage their emotional distress, of which 'anger' is perceived by them, to be associated? Where can they access support? Do they want to get support and if not, why not? IAPT (Increasing Access to Psychological Therapies), Marriage counselling, Relate, Mind, Refuge, Respect (UK organisation working with male perpetrators, male victims and young people affected by domestic violence) and private counselling may well offer suitable, invaluable help for some. There will be others for whom the slightest consideration of seeking support would be completely out of the question, likely associated with historically normalised discourse which stigmatises psychological distress. How could they or indeed why would they consider seeking help from those, likely perceived of as being part of the power inequalities contributing to and maintaining their struggles in life. Interestingly, according to Greenberg (2002), sometimes 'anger' may be viewed as a secondary emotion, one which hides or suppresses an underlying primary emotion, such as fear of being hurt. Unfortunately, it appears that 'anger' only becomes an important issue, an issue that the government/society view does need to be addressed, if it leads to aggression (Averill, 1983).

Whilst de Angelis (2003) notes that anger can be constructive, empowering and motivating, historically anger has been conceptualised and perceived as a destructive emotion whereby people may potentially cause devastating harm to themselves and others (Deffenbacher, Story, Stark, Hogg & Brandon, 1996). Tate, Coll and Mary (2009) suggested that destructive responses associated with anger present an increasing problem in society. This was the espoused politicised view of the UK government, which is still frequently focused on, over-simplified, taken out of any social context and sensationalised in the (politicised) media. This likely leads to an understandably feared response by the general public, which in turn is responded to with oppressive policies heralded as keeping the public safe (e.g. anger management). It is suggested such policies are concerned with maintaining political power and social control, which may maintain inequality and social injustice for many individuals from marginalised sections in society (i.e. working class, females, non-binary, transgender, ethnic

minorities).

In the studies mentioned above, participant responses had been predominantly constrained via forced-choice questionnaire formats; their responses had been reduced to simple 'yes/no' or other quantitative measures and their ability to engage with the topic area in spontaneous, flexible and ecologically valid ways had been curtailed. Participants were not able to argue, debate or engage with the topic area in any meaningful way. As such, 'knowledge' of their experience and understanding of issues was limited by the methods used to gain that knowledge.

1.3 Limitations of positivist enquiry in psychological and psychology-aligned domains

Whilst positivist and post-positivist research frameworks have generated much useful knowledge about the world, as highlighted above, they are not without their limitations. Critiquing this perspective, hypothetico-deductive, researcher-biased methods are inflexible and limiting when seeking to understand human behaviour and their complex relationships with their own functioning, that of others and the world around them (Guba et al., 2002). It is not possible to study human beings' social behaviour objectively, as social factors clearly influence the types of research conducted and the knowledge produced (Guba et al., 2002). Seeking to provide an objective description of people and their complex functioning, by quantifying it, has been argued by many to be a meaningless activity (Guba et al., 2002). Reductionism and individualism ignore the wider context in which social behaviour occurs. Language is intimately and inextricably bound with action, shapes our lives and produces subjectivity (i.e. roles and identities). According to some perspectives, discourse (language) produces rather than reflects reality and 'meaning' is produced between people through social interaction.

1.4 Qualitative research on how people understand their own anger

In response to the limitations of positivist and post-positivist research highlighted above, several perspectives, all within the 'critical' vein (they are critical of various aspects of the positivist perspective) have sought to produce 'better' knowledge about anger. Critical theory (an umbrella term used to encompass positions as varied as feminist, Marxist and some qualitative methods such as discourse analysis) focuses on a more flexible, humanistic and meaningful enquiry paradigm. These positions, in various ways, take issue with the ontological

and epistemological assumptions of positivism. Here, the primary notion is that reality does not exist independently of our perception and descriptions of it (Guba et al., 1994). Within this perspective, the assumptions about our knowledge of anger are both culture and time specific. A malleable reality is shaped by social, political, cultural, economic, gender, ethnic and other factors, over time (Guba et al., 1994). These abstract realities can then be made concrete verbal constructs, via repeated verbal assertions (reification) and as Guba et al. (1994) state, perhaps inadvisably at times, they are taken as reality, which may be an important consideration particularly in view of the proliferation in anger management interventions in health services. From a critical frame of reference, it is assumed that the researcher and the participant are interactively linked, and the research is value-mediated as inevitably the researcher's values will influence the research (Guba et al., 1994).

Relativism is the frame of reference that there is no absolute (one) referent for human beliefs, human behaviours and ethics (Guba et al., 1994). Relativists claim that human beings understand and evaluate beliefs and behaviours only in terms of their historical or cultural context (Guba et al., 1994). The theoretical frameworks involved in this position all acknowledge, in some way, a 'bottom-up' or, inductive aspect to knowledge generation. Here, 'reality' is constructed out of culturally specific linguistic and perceptual resources. In turn, this suggests that there are multiple views; reality and knowledge is socially constructed, and that this knowledge cannot be understood without understanding the meaning people attribute to that knowledge (Illingworth, 2006). This perspective suggests human behaviour cannot be meaningfully comprehended if viewed in isolation from its context and environment; rather it may be better explored and understood as it occurs in context and relationships (Thomas and Segal, 2006). A social constructionist viewpoint would be that all making of actual meaning is socially constructed, including so-called psychopathology (Thomas et al., 2006). The evolution of cognitive and physiological structures through human development has played and continue to play a crucial role in how people make sense of and understand themselves and their world (Thomas et al., 2006). Instead of viewing individual's emotional distress as manifestations of internal pathologies, social-constructionists may approach these difficulties as meaning-making which is unhelpful (Thomas et al., 2006). A social-constructionist worldview purports the use of methods such as Discourse Analysis. Dialogue, such as from interviews or in books, is analysed to investigate the action orientation of language, or what cultures or individuals accomplish

through language. Far more is going on than simply the transfer of information when people communicate with each other (Thomas et al., 2006).

Over recent decades, British, other European and U.S. academics, from various disciplines, have looked towards narrative as the principle of organisation for human behaviour (Riessman, 1993). Notably, according to the French postmodernist Foucault (1991), power is constituted through accepted, normalised forms of discourse, scientific understanding, knowledge, and 'truth'. Rather than viewing the concept of power as an instrument of coercion associated with the structures in society in which actors operate, Foucault (1998) described power as diffused and embodied in discourse, present throughout society, which is in constant flux and negotiation. Postmodern feminist research has been important in illustrating how power relations are reproduced through the construction of personal identities. According to Lengermann and Niebrugge (2010), feminism encompasses a range of social movements, political movements and ideologies that aim to define, establish and achieve the economic, personal, political and social equality of the sexes. Feminist theorizing (Mann, 2012) can involve an openness to different perspectives and reflexivity, a critical stance, that is political and aimed at social change. This entails recognising how power relations are associated with restrictions on women and girls that are related to social norms, the knowledge that is thus regarded as legitimised, and the regulations imposed via legal systems (Radtke, 2017). Within psychology, feminist theorizing seeks to explain the lives of people marginalised by virtue of their identification with categories i.e. sex, gender, age, ethnicity..., with the aim to make visible varied perspectives (Radtke, 2017). Feminist psychology critiques historical psychological research as conducted from a male perspective with the view that male conceptualizations are the norm. Eagly and Wood (2012) highlight that some approaches to research start from a position of a presumed internalised gendered identity (i.e. positivist) associated with the gendered division of labour in society, which assumes fixed, measurable personal cognitions, attributes, personality traits. Whereas feminist, critical approaches suggest that gender is fluid and performed, and view gender identity as a flexible subject position which is responsive to the social context (Radtke, 2017).

Counselling Psychology, as a discipline, arose as an approach to helping people, which proposed an alternative to prevailing approaches (Strawbridge and Woolfe, 2010). According to Strawbridge et al. (2010), central to counselling psychology is seeking to understand the

subjective worlds of selves and others with a focus to ground the practice of psychology in humanistic values. An implicit epistemology, postmodern in character, underlies the generation of knowledge through practice (Strawbridge et al., 2010). This assumes no foundation exists for establishing unquestionable truth (Strawbridge et al., 2010). Rather than logically integrated systems, bodies of knowledge consist of little narratives or fragments of understanding (Strawbridge et al., 2010). These little narratives are constructed in cultures; knowledge is tested by its usefulness (Strawbridge et al., (2010). Counselling psychology encompasses a range of approaches to the study of human beings including social constructionism, discourse analysis, narrative analysis, deconstruction, and critical psychology (Strawbridge et al., 2010). Counselling psychology's ethos is one of a resistance to align itself with one single model of therapy, which signifies a rejection of the prevailing model of scientific rationality; a meta-narrative (Strawbridge et al., 2010). Its ethos appreciates and values difference, diversity, expressed in the little narratives of individual lives; whilst also recognising the influential power of ideologies and its intention to empower, it may contribute to challenging various forms of oppression (Strawbridge et al., 2010). Whilst skills and competencies are important, helpful therapy requires a depth of thinking and human response that is not reducible to formulaic prescriptions (Strawbridge et al., 2010). What is crucial is the capacity to form collaborative therapeutic relationships, with a commitment to broader understanding of psychological theories, ethical and socio-political awareness and a dedication to inquiry and reflective practice (Strawbridge, 2010).

Defining counselling psychology as subsumed in health care reinforces and reproduces the narratives which medicalize psychological distress (Strawbridge et al., 2010). Whilst various diagnoses may be beneficial in the sense of de-stigmatization of people's suffering, as previously mentioned, covertly these terms may have a political function; by focusing on the internal state of people, the problem is located within the individual i.e. depression (Strawbridge, 2010). In turn, this deflects from the wider political and social issues. These meta-narratives of pathology ignore contextual factors such as social, political and economic, as well as variables such as class, gender and race (Strawbridge et al., 2010). Crucially, counselling psychology's philosophy and values emphasize the importance of enhancing self-determination which is in stark contrast with the powerful cultural assumptions attached when diagnosed as being ill i.e. patients with limited personal resources who need professional guidance (Strawbridge et al.,

2010).

Importantly, how a client of therapy services makes sense of a classification diagnosis of 'disorder' is frequently a disregarded variable in the separation of pathology (scientific) discourse from unique narrative understandings (Douglas, 2010). Some individuals may view a diagnosis as a means of externalizing a problem, enabling the client and therapist to work collaboratively to find a more comfortable, empowering way of living, whilst others may view a diagnosis as compromising their identity; thus, a diagnosis may be experienced as stigmatizing and socially detrimental (Douglas, 2010). Barbara Douglas' (2010) assessment of the likely formation in scientific discourse of the diagnosis 'borderline personality disorder', suggests that conceptualization of the 'borderline patient' perhaps replaced earlier conceptualizations of the 'lunatic', along with this concept's similarly detrimental assumption of life-course potential of hopeless chronicity (Douglas, 2010). Alternatively, a critical approach (Douglas, 2010) may view personality as fluid, intersubjective and embedded in a relationship. Recent psychological approaches (discussed later) have adopted a life-course perspective in which problems of psychological development, in the context of abuse, neglect or other traumatic childhood events, are viewed to trigger disturbances of identity (Douglas, 2010).

The idea that therapeutic practice should be informed by evidence of its effectiveness seems like a sensible, trustworthy policy. However, the positivist scientist-practitioner model and approach to evidence is quite different to that of a reflective-practitioner and practice-based evidence (Corrie, 2010). As Corrie (2010) points out, evidence used to be accumulated, applied, and owned by people who sought to enhance their knowledge; currently this knowledge is the property of various stakeholders (i.e. service managers and funding bodies). Hence, viewed from this framework, evidence-based practice is a social phenomenon, rather than a science (Corrie, 2010). Importantly, as suggested by Lane and Corrie (2006), how evidence is defined and who gets to define it has consequences for the notion of best practice, creating winners and losers. Corrie argues (2010) that clients are not passive recipients of evidence associated with best-practice approaches to therapy. They interpret it and use it to make decisions about what they need and hence are affected by the political marketability of science (Corrie, 2010). From a counselling psychology perspective (Corrie, 2010), it is the phenomenology of client's difficulties which enables therapists to make specific idiosyncratic formulations; to identify meaningful hypotheses about psychological problems and using the results of these

investigations to inform theoretical and practice-based interventions. Douglas (2010) highlights, as a professional body seeking to retain alignment with its humanistic ethos and values, counselling psychology uses a broad range of models, theories and methods to prevent imposing restrictions based on 'gold standard' politically espoused empirical evidence, which may be ineffective or in some cases, may be damaging.

Importantly, Davy (2010) notes that language is not a transparent medium through which 'truth', the 'facts' of clinical experiences can be objectively conveyed from writer to reader. Therapists case notes and authors of other text tend to write more about various aspects of an interaction, an encounter, than others, editing out that which does not fit with their public story of their reality (Davy, 2010). Furthermore, Davy (2010) points out that authors of text cannot control the interpretations made or foresee all possible readings. Texts do not just originate from authors intentions but also from the cultural and discursive social environment, along with the connotations and history of the language in which they are written and their relationships with other texts (Davy, 2010). Texts can be interpreted in an infinite number of ways. Texts and readers provide scaffolding for each other to achieve new meanings in a recursive process. The potential limits of the new meaning will be influenced dynamically by both reader and text, and the fit between them (Davy, 2010). In therapy, therapists support clients to expand their range of meanings about their lives (Davy, 2010). Counselling psychology argues for practice-based evidence (Davy, 2010), unique to collaborative therapeutic relationships between clients and therapists, as opposed to evidence-based practice which pre-scribes, pathologizes and disempowers. Interactions in which individuals are given space, are enabled, empowered to recursively, iteratively narrate their story, in different, more helpful ways; this may be liberating to both client and therapist. New interpretations of others' interpretations evolve in a never-ending recursive loop of discovery in which people make more helpful sense of themselves, other people and life experiences (Davy, 2010).

Relational models of counselling practice are grounded in assumptions about the development of intersubjectivity and how human beings come to conceptualize, understand the existence of mental states in themselves and in other people. Counselling psychologists using psychodynamic approaches have focused research on attachment theory (Bowlby, 1988) and mental representation (Fonagy and Target, 1996a). According to Rizq (2010), crucial to the evolution of a child's ability to understand and regulate their own feelings and their ability to

empathise with other people, is the quality, status and consistency of the carer's emotional attunement to and containment of the young infant's affective state. Attachment theory (Bowlby, 1988) suggests that individuals internalize working models, a framework of conceptualization of relationships with themselves and others, in early life relationships. According to a psychodynamic object-relations perspective, a new-born baby is bombarded by internal and external experiences. Infants split perceived comfortable, pleasurable experiences and uncomfortable, painful experiences, keeping them separate in their internal/external world (Klein, 1940; Waddell, 2002). The infant gets rid of, disowns, projects uncomfortable, painful experiences, onto their internalised other-objects (other people) and takes in, introjects comfortable, pleasurable experiences, as parts of self-objects, in a state of narcissistic-omnipotence to experience a sense of safety, coherence and invulnerability (Steiner, 2011). Over time, carer's adequate sensitivity to, empathising-with (identifying-with), mirroring, holding, containing of their infant's communications of body/mind distress, with help from other carer-objects, may enable the infant to take-back their own projections, uncomfortable body/mind-experiences (Garland, 1998; Waddell, 2002). The growing child may make sense of themselves, other people and life experiences in more helpful ways.

As previously mentioned, recent psychological approaches have adopted a life-course perspective in which problems of psychological development, in the context of abuse, neglect or other traumatic childhood events, are viewed to trigger disturbances of identity (Douglas, 2010). According to Jordan (2010), having an attachment orientation can be a crucial springboard for therapeutic work when working with survivors of abuse, in collaboratively seeking to understand how the abuse had come to take place and in what ways its effects have impacted. Most abuse occurs in the context of relationships, therefore having a deep understanding of how early relationships or attachments are formed and disrupted may be invaluable to the therapeutic work (Jordan, 2010). As suggested by Gerhardt (2010), although human beings develop in a social world, in relationships, it seems that normalised culturally dominant discourses value wealth, power, possession of material-objects and social-status, above human-relationships. Such narratives may negate the need to empathise with, identify with and accept psychological, emotional distress of which anxiety, vulnerability, anger/rage are associated, as part of normalised experiences of selves and others. Perhaps, adults who have had to ignore, negate, repress their own early life relationship experiences of distress,

narrativized as panic, anxiety, anger, rage and confusion, as a vulnerable, powerless, ineffectual child, in early-life relationships, likely identify-with, on some level, other people's communications of distress. They may make sense of themselves, child/adult (other) and their own evoked experiences of distress with narratives of rudeness, badness, madness, psychoanalytic-resistance, lack of self-control, emotional dysregulation and blame the child/adult/selves, or the parents. Carers, teachers, and others, likely having experienced chronic distress in early-life relationships themselves, may ignore the child/other completely, place them on the naughty-step, send them to an isolation-room at school, or by other more oppressive means. Perhaps, this re-enacts child's and their own early-life relationship experiences, reinforcing the child's sense of self as 'weak', 'abnormal', 'mad' or 'bad', others as untrustworthy, empathically unresponsive and the world as a dangerous place. Notably, from a critical perspective, peoples' ways of understanding our social world change over time; according to historical and cultural location (culture and time specific).

Studies that have examined the limitations of positivist research in the domain of emotionality and distress (often associated with the concept anger) have done this using various means. For example, Gonzalez-Prendes and Thomas (2011) looked at the relationship between powerlessness and anger in African American women. The qualitative research findings (Gonzalez-Prendes et al., 2011) suggest that these women experienced restricted access to empowering resources, such as employment status, income, and education. According to Gonzalez-Prendes et al. (2011), gender socialization influenced the ways they expressed anger, in that it was viewed as unfeminine or a sign of weakness or a threat to relationships, so anger was unexpressed or diverted away by another means, thus increasing the risk of unhelpful behaviours and potentially detrimental consequences for health. Similar power-inequality experiences are likely for many individuals from marginalised sections in society in Britain today. Worryingly, the intersection between being non-'British', non-white, non-male and non-middle-class, seems to highlight an ever-widening area devoid of any meaningful clinical guidelines at all.

Notably, Kruger, van Straaten, Taylor, Lourens and Dukas (2014) suggest that the diagnosis of 'depression' may serve to both medicalize women's distress as well as obscure their anger at having to mother children in adverse conditions. Informed by feminist critique of the notion of depression, Kruger et al., (2014) explored how a group of South African low-

income mothers, each diagnosed with depression, subjectively described and explained their psychological distress. According to the authors (Kruger et al., 2014), the respondents often subjectively experienced their distress as 'anger', which was articulated in violence towards their children. When exploring participants reasons for their anger, frustration with trying to live up to idealized notions of motherhood in impoverished contexts was given (Kruger et al., 2014).

