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Every parent would have to deal with angry children at some point in the course of raising them. Anger is a normal emotion, but children are not always able to control their emotions and an anger outburst can lead to a temper tantrum.

What causes anger in children? Can anger have a great impact on their ability to function and develop normally? What can parents do to help children manage their anger?

Living with Anger Issues is a valuable resource for helping parents to identify anger in their children and understand the causes behind it. Parents will also be introduced to a range of techniques and resources that they can employ in dealing with their children's anger in a safe and healthy manner.

Living with Anger Issues is part of a series of handbooks on mental health in children written by mental health professionals from the Child Guidance Clinic. Other titles in the series are:

- Attention Deficit Hyperactivity Disorder (ADHD)
 - Autism
 - Discipline Issues
- Divorce and Family Issues
 - Grief
- Intelligence and Learning Issues
 - Self-harm Behaviours
 - Sexuality Issues
 - Stress

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DR DANIEL FUNG, WONG ZI JUN, KOH HUI LI

Living with ANGER ISSUES

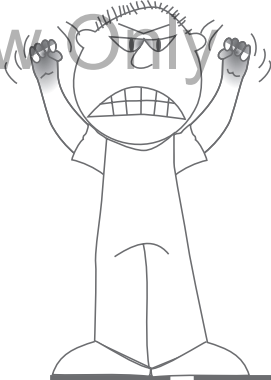
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**Dedicated to
all the children of Child Guidance Clinic
and their parents**

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PREFACE

Children are often depicted in the media as smiling and happy. When children are young, they look especially adorable and cherubic. It is hard for adults to think of a young child becoming an angry brat until they come face to face with one. But every parent would have to contend with angry children in the course of raising them. Every angry child poses a unique challenge. How do parents contend with scratching, biting and hissing children? Such children make their parents and other adults feel like tearing out their hair, if the child hasn't tried doing it to the adult in the first place.

This book is meant as a guide for understanding children and how their emotions are regulated as well as provide a framework for dealing with anger in children. It is targeted at parents and other caregivers who handle children.

We would like to thank our team at the Institute of Mental Health and Nanyang Technological University, especially Professors Ooi Yoon Phaik and Rebecca Ang for their inputs in developing a comprehensive anger management programme for children and adolescents in Singapore. We have used the male gender to describe both genders in the text for the sake of keeping it simple.

Daniel Fung
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February 2016

INTRODUCTION

The day has initially started well—your child is playing with his iPad while you are cooking lunch. It's mealtime and you summon him to the dining table. He ignores you. You repeat aloud, "Time to eat!" and he shouts "No!" at you. You walk over and attempt to drag him over to the table while he clutches onto his iPad tightly, refuses to budge and starts to wail. Because the stronger adult always wins the physical fight, you successfully place him at the dining table. Feeling unjustified, he starts throwing his food and utensils around. It soon escalates to a huge anger outburst and your good mood has soured.

Children are often imagined as smiling and angelic while parenting is often described as a joyous process. However, in reality, as a child becomes an angry brat who flies into fiery tantrums, parents often feel helpless and drained. These feelings and situations are normal and experienced by almost every family. It is thus important to have necessary knowledge and skills to live with anger.

This book will provide information for parents to gain a deeper understanding of why angry children behave the way they do, as well as strategies, activities and exercises that parents and children could work on together to improve the children's repertoire of positive behaviours and social skills.

The first step toward better management of children's anger is to understand the feelings underlying the child's anger, and more generally, to help children understand that anger is only one amongst the myriad feelings they experience in their lives, and to accurately identify and label the various feelings they experience. Next, parents can help their children understand that angry feelings are not all the same; they can range from irritability to rage. Parents can also take time to explore anger and its potential consequences with their children and suggest and model acceptable ways to manage angry emotions. In Parts 4 to 6, we will focus on teaching parents a variety of specific anger management techniques (e.g. deep breathing and positive self-talk) as well as more general life skills that circumvent anger (e.g. developing empathy and problem-solving). This will help parents and their children to effectively regulate their angry emotions. As angry children so often lose perspective of the larger scheme of events, it is helpful for parents to coach them in accurate perspective-taking skills. To manage anger well, children should learn essential life skills such as effective and systematic ways

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of problem-solving. Also, anger creates distance between the angry child and many of his peers. Hence, it's important that parents help children to make and keep friends with prosocial behaviours such as sharing, cooperation and helping.

The book ends with tips on empowering both the parent and the child in their journey toward taking appropriate control over anger. With improved child competencies and parenting strategies, children will gradually have a more successful school experience and families can enjoy an enriched home life.

UNDERSTANDING ANGER

1
PART

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“You will not be punished for your anger,
you will be punished by your anger.”
— Buddha

1.1 WHAT IS ANGER?

Anger is described in most dictionaries as a strong feeling of being upset and frustrated when something goes wrong. This is a common feeling because things do not go the way we want them to all the time. This human emotion may be the result of real or perceived difficulties.

