

Section I. Anger: Viewpoints

A Developmental Approach to Anger

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Abstract

This article describes five types of anger, each of which has its origin in a different developmental stage and thus requires a different treatment approach. By distinguishing these different types of anger, the therapist can work with the client in the way that is most likely to help the client complete the unresolved developmental issue.

When we think of working with anger in therapy, we generally tend to treat all anger as though it were the same. In reality, however, there are several different types of anger which originate in different developmental stages. The treatment approach used needs to be different for each of these types of anger in order to resolve the issue that was not resolved historically. The different types of anger clients present in treatment, what they are a response to, and the purpose of each are as follows:

1. *Rage* is a response to having one's needs ignored as an infant. Its purpose is to get the environment to respond.
2. *Frustration* is a response to being misunderstood or withheld from. Its purpose is to get the other person to respond differently.
3. *Anger* is a response to having one's boundaries invaded in an inappropriate way. Its purpose is to set appropriate limits.
4. *Arguing* is a response to not being given adequate information. Its purpose is to get the information one needs to make sense out of what one is being told.
5. *Resentment* is a response to feeling wronged. Its purpose is to hold the other accountable.

The Origin of Rage

Rage originates in what Freud (1915-1917/1963) called the oral stage of development and

Erikson (1950) referred to as the stage of trust versus mistrust (birth to 18 months). The primary trust issue for the child is: "Will the environment outside the womb take care of my basic needs?" It is during this time that the child develops a sense of adequacy or inadequacy (Babcock & Keepers, 1976). As the child experiences a need and expresses it in terms of behavior, either the environment is accommodating and meets the need, or it is not and does not meet the need. If the need is met, the child experiences a sense of adequacy in getting the environment to respond and spontaneously goes on to the next need. If the need is not met, initially the child will escalate his or her behavior. For example, if the child is hungry and cries, but no one comes, the child will cry louder. If the waiting is prolonged, eventually the child will give up and learn to be passive with a feeling of inadequacy about getting the environment to respond. Or, if someone comes, but instead of feeding the child, slaps the child and says, "Cut out that racket!," the child will also learn to be passive and feel inadequate about getting an accommodating response from the environment.

When the environment's response is non-accommodating, the child will decide that either the need is not okay, or the behavior is not okay, or both. If the substitute behavior of waiting eventually results in the child being fed, then passivity takes the place of natural healthy aggressiveness as a way of getting needs met. The healthy aggressive energy gets repressed and eventually erupts as rage when the child becomes upset enough. Perls (1969) used to say that we have wars when natural healthy aggression is suppressed. Schiff and Schiff (1971) pointed out how passivity leads eventually to incapacitation or violence rather than problem solving. Thus, rage results from the child feeling helpless about being able to get the environment to respond in an accommodating way and is an

expression of the child's exasperation and a release of pent-up energy. It is a last-ditch effort to get someone to respond.

Pesso (1975) pointed out that healthy energy is interactive energy, that is, energy that is available to interact with others to get our needs met. There are three spheres in which emotional energy may be operative: (1) the brain, (2) the body, and (3) interacting with other bodies (figure 1).

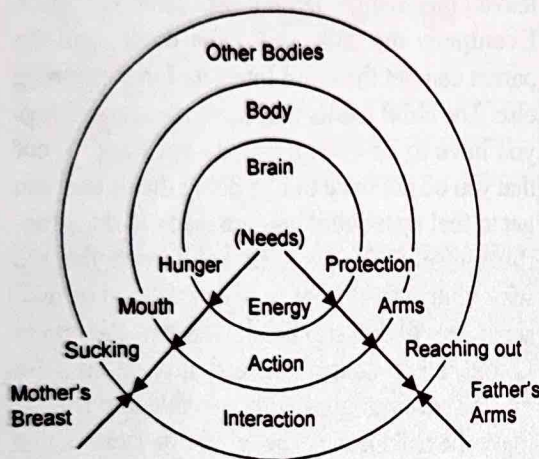


Figure 1
Energy Spheres

Pesso suggested that the brain is the energy sphere, the body is the action sphere, and other bodies is the interaction sphere. We become aware of a need in the brain, then we energize our bodies, and finally we interact with other bodies to get the need met. For example, a baby is aware of hunger, energizes the mouth, and interacts with the mother's breast. As long as there is an accommodating response, the child feels a sense of adequacy about getting the need met and spontaneously goes on to the next need.