Feminist researchers have taken on entirely different meanings for notions of emotionality, which highlight what emotion as a social and gender construct, or notion, accomplishes (Locke, 2002). From a critical psychology perspective, narratives (e.g. about anger, anxiety, emotional distress) are interrogated with the objective to highlight inequalities and social injustices; thereby, seeking to transform dominant normalised discourses of oppression. Locke suggests (2002) the gender differences that appear in emotionality (i.e. narrativized as anger, anxiety, distress) may be related to cultural expectations of emotional expression and historical notions (see Kemp et al., 1995 for review on 'anger') of stereotypical emotional females and rational, non-emotional males. Locke notes (2002) that physiological essentialist (positivist) approaches to notions of emotionality produce and reproduce the potential for gender differences in the emotions and undermine alternative viewpoints (Locke, 2002). Locke (2002) suggests that alternative critical approaches to studying emotions need to highlight what the socially gendered narratives of emotionality accomplish (i.e. power-inequalities).

Notably, Shields (2016) used an intersectional-lens perspective to view historical understandings of women, gender, race, and class, that she suggests (Shields, 2016) were crucial to past scientific justifications for still existing social-status and power relations. Shields suggests (2016) that knowledge of this history is crucial to the health and progress of feminist psychology; giving insight into the complex way in which values may constrict research questions and methods used; can narrow and oversimplify what counts as data, as well as be used as a regressive instrument to reinforce the sociocultural status quo (Shields, 2016) (i.e. positivist research/practice on 'anger' and 'anger management' interventions). Interestingly, in view of the feminist conceptualization of the 'myth' of motherhood, Kestler-Peleg and Lavenda (2018) suggest that stress-related maternal characteristics of anxiety and defensiveness (often associated with anger) predicted maternal child-centrism, which they suggest (Kestlet-Peleg et al., 2018), in turn, may serve as a mechanism for managing distress (i.e. anger) faced by

mothers struggling with current Western societal norms.

Lobb's (2013) qualitative research on emotional distress (i.e. anger, anxiety...) suggests that empathy, whilst stereotypically socially constructed as a feminine attribute, is not limited to females (indeed, all females are different) and that its expression is associated with previous experiences and importantly, also with the immediate context. Lobb argues (2013) that the sharing of empathy work is both an ethical and political issue, in which women bear the cost of putting others needs before their own (children and men). Lobb (2013) proposes theorizing empathy as a human value and that empathy work shared within the sexes would seem a helpful solution; however, strategies to remedy this imbalance are yet to be applied. Twenty-first century western society's systems of power, authority and knowledge (i.e. medical, legal and political) espousal of meta-narratives which prescribe understandings of people, their relationship with themselves, other people and life experiences (i.e. 'anger'), was shaped and continues to recursively reproduce inequalities and social injustices for many from 'unprivileged' sections in Western societies.

Importantly, Riley, Evans, Anderson and Robson (2019) argue that the reoccurring trope of the 'individualistic ideal-self' espoused in self-help literature, available on multifarious platforms, promising the chance of 'being better', is at the expense of seeking solutions in collective, feminist or otherwise politicised activism (Riley et al., 2019). Indeed, many self-help books, in the public domain, are focused on how to think, feel and behave (e.g. 'managing' anger, anxiety) to achieve a 'better' self. With the use of various articles, the researchers (Riley et al., 2019) highlight self-help literature as problematically gendered; women are often positioned as particularly in need of improvement. Furthermore, an analysis (McMullen and Stoppard, 2006) of two 'factsheets' on the Canadian Psychological Association website, one on 'depression' and the other on 'postpartum depression' (both 'diagnoses' often associated with 'anger'), concluded that psychology's reliance on individualistic conceptions dominates the discourse presented to the public.

Interestingly, after working therapeutically with many different people struggling with emotional distress (of which 'anger' was often associated), Wade (1997) noted that many people had been subjected to various forms of violence and oppression in relationships. Importantly, Wade (1997) noticed many behavioural or mental acts through which these individuals had tried to resist various forms of oppression such as violence, exploitation,

humiliation, discrimination, marginalization, abuse, neglect, deprivation, perceived in relationships with other people. According to Wade (1997),

...any mental or behavioural act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any type of disrespect), or the conditions that make such acts possible, may be understood as a form of resistance. (Wade, 1997, p. 25.)

From this perspective, all those exposed to oppression resist; any act would seem to count as resistance and importantly, it does not have to be successful. Wade (1997) interpreted many 'small acts of living', as a form of 'healthy-resistance'. The term healthy-resistance was not intended (Wade, 1997) to encourage or reinforce dichotomous, dichotomising narratives implying there must then be unhealthy-resistance, as suggested by medical, oppressive-approaches e.g. 'patients who do not comply with treatment'; do not turn up for therapy. According to Wade (1997), the forms resistance takes depends upon the unique combination of dangers and opportunities that exist in any given situation. Wade (1997) notes that despite many differences, the brief, solution-oriented, systemic and narrative therapies share at least one common feature; the assumption of pre-existing ability (Cecchin, 1992; de Shazer, 1985, 1988; de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986; White & Epston, 1990; White, 1995). This is the view that persons attending therapy already possess the inherent ability to respond effectively to the difficulties they face (Wade, 1997). According to Wade (1997), early work by systemic family therapists assumed that simply disrupting the patterns of thought and interaction that maintained the problem would allow the family to generate its own solution. Wade asserts (1997) that the assumption of pre-existing ability was taken one step further by solution-oriented and narrative therapists, by making the details of these pre-existing abilities one of the main topics of the therapeutic conversation. Importantly, Wade (1997) also suggests that people possess the pre-existing ability to resist violence and other forms of oppression. According to Wade (1997), the clearest evidence for the existence and the importance of resistance to oppression are the historical and current efforts by the powerful institutions of oppression to conceal or suppress it. This can be illustrated and highlighted by historical, normalised discourse on anger (i.e. anger management) and other phenomena associated with psychological distress. These normalised discourses of

oppression detail ways of how people have been encouraged to view themselves, others and experiences in the world (Riessman, 2008). Many of these storylines, these meta-narratives, are so powerful that experiences are shaped to fit (Enosh and Buchbinder, 2005a).

Josephs and McLeod (2014) report on an integrative approach to 'anger management' (Josephs et al., 2014) in which clients are helped to better understand communication strategies (behavioural), recommended by marital therapists, by contextualising these new strategies in view of a more developed theory of mind. Importantly, Laughlin and Warner (2005) looked at a systemic approach to 'anger', in a case study. This relational approach views anger not as a thing, which needs to be controlled, but rather an embodied expression of a relationship to something or somebody (Flemons, 2002). According to Laughlin et al. (2005), the work helped a client to develop a less rigid, more flexible relationship with their anger, with a more coherent, connected sense of self; surely a more ethical approach to enhancing psychological well-being. Interestingly, these researchers (Laughlin et al., 2005) reviewed the literature on problems associated with 'anger' and point out that the efficacy of methods that are not CBT-based is almost non-existent.

Many relational approaches to holistic psychological distress have evolved, such as cognitive-analytic-therapy (CAT), interpersonal therapy (IPT), schema-focused-therapy (SFT) and compassion-focused-therapies (CFT), amongst others; all various adaptations, integrations of making sense of selves, others and the world. According to Gilbert (2009), CFT, an integrative approach, informed by evolutionary psychology, neuroscience, psychodynamic-attachment theory, behaviourism and CBT, seeks to de-pathologize distressing body/mind relational experiences associated with adaptations to different environments. The primary focus of this approach is enabling individuals to develop self-compassion (Gilbert, 2009). Recent research (Cuppige, Baird, Gibson, Booth & Hevey, 2018) on the effects of CFT suggest 'self-persecution' and 'fears of self-compassion' as possible processes of change; likely pertinent considering inflexible identity-category (Radtke, 2017) prescriptions of how all people are expected to experience, cope and make sense of themselves, others and experiences of distress, in a continuously changing world. The researchers (Cuppige et al., 2018) suggest that a focus on core constructs, as opposed to symptoms of psychopathology, as a valuable framework for effective, helping services. However, as the researchers (Cuppige et al., 2018) noted, the qualitatively rich, meaning-full, personal narratives of participants were not assessed.

Practitioners and researchers cannot hope to help others cope and make more helpful, empowering sense of themselves, other people and relational distress without 'first', empathising-with (identifying-with) what is being communicated (from their perspective, their unique meaning-making beliefs, values and assumptions) with us.

Sugarman (2010) has eloquently argued for the use of lifespan theories as appropriate and likely more ethical frameworks for counselling psychologists to address the needs of those struggling with psychological, emotional distress. The Lifespan Model of Developmental Change (Hendry & Kloep, 2012) highlights that development is unique and can only be understood through narrative, personal stories. Rather than view relational-distress as pathological symptoms of disorder, this model uses terminology such as challenges, resources and transitions-zones (Davies, 2018). Distress may be normalised by conceptualizing these experiences as high-lighting normal, acceptable transition-zones of opportunity for change and development; crucially, lessening the stigma associated with experiences of vulnerability (Davies, 2018). Sweeney, Filson, Kennedy, Collinson and Gillard (2018) point out that a 'paradigm shift' in approaches applied by mental health services to supporting people in psychological distress is essential; a shift from mental health systems tendency to conceptualize behaviours and distress as symptoms of pathology to other more ethical conceptualizations.

Konstantinou (2014) aptly notes, if counselling psychologists wish to influence and encourage meaningful changes within the health care system, then engaging with it, understanding it, researching and practicing from inside it, may be the most constructive approach to take. In view of the limitations of positivist approaches in relation to 'anger' and 'anger management', this is an inductive study, experiential in its orientation and social constructionist in its theoretical framework, assuming a knowable world and 'giving voice to experiences and meanings of that world' Thematic Analysis (TA). The topic, research question and data collection method are all suited to TA (Braun and Clarke (2006). The following research question was experiential and exploratory, so suits a primarily experiential form of TA, within a contextual framework that assumes that truth can be accessed through language, but that accounts and experiences are socially mediated (Braun et al., 2006).

1.5 Aims of the present study

The aims of the present study are to examine participant's understandings, meanings and accounts of their own 'anger' in a more naturalistic, in-depth and ecologically valid setting (through the use of semi-structured, one-to-one interviews) than current positivist research permits. This study aims to investigate how participants, who have undergone various forms of participant-identified anger management, experience, account for and understand their anger experiences.

1.5.1 Research question:

How do people, who have undergone anger management interventions, account for their anger?

Chapter 2: Methodology

This chapter details how this research was conducted. Whilst planning for a suitable research project as part of professional counselling psychology training, the researcher reflected upon personal and professional life experiences and as previously discussed earlier in this thesis, noted that anger management interventions, predominantly cognitive-behaviour-therapy (CBT) focused, are increasingly wide-spread in NHS mental health settings. Indeed, one such service was being run within the NHS service the researcher then worked for. After reading a recently collated research paper written by one of this team it was noted that various psychometric measures were taken before, during and after the interventions, but participants narrative, their unique understandings of and relationships with the phenomenon anger, appeared to be missing. The researcher was interested to research this area from a client's perspective.

2.1 Ethics

This study was granted ethical approval by the research ethics committee of the school of psychology, The University of East London (see appendix). This research was conducted in accordance with The BPS Code of Ethics and Conduct, and the BPS Code of Human Research Ethics (2nd edition, 2014).

2.2 Participants

The researcher chose to recruit adult-individuals (over 18 years) whom had had some sort of intervention, individual or group, they identified (see Wengraf, 2001) as anger-management.

2.3 Recruitment

The researcher contacted agencies that provide services for those seeking support for difficulties specified as the management of anger. Although verbally interested, only one agreed to display a recruitment poster. This was an understandable response, likely related to concerns associated with ethical issues about data protection and client confidentiality, along with concerns that 'anger experiences' may be a socially stigmatised topic in relational human

research. This resulted in a total lack of response from any potential participants. To self-identify, to admit to selves, and indeed to others, having had problems associated with anger, or indeed any emotional distress, was likely a feared, stigmatised thing to do. So, the researcher changed tactic – snowballing. Social media platforms were used to explain to family, friends and colleagues, what the researcher was interested in and to whom the researcher wanted to talk with. The researcher asked if they knew anyone who had had some sort of ‘help’ in relation to their anger experiences and if they could pass her contact information on to these people.

2.4 Selection Criteria

There were no restrictions pertaining to the type, duration and time elapsed since the intervention. Pre-scribing, pre-narrating unique experiences and understandings of anger, by pathologizing participants, was not the purpose of this research.

2.5 Sample

A total of six participants were recruited for this study: three males and three females, aged from 24 to 53 years. Table.1 below shows demographic details of the six participants.

Table. 1 Demographics

This table shows demographic details of the six participants interviewed in this study.

PSEUDONYM	GENDER	AGE	RELATIONSHIP/S STATUS	INTERVENTION/S + DURATION	TIME ELAPSED SINCE INTERVENTION	ETHNICITY
Henry	Male	24	Single, no children	2x individual	Months	White-British
Diane	Female	49	Married children +	Group (once) and individual (year +)	5 years	White-British
Linda	Female	27	Married children +	Group (PICU ¹)	5 years	White-British
Steve	Male	49	Married children +	Group (court-order) (year +)	5 years	White-British

¹ Psychiatric Intensive Care Unit

Maisy	Female	30	In relationship, no children	Individual (year +)	15 years	Sri-Lankan- British
Fred	Male	53	Married + children	Group (6 months)	6 years	White- British

2.6 Data collection

2.6.1 The interviews

Interviews were conducted in the participants homes for all but one, at a time they chose as convenient. One participant chose a public location where we were able to speak privately. Participants had been previously informed on the phone, prior to meeting, that the researcher was interested to hear their story and that they could talk about whatever they deemed important about their experiences. A semi-structured interview with open questions was viewed as the most appropriate approach for the study, to enable participants to set the frame themselves (Riessman, 1993); to develop, through their story, what they regarded as important in their experiences of anger, rather than the researcher (top-down research) asking lots of questions, which would (confirmation) bias the resulting discourse. Each participant was initially guided to the researcher's topic of interest with the words, "I am really interested in your story about you, other people and anger. Please, can you tell me about it?" The researcher used other prompts (see appendix) to encourage further reflection and elicit exploration of participants understandings of and relationships with the phenomenon anger. However, this was not necessary for most of the participants who spoke at length, without any need for prompting, once they realised, they could talk about what they thought to be relevant. Importantly, the researcher used non-verbal communication, empathically responsive prompts to encourage participants to continue and attempted to only ask questions for clarification. The aim was to remain within the participant's frame of reference (Wengraf, 2001); the researcher used counselling skills such as reflecting and summarising, to encourage further reflection and exploration of what seemed particularly interesting or relevant to the research topic. All the interviews took place in the evening and lasted between 50 and 90 minutes. To address ethical concerns with regard to the participants and the researcher's well-being during the interviews, it was checked prior to the interviews (in homes) and confirmed at the time, that participants had a family member at hand in their home at the time and someone the researcher trusted

knew where she was and when she was due to leave after each interview.

Reflexive statement

I entered notes and personal reflections into my reflective journal following each interview (see example below in italics). This helped me to capture and represent the experience of the participant's story, as well as detail my own internal processes (Stiles, 1993), which were complex and often difficult, in different ways. What appeared to have been minimised or not mentioned at all during the interviews was also noted and considered, particularly as perhaps this is a sensitive, stigmatised topic area. In addition, I reflected upon the parts of the story that I had pursued and the parts I had not and what that may be about.

7th December 2017

This was a difficult story, to tell and to listen to. I often felt pulled to comfort, reassure or to challenge, which I resisted, but inevitably this led to uncomfortable silences. The interview coming to end was also quite awkward, difficult and again, likely felt incomplete for both of us.

Tensions are unavoidably created when researching a sensitive topic area. Asking participants to recall and disclose experiences of anger inevitably may result in evoked distress. Acting in ways to avoid harm whilst enhancing participants' well-being needed to be carefully considered, as did seeking to respect participant's autonomy. The researcher explicitly highlighted and addressed these concerns with each participant prior to each interview. She informed each participant that this process could evoke distressing experiences and that they could stop for a break or terminate the proceedings entirely at any time, with all of their data removed from the study. The researcher attempted to conduct the interviews in a sensitive, non-confrontational manner, paying constant attention to any signs of distress. Participants mostly controlled the nature and flow of each story, which allowed each participant a sense of control and autonomy. Empathic-responsivity and sensitivity, along with non-topic area conversation and debriefing at the end of each interview sought to minimise distress as much as was possible. The researcher tried to sensitively balance the potential to do harm with the view that telling their story could be a therapeutic experience (Jackson, 2009). It is widely

recognised by psychotherapists of many varied approaches, that disclosure in interviews, whilst distressing, can be helpful, enabling reflection, integration and growth (Cordin and Morse, 2003; Josselson, Lieblich & McAdams, 2007). Establishing a sense of connection, coherency between different parts of their narrative and their sense of themselves and others, over different episodes of these experiences, may enable more helpful coping and meaning making of themselves, others and experiences (Flemons, 2002; Garland, 1998).

2.7 Data Analysis

The researcher transcribed the first three tapes, within a week of each interview. However, due to her own ill-health following the fourth interview, there was a delay of several weeks. This interview had been extremely difficult for the researcher, exacerbated by other personal difficulties at this time, evoking many difficult body/mind experiences of distress that she struggled to make-sense of. The researcher was unwell with the symptoms of vertigo for several weeks; then, when well enough, the interview was transcribed. The following two interviews were conducted and transcribed as soon as possible after this. The recordings were transcribed verbatim with non-verbal communications (e.g. pauses, silences, pitch, tone) and intra-interpersonal (researcher's experiences, whilst with participant) included too. Each tape was listened to many times.

How to analyse the data most appropriately, in a rigorous way and present unique constructed understandings of and relationships with the phenomenon anger was decided to be best suited to and guided by the non-linear and theoretically independent stages of Thematic Analysis (TA), as described by Braun and Clarke (2006). This is a qualitative method for identifying, analysing and reporting patterns or themes within data; one of its benefits being its flexibility (Braun et al., 2006). As noted by Ely, Vinz, Downing and Anzul (1997), patterns or themes do not reside in data which suddenly emerge; they reside in the heads of researchers, whilst thinking about their data and formulating links as they understand them. Furthermore, unlike IPA, TA can be an essentialist or a realist method, reporting experiences, meanings and the reality of participants, or it can be a constructionist method for analysis, examining the ways in which events, realities, meanings and experiences are the effects of various discourse operating within a society (Braun et al., 2006). Thematic analysis may also be a critical realist, contextualist method, which acknowledges the various ways that people make sense and

meaning of their experiences as well as the ways that social context impinges upon those meanings, whilst retaining a focus on the data and other limits of reality (Braun et al., 2006). In reference to Braun et al. (2006), the decision was made to use an inductive (bottom-up) approach, whereby the research was not driven by the researcher's theoretical interest in the area; it was data-driven (a process of coding without trying to fit it into the researcher's analytic preconceptions (Braun et al., 2006)). Another decision to be made was the level at which the patterns or themes were to be identified. The researcher chose to conduct a TA at the latent level; whereby analysis sought to go beyond the semantic content of the data, to examine underlying ideas, conceptualizations and assumptions, that are theorised as moulding, shaping the semantic content of the data (Braun et al., 2006). The following describes the six stages of the analysis (Braun et al., 2006).

