

## Case illustration of integrative work – ‘Gary’: Working with anger in context

Gary is a firefighter in his late twenties. He is referred for six sessions of therapy via an employee assistance programme: EAP – an employee benefit scheme where employers pay for counselling for their employees with personal or work-related issues impacting their job. The referring request is to work with Gary’s ‘anger issues’. The therapist chosen to deliver the counselling works cognitively and systemically and has previous experience of working with the firefighting service involved. It seems the employers value both his experience and his background of having been in the armed forces.

On first meeting Gary, the therapist explains that this is an opportunity to talk through any issues, problems or tensions that are impacting his work. The therapist outlines the EAP **contract**, which clarifies that while the content of counselling sessions will be confidential, the therapist will have to write a brief report at the end for the employers (who are paying for the service). This will record dates of attendance and include any recommendations Gary and the therapist decide upon. Gary will receive his own copy of this report.

The therapist also shares something of his experience of working with the fire service. He acknowledges that its work environment remains male-orientated, with the ‘macho’ atmosphere making it difficult for firefighters to talk openly and easily about their feelings. Gary expresses his relief that the therapist shows this understanding. Both men chuckle when they note how tensions at work tend to be released through work-place banter, which can degenerate into pranks and ‘sledging’.

The therapist then asks Gary what prompted the ‘*anger issues*’ referral. His way of posing this question suggests to the therapist that he has intuitively adapted to Gary by adopting a somewhat authoritative tone. Gary owns that he’s been “pretty uptight lately” and has “wrongly let it spill out at work”. His “short fuse”, already familiar to his colleagues, has recently led to his being formally disciplined for a ‘road rage’ incident while he was driving to an emergency.

Gary’s wife had left him three years earlier, taking with her their 2-year old son, after a violent argument which culminated in Gary striking her in a fit of jealousy. On the morning of the ‘road rage’ incident, Gary had been notified of the decree absolute finally ending his 4-year marriage.

The therapist acknowledges how difficult receiving that decree absolute must have been and notes how Gary ‘expressed himself’ through driving aggressively. Talking around the subject of Gary’s ‘short fuse’, the therapist is satisfied that Gary’s intentions are to be a kind, loving father and husband; he is ashamed of resorting to being violent with his wife, which he says happened only the once.

Asked about his life generally Gary talks of how he loves his work in the fire service, where “the blokes are my mates.” Work fills his life; he often volunteers for overtime, finding his life outside work “boring”. Although he watches TV a bit and sometimes goes down to the pub, he has a limited social life. Shift patterns make it difficult for him to socialise with his work-mates, many of whom are busy with their own families.

In the second session, the therapist explores more of **Gary’s past and background**. It turns out that he was the second of three boys brought up by his occasionally violent father, his mother having

died when Gary was young. The boys were a somewhat unruly lot. Gary describes his childhood as a little chaotic and involving a lot of competitive fighting and pranks. He also remembers a succession of 'women' his father brought home. Many had offered the children extra love and care, which was otherwise in short supply. Gary remembers a couple of them particularly fondly. One of these women had recently sent him a Christmas card out of the blue, and Gary resolves to track her down (he believes she lives in a nearby town) and pay her a call.

The therapist muses aloud that Gary had learned to fight his corner, which had probably stood him in good stead as a child. Now, however, it might not be so necessary or helpful. The therapist also suggests that the roots of Gary's jealous streak may link back to feelings of competition with his brothers. When Gary seems to accept this, the therapist issues him a gentle challenge: "Now that you are aware that some of your behaviour is habit from the weight of your history, you have more choices. Do you *want* to just behave like you've always done, on a 'short fuse'?"

"You mean carry on and be like my dad?" Gary asks perceptively and receives a nod from the therapist. "I don't want to be him. I wish I didn't lose my s\*\*\* so easily."

The therapist nods again. "Then this is what we can focus on in the next few sessions: looking at ways of reacting when you're angry and how to cope with those feelings."

In the next three sessions, Gary tries out and practises a **range of relaxation and grounding techniques**. Therapist and client also discuss what Gary might do the next time a rage descends upon him. They explore the positive effects of humour and the potential value of physical activity, such as going to the gym, to help Gary release any pent-up emotions. The therapist encourages Gary to be creative and to have a bit of fun thinking up whacky ideas, such as going to the toilet and pulling funny faces at himself. With all of these techniques, the therapist is aiming to find strategies to help Gary contain his anger and express some tensions in lighter ways before they spill over.

Mindful of the contemporary research on catharsis, which has raised questions about its value, the therapist chooses not to recommend the option of cathartic 'shouting and bashing of cushions.' Instead, he adopts a psychoeducational approach. He explains the difference between anger, aggression and assertion, and explores issues around 'warning signals' and 'triggers'. Using role play, the two of them then practise a few scenes. Gary is due for an appraisal at work by a manager he doesn't get on with and is worried about 'losing it' if he feels criticised. They rehearse ways Gary might de-escalate the situation while still holding on to his self-respect.