But what if the response is not accommodating? Suppose that the child is scared and energizes his torso to interact with father's arms, but as he reaches out, father slaps him and says, "You're too big for that!" The result may be that the child decides there is something wrong with that need, the behavior, or both. He may retro-

flect his energy and interact with himself by holding himself when he would really like to reach out to others. If the trauma is great enough, he may keep the energy tied up in his brain and not feel safe even letting the energy into his body. He may then take care of himself by having fantasies of doing something great and being embraced as a result. To the extent that the child has to keep the energy internal and not use it to interact with others to get his needs met, the energy by definition is not healthy energy. As noted above, the energy is likely to erupt as rage if it is suppressed long enough.

Three Possible Adaptations

Since none of us are perfect parents, all parenting will err in one of three directions: (1) underdone, (2) overdone, or (3) inconsistent. When parenting is underdone, parents parent tentatively. The child senses the parent's tentativeness and becomes afraid of overwhelming the parent. To protect herself, the child becomes supportive of the parent by being "good" and not making demands on the parent in hopes that the parent will become all right and in turn will take care of the child. When being supportive still does not result in the child getting her needs met, the child decides "I won't need you, I'll just take care of myself" and withdraws into fantasy. If the child suppresses her needs long enough, she will tend to explode in rage when she can no longer contain her agitation. This adaptation is traditionally called *schizoid*.

When parenting is overdone, the parent parents out of a need to show the world what a good parent she is rather than out of being empathically in tune with the child's needs. The parent is constantly doing things for the child even before the child experiences a need or expresses it. As a result, the child learns to be passive and to expect the world to provide for him without his having to do anything. Inevitably, the provisions stop at some point when the parent is tired or absent. Then the child feels abandoned and wonders what happened. To get the provisions flowing again, the child becomes promoting, doing things to draw attention to himself. When this does not work, the child will move into manipulating. The child feels that since what is rightfully his has been taken away,

he is justified in getting it any way he can. Rage is often used as a way to force the environment to respond. This adaptation is traditionally called *antisocial*.

When parenting is inconsistent, the parent will at times be supportive and at times rejecting in response to the same behavior on the child's part. As a result, the child feels caught unaware and decides to be very careful in order to ensure a positive response. When being careful does not work, the child becomes suspicious and attacking of the other. Rage, which results from her suspicious assumptions about the other, is used as a way to protect herself from being caught unaware. This adaptation is traditionally called *paranoid*.

Working with Rage in Therapy

Adults with unresolved issues from the oral stage have difficulty getting started, feeling adequate, believing that what they do will make a difference, or believing that others will care about their needs and be cooperative in helping them get their needs met. Such individuals benefit from expressing their rage and experiencing an accommodating response from the environment. They need to experience that the environment will be responsive and care and that they can be effective in getting the environment to respond. By using their power and getting a response, they begin to feel adequate and to let go of feeling helpless. It is often useful to have group members role play the negative aspects of the client's parents; with these group members the client can have the experience of triumphing over. Other group members can role play symbolic ideal parents; with these group members the client can appropriately interact and can experience getting what she needed as a child. Through using her power and interacting in a way that gets her needs met, the client regains a sense of adequacy and the belief that what she does makes a difference and that others care and will cooperate in helping her get her needs met.