Stage 1

The tapes were re-listened to and the transcripts reread multiple times to enable the researcher to gain familiarity with what was said, both by the participants and the interviewer. Initial analytic notes and reflections were made.

Stage 2

All six items (transcripts) were then coded, looking for meaningful patterns through the entire data set, which were relevant to the research questions. Labels were ascribed to extracts.

Stage 3

All the identified codes (initially 25) were collated. A thematic map was constructed, as a useful visual aid, to help decide upon meaningful broader themes in which the various codes were interpreted to cluster within.

Stage 4

This was a recursive process in which themes were collapsed together, reworked, split or discarded completely. Each newly developed set of superordinate themes and subthemes identified in the evolving thematic map was then re-applied to the data set to check for fit. This iterative process was continued until it was decided that the themes would be suitable enough

for analysing the data in relation to the research question.

Stage 5

Once the main themes were generally decided upon a detailed analysis was conducted.

Stage 6

An analytic narrative was developed using supporting and negating data extracts along with the researcher's interpretations (Thematic map can be seen in Appendix).

It was acknowledged that the researcher's personal experiences and worldview would affect interpretation of what was said by participants, which is an assumption that a qualitative framework generally makes. In this analysis language is interpreted from a discursive psychology/social constructionist epistemological perspective. As such, the analysis conducted may be defined as a social constructionist thematic analysis.

2.8 Reflexivity

Importantly, reflexivity is a hallmark of feminist research (Braun and Clarke, 2016). The researcher's perspective, standpoints and positioning in relation to this research and the methodology used will have shaped this thesis and the following analysis. What follows is a personal account to make visible to readers, the researchers evolving, uniquely biased, understandings of and relationships with selves, others and experiences, developed in early and later life relationships, that have influenced and shaped the development of this study. Her reflexive engagement has been maintained throughout this project by means of a journal; extracts of which are included in this thesis.

I was born in the 1960s, growing up in a village in south-east England. I was one of four siblings, with a sister and two brothers, of parents who were painfully shy people. Both parents were uncomfortable around people they did not know. Daily life focused around dad going out to work and mum caring for the family at home. Both of my parent's birth-families had struggled financially. My mum's father had worked as a dustman. I have little knowledge about her mother; both of her parents died before I was born. My dad's father, whom I have fond early memories

of, had delivered coal for a living in his younger life and dad's mother, who came to live with us after her husband's death when I was young, had worked in a grocers' shop in east London, as a young woman. According to family stories, she had struggled as a young mother, often taking to her bed for hours. I remember her with mixed feelings. She was different, a brusque Londoner, yet kind. However, I remember resenting that she covertly attempted to prevent my brothers from doing chores like washing-up, saying they should not have to do them, much to my parent's, my sister's and my annoyance. Both my parents had grown up in London during the second world war. My mum told stories of having to hide under the kitchen table when the bombs dropped and her older brother, whom she had adored, died not long after the war. My dad, five years younger than her, had been evacuated to Norfolk, away from his family, for quite some time. I have very few memories of them telling me how they had managed these traumatic experiences and the impact on them at the time. I cannot directly relate with these experiences as I have not experienced them myself, although I can assume that they, like millions of others, must have been traumatised, overwhelmed by terrifying experiences which they had to cope with, make sense of; to interpret what it all meant about themselves, others and the world.

My siblings and I were born into a quite different, far-less threatening world than both my parents had experienced as children. I remember sometimes experiencing anger and other normal visceral experiences as a small child, narrativized as hate, envy, jealousy, resentment, disgust, to name just some, but I do not remember ever talking about these experiences as if I perceived this would be wrong, bad in some way. Perhaps I did talk to others about these experiences, but I do not explicitly remember. Also, I have vague recollections of sibling's physically or verbally expressed anger which worried me; I remember experiencing these experiences as threatening in some way.

I remember, indeed there are photographs evidencing my pain, of vying for my dad's approval, as a small child; the attention, I perceived he preferentially gave to my clever, pretty, older sister. This was upsetting. As a child/young person, identifying with my father, trying to impress him, to connect with this perceived powerful, invulnerable man, so I would feel safe; I had excelled at mathematics and the sciences, thereby gaining his approval/attention. I developed a passion and yes, comfort, from the logic and plausible answers-to-everything offered by mathematics, physics and other sciences. Importantly, I remember the intense fear and the need to impress, to manage that fear, in relation to primary school (infant and junior)

teachers. I have two significant memories in relation to my first male teacher, in the last year of junior school. One day he screamed at me, for talking in class. I had not been talking; well, only to diplomatically encourage the friend next to me, to stop talking. I could not 'answer back' the perceived powerful, oppressive other; that really would have been unacceptable behaviour. Nor could I risk blaming my friend and losing her friendship. I had felt overwhelmed by a burning sense of injustice and intense frustration. On another occasion I had hurt my arm during playtime, which later turned out to be a bone fracture, however this same teacher had not believed me, refuting and publicly denigrating my pain. I experienced frustration, humiliation and disappointment in relation to a powerful man I had admired and trusted not to hurt me. I felt let-down. Normal narrativized childhood experiences in relation to perceived as powerful, oppressive adults.

Importantly, I remember the odd occasion of deafening silence, as a child, when my parents must have had a falling-out of some kind. I hated these times and experienced them as frightening. I remember a traumatic incident, during one of these times of worrying silence. I must have been about eleven or twelve and my elder sister and I had gone out for a walk with dad, during the Christmas period. He told us that he sometimes wanted to leave us all but was not brave enough to do so. In reflection, this was likely during the time my dad was facing redundancy at work. He was likely distressed, reaching out for help, unfortunately from his female children, rather than an adult (a stigmatised 'unmanly' thing to do), whom perhaps could have understood and helped him to make more helpful, empowering sense of his distress. I have no explicit memories of how I made sense of and coped with this event at the time. However, along with the experiences with the teacher, amongst others, these relationships and the culturally dominant patriarchal discourse I had been exposed to and had used to make sense of it all, did have a long-lasting impact (see Jordan, 2010).

I always adored and looked up to my elder brother. He went through a Punk-phase in the late 70s, whilst my elder sister, whom I loved, admired, resented, hated, was jealous and envious of, went off to Cambridge University. I struggled during and following these times of change in my latter years at school, shaving my hair, dying it pink and secretly having a tattoo. British music-scenes in the 1980s helped me cope with mixed incongruent thoughts and feelings in my relationships with myself, others, and the threatening media discourse about a cold-war world, but also confused and worried me. Although he hated my hair and would run

away from being seen with me in public, much to my secret amusement (see Wade, 1997), my dad challenged my suspension from school (for having shaved hair) on the grounds of sex-discrimination and I was permitted back.

Importantly, during a teenage intimate-partner relationship experience I was seriously assaulted, resulting in two weeks in hospital with a head injury. I do not have any explicit memories of the actual incident, but remember snippets of being in the hospital afterwards, dreaming I was a mermaid and believing I had given birth to six babies, one of whom was a pot. I remember telling this to a nurse and to my brother and sister at the time, feeling confused, perplexed that they did not believe me. My mind/body was trying to make sense of my experiences perhaps representing with a far-less disturbing reality. A reality moulded, shaped by identification with normalised identity-categories associated with age, gender, culture...(Radtke, 2017). These dreams were likely associated with the beliefs, values and assumptions prevalent in the normalised pathologizing narratives I had been exposed to as a child; an urge to have children, like my mother. To connect, to care unconditionally for someone, so I could feel needed and cared for unconditionally; so, I would not feel alone and at risk of being abandoned and unsafe, like I had feared I would be by my father (i.e. power relations).

Years later, married with children of my own, I found psychology and I felt impassioned! At the time I was convinced quantitative, scientific research was of paramount importance to explaining everything in life, to thereby feel empowered, invulnerable and safe. Whilst working as a research-assistant, as part of my BSc Hons. Psychology, I asked a qualified psychologist about pursuing research later in my career. This professional assuredly reported that I could pursue a career in research without becoming a psychologist first. I remember feeling uncomfortable, unsettled by her calm assurance. Surely, there was some sort of legitimised, scientifically evidenced 'knowledge' which I needed to learn first, that would make sense of everything. Later, whilst seeking clinical experience, I felt drawn to work in forensic services with adults, work I both enjoyed and hated. I clearly remember walking onto a ward one day, to hear the ward manager give a curt order, to which a "patient" was grabbed by a team of burly male-staff, wrestled to the floor and put in seclusion. This (ethnic minority) man had been distressed for days, paranoid, terrified of staff, convinced they were out to hurt him, so he had been isolating himself. Apparently, he had wanted food at a time outside of set mealtimes and had been arguing with staff. I was incensed; this man was distressed, likely confused, panicking,

terrified and had wanted to eat when he felt others would not be around to threaten him. Wrestling him to the floor and putting him in seclusion was not encouraging him to make more helpful, empowering sense of what he was experiencing. It was oppressing, controlling, disempowering him; likely re-traumatising him and exacerbating, indeed, reinforcing his sense of himself as powerless, and a fear of powerful, oppressive others, as being justified. Later, I did manage to talk to the ward manager, who fortunately was approachable and open to other's views; the staffs' approach to the patient changed, which helped all those concerned. However, this event had a hugely unsettling impact on me; I chose to leave not long after this. I had experienced tensions between the beliefs/values/assumptions of legitimised sources of power, authority and 'knowledge', and my own beliefs/values/assumptions.

Understanding, making sense of the construct 'anger' has long been both personally and professionally important. Now, approaching the end of this research study and my professional training as a Counselling Psychologist, having lost both my parents over a decade ago and having young grandchildren in my life (hugely influential life experiences), I realise that my worldview, my conceptualizations, my understandings of and relationships with psychological distress, of which the construct anger is often associated, have drastically changed and will continue, no doubt, to evolve. I have presented the reflective narrative above, an interpretation of my own development, to make transparent how my exposure to positivist, normalised discourse and associated identity-categories (Radtke, 2017), assumptions and values, likely shaped and moulded my desire to understand my own and others' 'anger' and distress. I realise that my counselling psychology training and consequent developing understanding of epistemological positions, have played an inextricable role in my own psychological development.

Chapter 3: Analysis

In view of the limitations of positivist methods, this research sought to explore diverse perspectives of the phenomenon anger with people who had participated in various interventions they identified as anger management. The objective was to identify patterns in the discourse which may indicate how anger was conceptualised, how it was understood and people's relationship with the abstract construct. Six participants who self-identified as having taken part in some form of 'anger management' were recruited via snowballing and individually interviewed using a semi-structured interview schedule, importantly, in which they were encouraged to set the frame of reference themselves. The taped interviews were transcribed verbatim, then subjected to a social constructionist thematic analysis (Braun et al., 2006). The following extracts highlight interwoven and inextricably linked patterns of superordinate themes and subthemes interpreted in the discourse. Actual quotes from the interviews are shown in indented italics, or in quotation marks within text of the researcher's comments, which have been added to aid the reader understand the researchers' interpretations of the participants interpretations. For want of space, extraneous narrative such as repeated comments and identifying words, to ensure anonymity, are not shown; they are marked as [...]. Four superordinate themes were interpreted: Constructions of anger linked to perceptions of control in relationships; Constructions of anger linked to perceptions of trust in relationships; Constructions of anger linked to perceptions of emotional distress in relationships and Constructions of anger linked to perceptions of incongruence between relationship experiences. The superordinate themes and their subthemes are presented in Table 2 below and are discussed in the subsequent section. A thematic map depicting patterns, interpreted themes (superordinate and subthemes) in the discourse, can be viewed in Appendix F.

Table 2: Superordinate themes and subthemes

This table shows superordinate and subthemes interpreted across the entire data set.

Superordinate themes	Subthemes
Constructions of anger linked to perceptions of control in relationships	<ul style="list-style-type: none"> • Perception of trauma and oppression in earlier life relationships

	<ul style="list-style-type: none"> • Perception of competitive rivalry • Perception of injustice • Perception of necessity to stand up to oppression
Constructions of anger linked to perceptions of trust in relationships	<ul style="list-style-type: none"> • Perception of not understanding self/others • Perception of who to rely on • Perception of being self-sufficient
Constructions of anger linked to perceptions of emotional distress in relationships	<ul style="list-style-type: none"> • Fear (distress) linked with perception of meanings of experiences • Fear (distress) linked with perception of change • Fear (distress) linked with perception of blame and/or shame
Constructions of anger linked to perceptions of incongruence between relationship experiences	<ul style="list-style-type: none"> • Blaming self or others • Accepting difference in viewpoints

3.1 Superordinate theme: Constructions of anger linked to perceptions of control in relationships

This theme is associated with participants constructions of 'anger' linked to perceptions of control, power, authority in their relationships with themselves, others/events (aligned with normalised culturally dominant discourse i.e. positivist, oppressive). This theme is constituted by four subthemes: perception of psychologically violent, traumatic oppression of self by others/events; perception of competitive, combative rivalry with others; perception of injustice and perception of necessity to defend, protect, stand up for themselves in relation to others/events.

3.1.1 Subtheme: Perception of trauma and oppression in earlier life relationships.

This subtheme describes perception of earlier life physically and/or emotionally violent, traumatic experiences of oppression in relationships with themselves and others. For example, in the following extract, Diane (50-year-old white British woman) had been talking about 'my [her] problem with anger'. The researcher reflected the participants words and encouraged Diane to further explore:

Diane (420):

Researcher: When can you remember the earliest time...becoming aware that anger...was a problem...

D: (Pause and then uncomfortable laughing) I...(coughed)...was about ten...and...the boy next door...had been giving me loads of grief...he was older than my older brother, as it goes...

R: Hmm...

D: And erm...(pause)...my dad was going mad...my dad had give me a good hiding for letting him [boy] bully me...

The extract describes a perception of being bullied by a much older male child, when she was ten, which was responded to with anger by her father, 'my dad was going mad', followed by physical punishment 'a good hiding' from father, 'for letting him [boy] bully [her] me'. Although precise details were not given about what the older boy was doing, the phrase 'had been giving me loads of grief', followed by a description of being physically punished by her father for letting the boy 'bully [her] me', suggests that Diane perceived the 'loads of grief' as bullying. This pattern in the discourse described perceived oppressive, abusive, violent relationships in early life relationship experiences.

This item's discourse (Fred, 55-year-old white British man) was littered throughout with graphic details of perceived (physical and emotional) violence and oppression. According to Fred, he had witnessed violence between his parents as well as experienced violence perpetrated on him by them when he was a child and he had become involved in lots of aggressive, oppressive violence as an adult, with both males and females (linked with 'competitive rivalry' subtheme, discussed later). For example, in the following extract, to break

a very uncomfortable long silence, the interviewer had repeated Fred's words, summarising, to sensitively empower Fred to reflect further.

Fred (306):

(Long pause)

R: So, from what you've said...I said about your story of anger...and you immediately said about...you remember...mum and dad...arguing...violence...when you were young...about eight or nine...

F: Yeah...(pause)...I remember...me dad...was really...really bad tempered...I remember letting a horse...by...in the horses field and it had got through the fence...the gate and he hit me over the head with a lump of wood...and I...er...put...my arm up and it broke me arm (fiddling)...loads of stuff like that... (loudly fiddling with something in his hand)...loads...

This extract described a memory, a perception of oppressive violence perpetrated upon Fred by his father whilst helping him. In the interview, Fred was clearly very agitated (physically fiddling with something) whilst likely re-living evoked distressing experiences. These traumatic memories, along with others in the interview, describe a perceived connection between feeling controlled, oppressed (by others) and powerless (as a child), and an association with anger and violence. Fred was clearly uncomfortable talking about these experiences with the (female) researcher; likely associated with his beliefs, assumptions and values about how 'males' and 'females' are supposed to think, feel and behave (Locke, 2002; Radtke, 217). The extract describes other's anger (father's) as related to a perception of psychological violent abuse, oppression perpetrated on self, as a child, by others (subtheme).

In the following extract, Steve (49-year old, white, British man) talked about his experiences of anger, as being related to psychologically violent oppression of self by others.

Steve (137):

R: You said about...your story...you...other people...and you said about [wife]...

S: Yeah yeah yeah...

R: And anger...

S: Yep...

R: And you immediately said....my wife...

S: Yep...

R: Can you think before that...experiences...anger...

S: Yeah well...yeah yeah...coz I....thing is with [wife] I found out that she had an affair with one of my best mates didn't I...and I was in prison with him...and...that's why...it all...sort of went wrong from there...like only five years into our marriage...(pause)...and I...I never forgot that, do you know what I mean...so...I did what I wanted to do...

This extract describes anger as a response, 'I did what I wanted to do' (see 'perception of necessity to defend, stand up to oppression of self in relation to others' subtheme, discussed later) to a perception of psychological trauma, oppression of self by another, 'I found out that she had an affair with one of my best mates' (this subtheme), by virtue of identification with identity-categories and associated assumptions. He had been an 'adult' and furthermore, a 'man'. Feeling vulnerable, or hurt, particularly in relation to a female, did not fit with his perceived identity-categories (in the past and now in interview with female). Interestingly, Steve said very little about early-life home or school experiences in the interview, other than 'dad was quite strict'. This could be argued as telling. A normalised way of distancing himself, deflecting away from painful, uncomfortable experiences (linked with Constructions of anger linked to perceptions of emotional distress in relationships theme, discussed later); experiences Steve was likely unused to thinking and talking about, as it would be deemed unmanly.

Linda's discourse (white 27-year-old British woman) focused around a perception of early life experiences of traumatic oppression (subtheme). In the following extract, Linda reported that she and her family had moved place of residence a lot when she was a child. She had just said that she associated anger with change. The researcher had repeated the word to encourage further reflection:

Linda (423):

R: Change...

L: Yeah...change...I don't know...as a child I was always swapping schools...I never had stability...at all...and...

R: Swapping schools...

L: [...] I must have gone to at least...ten different primaries...

R: Ten...

L: Ten.

R: That's a lot isn't it...

L: Yeah...and I went to two different secondary schools...and...you know...I hated it...I absolutely hated (rushed)...but my mum and dad were never settled in their environment...so they always used to get up and move...houses...all the time...we never had...stability...

R: Hmm...

L: So yeah...we was always moving...so I never really had a settled...like...childhood...really...especially with other things that you have to deal with as well...at the time...

Linda had continued, describing that the moves resulted in her repeatedly losing friendships she had built with peers and 'having my [her] own bedroom, then having to share again'. These extracts illustrate the subtheme, a perception of oppression of self by others/events, earlier in life (subtheme) and a dampened, suppressed response of anger (linked with ...necessity to defend self... subtheme, discussed later), 'I hated it...I absolutely hated (rushed)...' Importantly, although not mentioned within the taped interview, this participant had disclosed to the interviewer prior to the interview that she had been sexually abused when she was a child. This was likely what she had been referring to when she said, 'especially with other things that you have to deal with as well...' Sexual abuse is widely accepted as being associated with the concepts of power, control and oppression (Jordan, 2010; Wade, 1997).

