Anger - What's Below the Iceberg?

Understanding the feelings, needs and experiences that can sit beneath what others see

Anger is real, but it is rarely the whole story. The visible part may be a raised voice, irritability, snapping, withdrawing, arguing or feeling suddenly 'too much'. Underneath can be fear, hurt, rejection, overwhelm, shame, exhaustion, sensory overload, grief, unmet needs or experiences that have never felt safe enough to name.

The iceberg idea

An iceberg gives us a useful way to think about anger. The part above the water is what other people notice. The much larger part underneath represents the emotions, body sensations, memories, pressures and needs that may be driving the reaction. This does not excuse harmful behaviour. It helps us understand it well enough to respond more safely and effectively.

What people may see

Irritability; shouting; abrupt answers; arguing; pacing; clenched fists or jaw; leaving the room; becoming defensive; refusing a request; appearing controlling; crying while angry; going very quiet; or seeming to react 'out of proportion' to the immediate situation.

What may be underneath

Hurt Feeling wounded, dismissed, betrayed or misunderstood.	**Fear** Feeling unsafe, uncertain, trapped or worried about what happens next.
Rejection Feeling excluded, criticised, unwanted or not good enough.	**Overwhelm** Too much information, emotion, noise, demand or responsibility at once.
Shame Believing there is something wrong with you or fearing judgement.	**Exhaustion** Running on empty can dramatically reduce the capacity to regulate.
Unmet needs Rest, predictability, boundaries, reassurance, autonomy, connection or practical support.	**Past experiences** A present event can touch an older wound even when the situations are not identical.

Anger is information

Anger can signal that a boundary has been crossed, something feels unfair, a need is not being met, the nervous system is overloaded, or another emotion feels too vulnerable to show. Rather than asking only, 'How do I stop being angry?', it can be more useful to ask, 'What is my anger trying to tell me?'

When the nervous system is overloaded

Anger is not only a thought or attitude. It is a whole-body state. The sympathetic nervous system can prepare the body for action: heart rate rises, muscles tighten, breathing changes, attention narrows and it becomes harder to process language or consider several options. In that moment, reasoning may be less available than it was five minutes earlier.

Possible body signals

Heat in the face or chest; jaw clenching; headache; pressure behind the eyes; fists tightening; restless legs; stomach discomfort; faster breathing; trembling; needing to move; feeling trapped; sound becoming unbearable; or a sudden urge to escape. Learning your earlier signals can give you more choice before anger reaches its peak.

Neurodivergence, sensory load and anger

For autistic and ADHD people, an angry-looking response can sometimes occur after prolonged sensory input, repeated demands, uncertainty, communication strain, interruption, masking, executive-function pressure or a rapid accumulation of small stressors. A meltdown is not simply 'bad behaviour' or a deliberate tantrum. It can reflect a nervous system that has exceeded its capacity. The same person may later feel exhausted, ashamed or confused about the intensity of the response.

Rejection sensitivity and criticism

Some people experience criticism or perceived rejection with exceptional intensity. Anger may arrive quickly because the nervous system interprets the moment as threat, humiliation or loss of belonging. Curiosity about the underlying pain is often more useful than immediately arguing about whether the reaction was justified.

Trauma and previous experiences

Past experiences can teach the body to become alert to particular tones of voice, conflict, power imbalances, being ignored, unpredictability or feeling cornered. A current disagreement can therefore carry more emotional weight than the present situation alone would suggest. Trauma-informed support focuses on safety, choice, predictability and avoiding unnecessary escalation.

Anger and boundaries

Sometimes anger is the first sign that you have repeatedly said yes when you wanted to say no, tolerated something that hurts, taken on too much, or felt unable to express a need. Healthy boundaries are not punishment. They are information about what you can and cannot reasonably manage.

Important distinction

Understanding anger does not mean accepting abuse, intimidation or violence. If someone is at immediate risk, prioritise safety and seek appropriate emergency or specialist support. Exploring what is underneath should happen alongside clear responsibility for behaviour and repair.

