

Working With Aggression

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Experiential Exercise - Guided Imagining

Imagine or remember a time in your life that you were 'hitting the wall' – immobilized – psychologically, emotionally. Your personal resources for coping were just gone. You were completely exhausted. Maybe frightened, ashamed, defeated, grief stricken. You were running on empty.

Something needed to be happening, and you couldn't do it yourself - by yourself, for yourself – somebody else had to be there. You had to get yourself to somebody else, one way or another.

- *You couldn't do it alone.*
- *Something had to happen.*
- *You needed help.*

What was it like in your body? What felt possible to do? What felt impossible to do? Did somebody come through? Did someone show up? If so, what was that like? How were you able to move, to receive this help? What did you receive that made your own movement feel possible, doable?

What happens in your body when someone comes through for you? You are not alone, someone brings resources to help bear the difficulty. Someone is at your side. Someone has your back.

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Anxiety & Structure

Anxiety will arise due to a lack of or loss of structure, either personal or social.

At each developmental stage, we move from anxiety and uncertainty into more capacity for more organization, agency and effectiveness.

- *The primary developmental force within us is our capacity for aggression.*

In each developmental phase, we begin from a lack of internal structure, and we are fundamentally dependent on external others to provide us with a structure in which we can gradually become more organized.

When we are provided with a responsive and reliable structure, we can incorporate into our bodies what the others afford us, and we can do this as well with our cognitive capacities.

- *This process is a kind of constant interweaving between what we are given, and what we are able to move with, make use of.*

At every stage of developmental growth, we move through a period of disorientation, dissolution or disintegration – when we are not able to provide for ourselves, and draw from our own internal structures.

- *The function of aggression is to call out to another, to take your yourself to another, and to communicate “I can’t do this myself, you need to help me.”*

The infant needs to know there is someone out there doing something, their cry of distress is the baby’s gesture to another. They cry out, they reach out, and if they can, they go to another.

Receiving support for this response, this aggressive action, is key. *“It’s okay to cry, to scream, to protest, to demonstrate your distress.”* When we are lucky, we discover that our somatic expressions were met with a helpful response from the environment.

When the distress and anxiety of the infant is met by the distress and anxiety of the environment, the trouble begins, and problematic association is formed.

Then whenever we are in *real trouble* – a deep anxiety and disturbance re-emerges, along with our own troubledness – in anticipation of the failure of our aggression to be responsively met, and this contributes to the complications of our anxious state.

This anxiety will also show up in our *transferential* relationships, whenever we are in real trouble, and in deep need of help. This occurs again and again.

The Therapeutic Functions Of Aggression

When working with aggression, the therapeutic response is *to stand next to someone – to be alongside them – and to do things, to get something done, to work together.*

At every developmental edge, a necessary disorganization takes place, which is then accompanied by an emerging anxiety – and sometimes, shame. Can we still move ourselves out towards the environment and say ‘help me’?

Character Defenses

Our character defenses are formed as a result of being immobilized, frozen, or impinged upon, and we become arrested in a particular developmental stage. We begin to step back, hold back, stifled.

Disorganization is a part of our lived experience and is inevitable, and we must go through it.

Having Internal Structure

Physical Organization – a bodily sense of being able to hold ourselves together, even under duress, to get through our experiences in one piece.

Emotional Organization – a sense that I can experience the depth of whatever it is I am feeling, and I can get through it intact.

Cognitive Organization – a sense that I can observe myself, step back and look at what is happening, and I can bear the looking.

Having External Structure

Being more interpersonally organized, and having the sense that I can get attention, seek help, and take action, and be able to get someone to be ‘by our side’, to be with us in our experience, to go through it together.

Then we can also, by being alongside one another and together, make new meaning or gain new understanding, develop a more useful or compassion view or perspective on our circumstances, our troubles, or on ourselves.

As we gain more capacity, we face new developmental challenges, but with more security, with more confidence that we can get through it, and with more skill and grace.

Trauma is embedded in us, not so much by our distress or pain, but by a lack of appropriate environmental responses to it – which seals in the pain.

Intense shame is often what happens whenever we find that our most basic expectations of receiving compassion or care, of being met with humanity, is failed or wrong.

The Function of Aggression In The Therapeutic Relationship

When an expression of aggression is reasonably healthy, it is not intended to destroy the environment, it is intended to secure it. The expression is meant to get the environment to 'do something', to respond appropriately to what is needed.

The aggression communicates to another, *"I am here, now you be here too!"*

Healthy Aggression:

- *Forces the environment to respond.*
- *Demands that the environment be reliable.*
- *Claims a space for the self so it can exist in relation to others.*

When a client comes to therapy, most often:

- *They want the work to stand up to their own distrust of the therapy itself.*
- *They need the therapist to stay put, to withstand their defenses.*
- *They want the therapist to deal with what's wrong with them in an effective manner.*

The Therapist's Job:

- *Is to receive the client's aggression, and begin to work at understanding it.*
- *Is to not withdraw, and to not retaliate.*

Enacting any withdrawal or retaliatory tendencies in the therapist will only serve to put the real work on hold at best, or in jeopardy at worst.

