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Is a Happy Teenager a Healthy Teenager?: Four Levels of Adolescent Anger

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Abstract

The concept of adolescent anger is described so that it can be explained to the teenager and his or her parents in such a way that it is readily understandable and usable. It also provides the psychotherapist with a system of looking at the teenager so that treatment options become available for dealing with the anger.

This article presents a four-level explanation of teenage aggressive feelings and behavior. It developed out of work with teenagers and their parents, and its goal is to provide an easy understanding for them into this difficult aspect of adolescence. This, it has been found, is important as a good deal of clinical work with teenagers and their parents is simply providing information on this topic. Also, this model provides a framework for psychotherapists working with such a group to use as an initial diagnostic tool for assessing the client at hand.

The Stage of Storm And Stress

It has long been recognized that the adolescent stage of development is, at least in part, an angry and tempestuous one. One does not need to ask a psychotherapist to learn that many a parent will testify that it is not easy to live with their teenage sons and daughters. Much of the literature supports with this.

Berne (1972) noted in his chapter on adolescence that young people are often in antiscript and rebelling against parental precepts. In conjunction with this, Levin (1974/1985) stated that teenagers are in the stage of rebirth. At this time they are often stubborn, negative, and argumentative. Personality research, such as that done with the Minnesota Multiphasic Personality Inventory, acknowledges that adolescents constitute a special group requiring their own set of norms.

Research in this area has been extensive, including surveys of thousands of adolescents over five decades. Teenagers have been found to have significantly different personality profiles from those of the adult population. As was mentioned before, these are so different that they are seen to require a separate set of norms. Adolescents are more likely to have higher elevations on the sociopathic and/or psychotic scales, similar in some respects to the criminal population (Graham, 1990; Greene, 1980). It should be noted, however, that not all teenagers fit this profile. Graham (1990) noted that some research indicates that 25% of teenagers do not have profiles that differ from those of the general adult population. So, this article applies to the other 75%. Also human development is notoriously wide-ranging in endeavoring to fit individuals into various stages. Teenage anger is also a function of the person's previous development, how the parents deal with it in adolescence, the peer group they are in, and so on. Thus, this article does not apply to all teenagers. However the idea of adolescence as a stormy stage is widely recognized (Family and

Children's Services, 1996; Haimowitz & Haimowitz, 1973; Kaplan, 1991; Mussen, Conger, & Kagan, 1974). Also, recently Collins (1991) discussed various theories of adolescence. One such theory, he noted, calls adolescence the stage of storm and stress.

Reaction to the Storm and Stress

In reaction to this storm and stress, some approaches have tried to quell the storm, to devise ways to "make" the teenager calm and easy to live with. One regularly sees workshops that promote how to live harmoniously with your teenager. In addition, our libraries contain many books on the same theme. An example is Biddulph (1988), who titled his book *The Secret of Happy Children*. This implies that your child and teenager should be happy. It seems safe to assume that most parents want their children to be happy. There are, however, a number of stages in human development in which "happy" is not necessarily healthy. This article suggests that adolescence is one of these.

Hence, it is suggested that it is not a healthy goal to try to make the teenager peaceful and calm all the time. The storm and stress is not there by accident. It is there for some good psychological reason. Metaphorically, one could consider the teenager who has a bad cough. If one provides medicine, such as a cough suppressant, then the cough disappears, but so do the health-promoting aspects of the cough (i.e., cleansing the air passages).

It is suggested that the adolescent's anger has a health-promoting function, and in trying to quell it one loses that healthy function. In this sense one can say that a happy teenager is not a healthy teenager. It should be noted, however, that it is not being suggested that one let the angry adolescent run rampant. It is recommended that anger expression be encouraged in a particular form so that it benefits the adolescent in the long term and allows him or her to become sociable at least to some degree.

Four Levels of Adolescent Anger

A four-level classification system of anger expression is presented below.

EXPLOSION

LEVEL 1 Antisocial Anger

LEVEL 2 Social Anger

LEVEL 3 Passive Resistance

LEVEL 4 Goodness

IMPLOSION

Level 2 is the healthy level, at which the adolescent expresses conflicts by using what can be called social angry conflict. Social anger expression is the expression of anger during which no one gets hurt physically or psychologically. Interpersonally, it is best if the anger is expressed directly at the other appropriate person. With adolescents this will most often be authority figures. Contact sports and the martial arts are other socially acceptable ways of releasing aggressive impulses.