The Origin of Frustration

The second type of anger, frustration, originates in what Freud (1915-1917/1963) called the anal stage of development and Erikson

(1950) referred to as the stage of autonomy versus shame and doubt (18 months to 3 years). This is the period of separation and individuation (Mahler, Pine, & Bergman, 1975) in which the child needs to experience that he can be autonomous—that is, do things his way—and still get his needs met. During this time, the parent's focus needs to be on solving the problem rather than on controlling the child. For example, when it is time to leave the grocery store and the child says "No" and begins to have a temper tantrum, all the parent has to do to solve the problem is to pick the child up and leave, meanwhile letting the child be upset. Eventually the child will calm down, and the parent can get the child interested in something else. The child learns that there are some things you have to do even if you do not want to, but that you do not have to like doing them, and you get to feel upset until you are ready to do something else. That is, you do not have to feel the way your parent does; you can have your own separate will and still be okay. When the parent is focused on control, instead of problem solving, the parent argues with the child and tries to make the child leave. The child experiences that it is not okay to have his own will; he is supposed to think and feel the way the parent thinks and feels. As a result, the child experiences an unresolvable dilemma: (1) He can do what he wants and lose his parent's love, or (2) he can have his parent's love and give up his own will. Neither choice feels okay.

Until the anal stage, the child wants something from the parent (food, nurturing, protection, etc.), so the parent has the power. Now the parent wants something from the child (cooperation), and the child experiences that she has the power. In addition, prior to the anal stage, the parents had a sweet, adorable, cuddly baby who was delightful to be with. Now they have a willful, obstinate, runny-nosed brat who whines, complains, and is very difficult to deal with. As a result, both the parents and the child feel frustrated. This frustration helps motivate the child to think about how to get her needs met while taking into account her parents' needs. A moderate amount of frustration works best. When there is too much, the child learns to overadapt, that is, to think about what will

please her parents rather than what she really wants and to rebel in an attempt to gain some autonomy. When there is too little frustration, the child remains in a symbiotic relationship with the parent and learns to be passive and let the parent do it for her.

A Fourth Adaptation

Children learn cooperation when parents cooperate with them. When parents are overcontrolling and parent from the position of "It's my way or the highway," children learn to resist and be noncooperative. Overcontrolled children learn to be very tenacious in how they attempt to get their needs met. They anticipate a power struggle whenever they try to get what they want. When being tenacious does not work, overcontrolled children can be plain stubborn, feeling, "If I can't get what I want, at least I can keep you from getting what you want!" They experience power in withholding. Their frustration is a response to feeling misunderstood and/or withheld from, and the purpose of their resistance is to try to get their parents to respond differently. This adaptation is traditionally called *passive-aggressive*.

Working with Frustration in Therapy

Adults with unresolved issues from the anal stage tend to be resistant in therapy and have difficulty believing that others will cooperate with them in getting their needs met. They need to learn to say "No!" directly, to express anger and frustration directly, and to let go of anger and frustration rather than holding onto it. Such clients are often in a power struggle and need to realize that ultimately the only way to win is to let go of the struggle. They need to learn that they do not have to struggle to live and that they can find others now who will cooperate with them in getting their needs met.

The Origin of Anger

The third type of anger originates in what Freud (1915-1917/1963) called the oedipal stage of development and Erikson (1950) referred to as the stage of initiative versus guilt (3 years to 6 years). This period involves a great deal of magical thinking. Before the child has a big Parent ego state (P_2) to appropriately control

his behavior, he will use his Archaic Parent (P_1) to scare himself out of doing things that he intuitively knows are not good for him. A major developmental issue for the child during this stage is separating feelings from reality (i.e., learning that just because something feels true does not make it true) and learning the limits of his power. As a result, the child in this stage often has omnipotent fantasies about his anger: "If I get angry, mother will go crazy, or father will have a heart attack, or I will destroy the whole world." Oedipal anger is usually grandiose in some way, and this grandiosity needs to be corrected for the individual to feel safe expressing anger.

