




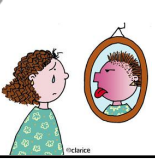



Introduction

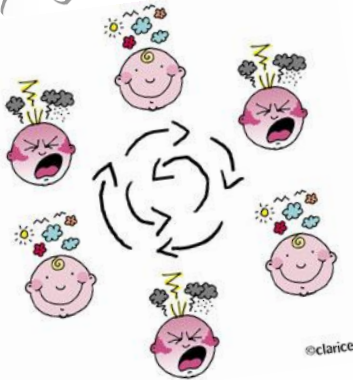
- **Very frequent and a regular theme in parents' complaints.**
- **Fits of anger are rarely useful.**
- **Anger aetiologies are multiple, complex.**
- **The fundamental importance of the early relationship, of the family and social environment**
- **We want to focus precisely on the child's personal competences.**
- **" Pure " forms described**
- **In the clinical reality: *comorbidity ++
*often, they increase each other.**



Psychopathology of anger


Type of anger	Clinical description	Our hypothesis	Treatment		
1 		P S Y C H O T H E R A P Y	behaviour	drugs
2 				
3 				
4 				
5 				
6 				
7 ;				

Psychopathology of anger



✓ **Tiredness, important emotional states, hypoglycemia are aggravating factors , very frequent (but they are more important for some children than for others).**



 **To shout, to explain and to ask for immediate repair does never help the child even if it may be a way out for some parents!**

Psychopathology of anger

1-The feeling of being overwhelmed



- ✓ **Often long, sometimes disproportionate or sometimes without obvious reason.**
- ✓ **The child is overwhelmed, “beside him-self”; not receptive; not able to adjust to an adequate strategy.**
- ✓ **Often, after the crisis, he or she is not able to talk about his anger.**

Psychopathology of anger

B) Hypothesis ?

✓ **An overflow of the capabilities of the management of the EGO**
= a defensive and adaptative system between the external reality and the internal pulsions; depending

* on the early experiments and the quality of the parent-infant relationship;

* on the child's perceptions of the events = role of the executive functions

The child misses tools to manage his or her feelings.

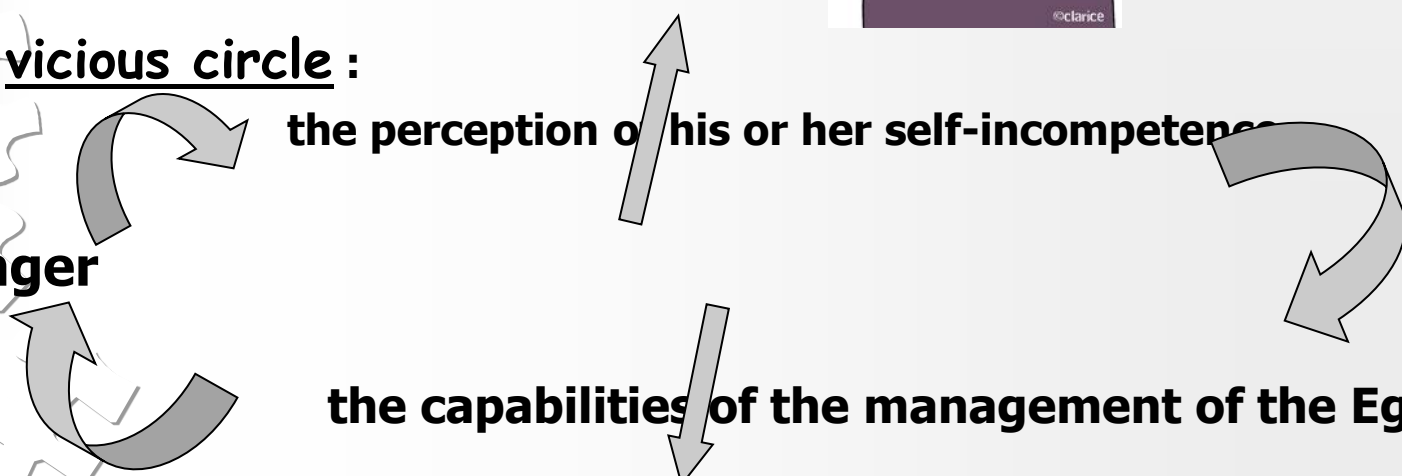


✓ **A vicious circle :**

anger

the perception of his or her self-incompetence

the capabilities of the management of the Ego;





c) **What can be done?**

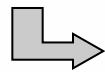
✓ **"Calm the storm ":**

contain the child ,
put him or her in a quiet, reassuring place and
leave him the necessary time to be receptive to himself

✓ **No supplementary stimuli.**

✓ **Methylphenidate and atypical antipsychotics**

↑ **cognitive and executive functions**



↑ **the capabilities of the
management of the Ego;**

✓ **+ psychotherapy**

✓ **+ parents' support.**



Psychopathology of anger

b) Hypothesis?