Often, the therapist's way of withdrawing is to become overly passive, with a distancing kind of niceness that is non-responsive, that ignores or looks away from the insistent and pervasive expressions of aggression from the client.

Making Space For The Trouble

As the therapist stays, can the client notice the therapist's active way of 'being quiet' as a way to hold on to the trouble, think about the work, and stay with the client?

People with troubled lives, with repeatedly painful and traumatic childhood experiences, will not have healthy responses to their own anxiety. They will easily become immobilized, agitated, defensive. But underneath all of this, the intent to be helped is still there.

The more tenacious defensive strategies and anxiety-driven defense of our clients helps to cut off from a brutal hatred that lies within them.

When that hatred begins to surface:

- *Can we bear to withstand it? Can they learn to stand it?*

If not, the hatred will start to become destructive, violent and potentially dangerous.

We have to be able to allow, to attend to, to think about, to bear, and to welcome the expressions of hatred that begin to emerge from our clients.

Unfortunately, for many clients, psychotherapy can simply become a kind of 'cocoon' from life. There can be a lot of gratification for that in the client, and as well, for the therapist.

When the therapeutic space only becomes a place of refuge, comfort is privileged over learning, over making the effort to wrestle with the trouble long enough to want to change something fundamental and problematic for the client. It is insufficient.

The therapeutic endeavor needs to provide an outcome that has increasing generativity, increasing capacity for adaptation, towards more effective ways of being in the world. Ultimately, it needs to be in service of others, beyond just one's self.

This therapeutic posture is a fundamental expression of vitality and health, and it supports life giving expressions and actions in the client.

Reflections On Our Own Counter-Transference

Can you imagine some way of responding to a client's attack that gives new meaning to what it is that he or she is saying - that makes an effort to understand how it somehow seems necessary for the client to behave the particular way they are behaving?

- *It cannot be emphasized enough how important it is for the therapist to be demonstrating an ability to understand, to withstand, what comes at us.*

It is essential that the therapist be able to demonstrate to the client the effort it takes to understand the trouble, the ability to take initiative about the trouble, and the capacity to stay with the work at hand, no matter the difficulty.

What does the behavior of withdrawal communicate and mean?

Withdrawal is a form of communication that holds a constellation of possibilities for meaning. It is often a way of communicating that is not reflective, not conscious, and is often borne out of desperation or despair.

As therapists, we provide the reflective capacity about our clients' demonstrations or displays of withdrawal. We are wondering to ourselves, over and over, "What's going on here?"

- *Indifference can be understood as a cruel version of withdrawal.*

With indifference, there is a palpable sense of 'absence' in the presence of another. They may be 'around' the house, but they are not really there.

The hard work of therapy is to begin to personalize, to make matter, what has been so de-personalized in the client, what has been rendered insignificant or invisible; to speak directly to what has been stripped of human dignity, and shamed beyond recognition.

The therapeutic effort requires a crucial balance between recognizing the wounding in our clients, but also not privileging that wound, over other important and necessary therapeutic tasks.

The therapeutic effort also requires not getting caught up in the defensive maneuvers and strategies employed or privileged by the client, and instead, we strive to know why the defense is still there, and what it has been created to do – so that we have a respect and regard for what its function is.

The Case of Logan:

23 year old man, who is a twin. Parents extraordinarily wealthy. A most privileged life. Eddie can't get in, can't get near this guy. He is inconsistent on attending the sessions. This guy starts things and then gives up. Doesn't ever follow through. He blew off his grandmother's funeral.

"Someone is always quitting on somebody." Father says, "If you go get a degree, you can work here." The client's dilemma – I want what I have, but having it without any efforts made.

CT Reaction – intense helplessness!!

Bill, *"How do you understand what he comes up against in himself?"*

(There is a whiny, lost little boy inside.)

Father is standoff-ish, cold, disengaged. Both controlling and judgmental, no reflecting.

Client smokes pot daily, plays video games, isolates in his room.

For therapy – late, cancels, or no shows. What is he communicating to Eddie?

How is Eddie seeing him?

Bill, *"There is in fact a violence in his way of being, towards life, towards any form of hope, with no sense of agency or initiative. Nothing is of his own making."*

"He wants to understand himself better, but this won't be pretty, and it won't be easy."

"He's convinced you that he is shallow and superficial. You've bought into it. He's starving for attention, starving for understanding."

"Something is incredibly wrong in this family when two out of three kids can't make it in the world."

“Suffer his illness with him.”

The illness here is disinterest. Everything is hollow, empty. Expectations that weigh on him come from his parent’s narcissism, not from knowing him.

Have him look more closely at exactly where in his life he gave up on himself.

CT Tasks – “How do you stay alive to him, in the midst of all the ways he deadens himself?”

Imagine him in a house where he never sees his parents – the starvation in him for them. This will help shift the strong countertransference reactions of frustration and helplessness.

The heart of aggression is going after it – making it happen – saying ‘this is mine’.

When someone is this lost to themselves, be less inclined towards making any statements or interpretations that are definitive or foreclosing. Wonder, consider, invite a conversation with him.

Most of his communication is not being spoken (yet).

Sexuality & Aggression

Aggression is the capacity to know, feel and act upon our own desires – there is a very powerful link between our sexuality and our aggression.

