J Contemp Psychother (2013) 43:83–92
DOI 10.1007/s10879-012-9214-8

ORIGINAL PAPER

Problem Anger in Psychotherapy: An Emotion-Focused Perspective on Hate, Rage, and Rejecting Anger

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Published online: 24 May 2012

Abstract This paper explores applies emotion-focused theory, for the first time, to the emotions of hate, rage, and destructive anger. The general case formulation proposed in this paper is that these emotions are always an elaboration of secondary anger. The body of the paper describes three clinical case formulations. First, problem anger is described in terms of an individual's self-criticism. Second, we present a form of secondary anger, in which hostility and rage are reactive feelings to avoid more vulnerable (primary) experiences. An unfortunate example of this is has been described as a common underlying process in domestic violence. A alternate manifestation of secondary anger results from the deterioration of what may have initially been adaptive anger; thus, excessive arousal and the loss of meaning or focus that one's anger embodied also leads to rage or destructive anger. Finally, the experience and expression of hate is described as a primary maladaptive and/or instrumental anger. This appears in-session particularly among those with certain personality disorders. The paper highlights implications for research and practice.

Keywords Anger · Rage · Hate · Case formulation · Emotion-focused therapy · Personality disorder

Introduction

Hate, rage, and rejecting or destructive anger, as forms of problem anger, are an exceedingly important phenomenon that present in psychotherapy. However, despite these being squarely among the most unsettling emotional experiences presented by some clients in session, there is an alarming paucity of papers on making clinical formulations around emotions like "hate" and there is also little discrimination between other terms that describe problem anger. Indeed, despite a sizable amount of research dedicated to the study and measurement of anger as such, it seems that clinical formulations of problem anger would benefit from a taxonomy of emotion that can accommodate distinct layers of emotional processes as they apply to a client in a given moment. Moreover, the implications for relevant case formulation tends to be limited to mainly behavioral (e.g., Deffenbacher and McKay 2000) and also classic psychodynamic (e.g., Volkan et al. 2002) interpretive frameworks. Meanwhile, humanistic/experiential therapies have offered relatively little to psychotherapists for conceptualizing the range of psychogenetic dynamics that contribute to this darker side of human experience (Hoffman 2009).

Thus, the contribution of this paper is to apply emotion-focused theory to help conceptualize the all too often unaddressed emotions of hate, rage, and destructive anger. In doing this, however, it is important to recognize that emotion terms such as these (i.e., hate, rage, destructive anger, rejecting anger, etc.) are often used loosely in clinical parlance, either interchangeably, or with overlapping referents, or with authors' idiosyncratic nuances of differentiation. While some authors have made particular distinctions (e.g., that "hate" is more ruminative than "anger"; Blum 1997), others have added qualifiers or adjectives to these emotion labels, creating parallel conceptual frameworks (e.g., "ruminative anger" is a special aspect of the broader phenomenology of anger; Sukhodolsky et al. 2001). We do not pretend to resolve this

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nomenclative issue, and instead refer to these as variations of *problem anger*, for which there are several case formulations. Our contribution is to explore an emotion-focused framework for understanding problem anger in psychotherapy. In doing so, we consider various case formulations to assist psychotherapists in understanding clients who present with these kinds of problematic feelings. The general formulation we will propose is that hate and other forms of problem anger are usually an elaboration of secondary anger, of some sort—whether as a reactive state, a characterological trait, or an instrumental means to some other end.

An Emotion-Focused Theory of Emotions

One of the hallmarks of the general model of Emotion Focused Therapy (EFT) is a highly differentiated perspective on emotion, which can be used to support a dynamic and layered approach to clinical case formulations. Greenberg and colleagues (Greenberg and Pascual-Leone 2006; Greenberg and Paivio 1997; Greenberg and Watson 2006) introduced to our field a taxonomy of different kinds of emotion and associated emotional processing difficulties. From this perspective, emotion should be considered in terms of clinically relevant types of affective-meaning experiences: Primary (adaptive or maladaptive), secondary, and instrumental emotions.

Primary emotion describes a basic genuine emotional response. Emotions of this kind are a person's most fundamental, direct and initial reactions to a situation. However, primary emotions may be either adaptive or maladaptive. In addition to being a fundamental response, primary *adaptive* emotions are feelings that change dynamically in response to changing circumstance or simply when they are being suitably expressed. Moreover, they provide adaptive directions for solving personal problems, like feeling sad as a process for recovering from a loss, or feeling angry as part of asserting oneself against some specific violation.

In contrast, primary *maladaptive* emotions are learned responses, often developed through traumatic experiences. Although these kinds of responses may have been adaptive in the past (e.g., in an unhealthy context), they are no longer adaptive and often create distress and dysfunction in the present. Thus, maladaptive emotions are often old familiar "bad feelings" that occur repeatedly and are resistant to change (Greenberg and Paivio 1997). For example, feeling ashamed about being an inherently bad, unlovable, or incompetent person, or feeling chronic fear that one is in danger (when one is not), are both common examples.

