

1989

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Recommended Citation

Phillips, Judith L., "Anger in children" (1989). *Graduate Research Papers*. 3086.
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Abstract

In working with a variety of children, in blended families, with relationship problems, with grief issues, from dysfunctional families, and others, this writer recognized that many of these children were angry or were dealing with anger in some way. Omizo, Hershberger and Omizo (1988) confirm this awareness when they stated: "Children are seldom provided with a means of coping with angry feelings" (p. 241).

ANGER IN CHILDREN

A Research Paper

Presented to

The Department of Educational Administration

and Counseling

University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Judith L. Phillips

May 1989

This research paper by: Judith L. Phillips

Entitled: ANGER IN CHILDREN

has been approved as meeting the research paper requirement
for the Degree of Master of Arts.

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April 9, 1989

Date Approved

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In working with a variety of children, in blended families, with relationship problems, with grief issues, from dysfunctional families, and others, this writer recognized that many of these children were angry or were dealing with anger in some way. Omizo, Hershberger and Omizo (1988) confirm this awareness when they stated: "Children are seldom provided with a means of coping with angry feelings" (p. 241).

While the fact that children are angry is well documented (Cantrell, 1986; Glick & Goldstein, 1987; Ellenburg, 1985; Renfron, 1985), a computer ERIC search yielded only one article with children and anger in its title and seven with "children, anger" as a part of the body of the paper. A computer search of PsycLIT yielded three articles with children and anger in their title and 28 with "children, anger and counseling" in the body of the paper. As Omizo et al. (1988) concluded, "To date, most intervention strategies focus on assisting adults with anger problems. Few, if any, strategies teach children how to manage angry feelings" (p. 241).

Sharkin (1988) addressed the problem of client anger in adults and concluded, "An examination of existing psychological and psychiatric literature reveals only a handful of theoretical essays or empirical studies on anger" (p. 361). He stated that part of the problem lies in the way anger appears in the literature because it is often, "camouflaged

under definitions such as aggression, violence, and hostility, or else referred to almost casually and in passing, as though it is too simplistic for consideration" (p. 361).

"Anger is one of the most common and important of our feelings. Like other feelings it is an indicator to us of what we might need to attend to" (Whitfield, 1987, p. 99). "Anger is a normal, instinctual reaction when we are frustrated or attacked or when our expectations are not met" (Schaefer & Millman, 1981, p. 369). "Anger is the energy that gives us strength. When our basic needs are being violated, our anger moves us to fight or run" (Bradshaw, 1988, p. 52). "Anger is a signal" (Lerner, 1985, p. 1; Bradshaw, 1988, p. 74). "Anger is the result of the child's private view of 'reality' and the cognitive message he gives himself about a situation" (Garrison & Stolberg, 1983).

These definitions of anger, as an emotion, an instinctual reaction, an energy, a signal, a cognitive frame, come together in an article by Sharkin (1988): "Anger is a multi-dimensional concept and simply does not lend itself well to intellectual or scientific descriptions" (p. 361). He went on to state that, "Anger is an internal state involving varying degrees of interactions between psychological, affective, cognitive, motoric and verbal components" (p. 361). In a long paragraph he detailed each of these components of anger and then stated,

"Other dimensions of anger include its intensity, frequency, duration, causes and functions--both adaptive and maladaptive" (p. 361). He concluded his definition of anger by saying, "The complexity of anger makes any attempt at a precise and unitary definition a difficult, if not impossible, task" (p. 361).

It is no wonder that professionals have avoided writing about how to handle anger when it is such a multidimensional concept. Not only is anger, as a concept, multidimensional, but expressions of anger are multidimensional as well. "Expression of anger may involve both a motoric and verbal component, one component, or, in some cases, no overt expression at all" (Sharkin, 1988, p. 361).

Josh, a sixth grader, has been brought to the principal's office because of an angry outburst that disrupted class. In third grade Kellie is having trouble concentrating on math. She is angry about her alcoholic mother who promised to go to the school open house, but was too drunk to go. Kellie swallows hard, she feels guilty for her angry thought. After all her mom is sick.

In kindergarten Michael runs to the teacher crying because Bill has bitten him. Bill wanted the truck Michael had and Michael wouldn't give it to him. Mary, a sixth grader has been rushed to the hospital. She has attempted to take her

life. Leslie, in second grade, is angry about having to share her bedroom with three-year-old Max. He came as part of the package when Leslie's divorced Mom remarried John, Leslie's new step dad.

