

SOMATIC EXPERIENCING

A NOTE ON WORKING WITH ANGER

IN THE CONTEXT OF AN SE SESSION

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There are several important reasons for giving special attention to the subject of working with anger in the context of an SE session. Here we will set forth just three of those reasons. First, anger is probably *the* most misunderstood of all human emotions. Traumatized clients often need to be educated about anger and about the taboos that they may have against it. Remember: When utilizing the SE method, we are not just “completing” the interrupted biological patterns that have gotten stuck. We are also re-organizing and restoring the natural fight, flight, and freeze responses. Taboos against anger (conscious or subconscious) may get in the way of restoring the fight response.

Second, anger, you might say, is a biological imperative. Sensing anger is the way we know something is wrong - that our sense of “self” is somehow compromised. It can be a message that we are being hurt, that our rights are being violated, that our needs or wants are not being adequately met, or simply that something is not right. Sometimes our anger alerts us to the fact that we are not addressing an important emotional issue in our lives, or that too much of our self – our beliefs, values, desires, or ambitions – is being compromised in a relationship. As Dr. Harriet Lerner points out in New York Times best seller, *The Dance of Anger*, “anger is neither legitimate nor illegitimate, meaningful nor pointless. Anger simply is. To ask, ‘Is my anger legitimate?’ is similar to asking: ‘Do I have a right to be thirsty?’ . . . “ Anger is something we feel. It exists for a reason and deserves our respect and attention.”

Third, according to Dr. John E. Sarno, Professor of Clinical Rehabilitation Medicine at New York University School of Medicine: “Repressing one’s emotions in general, and one’s anger in particular, lies at the heart of many if not most chronic pain disorders and “syndromes.” He includes for example, disorders such as Fibromyalgia, Fibrositis, Myofibrositis, Myofasciitis, Peptic ulcer, Spastic Colon, Irritable Bowel Syndrome, Asthma, Migraines, Tinnunitis, to name just a few. “The longer I work with [these syndromes] Dr. Sarno says, “the more impressed I am with the role of anger.”

From a *Somatic Experiencing* point of view, the idea would be to have the client sit with their anger -- without acting out and without collapsing into fear and helplessness. Ultimately, we are looking for anger with relaxation rather than anger with constriction. If the client constricts against anger -- they will ultimately have to cathart. But if they learn to sense their anger as power and allow the body to expand with it, then people who frighten them won't frighten them anymore and they will be less likely to counter-attack the "other" (verbally or physically). So-called *rageaholics* are those who cannot sense their anger as power and who do not own their own power. The reality is - - that if people owned their own power -- there would be much less fighting.

When working with anger in the context of an SE session, keep in mind that for some people anger serves as a mask -- a mask that covers up other more unbearable feeling states. This is true of many "*rageaholics*." It is often much easier to get angry and vent than to feel helpless, inadequate, ashamed, and/or powerless. For these individuals, these feeling states are more unbearable than the anger itself.

But often times, as mentioned, you have to work with the taboos or blocks against anger. You can begin this process by asking the client questions like: "*What does anger mean to you?*" Or, "*What are the consequences of anger?*" You can have them fill in the blank to a question like: "If I get angry _____." For example, a common response might be ". . . *then I will be just like 'them'*" (the "them" referring to the person who abused them or attacked them). They might not want to associate themselves with the person who attacked them -- thereby blocking their own aggression.

Taboos & Blocks Against Anger

It is important to keep in mind that anger is a difficult emotion for many people -- regardless of whether or not they have been traumatized. This is so, in large part, because when we become angry and express it, we risk rejection and disapproval from others. For some people the "taboo" against anger is so strong, that they don't even know when they are angry. And even those who do risk the rejection of another -- even those who don't consciously deny their anger or subconsciously repress it, often express it in an ineffectual manner -- venting their anger in a hostile fashion with an accusatory tone.