Secondary emotions are a type of emotion quite apart from primary emotions. Although they are not inherently maladaptive, they may be difficult to regulate, and they often interfere with adaptive and fluid emotional functioning. In short, secondary emotion describes a reactive emotion that is in response to some other, more basic (primary) feeling. As such, secondary emotions may serve a defensive purpose or they may reflect more complex reactions to some other, more central, process. For example, when a client feels guilty about her resentment toward a parent, guilt is secondary in that it is a reaction to (primary) underlying anger. Similarly, a man may respond angrily to some social rejection, but the anger itself is a secondary, defensive response to his genuine and direct feeling about the injury, which might be pain, hurt, shame, etc.

Finally, *instrumental emotion* describes the use (either within *or* outside of awareness) of feeling and expression as a means toward some end. For example, purposefully raising ones voice in order to dominate others in a conversation is an instance of instrumental emotion (Greenberg and Paivio 1997). While the issue of emotion's potentially instrumental role has received relatively little attention from experiential and emotion-focused researchers this issue has been discussed more in behavioral case formulations (see e.g., Linehan 1993, for a discussion of the issue that instrumental impacts may be outside a client's awareness). However the case, the overall theoretical framework of EFT has been useful in conceptualizing emotion as being either primary, secondary, or instrumental; this taxonomy has garnered empirical support in psychotherapy process and outcome research, and it continues to have important implications for clinicians working with emotion (Greenberg and Watson 2006; Greenberg and Paivio 1997; Paivio and Pascual-Leone 2010; Greenberg and Goldman 2008).

"I Hate Myself"

Perhaps the most common expression of hate in psychotherapy is when it is directed toward oneself. While one may debate that self-hate is more of a "depressive" than "anger-related" process, the fact remains that psychotherapists are often confronted with what can only be described phenomenologically as a client's angry and hostile expressions (toward the self). Self-hate entails pervasive criticism coupled with a tone of contempt or disgust. The individual not only criticizes his/her performance, but does this with harshness, contempt, or caustic disgust towards oneself and one's perceived failure (e.g., "How could I even think I might do a good job?! I'm a useless slob and I always will be!"). Such piercing comments leave an

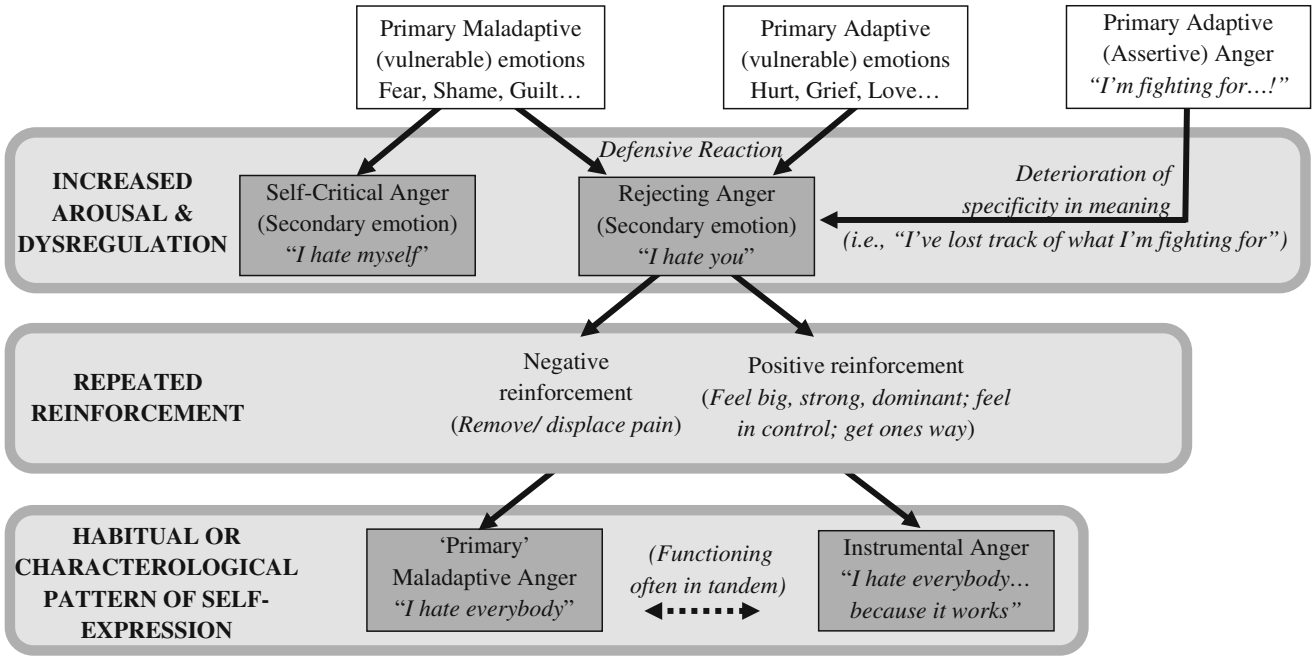

Fig. 1 The psychogenetic pathways of problem anger: an EFT perspective

individual feeling hopeless, helpless, and empty, which can further fuel one's self-loathing. Greenberg and Watson (2006) noted that certain forms of depression arise as a result of the harsh criticisms formulated by clients towards themselves. Similarly, there is strong empirical support for self-hate as a predictor of onset, severity, and relapse of numerous other mental disorders including eating disorders (Fennig et al. 2008), substance abuse (Blatt 2004) and social anxiety (Cox et al. 2004).