- ✓ An overflow of the capabilities of the management of the Ego.
- ✓ But the executive functions are efficient enough.

✓ **↓ the sensitivity threshold** → **↑↑ information**

↳ **the executive functions are not able to treat it.**



- ✓ **“Children often avoid or demonstrate aversive reactions to sensory stimuli; they tend to experience considerable stress as they try to manage their intense responses to such stimuli”**
(DC 0-3R).
- ✓ **They become easily overwhelmed by the sensory stimuli of everyday life. They may turn angry and during the fits they are receptive neither to themselves nor to the others any longer.**

c. To treat

✓ **↓ the sensory stimulations,**

✓ **No supplementary stimuli**

✓ **During psychotherapy,**

- **bring to light the child's hypersensitivity and its repercussions in everyday life;**
- **give sense to the child's whims**
- **change the parents' view**

✓ **Risperidone (Atypical antipsychotic drug)**

improves the sensitivity threshold in stimuli



the difficulties.



3- Anger with emotional lability

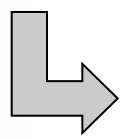
a) Clinical description

- ✓ **Frequent, of short duration,**
- ✓ **With essentially emotional contents**
- ✓ **Children with meaningful and very quickly changing emotional states + and -**
- ✓ **Quickly up and quickly down**

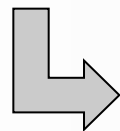


b) hypothesis?

- ✓ **The variations and the modulation of the affective changes = 1 of the roles of the executive functions.**
- ✓ **The rheostat of the mood is ineffective**



the child is not able to manage all his or her emotional states;



short fits of anger arise and disappear very quickly.

c) What can be done?

- ✓ **Remain as quiet as possible,**
- ✓ **Contain the child's feelings**
- ✓ **Ensure stable orders.**
- ✓ **DO NOT dramatize the situation,**
DO NOT amplify the emotional variations,
DO NOT blame the child
DO NOT punish him/her severely
- ✓ **Once the fit is over, the child must learn to modulate the expression of all his/her feelings.**
- ✓ **Atypical antipsychotics (notably Quetiapine) is well known as mood stabilizer.**



4) Impulsive anger

a) Clinical description



- ✓ **Frequent, of short duration.**
- ✓ **Rash, impulsive and impatient children.**
- ✓ **NO BRAKES.**
- ✓ **They can't stand frustrations easily and fly into rage when they don't get what they want.**
- ✓ **This great impulsiveness is the only symptom; it is also described in only 15% of ADHD.**





b) Hypothesis

A lack of “inhibition of the positive anticipation”.

✓ **Positive anticipation: to prepare ourselves to react to a pleasant stimulation.**

✓ **If the situation changes, with the inhibition of the positive anticipation, we become able to invent another behaviour.**

✓ **In case of impulsivity, this inhibition is impossible and so the already planned answer cannot be adapted if the situation has changed, it becomes then inadequate.**

✓ **This function is once again supervised by the **executive functions**.**



Psychopathology of anger

c) What can be done?

✓ **Teach how **to slow down**:**

“stop the clock and think before acting”.

✓ **Put clear limits, give one order after another, plan the activities with the child.**

✓ **NO multiple, contradictory orders,**

✓ **NOT TOO restrictive physical constraints**

✓ **Psychomotricity / team sport.**

✓ **methylphenidate+psychotherapy +parents' support.**



Psychopathology of anger

5° "on-off" anger,

- ✓ Short, frequent, unexpected, intense and disproportionate.
- ✓ The child's self-esteem distorted by an inner split between

→ the state on = the "devil", the bad self-esteem

→ the state off = the "angel", the good self-esteem

" the others share the same bad image "

- ✓ After the slightest compliment, the child can return to a positive emotional state.
- ✓ When the crisis is over, the child is not able to talk about it.