It is a difficult emotion also, because it is such a powerful emotion that it often makes people feel out of control. Because the fear of losing control is a fundamental

human fear, many people avoid anything that makes them feel out of control – including their anger – including their own aggressive instincts. This is likely to be especially true for a traumatized individual. Because it is such a powerful emotion, it can also bring on “traumatic symptoms” (e.g., a headache or spontaneous, uncontrolled, spastic kinds of movements and gestures). For these reasons, clients may have a deep fear of their anger.

Additionally, many view anger as a destructive energy – responsible for all the hostile aggression, violence, and territorial disputes in the world today. Your client may even have witnessed such violence or have been threatened with such violence. In short, anger is associated with hurting others -- with conflict in general and violence in particular. We blame anger for all the monstrous behavior that we either witness or hear about in the news. In short, anger *seems* to lie at the heart of much of the physical, psychological, and emotional harm that one human being does to another.

Viewing anger as a sign of spiritual immaturity is also quite common. For some people (especially spiritual aspirants) anger is an emotion to be repressed, rather than expressed – to be denied rather than acknowledged – to be shunned rather than embraced. For some people there is even a sense of shame attached to becoming angry because they view anger as a weakness. And for those who strive to be patient, kind, and compassionate, feelings of anger sometimes make them think that they are failing to live up to their spiritual standards.

Anger, in short, has been given a “bad wrap.” It is most often associated only with its negative expression. So you may have to assist your clients in “re-framing,” their anger. You can start this process by bringing the subconscious fears they may have about anger into their conscious awareness. You can, for example, have them get an image in their mind of the kind of person that they could become that might be a problem for society. Have them sense their self as that person. You can also ask them questions like: What is the worse possible thing that might happen if you lost control?

Your clients may not realize that embracing their anger and sensing their anger as power is far more beneficial to themselves and to others than denying it or habitually venting their anger as a cathartic release. They may not realize the value of viewing their anger as a transformational energy (an energy directed toward understanding their self at a deeper level). And they may not realize the value of viewing anger as a motivational force (a force that moves them toward a desired or needed change).

As SE practitioners then, you may have to spend a good deal of time educating your client on a number of levels. In addition to what has been said above, here are a few possibilities. What you select will depend upon the client and the relationship that you have with the client.

Educating the Client

■ Anger is a form of aggression and aggression is often associated with fighting and war – with “attacking” other people – with behaving in a hostile fashion. But there is a wider meaning that often gets ignored. To be “aggressive” also means to be “assertive,” “bold,” and “vigorous.” It means “having or showing determination.” It means an “energetic pursuit of your ends.” It means, “marked by ambition and initiative.” This is the *Samurai* notion of aggression. It is far more useful both to one’s self and others to sense one’s anger as a power – as an “*aggressive energy*” that leads to vigorous, bold, determined, conscious action – than to view it as a negative emotion to be denied or repressed. As Ralph Waldo Emerson said: “*A good indignation brings out all one’s powers.*” And as Martin Luther King said: “*I never work better than when I am inspired by anger; for when I am angry, I can write, pray, and preach well, for then my whole temperament is quickened, my understanding sharpened, and all mundane vexations and temptations depart.*”

■ Without aggression – there is no attachment. This is so, quite simply, because when we do not have access to this instinctual energy, we do not feel safe, even with people we know and love. There is an expression: “If I can’t say no to you, I can’t say yes to you.”

■ One’s ability to be present is relative to the degree of safety one feels. And the degree of safety they feel is in turn tied to the degree to which one has access to aggressive energy. Pleasure also becomes more possible even in ordinary circumstances when one is tapped into one’s instincts – including one’s aggressive instincts.

■ When one is able to fill up with anger, there is more space created in the chest to contain other painful feeling states like hurt. So the feeling of being hurt is lessened when one has access to the aggressive energy of anger. If one's chest is caved in, hurt is compressed into a small space and thus is felt more acutely.

