

Chronic Self-Injury in Adult Survivors of Childhood Abuse

Developmental Processes of Anger in Relation to Self-Injury (Part I)

by David L. Calof

We praise a man who feels angry
on the right grounds against the right persons
and also in the right manner at the right moment
and for the right length of time.

—Aristotle

In "Developmental Processes of Anger in Relation to Self-Injury," David Calof first discusses the healthy development of anger responses directed outward in self-affirming assertion. Building on this discussion of healthy anger, he then offers an in-depth exploration of the developmental failures that may occur in the process, concentrating on traumatic rage that often gets turned inward and manifests itself in self-injurious behaviors. Because of space considerations, we present this necessarily complex article in two parts. The first part, in this issue, will concentrate on the healthy development of anger responses; the second part, in our upcoming issue, will explore the displacement of traumatic rage and its manifestations as self-injury, along with clinical strategies for its management.]

Most clinicians and, it now seems to me, most writers and academicians across many disciplines have given little time to studying the many dimensions of traumatic rage in the etiology and clinical management of self-injury. Partly this inadequacy results from a poor understanding of the genesis and nature of rage, but it results mainly from our peculiar cultural distaste for dealing with rage in any of its many expressions. I say *peculiar* because, in a culture saturated with violent rage, we should have learned long ago where it comes from, why it emerges, what healthy and unhealthy roles it serves, and how it's played out in the lives of our clients and in our own lives. But we haven't. Despite a plethora of psychological, biophysiological, and literary studies that point the way to a deeper understanding of this towering human emotion, it still rattles our brains and shakes our hearts. We still know so little about it or, perhaps more accurately, we *want* to know little about it.

We do know, though, that poorly managed rage brings about fundamentally serious physical, emotional, social, and political problems, ranging from heart disease through neighborhood violence to international genocide. A recent killing in the United States brings home the terrible paradox at the heart of rage. Who can forget the recent brutal death of Deletha Word, a young woman savagely beaten then forced from the span of a crowded bridge, to drown in the waters below? Yet the raging brutality of her attacker erupted—at least ostensibly—over a very minor traffic scrape. Faced with an event in which a terrible transformation robbed a man of his humanity, no wonder we shudder and turn away from a close look at the emotion that brought about this transformation.

Because of this tendency to turn away from rage, we're rarely ready for—and thus we remain extremely vulnerable to—any kind of rage attack from our clients. Even less are we ready for the rage attacks of our clients turned inward, upon themselves, manifested in serious self-injury. Despite our strongest sense of professional neutrality, we still experience a numbing jolt of horror when we learn that a client has methodically lacerated her clitoris nearly to the point of full clitoridectomy, or that another client has cut so many times along his inner thighs that they're covered with mottled scar tissue. We can lessen this horror—and thereby

We can define anger as a physiological mechanism that taps into and mobilizes the body's metabolic processes of energy production.

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truly help our clients—only by delving into the darkred maelstrom of rage, to carry back both a deeper clinical understanding and a stronger human compassion.

Before we take the plunge, let me offer a note of explanation to help guide readers through this article. Fundamentally, I intend to explore traumatic rage as it relates to chronic self-injury. I necessarily begin, however, with a more general, sometimes theoretical discussion of the nature of healthy anger and rage. In my experience, we err most seriously in the treatment of traumatic rage because we see the emotion as a monolith. But rage *isn't* an impenetrable wall of lead. It's an incredibly complex, but still comprehensible, conglomerate of physiological systems, psychic processes (including conscious and unconscious memories, attitudes, and beliefs), and interpersonal factors. To unearth, reshape, and set aside traumatic rage, we must *first* understand the nature of the clay.¹

The Psychobiology of Rage

To understand the etiology and nature of rage, we must recognize that anger rests on a psychobiological continuum that generally works to safeguard the organism from harm. The fundamentally hostile human emotions are *disgust*, *contempt*, and *anger*. *Disgust* emerges in response to "things that are deteriorated or spoiled, either organically or psychologically" (Izard, 1977, p. 336). The *physical* experience of disgust—a reaction to something that tastes or smells bad—acts as an analog to the *psychological* experience of disgust. We recognize this relation when we say that someone's actions made us "sick to the stomach" or left "a bad taste in the mouth."

