

Aggression in violent offenders psychology essay



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Anger is considered to be an innate emotion within human beings that is associated with positive and negative qualities. Subjectively, anger can range from mild to severe or from mere irritation to rage (Wright, Day, & Howells, 2009). Anger can positively act to mobilize psychological resources, facilitate perseverance, protect self-esteem, energize corrective behaviors, and communicate negative sentiments. However, anger also holds the negative potential to cause individuals to act out violently and harm themselves or others (Wright, Day, & Howells, 2009). The concept of anger is considered to be multidimensional in that it involves behavioral, cognitive, physiological, and phenomenological variables (Wright, Day, & Howells, 2009). Anger results from interactions between four dimensions such as behavioral reactions, external events, physiological arousal, and cognitive processes (Wright, Day, & Howells, 2009).

The association between anger and distorted perceptions can result in the inability to make appropriate assessments of behaviors, attitudes, and interactions within social contexts (Wright, Day, & Howells, 2009). Anger that has significant intensity, duration, and frequency is referred to as clinical anger. This form of anger is described as being a precursor to health and social difficulties (Gardner & Moore, 2008). These difficulties can occur interpersonally, occupationally, and legally as well as could impact an individual's physical and mental health (Gardner & Moore, 2008). While clinical anger does not have a criterion for diagnosis, it does serve as a contributing factor to various mental disorders (American Psychiatric Association, 2000). Furthermore, anger was described as being central to

many forms of violence, which makes anger relevant to treating violent offenders (Wright, Day, & Howells, 2009).

Concept of Aggression

Aggression is defined as behaviors that are intended to harm another person or persons (Casas, 2005). Much research addressing aggression has focused on physical acts of aggression but has since begun to expand upon the definition of aggression (Casas, 2005). Purdy and Seklecki (2006) asserted aggression is typically associated with harmful and violent acts, such as assaults and homicides. According to Beaver (2009) career criminals are more likely to use serious violence and physical aggression compared to other offenders. In addition, various aggressive and violent crimes such as robbery, assault, rape, and murder are almost exclusively confined to habitual offenders (Beaver, 2009). Tew, Dixon, Harkins, and Bennett (2012) described aggression in relation to offenders in terms of verbal and physical aggression. Verbal aggression consisted of raising one's voice, shouting, swearing, being abusive, being argumentative, conveying threats, ranting, having an outburst, initiating a confrontation, and bullying (Tew et al., 2012). Acts such as hitting, smashing up belongings, throwing belongings, slamming doors, hitting tables, or acts that resulted in restraint are considered to be physical acts of aggression (Tew et al., 2012). Similarly, Casas (2005) described various forms of aggression.

Aggression can be classified as physical aggression, indirect aggression, social aggression, or relational aggression (Casas, 2005). Casas' (2005) description of physical aggression was consistent with how Tew et al. (2012) described physical aggression. Indirect aggression involves covert and

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harmful behavior in which a victim is not directly confronted by the perpetrator. Social aggression involves harming another individual's self-esteem, social acceptance, or social status (Casas, 2005). Lastly, relational aggression is defined as harming another in terms of damaging a relationship, feelings of acceptance, or group inclusion (Casas, 2005). In general, social and biological factors contribute to aggression (Casas, 2005).

Concept of Stress

The concept of stress was discussed in relation to psychological symptoms as having two primary processes including emotion regulation and coping (Watson & Sinha, 2008). Fifty-percent of the variance in psychological symptoms can be accounted for via stress and coping (Watson & Sinha, 2008). In psychology, the stress process encompasses cognition and emotion in which stress can be assessed in relation to an individual or a group (Valdez, 2006). Therefore, forensic psychologists are interested in how individual or group stress impacts offender populations (Valdez, 2006). Valdez (2006) discussed how stress is "...a variable response or reaction that involves emotional, physiological, and behavioral coping responses to the appraised stressor" (p. 446). Various coping mechanisms can be employed depending on the nature of a situation. Coping mechanisms can be emotion-focused, problem-focused, or avoidance coping (Valdez, 2006). Stress is considered to be reciprocal in that a stressor and an individual can have an impact on each other. In this regard, coping responses are dependent upon how the stressor is perceived (Valdez, 2006). In considering the offender population, a stressor could potentially elicit a violent or aggressive response if the individual feels threatened or challenged (Valdez, 2006).