The expression of anger and the process of getting angry start from the moment we are born. When the baby does not get what it wants, it cries, expressing its angry feelings over its hunger or being disturbed as it tries to sleep. Such mild irritations may develop into tantrums as a child becomes more aware of its surroundings. Toddlers are sometimes called the “terrible twos” because of frequent tantrums. These can worsen over time if such behaviours are reinforced by adults giving in to the angry child’s demands. Uncontrollable rage resulting in inappropriate behaviour often has its roots in childhood and teenage emotional outbursts that are left unchecked.

Anger is thus an emotion which becomes a problem if allowed free rein. Consider the example of the comic book hero, the Incredible Hulk. Mild-mannered scientist Bruce Banner becomes a raging green Goliath when his anger is unleashed. As the Hulk, he is unable to control his actions and is motivated only by his seething rage. In the Pixar movie *Inside Out*, Anger makes bad decisions for the protagonist to the extent of almost making her run away from home. It is therefore critical that the ability to control one’s anger is taught when the child is young.

Anger can also be a secondary emotion resulting from the primary emotions of fear, worries, frustration, rejection, failure or even intense sadness. These underlying feelings may need to be identified, expressed and resolved before the anger can be controlled and handled.

1.2 WHAT IS AGGRESSION?

Aggression is the physical manifestation of anger and can take many forms. Aggression can be self-directed or directed at others. Each type of aggression can be further subdivided into direct or indirect aggression.

Most people are familiar with direct aggression against others—physical fights, temper tantrums, throwing things, and having frequent arguments. We have also seen children (even adults) gossip or bad mouth another person when they are not present or find other people’s misfortune to be entertaining or funny—these are examples of indirect forms of aggression against others.

Aggression can be directed inward, at the self. Self-mutilating behaviours or suicide attempts are a couple of examples. Indirect aggression against the self can also occur with the individual threatening their own chances of success in various areas such as self-sabotage in school, in relationships or even in sports.

1.3 CAN ANGER BE GOOD?

Some anger may be necessary and can be good. Anger can motivate some people to action. For example, 14-year old Abdul was angry at himself because he continued to allow himself to be distracted by computer games all year and ended up failing his final exam. This served as a wake-up call and prompted him to study hard the next year, resulting in Abdul excelling in his school work. But the scenario could have turned out differently. Abdul’s anger could have motivated him to hurt someone as anger can motivate people to do undesirable things. For instance, Abdul could have displaced his anger on his friends and hurt them instead.

Anger is a normal and common human emotion—it need not result in harmful aggression. Aggression is the acting out of anger. While aggression is necessarily bad, anger is not. Anger itself is not a problem, but what people do with their feelings of anger can make it a problem. When anger can be harnessed and expressed appropriately and constructively, it can drive all kinds of purposeful work.

1.4 DO CHILDREN GET ANGRY?

It is common for the media to report incidents in which people lose their temper. Occasionally, these people are children and teenagers:

- A primary school student kicked a teacher in the shin and bit another on the hand when her laptop was taken away during class.
- A 16-year-old student, known for being good and hardworking, was so angered by a friend’s remarks during an online chat that he brought a knife to school the next day with the intention of hurting the friend.

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- A teenager created an angry and vulgar video blog insulting both the founding father of a country and an established religious group. This led to him being charged by the police.

These stories show that many children have difficulties with their anger and the causes of their rage are myriad, from a child who is easily angered over trivial matters to one who is feeling bad about himself and acting out against being bullied or ostracised.

1.5 WHY IS AGGRESSION MORE COMMON?

When a child throws tantrums, there is usually some form of negative consequences that will help the child learn to moderate behaviour according to social rules. Most adolescents do learn to control their temper over time. So despite the physical signs of anger such as flushed faces, clenched fists and fitful stares, most teens will not resort to antisocial behaviours or violent acts. But some children do get aggressive and the numbers appear to be increasing, especially looking at the frequency of such stories in the media. Some reasons may be:

Stress

Stress is a term used to describe an individual's overall level of perceived psychological tension. Typically, people use the term "stress" when they refer to how distressed they are and the feeling of inability to cope with the pressures they are currently experiencing in their lives.

All of us need a certain amount of stress in our lives to perform optimally. Surprisingly, too little stress can be a problem. If there is too little stress, boredom can easily set in that leads one to seek sources of excitement. This may be one reason why children and teens sometimes choose to take risks and end up engaging in criminal or antisocial acts. Too much stress is not good either. In times of excessive stress, people spend a lot of time and energy trying to cope with the stress or to reduce it and as a result, they do not take effective actions. When people are overly stressed, they may lose the ability to think clearly about long-term consequences of their actions and aggression may be a poorly conceived technique to cope with the stress.