As a general rule, we don't feel the need to "overcome" an object engendering disgust; rather, disgust impels us simply to remove ourselves from the presence of its

cause. In some cases, though, we simultaneously perceive something as both disgusting and threatening, and so we experience a need to fight it in some way. In such cases, we experience the affect as *contempt*. Contempt emerges from "situations in which one needs to feel stronger, more intelligent, more civilized, or some way better than, the person one is contending with" (Izard, 1977, p. 338-339). Contempt often acts as a constructive personal or social defense, in that it impels us to considered action against perceived social inequities or unacceptable actions, without the "hot-blooded" anger responses that may cause us to act irrationally or destructively. As with all emotions, though, we sometimes use contempt to bad purposes, especially given our penchant to depersonalize "contemptible" people, and our tendency to use trickery and deceit, common tools of contempt.

When a perceived threat engenders acute psychobiological arousal, we usually move beyond disgust and contempt into the experience of anger. Rage lies at one extreme end of a continuum of angry affects, all subsumed under the general class term *anger*. This continuum ranges from minor irritation and annoyance to indignation, wrath, and rage. The term *rage* itself encompasses a continuum of distinct but related expressions ranging from brief episodic eruptions of irritation through enduring furies to true homicidal rages.

Stripped of its idiosyncratic presentations, anger reveals itself as a physiological state of arousal and readiness that prepares us to cope with perceived threats of frustration, pain, or fear. As with other basic human emotions, anger is neither inherently good nor evil, but fundamentally a fact of animal life. Even if we wanted to, we could no more stop getting angry than we could stop getting hungry, because the continuum of anger comes hardwired in our brains and bodies, standard equipment from the factory, so to speak.

When viewed within a biological structure,² anger ceases to appear an incomprehensible monolith and becomes much more a comprehensible cycle. The anger cycle begins when we perceive a threat of frustration, an obstacle that might prevent us from gaining something we need or want, or frightens us, or causes us pain. Heightened alertness without the full experience of anger characterizes this stage. In this alert state, we

make and test internal assumptions about the possible danger of the threat; most especially, we weigh the danger of the threat against our perceived ability to deal with it.

In many (perhaps most) cases, our internal assessment tells us that our baseline state of arousal gives us sufficient psychobiological agility and strength to deal with the threat. In such cases, though we may maintain our heightened alertness through the actual confrontation, we're able to respond calmly, without the added energy that comes with a state of angry arousal. If, however, our internal assessment tells us that the threat exceeds the ability of our baseline arousal to overcome it, our bodies activate biological mechanisms capable of drawing on normally unavailable sources of strength and stamina. In other words, our heightened alertness crosses the threshold into anger. We can thus define anger in this sense as a physiological mechanism that taps into and mobilizes the body's metabolic processes of energy production. This basic affect should be distinguished from *hostility* and *aggression*. When disgust, contempt, and anger co-mingle with our basic drives and becomes part of affective-behavioral-cognitive schemata (maps), they may produce hostility and its behavioral expression, aggression.

Anger clearly offers biological advantages. It allows us to draw on power reserves *when needed*, thus obviating the need for the wasteful state of constant peaked arousal, an energy sink that demands high maintenance to replenish the body's fuel and to repair the continual body damage caused by the state itself. Anger also generates a psychological sense of power and dominance, two feelings that often allow us to overcome great odds, to win in situations where we "should" have failed miserably. Anger jumpstarts the psychobiological systems that free us to strike out physically in protecting ourselves against an overbearing threat, or to flee an unbeatable one. All of these advantages work together to help insure our individual biological continuity. From this perspective, anger acts as our ally by alerting us to danger, preparing us to cope with that danger, and giving us the psychobiological resources to carry through.