Conceptualizing Problem Anger as a Self-Critical Process: "I hate myself because I deserve it"

Self-criticisms are a reflection of personal values that are incorporated into emotion schemes, which operate at an automatic level (Greenberg and Watson 2006) and become activated when an interpersonal or existential need arises. When unhealthy (i.e., depressogenic) conflict emerges, individuals usually experience a bind between parts of themselves, reproaching themselves and sometimes even feeling ashamed of their needs (e.g., "I missed him so much, but I should have known better than to have let him back into the house!"). It follows that self-hate/anger/loathing can be conceptualized as a caustic, emotional expression of self-criticism, in which people hate themselves for their faults and errors rather than attending to unmet personal needs. For example, a client might grit her teeth and says, spitting in disgust "I'm such a loser! I hate myself for being so pathetic. I don't know why I never stand up for myself! I'm like a worm the way I always let myself get stepped on…." The bitter contemptuousness of this example is a hallmark of self-hate. However, a closer look at the vitriol in this expression highlights at least one core self-criticism (i.e., in regards to passivity, weakness, or perhaps vulnerability) and also an unmet need which has been implied but not yet explored (i.e., the need to fight for one's rights, to be assertive, and to have a healthy sense of entitlement).

Self-criticism and its extreme affective expression—self-hate—can be conceptualized as a secondary (and maladaptive) process (Greenberg and Paivio 1997). In their book on treating complex trauma, Paivio and Pascual-Leone (2010) explain:

> Self-criticism, especially when delivered in a harsh affective tone, can reflect a deeply rooted hostility or contempt toward the self. This self-critical process can be understood as resulting from the activation of a core sense of self as *shamefully bad or broken and therefore deserving of criticism* (p. 60, *italics added*).

So, situations that produce low self-esteem, in essence, do so by activating a core sense of self as defective, a sense of shame—and this is a primary maladaptive emotional experience. In the absence of sufficient personal resilience, some clients react to their deeper primary experiences of shame with punitive self-hate—a secondary response to a deeper primary experience. The clinical formulation of self-hate as secondary anger is illustrated in the top-left of Fig. 1. One reason for "coping" with shame in this self-destructive way could be that it offers an active alternative to shutting down.

The affective tone of criticisms is a particularly important feature in expressions of self-hate. In fact, vulnerability to depression has been linked to the harshness of a self-criticism that an individual expresses, rather than its content per se. This was evidenced in Whelton and Greenberg's (2005) study, in which participants were asked to criticize themselves and then to respond to their own criticisms in an imaginal dialogue with themselves. Participants who were vulnerable to depression used significantly more insults and expressed more contempt when delivering their criticisms as compared to healthy controls, who were less vulnerable to depression. In addition, when participants in the study attempted to respond or "fight back" against their own self-criticisms, those with a diathesis for depression exhibited more submissiveness and less assertiveness than their less vulnerable counterparts. In short, the harsh nature of criticisms was also coupled with responses of shame, sadness, lack of self-pride and confidence, and efforts to present excuses rather than assertive responses. In contrast, less depressive participants did not exhibit the same contempt and they were resilient to criticisms, responding with self-affirmation and assertive anger (Whelton and Greenberg 2005). Thus, the self-critical process in depression tends to evoke a correspondingly weak and helpless sense of self, in which the individual is unable to formulate assertive counter-arguments, thus collapsing into hopelessness (Greenberg and Watson 2006) and self-reproach.

Interventions for Working Through Self-criticism and Self-Hate

Changing the dysfunctional feelings and beliefs underlying self-hate is accomplished in EFT through the creation of an imaginal dialogue between two aspects of self: the critical aspect, which is based on internalized values and often rigid ideology versus the experiencing aspect, which often feels berated and beaten down by constant internal criticism. This intervention bears some similarity to the cognitive strategy of generating evidence against dysfunctional beliefs, although an EFT approach emphasizes affective arousal, spontaneous emotional expression, and a dynamic exchange between contradicting yet meaningful parts of the self. In short, the individual expresses criticism and then responds to this criticism, ideally with a meaningful emotional response that conveys some tacit interpersonal or existential need. These dialogical interventions, typical of EFT, achieve two purposes: (1) increasing emotional awareness of a personal conflict, and (2) working through that conflict.

