

PART I NARCISSISM & ACUTE ANGER

Anger is a compounded phenomenon. Most personality disordered people are prone to anger. Their anger is always sudden, raging, frightening and without an apparent provocation by an outside agent. It would seem that people suffering from personality disorders are in a constant state of anger, which is effectively suppressed most of the time. It manifests itself only when the person's defenses are down, incapacitated, or adversely affected by circumstances, inner or external.

There is a psychodynamic source of this permanent, bottled-up anger. The person was, usually, unable to express anger and direct it at "forbidden" targets in his early, formative years (his parents, in most cases). The anger, however, was a justified reaction to abuses and mistreatment. The patient was, therefore, left to nurture a sense of profound injustice and frustrated rage. This is the initiation of the Narcissistic personality. Healthy people experience anger, but as a transitory state. This is what sets the narcissistic personality apart: their anger is always acute, permanently present, often suppressed or repressed. Healthy anger has an external inducing agent (a reason). It is directed at this agent, it has coherence.

Pathological anger is neither coherent, nor externally induced. It emanates from the inside and it is diffuse, directed at the "world" and at "injustice" in general. The person does identify the immediate cause of the anger. Still, upon closer scrutiny, the cause is likely to be found lacking and the anger excessive, disproportionate, incoherent. To refine the point: it might be more accurate to say that the narcissistic personality is expressing (and experiencing) two layers of anger, simultaneously and always. The first layer, the superficial anger, is indeed directed at an identified target, the alleged cause of the eruption. The second layer, however, is anger directed at himself. The person is angry at himself for being unable to vent off normal anger, normally. He feels like an alien. He hates himself. This second layer of anger also comprises strong and easily identifiable elements of frustration, irritation and annoyance.

While normal anger is connected to some action regarding its source (or to the planning or contemplation of such action) – pathological anger is mostly directed at oneself or even lacks direction altogether. The personality disordered are afraid to show that they are angry to meaningful others because they are afraid to lose them. The Borderline Personality Disordered is terrified of being abandoned, the narcissist needs his Narcissistic Supply Sources, the Paranoid – his persecutors and so on. These people prefer to direct their anger at people who are meaningless to them, people whose withdrawal will not constitute a threat to their precariously balanced personality. They yell at a waitress, berate a taxi driver, or explode at an underling. Alternatively, they sulk, are unable to feel pleasure or are pathologically bored, drink or do drugs – all forms of self-directed aggression. From time to time, no longer able to pretend and to suppress, they have it out with the real source of their anger. They rage and, generally,

behave like lunatics. They shout incoherently, make absurd accusations, distort facts, pronounce allegations and suspicions. These episodes are followed by periods of saccharine sentimentality and excessive flattering and submissiveness towards the victim of the latest rage attack. Driven by the mortal fear of being abandoned or ignored, the personality disordered debases and demeans himself to the point of provoking repulsion in the beholder. These pendulum-like emotional swings make life with the personality disordered difficult.

The two main sources of anger are threat (a disagreement is potentially threatening) and injustice (inconvenience is injustice inflicted on the angry person by the world).

These are also the two sources of personality disorders. The personality disordered is molded by recurrent and frequent injustice and he is constantly threatened both by his internal and by his external universes.

Anger is a primitive, limbic emotion. Its excitatory components and patterns are shared with sexual excitation and with fear. It is cognition that guides our behavior, aimed at avoiding harm and aversion or at minimizing them. Our cognition is in charge of attaining certain kinds of mental gratification. The judgment of fairness or justice (namely, the appraisal of the extent of compliance with conventions of social exchange) – is also cognitive.

The angry person and the personality disordered both suffer from a cognitive deficit. They are unable to conceptualize, to design effective strategies and to execute them. They dedicate all their attention to the immediate and ignore the future consequences of their actions. In other words, their attention and information processing faculties are distorted, skewed in favor of the here and now, biased on both the intake and the output. Time is "relativistically dilated" – the present feels more protracted, "longer" than any future. Immediate facts and actions are judged more relevant and weighted more heavily than any remote aversive conditions. Anger impairs cognition.

The angry person is a worried person. The personality disordered is also excessively preoccupied with himself. Worry and anger are the cornerstones of the edifice of anxiety. Anger is the constant fear of loss or the fear of what could be lost or has been lost. This is where it all converges: people become angry because they are excessively concerned with bad things which might happen to them. Anger is a result of anxiety (or, when the anger is not acute, of fear).

Finally, acutely angry people perceive anger to have been the result of intentional (or circumstantial) provocation with a hostile purpose (by the target of their anger). Their targets, on the other hand, invariably regard them as incoherent people, acting arbitrarily, in an unjustified manner.