In keeping with evolutionary parsimony, the brain and body create and mediate anger responses through basic organic systems and structures widely shared among a great many affects. The hormones epinephrine, norepinephrine, and thyrotropic hormone largely mediate anger responses, but they also mediate other powerful emotions such as fear, grief, and joy (van der Kolk, 1995). The

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1 Traumatic rage becomes more understandable when we see that trauma survivors often act as though they're still in the penumbra of a traumatic threat. Forced during the time of their trauma to remain always on guard, always expecting the worst, always hoping for even a moment's respite, trauma survivors have so thoroughly internalized the traumatic threat that they easily, almost automatically project it outward onto the world long after the actual threat has ceased to exist in reality. Much incomprehensible rage suddenly, becomes comprehensible when we realize that it's directed not against an element of the ambient environment, but against an internalized element of an environment from the survivor's traumatic past. In the second article of this series, I'll discuss in more detail the clinical implications of this phenomenon.

2 I hasten to point out that I use this biological reductionism only as a temporary convenience to begin our exploration of a highly complex biological, psychological, interpersonal, and in some sense spiritual affect.

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nerve pathways that transmit and mediate anger responses also function in sexual arousal. Viewed out of context, the physiological signs of anger are indistinguishable from strong sexual arousal (with the exception of sexual tumescence). The brain "centers" governing anger responses—in fact diffuse but communicative neuronal networks scattered through many areas of the brain—often interact with other psychoneurophysiological systems. We recognize this interconnectedness during anger responses when we say that someone "sees red," that he "goes red in the face" or "gets hot under the collar," that he's "spitting fire," and so on.

As I mentioned earlier, rage lies at the extreme end of a continuum of anger responses. Keeping this continuum in mind, we can see that rage is merely an extreme anger response to an extreme perceived threat of frustration, pain, or fear. In healthy adult operation, rage emerges in response to a perceived threat so dire that we stand in danger of losing our lives or of suffering an injury or loss so great that full recovery would be impossible. This fatal frustration, pain, or fear may threaten our physical well-being, our mental stability, or both; regardless of the exact threat, we perceive it as being of such magnitude that only the fullest marshaling of our resources offers any chance of survival or continued full functioning. We've all heard accounts of people who accomplish amazing feats in the heat of such rage: the mother who lifts a car weighing many tons to free a trapped child; the man who claws his way over miles of hilly terrain after suffering a broken neck in a fall, all the while raging at the impersonal forces that would drag him down to death. In effect, rage is an extreme anger response that engenders extreme arousal.

All strong human emotions that generate arousal (anger, fear, ecstasy, and sexual desire among others) use so many of the same neurobiological structures and states that they're virtually indistinguishable in a biophysiological sense. How then, we might wonder, do we know that we're in a rage, *not* sexually aroused; that we're overjoyed, *not* scared to death?³ In answering this question, we must go beyond

3 Sometimes, of course, people do confuse the meaning of highly aroused states. We recognize this confusion when we say we "don't know whether to laugh or cry." Much self-destructive behavior (such as wild speeding while intoxicated) results from a confusion of extreme fear and anxiety with ecstasy. I've chosen to focus on the more common experience, that people can and do distinguish the overall tenor of emotional arousal in terms of valid environmental cues.

the fundamental psychobiological aspects of anger to consider the interpersonal context that modulates and often transforms the psychobiology of anger responses.

Anger and the Interpersonal Field

Though all strong emotions manifest surprisingly similar psychobiological arousal patterns, we usually have little difficulty recognizing the *overall* tenor of any particular emotional state. These recognitions largely emerge from interpretations of our interpersonal field. Thus, when we find ourselves riding a bumper and wildly banging on the car horn because another driver just cut us off in heavy traffic, we can usually tell that we're enraged, *not* overjoyed at the lovely sight of carbon monoxide fumes rising over the city. In other words, our *psychological* interpretation of a *physiological* state depends largely on our perception in our social systems. Thus, though biology forms the substrate of our emotions, the interpersonal field and our internalizations of it largely shape the ways that we *interpret* the physiological states underlying our emotions. As we'll see, the same environment also largely shapes the ways in which we act upon our emotional states.