Finally Scott, in the fourth grade, has missed the assignment. He had been thinking about what happened in his home last night. "Why did his Dad have to act that way? Oh well..." He knew he mustn't talk to anyone about what was happening at home. Maybe if he could do well in school. Maybe if his parents were proud of him. Maybe things would be better. These are typical of the great variety of situations with which children try to cope that result in angry feelings.

So why even try to deal with this multidimensional concept of anger? The answer is obvious, because children do. Is it important that children learn to cope appropriately with anger? When children are unable to cope with their angry feelings the result may be violence, crime, substance abuse, depression, suicide, self-destructive behavior and/or an inability to develop good emotional health. This becomes an even more critical issue with the acknowledgment that any or all of these attitudes and behaviors will likely be passed to the next generation (Omizo et al., 1988; Ellenburg, 1985; Renfron, 1985; Glick & Goldstein, 1987; Matter & Matter,

1984; Bradshaw, 1988). In addition, and of importance to a school counselor, is the fact that these "destructive behaviors disrupt the learning process" (Omizo et al., 1988, p. 245).

Why are many children not being taught to handle anger by parents in the home? Bradshaw (1988) expressed the view, "parents who are out of touch with their own emotions cannot model those emotions for their children" (p. 52). Further, parents stop their children's expression of emotions because they have not dealt with their own emotions. Magnifying this problem is the fact that most religions consider anger a sin and do not make the distinction between the emotion of anger and the behavior which may follow. Further complicating the problem, children are often shamed for their anger, yet they see their parents angry or even full of rage. This is confusing for the child and may lead to more anger and resentment. "The message is all too often that it's okay for parents to be angry, but it's not okay for children" (Bradshaw, 1988, p. 53).

Because the destructive behaviors associated with anger disrupt the learning process, "school counselors need to take an active role in teaching children to understand their anger and express it appropriately" (Omizo et al., 1988, p. 245).

At the present time counselors are dealing with anger as a secondary factor in many major issues with children. Examples of these issues and how children are taught to deal with the anger associated with them, if in fact they are, will now be addressed.

Cantrell (1986) and Crosbie-Burnett and Newcomer (1989) described the use of small groups with children of divorce and verify that dealing with the anger that children are experiencing is a major component of each program. Cantrell used books, games, filmstrips, a "feeling thermometer," as well as brainstorming and drawing with younger children, ages 6-8, to help them become aware of and talk about anger as well as the other feelings they have about the divorce. She used puppets to "help the child vent anger in a positive manner" (p. 167). With older children, ages 9-12, she also used books, games, filmstrips, and "the feeling thermometer," to build the children's awareness of anger and also to help them understand the fact that these feelings are normal. Group members brainstormed all possible ways of expressing anger and chose one method of expressing anger to try during the next week. The children's experiences were shared the following week with the group. She also used role playing with the children as a way of discussing anger and other feelings. This program seemed to be strong in building

children's awareness level with much less focus on teaching coping skills.

Crosbie-Burnett and Newcomer (1989) also used books, "feeling gauges," movies, and brainstorming to help children identify anger and other feelings. In addition, the children were asked to keep a record of their feelings and brainstormed possible solutions. "The counselor helps the children list ideas that can help them feel better but will not cause problems or hurt anyone or anything" (p. 161). Positive expressions of anger and other feelings are role played at various times as a part of the group's activities. Problem solving and homework to practice coping behaviors are also stressed throughout this program. One week is spent helping children to clarify and reduce their irrational thoughts about divorce. This, the authors believe, has the potential of reducing anger centered in maladaptive beliefs or attitudes. This program also helped children become more aware of their anger.

Children who are a part of step families may still be dealing with anger surrounding the divorce issue when they have the additional adjustment to a new step parent and perhaps new brothers or sisters. Gardner (1984), believes that suppressing anger can be a major problem for children in stepfamilies. They may feel that they have already been

"abandoned" by one parent and fear losing the other. They may also fear that they will see even less of the absent parent if they express anger toward him/her. Gardner claimed that children often displace anger from biological parents to the step parent because he/she is more "expendable." Gardner believes that counselors should try to help children feel less guilty over anger expression, use their anger appropriately and try to remove or reduce the frustration that generates the anger. He saw stepsibling relationships as another potential for conflict. He suggested focusing on the positive aspects of these relationships and developing a teamwork attitude towards the family.

When working through the relationship of the child and the stepparent it is suggested that, "The child must be helped to express resentments rather than let them build up in this way. Loving feelings will be more likely to develop as problems are worked through rather than squelched" (p. 43).