Relationship among Anger, Stress, and Aggression

According to Howells (2004), there is a link between anger and aggressive behavior. However, this link does not mean all anger will result in violence. In this regard, anger and aggression could potentially result in physical violence and can be useful indicators within correctional environments where the potential for violence exists (Tew et al., 2012). In relation to treatment, understanding the relationship between anger and aggression can assist practitioners reduce the risk of violence through effective protocols, treatments, and intervention strategies (Tew et al., 2012). The relationship between anger, stress, and aggression was illuminated within Komarovskaya, Loper, and Warren's (2007) discussion of impulsivity and personality disorders. The multiple diagnostic criteria of psychiatric disorders included the impulsivity construct. This construct is the inability to resist impulses and results in an individual acting in a harmful manner towards other (Komarovskaya, Loper, & Warren, 2007).

Impulsivity relates back to anger and aggression in terms of their definitions incorporating the concept of harming others (Casas, 2005; Komarovskaya, Loper, & Warren, 2007; Wright, Day, & Howells, 2009). Impulsive aggression has various contributing factors including anger. In addition, it is considered to be a reactive or emotionally charged response precipitated by a loss of behavioral control (Komarovskaya, Loper, & Warren, 2007). This relates back to stress in terms of potential stressors eliciting violent or aggressive responses (Valdez, 2006). Impulsivity, anger, hostility, and antisocial personality have been identified by various studies as predictors for institutional aggression, violence, and maladjustment (Komarovskaya, Loper,

& Warren, 2007). Impulsivity demonstrates how anger, aggression, and stress can be concurrently present and how the relationship between the three concepts can facilitate a violent response or reaction (Casas, 2005; Komarovskaya, Loper, & Warren, 2007; Wright, Day, & Howells, 2009).

The relationship between the three concepts can also be discussed in terms of treating violent offenders. Practitioners working in various forensic settings need to consider how violent behaviors exhibited by offenders are associated with anger, stress, and aggression (Walden University, n. d.). For instance, if an individual was convicted of an assaultive, abusive, or violent crime the clinician would employ anger and stress management treatment protocols (Walden University, n. d.). Another example would be the application of mindfulness-based interventions to help alleviate cognitive, affective, and behavioral manifestations of anger within a violent offender (Wright, Day, & Howells, 2009). According to Wright, Day, and Howells (2009) study, mindfulness training can be used to reduce pain, anxiety, stress, depressive relapse, and psychosis. The use of cognitive-behavioral anger management therapy is another option available to clinicians for reducing violent behaviors resulting from anger, aggression, and stress. In a meta-analysis of fifty outcome studies, cognitive-behavioral anger management therapy was found to reduce anger in 75% of the study participants (Beck & Fernandez, 1998; Wright, Day, & Howells, 2009).

Knowledge of the concepts of anger, stress, and aggression in relation to violent offenders is essential for practitioners' working with forensic populations (Walden University, n. d.). Application of such knowledge will assist a practitioner with selecting an appropriate treatment strategy for the

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offender. This relates back the differences in how anger, aggression, and stress can manifest in an individual (Beaver, 2009; Casas, 2005; Gardner & Moore, 2008; Purdy & Seklecki, 2006; Tew et al., 2012; Valdez, 2006; Watson & Sinha, 2008; Wright, Day, & Howells, 2009). The overlap and concurrency of anger, aggression, and stress, as well as how each concept manifests within an individual should be accounted for by a clinician when selecting a treatment option for an offender (Beaver, 2009; Casas, 2005; Gardner & Moore, 2008; Purdy & Seklecki, 2006; Tew et al., 2012; Valdez, 2006; Watson & Sinha, 2008; Wright, Day, & Howells, 2009). Practitioners can apply their collective knowledge about anger, aggression, and stress in order to maintain the general safety of all involved within a forensic treatment setting. Furthermore, that knowledge can be employed to assist the practitioner with delivering effective treatment to violent offenders (Walden University, n. d.).