Specifically in terms of anger, Carol Tavris (1982) argues that epinephrine (associated with many physiological states) doesn't become the physiological substrate of emotional anger until it's connected with a perceived threat from the interpersonal field; in effect, only *psychological* perceptions of factors in the social system give content to *physiological* arousal. Perception of cues in the interpersonal field thus makes it possible to differentiate anger from other strong emotions, but we need to take the next step and recognize that this field also shapes the *expression* of anger.

In short, our interpretation of this environment tells us not only *that* we feel angry, but also *why* we feel angry and *how* we express that anger.⁴ To understand this com-

4 From time to time, we all confuse internally generated messages and environmental cues, thus misinterpreting the true cause of our anger. Thus, we rage at our child who spilled the glass of milk, when really we're angry with our spouse for not recognizing our renewed efforts to help around the house. Trauma survivors, however, often project a vast and strong overlay of internally generated threat perceptions over even relatively benign external environments. Because they're often still caught in the penumbra of their original trauma, they generate internal signals of danger that they project onto present-day situations, a projective misinterpretation that can erupt in inappropriate rage. I'll discuss these issues in more detail, including clinical treatment strategies, in the second article in this series.

plexity of relations, we need to look at the normal developmental processes of anger responses.⁵

The Developmental Stages of Non-Traumatic Anger Responses

Infancy. Despite our cooing cultural sentimentality toward infancy, infants in fact are often very angry little bundles of noise and thrashings. We're all born with the biological ability to experience and express a range of emotions, but of all our emotions, anger emerges first. As early as four months of age, an infant's indications of vague distress differentiate into recognizable anger, perhaps because they have almost no tolerance for frustration. If they're hungry with no nipple in reach, they're in a rage; the moment they become aware of the unpleasant sensations of a soiled diaper, they're in a rage; the moment they're laid in a crib when they want to be held, they're in a rage.

Of course, the infant anger response meets a highly important evolutionary need: With no other communicative tools at hand, babies make use of the attendant manifestations of anger (most especially wailing) to proclaim their unmet needs, to protest violations, and to make known the fact that they're in pain. Early on, infant anger begins to reflect the fundamental pattern of the anger response: Anger arises in response to threatened frustration of needs or wants. Any frustration at all engenders anger in infants; and without any training yet in modulation and control, this anger often manifests itself on the extreme end of the continuum, as rage. Although infant rage reacts to a cue in the external environment (an absent bottle, an unchanged diaper, an unmet need for physical touch), their rage is largely reflexive and generally undirected. The infant just *rages*, with no focused target for that rage.

Toddlers. Sometime about the first birthday, the experience of anger undergoes significant changes. Most importantly, toddlers start to recognize the specific causes of their frustration, and they begin to direct their anger toward these causes. Unlike the reflexive and undirected rage of infants, toddlers rage *at* something (directive) *because* of something (non-reflexive). The toddler, for instance, wails and pounds her fists *at* the babysitter *because* the babysitter holds her back from the mother rapidly disappearing

5 In Part II, I'll examine what can happen when these normal developmental processes are frustrated. Here again I'll stress that therapists must first grasp at least the broad outlines of the normal developmental processes before they can work effectively with developmental pathologies.

across the room.

This difference between infants and toddlers points to a fundamentally dual aspect of anger: Anger arrives with two faces, one reflexive, the natural biological reaction; the other a *commitment* to anger, the “nursing” of anger, a ruminating about a provocative incident that feeds and shapes anger. This fundamental duality inheres in anger throughout all the stages of our lives after the infant stage; we come to much grief when we fail to recognize which situations call for a quick flash of reflexive anger and which call for the sustained energy of angry commitment.

As their physical and mental capacities grow, and as their social and emotional experiences become more complex, toddlers learn to express their anger in greater variety and sophistication. During the same time, they’re learning ever more reasons to be angry; in other words, to their earlier basic *needs*, they add a steadily increasing constellation of *wants*, all of which may be threatened with frustration.

