

Preface

Aggression among children and adolescents is a highly disturbing behavior, whether it takes place at home, in the school, on the playground, or in the community. Attempts have been made to prevent aggression through disciplinary action (“Zero Tolerance” approach) and social enhancement (“Well-Being” approach), but while they often do result in decreased aggression, they don’t work for everyone. Owing to various individual differences (temperament, family circumstances, developmental difficulties, etc.), some children remain aggressive despite those efforts. Classroom and school-based educational programs to reduce aggression are often of a primary prevention type, targeted toward the normative population in the school. But the children and adolescents who are at high risk for aggressive behavior need a secondary prevention treatment, one that addresses the unique difficulties of aggressive young people.

Take, for example, the recent shooting at Virginia Technical University, in which a college student killed 32 peers and professors and then committed suicide. This was an act of one very angry and lonely young man, as were other mass shootings in schools in the United States. It is this anger, loneliness, and sense of rejection that need to be addressed in the treatment of these children, starting at an early age.

Ignoring the needs of the aggressor is typical of our society. Paradoxically, the more prevention attempts are made the more difficult becomes the situation for such children and youth. Prevention programs enhance awareness of the norms, rules and regulations expected in a certain setting, and any deviation from them arouses antagonism and anger. Because aggressive children demonstrate deviant behavior that does not adhere to group rules, and because they are a threat to others, they are rejected by their peers and by adults. Indeed, adults are often quite helpless in facing the challenges these youngsters pose. Teachers even feel unsafe in schools and often don’t know how to cope with highly aggressive students. As a result, they punish rather than treat them.

It makes sense to punish those who inflict harm on others, who use force to achieve their goals, and who take advantage of their power against victims. We can even rationalize the punishment by arguing that we are protecting the weak. But is this effective in reducing aggression of the perpetrators? The argument I make in this book is that rejecting and punishing aggressive children

perpetuates those very life experiences that made them aggressive individuals in the first place. If we want to break the cycle of aggression, we need to help them. Aggression is the symptom, not the cause of the behavior. Rather than pushing them away from the social mainstream, we need to understand their difficulties, try to address their special needs, and bring them back to society.

Think for a moment about driving on a wet road, when suddenly the car veers to the right. Your first instinct is to turn the wheel in the same direction, but actually you should turn it the other way. So, too, with aggressive youth, we need to act against our basic instincts, to love rather than hate, to accept rather than reject, to nurture rather than punish, and to reach out rather than avoid.

Efforts to change aggressive behavior are commonly based on cognitive restructuring, because aggressive children exhibit distorted social information processing. They tend to ascribe hostile meaning toward them and react aggressively in defense without considering alternative behavior. Although the deficit in information processing is clear, treatment that focuses solely on this deficit may be insufficient, because emotional factors play an important role in their aggressive behavior. Aggressive children are frustrated, dissatisfied, angry, and lonely. They feel that they need to protect themselves from further disrespect, intimidation, and attacks. Most of the time, they are unaware of the problems their behavior is causing to others. They rather see themselves as victims of others' aggression and their own behavior as an "innocent" attempt to defend themselves. Even when they do have some awareness of their antisocial behavior, these vulnerable children will not easily abandon their aggression, as it provides them with a sense of power that they need for their survival. This is why aggression is so resistant to change.

Changing aggressive behavior is not an easy task. It requires promoting the development of self-awareness without frightening the child. We must engage the child in an empowering process and enhance his/her motivation to make a change. And we must offer an alternative to aggression. All these require an environment of care, recognition, respect, and support. These are the necessary conditions for any successful therapy, but they are insufficient conditions for treatment of aggression. In addition, we need to apply special methods and techniques that help us capture the child's attention, raise the motivation to change, increase cooperation with the therapist in the change process, and reduce self-defensiveness.

I offer bibliotherapy as an adjunct to a therapeutic process based on an integrative theory of treatment. Telling stories that are relevant to aggressive behavior present an indirect treatment for the child, one that minimizes self-defensiveness. It permits children to understand their behavior without focusing directly on themselves. Through identification with the characters in the story, they can learn about the reasons for aggression and its consequences without having to feel ashamed, guilty, or threatened. In the process of discussing alternative behaviors to aggression for the character, they become aware of their own alternatives to aggression. All this is done in an indirect way, so that the children are not quite aware of the pressure to change. Indeed, reducing

external pressure to change is the key; it is of utmost importance for aggressive children and youth because of the oppositional nature of their disturbance.

Bibliotherapy entails the use of literature for therapeutic purposes and it includes listening to stories and poems, watching films, and looking at pictures. It is a playful, engaging, and fun process. In a safe climate, children eventually make the connection to their own feelings and behavior and become ready to take charge of their lives.

The integrative theory that we apply entails the treatment of aggressive children in stages. First, we use humanistic principles to create the necessary conditions for change: bonding with the therapist (individual therapy) or with the therapist and other children (group therapy), and creating a safe social and emotional climate in which self-disclosure is promoted. Next, in the working stage, through the use of stories, poems, pictures, and films, we apply psychodynamic principles to develop awareness of their unconscious behavior. Finally, we use cognitive-behavioral principles to develop processes in which the children consider the pros and cons of aggressive behavior, and make a commitment to change their behavior.

The method is most often used in the school, but it can equally be used at home, in private clinics, and in corrective facilities, among others. With some modifications and adjustments of the literature, it can be applied to specific types of aggression (relational, reactive, and proactive) and in unique areas (e.g., sexual aggression, addictions, and animal abuse).

Over the past 10 years, my colleagues and I have worked successfully with this method with hundreds of children, in both individual and group formats. Through a series of empirical studies, we were able to show that the method is effective in reducing aggression and increasing empathy—the flip side of aggression. We also were able to learn a great deal about the change processes that the children undergo.

I would like to share this knowledge and understanding with professionals who struggle with aggressive behavior. These include teachers, school counselors, psychologists, social workers, and other mental health employees. Parents, who are currently quite helpless in conflict situations at home, may also find this approach amenable to their needs.

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Bibliotherapy

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