The following extract, from Maisy's discourse (30-year-old Sri-Lankan/British woman), described a perception of oppression of self by others/events (subtheme), during primary school times. The participant had been the only non-white girl in her friendship group, and they would not befriend a new girl of similar ethnic origin as herself. She had felt compelled (by her mother) to befriend the new girl, which put at risk her friendships with established friendship group. She had been talking about this:

Maisy (386):

M: [...] I played with [new girl] ...obviously...separately...coz they...wouldn't...include...her...

R: Hmm...they still wouldn't include her

M: No...and then she had to leave coz I think her mum and dad were going through a divorce...so...she was there for only two years later...and then she left...anyway...

Maisy described a perception of a psychologically traumatising period of time. Maisy had kept these friendships separate for two years, remaining friends with original group and on occasion, spending time with the other girl. For two years she had struggled with balancing these relationships only for the girl to suddenly leave; to Maisy, she had risked everything. She could have been left friendless, which to Maisy was unthinkable. Later in the discourse, Maisy described having gone on to a far more culturally diverse, much bigger secondary school 'I never got...that bullied or anything myself...but...I saw others getting bullied...' This item's discourse frequently focused on a perceived threat of being oppressed i.e. bullied, ostracized or marginalised by others (this subtheme).

In the following extract, from Henry's interview (24-year-old white British male), he had been talking about experiences he associated with anger and described an early life perception of oppression by others (subtheme). He had felt (reportedly) enraged by his mother for 'screaming and shouting' at him, demanding that he pick up after himself (the 'rage' was likely his mother's which he had been exposed to as a child).

Henry (28):

H: [...]...coz my mum used to always be quite (laughing)...moany with everything...

R: Quite what...sorry?

H: If I left things the towel out, or on the bed...or something, little things like that she'd start...moaning and screaming...(said rapidly/dismissively)...I think it was when she was moaning...(questioning himself - reflecting)...urm...she kept going on and on...I used to just feel myself boiling up a little bit...and I used to just...explode, go crazy...same with my little brother...if I thought they'd like...they'd like...disrespected me...sort of thing...

Henry's rapidly spoken dismissal of the words 'screaming and shouting' evidenced his discomfort, his evoked distress from and during these experiences with his mother. However, his reasoned logic, now as an 'adult' (no longer socially accepted as a 'child'), was that he made sense of this distress with culturally normalised words (i.e. earlier in interview he had described himself as 'brought up the man of the house...'), in that he must have felt 'disrespected' by his mother and younger brother, so had justifiably 'explode[d]' with rage. Saying out loud (particularly to a female interviewer) or indeed to self, that experiences of being screamed at by a female had in any way been frightening, distressing, would not fit with Henry's narrativized worldview on how he should feel, think or behave (Locke, 2002; Radtke, 2017). Explaining these events as evoking his 'anger' fit with his normalised, categorised understanding of 'him'-self (Locke, 2002: Radtke, 2107). All the participants referred to early-life experiences at home or at school in which they described themselves as having been oppressed in some way, bullied or marginalised by others (this subtheme). It is suggested that these experiences appeared to have recursively shaped later life relationships with themselves and with others (Bowlby, 1983; Jordan, 2010) i.e. a default internal working model of attachments, relationships with selves and others, a frame of reference, in which others/events are perceived as threatening oppression of self. This pattern in the discourse inextricably linked with the following subtheme: a perception of other people as being competitive rivals (see below).

3.1.2 Subtheme: Perception of competitive rivalry

This subtheme, evidenced in the following extracts, describes various other people as being perceived as competitive and/or threatening rivals. For example, whilst talking about violent abuse at home from his father and experiences of bullying by other children when he was a child at primary school, Fred narrativized that he had then deliberately moulded himself into a 'boss' identity through secondary school, to prevent the risk of being bullied again. Fred described a perception of a competitive, combative (binary - winner/loser) hierarchical reality, in which power, authority, control over others, determined status in the social ranks. In the following extract, he had been talking about his experiences of growing up on a council estate; the researcher had tried to stay in and explore this frame of reference.

Fred (528):

R: Sounds as if being able to fight was quite important...

F: Yeah! (pause) It was a council estate...(pause)...loads of kids...

R: What does that mean?

F: Well...its like animals isn't it...you put a new horse in a field and it's pecking order...

R: Pecking order...

F: Well...who's...who's...who's top horse...in the field...

R: Ok...

F: It's no different...in humans...no matter where you go there's always a boss...of the...the animal kingdom...and that's just how it is with humans...'

Fred's logic implied that someone must be in charge, have the power, the authority, be in control in a hierarchical reality of power relations. The described, traumatically violent, oppressive upbringing had shaped his understanding of self, others and experiences. Understandably, Fred had come to view the world as populated by competitive, combative rivals; those who are controlled, bullied and those that do the controlling, bullying.

A similar worldview of others as competitive, combative rivals was described by Steve, as he talked about his anger experiences:

Steve (203):

R: Ok...

S: I used to shout and swear at people...get out of my car...try and open their doors...

R: What sort of age...are you talking about...

S: (Exhales) Ever since I was eighteen...probably...(pause)...it...just a man thing...do you know what I mean...you want to give it...then you get it back (laughing)...no (quietening)...it's like that...know what I mean...it's just a man thing, really...jusst...I don't know...I was just an angry young man really...

He described aggressively confronting others he had viewed as competitive rivals (subtheme). His explanation 'it's just a man thing', implied anger to be a normalised, gendered (male) adolescent experience. Later, Steve described his life-long passion for 'fast cars', 'motorbikes', 'money', 'stuff' and a compelling urge to 'go faster than even meself'. Winning, beating some

'competitive, combative rival' (subtheme) or perhaps more importantly, not losing, to attain some sort of protective high-ranking social status, was of paramount importance.

Henry's understandings of anger experiences were described as related to a perception of control, power, oppression in competitive, combative relationships, regards himself and others/events (this subtheme). The discourse focused on interactions with his mother when she was 'screaming and shouting' at him, or when he had been 'playing football', as he 'hated losing' (he has now given up playing), or when dating girlfriends and they spoke of their past sexual exploits with previous lovers, and lastly, at work when he was 'screamed at to do something' by managers. Henry explained further that he felt 'trapped' during these experiences; oppressed, which does not fit with narrativized, idealized view of self-i.e. male, adult.

Notably, perception of competitive rivalry (subtheme) also pervaded the discourse with the three females interviewed. Maisy's accounts focused on and kept returning to early life traumatic experiences at primary and secondary school (previous subtheme). Relationship experiences in which she had wanted to fit in but feared being bullied and ostracized by others. In the following extract, Maisy described a bitter rivalry (this subtheme) between her and her brother, whilst playing games as children '...and I was like... "coz I'm better than you" ...it was more like scoring points...like I was better than you at something...' Maisy explained further:

Maisy (186):

M: [...] I look back and I think...I...I...I've got a brother...and basically...[...]...really clever...really smarty...literally...would not do anything wrong...whereas me...yeah...I'm some kind of little rebel...a little bit of a character...

R: Older?

M: Yeah...six years older than me...

R: Right...

M: He went to private school...I went to [school]...which was...literally like...everyone...[...]...met all of my friends...done really well...but at the time it

wasn't a really good school...and I don't know if it was anything to do with that (lilting tone)...like...for me to get some sort of attention (lilting) from my parents...[...].coz obviously that was the wrong way...

Maisy's change in tone (lilting) evidenced her discomfort. However, Maisy managed to reflect on anger experiences narrativized as envy and jealousy/sibling rivalry (subtheme) for parental attention, which she was able to start to question of herself whilst with the interviewer; a very different experience vis a vie the interviews with the three men. Maisy was able to reflect, contain emotion experiences and articulate, put into words and express possible reasons for her past and present discomfort. This was likely related to Maisy's perception that it was the norm, socially acceptable to think, feel and behave in this way as she self-identified as a Sri Lankan/British woman. Expressing, articulating anger in relation to others would be socially unacceptable i.e. 'coz obviously that was the wrong way...'

A bitter rivalry with others (subtheme) dominated Linda's narrative, which she explored when describing a recent telephone conversation, she had had with her mother, who according to Linda had said she was 'spoilt':

Linda (590):

R: She said it...

L: My mum said it...to me...because I...I was...literally...bottling it up...for so long...how I was feeling...and I let it all go...and I said some really fucking...cruel stuff...[...]. I said to her [mother], like...you treated me so differently...to [sister]...she [mother] put out for all of her driving and I'm sitting here...like, basically...with fuck all...and I said...I look around and I think "woohhh"...maybe I am a bit...jealous...basically...that what I said to her, "I feel jealous...I'm very jealous"...and she went "don't be silly...you've got kids...[sister] hasn't got that"...so that's why I realised...maybe she is right...

Linda's words suggested she felt angry with her mother for a perceived difference between the way she and her sister had been treated. Her use of language and tone emphasized the intense emotionality of her experiences. According to Linda, she had managed to contain, process and express to her mother her angry feelings of envy and sibling rivalry (subtheme); something she had likely feared to do, or simply could not put into words, as a child. Perhaps,

as a child, she had suppressed her feelings of anger i.e. children must not challenge adult's authority.

Diane's stories of anger experiences were pervaded with a perception of 'competitive, combative rivalry' with others (this subtheme), associated with a feared perception of oppression, bullying and violence (from father), when she had been a child (linked with previous subtheme 'perception of trauma and oppression...'). Similar to other interviews, Diane described a reality in which she had physically fought with rivals, both males and females, on many occasions, as a child and as an adult. In the following extract, Diane had been describing her lifelong belief that letting others 'take the piss', as she worded it, was not a conceivable option. Even if they had beaten her up, she would have gone back later to retaliate, as a perception of 'never being bullied' was of paramount importance, as this had been the orders from her father.

Diane (506):

D: [...] even now...I'd never let anybody bully me...and my dad's been dead years (pause) not because he's going to give me a hiding but because it's been drummed into you...you don't fucking let anybody give you...

R: It's there...

D: And honestly...I wouldn't give a shit if they were six foot and built like a brick shit house...I would...if they beat me I would have to go back and beat them up...

Throughout the interview, Diane's perception of anger experiences was described as inextricably linked to a perception of competitive, combative rivalry with others (subtheme) and necessity of not being outdone in some way. All six participants interview narratives returned time and again to a perception of competitive, combative rivalry with others, in which control, power over themselves and their lives, was at stake; they had to resist oppression from others i.e. abuse, marginalization, humiliation...

3.1.3 Subtheme: Perception of injustice

This subtheme describes a perception of injustice; experiences of self, others or events were not right, unjust in some way. Things were not the way they should be, as if there was a

prescribed ideal way of thinking, feeling, behaving and being with others (see Radtke, 2019). Participants each gave accounts in which relationships with others were described as not having played out in ways in which the participants believed they should have. In the following extract, Diane reflected on an incident previously mentioned (see previous 'oppression...' subtheme) in which she had been beaten by her father for 'letting' herself to be bullied by an older boy.

Diane (468):

[...] hmm...you imagine...you imagine...your child coming home at ten and telling you a fifteen-year-old boy is bullying you...your daughter...as well, I know it shouldn't make no difference...but it does...in my eyes...you'd want to go out and deal with that person yourself...but I was told...you've got to kick the shit out of him...

Diane's words 'you'd want to go out and deal with that person yourself' imply Diane views these experiences, from a machismo, violent, strong 'male-identity' perspective and feels confused as she felt (and still feels) massively let down that her father did not defend her as a child. On some level she likely feels he abandoned her when she was a young girl. Diane appeared confused by virtue of identification with identity-categories i.e. gender, age. These identity-categories evoked a perception of injustice; life had not worked out how it was supposed to (subtheme). The 'man' with whom she believed she should have felt safe, protected by, had not performed that role.

In this extract, a perception of injustice (subtheme) was described. Henry reported that his parents were divorced; he only remembered living with his mother and younger brother when he was a child. Henry reasoned further that his 'problems' with his own anger had only started to really impact on his life at secondary school, upon hearing peers talking about their fathers and feeling 'cheated' in some way as his father did not live with him at home. Henry described a perception of injustice (subtheme). His family dynamics was different, not the same as his peers. They were not the way they were supposed to be, and he felt 'cheated'.

Henry (63):

[...] it starts from when you're young...and you haven't got a dad about...[...]...then...you think you're the man...no one to really tell you off

properly...you...inside you're still quite angry...but people can't control you...well, they can...but they can't control you coz what's my little brother gonna do and what's my mum gonna do...they're not going to do anything...yeah?...so...then you just take that on...because your dad ain't been around...

Henry reasoned that his mother and younger brother were, in some way, less powerful than himself, 'when you think that you're the man...but people can't control you...what's ...mum...little brother gonna do...'. Henry described a perception of his own anger experiences being related to his father not being around when he was young. He interpreted these experiences to be unfair; unjust (subtheme). Later, he reflected further: *Henry (375):*

[...] I think it just gets worse...and worse and...that's basically what I've put it down to...that's what I put it down to and...then when your mum...your your your your dad lets you down and your mum chucks you out...what's that going to do it's going to make you worse...

Upon deeper reflection Henry reasoned that his anger experiences were associated with being let down by his father for not being there and being thrown out of the family home by his mother. Henry described these occurrences as life experiences not being the way they should have been (subtheme). For Henry, the experiences did not fit with dominant heteronormative narratives of family life and he felt wronged.

3.1.4 Subtheme: Perception of necessity to stand up to oppression

This subtheme describes participants perception of need to stand up for, defend themselves in relation to perceived powerful, oppressive others/events. For example, Maisy said (24), '...when I first joined [school] I was...a bit of a...what can I say...I was quite popular...I had loads of different groups of friends and stuff like that...but when it came to like defending myself and stuff like that...I wouldn't...I just...just felt I couldn't do it...' Standing up for herself, 'defending' self, in relation to other people (subtheme) was something Maisy believed she had struggled to do at school. In the following extract Maisy had been talking about other difficult experiences (linked with 'injustice...' subtheme) when she went up to secondary school; the interviewer had been empathising to encourage further reflection:

Maisy (276):

R: Sounds so tough...

M: Yeah...but I don't think...I don't know...it's weird now...because...now with my friends...or with my family...I always stick up for them...in..in...subconsciously... I've got this thing at the back of my head...like...I need to be superwoman...

Maisy's words 'it's weird' suggests confusion, or perhaps this is a verbalised social nicety to avoid articulating her real thoughts and feelings on the matter; perhaps she feels frustrated, angry at it being socially acceptable, indeed expected, for her to 'stick up for' others and be 'superwoman', but is not able to do this for herself, as she believed, culturally, that would be wrong in some way. Maisy suppressed her anger.

In the following extract, Diane described that standing up for herself was a priority, a necessity when in interaction with other people (subtheme). Although, elsewhere in the interview she pointed out that she was quick to defend 'vulnerable' others when the occasion arose. Here, Diane described a traumatic event, mentioned earlier (see previous 'perception of oppression...' subtheme), in which she had been beaten by her father for being bullied by an older boy at school.

Diane (430):

[...] and...I don't know if it was anger... [...] ...and I hadn't stood up for myself...even though he [boy] was five years older than me and I was...ten (quietly)... [...] ...and...I picked a brick up...and I smashed him [boy] over the head...[...]...and once I'd done it...I actually felt pretty good (realising)...because I knew that I wasn't going to get shit off my old man when I got home...

Diane's reasoned logic was that violent behaviour befit more violent behaviour, to stay safe and retain a sense of power, authority and control in her own life. She mentioned "I don't know if it was anger", suggesting the language of fear, being frightened, did not fit with her idealised view of how she should re-present herself to others (Constructions of anger linked to perceptions of emotional distress in relationships and Constructions of anger linked to perceptions of trust in relationships superordinate themes, discussed later). This extract described an emotionally charged experience in which a female child was bullied by a much older male child whereby the younger child responded with violence; she 'stood up' for herself (this subtheme). Diane's hesitation and reflection at this point in the discourse culminated with

a realisation that she had then felt 'pretty good'; likely safe in the knowledge that she had met her father's requirements of 'not letting' herself be bullied. Interestingly, later in the interview Diane said, 'if you're angry I assume you're going to be violent', describing a perception of the two experiences as going hand in hand. Upon questioning for clarity, Diane explained that she was referring to her own anger which would most probably lead to her being violent. At an unprocessed level, Diane had likely been referring to threat of another's anger and violence (i.e. her father's).

In the interviews, protecting, defending one's perceived 'rights' was often implied. Unlike Diane, Steve described events in which 'competitive rivals' were perceived to have taken liberties with people or things, Steve regarded as his property i.e. girlfriends/ex-wife, children, money, material things. Frequently in the interview with Steve, discourse valuing wealth, power, possession of material-objects and social-status, above human-relationships, was described. In the following extract Steve described an interaction with other males in which they had told him that his girlfriend was having an affair.

Steve (303):

S: [...] they did make me angry as well, they told me my missus was up to something and it was them that was up to something [deleted to ensure anonymity] ...

R: Hmm...

S: Because he wound me up...obviously I split up with [girlfriend] over it...errr...went out and got meself another girlfriend...instantly...

Steve reasoned that breaking up with his girlfriend and immediately getting another one had been the only viable option to enable him to defend, stand up for himself in relation to others (subtheme); to retain his social status as a strong, invulnerable 'man'. However, he had later found out the information given had not been true, so had done the same back to these males (gave false information about their partners) which resulted in one individual going to prison following beating up his own partner. This was described, historically narrativized by Steve, as an act of justified revenge. Defending, protecting, standing up for self (subtheme) in response to a perception of real or the threat of psychological violent oppression perpetrated upon him (previous subtheme) was frequently the focus of the discourse. For example, Steve described

a memory of grabbing his wife by the hair, following receipt of information from others that suggested his wife had been having an extra-marital affair, '[...] pushed her from the top of the stairs to the bottom of the stairs...(inhales)...grabbed hold of her ...the dog...grabs me...'. Steve's logic was that he had been wronged by a subordinate (woman), who was his property, and this was publicly known by other males, which did not fit with his worldview i.e. male, adult. He had to stand up for his rights (subtheme).

In the following extract, defending oneself (subtheme), one's rights, was described as of paramount importance. Fred was describing a recent anger experience at work.

Fred (133):

F: [...] the other day...someone nicked my coffee at work...

T: Hit it...

F: Nicked it...someone nicked my coffee at work...

T: Hmm...

F: And I...I...I went up...up...up to them...and there was six of them...and just me...and I made em fucking get...made them give me my coffee back...and it...I didn't care how many of them there was...(heavy breathing)...

Pause

Fred's stuttered speech, process-communications and physicality evidenced his increasing arousal. Defending, protecting, standing up for self in relation to others (subtheme) was quintessential, as he was an adult male. All the aforementioned subthemes which constituted the superordinate theme Constructions of anger linked to perceptions of control in relationships were linked with the following superordinate theme.