These two trends—growth in sophistication of expression along with substantial increase in needs and wants—often engenders the period recognized in folk wisdom as the “terrible twos.” In this regard, though, we should keep in mind a fundamental aspect of children in this age group: They’re driven to explore and investigate both themselves and the world around them; because of this early strong drive, a child’s first directed and nonreflexive feeling of anger typically results from frustrated curiosity. As we’ll see, this function of anger often becomes a strong ally in the treatment of trauma survivors, who must often rediscover this anger against the impediments keeping them from self-exploration.

We should also keep in mind that toddlers learn autonomy by walking and falling, opening drawers and dirty diapers, feeding themselves and the airspace around them. During this period, their sense of self clamors to be heard, and toddlers hear it by testing their personal power, by refusing all requests, violating all restrictions, ignoring all admonitions. With this growth in autonomy, their anger begins to have sharper boundaries and often reflects deeper psychological states. Temper tantrums, for instance, may result from a toddler’s frustration at his parents because they fail to recognize his growing sense of a separate being. Movement toward autonomy also brings with it a new kind of anger, not *exactly* directed toward the self but directed toward a more abstract awareness of self-limits. Toddlers often grow enraged when they fail at something they’re trying to

do. In these cases, their *own* failures become the frustrating limits set on their growing autonomy. As parents can attest, these rages stand among the most towering that toddlers display.

Late in the toddler years (two and a half to four years old), children begin to grow “reasonable,” at least comparatively so. They begin to develop more sophisticated schemata of interpersonal interactions along with a much more complex worldview. At the same time, however, their psychological abilities to shift and amend schemata and views remain fairly rudimentary. Consequently, they often grow angry when a shifting and irregular world doesn’t fit their rigid expectations, a situation compounded by a kind of natural developmental narcissism, the tendency of toddlers to believe that all people and all things see and think just as they do.

Preschool. When children move into the preschool years (four to five), they enter the age of activities. I don’t mean, of course, that younger children aren’t active; quite the contrary, as any parent of a squirming nine-month-old can attest. But being *active* and being *involved in activities* are two quite different phenomena. In the preschool years, children begin all kinds of activities: structured group play, individual projects, collecting, distributing, organizing and disorganizing and reorganizing. In addition to their own activities, they want to be involved in everyone else’s activities too. During this same period, children ordinarily begin to get extensive instruction in everything from chore responsibilities and team sports to academic subjects, a vast range of new activities deemed important by their caregivers. The demands inherent in organized activities, with the concomitant increase in the number of people involved, dramatically increases the chances that anger might arise from frustrated needs or wants.

During this period, most anger emerges in response to the unrealistic challenges placed on children by external forces (parents, older siblings, preschool teachers, and so on), coupled with their failures to meet those challenges. We have little trouble assessing the physical maturation of children, but we often have great difficulty assessing their much more intangible psychological growth. Consequently, we often present children with challenges exceeding their developmental readiness. This mismatch

often generates extreme rage, because of a kind of doubled frustration: frustration at the external force (most often parents) handing the child all these crazy challenges, and frustration at the failure of the self to meet the challenges. Because children in this age group typically begin to compete with peers, any failure becomes that much harder to take. The engendered rage can be so great and so abiding that it often results in apparently “unprovoked” attacks on parents, sib-

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lings, playmates, and others. During these rage attacks, children often give pyrotechnic displays of their growing physical and verbal abilities: kicking, biting, scratching, the discovery of “weapons,” piercing shrieks, “cuss words,” and so on.

Middle Childhood. Between the ages of six and 11, children mainly work at mastering basic social skills, particularly those involved in interactions outside the family environment. The family, of course, remains crucially important to children, but it ceases to be the “whole world,” becoming instead a secure base from which children venture forth into a world with vastly expanded horizons. Venturing into a strange new world can be wildly exciting, but the concomitant uncertainties also make it deeply frightening. Because of this fundamental duality, children often turn this period into the “age of rules.” To reduce their anxiety over the uncertainties of their expanding world boundaries, they expect—demand, really—a world governed by the rules, the whole rules, and nothing but the rules.

