

**I just feel so angry I could EXPLODE!**

**Creative ways of supporting young people  
experiencing ANGER**



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“Young people need opportunities to express dissent, anger, hatred, because those feelings are real and don’t go away...” (Luxmore, 2006, p.56)

In this essay I have chosen to examine how I work with **anger** in children and young people in a school counselling context, precisely because **so many young lives are afflicted by inappropriately or unexpressed anger, whether their own or others’**. Supporting them to learn how to self-protect against unhealthy parent, professional or peer anger, plus how to express and use their own anger healthily, is central to my work as a school-based counsellor.

Five year’s experience of working therapeutically with anger has confirmed my view that there is a crucial difference between anger and rage (Parker-Hall, 2009) but for the purpose of this essay, I will use “anger” to mean both, unless I specify otherwise.

In Britain today, anger seems to be spilling out everywhere: on roads, in offices, homes and classrooms (Mental Health Foundation, 2008). Despite the proliferation of Anger Management courses in schools, surgeries and the workplace, it seems that the fear and confusion surrounding this multi-faceted feeling continue to hinder its healthy expression.

**“When the only tool you have  
is a hammer,  
you will see every problem  
as if it were a nail.”**

(Abraham Maslow, 1966)

Perhaps this applies as much to society's handling of anger as it does to how anger is often expressed?

So I begin by briefly outlining anger's "staggeringly complex" layers (Fisher, 2005). I shall look at anger in Britain today, how/why anger presents in young people, and explore the difference between anger and rage (Parker-Hall, 2009). I then briefly examine the relevance of anger's links to shame (Bradshaw, 1988/2005; Middleton-Moz, 1990) and to attachment (Bombèr, 2007). Finally, I describe my own therapeutic framework for supporting anger and how I have used a variety of creative interventions to support young client anger, evaluating their benefits and contraindications.

### **What exactly is anger and why do we feel it?**

Definitions of anger (BAAM, 2005; MHF, 2008) concur that the feeling of anger is a natural physiological survival response to any threat to the individual, whether physical or psychological, real or perceived, in which the Reptilian Brain or Amygdala takes charge, triggering the release of adrenalin and cortisol, preparing the body to fight, flee or in extreme danger, freeze. To convey this important understanding to the young people I counsel, I liken feeling angry to feeling pain when we get too close to a flame: we react to stay safe!

Anger can be triggered by:

- “facing a threat to ourselves or our loved ones
- being verbally or physically assaulted
- suffering a blow to our self-esteem or our place within a social group
- being interrupted when pursuing a goal
- losing out when money is at stake
- someone going against a principle that we consider important
- being treated unfairly and feeling powerless to change this
- feeling disappointed by someone else or in ourselves
- having our property mistreated”

(Mental Health Foundation; 2008)

Because these threats can be physical, psychological, real or perceived, the feeling of anger can also be connected to, or mask many other emotions e.g. shame, guilt, jealousy, fear, invisibility, abuse etc. (Luxmore, 2006).

Different client environment (Howells and Day, 2002) and genetic predisposition add further variables, plus the fact that anger can then either be expressed, repressed or displaced (Freud, 1936).

Prevailing therapeutic approaches to anger e.g. CBT, seem to focus on “the predominantly male experience of “hot” raging” (Parker-Hall, 2009, p.3) and fail to recognise the link to repressed anger in it’s predominantly female form: depression. This also allows passive-aggression, or “the velvet dagger” (Fisher, 2005) to slip by almost unnoticed.

## **Anger in Britain today – the relevance of culture**

A selection of recent statistics suggests that Britain is getting angrier:

- “64% either strongly agree or agree that people in general are getting angrier.
- More than one in ten (12%) say that they have trouble controlling their own anger.
- The UK has the second-worst road rage in the world, after South Africa.
- 86% of secondary school teachers in South West suffered verbal abuse and 14% physical abuse. One teacher was told: “We made Mrs X have a nervous breakdown and we’ll do the same to you.”

*(Taken from “Boiling point: problem anger and what we can do about it”, 2008, Mental Health Foundation)*

However Mike Fisher, founder of BAAM, the British Association for Anger Management, believes that what in fact has changed is that:

“We have gone from being a nation of imploders, turning our anger inwards, to being a nation of exploders, turning our anger outwards.”  
(Fisher, 2005, p.13)

Two centuries of “keeping a stiff upper lip” seem to have suddenly erupted! Unfortunately, exploding anger threatens others, often provoking yet more anger as a defence, which is a vicious circle. I see this daily in British schools and believe passionately in the need for anger education!