Working with your own anger

The aim is not to become a person who never feels angry. The aim is to recognise it earlier, understand what it is communicating and create enough space to choose what happens next.

A practical pause

1. Notice: What is happening in my body?
2. Reduce: Can I lower noise, demands, conversation or sensory input?
3. Name: If anger is the top of the iceberg, what else might be here?
4. Need: Do I need space, clarity, reassurance, food, rest, movement, a boundary or support?
5. Choose: What is the safest next action rather than the fastest reaction?
6. Return: When regulated, what needs to be communicated, repaired or changed?

Your iceberg - reflection worksheet

What was visible above the surface?	What may have been underneath?
What happened in my body first?	What did I need in that moment?
What could help earlier next time?	Is there a boundary or conversation needed?

If you are supporting someone who is angry

Keep your own voice and pace steady. Use fewer words when the person is overloaded. Avoid crowding, repeated questioning or demanding an immediate explanation. Offer space where safe. Validate the underlying experience without agreeing with harmful behaviour: 'I can see this is a lot right now. We can talk when things are calmer.' Later, explore patterns collaboratively rather than conducting an interrogation.

Building an anger support plan

Patterns become easier to work with when they are made visible. You can use the prompts below over several weeks rather than expecting one difficult moment to explain everything.

My early-warning signs

Write down the small changes that happen before anger becomes intense: changes in speech, movement, thoughts, sensory tolerance, breathing, appetite, concentration or the urge to escape.

My common 'under the water' experiences

Consider: hurt, fear, rejection, shame, grief, uncertainty, loneliness, injustice, embarrassment, sensory overload, exhaustion, hunger, pain, loss of control, too many demands, being rushed, not being believed, or needing more processing time.

Things that genuinely help me regulate

Examples might include silence, dimmer light, headphones, stepping outside, movement, pressure or weighted sensory input, a warm or cold drink, breathing with a longer exhale, writing instead of talking, knowing exactly what will happen next, postponing a conversation, or having one trusted person nearby. Regulation is individual: keep what works and discard what does not.

After the anger has passed

Recovery matters. The nervous system may need time before a useful conversation is possible. When ready, consider: What happened? What was underneath? Was anyone hurt? Is an apology or repair needed? Was a boundary missed? What practical change could reduce the chance of the same build-up happening again?

A message from Maggie

> If anger has become the part of you that everyone notices, it can be painful when nobody asks what is happening underneath. Anger does not make you a bad person. It may be telling you that something hurts, something feels unsafe, you are overloaded, or you have been carrying too much for too long. You still have responsibility for what you do with anger, but you deserve the opportunity to understand it rather than simply being judged for it. Start with curiosity. Notice the body. Look below the surface. Sometimes the most important question is not 'Why am I like this?' but 'What has been happening to me, and what do I need now?'

Books and further reading

The Dance of Anger - Harriet Lerner. A classic exploration of anger, relationships and boundaries.
Why Has Nobody Told Me This Before? - Dr Julie Smith. Accessible psychological tools for emotions and everyday mental health.
Unmasking Autism - Devon Price. Useful context around masking, autistic experience and self-understanding.
The Body Keeps the Score - Bessel van der Kolk. Widely known trauma text; some readers may find the material intense, so approach according to your needs.

Sources and clinical context

This guide is psychoeducational and draws on established concepts in emotion regulation, autonomic arousal, trauma-informed care and neurodiversity-affirming practice. Useful professional sources include NICE guidance relevant to mental health and behaviour, NHS information on anger and mental wellbeing, the National Autistic Society's information on meltdowns, and research literature on emotion regulation. It is not a diagnosis or a replacement for individual medical or psychological care.

When to seek additional help

Consider professional support if anger is frequent, frightening, damaging relationships or work, linked with trauma, or difficult to control despite attempts to manage it. If there is immediate danger to you or somebody else, use emergency services or an appropriate crisis service rather than relying on a self-help resource.