Self-criticisms are not usually arbitrary and are most often distorted expressions of personal standards and values that an individual has internalized (for better or for worse; Greenberg and Watson 2006). Although benign self-criticism may serve the function of upholding these values for an individual, self-hate is an acerbic and maladaptive expression of self-criticism. As we have seen, such caustic self-hatred is often a secondary emotion to primary maladaptive shame and a sense of personal weakness/inadequacy. Thus, the first purpose of the dialogue is for the client to learn to explore unpleasant underlying emotions. An important prerequisite to this is that the client has adequate emotion regulation and distress tolerance skills, given that a focus on the experience of shame is often more distressing relative to tolerating self-hate. Following this, the imaginal dialogue allows for a full, but controlled exposure to the raw and caustic criticisms (Greenberg and Watson 2006). For those clients who can tolerate and work through painful feelings effectively, the task presents an opportunity to increase awareness of personal conflict. As the values (manifest in self-criticism) and unmet needs (manifest in distress) are each explored, the client reflects on self-hate as stemming from self-criticism. Therapist and client come to understand self-hate (anger directed toward the self) as an emotion that is secondary to deeper processes of maladaptive shame and dysfunctional belief (e.g., the shame of feeling inherently unlovable, incompetent, etc.). Eventually, resolution can be achieved through an emotional transformation, as the maladaptive feelings and meanings (beliefs) are reorganized and a better balance is reached between the values and needs such that each are experienced and acknowledged (Greenberg and Watson 2006; Paivio and Pascual-Leone 2010).

Second, an imaginal dialogue presents an opportunity for both sides to be expressed more fully. In most cases, the experience of self-criticism and hate overwhelms the experience of need, which leads to feelings of frustration and unmet personal needs. However, an imaginal confrontation (or two-chair task) puts the unmet need in juxtaposition with the criticism. Increased awareness of personal values and standards allows the client to evaluate their usefulness and to determine their importance in relation to core unmet needs. When individuals are filled with self-loathing and have sufficient emotion regulation skills, then one way of working through these difficulties in EFT is to articulate two parts of the self: on one hand, the personal standards inherent in self-criticism (which often drives punitive self-hate) and, on the other hand, the underlying existential or interpersonal needs that seem to be in opposition (Pascual-Leone and Greenberg 2007; Paivio and Pascual-Leone 2010).

Case Example: Self-Hate

"Alicia" is a 23-year-old who presented for therapy following symptoms of depression which were affecting her academic performance. Initially, her chief presenting problem was a general feeling of hopelessness. Further

exploration of these feelings revealed that she was highly self-critical which she described as "disgust and hate for what I have grown into."

Eventually the therapist asked Alicia to imagine she was speaking to herself and to express some of the inner criticisms related to hating herself. This came easily to her: "you are too dumb, you are just so stupid, nothing you do is ever good enough." Exploration of the criticism led to an expression of shame at the perceived failure to reach the standards she had set for herself. Although Alicia acknowledged and agreed with her own criticisms and believed she may indeed be a failure, it was important for her therapist to circumvent discussions about the veracity of her self-criticisms as such. Rather, true to an EFT approach, it was more useful to persist in a discourse that explored the emotional impact elicited by these harsh criticisms. In this way, while Alicia initially found it hard to focus on those softer feelings, she eventually was able to identify feelings of hurt at the unfair and acute criticisms. Once these feelings were articulated, Alicia then found it easier to express her needs and wants and to contrast them against the values and standards that drove her self-criticism. Specifically, she identified a need for interpersonal support and confidence in her abilities and efforts. While the critical part of herself was adamant at first, she later came to see these stringent standards as essentially expressions of concern, which she also then articulated in an imaginary dialogue with herself: "I am afraid you will hurt yourself if I don't push you so hard and monitor every step you take." Alicia came to realize how she was actively undermining her own efforts for fear of failure, i.e. of not performing adequately, which invariably led to her feeling hopeless. Further "dialogues" between her critical and experiencing parts led to a resolution in which Alicia was able to forgive herself for making the occasional error, accepting mistakes as part of human nature.

"I Hate You"

Another common form of problem anger in psychotherapy is rejecting anger directed outward, toward another individual, as a defense against the experience of underlying (primary) vulnerable feelings. The expression of secondary defensive hatred is characterized by high arousal and limited awareness of one's more fundamental affective experience (Greenberg and Paivio 1997). In essence, in this case reactive anger at the outside world and others is a way of coping with, distracting oneself from, or shielding oneself from primary (adaptive *or* maladaptive) experiences of vulnerability (e.g., fear, shame, emotional pain, etc.). The clinical formulation of hate, rage, and rejecting anger as various forms of what is essentially secondary anger, reflects an all too common phenomenon and is illustrated in the top-center of Fig. 1.

When it comes to interpersonal relationships, this defense reveals itself in the process of hating an unloving other (i.e., "I hate you for not loving me"). Unfortunately, this also describes a common underlying process in domestic violence (Pascual-Leone et al. 2011). Similarly, in EFT theory, secondary forms of anger, such as hatred or contempt, are often conceptualized as an automatic defensive response to underlying vulnerable emotions such as fear, shame, or emotional pain—feelings which may very well be the result of not having ones needs met (Greenberg and Goldman 2008). Although the vulnerable feelings represent one's primary, immediate response to external events, they are eclipsed by secondary anger via a rapid series of cognitive-affective processes that occur outside of conscious awareness (Paivio 1999).