### **Adolescence and healthy separation anger**

Comic stereotypes like Enfield's Kevin ("I hate you, I wish I'd never been born!") and Tate's Lauren ("Whatever!") ring true because we recognise them. Anger energy is part of the healthy formation of a separate identity, which is the job of adolescence (Geldard & Geldard, 2004). Secondary schools, including my own, are full of this kind of anger. Sadly and all too often, insecure school professionals, parents (and the Media) can end up projecting their own and society's *fear of anger* onto teenagers rather than teaching young people to express and use anger healthily.

"... the way forward is not to banish anger from schools, but to make space for it to be expressed safely, to admit it as a perfectly valid emotion, as an opportunity rather than a threat." (Luxmore, 2006, p.56)

Historically, boys have externalised anger explosively and girls internalised it by repression (Parker-Hall, 2009). My twenty years in schools bear witness to this, though there is shift towards more explosive anger in girls, consistent with the current cultural shift away from repression. Another problem is widespread failure to distinguish between the different aetiologies of healthy identity-separation anger and *rage*, rooted in a survival defence-mechanism and which comes from **fear or shame**.

### **Distinguishing anger from rage**

My work with anger has been influenced by training with Sue Parker-Hall, who makes an impassioned case (2009) for a relational approach to both anger *and* rage, as well as a distinction between them:

"... anger is a vital form of emotional intelligence which functions as a kind of early warning system... and provides a dynamic source of energy which motivates an individual and generates stamina and determination to protect the self, achieve objectives and bring about positive change." (Parker-Hall, 2009, p.48)

So, if expressed constructively, anger supports healthy separation, self-protection or self-enhancement.

However, she believes that **rage is** not simply extreme anger, but rather a **psychological defence** against either past or present physical or psychological (real or perceived) annihilation. Rage gets stored and then either periodically triggered as "hot" rage or leads to depression/illness: "cold" rage.

Without appropriate therapeutic support, rage remains unprocessed and damaging to Self and others. Foster-family-hopping Tom, 13, suffered severe early abuse. His physical and verbally abusive behaviour brought him to counselling. Three years on, a trusting therapeutic relationship has enabled him both to process much stored rage and learn to self-soothe more easily. Tom is now doing well at home and school. This also evidences the effectiveness with rage of **empathic relational therapy**: strengthening of the Pre Frontal Cortex's ability to override the primitive survival responses of the Amygdala it supports socialisation, self-soothing and problem solving (Parker-Hall, 2009). Without a relational approach:

"... interventions that focus on thinking and behaviour, or on extracting statements of responsibility conflate the helping function



with functions of regulation and punishment (Foucault, 1997).”  
(Parker-Hall, 2009, p.3)

Trust, empathy, fun and time have allowed Tom to start processing the underlying layers of hurt, fear, shame and guilt that trigger his rage.

### **Rage, shame and attachment**

In my school-based counselling experience, many of the young people presenting for “anger management” are frequently experiencing rage induced either by toxic shame (Bradshaw, 2005) or by insecure attachment (Bombèr, 2007).

Anger is often linked to shame (Bradshaw, 2<sup>nd</sup> Ed.,2005; Middleton-Moz, 1990). Although small doses of shame are part of the healthy socialisation necessary to ensuring safety and social acceptability (Bombèr, 2007), over-exposure in childhood results in “toxic shame” which feels so unbearable that it always requires a cover-up:

“As a state of being, shame takes over one’s whole identity...  
(becoming)... toxic and dehumanizing.” (Bradshaw, 2005 ed. p.xvii)

This is the tragic, (though by no means exclusive) lot of many of the looked-after and adopted CYP with insecure attachment patterns, whose “rageful” outbursts preface their arrival in both primary and secondary school counselling:

“The poorly attached child habitually experiences pervasive shame that is intensified by discipline. When discipline is given without

empathy, his shame is likely to intensify and trigger outbursts of rage.” (Hughes, 2004, p.203, as cited in Bombèr, 2007, p.227)

Bombèr’s belief is that wherever school or parents fail to recognise this, they contribute to the abuse. I recently asked to meet with 12 year old Sarah’s adoptive parents, to enable them to understand and find alternatives to the shaming punishments which had been triggering Sarah’s historical rage-defence.