In their **final session**, Gary reports back saying that his appraisal had gone surprisingly well and that he'd put his new learning into action. The therapist is pleased for Gary. He goes on to suggest that much of Gary's current frustration probably derives from not having a relaxing, meaningful outlet outside of work. For the rest of the session they explore ways he could enrich his social life with new hobbies and activities.

It turns out that Gary is a big 'Game of Thrones' fan. Coincidentally, the therapist (also a fan) knows of a 'live role-playing group' in the area which engages medieval fantasy enactments. The group is also open to children as members. Perhaps Gary could go to the next event as a volunteer 'staff' to check it out? Gary, curious and interested, takes some details down.

As they say good-bye, the therapist recommends a couple of local therapists with whom he feels Gary would work well should he wish to consider longer-term one-to-one therapy. He also informs Gary about a men's group which offers ongoing support. Finally, he passes on the name of a therapist who practises family mediation for divorced families with young children.

## Concluding reflections

Several relational ethical themes arise for me in this standard brief therapy intervention. These themes go beyond obvious matters relating to contracting and confidentiality and include: the selective nature of the therapy focus; the therapist's chosen approach; his awareness of Gary's work context; and the way therapy was ended.

- 1) Therapists engaged in brief therapy are often painfully aware of huge areas that are left untouched. Gary's marriage, marital violence and jealousy issues, for instance, were glossed over in the six sessions. Given the time-limited nature of the work, the therapist *had* to be **selective in his focus**. It would have been *unethical* to open up 'cans of worms' and then not have the time to put them back. That the therapist homed in on anger management is entirely appropriate, given the referral by the fire service (which was paying for the therapy). The aim of helping Gary find a new, more satisfying work-life balance would seem another useful intervention, given the time constraints. That said, other therapists might have focused elsewhere.
- 2) Given the short-term nature of the contract, it was reasonable that the therapist took a directive, psychoeducational **approach**. I also appreciate this therapist's attention to keeping up with recent research. Many therapists could not claim to be so diligent.

What interests me about his approach is how he intuited Gary's need for him to be more authoritative and 'muscular', suggesting a thoughtful attunement. However, we can't say whether a more 'feminine', empathically caring-with approach (or indeed a female therapist) would have worked out equally well. We can only speculate here, while observing that other therapists are likely to have shepherded the therapy in different directions. A softer approach might have elicited more of Gary's grief and prompted a greater focus on his sense of shame and his failed marriage. A therapist with parenting at the forefront of their own life might have prompted Gary to explore his future role as part-time father.

The point is that, in- or out-of-our-awareness, we inevitably impact on our clients and how the therapy unfolds. The relational ethical priority is to be aware of that impact and of how we 'use' ourselves as tools in the therapy. Alongside this we need to assess our strengths and limitations realistically. For example, we need to recognise the types of client we tend to work best with, and the issues that engage us the most.

- 3) I appreciate the therapist's ongoing awareness of Gary's **social-cultural world**, revealed through his attending to the 'macho' culture of Gary's workplace and his concern for Gary's social life. It's debatable whether this therapist could or should do anything to challenge any institutionalised bullying, intimidation, harassment and discrimination he hears about – either when working with Gary or other in contexts. However, the therapist's previous career in the military perhaps gives him an interesting perspective on all this.

The significant ethical question for me is the extent to which therapists should challenge any *taken-for-granted assumptions*, whether their own or those of their client. In this

particular instance, should a 'macho' work culture be seen as inevitable and therefore 'okay'?

Also, we don't hear the full story about Gary striking his wife in jealousy. It seems the therapist has (rightly) checked to confirm that that this happened only once. But what assumptions are being made? Might there be a child protection issue that is missed through making assumptions that Gary could be trusted rather than doing a more thorough risk assessment? Did he subtly condone the 'striking' as somehow 'understandable' and acceptable if it doesn't happen regularly'?

When we are confronted with a case of habitual marital abuse, our ethical responsibility is more clear-cut and we might decide to intervene to protect a third party. In cases where circumstances are more blurred (as in this example) we confront the challenge of striking a balance between expressing our personal values and staying in relationship with the client. Might any implied critical judgment be damaging to the therapeutic relationship? Or might the therapist's authentic response contribute more to the relational dynamic?

- 4) When therapy **ended**, Gary left armed with helpful information about possibilities for ongoing support and future therapy.

The therapist could have invited Gary to return as a private client on a separately negotiated contract not linked to his work. However, in some organisations (and cultures) this would be against policy and would be seen as exploitative and self-serving.

I also thought the therapist was right to give the name of a family therapist rather than opting to do this work himself. I know some therapists might have offered the family work themselves, but it's important to consider the relational boundaries. I would tend to keep things separate. For example, if my initial work was with a couple, I might possibly agree to having some individual sessions (especially if one party was not able to attend that session). However, I'd make sure there was a clear 'no-secrets' policy in place.