Conceptualizing Problem Anger as a Secondary Process: "I hate you for not loving me"

"Defensive," secondary anger is not a sustainable adaptive strategy for self protection and development, however it is illuminating to consider this kind of problem anger in terms of its tacit functional aims, which are often very immediate or short-term. By combining EFT and behavioral theories, Korman (2005; who extending earlier work by Linehan 1993) explicitly highlighted the role of anger experience itself as a negative reinforcer when it displaces painful and more primary emotions such as hurt, fear, or shame. Furthermore, in Korman's clinical formulation, defensive anger is described as having a potentially addictive process in that it provides instant relief from intolerable and painful affect. For example, an individual may express contempt and re-focus attention on another person's behavior, thereby avoiding the emotional pain of facing one's own personal weaknesses. This two-step process formulation helps explain the consistent positive correlations that have been found between individuals' proneness to shame and their arousal of anger and aggression (see Tangney et al. 1992, paper *Shamed into anger*). In addition to this, when considering the interpersonal domain, expressing hostility seemingly reduces ones chances of being harmed by another person because it tells others to "stand back" and creates distance in the relationship. Finally, expressions of rage and contempt can place one in a more powerful position by belittling and shaming another person (Greenberg and Goldman 2008), which consequently can provide positive reinforcement to some people for their anger.

In all of these instances, problem anger like this ultimately serves as a short-term form of emotion regulation (albeit an unhealthy one) for staving off more painful experiences. Moreover, the regulatory function of this two-

step sequence is usually outside of one's awareness. When primary vulnerable feelings become intolerable, a surge of powerful secondary emotion such as hatred dispels vulnerability and seemingly empowers the individual. Because of the reduction in distress (a negative reinforcer) and the experience of power (a positive reinforcer) the defensive strategy of experiencing and expressing rage and hate can become a conditioned response cued by experiences of shame or fear (see middle of Fig. 1; Korman 2005).

For many clients, the short-term gain of defensive, reactive hatred (i.e., immediate relief from painful vulnerability) comes at the expense of healthy social and emotional functioning in the long-term (see for example Korman et al. 2008). Although hatred is "helpful" in the short-term management of primary fear and shame, it mutes clients' awareness of their unmet needs for interpersonal security and acceptance (Paivio 1999). In sum, resorting to secondary anger and spite in response to feelings of rejection or threat, although momentarily empowering, does nothing to address an individual's basic interpersonal or existential needs. In fact, because defensive hatred is more likely to alienate others than to draw them closer, secondary anger as a long-term strategy is inevitably counterproductive to soothing the underlying vulnerability.

Interventions for Working with Defensive Anger

In EFT, the intervention approach for working through defensive secondary anger is to first provide a supportive relationship in which one acknowledges and validates the client's immediate experience of anger. Second, therapists must move beyond the validation of anger in an effort to deepen emotional experiencing, using empathic reflections to explore emerging tendrils of associated feelings, thoughts, and needs. In individual therapy, this process is achieved through empathic affirmations based on therapist attunement to client experiencing (Paivio 1999; Paivio and Pascual-Leone 2010; Greenberg and Watson 2006). In couples therapy, the validation of clients' primary feelings is accomplished when the supportive responses of one's partner disconfirms one's negative expectations and helps regulate one's feelings (Greenberg and Goldman 2008; Johnson and Greenman 2006). In both case, therapists help clients develop an awareness of the defensive nature of their anger and then, given a safe relationship, empathically guide clients into the deeper exploration of more vulnerable emotional processes.

Case Example: Defensive Anger as Secondary Emotion

"Brian" and "Carol" came to therapy when they were on the brink of ending their relationship, which had become cold and spiteful. Brian had often felt ashamed as a child stemming from his emotional neglect and physical abuse, and at the time of therapy he was responding with defensive bitterness or rage if, for example, Carol rejected his sexual advances. However, Brian's hostility toward her only led Carol to withdraw further, increasing his expressed contempt and escalating the conflict between them. Brian's experience of rejection by his wife activated primary feelings of fear and shame and the belief that, "I am being abandoned, I am unlovable." For Brian, enduring this feeling was intolerable and it was immediately supplanted by his sudden waves of contemptuous rage. Indeed, Carol described him as "out of control" and "emotionally abusive," and cited Brian's temper as the main source of problems in their marriage. During a particularly poignant moment in session, Brian blurted out: "I only lose my temper when she ignores me!!" More often than not Carol would tense her jaw but would say nothing. As treatment progressed, Brian's dominating, intrusive hostility and Carol's silent withdrawal led the therapist to identify a cycle, in which Brian pursued Carol for intimacy, reassurance, and sex and Carol distanced herself from Brian's advances. The therapist noticed an uneasy quality underlying Brian's harsh tone, which at times revealed core feelings of fear and insecurity beneath his contempt.