If we accept that attachment difficulties are rooted in fear of separation (i.e. physical annihilation) and toxic shame threatens a person’s psychological identity (i.e. psychological annihilation), in both cases, as counsellors we need to be mindful of working with **rage**.

### **A framework for supporting children and adolescents with anger and/or rage:**

While the Geldards (2004) describe five stages of anger management, I find it easier to conceive these as three (often overlapping) elements which link to feeling, thinking and doing:

**1) Catharsis:** having permission to **feel**, by being heard and seen.

**2) Normalisation (thinking):** learning about the healthy purpose of anger, physiological changes, identifying personal triggers and catalysts (negative core beliefs) (Fisher, 2005) and learning to separate the feeling (Adapted Child) from the constructive choice of expression (Adult) (Freed, 1977).

**3) Personal power (doing):** practising techniques and strategies to embed self-soothing e.g. grounding meditation (Mellor,1988); NLP anchoring and role-play rehearsal of assertive, as opposed to passive, aggressive or passive-aggressive, responses.

The balance and timing of these elements is determined a) by a person's age and developmental stage and b) what lies beneath the anger.

In addition to the anger itself, the many feelings that lie beneath it are often frightening and potentially overwhelming, consequently a purely talking approach may a) feel unsafe and b) miss unprocessed feelings. Here, **creative interventions can be invaluable** with all ages, by **providing a less threatening and more engaging means of externalising personal information, deepening self-awareness and harnessing new resources.** There is ample evidence that involving imagination and creativity, supports therapeutic change (Geldard & Geldard, 2004; 2008; Oaklander, 1978; Axline; 1993). A greater capacity for abstract thought means that adolescents can access metaphorical / symbolic activities. Conversely, younger children benefit from their instinctive ability to select exactly the right creative medium in order to process what they need to, often through projection (Oaklander, 1978). What is ideal for one person may be threatening to another, so attuned knowledge of the individual is the key.

"Counsellors need to be sensitive to an adolescent's personal preference when selecting creative strategies." (Geldard & Geldard, 2004, p. 145)

Whatever the age group, appropriate counselling skills are still needed to enhance the value of the creative medium (Geldard & Geldard, 2008).

The power of creative interventions in reaching the unconscious means that for each intervention there are contra-indications but unfortunately, very little literature as a guide. The essential is to have good client knowledge so as to avoid what might prove unsafe for that individual.

## **SAND PLAY**

Sandplay comes from two main traditions: Margaret Lowenfeld (1967) and Dora Kalff (1981) and is a powerful creative intervention involving activity, image, and words. Sometimes called the "Silent therapy" (Rabone, 2003), sand play is accessible to a wide age range, from 5 to 105 and adaptable for working with children and adolescents according to age / developmental stage.

"Sandplay is a symbolic creative process with the significant advantage that the symbols can be held, moved and transformed. (It) ... invites healing on many levels – physical, emotional, rational and of course, spiritual." (Rabone, 2003, p.10 & 12)

People of all ages like to feel the sand and let it flow through their fingers; this soothing quality in itself helpful with anger. This is true for 10-year-old Ben, who frequently loves playing "hide and seek" with objects buried in the sand. However on this occasion, he wanted to create a picture to show how he felt.

“Sand-tray work can be very useful in helping a child to tell their story...” (Geldard and Geldard, 1997, p.180)

Ben now lives with his dad and uncle after 9 years with mum and step-dad, then being kicked out “because my mum couldn’t cope with me”. My assessment is of toxic shame and subsequent rage. This sand tray (taken from Ben’s viewpoint), emerged from a stormy week at school and home: he wanted to show how he feels when he’s angry about being told to do school work he doesn’t want to do.



**This is where I am** (pointing to the fighting man behind the skull-face barrier, bottom right)

**And this is where I’d like to be** (the cottage in the diagonally opposite corner)

**These are all the obstacles in the way, stopping me getting there.**

Tell me about this place (pointing at cottage) - "Good behaviour"

How would it feel? - "Happy"

What are the obstacles stopping you from being happy?

Barrier: **Bedroom** (constantly grounded for not keeping it tidy & clean)

Wall: **Behaviour at home**

Wooden block: **Behaviour at school**

Spiders: **People telling me to do things**

Reef of shells (the biggest barrier) is **learning**

I've got to find how to get the ladder from here to me so I can use it to get over the obstacles...