3.2 Superordinate theme: Constructions of anger linked to perceptions of trust in relationships

The second superordinate theme refers to participants constructions of anger linked to perceptions of 'trust' in relation to themselves, other people and events in life. In other words, who or what can their rely on. The concepts power, authority and control (previous

superordinate theme) were described as inextricably linked with the concept trust (this theme); whom is it safe enough to trust not to harm them, or oppress them in some way. This superordinate theme was constituted by three subthemes: Perception of not understanding themselves and others; perception of whom was it safe-enough to turn to and perception of necessity to be self-sufficient.

3.2.1 Subtheme: Perception of not understanding self/others

All of the participants referred to having difficulty understanding themselves and/or others in their narratives. For example, whilst reflecting on life experiences, in the following extract Diane described understanding her father's violent behaviour; attributing this to him having lost his mother when he was a boy and then growing up with six violent brothers. However, she described not understanding the relationship she had had with her (only child) mother. The researcher was empathising to encourage further reflection.

Diane (921):

R: You can't make any sense and that hurts [...] ...

D: Well...it makes you wonder...why she favoured one child [younger brother] over the other two...(pause)...you know...

R: Hmm...

D: She always used to say that she never wanted a girl...and she always blamed me older brother for losing...the one between me...and him...

R: She'd always told you that she'd never wanted a girl...

D: Yeah...she never wanted a daughter...(pause)...never...

Pause

Diane's words describe a perception of not being wanted by her mother because she was female. Taken with Diane's narrative about the violence from her father, describes a perception of not understanding and/or feeling able to trust in either parent for any perception of safety. Diane likely attributed this to being born female. Whatever ways Diane makes sense of these experiences must involve a great deal of confusion in relation to her own perceived personal identities (Radtko, 2017). Interestingly, Diane also spoke of difficulty understanding her anger experiences 'I can feel it in the stomach first...then it bubbles up...and when they say like a red mist...I know exactly what people mean when they say that...[...]...but panic

attacks are like that...they come over in waves...you can feel them build up from your stomach...and they're very similar...' Diane cannot understand, make sense of these experiences.

Interestingly, Henry did not talk about whether he did or did not understand other people (subtheme), their behaviour or their intentions, only a focus on himself (linked with 'blaming self or others' subtheme, discussed later). In the following extract, Henry was describing why he had attended private counselling, following acrimonious altercations with girlfriends.

Henry (239):

H: [...]...I don't know...it's not...maybe, maybe...I wanted it, I wanted my brain to think more loving things (nervous laughing), if that makes sense...it ain't loving at all I don't think...I don't think...

R: You don't think its loving at all...

H: No (sad, awkward laugh)...I think that's what it comes down to...not loving and...and just...pretty heartless, you know...I wanted them...I thought if I went to these people they'd make me think... like look, it's not the end of the world, this...blah, blah, blah...then they'd make me think differently so you don't get angry, you don't get annoyed...they'd make you think of something else...

Henry reported he had wanted counselling to prevent him having 'unloving' thoughts or to inform him, reassure him, that having these thoughts and angry feelings was 'not the end of the world'. Henry's change of pronouns ('I' to 'you') evidenced his increased anxiety, which he distanced himself from as he spoke (linked with Constructions of anger linked to perceptions of emotional distress in relationships superordinate theme, discussed later). Henry describes these experiences as phenomena that he just cannot understand or make sense of about himself (subtheme) i.e. suggesting he believes other people do not have these experiences, or at least, he should not have them, as that does not fit with his idealised view of adult, male self-identity.

3.2.2 Subtheme: Perception of who to rely on

Although the participants described having various struggles in their early lives as young people, only Linda and Maisy explicitly articulated a perception that they had struggled to

know whom it was safe-enough to turn to (subtheme), to talk to, for emotional support; whom to go to through difficult times. In the following extract, Linda was describing at length her early life experiences when she said:

Linda (361):

[...]...like watching your mum and dad...struggle with life...basically...and how they deal with anger (swallows)...and I think with everything life throws at you...you get angry...and I so like...when I think...think now...like...coz obviously your parents are arguing...the last thing they're going to want...is for you to tell them how you're feeling as they've got enough to deal with...

Linda described experiencing her parent's emotional struggles (she swallowed with evoked arousal) in tandem with her own, perceiving there was no one to help her cope with her inner turmoil. She reported perceiving her parents as emotionally overwhelmed themselves therefore emotionally unavailable to her needs. Linda reiterated this perception when she spoke about school experiences; she perceived there 'was no one' available (whom she could trust-enough) to seek help from, teachers or peers.

In this extract Maisy described a lonely journey in which she had struggled to identify someone with whom it was safe-enough (subtheme) to talk to about her problems. In the following extract, Maisy had been describing attending counselling when she was sixteen years old, which she had acquired via her GP.

Maisy (452):

[...] but she [therapist] just made...like...even if I just wanted to talk...about anything...and she would just let me talk and even that...maybe...it was that I needed...because...I know...pe...ople... I'll be there for my friends...but sometimes...I'm...more there for them...than they are for me?

Maisy's narrative told a story of perceiving there had not been anyone that she could really turn to (subtheme), whom she felt safe-enough with, whom she could trust enough, when struggling in life. Maisy's lilting tone, questioning at the end of the extract, suggested she was trying to better understand these experiences and perhaps, was seeking the interviewer's advice or approval; as perhaps, Maisy had felt uncomfortable saying the words out loud (links with superordinate theme Constructions of anger linked to perceptions of emotional distress in

relationships, discussed later), and/or did not 'trust' her own judgement.

Interestingly, describing a perception of whom it was safe-enough to turn to in times of need (subtheme) was referred to by Fred, but in a different context. In the following extract, he had just, very briefly mentioned, then jumped topic (links with Constructions of anger linked to perceptions of emotional distress in relationships superordinate theme, discussed later), that he had been bullied at primary school by another child.

Fred (518):

R: Ok...(paused, feeling awkward)...you said about the bullying in junior school...did you go home and tell...

F: No...no...(pause)...I told the older kid next door...and he went and sorted it out...(pause)...coz I used to look after his younger brother...so I suppose...him being the elder brother and [identifying factor]...he...he looked after me...

Fred's perception of having someone to turn to, or 'being looked after', was described to mean turning to someone who is tougher than 'the bullies', who could stand up to them for him, physically. Having someone to talk to for emotional support, or comfort, did not fit with Fred's worldview of how he (i.e. adult male) should think, feel and behave.

3.2.3 Subtheme: Perception of being self-sufficient

All of the participants framed the discourse around a perceived need to look after oneself, to be self-sufficient, self-reliant, as being of paramount importance in life. Past experiences of trusting, relying on others was associated with perceived traumatic experiences of psychological violence and oppression from others (previous superordinate theme); thereby, relying on themselves was interpreted as the only viable option.

For example, Diane described feeling let down and traumatised by doctors when she had gone to hospital following panic attacks in her mid-teenage years. She described having been given medication 'and I lost two days of my life...so...I don't take pills...' Diane's description of perceived traumatic experiences, anesthetization effects, after taking pills from medical professionals, had led to a perception of being oppressed in some way, losing control of herself (other superordinate theme); so now, she refuses pills. Often Diane spoke of a distrust

and need for avoidance of other people and only relying on self (this subtheme), saying, ‘ I think I’ve always learned to build a wall up...R: Hmm...D: Do you know what I mean...to try and deal with things yourself...’ Towards the end of the interview Diane said, ‘See my theory is I try and control myself, myself...because the way I look at it my parents fucked my childhood up...I...I can make my adulthood...however I want...so I...I...I always try and do it myself...’ Diane describes a perception that trusting other people to keep her safe had not worked out well when she was younger therefore, now an adult, she applied a rule: do not trust anyone but self, be self-sufficient (subtheme), by virtue of identification with identity-categories i.e. age – I am an ‘adult’ now.

Maisy often hinted at a perception of having to be, or at least appear to be, self-sufficient and not reliant on other people (subtheme). She reflected on her relationships in life, saying she only ever told people what she perceived was acceptable to talk about (likely for fear of something catastrophic happening i.e. being rejected). In the following extract, Maisy was describing the events that led up to her mum getting a cancer diagnosis.

Maisy (609):

[...] erm...well basically what happened is...I had...a lump...in...my...breast...and...I told [boyfriend]...and then...I thought... “I’m going to get it checked (spoken as if not important) ...just not going to tell anyone...I’ll tell my mum if it’s bad...

Maisy’s words and nonchalant tone suggested a deeply held conviction that one must strive to appear independent, rational, non-emotional, non-phased by anything; be self-sufficient (subtheme). She continued this saying this was how she had always been with others, even her therapist (622) ‘[...]...like I did between me and [therapist]...I’d...I’d go...but I would only tell them if it was bad...like...bad...’ Maisy’s words suggest that seeking support from a therapist had a very specific meaning to her; only certain support was permitted. One could only allow others, trust others enough to gain a certain amount of insight into her perception of herself (links with perception of control theme). The previously mentioned subthemes, which constituted the superordinate theme Construction of anger linked to perception of trust in relationships linked inextricably with the following superordinate theme Construction of anger linked to perception of emotional distress in relationships.

3.3 Superordinate theme: Constructions of anger linked to perception of emotional distress in relationships

The third superordinate theme refers to participants constructions of anger linked to perception of idiosyncratic meanings of emotional distress and associated fear of emotional distress. Most of the participants at some point in their interviews denied being 'bothered', disturbed, distressed, upset by emotional distress. By saying or implying that they are 'not bothered' about anger and other emotion experiences increased perception of distance from the phenomena. The concepts 'power and control' theme, along with 'trust' theme were narrated as inextricably linked with the concept 'emotional distress experiences', which, as described, were mostly denied, ignored or deflected, as not being part of their discourse. This theme is constituted by three subthemes: Fear in relation to idiosyncratic meanings of emotional distress experiences; perceived fear of change/loss (and what that would mean), and perceived fear of being blamed or shamed (and what that would mean). All of the participants had diverse, unique accounts and understandings of their emotional distress experiences.

3.3.1 Subtheme: Fear linked with perception of meanings of experiences

Each of the participants described a perception of having experienced some sort of foreboding, overwhelming fear, in some shape or form, during past interpersonal experiences in which they had been highly distressed. What the distress, the emotional experiences meant; what specific meaning they attributed to the experiences was crucial. For example, Diane had likely feared her father would reject her or abandon her (subtheme) if she had not physically stood up against bullying by others, as a child, 'I remember my younger brother he got hit by two girls that were both my age...[...]... and I got told, "if you don't go and fucking give them a good hiding, don't bother coming home"...so I knew...what I had to do...'

Influenced by traumatising memories of feeling 'not wanted' by her mother for being a 'daughter' and her father's oppressive rules for living, Diane described a perception of there being a quintessential need to always physically fight back ('stand up for self' subtheme), or else something catastrophic would occur. In the following, she had been describing interactions with the legal system after she had been arrested due to fighting with another

woman.

Diane (842):

[...] They said to me, "was you scared for your life?"...but I wasn't scared for my life...at the same time it...I was hit all my life...through...as a kid and I won't have anyone hit me now (resolvedly)...but how do you tell a solicitor that...

Diane reasoned that 'letting' someone physically, psychologically intimidate, oppress her in some way and not retaliate was not an option. Her words 'how do you tell a solicitor that' suggest a lack of experience of articulating, labelling, expressing feelings such as being 'scared' and likely a sense of dread about what that would mean about her if she had done so (this subtheme). Diane could not tell the solicitor, likely associated with believing this would put her in some sort of danger (links with '...oppression...' theme and 'who can I trust' theme). In other examples, Diane described many stressful situations in which she asserted that her emotional distress and behaviour were not normal; they were dissimilar to her husband's, 'he's calm...normal' or the interviewer's, 'it's not how you feel'. In the following extract, Diane was describing how she perceived differences between herself and her husband in relation to parenting their children. The interviewer reflected Diane's words:

Diane (700):

R: Dad's the chilled out one...

D: And mum's the raving lunatic (laughing)...

R: Again...raving lunatic...is that how you see yourself...

D: I don't know...

Diane frequently spoke enviously of her husband's ability to be calm when faced with abusive (described as abusive but not labelled as such), verbal 'confrontation' from others and articulated a self-perception of being 'the raving lunatic' as she could not 'stay calm', which she defensively laughed off. Diane dislikes experiences of emotional arousal, fears what they mean about her and others perception of her (subtheme). She reasoned that she is an 'adult' now, therefore she should not think, feel or behave in this way.

A perception of fear of what emotional distress meant about self and others (subtheme) is shown in the following extract. Henry had been describing his reasoning for attending counselling sessions.

Henry (95):

[...] coz...you...everyone...you you...you put on a brave face...like you...you don't have...you don't have feelings...nothing bothers you...but it is bothering you...when you're...upsetting your mum, upsetting your girlfriends and that...urm...

Henry described wanting to fit in with stereotypical, normalised discourse of 'adult man', not being afflicted by such things as emotions, by 'put[ting] on a brave face' (Locke, 2002; Radtke, 2017). However, he was indeed 'bothered' by his 'feelings'. Henry had then distanced himself from increasing emotional arousal by asserting that he had gone to counselling for others sake not his own 'when you're upsetting your mum...your girlfriends'. Henry continued:

Henry (535):

[...] I had the idea that I was going to go there...er...and they'd make me feel nice and chilled out...and I don't know...give you like a....some sort of mental massage or something...make your brain chill out..

R: Mental massage...

H: Yeah...make your brain chill a little bit...er...make me think... "is that even the end of the world?"

Henry described conflicting and often 'unloving', as he narrated, thoughts/images and feelings towards other people, as being different to other people's experiences; meaning that there was something wrong, faulty about him (this subtheme: feared perceived meaning of experiences) and therefore, something that needed fixing; hence he had attended counselling. Henry had gone to counselling seeking 'a cure', as he described it. Henry used many culturally normalised words to describe his emotional distress in many stressful experiences with other people, such as 'jealous', 'paranoid', 'feeling trapped' and a fear that there was 'something wrong with [him] me' because he had these experiences. Henry had described wanting therapists to rid him of 'unloving' thoughts and experiences; to make him some sort of idealised emotionless, rational man. An adult man, whom was in control of himself (links with 'power, control' theme), emotionless, rational (this theme), independent and not needing of others (links with 'trust' theme); yet Henry craved interpersonal connection, which he fears (this theme). Henry is fearful that he craves connection with others and fearful what this means about him.

3.3.2 Subtheme: Fear linked with perception of change

It could be argued that this subtheme and the following subtheme (Fear linked with perception of blame and/or shame) are subsumed within the initial subtheme (Fear linked with perception of meaning of emotional distress experiences), however it was decided to highlight these two subthemes by showing them separately, as the fear of these experiences (along with what idiosyncratic meaning it had for the participants) was viewed to be prevalent enough in the discourse to warrant their own subthemes. Participants described various idiosyncratic fears in relation to their understandings of change or loss and what that would mean. For example, Fred described an incident, in which his dog had died, when he was very young and he had not cried, when everyone else had done so. Fred reasoned that there must have been something wrong with him as he did not cry, 'coz I was thinking there's...something strange...with me... (awkward snort)' Fred described the experience as a perceived change, a loss of being like everyone else. Again later, he appeared to question the interviewer whether he was 'normal'. Frequently, he described having been involved in lots of physical fighting with others (which was normal to Fred) as an adult and 'not being bothered' (this superordinate theme) about seeing all the blood and gore. However, he was 'bothered' when he had seen his uncle's dog after it had been run over. Fred reported he could not make sense of why he had been psychologically, emotionally impacted upon in relation to an animal, as an adult, but not about people; he was fearful about what that would mean about himself (this subtheme).

Fred (74):

F: I have seen a lot of anger...

R: Seen a lot...

F: Yeah...like people getting stabbed...it...all cut up in the face...hit...hit with lumps of wood...metal...bottled...(pause)...and none of it made me feel sick or anything...I didn't care...but...when me uncle's dog got run over...and I see blood...coming out...out of...of the blanket the man wrapped him up in, I started being si...heaving...and it used to...and it made me think..(starts awkward laugh)...well how comes I'm like that with an animal...and yet I can see people get stabbed and everything...and it don't bother me (awkward laugh)...

Fred referred to violent events in which he 'didn't care', which to Fred was the norm and yet,

he felt confused, disturbed by having felt sick (he struggled to say the word) about an injured animal. The physical urge to vomit in relation to something violent, traumatic, did not fit with Fred's perceived understanding of adult, male self, others and experiences i.e. real men do not get distressed and vomit. Fred's words implied that he feared these experiences meant he was not a man; not a 'boss', as he described elsewhere. To Fred this likely evoked a perception of risk; he could be seen as vulnerable by others, which could make him vulnerable to bullying from others, which he must prevent (links with 'perception of power/control...' superordinate theme), at any cost. Fred appeared to fear a perceived change in perception.

A perceived fear of change, loss and what that would mean (subtheme) is highlighted in the following extract. Maisy's narrative focused around a perceived threat of loss of friends during and since school days and a traumatising experience of potentially losing her mother (cancer) when Maisy was seventeen years old. Her father had been busy working and her brother had been busy with his academic studies. Maisy described the experiences as something she had had to cope with, alone:

Maisy (570):

[...] she was doing it...at Guys...and some at St. Thomas'...yeah...you know...well...I don't know if you know...what they're like when they have chemo...and radio...it just takes it out of you...like sometimes...she'd do it and then faint in the car...or she'd just sleep...and I was like... "mum mum" (concerned...scared...worried voice)...but obviously...it was just her being exhausted and stuff...well you see I was quite young...I was seventeen...it was quite a lot to take...

Maisy distanced herself from the emotionality of the events. Even though she relived her frightening experiences, heard as audible fear in her voice when she said 'mum, mum...', she immediately justified this, deflecting emotion away, by saying 'well...I was quite young', as if fear at potential threat of losing her mother was only something a younger person should experience. Alternatively, perhaps Maisy meant fear was something only a younger person was allowed to reveal, disclose to others (linked with 'trust' theme). The participants each evidenced, in one way or another, a fear of emotional arousal during times of change and

what that would ultimately mean for them.

3.3.3 Subtheme: Fear linked with perception of blame and/or shame

Participants, directly or indirectly, referred to a perception of a pervading fear of shame, humiliation, fear of being seen by others as different, deficient in some way, abnormal, outside the culturally accepted norm. Some seemed preoccupied with a perceived fear of being blamed for something, or perhaps both phenomena (blame and shame) had idiosyncratic feared meaning for participants. For example, Maisy spoke of perceived importance of being seen as humble in her family culture yet talked (although not labelling as such) of angry feelings of envy, jealousy and resentment in her relationship experiences, along with a perceived fear of others seeing her as being 'weak' in some way, (28) 'well obviously...some of them didn't even know what I was like at home...so they didn't know I had it in me...they just thought I was weak and stuff like that...' (i.e. Maisy had described being verbally 'angry', as she called it, at home with her parents). These incongruent worldviews likely contributed to Maisy feeling vulnerable to 'aggressive' peers (links with 'power, authority and control' theme), whom paradoxically, she described as desperately wanting to be accepted by in her quest to befriend everyone. The extract shows fear of being blamed, shamed, rejected, marginalised for being seen as different in some way.