On the playground, in the classroom, around the house, in the neighborhood, nothing brings out anger more quickly and more ferociously than breaking the rules. Failing to recognize the underlying need for a rule-bound social structure, we too often belittle the efforts of children to wrest certainty from an uncertain world. Thus we call them “cry babies” and “tattle tales,” snap at them for “whining” and “sulking.” Towering rages often result from this belittlement, because we make children face two deeply frightening frustrations. First they see the world’s uncertainties grow, because a rule has

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been broken; then the people who should enforce the rules (guard the certainty) of the world instead only increase the uncertainty. Thus, during this period anger often comes commingled with a deep sense of betrayal.

Adolescence. Traditional thought holds that the main task of adolescence (ages 12 to 17) centers on the learning of identity. This stance curiously ignores the fact that children from infancy until puberty have steadily built coherent and complex identities. Even within the first few weeks of life, parents learn to tell the difference between identical twins through variations in their emerging identities. Until the time of puberty, however, children build their psychological identities in slow increments, reflecting their steady but gradual physical growth. While children from infancy to puberty certainly undergo phenomenal growth, this growth remains basically quantitative in nature: Bodies grow bigger and stronger, but they don't undergo any fundamental transformations.

Puberty, though, brings a time of wild transformation. Externally the body not only *grows* quantitatively but *changes* qualitatively: Hair grows where no hair has grown before; some body parts become rounder or flatter; other parts hang lower or reach higher; voices no longer work the way they used to; limbs dangle and gangle and knock over everything within an arm's radius. Internally, biological systems become a raging maelstrom of heady hormones and sparking synapses, as the body moves toward a fully sexual state. If we could capture the several long months of puberty on fast-action film, we might liken children crossing this threshold to a pack of lycanthropes at the rising of a full moon.

So adolescence isn't a time for *learning* identity; rather, it's a time for *relearning* identity in the face of drastic changes. As biology forces adolescents to slough off an older well-known identity, they often experience role confusion. They may doubt themselves and their ability to develop a strong sense of their own personality, especially given the fact that their bodies are doing wild things wholly beyond their control. They may feel alienated, certain that no one understands them. Unfortunately, such is too often the case. Adolescent bodies are much closer to adulthood than to childhood, and so the world suddenly expects them to "act their age." Inside, though, adolescents are still close to the children who need to be reassured that these strange changes are normal and natural and not destructive.

Despite this need for old ways of comfort, adolescents still move in fits and starts toward adulthood, with an inevitable striv-

ing for separation, a movement that often includes an understrain of intense sadness. The conflicting needs for separation and connection, coupled with a rampaging biology, often fuels adolescent anger. It's easier, after all, to gain distance in anger than in sadness. As with the years of middle childhood, rules figure prominently in adolescence, but with a difference. Whereas younger children want everyone to *obey* the rules, adolescents want to *make* the rules. At the very least, they demand a voice in the rule-making. This demand reflects the growing need for separation, and its frustration often engenders some of the most explosive rages of adolescents.

Adulthood. The exploratory drive characteristic of childhood and adolescence gradually gives way in adulthood to a growing need for stability: putting down roots, shaping a career, starting a family. Thus, while adolescents most often grow angry when frustrated by the stabilizing restraints that parents and others would place on them, adult anger generally emerges when something threatens to frustrate the growing stability of home, family, and career. In addition to this difference in object, adult anger also tends to be much more calculated and formalized, as well as less obviously visceral and more clearly psychological. By adulthood, people have generally learned to manage their anger, especially the extremity of rage.

Those with healthy anger management practices see anger as information, a biological alarm warning them that something isn't right in their environment. Anger most often alerts us to the fact that serious frustration threatens people we care about (ourselves or others) or the things we care about (career, possessions, community standing). When we can't identify the exact cause of an anger response, the anger itself warns us that we need to show greater vigilance to our internal and external environments until we ferret out the unseen threat. We ignore such a message at our peril, because anger often warns us of a threat when we can still do something to master it.