He then added a horse jumper.

And says... **but I don't know how to do it.**

I was moved by Ben's lucid description of the scene: it felt powerful and real. Sandplay provided a safe, facilitative medium for expressing his frustration and stuckness, but also enabled him to visualise where he wanted to be! By including a ladder he made concrete his belief in a way forward even if he couldn't yet find it.

**Contraindications:** although the boundaries to the tray provide psychological containment for that person's world, Sandplay is potentially unsafe with anyone with low ego-strength or whose sense of Self is tenuous or chaotic. This is because sand can be extremely powerful in evoking deep feelings and for this reason also, it is essential to allow enough time after doing a tray to process feelings and "ground" (Mellor, 1988).

## WORKING ON PAPER

I have often found published worksheets (Sunderland, 1997, 2008) as well as working freestyle on paper more accessible to children, frequently quiet girls, who prefer words to images but is anxious about verbalising anger aloud. When identifying feelings/events that may lie beneath rage, I use "*What are you carrying in that invisible rucksack?*" (Sunderland, 1977). This is similar to the "*Rage Pot*" (Parker-Hall, 2009) in which life's "untold stories" are named and then told in depth. A simple activity is to divide a page into four and jot down whatever makes you feel mad, sad, glad and scared. A younger aged worksheet equivalent has doors saying e.g. sad room, angry room... and they imagine what is in each room.

Writing as opposed to speaking words simply feels safer and easier for some people. From the outset, Beccy, 14, struggled to find the words to name her buried rage towards her bullying, abusive older sister. However writing about it first seemed to give her permission, after which we would then be able to talk more clearly and safely. Sarah, 15, with monotone voice, gradually came to recognise her repressed rage towards her father for spending more time, money and interest on his step-children. Deciding to do the "*Angry Page*" activity (Sunderland, 1997) was a significant leap forwards. I have some reservations about this activity as it de-humanises the person with whom the client is angry. However symbolic, externalising rituals can be helpfully cathartic for young clients whose anger is both tightly self-censored and stuck:

“Such rituals can be devised to achieve catharsis and enable adolescents to move along their developmental path.” (Geldard & Geldard, 2004, p. 134)

**Contraindications:** as with all therapeutic interventions, it is essential to follow the client in what they are/not comfortable doing. I avoid this activity if a person is over-anxious about getting things right. Furthermore, for activities like the “*Angry Page*” it is important to stress how we would never do any of these things in reality.

## **GUIDED VISUALISATION**

Hannah had been feeling wretched from constant fall-outs with her family, from whom she felt different. We had used TA (Freed, 1977) to support her ability to recognise Adapted Child responses and to practise negotiating her needs from Adult. However, lately she had been exploding again in reaction to put-downs by her 29 yr old sister. I confirmed that she had no allergies, phobias, fits or diabetes and then asked her to think of someone she admired, whom she could imagine coping with this situation with calm strength and self-confidence. Hannah, who wants to become a singer, said Mariah Carey. She was happy to close her eyes and entered deeply into the relaxation and guided visualisation: she left her worries on the big Oak, met Mariah, asked her how she would handle the situation, then together opened a chest containing a golden globe of light which melted into her giving inner protection, and an invisible silver cloak for extra protection. They waved goodbye and she chose to leave her worries on the tree.



When back, she was so happy and confident about using this new resource!

I have been deeply moved by the potency of guided visualisations. For this reason, it is also important to be aware of keeping the language and events of the visualization positive because they are so powerfully suggestive. There are plenty of published visualisations (Viegas, 2005 Ferucci, 2000 etc.) but these can be potently adapted to the individual needs of the client.

**Contraindications:** other than those mentioned above, the clients I would hesitate to use this with, are those with any history of Psychosis, mental instability or drug abuse, because it might trigger unpleasant imagery without me realising, leaving the client feeling unsafe.

However this can be avoided through the use of shared metaphor.

## **METAPHOR**

“A metaphor is a figure of speech containing an implied comparison: it expresses one thing in terms of something else (Meier, 1989).”  
(Geldard & Geldard, 2004, p.129)

The work of Grove (1989-2008) and others on the use of Metaphor suggests a) that we live according to our current metaphor for our lives and that discovering a new metaphor can be a powerful force for therapeutic change.