■ Repressing one's anger has consequences for one's health. Dr. Daniel R. Condon, author of *Permanent Healing*, states that repressing one's anger lies at the heart of certain physiological conditions (inflammatory diseases/arthritis conditions; Addison's Disease, Cushing's Disease and other conditions of the adrenals – to name just a few). And, as mentioned above, Dr. John E. Sarno argues that repressing one's emotions in general, and one's anger in particular, lies at the heart of many if not most chronic pain disorders and "syndromes."

■ Habitually venting one's anger also has consequences for one's health. In the book, *Anger Kills*, Dr. Redford Williams, discusses the undesirable by-products of constantly venting one's anger in a hostile fashion. He painstakingly details, what exactly happens in the body every time an angry outburst occurs. Dr. Redford Williams is a Yale trained internist and has been on the faculty at Duke University Medical Center for the past twenty years. He is currently a professor of psychiatry, an associate professor of medicine, and the director of the Behavioral Medicine Research Center. "About 20 percent of the general population," he says, "have levels of hostility high enough to be dangerous to health." A quicker activation of their fight-or-flight response, in combination with a relatively weak parasympathetic calming response is the biological mechanism, that probably contributes to the health problems that afflict hostile people. Dr. Williams also points out that "by driving others away, or by not perceiving the support they could be deriving from their social contacts, hostile people may be depriving themselves of the health-enhancing, stress buffering benefits of social support."

Existential Rage

What the client may be experiencing may be *existential rage* and this may be confusing for them (and for you). *Existential rage* has a different quality to it; it's not like the anger that you might feel, for example, toward a particular other (the driver who cuts

you off on the freeway, or an obnoxious and intrusive salesperson). These experiences of anger come from the “higher brains” – from the limbic and neo-cortical structures.

With *existential rage*, on the other hand, it is the reptilian brain, rather than the limbic or neo-cortical structures, that is involved. Remember: detachment, disinterest and indifference, mark the attitude of the typical reptile. By its very nature then, *existential rage* is not generally felt toward a particular other but rather experienced as wanting to destroy everything *indiscriminately*.

So when asked if they feel anger toward you the client may say “no,” even though it seems clear to you (based on visual cues or through resonance) that they are enraged. The client is not being dishonest with you. They may indeed feel the rage, but at the same time, they may also be aware enough – conscious enough -- to realize that you are not the cause. Therefore, they will say that they are not angry at *you*. This sort of *cognitive awareness*, though useful in some instances, can, in this instance, get in the way of restoring the fight response. So again, you may have to educate the client.

It is also possible that the client may not even experience it as rage but rather as an overwhelming, intense, uncontainable energy that disorganizes them. In these cases, the client may go away from it by dissociating. They might cry in order to discharge the energy. They might manifest uncontrollable bodily jerks and gestures. Or, they may simply fragment even further and temporarily lose access to higher brain functions (such as speech).

What If Anger Is Not Completing?

If you have educated the client, worked with the taboos against anger, helped them to become aware of their anger and to sense their anger as power, but the anger is not completing it may be because: 1) There is not enough charge in the anger that the client is expressing towards any one of the parties; 2) The anger is not directed at the right party. It is being diffused in multiple displacements -- the right connection is not there; 3) There is a constriction (e.g., in the jaw) and the client may be unaware that this constriction is connected to their anger. They may be (unknowingly) using their muscular to “hold back” the anger and aggression.

Although in *Somatic Experiencing*, it is preferable that movement emerges spontaneously, there are times when one might want to invite movement. If anger is not completing due to a constriction in the jaw for example, you might ask the client to do some of the following:

