

ANGER AS A BASIS FOR A
SENSE OF SELF*

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*Presented as the William V. Silverberg Award Lecture, New York, New York, December 6, 1975.

J. Amer. Acad. Psychoanalysis, 4(1): 7-12
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William V. Silverberg Memorial Lecture Award
Opening Remarks*

Walter Bonime, M.D.

It is customary to have the spouse of an Academy award recipient seated at the dais during the presentation luncheon. In my case, I am seated here with Flo because of the eight years we worked together to produce a book on dreams, and because of the many more years we worked together on other material associated with this occasion. Without her, I would not be here.

Another individual I want to speak of in a personal way is Billy Silverberg. He was my supervising analyst in work with one patient, and that relationship was one of my happier academic experiences. While Billy and I differed on dynamic approaches – my major professional influences having been Karen Horney and Bernard Robbins – my experience with him was exceptionally enlightening. I respected his ability to convey to me his approach without urging me to accept it. He listened respectfully to my formulations. He sharpened my recognition of some phenomenology. Though we might each explain differently what he pointed out, I could use his perspective in dealing with my patient. For example, he detected competitiveness in the young woman I was treating. I had not caught it, and while we did not account for it similarly, Billy's recognition opened up for me a fundamental aspect of my patient's personality, and led to significant therapeutic progress for her – and for many of my patients since.

I am particularly glad to receive the Silverberg Award, just because Billy and I represented different psychoanalytic viewpoints. It is, to me, exciting and encouraging whenever such differences produce enrichment rather than schism. Schisms, as we know, continue to exist; and schisms hinder progress. The Academy, which Billy helped to found, is opposed to academic intolerance. The Academy represents the creative power of divergences held together in mutually challenging, mutually stimulating, and respectful contact.

*Presented at the meeting of the American Academy of Psychoanalysis, New York,

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Ours is an angry culture. This has a direct effect on the development of personality. Many who come into our offices have been particularly warped. A patient of mine says: "The only efficacy I feel, the only worth I feel, is when I'm angry – and that's why I'm angry all the time."

There are many forces at work to account for the pathology: the daily difficulties of getting about, getting ahead, getting fed, getting enough time to rest or to think; deprivations, both material and emotional; frustrations of the normal struggle for autonomy; and the consequent desperate struggle for the pseudo-safety of dominating.

What we live in, and live with, is a pushy, angry culture at its best, and at its worst it is savage. Personalities evolving in such circumstances, shaped by them, show serious derivative distortions of the sense of self.

The sense of self is a subjective experience, the feeling of one's own self functioning. People develop a sense of individuality, of a familiar unique being, in terms of the feelings they experience while performing, perceiving, sensing, responding, cognizing, in isolation or in interaction. The sense of "me" develops slowly, with intellectual, affective, sensory, and physical growth. The forces active in the society at large are also active in the family, though modified by the individual personalities in each family. In a family milieu which has predominantly nurtured the individual's potential for this growth, a healthy and vigorous sense of "me" evolves. Such an individual, by and large, can "cope." Where

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this nurture is denied, or where the growth potential is cultivated in the service of another person, or where it is blocked by social inequities, then those who are stunted, exploited, or confined become hostile, not only toward the depriving, enslaving and restricting forces, but hostile altogether, as a way of life. Their sense of self develops in an internal milieu of anger.

The anger may be open and violent, or it may be manifested in less obvious forms. There may be subtle rebellion, stubbornness, delinquency, depression, and psychosomatic disturbances. The significant point is that in the type of personality I am discussing, whatever form the anger takes, the individual will struggle to maintain it, for it is only in these angry modes of functioning and the simultaneous subjective sensations that the individual feels his identity.

This kind of struggle to maintain an identity, however pathological and painful, contributes to the intense resistance we encounter in treating various clinical conditions such as depression and its psychosomatic masks, addiction, criminality, competitiveness, controllingness, and aspects of catatonic and paranoid schizophrenia. The patient whose foundation in identity is his anger, whether or not he so categorizes himself, battles to stay angry.