At the beginning of Linda's interview, she had initially begun by saying, 'well, anger is an emotion', likely intellectualising her response to what she interpreted the interviewer to be expecting. This was likely a default response, seeking approval, likely to fend off a fear of being belittled, shamed in some way (subtheme), if she spoke about whatever else was really on her mind. Linda frequently spoke of inferring other people's intentions were to embarrass, humiliate her in some way. In the following extract, Linda spoke about there being a societal-wide lack of 'awareness' about peoples' emotional well-being and evidenced an ever-hypervigilant response of anger to a perceived fear of being belittled, humiliated in some way (subtheme).

Linda (328):

L: [...] we we learn about everything else...but mental health is so shoosh shoosh...it's so...it's not out there...there's not enough awareness, everyone is

really quiet about it...which is why when you say I've got something wrong with me...everyone's like "ohhhh (shocked and disgusted voice)"... "ooohhhh, she's got something wrong..." do you know what I mean?

R: Stigmatised...

L: Yeah... "don't go near her"...

Linda's stuttered narrative and change of pronouns (from 'I' to 'you'), evidenced her discomfort and deflection of socially stigmatised, uncomfortable feelings of embarrassment, shame, humiliation. A fear of being overwhelmed by these socially unacceptable, stigmatized feelings evoked agitation and anger, to protect her from being made fun of, belittled in some way, associated with the normalised dominant discourse of how one should think, feel, behave.

A perceived fear of being blamed or shamed in relation to what that would mean about themselves, other people and life experiences (subtheme), pervaded all the interviews. Throughout the interview with Henry, he frequently appeared to silently question the interviewer (his facial expressions pleading for relief) as to whether there was something wrong, faulty with him, because he often felt overwhelmed, understandably, by conflicting emotions in relation to stressful situations with other people. For example:

Henry (278):

[...] I don't like (awkward laugh) to think I've got this thing...called anger...it just sounds like you've got something a bit wrong with you, you know...I don't like to think (awkward laugh) about it like that...

Henry's awkward laughter and changing pronouns ('I' to 'you') evidenced his discomfort and desire to distance himself from '...this thing...called anger' he interpreted as abnormal, 'something a bit wrong with you' and something he would prefer to not experience. In Henry's worldview, real men are not supposed to be afflicted by such things as emotions.

Steve's narrative focused around a pronounced fear of other people's perceived intentions to belittle, humiliate or embarrass him in some way, which would have some idiosyncratic meaning to Steve, such as not being 'man' enough. Towards the end of the interview, Steve seemed to conclude that whilst he would try to refrain from violent altercation now and in the

future, he would always maintain a protective stance of, '...not let[ting] others take me [him] for a ride'. The feared shame, humiliation at such an occurrence was inconceivable; did not fit with Steve's worldview of how he, an 'adult' and a 'man', should think, feel and behave in relation to himself and other people.

3.4 Superordinate theme: Constructions of anger linked to perceptions of incongruence between relationship experiences

The final superordinate theme refers to participants constructions of anger linked to perceptions of incongruence between their beliefs, assumptions and values associated with their relationship experiences from different episodes in their lives, referred to in the interviews. The themes 'power, authority and control', 'trust in selves and others/events' and the use of deflection of 'emotional distress experiences' were described, narrativized as inextricably linked with making sense, or not, of experiences of themselves and other people, from different episodes in their lives, which were perceived as incongruent in some way. This theme is constituted by two subthemes: blaming themselves or others and accepting difference in viewpoints. Each participant reflected on relationship experiences from earlier in their lives, as children, younger people and compared these with more recent experiences. Some reflected on other people's likely experiences. Their understandings, their making sense of experiences and what this then uniquely meant (to participants), along with how they each believed they should think, feel and be in the world, did not match. The participants had similar yet unique ways of managing this conflict of beliefs, assumptions, values, and meanings (and evoked distress) and what this would ultimately mean about themselves, other people and their life experiences.

3.4.1 Subtheme: Blaming selves and others

All of the participants managed confusion and emotional arousal evoked by various forms of incongruence, at some point in their interviews, through 'blaming' either themselves or other people. For example, in the following extract Linda was reflecting on early life experiences, following the death of her father a few months previously. Her own memories of early life events had not matched those expressed by others (online). This led to confusion, a perception of threat linked with Constructions of anger linked to perception of trust in

relationships theme and unique meanings in relation to Constructions of anger linked to perceptions of control in relationships theme and default response of defensive anger (linked with Constructions of anger linked to perception of emotional distress in relationships theme), 'blaming' others, to distant herself from emotion experiences.

Linda (472):

L: [...] Especially like...I was embarrassed as well coz like I was saying to them...where...where was this [photo] taken...and I said "was it (place)?" and they was like "no", it was somewhere else...

R: Is this all on Facebook then?

L: Yeah...I was fucking embarrassed...and my mum wrote on there "yeah...erm...we moved around a lot" and I felt like an absolute tramp...I did...I felt like an absolute tramp...I thought "oh my god...what must they think...of me?" [...] But I was like...well I was a child there (defensively)...it ain't my fault, it's their fault...

Linda described feeling 'embarrassed', shamed, belittled in some way, when her timeline of memories had been incongruent with that of others. Linda's logic was that her emotional discomfort was 'embarrassment', which she attributed to having moved around a lot and she managed the emotional discomfort by defensively self-soothing via 'blaming' her parents. Linda's words suggest a quintessential urge to fit into a socially normalised representation of how she believes people are supposed to think, feel and behave. Moving about a lot did not fit; was not the accepted done thing (or other information related to why that had occurred). Linda alluded to having spent her life 'trying to forget the past...so now...it's gone...it's just not there anymore...' This experience with her father's friends online, evoked confusion and fear of being blamed and shamed for something, which she had reacted to, 'it ain't my fault'. However, Linda likely fears that 'other things', referred to earlier (i.e. sexual abuse), were in some way her 'fault', or she would be blamed as such.

The following extract shows the subtheme of blaming selves and others as a way of managing and coping with incongruence, and evoked emotional discomfort, in relation to perceived meanings of selves, others and experiences. Throughout the interview, Henry appeared to seek reassurance from the interviewer that he was not 'bad' or 'mad' for

experiencing mixed, conflicting emotions in relation to himself and others. Henry had tried to fit in with his perception of normalised stereotypical identity-categories about who or what is in control of him (i.e. he is, because he is an adult man), but was plagued by interpersonal emotional experiences, which did not match with this idealised frame of reference. Men do not get emotional, upset or distressed. Henry's discourse oscillated between blaming his parents for his emotional interpersonal struggles, '...then when your mum...your your your your dad lets you down and your mum chucks you out...what's that going to do it's going to make you worse...isn't it...(377)', and blaming himself. In the following excerpt Henry described his experiences of counselling.

Henry (472):

[...] it was making me feel like I'm more mad, because she [therapist] was annoying me as well...I was thinking I'm just...I'm...I've lost the plot (said to self)...

R: Making you feel more mad...

H: (Rapid) Yeah but...like...am I a bad man? Have I lost the plot because she's annoying me? Why is she annoying me? Why is she putting me in a worse mood than...when I got there? So I'm thinking "oh my God..." like...making me think of all these things...picturing like...weird things...but then I'm thinking...should I even be thinking about them in the first place...and just made me think "I'm just a bit of a mad man really...(laughing awkwardly)"

Henry's evoked emotional distress was palpable. His stuttered words described perceiving himself as 'more mad' after attending therapy. He attributed his emotional distress in his relationships as meaning there was 'something wrong' with him; he perceived that this fit with discourse of 'a mad man...'. At this point in Henry's narrative, he appears to blame himself (subtheme) for the difficulties in his relationships with others.

3.4.2 Subtheme: Accepting difference in viewpoints

All of the participants oscillated between using both of the previously mentioned ways (blaming themselves or others) for managing the evoked emotional arousal, the distress in response to perceived incongruence in their beliefs, assumptions, and values, along with explanations (to justify to themselves and to the interviewer), as to why this was so. However,

by the end of each interview, all the participants expressed a modicum of appreciation for contradictory viewpoints. For example, throughout his interview Steve managed his emotional discomfort with the interviewer, when experiencing evoked difficult experiences in his life, with laughter or socially normalised platitudes i.e. 'it's a man thing'. However, at the end of the interview, Steve spoke of his regrets and said:

Steve (1261):

[...] you know...everyone gets stubborn about...you know...about what goes on in life...who you want...who's yours...no one's yours...no one's yours...do you know what I mean...it's like...(inhales)...everyone's their own person...it's...the quicker you realize that...the better off you are...it don't...easier...it just makes you think...erm...everyone's got their own opinion...where...before...I didn't give a fuck about anyone else's opinion...

Steve described a 'stubborn' defensive positioning, in line with his worldview associated with 'ownership practices' in relationships with other people. He then continued saying that 'no one's yours' and audibly (inhalation) experienced discomfort when he uttered that everyone is their own person. This was extremely difficult for Steve, talking to a woman, articulating words that may suggest his previously defensively guarded view that man owns woman may in fact be erroneous, but he had bravely done so anyway. Alternatively, perhaps Steve said the words to please or impress the interviewer, or simply to escape the torture of the interview experience. Whatever the case, this could be interpreted as a modicum of change to his previously held inflexible viewpoint, which was difficult for him to articulate and accept.

Similarly, at the end of his interview, Henry reflected on his life experiences in his relationships with other people.

Henry (491):

[...] My mum I sometimes still a bit...I still argue with her...I don't think...we're ever going to get on because we're too...both...maybe...quite...quite similar...really...yeah...both...urm...yeah...we both annoy each other...

Henry made sense of disparate beliefs, values, assumptions about himself and other people in a different way, acknowledging that both he and his mother irritated each other and perhaps, that was okay. Later, he continued in this more flexible frame of reference:

Henry (670):

[...] But it is how it is...arrrr...I try not to, but she annoys me, and I annoy her...you obviously love your mum still, it's your mum init... they made you (quietly)...

Pause

Well I forgive her for...throwing me out and she forgives me for...swearing at her and punching her walls in... (laughs)...I couldn't live there now though...I couldn't put up with it...

Henry made sense of mixed, incongruent feelings, experiences and views 'she annoys me...obviously love your mum still', with words of forgiveness on both sides. Previously incompatible beliefs, identity-categories, assumptions, values and experiences became more acceptable to him. A modicum of flexibility of viewpoints, a developing appreciation for alternative perspectives was evolving in his worldviews. Interestingly, to reassert his sense of manly invulnerability in relation to other people, he re-defended his sense of autonomy in life, by saying 'I couldn't live there now though...'.

Chapter 4: Discussion

The aims of the present study were to examine participant's accounts, understandings, and meanings of their anger experiences in a more naturalistic, in-depth and ecologically valid setting (using semi-structured, one-to-one interviews) than current positivist research permits. The study aimed to explore constructions of anger: what anger means to them, how they relate to it, how they account for it and how they appraise it, amongst other issues. Importantly, this research sought to offer a voice to participants who may not ordinarily have the opportunity to express their lived experience of these issues. The specific research question was: How do people, who have undergone anger management interventions, account for their anger? Overall, the four superordinate themes revealed how all the participants appeared to struggle with unproblematically articulating, verbally expressing their experiences of their anger, or indeed any form of emotional distress, as it occurs, in relation to themselves or other people. The findings suggest that undergoing anger management training or aiding per se, does not appear to help participants with being able to unproblematically appraise, articulate, or clarify these emotions. However, anger management may help in other domains.

The thematic analysis yielded four superordinate themes and several subthemes. The superordinate themes were: Constructions of anger linked to perceptions of control in relationships; Constructions of anger linked to perceptions of trust in relationships; Constructions of anger linked to perceptions of emotional distress in relationships and Constructions of anger linked to perceptions of incongruence between relationship experiences. The participants appeared to understand and make sense of the construct 'anger' via discourse associated with these inextricably linked themes and the subthemes they appeared to be constituted by. The first theme Constructions of anger linked to perceptions of control in relationships showed discourse focused on conceptualizations of the concepts power, control, authority in relation to themselves and others/events i.e. power relations. Who is in control of me, is it me or someone, something else? In other words, whilst referring to anger experiences, their own or other people's, participants alluded to the concepts control, authority and power, in relation to themselves, other people and experiences in life. Notably, participants' accounts focused on early and later life relationship experiences which had been perceived as traumatic experiences of oppression (subtheme). This linked with descriptions of a perception of competitive, combative rivalry with other people (subtheme), as well as descriptions of a

perception of injustice (event/relationship experiences had not worked out how they perceived they 'should' have done) (subtheme) and a perceived need to stand up for, to defend themselves from perceived oppression (subtheme). From a critical perspective, this first theme illustrates how conceptualization of the concept 'power' may be diffused and embodied in discourse, present throughout society, which is in constant flux and negotiation (Foucault, 1998).

The second theme Constructions of anger linked to perceptions of trust in relationships refers to participants descriptions of idiosyncratic understandings of and relationships with trust in relation to themselves, other people and events in life. This theme showed discourse focused on descriptions of a perception of not understanding themselves and/or other people (subtheme). This was linked with descriptions of perception of who to turn to in times of need i.e. who was safe enough to trust (subtheme). In addition, this was linked with descriptions of a perceived need to be self-sufficient (not to trust other people) (subtheme). From a critical perspective, this second theme may be argued to illustrate how conceptualization of the concept 'trust' (i.e. in other people and in themselves) appeared to be influenced by conceptualization (and previous relationship experiences) of the concepts power, control and authority. These experiences appeared to be associated with later life conceptualizations and frames of reference in relation to trust (in themselves and in other people) (see Jordan, 2010).

The third theme Constructions of anger linked to perceptions of emotional distress in relationships showed discourse focused on idiosyncratic perceived threat in relation to perceived 'meanings' of emotional distress (i.e. anger, anxiety...). Most of the participants at some point in their interviews denied being 'bothered', disturbed, distressed, upset by emotion experiences. Participants used various non-verbal and verbal strategies to distance themselves from emotionality discourse, which they appeared to fear. For example, changing the subject, laughter, changing pronouns ('I' to 'you') and culturally normalised platitudes, such as 'it's a man thing'. However, two (females) of the participants were more adept at labelling, putting into words and owning 'emotion' experiences. Arguably, this was likely associated with a perception that it was a socially acceptable way for them, as they self-identified with the rigid, static (Guba et al., 1992) identity-category 'female' (Locke, 2002; Radtke, 2017) i.e. historically 'females' have been described as irrational and emotional (Locke, 2002). The other participants likely perceived this to be a feared, stigmatised way of managing and making sense of their 'anger' and distress. This, likely untested, way of coping with distress (i.e. talking about experiences),

appeared to be a feared behaviour associated with the social phenomena 'blame' and 'shame' (subtheme). Articulating that they felt angry, upset, distressed in any way, in relation to another person appeared to be a feared option, as perhaps this may be perceived by others as a sign of vulnerability which, in turn, may result in catastrophic consequences. In addition, each participant described various idiosyncratic 'fears' (although not labelled as such) in relation to their perception of potential 'change' (subtheme) and what that would mean (see Jordan, 2010). This was likely by virtue of identification with rigid, inflexible (Guba et al., 1992), idealized identity-categories i.e. sex, gender, age, ethnicity, class... (Radtke, 2017), and associated assumptions, prevalent in normalised discourse. Experience of 'themselves' was perceived to be associated with fixed inflexible categories. For example, female, male, child, adult and associated assumptions and values. Importantly, each participant's understanding of psychological distress and in particular, 'anger', did not fit with their perceived 'fluid' experience of themselves (Douglas, 2010). Participants sought to make sense of these fluid experiences with concrete, inflexible (Guba et al., 1992), idealized identity-categories (Radtke, 2017; Locke, 2002). This only exacerbated emotional arousal, confusion and distress.

The construct anger, along with other discourse associated with 'emotions', such as 'anxiety' was perceived to 'fit' with normalised discourse of pathology. Consequently, it was avoided at all costs. For all the participants, talking about psychological distress, in particular 'anger', was not part of normalised, accepted, acceptable discourse i.e. stigmatised. The participants each evidenced, in one way or another, a fear of their perceived 'realities' not remaining (i.e. change) as they understood these realities to be. Potential change could lead to loss of their unique understanding of reality, associated with unique concrete (Guba et al., 1992) categorised identities (Radtke, 2017), values and assumptions (associated power dynamics). These perceived idealized, inflexible (Guba et al., 1992) identity-categories suggest how selves, others and experiences are meant to be (Radtke, 2017). Notably, one 'male' participant appeared fearful that he craves connection with others; fearful what this might ultimately 'mean' about him. This would not fit with his 'understanding' of being a 'man'. By saying or implying that one was 'not bothered' about 'anger' (associated with emotional distress experiences) increased perception of distance from the phenomena.

Notably, participants illustrated various ways of distancing themselves from thinking and talking about these emotionality experiences i.e. mostly denied, ignored or deflected, as not

being part of their discourse. From a critical perspective, reductionist approaches to psychological distress (i.e. anger management) may undermine the emotional wellbeing of many individuals from marginalised sections in society. For many individuals from disadvantaged (i.e. females, transgender, non-binary gender, ethnic minorities, working class) sections in society, articulation, to another person, of having experienced such phenomena may be feared, as it could be perceived as not fitting with normalised, idealized, inflexible (Guba et al., 1994) 'identity-categories' discourse of how they should think, feel and behave (Radtke, 2017). In this study the participants appeared to view such experiences as being associated with identity-categories pertaining to discourse of pathology (i.e. 'disorder'), which they each were desperate to distance themselves from.

Of note, each participant described various earlier life experiences of emotional abuse, neglect and deprivation (Jordan, 2010), but with varied appraisal, interpretation and evaluation of these experiences. Each of the participants appeared to have not been given the opportunity, the space to talk, articulate and make sense of these experiences of emotional distress, as acceptable relational experiences of all human beings, in their early life relationships. Furthermore, and importantly, ways of understanding the world (i.e. anger, emotional distress) will have changed over time (i.e. culture and time specific). Participants experiences of emotional arousal (their own and other people's), narrativized as fear, anger, envy, jealousy, rivalry (in relation to themselves and other people/events) was 'feared' as 'meaning' there was something 'bad' or 'mad' or 'abnormal' about them.

The final theme Constructions of anger linked to perceptions of incongruence between relationship experiences refers to participants idiosyncratic accounts, understandings of and relationships with contradictions, incongruences in their beliefs, assumptions, values associated with relationship experiences, referred to in the interviews. The themes 'power, authority and control', 'trust in selves and others', and the use of deflection of 'emotion experiences' were described, narrativized as inextricably linked with making sense, or not, of experiences of themselves and other people, from different episodes in their lives, which were perceived as incongruent in some way. Discourse focused on blaming themselves or others for distress evoked by these incongruences (subtheme), aligned with normalised discourse of oppression. However, each of the individuals gave descriptions of what was interpreted by the researcher as Accepting difference in viewpoints (subtheme); by the end of the interview all the

participants expressed a modicum of appreciation for contradictory viewpoints. Each participant reflected on experiences from earlier in their lives, as children, younger people and compared these with more recent experiences. Their understandings, their making sense of experiences and what this then uniquely meant (to participants) along with how they each believed they should think, feel and be in the world, did not match which was illustrated with their descriptions “it’s quite weird...”, however, perhaps that was ‘okay’. It did not have to make any sense i.e. fluid identity experiences (Douglas, 2010).

