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Culture-Sensitive Regulation of Anger

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ABSTRACT The expression of anger is often influenced by cultural norms that sanction accepted forms of emotional expression in general and anger in particular. This practice brief highlights the importance of culture in the evaluation and treatment of anger problems.

Culture and Anger

"What it means to be mentally healthy is subject to many different interpretations that are rooted in value judgments that may vary across cultures" (Satcher, 1999).

Culture has been defined as the heritage of a people characterized by shared beliefs, values, meanings and symbolic representations, which are transmitted from generation to generation, and manifested in traditions, behaviors, and standard practices (Ashford, LeCroy, & Lortie, 2006; Cormier, Nurius, & Osborn, 2009; Robbins, Chaterjee, & Canda, 2006). Consequently, culture greatly influences the way we express ourselves emotionally and behaviorally. In this practice brief we highlight the relationship between culture and the experience and expression of anger and offer suggestions for the culturally-competent assessment and treatment of anger problems.

What is anger?

Anger is a universal and commonly experienced emotion that ranges from mild irritation to rage. Anger is often experienced as an emotional response to perceived unfairness, injustice or some other form of maltreatment coupled with an external attribution of blame unto a perceived "culprit". Adaptive anger may serve to help the individual organize cognitive, emotional and behavioral capacities to take pro-social action to resolve the problem. However some individuals experience anger maladaptively either in the form of high levels of internal arousal, or they project it externally in the form of aggression.

Anger Across Cultures

"Rage, anger, and indignation are exhibited in nearly the same manner throughout the world."—Charles Darwin

Darwin proposed that emotions are biologically universal across species. However, we humans differ from other animals in the degree to which our behavior is controlled by learning influences rather than biologically driven instinct. Today anger continues to be identified the world over as a universal human emotion.

Cross-Cultural Similarities in Anger

- Metaphors describing anger as a "pressurized heating device" (e.g., ready to explode, a hot temper, etc.) (Kövecses, 2000; 2010).
- Facial cues and voice intonations that characterize anger. There may be an evolutionary role for anger as a self-preservation device by eliciting fear and thus avoidance in others. (Olatunji, Lohr, & Bushman, 2007).
- Anger seen as a potential threat to social order, a cause of chaos, and to engender aggression.
- Historical cross-cultural conceptualization of "trigger events", awareness of existence of anger, attempts to suppress its expression, loss of control, and the expression of anger through retribution. (Kövecses, 2000; 2010).
- Overall, the open expression of anger is better received in men than women in many cultures.

Collectivistic-Individualistic Orientations:

Collectivistic-oriented cultures tend to place greater emphasis on social harmony

and view the overt expression of anger as a threat to such harmony. When compared with cultures that are more inclined towards an individualistic orientation, they tend to place more restrictions on the overt expression of anger and promote ways of controlling anger expression from an early age.

Does Culturally Adapted Therapy Work?

Yes! According to a meta-analysis performed by Griner and Smith (2006), culturally adapted mental health interventions:

- Are 4X more effective than non-adapted methods
- More efficacious when tailored to specific cultural groups
- Even multicultural adaptations are more effective than no adaptation at all.

Culture-Sensitive Assessment of Anger Problems

The assessment of anger should begin with a thorough, comprehensive and wide-ranging review of the client's sociocultural environment (Okazaki & Tanaka-Matsumi, 2006). This may help to identify elements of oppression and discrimination such as racism, homophobia and sexism that may be contributing to the client's anger, while also identifying cultural strengths and supports.

Ivey, D'Andrea, and Ivey (2012) and Hays (2008) have put forth culture sensitive assessment models that underscore the importance of assessing the client along the following: (a) religious and spiritual identity, (b) economic class, (c) sexual orientation, (d) psychological maturity, (e) ethnic or racial identity, (f) national origin, (g) indigenous heritage, (h) age and generational influence and challenges, (i) developmental and acquired disabilities, (j) trauma history, (k) family identity and history, (l) location of residence and language differences.

Implications for Practice: Culture

Three approaches clinicians can utilize with culture-sensitive anger treatment:

- Multicultural therapy: One size does not fit all: A reconceptualization and adaptation of traditional forms of psychotherapy to make them more responsive to the cultural context of the client
- Strength-based: Empowerment, utilizes client's strengths, resources & preferences
- Multimodal approach: Integrate strategies from various therapeutic orientations:

Affective, insight, cognitive, behavioral, experiential, art.

Three-Phase Anger Treatment Model

(González-Prendes, 2013; Meichenbaum, 1985, 1996)

Phase One: Build a collaborative alliance

- Use empathy and avoid direct challenges during early phase.
- Identify client's strengths; preferred ways of communication (e.g., writing, music, etc.).
- Begin to understand client's anger against the framework of his or her sociocultural background.

When appropriate validate/normalize the client's anger.

- Educate the client to the influence of cognitions on emotions and behaviors Increase ownership/responsibility for one's emotions.
- Enhance client's motivation to address "the problem":
- Motivational interviewing strategies.
- Advantages – Disadvantages assessment of anger.

Phase Two: Introduce intervention strategies

- Interventions to recognize and derail the early onset of anger episodes:
  o Raise awareness of anger "triggers" and signs.
  o "Where do you feel your anger?" – to raise awareness of physical cues.
  o Thought-stopping, time-out, relaxation, mindfulness.
- Cognitive strategies to rewrite anger scripts
  o Develop culturally-appropriate emotional scripts for anger.
  o Evaluate & reframe anger inducing perspectives
  o Challenge cognitions from the perspective of "helpful-unhelpful" instead of "rational-irrational" (Organista & Muñoz, 1996).
- Identify client's preferred way for self-monitoring/tracking anger episodes.
- When appropriate use "thoughts records", "journals", etc.
- Behavioral strategies
  o Address skills deficits (Ex. assertiveness).
  o Keep "behavioral logs" tracking anger

episodes as well as associated antecedents and consequences.
  o Use in session role-play and reverse role-play to practice adaptive responses to anger-provoking situations.

Phase Three: Maintenance & relapse prevention

- Applying and generalizing therapeutic gains to the client's life outside therapy.
- Focus on specific events to reinforce successes and troubleshoot problems in regulating anger.
- Anticipate and plan how to address possible future roadblocks (i.e., relapse prevention).

Conclusion

Culture matters. When it comes to anger, culture-sensitive regulation of anger must address relevant aspects of the client's culture, including norms and display rules, and recognize the role that these play in shaping the expression of emotions in general and anger in particular. Therefore, we suggest that it is important that practitioners assess the presenting problem against the framework of the client's culture to identify the various factors that may be impacting upon the problem. To ignore how culture influences an individual's emotions and behaviors is to risk pathologizing such expression when it may not be pathological. Culture-sensitive practitioners appreciate each client's uniqueness and individuality and recognize that there is diversity across and within cultures. Moreover, the culture-sensitive practitioner understands the dynamic interaction of his /her own culture (i.e. inherent biases and assumptions) with the client's culture in the therapeutic process, and strives to develop culturally-sensitive adaptations of mainstream interventions.

The Global Appraisal of Individual Needs (GAIN) Summit in 2010 suggested five essential cultural competencies for providers working with diverse populations (Stevens & Titus, 2012). These are: (1) recognize the power of the historical perspective; (2) appreciate the impact of cultural explanations & stigmas; (3) respect cultural variations, expectations and communication; (4) create an atmosphere of cultural safety; and (5) show adaptability and flexibility.

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