In using EFT to work with Brian's defensive hostility, one of the therapist's main objectives was to help Brian access, explore, and express the primary vulnerable feelings and associated unmet needs, which he harbored beneath his contemptuous exterior. Eventually Brian acknowledged that other feelings were highly aversive for him, so they had to be approached tentatively and in the safety of a strong therapeutic (and marital) alliance. In an especially productive session, the therapist observed: "I can see how frustrating it is for you when Carol isn't ready to respond to you, it just shuts you down." The therapist then tentatively suggested that, "a lot of men actually find it kind of *painful* if their wives don't want to be physically intimate. I don't know if that's something you've ever experienced…?" "I don't know. Maybe I used to," replied Brian. This partial acknowledgement of vulnerability indicated significant progress toward a new avenue of deeper exploration. In response to Brian's disclosure, the therapist validated Brian's core insecurity, reinforcing his courage in staying with and disclosing his feelings. The therapist then asked Brian if there were specific instances when Carol's withdrawal was particularly painful for him. As they explored Brian's memory of these interactions, the therapist focused him on his visceral experience of emotional pain to facilitate his expression of primary hurt (Greenberg and Goldman 2008), opening the way for a reparative dialogue in the couple.

"I can't remember why I'm angry… but I am!"

Conceptualizing Problem Anger as the Deterioration of a Primary Assertion

A very different manifestation of secondary anger results from the devolution or unraveling of what may have initially been adaptive anger. Simply put: excessive arousal and the loss of meaning in the focus of what one's anger initially embodied, often also leads to rage or destructive and rejecting anger (see top-right of Fig. 1). This conceptualization is in keeping with hate as an unhealthy and excessive culmination of frustration or aggression.

Primary adaptive anger is always in the direct service of a need (e.g., for autonomy, support, etc.); however, the mobilization of this assertive anger demands that one implicitly balance two dialectically opposing facets of assertion. On one hand, an individual must be aroused and energized enough for the inherent confrontation entailed in self-assertion but, on the other, he or she must also remain level-headed enough not to lose focus in the heat of the moment. It follows then that when fighting for a cause, and when arousal is increasingly heightened, one may easily lose sight of the original purpose (i.e., meaning and need) that first propelled the adaptive anger. Here, it is as if the experiential lens through which one is able to articulate primary assertive anger spirals out of focus, blurring the nature of the instigating concern. Mounting arousal that precipitates a deterioration of meaning could be directly related to the issue at hand (e.g., passion for a target issue, intense feelings of outrage) and/or could also be fueled by peripheral psychological or biological issue (e.g., feeling overwhelmed, in pain, hungry, tired). From a moment-by-moment perspective this leaves one in a state of high arousal and low meaningfulness i.e., *secondary undifferentiated anger* (Pascual-Leone and Greenberg 2007).

We offer a familiar example of this phenomenon although it departs from the clinical setting. In social and political demonstrations, protests usually embody well articulated concerns and demands (e.g., for change, for certain rights, etc.). However, when these demonstrations get more agitated and affective arousal increases, it become more and more likely that the well articulated premise of a protest will deteriorate into destructive anger and violence. Similarly, in psychotherapy, if a client is unclear (in the moment) about what he or she is "fighting for," the presenting experience of anger is not likely to be primary and assertive anger. We find other commonplace examples of this process when clients begin with a key frustrating concern and then essentially lose track of their main point of contention, or when the expression of anger escalates into insults and attacks that are increasingly less related to the presenting issue or concern. Alternatively, the loss of meaning is also captured when a client declares, "I'm so angry, I'm at a loss for words!!" Thus, primary adaptive feelings of assertive anger, in effect, can deteriorate and unravel into secondary (in the sense of more global and undifferentiated) anger.

Interventions for Working with Anger that has Lost Its Purpose

A chief aim of emotion-focused therapists is to help clients elaborate the tacit meanings associated with emotional experience. However, when arousal goes beyond a certain point, it interferes with adequate meaning making. While this can be an ever present issue, when working with emotions related to trauma (Paivio and Pascual-Leone 2010), it is similarly so with anger. Thus, when therapists sense that important albeit unarticulated meaning is at the root of a client's anger, de-escalating and emotion regulation are particularly important in helping clients to return to a productive level of arousal. At first, behavioral self-soothing strategies (such as using distraction, or the classic "time-outs" or "counting to 10," etc.) will be more useful here than any meaning exploration. However, clients can also sometimes be regulated dyadically, by attentive and empathic validations from the therapist. Next, rather than attending to the affect of rage in general, therapists must offer highly attuned support and offer a meaning-scaffold (e.g., using persistent empathic conjectures), so that clients can regain their footing and verbally articulate the key issue that form the initial foundation of their protest. The aim in this intervention approach is to help re-symbolize the violation as a client regains his or her focus, such that either productive assertion is restored or, at least, the client develops some meta-awareness about his or her loss of focus. In one case example, after being repeatedly encouraged to slow down and explore the core issue at hand, the client eventually exclaimed, "Well, look!! I can't remember *why* I'm angry, OK?? But I am!" This humorous moment created an abrupt self-awareness and signaled to both client and therapist the need for a more thoughtful exploration of meaning.