Pesso (1975) pointed out that in the formation of the self (figure 2), around those parts of the self that are interacted with appropriately, we have a clear boundary in terms of our sense of self (i.e., we have a clear sense of where we

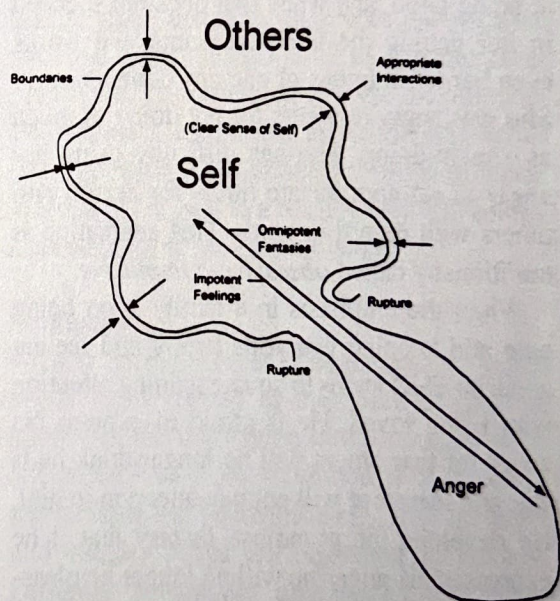


Figure 2
Self Boundary

leave off and the other begins) and a clear sense of how to interact with the other to get our needs met. Around those parts of the self that did not get interacted with appropriately, we feel a rupture in the boundary (i.e., a loss of a clear sense of self) and have difficulty knowing how

to interact to get our needs met. Around these latter dimensions of the self, we simultaneously have omnipotent fantasies and impotent feelings. For example, with regard to anger, we may feel that if we get angry we will destroy the world while simultaneously feeling helpless to prevent the world from destroying us. This grandiosity results from having our boundaries invaded inappropriately when we expressed anger as a child. It is important to experience a corrective interaction in order to repair the rupture in the boundary with regard to our anger.

A Fifth and Sixth Adaptation

When the emphasis in a family is on being "good," and the child learns to equate doing everything right with being loved, the child is afraid to express her anger for fear of not being seen as good and therefore not being loved. She develops the grandiose fantasy that if she expresses her anger she will be ostracized and everyone will shun her. She learns to work hard at being good, and when that does not succeed in her getting the love she wants, she works even harder in hopes of one day doing enough. She gets angry at others for not doing as much as she is doing. She has difficulty using her anger to set appropriate limits for herself and others with regard to work. This adaptation is traditionally called *obsessive-compulsive*.

When the emphasis in a family is on being cute and keeping everyone happy and feeling good, the child learns to equate gaining attention with being loved. He is afraid to express his anger for fear others will no longer think he is cute and therefore will not pay attention to him. He develops the grandiose fantasy that if he expresses his anger he will no longer be pleasing to those around him and they will ignore him. He learns to be emotionally reactive to people to keep them paying positive attention to him, and when that does not result in his feeling important, he tends to overreact emotionally. He gets angry at others when he feels they are ignoring him and acting like he is not important. He has difficulty using his anger to set appropriate limits for himself and others with regard to taking care of each other's feelings. This adaptation is traditionally called *hysterical*.

Working with Anger in Therapy

Adults with unresolved issues from the oedipal stage have difficulty knowing what appropriate boundaries are and how to maintain them. They tend to express their grandiose beliefs when talking about their anger. They need to know that they can express anger without their grandiose fantasies coming true. A useful exercise for such individuals is called a "limiting structure." This involves the person lying on a mattress with other group members physically restraining the individual so that he or she is free to use all of his or her power to try to get up. Through this exercise the person experiences that he or she can be angry without getting hurt or hurting anyone else. The exercise allows the person to incorporate these limits on a bodily level so that he or she feels safe being angry and can use anger to set appropriate limits with others.

