Practical Skills for Working with Clients Who Are Angry

6 Perspectives on Working with the Roots of Anger

with Ruth Buczynski, PhD; Bill O’Hanlon, LMFT; Ron Siegel, PsyD; Michael Yapko, PhD; Stan Tatkin, PsyD, MFT; Shelly Harrell, PhD; and Ellyn Bader, PhD
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**Mr. O’Hanlon:** I went through the EST training years ago, and they had this wonderful thing. They wouldn’t let you take notes. So, I’m memorizing this because I thought it was so brilliant. They call it the anatomy of an upset, and they said there are three elements to an upset. I’ve found this to be almost universally true since then – and this is from the ‘70s, so it was many years ago.

One is thwarted intentions. People get upset because they wanted something to happen, they intended something to happen, and they got blocked somehow by that. They wanted to become a therapist, or they wanted to get this certain job, or they wanted this person to love them and that somebody didn’t. Thwarted intentions: you had an intention, and it didn’t work out.

The second one is unfulfilled expectations, which is someone similar. You expected yourself, the world, or other people to be different from the way they are.

And the third one is undelivered communications. There’s something you haven’t said out loud to yourself or to somebody else. There’s just some undelivered communication.

And I thought, that’s brilliant! If people are angry or hostile because of one of those three things, then let’s investigate in one of those three areas and see what we can do about that.

**Dr. Buczynski:** How do we help clients feel their anger without being taken over by it?

**Dr. Siegel:** All of us get angry or hostile from time to time, but there are folks who make it their general style and the way they are in the world.

“One of the trickiest parts of anger is its volatility. You see, by the time the stimulus is identified, the angry response has often risen up and already taken control.

But as Dr. Ron Siegel says, this kind of reaction can undermine anger’s real benefits.

**Dr. Siegel:** All of us get angry or hostile from time to time, but there are folks who make it their general style and the way they are in the world.
These folks are quite challenging to work with clinically, in part because most of us who are psychotherapists or other kinds of healthcare professionals, like people to like us!

We think of ourselves as being good and nice and the like – it’s difficult for us when we encounter people who don’t see us that way.

People who are generally angry can get angry at us as well.

So, what makes some people more generally angry?

Anger is usually a response to either hurt or fear. It could be that the person has been exposed to an unusual number of hurts, or they simply feel that they’ve been exposed to an unusual number of hurts.

To flip from feeling hurt or frightened to feeling angry, almost always people need to have a narrative about injustice: “This shouldn’t be happening. This shouldn’t be happening to me. I don’t deserve this. I need to protest/attack in some other way to set the record straight – to set the situation straight.”

Now, interestingly, people who act angry are not so good at feeling anger. When anger arises in us, if we immediately discharge it and immediately start yelling or criticizing or even just writing nasty letters, we don’t actually get to feel the texture of the anger – we don’t get to sit with it, because it just discharges into behavior.

To actually feel anger and to know anger, one has to be able to feel it and not immediately discharge it.

It’s not that we might not eventually say something, but it’s quite different to sit with the anger than it is to express it.

Very early on, when somebody who’s temperamentally angry comes into treatment, I ask, “How is this person having difficulty feeling anger even though they’re quite good at expressing it?”

Some people show their anger because of modeling: they simply grew up with a lot of aggression and that’s their mode of being in the world.
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We know the saying: Apples don’t fall far from the tree. We all tend to behave based on our models for learning.

Sometimes people are angry because they have been injured in a traumatic way and they’re terrified of the images, the thoughts, the memories, and the emotions connected with the trauma.

Whatever comes up that is related to their trauma, their anger comes up really loud and clear as a kind of shield – a way to not feel those other emotions.

People who are angry tend to project a lot – they tend to see the cause of problems as something other people are doing – not as something “I’m doing.”

“Basically, it’s the bad other that’s being projected upon us and we get treated as the bad other.”

They tend to externalize and they tend to project, and that’s no fun if you, as the therapist or the healthcare professional, are the one being projected upon.

Basically, it’s the bad other that’s being projected upon us and we get treated as the bad other.

Dr. Yapko: The first thing I want to consider is what drives the anger.

When we look at human aggression, as a general term, the literature of social psychology has been particularly instructive – studying for decades this characteristic called human aggression. Under what conditions do people get angry? Under what conditions do people get hostile and even violent?

If we translate some of that literature into clinical work, it has an enormously valuable set of insights. One of the most predominant models in the world of social psychology is known as the frustration-aggression hypothesis – and it fits so cleanly for what happens in clinical work – the frustration that drives the anger.

This person wants something or feels entitled to something, or feels justified in expecting something that they don’t have.

Or something happens that this person thinks is so unfair that they react to it with anger. I’m really interested in what kinds of underlying factors give rise to the pain. Sometimes it is unrealistic expectations or physical and/or emotional pain.

Very quickly what I want to get at is the anger as the outgrowth of these underlying processes.
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I’ll tell you the story in a little bit of somebody dealing with the sadness or grief underlying their rage at something unfair that’s happened in their life.

Very often, it’s just being angry because people aren’t doing the things that you think they should do.

If you talk to the Gottman Institute, arguably the world’s premium marital researchers and you ask them what single factor most determines marital satisfaction, they will unhesitatingly say: How well your partner lives up to your expectations.

Of course, that begs the larger question: What happens when you have unrealistic expectations?

When I’m talking about this in workshops, I’ll show a cartoon where a pretty unhappy-looking woman is saying to her boyfriend: If you really loved me, you’d win the lottery. She seems pretty clueless that her expectation is pretty unrealistic.