Angry conflict at home needs to occur with a set of rules or guidelines. These "fair fighting" rules are commonly discussed in various psychotherapeutic circles, however to the writer's knowledge they have never been officially recorded. The number of rules vary from as few as three to as many as twenty. The most common ones are: no physical violence, no emotional violence, no withdrawal until at least some resolution is achieved, no "old movies" or bringing up old issues that are not relevant to the problem now, it is OK to differ, and so on. These types of guidelines ensure that anger can be expressed in a safe fashion. Basically, the individual is engaging in Rebellious Child ego state behavior under the guidance of Controlling Parent control and Adult information. This is the basis of social anger.

Interestingly, in recent times others have discussed different types of anger, some of which are related to adolescence. Garcia (1995) talked about "rebellious anger" (p. 120) and Joines (1995) looked at "resentment" (p. 117). Both of these are described as a normal consequence of the adolescent stage of development and if expressed appropriately constitute social anger.

If the adolescent is engaging in this sort of communication he or she is coping well with the storm aspect of this stage of development. He or she is using rebellion and defiance in a positive and healthy way. The anger is directed outward, and thus it is seen as explosive rather than implosive (implosive involves directing the anger inward at oneself).

Level 1 involves a breakdown in the rules of social conflict. In this case the adolescent violates the rights of others and/or their property. This includes hitting others, smashing their property, stealing, setting fires, extortion, or any other act that is defined as antisocial and violent by society. This is obviously also explosive because the anger is directed outward in an antisocial manner.

The adolescent does not have strong enough limits inside himself or herself to keep the outward anger social. Indeed, some teenagers show antisocial anger as a cry for limits. They escalate their behavior to antisocial levels in the hope of being limited, sanctioned, and restrained. Once constrained, a feeling of security develops as the adolescent now senses the authority figures as being strong and potent. Such feelings as anxiety and insecurity often exist underneath this type of antisocial anger. This can, of course, explain some aspects of criminal recidivism. Prison provides strong, clear limits. This will emotionally appeal to those who do not have such limits in themselves, and in this sense the regimentation of prison is appealing.

Level 3 can represent an implosion of anger, while level 4 most definitely does. Whereas levels 1 and 2 involve anger being directed outward, with levels 3 and 4 the anger is directed inward and therefore it implodes. At level 3 there is passive resistance. This person is neither openly rebellious nor openly conforming. The adolescent is stuck between showing his or her anger openly with the Rebellious Child and being conforming to authority with the Conforming Child ego state. So, he or she resists authority passively as is commonly symptomatic of the passive-aggressive personality type.

These adolescents are the master of the monosyllabic response. They grunt "huh," "yep," "s'pose," or "dunno" in response to most situations and questions. They sit around watching television and looking hostile. They look angry and hold it in. They implode.

Such teenagers, although not being at the optimum level, are not too badly off. When given the opportunity and encouragement to express the Rebellious Child openly by being angry and resistant, most jump at it. Therefore, the passive resistance becomes active resistance and they move to level 2. As stated before, the more an adolescent is openly angry the less he or she will be passively angry. As a result, with some changes in teenager management, in most cases the passivity does not take long to disappear.

Level 4 represents a more dramatic level of anger implosion and can indicate a significant degree of emotional disturbance. This level is somewhat of a double bind and leaves the teenager in an unenviable position. This level indicates that a happy teenager may not be a healthy teenager. This sounds odd, as one would expect a happy person to be a healthy person. However, as mentioned before, adolescence is naturally a stage of defiance, anger, and turmoil. It is a rebellious stage at which, among other things, the person is trying to find out who he or she is and how to get on with others. All this is normal. A teenager who is generally happy and

carefree may be missing this stage of development. Most often this teenager is quite conformist and anxious.

Regarding the development of this personality style, one is referred to Weiss and Weiss (1984). They presented a comprehensive explanation of the "good child syndrome" (pp. 119-126), which is similar to what is being discussed here. They also included some good treatment options.

Such "good" adolescents are unfortunate because they are often seen as being problem free. They are good in the classroom, at home, and with friends, and it takes sophisticated observation to recognize the problem. Often they are told they are good, well-adjusted, and seem so happy. Underneath, however, the teenager may be feeling discomfort and, in particular, anxiety. This will be difficult for the teenager to reconcile. What is felt inside is quite different from what people say about how he or she appears. The individual may not even realize that the uncomfortable feeling is fear and almost certainly will not understand why he or she feels that way.