Youth suicides in Singapore, especially among the very young (aged 10–14), have shown a gradual rise numbering about six annually. In an analysis of early

childhood suicides in Singapore, a psychiatrist, Dr Chia Boon Hock, described how a 10-year-old girl was driven to kill herself as she felt unable to cope with the rigours of studies. Children who feel stressed but do not internalise their feelings end up becoming angry. Besides rising suicide rates, the rate of increase of juvenile delinquency is also a concern. A proportion of these teens are being convicted of crimes resulting from impulsive behaviour and anger outbursts.

Social Change

Demographic changes due to changing lifestyles mean that families become smaller and children are more precious. At the same time, parents are becoming more permissive in the way they handle children, where discipline is lax especially in the young child. Parents tend to give in rather than give orders or directions. This form of permissive parenting of young children results in children not realising the limits of their behaviour.

The temper tantrums of early childhood extend into school-going age and beyond. At the same time, parents also become increasingly obsessed with raising perfect children. This is done by pushing children beyond expected limits and creating in them an unrealistic ideal of achievement. For the capable children, some will indeed excel but for others, this is a recipe for disaster. Inability to succeed in a conventional sense (academic success) pushes some of the children to feel marginalised and unhappy. They may then externalise this unhappiness as aggression.

1.6 WHAT ARE THE CAUSES OF ANGER?

The relationship between human nature and anger is one that has been explored throughout human history, dominating literature, religion and philosophy. Science is now tackling this question with technological and theoretical advances. Do children start life as a "clean slate" only to be corrupted by the influences of the world? Are there innate aggression found in our nature that makes us angry creatures that needs to be tamed as we grow up? Does sparing the rod really result in spoiling the child?

The emotion of anger can be broadly characterised into two categories:

- Defensive (or internalised) anger is the emotional manifestations of fear,
- Offensive (or externalised) anger is from an innate problem that results in impulsiveness and aggression.

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The three main types of parenting styles

- Authoritarian (Giving orders)—This style is very strict with sets of rules. Children are kept in line with rewards and punishment. The problem with this style is that children may learn to expect payment for being “good” and if the punishments are overly harsh, they may create excessive fear and resentment. However, this is still a highly effective form of parenting for young children whose understanding is concrete and simplistic.
- Permissive (Giving in)—This style sets no limits and children grow up with no guidelines. We often called these children “spoiled”. The problem with this style is that children are unaware of their social responsibility and will have difficulty learning how to behave in society. Permissive parents, teachers and others in authority hinder the development of moral conduct in the child. This is probably the worst form of parenting.
- Authoritative (Giving directions)—This style is based on understanding and respect, giving directions to the child and choices that fit the child’s age and development. The flexible and authoritative parent is one who allows and encourages discussions of problems, gives rational and sensible explanations for their decisions governing rules and regulations at home, and respects adolescent participation in decision-making although retaining ultimate responsibility. Such parents also value disciplined behaviour and proper conduct.

In the first category, there is an increase of a chemical in our blood system called cortisol. Cortisol is a protein that our adrenal gland releases into our blood system during periods of sustained stress. Such proteins, also known as hormones, help to mediate our body’s responses to the environment around us. Cortisol allows our body to cope with stress by preparing the body for danger. One of the effects is an increased heartbeat which will pump more blood and therefore oxygen to our muscles, allowing us to react faster to danger. Defensive anger is related to anxiety and is one way in which a child can handle fears.

An example is a child who has many worries and yet throws tantrums.

The second category is characterised by low brain activity of an important brain chemical called serotonin. Serotonin controls the impulses of a person such as hunger or anger. A lack of this in the brain increases impulsiveness and is a predisposition to violence. Testosterone is a hormone that is associated with masculinity and aggression and is high in such individuals. Cortisol on the other hand is low in these individuals.

Both forms of anger are moderated by several factors:

- Illogical thinking from improper evaluation of the environment,
- The environment including the physical environment, cultural factors and family,
- The child’s intrinsic personality traits.

This will be further covered in Part 3: Identifying Anger in Children.

1.7 WHAT ARE SOME BAD WAYS OF HANDLING ANGER IN CHILDREN?

Dealing with angry children could be one of the most difficult aspects of parenting. It evokes feelings ranging from exhaustion to aggravation. Very often parents and children get locked into a battle of wills and the parent eventually wins with a “I-say-so-because-I am-your-mother/father” argument, leaving parents feeling guilty and doubting their parenting skills. Meanwhile, children will feel unjustly treated and become even angrier.

Some parents respond to their children’s anger in a passive manner. They are angry with their child’s behaviour but do nothing about it. This may end up causing more harm than good. Anger and other emotions have a tendency to increase in intensity and expand under pressure. The child’s physical health can be compromised and he may, in time to come, suffer from stomach ulcers, high blood pressure, or severe psychosomatic reactions.