Naturally, this is not a new concept. But in our angry society perhaps we must now pay more attention to anger as a basis for a sense of self. Others have referred to the same dynamics. To quote Guntrip (1966) on Fairbairn:

. . . aggression is not the ultimate factor it has been classically assumed to be . . . it arises out of the desperate struggle of a radically weakened ego to maintain itself in being. As one patient said, "When I'm very frightened I can only keep going at all by hating."

Adler (Ansbacher 1956) says,

The tendency to anger is related to a competitive striving to escape from a sense of being overcome . . . children make use of such explosions to conquer by terrifying . . .

And Rado (1956) (as condensed by Fromm-Reichmann 1959) thinks that "coercive rage increases self-esteem . . ." Lesse (1974) speaks of a "child's compensatory rage . . . a compensatory mechanism that finally dominated the patient's personality."

Not one of the people quoted above refers to an "aggressive in-

instinct” (Freud 1939). There is enough functional constriction in our own culture to generate anger without any need to postulate an aggressive instinct. There is the denigration of women, blacks, the young, the old, all of whom are scorned in various ways, and who have some healthy reasons to be angry. But among these there are some who experience themselves as authentic people *only* in their hostility.

Pathological anger is often so covert and difficult to recognize that discerning and dealing with it clinically are enormous tasks. Growing up in an angry milieu, most people to some degree experience their individuality as participants – either attackers or defenders – within angry forces. The culture as a whole supports the attractiveness of violence – automotive Jaguars on the road; tigers in the gas tank; shark jaws in the sea; towering infernos in the cinema, often the towering inferno of a man as well as a building; everywhere power to control, outdo, destroy. For the pathologically angry person, reinforcement is everywhere, and if there is no other way in which he can experience his own being, he will absorb the cultural reinforcements and increase his anger in order to maintain his identity. It is sad and clinically significant when a young patient says, “The real me is the angry me.” It sounds like a pun on Descartes: I rage, therefore I am.

Many clinical inferences at once present themselves. It is important for the psychotherapist to discern the anger; to avoid becoming entangled, frustrated, defeated through its influence on the therapeutic process; and to try to see its relationship to resistance and anxiety. To the extent of one’s ability, it is essential to respond compassionately and firmly to the hostility directed against us as therapists.

It is sometimes quite explicitly expressed. For example, a physician patient declared at the beginning of a session:

As I came in I had a feeling of “fuck Walter”; I said to myself, “You’re going in there to find your associations – bluster makes it easier for you to say things you’re embarrassed about. When it’s put in a blustery, angry, fuck-you framework, it’s easier to have it come out.”

Much of it is expressed as noncommunication, negative therapeutic reaction, anxiety. The crucial stake these people have in holding on to their anger accounts for much of the avoidance of the psychotherapeutic alliance. This avoidance can frustrate and exhaust the therapist. It may generate hostility in him, may lead

to inattention, to hopeless diagnosis, reliance on physiological approaches, to transfer of the patient to a colleague, or even to the total bankruptcy of the therapist engaging with the patient sexually, for reassurance as to his own effectiveness. All the while, the patient is angrily struggling to keep his pathological sense of identity. We have to seek constantly to recognize, endure, evaluate the modes and purposes of this anger, to keep attempting to engage and reengage the patient so that he will make his own efforts to recognize and change his hostile, self-defeating ways.

The patient is, as already indicated, also *frightened* by the prospect of disintegration should he give up anger. The therapist needs to illuminate this fear for the patient, illuminate it as an obstacle in psychotherapy.

Some patients can be quite forthright in conveying their fear of becoming vulnerable. They may maneuver provocatively to avoid a collaborative, trusting relationship both within and outside of the therapeutic setting. A married woman in her early twenties said to me directly: "When I feel angry, I feel stronger. I can fight you better." This patient even sat on the windowsill above and behind me. Later she said, ". . . embarrassment, love, even friendship -- that would put me at a disadvantage."