Along with these feelings of anxiety he or she, of course, develops anger like other teenagers, and yet it is imploded or turned in on the self. As a consequence, self-mutilation is common at this level, and it can either be open or cleverly disguised. Examples are suicide threats or attempts, head banging, hair pulling, excessive nail biting, self-induced vomiting, cutting, pinching or burning oneself, self-abusive statements, or self-starvation. There can be excessive use of illegal and "legal" drugs, such as CNS stimulants, antidepressants, antianxiety drugs, laxatives, and diet pills.

Some anorexics are clear examples of adolescents at Level 4. They are often seen as good and successful people in their academic and work lives. Yet they are starving themselves to death, which can be assumed to be a very angry act. They can also "attack" their bodies

with diet pills and laxatives in the search for the perfect weight. More commonly, on the male side there can be other forms of disguised self-mutilation, such as in sport. Running until one drops or vomits is another angry act, as is suffering repeated concussions or other injuries on the sporting field.

Dealing with this level of anger in the adolescent can be more of a problem than with the passive resister. However, in all teenagers there is a natural desire to express anger openly at authority figures. To get the "good" adolescent to redirect his or her inwardly-turned anger to an outside source is one of the initial goals of treatment.

Catharsis Model

The four-level model presented here follows the catharsis model of dealing with emotions. That is, emotions cause physical tension in the body, and physical expression is required to release that tension from the body. If this does not occur, then there will be a tension buildup. For a more detailed explanation of this see White (1996) and the explanation of the feeling graph. The model at hand suggests that teenagers be encouraged to express their feelings, in this case anger, verbally and physically in a social fashion.

The noncathartic school of thought does not view this favorably. This approach states that the cathartic release of anger may lead to only that--a cathartic release of anger with no direction or solution to the anger. Furthermore, there may in fact be stroking of the anger, which then leads to more angry feelings, which are further reinforced. Thus the individual becomes chronically angry. While this claim is disputed here, the noncathartic school does have some good points that can assist in making the expression of anger a productive exercise.

This model of the noncathartic school is well presented by Frazier (1995), who alternatively suggests the transforming of anger into love, accepting the anger and putting it aside, or controlling and diverting the anger. There are various ways of doing this, such as through the use of relaxation techniques and affirmations. Another commonly suggested technique is the use of cognitive strategies to calm and relax the individual so that the feeling subsides. The assumption here is that this deals with the emotion fully. They claim there is not a harmful buildup of bodily tension when there is no direct angry physical expression. The writer's general clinical observation suggests this is not always the case, and some research also supports this. (Weekes & Waterhouse, 1991, provide a summary of some of this research.)

Examples of these cognitive strategies can be found in the literature (e.g., Montgomery & Morris, 1989). They discuss the "calming response" as follows: "Step 1. Mentally detach from the situation and smile to yourself. Step 2. Think to yourself. 'Clear head, calm body.' Step 3. Take in one slow, deep breath. Step 4. As you breathe out, relax your body, from head to feet" (p. 146).

Once this is done, one is then in a position to look at how one's thinking is related to the anger, such as Ellis's (Ellis & Dryden, 1987) ten irrational beliefs in rational emotive therapy. One can use many techniques from transactional analysis to understand why one thinks and feels what one thinks and feels. Berne's (1972) discovery of games, such as with Formula G, allows us to understand how we get ourselves feeling angry. Theoretically then, once understood one can cease the behavior so as to avoid feeling angry by such means in the future. The noncathartic school views these "cognitive" strategies as sufficient so that the cathartic release of anger is not necessary in any significant form.

As with all differing schools of thought, one is rarely right to the exclusion of the other. It would seem that both should be applied

for the teenager to fully benefit. To draw on the previous metaphor, the calming response is like the cough suppressant. If overly used, the health-promoting consequences are lost. If it is under-used, the cough is encouraged. Thus, life is most uncomfortable, and such actions may in fact lead to other damage to the person.

In other words, encouragement of the cathartic expression of social anger should be done with a cognitive understanding of the feeling. That includes understanding the nature of the feeling, the circumstances that it relates to, the dangers of it becoming chronic, how to use techniques such as the calming responses when relevant, and so on.

Conclusion

It has been shown how anger can manifest itself in the adolescent. Adolescent anger can be shown in an antisocial way, in a passive way, in a healthy way, or not at all. In addition, teenagers, like adults, have a choice in how to respond to and take care of angry feelings. One of the advantages of anger is to provide a way of breaking the bond with mother and father, thereby allowing a new sense of independence. This approach assumes the cathartic expression of anger is healthy. However, it must be released within a cognitive framework that lets the adolescent understand the feeling.

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