“Metaphor is more than a linguistic device; it is central to the way people think, make sense of the world and take decisions.” (Lawley & Tompkins, 2006)

This is a powerful device with numerous advantages for working with adolescents (Geldard & Geldard, 2004) as I have discovered.

Lilly(16) arrived in a state, desperately needing to recount what had just happened: “I just wanted to f\*\*\*ing smash her head in! But I walked away like you said. Good thing we had an appointment!” We’d been working together for five months and she’d learnt about the physiology of anger, her triggers, catalysts, and self-soothing. With fragile self-esteem rooted in a highly charged, shame-based relationship with dad, Lilly seemed to be constantly taking three steps forward and two steps back. This time a (now ex)-girl friend had leaked sensitive information to her (recent) ex-boyfriend.

“In work with young people, it’s helpful to understand hatred as a *reaction* to the feeling that our love has been rejected and as a *protection* against further hurt.” (Luxmore, 2006, p.35)

As I listened she slowly grounded, revealing the underlying hurt and sadness beneath her rage. “Everything has just gone tits-up!” I extended her own metaphor by observing how vulnerable we are in this state and reminded Lilly how often she had said of a new friend: “We tell each other everything!” I then shared my own image of her carrying a basket of eggs (which I now see has sexual links following her thread) and giving them all away to someone who just smashes them! Lilly instantly grasped this

metaphor describing herself as Little Red Riding Hood, skipping down the path and meeting the Wolf to whom she gives all her eggs, who then eats or smashes them. I invited her to change the ending and she said she only wanted to give him two and to keep the rest. She laughed and said how good it felt and how powerful to hold onto of this image.

Supplying the start of this narrative metaphor, was I believe, advanced empathy (Rogers, 1961) as this instantly resonated with Lilly, who then owned, developed and transformed it.

“By externalizing the problem, clients often find it easier to loosen the restraints which stop them from changing.” (Geldard and Geldard, 2004, p.133)

As regards **contraindications**, the use of metaphor is particularly safe because it only works if it resonates with or comes from the client. The essential is that the counsellor avoids imposing her own meaning on the client (Lawley, 2011). If a counsellor’s metaphor doesn’t fit for the client, he can reject it and benefit from discussion of what fits better (Geldard & Geldard, 2005).

## **CONCLUSION**

I have illustrated how, when working with anger, **creative interventions** can be a potent means of facilitating catharsis, clearer understanding and personal power; thereby enhancing healing change. By using the right brain as well as the left: images as well as words; creative interventions

powerfully connect with the unconscious in a way that words alone often cannot, thereby facilitating psychic integration:

“As a more harmonious relationship between the conscious and the unconscious develops, the ego is restructured and strengthened.”  
(Cunningham, 1977, Vol.6, Number 1)

Though referring specifically to Sandplay, this quote might equally apply to other creative interventions. It is precisely due to this potency, that thorough client knowledge and good timing are prerequisites both to effectiveness *and* safety when using creative interventions. Furthermore, maintaining ongoing awareness of my personal anger history and triggers both past and present is essential. Counsellors need to:

“... learn to work with others’ anger as an organic extension of welcoming and understanding their own.” (Parker-Hall, 2009, p.83)

That anger is a fundamental biological and constant aspect of the human condition, which if expressed appropriately, can be a powerful force for healthy change (Fisher, 2005, Parker-Hall, 2009) remains tragically misunderstood. British society’s fear of our own anger results in continued repression “Don’t be angry!” and projection: “Evil teenagers”, “Bloody idiot driver!” (Freud, 1936). Our inability to distinguish between the healthy biological purpose of **feeling angry** and it’s **destructive expression** results in the failure of parents and schools to teach and encourage the “clean” healthy expression of anger to young people (Fisher, 2005). The result? Domestic violence and abuse, overflowing prisons, widespread mental health problems, road rage, heart disease... and the vicious cycle

continues. Furthermore, the consequences of failing therapeutically to distinguish anger from **rage**, are at best ineffectiveness and at worst, abuse (Parker-Hall, 2009).

One of my prime personal motivations for counselling children and teenagers comes from my own anger at the misery and distress caused to clients both young and old, by their own and others' destructive anger.

“Out of anger can come the determination and vision to change things for the better.” (Luxmore, 2006, p.56)

Let us use our own anger energy to transform anger in ourselves and others and like the phoenix, rise up out of the flames!

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