These superordinate themes and associated subthemes, along with responses to them, were interpreted (by the researcher) to be non-static, in flux, embedded in the discourse, oscillating in accordance with perceived power-dynamics (Foucault, 1998), which were associated with fluid-identities and contextual factors in the interviews. The items (individual interviews) described unique ways of understanding ‘anger’ experiences in which each participant sought to ‘fit in’ with their perception of normalised discourse in Western society, by virtue of identification with idealized, inflexible (Guba et al., 1992) identity-categories and associated values and assumptions i.e. sex, gender, age, ethnicity, class (Radtke, 2017). These rigid, concrete (Guba et al., 1992) identity-categories (Radtke, 2017), prevalent in dominant normalised discourses of oppression (i.e. pathology), suggest how people are supposed to think, feel and behave in relationships with themselves and others. These perceived concrete identity-categories influenced how they each conceptualized ‘anger’ to position themselves in relation to other people (i.e. power relations). As previously noted, and importantly, these concrete, inflexible identity-categories and associated assumptions did not align with their ‘fluid’ experiences of themselves.

Participants unique ‘meanings’ they attributed to ‘anger’ experiences appeared to be associated with their unique life experiences and the dominant discourses they had been exposed to in significant early life relationships, particularly in relation to perceived trauma and oppression (Jordan, 2010; Wade, 1997). These experiences were described as single or recurring dynamic relationships with other people or events, which had likely moulded, shaped their understanding of themselves, other people and life experiences (Jordan, 2010) i.e. ‘anger’. All the participants made reference to the terms ‘mad’, ‘bad’, ‘weak’ or ‘abnormal’, in relation to their experiences of their own ‘anger’, associated with culturally normalised discourse of oppression (individualistic, internalistic ‘disorders’).

Notably, as previously mentioned in this discussion, the social constructs 'blame' and 'shame' were prevalent in the interviews. Participants, directly or indirectly, referred to a perception of a pervading fear of shame, humiliation, fear of being seen by others as different, deficient in some way, abnormal, outside the culturally accepted norm. Some seemed preoccupied with a perceived fear of being blamed for something, or perhaps both social phenomena (blame and shame) had idiosyncratic feared meaning for participants. Each struggled with fear of being blamed, shamed, rejected, marginalised, oppressed in some way (see Wade, 1997), for being seen as different; not fitting with normalised discourse associated with identification with idealized, concrete, inflexible (Guba et al., 1992) identity-categories i.e. sex, gender, age, ethnicity, class... (Radtke, 2017). All discourse with the participants appeared driven by a compulsion to avoid criticism at all costs, likely associated with influx power-dynamics in the interviews (Foucault, 1998). This was likely associated with relationship experiences with other people, which had been (and likely still are) perceived as critical, with a corresponding lack of compassionate, warm and nurturing relationship experiences. Discourse appeared focused, motivated by a competitive rivalry, with other people and with themselves, to be 'better'. This is likely exacerbated by the individualistic ideal-self positivist viewpoint espoused by self-help literature and other forms of normalised individualistic-focused discourse prevalent in the public domain (McMullen and Stoppard, 2006; Riley et al., 2019). Paradoxically, a need to 'be better' may be counterproductive to overall emotional wellbeing.

Discourse associated with emotionality, evoked early life experiences of distress, which was enhanced by virtue of their identification with identity-categories (Radtke, 2017), along with associated values and assumptions (how should think, feel, behave) and influenced by the immediate context i.e. power relations (Foucault, 1998) (in an interview with another person i.e. an 'adult', 'woman', 'white', 'likely perceived privileged class/social status'...). Physiological, pathologizing discourse associated with notions of emotionality produced and reproduced the potential for gender differences in the emotion experiences and undermined any alternative viewpoints (Locke, 2002). Similarly suggested by Locke (2002), the gender differences that may be interpreted in the discourse pertaining to emotionality are suggested to be related to cultural expectations of emotional expression and historical notions of stereotypical emotional females and rational, non-emotional males. Like Locke's article (2002), this research's critical approach to studying emotions and distress attempts to highlight what the socially gendered

narratives of emotionality accomplish (Locke, 2002). Conceptualization of emotional arousal, emotionality or distress appeared to be associated with a perception of being oppressed, controlled, marginalised or abused in some way by others and this meant, to participants, that there was something faulty, something wrong with them as this fit with dominant discourse of oppression (Wade, 1997) i.e. pathology.

Like suggested in previous research (Gonzalez-Prendes et al., 2011), 'anger' experiences, emotional distress, was viewed by some participants as a threat to relationships (with themselves and/or others), so anger was unexpressed or diverted away by other means. This increased the risk of unhelpful behaviours in their relationships (with themselves and with others) and potentially detrimental consequences for emotional well-being. However, unlike previously mentioned research (Gonzalez-Prendes et al., 2011), participants did not appear to view 'anger' as a sign of 'weakness', quite the contrary; anger seemed to be regarded as a sign of 'strength', to defend, protect themselves in relation to experiences of oppression (Wade, 1997). However, something about the experiences was perceived to be dissimilar, articulated as 'abnormal' compared to other people's experiences. Specifically, verbally articulating to another person that they were feeling 'angry' in relation to that person was where the 'problem' appeared to be located, in 'relationships' (see Douglas, 2010). A lack of experience articulating to another that they were angry, annoyed, upset 'with them' appeared prevalent, which was likely related to childhood experiences in relationships. This was where the evoked distress, arousal (narrativized as 'fear') seems to have originated; within perceived early-life experiences in significant relationships (Jordan, 2010), in which emotional distress had been ignored, punished, invalidated, in accordance with the other's identification (and becoming their own) with inflexible, concrete, idealized identity-categories i.e. gender, age, class, ethnicity... (Guba et al., 2002; Radtke, 2017; Locke, 2002), associated assumptions and values (how should think, feel and behave).

Importantly, even though human beings develop in a social world, in relationships, it seems that the discourse with some participants suggested that wealth, power, possession of material-objects and social-status was valued, above human-relationships (Gerhardt, 2010). This is likely exacerbated by Western normalised individualistic discourse. Such discourse detrimentally negates the human value (Lobb, 2013) to identify with, to empathise with and accept psychological, emotional distress of which 'anxiety', 'vulnerability', 'anger/rage' are

associated and to be part of normalised experiences of selves and others. Participants early life carers, teachers, and others, likely had experienced emotional abuse, neglect and deprivation in their own early-life relationships (and currently too, associated with work and other life pressures). Discourse associated with emotionality had been avoided, denied, deflected and likely, by other more oppressive strategies (of note, ways of understanding the social world will have changed according to historical and cultural location). Adults who had had to ignore, negate, repress their own early life relationship experiences of distress, narrativized as panic, anxiety, anger and confusion, as vulnerable, powerless children in their early-life relationships, likely identified with, on some level, other's communications of emotional distress. Now, they identify with inflexible, concrete (Guba et al., 2002) identity-category 'adults' and they manage interactions with others and own evoked emotional arousal, via discourse of 'badness', 'madness', 'lack of self-control'; blaming the child or the parents, aligned with normalised reductionist discourse of oppression i.e. blame and shame (Radtke, 2017).

Like Lobb's (2013) research on emotional distress, empathy, whilst stereotypically socially constructed as a feminine attribute, was not limited to the discourse with female participants; its expression was associated with previous experiences and the immediate context (e.g. in an interview). Although not shown in the analysis, as this was not the focus of the study, like Lobb's work (2013), the discourse with the participants who identified as mothers did suggest that they bore the cost of putting other's needs (children and men) before their own. Furthermore, like suggested by Kruger et al. (2014), when exploring their reasons for their anger, frustration with trying to live up to idealized notions of motherhood in adverse circumstances was often given. Similarly, other participants reasons for anger was associated with frustration with trying to live up to idealized notions of rigid, inflexible (Guba et al., 1994) identity categories, which produce and maintain inequality and social injustice for many individuals from marginalized sections of society (i.e. working-class, females, ethnic minorities).

Importantly, like in Wade's study (1997), many behavioural or mental acts were noted that had been used by the participants through which they had tried to resist perceived forms of oppression (Wade, 1997) i.e. violence, exploitation, humiliation, discrimination, marginalization, emotional abuse, neglect and deprivation; indeed, both historically and during the interview. Similarly suggested by Wade (1997), the clearest evidence for the existence and the importance of resistance to oppression are the historical and current efforts by the powerful

institutions of oppression to conceal or suppress it. Normalised, meta-narratives that pathologize emotional distress, detail ways of how people have been encouraged to view themselves, others and experiences in the world. These storylines, these meta-narratives, are so powerful that experiences are shaped to fit (Enosh et al., 2005a). Whilst it is accepted that various diagnoses may be beneficial in the de-stigmatization of suffering for some people, these terms may have a political function; by focusing on the internal state of people, the problem is located within the individual i.e. depression (Strawbridge, 2010). This deflects attention from wider political and social issues. Meta-narratives of pathology ignore contextual factors such as social, political and economic, as well as variables such as class, gender and race (Strawbridge et al., 2010). Importantly, these meta-narratives may be damaging for some people and may reproduce inequalities and social injustice of many individuals from marginalised sections in society. Within psychology, feminist critical theorizing seeks to explain the lives of people marginalised by virtue of their identification with categories i.e. sex, gender, age, ethnicity..., with the aim to make visible varied perspectives (Radtke, 2017). Importantly, feminist psychology critiques historical psychological research as conducted from a male perspective with the view that male conceptualizations are the norm. Entirely different meanings for notions of emotionality have developed, which highlight what emotion as a social and gender construct, or notion, accomplish (Locke, 2002). This entails recognising how power relations are associated with restrictions on individuals from marginalized groups in society, such as females, working-class and ethnic minorities, that are related to social norms, the knowledge that is thus regarded as legitimised, and the regulations imposed via legal systems (Radtke, 2017).

As noted by Rizq (2010), crucial to the evolution of a child's ability to understand their own emotion processes and their ability to empathise with other people, is the quality, status and consistency of carer's emotional attunement to and containment of a young infant's affective state. Socialization, by virtue of identification with normalised, idealized, inflexible (i.e. positivist views on personality) identity-categories (Radtke, 2017), appeared to have influenced the ways participants conceptualized, related to and expressed anger. Notably, the participants in this study were perceived by the researcher to not be individuals from the 'group' within which much privileged psychology research (positivist worldview) on emotionality and distress historically has been produced i.e. white, male, 'British', middle-class.

The findings from this study suggest that the participants all struggled with articulating,

verbally expressing to themselves and others, that they experience 'anger', or indeed any form of emotional distress. They fear their own and others emotional arousal. Emotional arousal, narrativized as anxiety, anger..., was described as something alien, something threatening and something that should not happen to them, as these experiences did not happen to 'normal' people. The participants viewed these experiences as something they did not like to talk about with others; they fear to do so would mean there was something abnormal, faulty with them, aligned with dominant normalised discourse of oppression, pathology, blame and shame. Each participant made sense of their own and others distress by virtue of identification with normalised, idealized, inflexible, concrete (Guba et al., 1994) identity-categories i.e. age, gender, class, ethnicity and others, and the normalised assumptions and values attached to these categories, which produce and reproduce social injustice and inequality for many individuals from marginalised sections in society (Radtke, 2017). This being the dominant discourse, the meta-narratives which prescribe what is 'normal' regards thinking, feeling and being, in relation to selves and others. Importantly, the findings show that for each participant, identification with gender (i.e. male, female...), age (i.e. child, adult...) and other identity-categories, was fluid, performed, and a flexible, abstract subject position which is responsive to the social context (Radtke, 2017) and inextricably associated with power relations. These power relations are embodied in discourse, present throughout society, and in constant flux and negotiation (Foucault, 1998).

The construct anger will mean many different things to different people. Supporting various integrative, collaborative therapeutic approaches to psychological, emotional distress (e.g. Gilbert, 2014), this study hopes to highlight the importance of giving people space in a collaborative relationship, to set the frame of reference themselves. These relationship experiences can be helpful, enabling reflection, integration and growth (Cordin and Morse, 2003; Josselson, Lieblich & McAdams, 2007).

4.1 Limitations

Although the present study has advanced our understanding of ordinary peoples' accounts of anger, it also has some limitations. The first limitation to note is that prior to the actual interviews, the participants may not have conceptualised the intervention they had previously engaged in as being related to 'anger management'. The participants were recruited

by means of snowballing. Via social media, family members, friends and colleagues gave the researcher's contact details to potential participants 'they considered' had had some sort of 'anger management' intervention. This may well have problematized the participants conceptual understanding of their 'intervention' experiences, which in turn, may have influenced the power dynamics and the discourse in the interviews.

A second limitation to consider is that it could be argued that some of the extracts used in the analysis are not exclusive, distinct to the interpreted and named superordinate theme or subtheme stated. However, the researcher would argue that this is exactly the point. Language cannot exclusively differentiate between these abstract constructs as they are inextricably linked. It is reductionist, socially constructed, concrete language (Guba et al., 2002) that produces and reproduces an assumed disconnection between them. The interviews may be interpreted in an infinite number of ways. Language is not a transparent medium through which 'truth', the 'facts' of clinical experiences can be objectively conveyed from narrator to listener. The researcher will have written more about various aspects of the interviews than others, editing out that which does not fit with the researcher's story of reality (Davy, 2010). Importantly, the researcher cannot control the interpretations made or foresee all possible readings. The discourse shown did not just originate from the researcher's intentions but also from the cultural and discursive social environment, along with the connotations and history of the language in which they are written and their relationships with other texts (Davy, 2010). The written text shown in this thesis and readers provide scaffolding for each other to achieve new meanings in a recursive process. The potential limits of the new meaning will be influenced dynamically by both reader and text, and the fit between them (Davy, 2010).

4.2 Further research

Suggestions for future research include moving away from realist thematic analysis methods and using more relativist critical psychology approaches, utilising various social media platforms. In addition, studies employing a team of researchers, whom will each have a unique worldview, by virtue of unique life experiences, will enrich any research. By utilising an intersectional lens (e.g. Shields, 2016), based on discourse from various social media platforms, it may be possible to make visible alternative conceptualizations of and relationships with psychological distress (associated with anger and anxiety). These diverse perspectives may

offer alternative viewpoints and discourse to challenge and transform the dominant discourse of pathology and oppression (Radtke, 2017), which maintain inequality and social injustice for many individuals from marginalised sections in society.

4.3 Implications for counselling psychology practice

Talking with another person, in a safe space, in which the storyline was not framed by someone else, crucial in a collaborative therapeutic relationship in which development can only be understood through personal stories (Davies, 2018; Hendry & Kloep, 2012), was likely something the participants were unused to doing. Playing the role of 'expert', framing the discourse and taking control of the discourse, enacts earlier life relationships, which may have been experienced as controlling and disempowering. Permitting, indeed encouraging clients to set the frame themselves (Wengraf, 2001), enabling them to talk about whatever they think relevant, is crucial to helpful therapeutic work. Furthermore, empathetically responsive, tentative, sensitive evocation of distressing experiences can be useful in enabling reflection, integration and growth (Cordin et al., 2003; Flemons, 2002; Garland, 1998; Waddell, 2002; Josselson et al., 2007). Encouraging people to recognise they already have the 'ability' (Cecchin, 1992; de Shazer, 1985, 1988; de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986; White & Epston, 1990; White, 1995), through 'small acts of living' (Wade, 1997) to resist oppression and abuse can be empowering. By tentatively enabling people to discover alternative viewpoints, alternative empowering discourse, through reflection of their own life experiences with themselves and other people, is a helpful, ethical approach to enhancing peoples' psychological wellbeing. Importantly, a one-size-fits-all policy of over-simplified individualistic-focused counselling practice may only serve to reproduce the social injustices and inequalities, the continued oppression of many people, from marginalised sections in society. As highlighted by Douglas (2010), counselling psychology as a professional body seeks to retain alignment with its humanistic ethos and values, using a broad range of models, theories and methods to prevent imposing restrictions based on 'gold standard' politically espoused empirical evidence, which may be ineffective or may be even damaging in some cases.

It is crucial that practitioners be mindful of psychology's past and persistent reliance on individualistic conceptions which dominate the discourse presented to the public (McMullen et

al., 2006), such as the reoccurring trope of the 'individualistic ideal-self' espoused in self-help literature, available on multifarious platforms, promising the chance of 'being better' (McMullen et al., 2006). Furthermore, it is important that practitioners be aware that this and other dominant discourse may be problematically gendered; women positioned as particularly in need of improvement (Riley et al., 2019). This may be detrimental to many, in various unforeseen ways. Notably, whilst skills and competencies are important, 'helpful' therapy requires a depth of thinking and human response that is not reducible to formulaic prescriptions (Strawbridge et al., 2010). What is crucial is the capacity to form collaborative therapeutic relationships, with a commitment to broader understanding of psychological theories, ethical and socio-political awareness and a dedication to inquiry and reflective practice (Strawbridge, 2010).

In terms of policy, as proposed by Lobb (2013), the sharing of empathy work is indeed both an ethical and political issue. Lobb's (2013) suggestion of theorizing empathy as a human value and that empathy work shared within the sexes would seem a helpful solution in many ways. For example, in terms of stress-related maternal anxiety and defensiveness, which has been shown (Kestler-Peleg et al., 2018) to serve as a mechanism for managing distress faced by mothers struggling with current Western societal norms.

Various approaches to relational distress may be useful, based on a life-course perspective, in which problems of psychological development in the context of various forms of abuse, neglect or other traumatic childhood events are viewed to trigger disturbances of identity (Douglas, 2010; Jordan, 2010). Having an attachment orientation can be a crucial scaffold for therapeutic work when working with survivors of abuse, in collaboratively seeking to understand how the abuse had come to take place and in what ways its effects have impacted (Jordan, 2010). Most abuse occurs in the context of relationships, therefore having a deep understanding of how early relationships or attachments are formed and disrupted may be invaluable to therapeutic work (Jordan, 2010). Utilising an attachment theory framework, using models that seek to de-pathologize distressing body/mind experiences associated with adaptations to different environments (e.g. Gilbert, 2009), may enhance therapeutic work. Insofar as the focus being on core constructs in unique narrative (Cuppige et al., 2018), rather than symptoms of pathology. A relational approach that views anger not as a thing, which needs to be controlled, but rather an embodied expression of a relationship to something or somebody (Flemons, 2002). For example, rather than view relational distress as pathological symptoms

of disorder, the Lifespan Model of Developmental Change (Hendry et al., 2012) highlights that development is unique and can only be understood through narrative, personal stories. As suggested by Davies (2018), distress may be normalised by conceptualizing these experiences as highlighting normal, acceptable transition-zones of opportunity for change and development; crucially, lessening the stigma associated with experiences of vulnerability. Aptly put by Sweeney et al. (2018), a 'paradigm shift' is essential in approaches applied by mental health services to supporting people in psychological distress; a shift from mental health systems tendency to conceptualize behaviours and distress as symptoms of pathology to more ethical conceptualizations. Collaborative, therapeutic relationships in which individuals are given space, are enabled, empowered to recursively, iteratively narrate their story, in a different, more helpful way may be liberating (for client and therapist). New interpretations of others' interpretations may evolve in a never-ending recursive loop of discovery in which human beings make more helpful sense of themselves, other people and life experiences (Davy, 2010). Making visible, varied perspectives of conceptual understandings of and relationships with anger, anxiety, distress in individual's stories may offer alternative, more ethical discourse to challenge the dominant discourse of pathology and oppression, which maintain inequality and social injustice for many individuals from marginalised sections in society (Radtke, 2017).