Other parents become overly critical of themselves for not disciplining their child when needed. In the meantime, their children’s aggression escalates as these negative behaviours go uncorrected.

A third group of parents may let themselves feel authentically angry and allow for the full expression of their anger in a hostile and aggressive manner. They may whip the child into a pulp for the child’s defiant or aggressive behaviour in the heat of their anger. These parents, while they do not bottle up their angry

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feelings, run the risk of modelling poor behaviour for their children and may inadvertently encourage their children to defensively respond in turn with further acts of aggression or hostility. This does not mean that corporal punishment is inappropriate at all times; however, for parents to take their anger out on the child in an indiscriminate manner without proper explanation does no good.

1.8 IS THERE A SYSTEMATIC WAY OF HELPING MY ANGRY CHILD?

Responding to a child's aggression either passively or aggressively has many serious and destructive drawbacks. Parents can instead choose to handle their children's anger in an assertive manner and by administering a consequence that is appropriate and fitting for the child's wrongdoing. In communicating assertively, there is a clear understanding between parents and children about what behaviours are appropriate. Parents do not need to confront their children's anger with aggression. They can use "I statements" instead. The statement "You always make me angry" can be re-framed as "When you do <a particular behaviour>, I get angry". Using an "I statement" can often communicate to the child that the parent's anger is not with who they are but what they have done. If corporal punishment has to be meted out, it needs to be done in a measured, controlled and responsible fashion.

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ABOUT THE AUTHORS

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Dr Daniel Fung is married to Joyce and is a full-time father to five wonderful children. He is also a child psychiatrist at the Institute of Mental Health's Child Guidance Clinic. He is currently the Chairman Medical Board of Singapore's Institute of Mental Health.

He graduated from the National University of Singapore's Faculty of Medicine in 1990 and obtained a Masters of Medicine in Psychiatry in 1996 and was awarded the Singapore Psychiatric Association Book prize for being the best candidate. He completed his advanced specialty training in Psychiatry in 1999. Between 2000 and 2001, Dr Fung was sent to the world famous Hospital for Sick Children in Toronto on a government-sponsored fellowship scheme. He served as a research and clinical fellow working with anxious children at the hospital.

Dr Fung is an Adjunct Associate Professor at the Yong Loo Lin Medical School, Duke-NUS Graduate Medical School, National University of Singapore and Lee Kong Chian School of Medicine, Nanyang Technological University.

He is currently the Vice President of the International Association for Child and Adolescent Psychiatry and Allied Professions and the Immediate Past President of the Asian Society of Child and Adolescent Psychiatry and Allied Professions. He is also the President of the Singapore Association for Mental Health, an NGO that supports mentally ill persons and their families in the community. He volunteers with various NGOs in Singapore, including the Singapore Children's Society and the Society of Moral Charities, and is a member of the school board of Paya Lebar Methodist Girls' School.

As a Principal Investigator and Co-Investigator for various studies involving innovative clinical interventions on disruptive behaviour disorders and anxiety disorders, his research is supported by the National Medical Research Council and other funding agencies. Dr Fung has been involved in over 10 national level funded research grants. He has co-authored over 70 peer-reviewed research papers, 25 books and 9 book chapters.

Dr Fung is also the programme director of REACH (Response, Early interventions and Assessment in Community mental Health), a community-based mental health programme which is part of the National Mental Health Blueprint.

Wong Zi Jun

Wong Zi Jun is a researcher at the Child Guidance Clinic, Institute of Mental Health. She graduated from the Nanyang Technological University with a Bachelor in Psychology in 2013.

She has been involved in numerous exploratory and intervention research in the clinic on various clinical issues. These include behavioural disorders (e.g. Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant disorder), emotional disorders (e.g. Selective Mutism) and developmental disorders (e.g. Autism Spectrum Disorder or ASD). She enjoys working with children very much and is very happy to have the opportunity to work on this book and help parents and children better 'live with anger'.

Koh Hui Li

Koh Hui Li is a researcher in the Duke-NUS Medical School Singapore and the Child Guidance Clinic of the Institute of Mental Health Singapore. She graduated from the Australian National University with a double degree in Psychology (First class Honours) and Economics in 2013.

Hui Li found her 'hidden' love for research during her Psychology Honours year where she enjoyed herself entirely. Interested in emotion regulation and anger, she is currently researching on neural networks involved in social emotional processing among children with ASD and ADHD through the use of functional magnetic resonance imaging (fMRI). Passionate in working towards a scientific breakthrough in finding biomarkers for neuropsychological disorders, it is her honour to work with Dr Daniel Fung and Ms Wong Zi Jun on this book.

Blissfully married to her best friend, she enjoys spending time with her family and close friends, trekking and doing handicrafts.