If we look at the structure of anger—the components, which is where I go with it—we look at the quality of the person’s expectations, the quality of the person’s frustration tolerance, the quality of the person’s impulse control, and then the last part, the external attributional style (for example: the person is willing to blame angrily the other person for not doing what they think they should do).

It becomes a pretty basic part of treatment: How can I get at these underlying patterns and help this person explore what their expectations were and how they evaluated (which they haven’t) whether their expectations were realistic or not.

It helps to get people to have a realistic sense of how things work out there. There’s a large element of reality testing that goes into it: Is this really what this person is capable of doing? Is this really what this organization can do?

If we look at it at a bigger or even smaller, more individual level—that quality of how people fan the flames of their own anger—it’s by not realizing: This isn’t what this person does.

This isn’t how this organization works. This isn’t how this country works.

Dr. Tatkin: Let’s get to why some people are so angry and hostile.
One reason is due to drugs and alcohol – withdrawal symptoms make people very angry. Another reason is lack of sleep – very angry.

People who are under a lot of stress and there is nobody friendly around or they’re not managing their stress properly are going to be explosive.

Then, there’s the person who is more obviously the angry person: somebody who behaves in a way that is threatening, and by threatening, I mean “small teeth” threat,” and not “big teeth threat – this is anger with a gun or a knife.

“Small teeth” anger is baring the teeth or having a resting face that looks peeved or pointing fingers or using a piercing voice or saying dangerous words and phrases.

There are people who are angry because they’ve lived a life of unfairness and injustice, or they’ve experienced insensitivity in their families of origin, and they take that anger and carry it forward in all of their relationships.

Some people are angry because they come from angry families, and they operate at hyperarousal – they go right to anger.

Some people are angry because they are so vulnerable to shame. They are vulnerable to that deeply parasympathetic state that nobody wants – it’s close to annihilation and existential aloneness.

Often, people can’t tolerate shame, and as soon as they feel any ounce of shame, they’ll shoot right up into rage and attack. Their feeling is: “It’s not going to be me feeling small – it’s going to be you. It’s not going to be me feeling devalued - it’s going to be you.”

Again, this is a challenge for the therapist, and in couple therapy, for everybody in the room.

There are other people who are angry because they have some biological issue which has to be ruled out.

There are some people who have what Stephen Porges calls a poor parasympathetic or vagal brake, which means that the vagal system is not engaged enough to mediate acceleration, and so they go from zero to 100,
and not only that, they have a hard time recovering.

If that is the case, you have to start looking at some biologic or non-biologic issue.

Perhaps there is an issue that has to be medicated, or maybe there’s something else going on that is not a matter so much of psychology as it is a problem with being able to limit and inhibit one’s forward acceleration.

Then, there could be a problem in the frontal areas with self-regulation – areas involved in inhibition and limiting one’s behavior, and also at the back of the brain in the vagal system.

You have to check out what is going on before you determine what to do.

In fact, in all matters of therapy, the biggest challenge to the therapist is not what you’re going to do but what you are looking at/what this is.

Dr. Harrell: Hostility is sometimes an act of protection – I’m trying to protect myself from these accumulated hurts and pains and injuries and wounds. Hostility emerges to say to the world, you will not do this to me anymore.

Those can be real wrongs, hurts, and pains, as well as perceived and projected wrongs, hurts, and pains. The basic building blocks of hostility are the accumulation of experiences and expectations that I’m going to get hurt, something’s going to attack me or cause me pain and I have to protect myself, and the sense that there is no recourse or no person or system that is going to give me relief, compassion, and understanding.

Blame can emerge – an externalization for the ‘deserving’. Others are now deserving of my hostility and anger; they’ve brought it on: If they only not done X, or if they hadn’t made me act this way...

All those attributions begin to happen. I think underneath it all is a deep sense of being hurt. There is a phrase, hurt people hurt other people – and I think there’s a lot of wisdom there.

Is hostility different from anger? Hostility is a way of being in the world; it’s an adaptation; this is how I’m going to relate to the world around me.

When a person has had enough accumulation of hurts and pains without empathy, compassion, or recourse,
or without someone to intervene on their behalf to protect them, that way of being in the world can feel like, this is all I have. I don’t have someone who’s going to take care of me and protect me. This is what I’ve got, and so this is how I’m going to enter the world.

It’s functional. The client can experience it as functional, and that it would be stupid not to be in the world that way, that somehow being hostile is the smart thing to do. Being disparaging of others, blaming others, externalizing avoidance towards pain, or projecting that onto others can feel like, this is how I need to be.

Dr. Bader: With couples, when partners are angry at each other, it can come about from a variety of so many things.

Couples often have a first disillusionment. They get together. They have that excitement. They fall madly in love. Maybe they get married. Then – pow! – suddenly, they just hit that moment where you’re not the person I thought you were. They have disillusionment.

When they have that disillusionment, they don’t know how to resolve it. They don’t have the emotional muscle or the skills to resolve it.

Over time, a lot gets built on that disillusionment – a lot of repeated examples of the same thing, where a person feels continually let down, or continually not taken care of, or not responded to by the other person. Or, they see the other person as selfish and narcissistic and self-centered and always into it for themselves. That’s one form of how I think anger develops in relationships.

Another form is when somebody takes advantage of a relationship. Examples of that are things like where a partner gambles away the other person’s money, or makes a bad investment. They didn’t tell the other person about what they were doing, and so they have the sense of being badly betrayed and they’re angry about that.

Another one that’s a big one in couples is what I call felony lies. Felony lies are when somebody, for example, is having an affair and the other person picks up on it and thinks that it’s true. They start asking questions, and the person having the affairs says, “You must be crazy. You’re making it up.” And they continue to challenge the other person’s sanity over time. The person gets angrier and angrier but feels crazy at the same time.

Those are three ways that anger develops in relationships.