Psychopathology of anger



b) Hypothesis

An unstable self-image :

- ✓ **The child seesaws between a positive self-image and a negative one. He/she cannot integrate both of them.**
- ✓ **In neurophysiology, Philippe Fossati (French researcher)**
2 ways to memorize the attributes referred to the self:



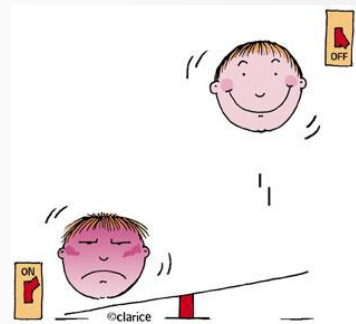
1 for positive memories



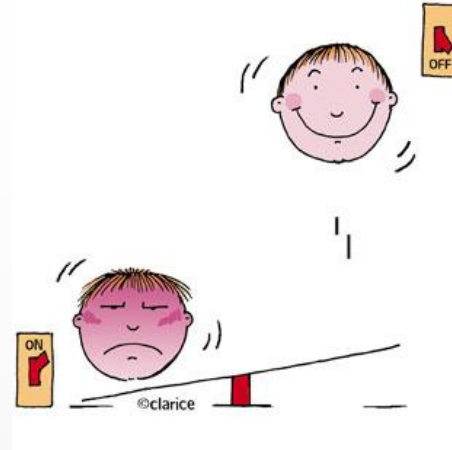
1 for negative memories

- ✓ **Hypothesis: one of both circuits does not work well;**
positive and negative memories are not correctly reminded
the self-image is fragile, unstable .

When the child seesaws from a good self-image to a bad one,
he can get angry.



c) What can be done?



- ✓ Reassure these children about themselves and about the stability of the link.
 - ✓ NO shouting , criticizing , isolating
 - ✓ Learn to distinguish between
 - on one hand their real image, perceived by their relatives
 - on the other hand, their personal memories with their deformed self-image.
- Atypicals + SSRI + psychotherapy.**



Psychopathology of anger

6° Anger by irritability, due to exaggerated undervalued self-image

a) Clinical description:

- ✓ **Unexpected and disproportionate**
- ✓ **Other reactions: withdraw, burst into tears**
- ✓ **Very susceptible, irritable.**
- ✓ **They feel inefficient, they depreciate themselves.**
- ✓ **When the crisis is over: sad, not proud; they try to check and repair the link.**



✓ b) Hypothesis?



An exaggerated undervalued self-image

←dysfunction of the two neuronal circuits.

- ✓ A "**neuronal internal mirror**", that permits to see oneself at once, in an instantaneous image.
- ✓ If this biological mirror is distorting , the self-image is not adequate.
- ✓ The child is convinced to be inefficient, ugly, bad; and is certain that the others share this bad image of him/her.



Psychopathology of anger and adequacy of punishment

c) What can be done?

- ✓ **Same as for "on-off anger"**
- ✓ **Reassure the children,**
- ✓ **Teach them to acquire a more objective and more stable vision of themselves.**

Atypicals + SSRI + psychotherapy.



7- « Projective » tantrums

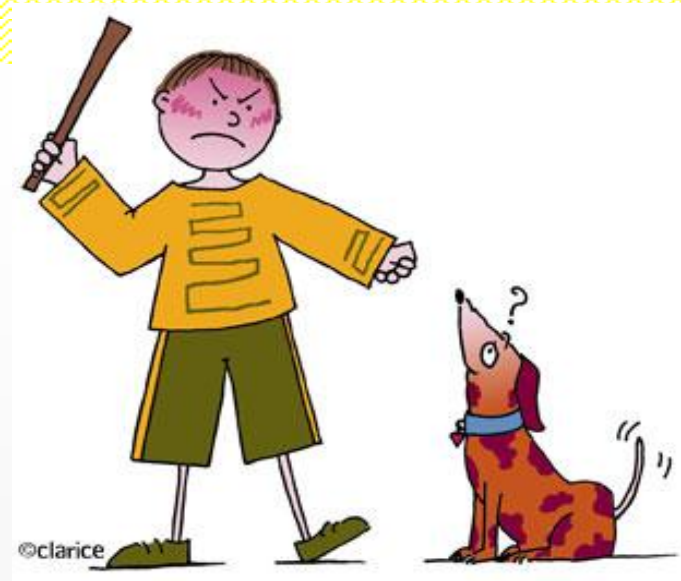


- ✓ **Very frequent, disproportionate, sometimes following small frustrations.**
- ✓ **Aggressiveness without any reason.**
- ✓ **Touchy, jealous, stubborn**
some of them : suspicious and withdrawn,
others: aggressive.
- ✓ **Convinced : they are not loved**
the others are looking for it
“it’s always someone else’s fault”.
- ✓ **When the crisis is over, sulky for a long time, not talking about it, not understanding its impact.**



Psychopathology of anger

B) Hypothesis?