Students who come from families where alcohol and substance abuse are present are a special challenge for counselors (Fisher, 1989). Both the rules of these families (don't talk, don't trust, and don't feel) and the rigid roles (scapegoat, hero, lost child, and mascot) played by children, must be understood if children are to be effectively counseled.

Whitfield (1987) and Bradshaw (1988) stressed that over time, without anywhere to vent the anger or deal with it appropriately, the only choice children have seems to be to block out all feelings and eventually become emotionally numb.

Fisher (1989) dealt with each role a child might play and suggested specific intervention strategies based on the role's maladaptive behavior. He sees the development of trust as an issue for all of these children so that, "the child can feel secure in expressing his or her feelings" (p. 177).

"In general, the siblings of the handicapped are a population whose needs have been neglected" (Post-Kammer & Nickolai, 1985, p. 119). Post-Kammer and Nickolai believe that siblings of handicapped children often struggle alone with their feelings and unanswered questions because too few counselors have become involved in dealing with them, their teachers or their parents. The authors give research support for the fact that nonhandicapped siblings are strongly affected by a handicapped brother or sister. They believe that the nonhandicapped child, "commonly experiences feelings of denial, anger, bargaining, depression, and acceptance" (p. 116).

According to these authors, "The four specific counseling needs of nonhandicapped siblings are for information, support, identity, and coping strategies" (p. 118).

Siblings of the handicapped child may resent the attention parents give to a highly dependent handicapped child. Frequently, the nonhandicapped children feel angry about the financial expenditures for the handicapped child, particularly when these expenditures restrict their participation in social activities, sports programs, or other school pursuits.

Matter and Matter (1984) identify a profile of a child with a potential for committing suicide and the prevention of suicide in children. Among other things, "suicidal children often exhibit anger and impulsive behavior" (p. 262). Further, that anger probably results from their "continuous and escalating experience with loss and life stress" (p. 262).

The authors believe that lack of well-developed coping skills may be one of the causes for younger children to "resort to overtly aggressive behaviors because they know no other way to deal with life's frustrations" (p. 263).

Teaching children who are identified as potentially suicidal better coping skills as well as assisting the family to learn better methods of communicating, problem solving and child rearing are encouraged.

Play therapy and humor are two counseling techniques which have potential in working with the anger of children. "Play therapy serves as a valuable therapeutic intervention and as a diagnostic tool revealing the child's life

style, beliefs, values and concerns" (Barlow, Strother, & Landreth, 1985, p. 335).

Acting-out toys, such as handcuffs, inflatable punching toys, dart guns, hammer, nails, logs and toy soldiers, and aggressive-release toys, such as finger paints, crayons, tempera paint, easel, hand puppets and play-doh are felt to be of particular value for creating expression and emotional release.

One of the values of play therapy is in the "safety of the emotionally-accepting climate of the playroom, the child is free to express confusion, insecurity, hostility, or aggression without feeling guilty about having done so" (p. 349).

The authors are clear that "this process can only take place in an atmosphere where the child feels unconditionally accepted, encouraged to make choices, and emotionally safe" (p. 353). Play therapy can be used effectively by the school counselor to facilitate change and growth in a variety of developmental problem areas experienced by children.

Sluder (1986) used a totally different approach to dealing with many of the issues confronted by children. She believes teaching children to use humor gives them a valuable resource that can enrich their lives.

With regard to anger, she stated "humor can be useful in defusing anger and tension." As examples she cites boys about ready to fight who were able to laugh at a teacher's comment, retain their dignity and avoid the fight. In another case, one child had bitten another. After checking to be sure there was no evidence of injury the teacher replied, "Did you ask him if he'd had his rabies shot?" The two boys laughed and went off to play together.

Sluder is very clear that when she is talking about humor it should involve laughing with the child and not at the child. She builds a strong case that a little bit of humor goes a long way towards helping kids deal with anger-provoking situations as well as others of life's challenges.

Glick and Goldstein (1987) worked with aggressive adolescents who have been institutionalized because of their destructive behaviors. The program they developed called "ART" (aggression replacement training) is based on their assumption that what these youngsters lacked was basic social skills development. "ART" is a multimodal, psychoeducational intervention aimed at systematically teaching prosocial behaviors to youth.

Part of the program is devoted to teaching youth to control anger by identifying triggers or cues for anger,

using reminders to stay calm, using reducers (such as deep breathing) or imagining to reduce the anger, and then self-evaluating how they have done and praising or rewarding themselves for effective performance.