Another woman realized that she "always wanted to feel like an oppressed person. That makes me feel alive. I have to keep facing the fact that [when] nothing is going wrong, then I become dead." This patient had pleaded for my help so that she could be brave enough to make a decision, and then for a long time she blamed me for forcing her to make that decision.

But patients can and do develop perspective when therapists do not get entangled in the hostility. For example, a teacher of social psychology said: "Last week when I sat up at the end of the hour, and you summarized, I was surprised at your not being angry at me for insulting you in the dream." In a friendly and serious way I interpolated that he did not insult me only in the dream, but that the dream reflected his generally insulting attitude toward me when he was awake. He went on: "When I left here I started thinking about my rage at you. I thought I was strong because of rage. Then I thought of a cornered rat's 'titanic' rage. I realized that there was nothing titanic about my rage. I was a spoiled brat."

This man's efforts in the analytic experience had begun to be accompanied by a quite different subjective feeling of self, something that gave him awareness of an alternative to anger as a basis for strength and being. Experience of alternatives, in these cases, becomes motivation for further therapeutic risk.

Our work is beset by additional cultural contradictions; by attitudes which camouflage and deny anger, and also flaunt anger. Concealed anger in the form of cool, sophisticated self-control, and overt anger in the form of table pounding, patriarchal or executive wrath, are both admired. We have one social norm that professes to support personal autonomy, and another that demands many types of arbitrary conformity. Corporate employees are expected to show initiative, and at the same time to be "ideal company men." Through such contradictions, the cultural milieu provokes more anger and, dynamically, tends to imprison the patient who is already dependent on anger as a subjective substitute for identity.

Hence, also, widespread and frequently exacerbated depression (Bonime 1966), almost the most common emotional disturbance of our western culture.

I will say a word about despair, a component of depression which in the past I have only alluded to. The angry individual whose identity depends on anger lives in pain. He is trapped in patterns that produce, simultaneously, both his agony and his feeling of identity. To sever the critical linkage without losing his sense of "me" feels to him utterly impossible. This hopelessness produces despair. And the despair is further deepened by a subliminal awareness of the future, of the continuing pain and emptiness, from which there is no exit, because the anger which is his basis for survival must be maintained. The agony of such a trap can motivate suicide, alcoholism, drug addiction, and other despairing forms of so-called escape from pain.

In a relatively normal, relatively nonneurotic life, despair, discouragement, sadness, remorse, and grief all exist as reactions to unhappy life circumstances. These emotions occur in intensities varying with the emotional involvement of the individual and the severity of the events. Catastrophic or unbearable situations can bring about a despair that has nothing to do with depression. All these normal unhappy affects can, however, occur along with depression, from which they must be distinguished in order to understand the individual's total emotional experience. A depression-prone person is distinguished by his *anger* over the painful disturbances of his life. Normal grief and temporary despair can exist alone, and may dissolve with the advent of new sources of meaningful life. But the despair evolving from a sensed entrapment in a depressive way of life will not yield to opportunities for bettering life. It can be dispelled only with the overcoming of the core of anger.

In psychotherapy we seek to help our patients toward appropriate expression of hostility. We try also to help them to detect irrational hostility. All analysis, all psychotherapy, can be defined as helping a person to develop a healthy sense of self. We strive for a patient's access to nonpathological gratifications, to help him to identify and to develop his resources for growth and enjoyment.

Consistently, this kind of insight is what we reach for where anger is the foundation for an individual's sense of being. The patient who may know objectively what constant anger does to a life, can, by a long struggle, eventually grasp the feelings and forms of his own anger . . . can know, subjectively and cognitively, how it affects his own life. He can thereby contemplate alternatives, and risk other modes of functioning. Then, based on different kinds of functioning, he slowly acquires a different and comfortable sense of self. He finds he can be a person without being angry.

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