Adult anger, though, offers much more than a red flag. After alerting us to the danger, anger then becomes a source of energy both spurring us to action and sustaining us until we've met and mastered the danger. We use the energy of anger to protect what we love, to attack what we hate, and to heal ourselves in the face of unbeatable odds. As we'll see, this assertive aspect of anger often lies at the heart of healing for trauma survivors. When we control the energy of our anger (rather than the other way about), we find that we can assert our individuality, act as our

own advocates, restore our ambition with a healthy sense of competition, command respect, demand dignity and fair play, challenge attitudes or behavior we find inappropriate or pernicious, and probe for truth even when faced with countless frustrating obstacles.

Adult anger management ranges from dangerous undercontrol to debilitating overcontrol. Adults also tend to have an assortment of anger styles, in many cases reflecting the developmental stage at which they're "stuck." Thus, we encounter adults who "pitch a fit" (infants), who throw "temper tantrums" (toddlers), who get "bent out of shape" (adolescents), and so on. "Grownups" who encountered developmental barriers during the maturation of their anger responses will thus often manifest anger characteristic of earlier stages. When we work with such clients, a major clinical task often centers on our ability to recognize and address the anger issues appropriate to the clients, regardless of their chronological ages. In the second part of this two-part series, I'll discuss more fully the clinical issues emerging from these developmental factors.

The Developmental Tools of Healthy Anger

Of course, we derive all these benefits from anger only when we have a healthy anger response system. The developmental process sketched above thus gives a more or less ideal picture of anger development from infancy to adulthood. None of us followed such an ideal unfolding of the anger response, and at times we all show unhealthy displays of anger. Of course we regret these occasional human lapses, but we're human after all and so resign ourselves to the occasional stumble. We should find more alarming, however, the dramatic increase in the numbers of people with serious anger dysfunctions, ranging from hyper-repression to hair-trigger explosiveness. What happened, we ask ourselves, to bring the world to this pass, that so many people are dying from too little or too much angry expression?

When we look for the etiology of severely dysfunctional anger, we finally come to the realm of intrapsychic processes, the personal psychology that acts as mediator and translator between the wholly internal reality of biophysiological systems and the wholly external reality of the interpersonal field. As we grow up, we all take in cues from the external environment that tell us when and how to shape our anger, and bit by bit—through acceptance or rejection—we use these cues as tools for the shaping of our personal psychology of anger. Exploring these tools will help us understand how dysfunc-

tional anger comes to be, and how even ingrained adult patterns can be reshaped and redirected into healthier practices.

First Tool: The Angry Human. To deal with anger effectively in later life, children need to learn that anger exists as a fundamental human emotion. They also need to learn that both the *experience* of anger and the *expression* of anger are a part of life, to be taken seriously but also to be taken in stride. Perhaps most important, children need to learn that the healthy expression of angry feelings between two people doesn't indicate a weakening or severing of the bonds between them. When children, for instance, witness an angry exchange between their parents, the parents should take care to reassure the children that the exchange has no bearing on the deep bonds between them, but only shows their relative freedom to experience and express their emotions.

Quite often, though, children learn that they're on safe ground only when they show "nice" behaviors, such as kindness, politeness, and obedience. Children learn that the behaviors associated with anger—self-assertion, challenging authority, defending the self—are somehow "bad" and so must be hidden from view. In time children transfer this attitude to the feeling of anger itself, so that even the internal *experience* of anger becomes "bad," whether or not that experience is manifested in external behaviors.

On the other hand, children raised in a perpetually angry household learn that no emotion counts for much except quick and cutting anger. Especially when parents and older siblings use anger as a spur-of-the-moment weapon of revenge, manipulation, ridicule, and punishment, children soon learn to keep their anger response simmering, ready to surge up in a roiling boil at the earliest, slightest threat of frustration. Carried into adulthood, this psychology of anger leads at best to people with "bad tempers"; at worst it leads to people ready to plunge into brutally violent anger at the drop of a hat.