Schneider and Robin (1978) developed the "Turtle Technique." It is a behavior modification technique developed to help children in special education classes learn to control hostile or disruptive behavior. The authors believe the technique could also be modified for use with regular classrooms. The "Turtle Technique" makes use of the analogy of the turtle who, when threatened, withdraws itself into it's shell. "In the same way, the child is taught to withdraw into his imaginary shell when he feels threatened by uncontrollable emotions or external events which make him feel like lashing out at his environment in an impulsive manner" (p. 2).

One study (Omizo et al., 1988) presented a group counseling intervention strategy developed to assist "normal" children in coping with anger and to provide support of the efficacy of the intervention.

Garrison and Stolberg (1983) using affective imagery training had third through fifth grade teachers identify "anger" children. The authors believed that by teaching the children to put labels other than "anger" on situations and

feelings that had elicited anger in the past, they would see a decrease in the frequency of angry behavior. The children demonstrated reduced angry behavior in the classroom.

The authors believe that imagery training may be a potent adjunct to other therapies because it helps to reduce inappropriate aggressive behavior which is a result of mislabeling of emotions.

Omizo et al. (1988) also began their study by having teachers, fourth through sixth grade, nominate children who behaved in an aggressive or hostile manner in their classes. The results of the study showed that the children who participated in the experimental group learned more appropriate ways to handle frustrating and angry situations. The authors pointed out that "the intervention strategy presented in this study offers school counselors a preventative method for managing disruptive behaviors" (Omizo et al., 1988, p. 245). This article gave specific information on a method of working with kids on anger.

Landy (1984) outlined an eight-session Anger/Aggression small group. The group uses the making of an individual "Anger Notebook" as a focal point around which the group is built.

The group ends with a discussion of the fact that controlling one's anger is not always an easy task, but is

everyone's responsibility. This program was very strong in teaching skills for anger release.

Summary

This researcher found little direct information on how school counselors were helping children manage and cope with anger. By extending research to specific counseling issues and special populations, additional information was generated.

A variety of techniques are used by counselors and researchers in a variety of situations where angry children are encountered. This has added credibility to the statement by Sharkin (1988) that anger is a multidimensional concept.

The fact that anger is so multidimensional is the very reason why a counselor must have at her disposal a broad range of strategies. A preventative approach to anger, taught to children before anger becomes a problem, is essential. Such a program could help to arm children with the tools to cope with the anger that has the potential of inhibiting them from reaching their full potential. Helping children grow, to free them to reach their potential and develop behaviors for successful living is what counseling is all about. For children to do this, it is important that they learn to recognize and accept anger as a normal human feeling. This enables them to develop greater self-awareness, since

knowing what makes us angry is an important part of knowing who we are.

But recognition, acceptance and awareness are not enough. Children also need to develop skills for dealing with anger. A skill-building program would need to focus on anger in a multimodal way, addressing its complex components.

Physiologically, anger can be sensed through body cues (tightening of muscles, flushed face, clenched fist, rapid heart beat) that let the person know she is experiencing anger, as described in the "ART" approach (Glick & Goldstein, 1987). Deep breathing and relaxation techniques can be taught for gaining or maintaining physical control as taught with the "Turtle Technique" (Schneider & Robin, 1978).

The cognitive aspects of anger can be recognized through illuminating the child's dysfunctional thoughts and irrational belief systems (Cantrell, 1986). Affective Imagery Training can help to correct children's perceptions of situations (Garrison & Stolberg, 1983). "Self talk" can be used as a tool taught to help the child maintain his control (Glick & Goldstein, 1987). Children can be taught to use humor to defuse tense situations (Sluder, 1986). Children can also be taught problem-solving skills and to assess the consequences of anger before they act (Cantrell, 1986; Crosbie-Burnett &

Newcomer, 1989; Landy, 1984; Glick & Goldstein, 1987; Schneider & Robin, 1978).

Children can be taught to redirect the motoric energy that often accompanies anger in several ways. Among these are "madness management" activities developed by Landy (1984), with puppets (Cantrell, 1986) or through play therapy (Barlow et al., 1985).

Finally, children need to develop strong verbal skills. One method to teach these is through modeling, role playing and feedback. Another is with puppets (Omizo et al., 1988). Still another is to teach systematic social skills training as described in the "ART" (Glick & Goldstein, 1978) program.

Some of these skills may already be taught to children as a part of existing guidance programs. Children will transfer their skills to situations involving anger more readily if the counselor is aware of the skills relationship to anger and can make this relationship clear to the child.

In today's complex society where busy lives, stressful situations and strained relationships are so common, recognizing, accepting and coping with anger is vital.

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