4.4 Conclusions

This research presents participants perspectives, different understandings of and relationships with the construct anger. Notably, participants framed their narratives within the normalised, individualistic-focused, inflexible, rigid identity-categories discourse (Guba et al., 2002) associated with a post-positivist worldview which pathologizes emotional distress. This dominant discourse produces and reproduces inequality and social injustice for many individuals from disadvantaged, marginalised sections of society i.e. there is an ideal way to think, feel, behave, based upon a 'non-emotional', rational, white, middle-class, male norm (Locke, 2002). The counselling psychology critical approach of this research views personalities, identities, gender as fluid, intersubjective, embedded in discourse and responsive to the social context (Douglas, 2010) i.e. crucially, associated with power relations (Foucault, 1998). Future research can begin 'moving' how counselling psychologists' practice 'anger management' in the direction of a more humanistic approach to human distress, so that they can help as many

people as possible in a more inclusive way, which appreciates diversity.

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APPENDICES

Appendix A: Ethical Approval from University of East London

Appendix B: Participant invitation/information sheet

Appendix C: Consent form

Appendix D: Interview schedule and prompts

Appendix E: Reflections from research journal

Appendix F: Thematic map

Appendix A: Ethical Approval from UEL

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

SUPERVISOR: Irina Anderson **REVIEWER:** Helen Murphy

STUDENT: Ann Taverner

Title of proposed study: Meaning-making following group anger management: A narrative analysis.

Course: Professional Doctorate in Counselling Psychology

DECISION (*Delete as necessary*):

***APPROVED, BUT MINOR CONDITIONS ARE REQUIRED BEFORE THE RESEARCH COMMENCES**

APPROVED: Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

Minor amendments required (for reviewer):

Minor condition 1

The supervisor is provided with a current copy of the DBS – it was not included in the ethics application

Minor condition 2

The supervisor to briefly explain to the assessor the exclusion criteria for 'perpetrators of domestic violence' when the trainee stated "Priority is given to clients whose anger puts self or others at risk" as inclusion criteria.

[Empty rectangular box]

[Empty rectangular box]

Major amendments required (for reviewer):

[Empty rectangular box for major amendments]

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (Typed name to act as signature):

Student number:

Date:

ASSESSMENT OF RISK TO RESEACHER (for reviewer)

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

MEDIUM

LOW

Reviewer comments in relation to researcher risk (if any):

Researcher is dealing with individuals who have anger issues

Reviewer (Typed name to act as signature): Dr H Murphy

Date: 22/04/15

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee (moderator of School ethics approvals)



Appendix B: Participant invitation/information sheet

Invitation and Participant Information Sheet

Project Title: Meaning constructed in life-story following an anger management intervention: a narrative analysis.

Name of researcher: Ann Taverner

Consent to Participate in a Research Study

The purpose of this sheet is to provide you with the information that you need to consider in deciding whether to participate in this research study. The study is being conducted as part of the researcher's Professional Doctorate in Counselling Psychology at the University of East London.

Project Description

Anger management work is increasing. Research exists looking at whether researchers think it has been helpful or not. However, there is little research asking participant's their point of view on what they think has helped or not helped following some form of intervention with regard to anger. This study hopes to explore your point of view on what was or was not useful and what you think has/not changed. The researcher is really interested in your experiences and views about anger. She would like the chance to meet with you and for you to tell her how you manage the stress in your life.

Confidentiality

Your right to confidentiality is extremely important. If you choose to take part in this research, the researcher would meet with you in a private room at the University of East London. She would ask for you to give signed consent for interviewing you. The interview would be taped so that she can then write-up what was said. However, and importantly, all identifying information about you (names, places etc.) would be removed. Once the tape is transcribed (written up) with all your personal information removed for analysis, then the tapes, paper transcripts and signed consent forms will be stored in a secure, locked research cabinet at the University of East London, for up to three years (sole purpose of use in research). Digital anonymised transcripts will be stored on the researcher's personal computer; this data will be encrypted and password protected with only the researcher having access.

It is important that the researcher is not able to add information that was not in the interview, so her research supervisor (who is also legally bound by confidentiality legislation) will listen to the tapes to ensure transcription is accurate. After analyses is complete it is hoped to publish the anonymised study in a peer-reviewed journal to further inform theory, practice and other research. It is hoped to encourage further research on the subjective experience of change in managing emotional distress.

Importantly, you are entitled to withdraw all of your information from this study at any time during the interview. However, once the tapes are written up and anonymised (no personally identifying features), which would be one week after the interview; the data will become the property of the University of East London, solely for the purpose of research (for up to 3 years).

Consent

Before the interview, all the information in this sheet will be discussed and any questions you may have will be answered to the best of the researcher's ability. Lastly, when you are content with what will happen she will ask for you to sign the consent form. Only after signed consent is given will the interview take place.

What would happen in the interview?

Once you are comfortable and ready to begin she would switch on the tape and begin the interview. It could be as short as thirty minutes or up to ninety, the choice is really yours. However, at any time during the interview, if you feel that you would like a break, as you are feeling too distressed or uncomfortable, then this would happen immediately. If you felt that you were too upset to continue then the interview would be stopped straightaway and all your information would be removed from the study, if you so chose.

At the end of the interview, the researcher will seek to ensure that you are not feeling any bad effects from the interview process. She will make sure that you have details of who to contact if you have concerns, want to make a complaint or want to discuss this research with the university, as well as contact details for emotional support if you would like to pursue this.

Risks

The study topic area may well bring up difficult, painful feelings. The researcher will be mindful of this and will seek to make sure that you are not harmed in any way by the interview. It could actually be helpful to you, as it will give you the opportunity to talk about these thoughts and feelings. The researcher has a duty of care to you. If at any time you wanted a break in the interview due to these difficult or uncomfortable feelings, then this would occur. If you wanted to stop the procedure completely and have all your data removed from the study, then this would occur. The researcher does have a duty of care to you and others, so if you disclose information, during the interview that she believes puts you or someone else at risk of significant harm she would be legally obligated to breach confidentiality to protect you or others.

Benefits

Your views are hugely important. Current research on therapies is influenced by researchers and practitioners beliefs and points of view about emotional distress. Your views, thoughts, beliefs and feelings about anger, sense of self, sense of other people and life experiences are a very important part of the picture. This needs to be better understood by the therapists if they are to improve services and make them as helpful as possible to those using them.

Yes, talking about your experiences of anger may indeed be distressing and painful; however talking about these experiences may be, in fact, beneficial to you too. Thinking about these experiences, perhaps making better sense of them with the researcher, may be helpful to you. Your views, thoughts, and feelings are extremely valuable to this research with the aim to make therapies as effective as possible for people suffering with emotional distress.

Lastly and importantly, thank you for the time you have taken to go through this form. Whatever choice you make, thank you for considering taking part.

Contact details of the researcher:

- The Principal Investigator: Ann Taverner
- Email: u0514971@uel.ac.uk

(Questions/Concerns/Complaint contact details for the university:

- Chair of the School Of Psychology Research Ethics Subcommittee: Catherine Ficulleateau, Research Integrity and Ethics Manager, The Graduate School, Docklands Campus, University of East London, London, E16 2RD. Telephone 0208 223 6683 researchethics@uel.ac.uk
- Study supervisor: Dr. Irina Anderson, School of Psychology, University of East London. Telephone: 0208 223 4498; Email: i.anderson@uel.ac.uk

Contact details for emotional support from local services:

- The Samaritans helpline: 116 123
- Phoenix Counselling Services: 0208 595 9633

Disclaimer

You are not obliged to take part in this study and should not feel coerced. You are free to withdraw at any time. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. However, should you choose to withdraw after anonymization of the data (one-week after interview), the researcher reserves the right to use your anonymised data in the write-up of the study, for publication in a peer-reviewed journal and any further analysis that may be conducted.

Thank you! Your time and views are valuable and very much appreciated.

Kindest regards,
Ann Taverner



Appendix C: Participants Consent Form

CONSENT FORM

Project title: Meaning constructed in life-story following an anger management intervention: A narrative analysis

Name of researcher: Ann Taverner

Please initial

- 1. I confirm that I have the read the participant information sheet dated.....for the above research study and have been given a copy to keep. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. However, I understand that once data is anonymised (one week after interview), it will become the property of the University of East London for the purpose of research.
3. I understand that my involvement in this study and my data in this research will remain strictly confidential. Only the researcher will have access to identifying data and this identifying information will be anonymised. It has been explained to me what will happen once the research study has been completed, as written in the information sheet.
4. I agree to take part in the above study.

Name of participant

Date

Signature

Name of researcher

Date

Signature

Appendix D: Interview schedule and prompts

- I am really interested in your story about you, other people and anger. Please, can you tell me about it?
- What's your earliest memory of anger experiences?
- Since the intervention, has there been any change in how you think and feel about yourself, others and experiences?
- What did you find helpful?
- What did you find unhelpful?

Appendix E: Reflections from research journal

Thursday, 3rd March, 2016

About to go REC meeting and just remembered researcher at [...] saying we do not need to be a psychologist/therapist to research/study people...I remember thinking, how? I need to understand why, how...I function (feel, think, do) what I do, and others, to even start this process...surely...

Thursday, 19th May, 2016

Yesterday attended extra day at university, added in line with requirements of BPS, likely leading to training of psychometrics to Counselling Psychologists. Most striking, epiphany moment was use of term psychological construct; yes, Alfred Binet with his first ideas (scary and positivist) on measures had hugely negative influence in the 1930s – now we have anger management group therapy, whereby ‘anger’ is viewed as being in need of controlling.

Sunday, 3rd July, 2016

Watched program narrated by Kaufman about confirmation biases. Thinking about thesis and outcome measures and post-positivist attitudes/theories/approaches – realised the inclusion/exclusion criteria of RCTs operate predominantly under influence of confirmation biases. Basing outcome measures on very restricted criteria is seeking to confirm biased hypotheses e.g. specific populations - not indicative of real-world therapies.

Friday, 3rd February, 2017

...[incident with male]...own rage potentially imminent at any moment...was able to assert my rights without violating his...wonder about my difficulties with expressing anger...FEAR!

Wednesday, 8th March, 2017

After weeks of feeling “uncomfortable”, frustrated, I have come to realise that “failed” process report and presentation experiences were kick up the backside I needed. I have transcribed first interview, have another tonight and others to schedule. Perhaps this whole process is

about my drive to try to understand my self, others, particularly associated with my unexpressed frustration, hurt, pain and anger with Dad and oppressive others as a child...who knows...

14th, March, 2017

Sunday's interview really affected me...awake hours that night...sadness, anxiety, anger...feeling a need to help...so sad, that a little girl felt, feels, so unwanted, alone, so needing to be self-sufficient to survive. Did it ring bells for me? Yes. No. Different, but similar.

19th March, 2017

Completed third interview...really hard...so sad that little girl had to build these defences to survive...I felt sad, anxious, frustrated and so angry...yet intrigued, humbled by her resilience...so much loss at the moment, in own life...associated with work-experiences and my own family member's death...

24th March, 2017

Bombshell disclosure by [daughter]!

30th March, 2017

Life has turned upside down! ...took [daughter] to GPs...I was thinking gastroenteritis...I was in denial...GP insisting we go A&E...worried about risk she might hurt someone (self/others)...she's staying with me...she says it's the only place she feels safe. My emotions are all over the place...screaming with pain, rage inside...she's insisting her boyfriend continues to stay too...relationship so unhealthy...

6th April, 2017

...I am full of painful feelings...scheduled appt with personal therapist this week (thank you!). [Daughter] raging at me all the time...I cannot describe how hard I'm finding this...I don't want that boyfriend of hers anywhere near her or me...gone from bad to worse...I just don't know what to do...pretty much how she is feeling, no doubt...

1st May, 2017

So much has happened...boyfriend assaulted her...she kept it secret for days, even when I went with her to hospital after so called 'accident'...she's called police, who are involved now...she's so brave...I'm so proud of her...went with her to station to make statement then in evening went and did 4th interview...did not want to cancel as he has cancelled twice already before. Then days later [daughter] intervened in dog-cruelty she witnessed along street and got badly bitten by dog...hospital until 7am. I've cried so much over last few weeks...she continues to rage, blame me/others...feeling helpless, belittled, dismissed...this is hell!

22nd May, 2017

I have been sitting reflecting on interviews conducted so far...in light of personal experiences with family and up-coming report/presentation...Waddell's "emotional development" and Gilbert's CFT 3 mode model come to mind...helpful ways of framing...

19th June, 2017

...listening to news reports about "*terrorist attack*" in Finsbury Park...I was struck by processes – one man was really angry, shouting and swearing at reporters and perhaps, fear of different-others...fear of being blamed, so reacting...last week...Grenfell Tower fire and before that London Bridge/Borough Market attacks...people getting angry that media did not report this incident as terror related...then media saying people blaming police as that's where they (media) get their information...earlier I was thinking, well this is mental health...then thought about M/H as a narrated label, socially-constructed...I was doing it too! I was crying watching this on TV...4 awful things in less than a month.

8th July, 2017

...thinking about my research...anger, so-called emotions, critical realism, social constructionism and language. I considered so-called emotional-development from psychodynamic perspective (Waddell, 2002)...I know this perspective really inspired me, but why? Is it because it fits with my background and my sense of I/me, historically imposed over

millennia by/with socially-constructed language of biased, gendered, blame/shame, humiliation, control...or more importantly, social-control of the so-called underclasses to maintain positions/power of the privileged few.

2nd September, 2017

I am in pain! Yesterday last day on work placement then later got email... failed process report.

8th September, 2017

Last week I had immediately blamed self, thinking failed report was due to my bad relational-skills with client, report was based on...then considered that I had not really evaluated the work with her...collected report yesterday and yes, I accept all the feedback...am I angry? I suppose a little...at me...but hell, I was struggling to simply survive.

23rd March, 2018

...to be held responsible, one has to be “able” to respond...response-able...appropriately...or rather what is deemed, socially-culturally-constructed as appropriate...

10th May, 2018

Perhaps, any therapy whereby power-dynamics of *expert/patient* relationship not considered may be detrimental – further disempowering...

14th May, 2018

Always struggled with expression “taking the piss”...what do people mean? Perhaps, bullies identify-with, empathise-with others whom are hurting, but out of fear of admitting that to others, exposing own sense of vulnerability and fear, they disconnect from those experiences...empowering themselves by getting aggressive, or laugh at perceived threatening-other; humiliate them to distance self from own vulnerability...

6th August, 2018

‘Anger’ and denial, non-acceptance of vulnerability in relationships ...can be empowering: a

refusal to be abused, oppressed, belittled and humiliated, as in early-life relationship experiences. However, continued use of biased, dominant discourse of 'pathology' as adult may be self-defeating. Acceptance of vulnerability, acceptance of losses...over time can be empowering, enabling growth and appreciation of own resilience.

18th November, 2018

Females are moulded by early-life relationship-experiences and by/with s/c language to view relationships with powerful, oppressive-others/partners as being loved, cared for, protected... Males are moulded...to oppress, control, disempower others in relationships...

26th November, 2018

To me, anger is energising motivation to resist any form of abusive oppression.

17th January, 2019

Handed in thesis. Never been so stressed as I've been over these last few days.

29th April, 2019

Claire left voice mail saying Viva cancelled for tomorrow.

9th May, 2019

Lisa contacted me offering rescheduled dates for viva which I accepted.

18th June, 2019

Had Viva. Got to re-do everything. Awful feeling, but at least this is another chance.

12th July, 2019

Met with Irina, who congratulated me for getting 'major corrections' – reassuring experience.

18th July, 2019

Spent week coding first interview.

29th July, 2019

Weather been crazy...100.4 degrees last week so stayed away from research. Started up again and finished coding first interview.

30th July, 2019

Started coding second interview. This is definitely a recursive and iterative process.

5th August, 2019

Continued coding...now up to interview five.

13th August, 2019

Thoughts on overarching theme – cultural normed narratives...as umbrella over salient relationship experiences, relationships with ‘feelings’ and making sense of relationship contradictions...

15th August, 2019

Got email reply from Irina...agreed about preference for TA rather than IPA.

12th September, 2019

Worked on ‘it’s just not right’ and ‘not bothered’ themes.

17th September, 2019

PC crashed...great stuff!

23th September, 2019

Sam came and set up refurbished PC.

27th September, 2019

Continued with loads of reading.

30th October, 2019

Meeting with Irina. Agreed to continue and focus on sub/theme titles.

10th October, 2019

Emailed re-worked analysis section to Irina.

11th October, 2019

Started to re-work methodology section.

25th November, 2019

Continued with reading.

31st December, 2019

Spent a couple of hours at hospital for more tests, biopsy re abnormal cells.

13th January, 2020

Operation went well.

20th January, 2020

Interesting reading around 'shame' discourse.

23rd January, 2020

Got results – YES not cancer!

17th February, 2020

Re-editing analysis section so extracts focusing on sub/themes and what they are showing.

23rd March, 2020

Country put into 3 weeks+ lockdown re covid 19.

5th April, 2020

Developing enthusiasm for seed sowing and other gardening activities which is really helping

with continuing this thesis.

16th April, 2020

Various members of family (young and older) feeling unwell and seeking help. These are really strange times which are evoking so much stress and distress.

24th April, 2020

So important to make plans and keep busy.

2nd May, 2020

Family members understandably 'reacting' in unhelpful ways when overwhelmed by so much distress.

4th June, 2020

Worked on latest feedback recommendations from DoS. Stressful but working at it.

18th June, 2020

Have had technical problems for last couple of days re-submitting thesis. Finally, yes, it's in!

22nd February, 2021

Had second viva, which went on for about two hours. Unfortunately, lots of technical issues re Teams-meeting which took a while to sort out but otherwise went ok. After, I was informed I had a further three months to complete minor amendments. Time will start upon receipt of written feedback, which is great as very difficult to 'take it all in' during context of a stressful interview.

11th March, 2021

Read feedback several times to clarify what I had to do.

23rd March, 2021

One year today since first lockdown.

29th March, 2021

Had my first COVID-19 jab. Second one due in June.

Appendix F: Thematic map of interpreted superordinate themes and subthemes