The Origin of Arguing

The fourth type of anger, arguing, originates in what Freud (1915-1917/1963) called the latency stage of development and Erikson (1950) referred to as the stage of industry versus inferiority (6 to 12 years). During this stage, the child incorporates the Parent information he needs in order to take over from his own parents and to develop skills and competency. The child will argue with information he does not understand so that he can incorporate the Adult information he needs to make sense out of the Parent information he is learning. If the child is told to do something and he asks, "Why?" and his parents say, "Because if you don't, I'll knock your head off!", he will learn to obey out of fear. However, when his parents are no longer around, he will discard the information because it does not make sense to him. If, however, when he asks, "Why?" his parents explain and allow the child to argue with them until he has obtained the information he needs, then when the parents are no longer around, he will still follow the Parent information because it makes sense to him. While arguing with a child of two is dysfunctional, arguing with a child of eight allows the child to incorporate the Adult information he needs to make sense out of Parent messages.

Working with Arguing in Therapy

Adults with unresolved issues from the latency stage have difficulty feeling competent or free to argue about information they do not understand. They either have little Parent information or a rigid Parent that pays almost no attention to the context in applying information. In therapy it is useful for such individuals to be able to argue with information from the therapist in order to have the experience that was missing with their own parents. The therapist needs to be patient and to encourage these clients to continue raising questions until they are satisfied. Having the freedom to argue also gives them a chance to make the information in their Parent ego state their own.

The Origins of Resentment

The fifth type of anger, resentment, originates in what Freud (1915-1917/1963) called the genital stage of development and Erikson (1950) referred to as the stage of identity versus role confusion (12 to 18 years), usually referred to as adolescence. This adolescent stage is a time of reworking previous developmental stages and forming one's identity. It is not until this time that the child really has the sophistication to exercise resentment, which requires having a sense of being wronged. The purpose of resentment is to hold the offending party accountable. Until this time the child has not had sufficient identity or self-assurance to maintain this type of anger. However, in adolescence the child develops the capacity to take a stand for herself and to maintain that stance.

Working with Resentment in Therapy

Adults with unresolved issues from adolescence have difficulty taking a stand for themselves and sustaining it. Their resentment will be held rather than expressed and released. Such individuals need to express their resentments directly, experience being heard, ask for what they want, and let go of the resentment. This enables them to get on with their life rather than keeping their energy tied up internally.

Differentiating between Racket Anger and Spontaneous Anger

As already indicated, the purpose of spontane-

ous anger is to let you know when someone is invading your boundaries in some inappropriate way or ignoring your needs. It is a stimulus to set appropriate limits or to get the environment to respond. The first step is to become aware that you are feeling angry. The second step is to identify what you are angry about. The third step is to consider what options are available for solving the problem. The fourth step is to select one of the options and implement it or to decide that you do not want to exercise any of the options available. The fifth step is to drop your anger (Goulding, 1973).

If you hold on to your anger, that is a racket, and chances are that you have learned that you can get attention and concern from others for maintaining your anger. Racket anger may be used as a way to keep others at a safe distance when one is afraid to be close. It can also be used to try to force someone else to change or to justify not solving a problem when the individual who is angry does not want to change. The hidden agenda often is to try to get the other person more uncomfortable with the situation than the angry individual is so that the other person will do something to solve the problem. The ultimate escalation, as Schiff and Schiff (1971) pointed out, is incapacitation or violence. When anger is used in a healthy way, the energy is directed to solve the problem.

Summary

There are many types of anger, each of which needs to be treated in the specific way that addresses the underlying developmental issue left unresolved from childhood. The developmental issue can be identified by how the anger and related issues are presented in therapy. Different personality adaptations use anger differently. As clients experience being interacted with in ways that were missing in childhood, they experience corrective interactions that allow them to use their anger in ways that are more likely to solve the problems they are experiencing.

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