- ✓ **An impaired attribution of agency**
to distinguish between their own thoughts, sensations, actions and those from the interlocutor. projective mechanism.
- ✓ **a lack of interpersonal perception.**
- ✓ **A deficit in the elaboration of the theory of mind**
To assign personal and adequate mental states to others.

Psychopathology of anger

c) What can be done



✓ **Stay quiet and reassuring. Sometimes, physical constraint or isolation.**

✓ **NO taking part in the child's projections: DO NO amplify the feeling that " the others are nasty ".**

✓ **When the tantrum is over:**

**try to help the child to put what he has lived into words;
restore an objective perception of the situation,**

✓ **A long psychotherapy + atypicals**

**!! A vicious circle: the irascible child feels
"persecuted" as he never stops being punished!**



Psychopathology of anger



Conclusion

Fits of anger rarely useful
reveal real **difficulties of a neurophysiologic nature.**

The recent discoveries in neurophysiology give a new interesting understanding; they clarify the **children's characters and personal capabilities**, and the most adequate treatment to help them.

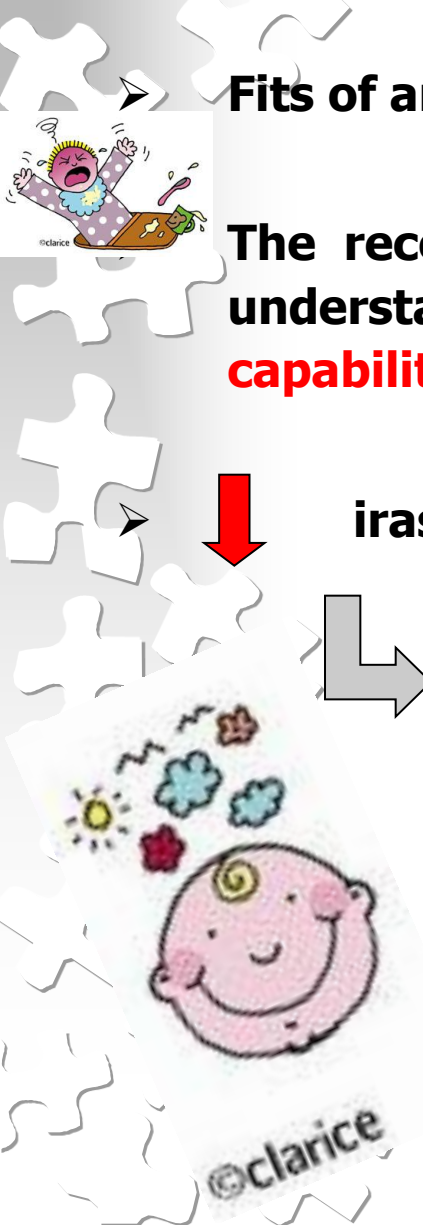
irascible behaviour

↑ family climate,
↑ a better availability for learning,
↑ the child's perception by himself/the others.



I'm hoping I have passed on to you
the curiosity to see further...

Thank you for your attention !



Psychopathology of anger

Type of anger	Clinical descript	a hypothesis of aetiology	treatment		
1-The feeling of being verwhelmed	long	Deficit of executive funct.	P S Y C H O T H E R A P Y	Métp Atyp	To calm the storm
2 Irritative anger	long	hypersensibility		Atyp	↓ stim
3.Emotional Lability	short	Deficit of the control of emotion		AA	To reassure
4.Impulsive angers	short	Deficit of inhibition of positive anticipation		Métp Atyp	Net limit To brake
5 ON/OFF angers	Short Frequent++	Unstable self-image		Atyp SSRI	To reassure
6 Anger by irritability	Short Unexpected Disproportionate	Undervalued Self-image		Atyp SSRI	To reassure
7 projective angers	Long Disproportionate	An impaired attribution of agency		Atyp	No to participate
8 complex angers	1+2+3+4+5+6+7	1+2+3+4+5+6+7		1+2+3+4+5+ 6+7	1+2+3+4+5+6+7