"I Hate Everybody"

The experience and expression of hate as a habitual way of engaging the world is a theme frequently explored in the literary figure of the misanthrope. Gaylin (2003) has described individuals experiencing primary maladaptive hate as "true" or "raw" haters who, "live daily with their hatred," and may even appear to be, "obsessed with their enemies, attached to them in a paranoid partnership" (pp. 4–5). This chronic style of hatred often presents in therapy in individuals with cluster B personality disorders

(e.g., borderline, histrionic, narcissistic, passive aggressive…) or some anger-related personality disorder (not otherwise specified), whose behaviors are dramatic, erratic, or paranoid and who may either be particularly emotionally vulnerable or callous (APA 2000). Chronic anger and hatred can be conceptualized from an EFT perspective in at least two different ways: Primary maladaptive anger or instrumental anger, (or both). These conceptualizations of problem anger describe pervasive patterns of responding that interfere with healthy relationships and emotional functioning.

Conceptualizing Primary Maladaptive Anger: "I hate the world because it conspires against me"

More often than not, the primary maladaptive experience of anger represents a generalized pattern of rejecting anger/hate/rage as some form of defensive secondary emotion—a formulation that was already introduced in the preceding section (see middle and bottom of Fig. 1). As we described, these forms of secondary anger are self-reinforcing, in that such feelings provide immediate relief from underlying (primary) feelings of shame, fear, and vulnerability in general (Korman 2005; Pascual-Leone and Paivio, in press). While this kind of secondary, defensive, anger may remain circumscribed to particular contexts or relationships (i.e., "I hate you for not…loving me/soothing my pain/giving me what I want"), for some individuals the self-reinforcing pattern eventually becomes generalized and intractable, such that anger and hate become a characterological way of being (i.e., "I hate everybody"). So, in some sense, chronic and ill-directed rage can be thought of as a "calcified" form of secondary defensive hatred, one that is produced through repeated reinforcements for angry experiences.

Thus, although its origins may be a kind of secondary emotion we find it useful in EFT to conceptualize this entrenched angry style as, nonetheless, *primary* maladaptive because over time it has become an immediate and direct (i.e., primary) response to the environment that does not serve an adaptive function (i.e., it is not related to any real goal-directed behavior; c.f. Greenberg and Paivio 1997). Thus, this form of hatred represents an overgeneralized emotional style (i.e., a hostile and paranoid emotion-personality scheme). Because these angry responses are diffuse expressions that are also overgeneralized, individuals with this angry disposition sometimes present as chronically irritable (i.e., the perennial grouch). Moreover, both the display and intensity of this anger is excessive and/or inappropriate.

It is common for individuals with primary maladaptive anger to have histories of complex relational trauma (Paivio and Pascual-Leone 2010; Pascual-Leone and Paivio, in press). Perhaps for this reason, experiences of primary maladaptive hatred are often tied to a broad sense of having been "short changed" or jilted in life by an unjust world (Korman 2005). Moreover, individuals who frequently express hate and rage of this kind usually have poor emotional awareness and, more often than not, poor emotional regulation. Indeed, it is poignantly ironic that a hallmark of people with chronic anger and hate usually experience themselves as victims to others' ill-will and constantly make hostile attributions regarding the actions of others (Korman 2005; Korman et al. 2008). They take offense and see violations everywhere. From this somewhat paranoid framework, they continually retaliate with hate and anger, sometimes indiscriminately. The crux of this irony is that angry people often have real difficulty in asserting themselves in a way that is interpersonally effective (Linehan 1993). Probably because of both poor emotional awareness, and unregulated arousal, articulating their concerns often unravels into incoherent and virulent fits of rage. This process of deteriorated meaning, which we have already described (top-right of Fig. 1), also feeds the chronic nature of maladaptive anger.

In essence, potentially productive anger never comes to fruition and, spurred on by high arousal as well as some instrumental functions (discussed later), angry feelings spiral out of range of anything that could be effective or productive. Greenberg and Paivio (1997) liken this process to an unhealed wound that becomes hyper-sensitive and is continually irritated by similar situations. Over time, raw irritability becomes the norm rather than the exception, consolidating into an entrenched angry personality style.

Case Example and Intervention Approach: Primary Maladaptive Anger

"Claire" entered therapy on the strong recommendation of her employer in order to receive help with her "bad temper." She described her coworkers as "miserable" and her workplace as "completely unsupportive." At work and in her personal life, she expressed negative emotions towards others by shouting obscenities, breaking things, and flying into rages whenever her needs for understanding and support were not met. It became clear that she interpreted others' lack of support as a sign of rejection or abandonment which filled her with a host of undifferentiated bad feelings. With the help of her therapist she was able to acknowledge that she was feeling lonely, unsupported, and unlovable, as well as desperate and helpless to change her situation. When in session she readily expressed anger about her coworkers, but she also expressed primary anger at her parents for her unmet needs and for not having attended to her or taken her seriously as a child. Occasionally, Claire also directed anger and hostility toward her therapist with stinging hateful remarks.

Claire and her therapist came to a shared understanding that distress tolerance was a significant challenge for her, and that skills training in behavioral emotion regulation would be a central treatment goal. Her therapist often instructed her to make use of emotion regulation strategies while at the same time encouraging her to tolerate and stay with her upset feelings just long enough to make some sense of them (for intervention examples, see Korman 2005). During one session, the therapist reflected to Claire that her anger at a coworker also appeared to elicit deep feelings of hurt, shame, and loneliness. The process of exploring and deepening the meaning of these emotional experiences had to be carefully titrated with self-soothing to prevent Claire from losing her focus and going into a defensive rage. In this way, over many sessions, they began to bring into awareness and find words for some of the more vulnerable feelings which were so often associated and conflated with her more reactive, "knee-jerk" response of anger.