Second Tool: The Expressive Human. As discussed above, children need to learn that anger is a fundamental human emotion. As with all emotions, however, anger may be expressed in ways both acceptable and unacceptable. Children, for instance, must come to understand the difference between the acceptable expression of angry feelings and the unacceptable commission of violent acts. Even in the preschool years, caregivers should never tolerate violent acts (hitting, kicking, scratching, biting) as acceptable expressions of angry feelings. Of course, kids will be kids, and we can't possibly prevent every tussle and scrape they get into; we

can, however, insist on an absolute demarcation between anger on the one hand and violence on the other. Even if we can't stop a violent act before the fact, we can stress after the fact that the act is unacceptable as an expression of anger. By repeatedly stressing this point in situations involving violent acts, we help prevent any coupling of anger and violence in the minds of children.

Unfortunately, rather than teaching children the difference between appropriate and inappropriate *expressions* of anger, we often perpetuate a distinction between "justified" and "unjustified" *feelings* of anger. This latter distinction—false in the extreme—places terrible burdens on children. Whenever they experience a feeling of anger, they must rapidly assess whether or not it's "justified," based on reactions to their past expressions of anger. If their internal assessment tells them that their feeling is "unjustified," then they must find some way to control the physiological substrate of their experience of anger, to make it "go away." Even if their internal assessment tells them that their feeling of anger is "justified," they still have to choose an appropriate expression of it based upon increasingly complex rules of appropriateness. This process becomes so energy-consuming and anxiety-ridden that children sometimes choose one of two radical simplifications: Either they immediately suppress feelings of anger before they even approach expression (full filtering), or they immediately express any feeling of anger regardless of the appropriateness of the immediate situation (no filtering).

Third Tool: The Judicious Human.

Perhaps most important of all, children need to learn that anger is a precious emotional energy to be used judiciously. In this instance, *judiciously* means that anger should be an acute remedy for a troublesome situation, *not* a chronic state maintained to manage all human affairs. When we let brooding anger become our lifestyle, we effectively cut ourselves off from a powerful communicative tool to let other people know when and why we feel deeply about a given situation or issue. Perpetually angry people are much like the boy who cried wolf: After a while, no one knows (or much cares) whether the anger points to a serious threat or an empty bellow. As we'll see, brooding anger also takes a toll on the body's psychobiological systems.

Of course, we should teach children to avoid the opposite extreme as well; in other words, they should be free to make use of the energy of anger by expressing their angry feelings in appropriate ways, in appropriate situations. When they do so, we should always take their anger seriously by offering empathy,

solace, and support in overcoming whatever frustration prompted the anger. Rather than taking child anger seriously, though, we too often disdain it ("Just ignore her when she acts like that") or reduce it to misbehavior ("Just knock some sense into him").

A Troubling Colloquy of "Rights"

I began this article with a famous quotation from Aristotle's *The Nicomachean Ethics*. Even in the best of circumstances, we all would probably find it most difficult to live up to Aristotle's idea of "praiseworthy" anger. We know we feel angry on the right grounds, but aren't we really just a little *too* angry for the given offense? We know we're angry at the right person, but haven't we really carried on this angry spell for just a little *too* long? We know we chose the right moment to show our anger, but weren't we just a little *too* forceful in the way we showed it?

Imagine how much harder we would find it to feel angry on the right grounds against the right persons in the right manner at the right moment and for the right length of time *if we'd had to continually swallow our anger, to deny its right to assert itself, to wrench it from its natural object and turn it elsewhere, to let it waste its energy railing against a weaker object, our own bodies, because we couldn't face the abject terror of unloosing our rage against the frightful, loving monster that we knew as loved one and ravager?* In the second part of this article, I'll explore in detail the implications of traumatic rage as it relates to issues of self-injury. I'll include a full explication of a clinical process, the rage dump, to help clients rediscover, release, and finally put to rest their pent-up rage. ■

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