- You can have them slowly take their jaw from side to side and have them sense the tension in their jaw as they do that. See whether they can gradually make the movement smoother and more comfortable by letting go of the constriction that they sense. Then track what emerges.
- You can also bring the eyes into it by having them take their eyes opposite the jaw. So as they take their jaw to the right, they look to the left and when they take the jaw to the left they look to the right. This helps to break up habitual patterns in the jaw and eyes – which might serve to release the anger. Then, simply track the activation.
- An alternative is to have them take their lower jaw forward while looking down with their eyes – again tracking what emerges.
- You can also work with the eyes alone – having them – with closed eyes – simply look down toward their chest and up toward the ceiling. Have them sense the tension in the eyes as they move them – and see whether they can use the movement to release some of the tension in the eyes. Again, this may be quite activating as anger is often held in the eyes. As their eyes start relax, the anger comes forth. So make sure you titrate – not doing too much in one setting.
- An excellent resource for both the therapist and the client is the audio-tape series *Sensory Motor Education for the Mouth & Jaw* by Mark Reese, Ph.D. and David Zemach-Bersin, M.A.. This tape series will give you a variety of ways to help clients release constrictions in the face, mouth and jaw that might be binding the anger. This tape series is available through MCHI Press (www.integrationforall.com).

If you sense that they are using their muscular to hold back their anger and aggression, you might also have them activate and sense their *latissimus dorsi* and their posterior deltoid muscles. This may serve to give them the space and support they need

to come forth with their power. Sensing the *latissimus dorsi* in particular may also serve to bring into their conscious awareness the “holding back” that is occurring. Or, depending on where the client is in their process, sensing the *latissimus dorsi* may bring forth other muscular impulses connected to the fight response (e.g., biting, or fist clenching) thereby allowing for further completion of the fight response.

You can also have them say “No!” and then track the activation. You can have them say “no” with a gesture (e.g., pushing away with their body – hands, feet, etc.). You can also have them push against your hands or against a ball. Or, you can walk toward them and have them either say “Stop!” or “No!” (either verbally or with gestures) and track the activation.

If the anger is not completing, it may also be that there is a “missing” element – either a missing element within the same element of SIBAM (e.g., affect – shame, helplessness, terror) or across elements of SIBAM (e.g., image or meaning). As suggested above, anger often serves as a mask -- a mask that covers up other painful feelings states. It may be much easier for the client to get angry and vent than to feel fear, helplessness, inadequacy, shame or powerlessness. In these cases, you may need to pendulate between the two polarities: between power and the lack of it – between power and shame, inadequacy, helplessness, or terror.

Interpersonal dynamics may also be in the way. So you might ask them to reflect on some of the following questions: Are they able to express anger interpersonally? How do they express their anger interpersonally? Do they express their anger through their discomfort? This is often the case with early trauma. These infantile strategies are unconscious. The child that is traumatized, for example, might remain sick as a way of expressing its anger. This is especially true when the anger the child feels does not have a place. Either it is too uncomfortable for the child or the relationship doesn’t allow for the expression (e.g., if they express anger, they get beat by the parent).

These strategies are often carried into adulthood and manifest as chronic pain syndromes. Clients may unknowingly – that is subconsciously -- constrict around the anger to bind the energy – so that they don’t have to feel what seems unbearable. They may do so in an attempt to avoid possible consequences of expressing their anger. But they may also, subconsciously, constrict themselves into painful states as a way of expressing their anger.

So you might have them reflect even further: Do they turn their anger inward? How is it directed inward? Do they criticize and judge themselves – and then fall into feeling states of worthlessness and depression? Do they turn the anger toward the environment and manifest it in weak ways e.g., by criticizing and judging others? Suggest to them that they might want to watch for this and track how their anger is expressed.

Remember: from a *Somatic Experiencing* point of view, the idea is to have the client sit with their anger -- without acting out and without collapsing into fear, hurt, helplessness, or depression. Ultimately, we are looking for anger with relaxation rather than anger with constriction. We want them to learn to sense their anger as power and to allow their body to expand with it – thereby giving them choice whether to express it in an effectual manner or to consciously contain it.

Bibliography

Condrón, Daniel, (1995) Permanent Healing. Windyville, Missouri. SOM Publishing.

Lerner, Harriet (1985) The Dance of Anger. New York, New York. Harper & Row Publishers.

Sarno, John E. M.D. (1991) Healing Back Pain: The Mind-Body Connection. New York, New York. Warner Books.

Williams, Redford, M.D. and Virginia Williams, Ph.D. (1993). Anger Kills. New York. New York. Harper Collins Publishers.

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