At the same time, whenever possible, the therapist provided validation for Claire's sense of being wronged and then instructed her in assertiveness training and the appropriate anger expression (both in and outside the session), which helped Claire to express her needs and her sense of injustice without spinning out into a familiar fit of incoherent rage. Some of the difficult feelings that Claire explored were related to "unfinished business" between her and her father. The therapist suggested that they "put the anger where it belongs" and invited the client to engage in imaginal dialogues where she confronted her father. On one hand, imaginal (empty chair) dialogues were used to explore the meaning of her painful feelings in relation to significant others (for detailed therapist operations see, Paivio and Pascual-Leone 2010; Pascual-Leone and Paivio, in press). On the other hand, behavioral role-plays were used for the practice and rehearse of clear and controlled self-assertion as related to current scenarios in her life. Both of these (meaning making and behavioral training) were key treatment interventions.

Conceptualizing Problem Anger as Instrumental: "…because if you don't, I'll hate you"

According to EFT theory, instrumental emotions are used, consciously *or* unconsciously, to manipulate or control others. Although using anger to intimidate others, for example, is strategic in some sense, instrumental emotions are not necessarily false; they can entail very real affective experiences with genuine arousal and in many instances individuals may be unaware of the way they are "using" emotion.

Of course, this operantly conditioned experience and expression of anger does suggest manipulative, antisocial tendencies. But again the instrumental use of hate is often learned outside of awareness (through positive reinforcement and sometimes modeling) and it develops habitually to the point that it is comes to be expressed automatically (Korman 2005; middle and bottom-right of Fig. 1). For example, in a simple case, hatred and anger may be instrumental with the "effect" of dominating others and with the "advantage" of avoiding responsibility.

Case Example and Intervention Approach: Instrumental Anger

In a clinical illustration of instrumental anger, a middle-aged man who presented with anger problems described feeling genuinely frustrated at his business meetings, often responding with angry outbursts, shouting and pounding his fist when his demands were not met. However, the fact that his outbursts usually resulted in him getting his way provided repeated positive reinforcement for his angry behavior and he was only vaguely aware of this conditioning process. In cases like these, where the client does not suffer from more acute antisocial tendencies nor from other features of personality disorder (as did "Claire," from the previous example), it may be sufficient for a therapist to help the client reflect on this emotional process, in the hopes of increasing insight into the strategic nature of expressing anger and hate (Greenberg and Pascual-Leone 2006; Korman 2005). Interpretation and exploration should be used to help therapist and client alike, to understand the interpersonal function of the expressed emotion, and the possible secondary gains for the client. Finally, these gentle confrontations should be followed by teaching the client more adaptive ways of getting ones needs met.

Concluding Remarks

Clinical Implications and Future Directions

The central aim of this paper has been to elaborate clinical case formulations of problem anger by developing the EFT conceptualization for emotion in psychotherapy. While we believe this EFT-informed conceptualization of hate, rage, and rejecting anger, is a unique contribution that will be useful to clinicians working in a range of treatment approaches, there is still considerable ground to cover in the understanding of problem anger in psychotherapy. For example, research and clinical work needs to develop therapist-friendly criteria that could help direct clinicians in assessing anger moment-by-moment, as it changes in session. Indeed, researchers are just beginning to identify specific observable features that distinguish productive from unproductive anger (e.g., Pascual-Leone and Greenberg 2007). Similarly, further work is needed to elaborate

the interventions that address difficulties with specific types of hate and anger and this will likely require integrative approaches to treatment (i.e., Korman et al. 2008; Paivio 1999; Pascual-Leone and Paivio, in press).

A Return to the Relationship

Dysfunctional anger is a complex human experience resulting from an underlying cognitive-affective dysfunction and often resulting in a wide range of affective and interpersonal difficulties. The therapeutic relationship is the crucible of emotional processing. Particularly in the case of anger, it is as if the therapeutic relationship acts as a "thermostat" for regulating the "fire" of emotional arousal. If the client feels overwhelmed and emotion is too "hot," the relationship is soothing, validating, adaptively regulating, and like an external thermostat its influence lowers emotional activation (Greenberg and Pascual-Leone 2006). At the same time, clients who hate others and/or themselves will also often hate their therapists (or others they rely on), whether by subtle resentments, aggrandized distain, or by outright hostility and contempt. As Blum (1997) argued, "…the successful analysis of the conflicts in which hate is embedded will usually reveal in the patient at least a vestige of hope of loving and of being loved and valued" (p. 374). Of course, working with anger in relationship itself (i.e., in the "real relationship," in addition to transference and countertransference) represents an important direction to develop in theory and practice. Nevertheless, a better understanding of the psychogenetic development of a client's problem anger, as we offered in this paper, may help guide well-intentioned therapists who are being tempered and tested by the wrath of those they are trying to help.

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