FUNCTIONS OF AGGRESSIVE BEHAVIORS –
IMPLICATIONS FOR INTERVENTIONS

Ioana Dârjan  Mihai Predescu  Mihaela Tomiță
West University of Timisoara, Romania

Abstract
The same type of aggressive behavior may have totally different underlying motives and functions. The main functions of all human behaviors are attention seeking, power exhibition, revenge or retreat. In the light of behavior management efficacy, it is crucial to identify what function a manifested behavior responds. The same symptomatic behaviors may have completely different emotional fuel: fear, anger, joy, or sadness. If we, as professionals, assess a kid/students behavior merely based on its overt manifestations, and we fail on accurately identify its main function, we might risk implementing ineffective intervention strategies. That is why we have to conduct an expert clinical interview, develop attentive functional behavioral analysis, based on direct observation and discussion with the main subject (author) of the undesirable/conflictual events. In this paper, we will present the process of clinical interview and the building of conceptual framework of different self-defeating behavioral patterns (based on their specific beliefs, emotional states, and behavioral manifestation), developed through Life Space Crisis Intervention (LSCI) Method. We will present the diagnostic stages and the criteria for six patterns of self-defeating behavioral patterns identified in LSCI Method.

Keywords: aggressive behavior; functions of behavior; LSCI; assessment

Correspondence concerning this paper should be addressed to:

* PhD, Department of Educational Sciences, Faculty of Sociology and Psychology, West University of Timisoara. Address: Bd. V. Parvan, No. 4, Timisoara, 300233, Romania. Tel. 004 0740 00 5159. E-mail: ioana.darjan@e-uvt.ro
Understanding human behavior - a symptom of perception, cognition, and emotion

Human behaviors represent the whole range of emotional and behavioral reactions and expressions manifested by an individual in different moments along lifespan. Human behaviors represent an important subject for concern for many schools of thinking. There are multiple explanations about the bases and determinants of human behavior, from neurophysiology, psychology, sociology, philosophy. The intense study, observations, and experimentations on human behaviors offer the necessary body of knowledge to develop theories about the determinants and stages of human behaviors' development, the identifications of theirs main characteristics, and the classification of the different types of behaviors. The reason for developing these theories are multiple. First, we understand why and how some behaviors emerge and develop, what are the compulsory conditions and factors who reinforced or extinct one type of behavior. Secondly, observing and decoding one's behaviors offer the opportunity to explore human's psyche (thoughts, feelings, attitudes, and values). Behaviors are defined and classified, based on different criteria and perspectives, in normal and abnormal, rational and irrational, accepted and unaccepted, and appropriate and inappropriate behaviors. These classifications, although ambiguous and historically, culturally, and socially dependent, are relevant in the applied field of education, rehabilitation, and psychotherapy. We use these characterizations of behaviors as criteria in the diagnostic process and in interventions. An important manifest aspect of behavior is their impulsive, automatic, emotional, “immature” vs. controlled, rational, “mature” characteristics. Perry (2006) affirms that this aspect of the behavioral response to a situation depends on the developmental level of the nervous system that processes the input and generates the reaction. The nervous system is organized in hierarchic structures, developed progressively in a sequential fashion, in ontogenesis. The lower structures of the nervous system (subcortical, limbic, midbrain, brainstem, and autonomic) generate reactions that evolve ontogenetically, as the child grow and mature, from reflexive (newborn) to abstract reasoning (emerged during adolescence to young adulthood). This neurosequential approach to therapy underline the importance of assessing the developmental ages of the children (physical, emotional, social, cognitive, and behavioral levels of development), and to

adapt educational and therapeutic expectations and activities accordingly (Perry, 2006). Depending on the maturation of these neurological structures, the abilities for emotional self-regulation and behavioral self-control are, also, developing gradually. The characteristics of child life space and his/her history of life also impact on these abilities, directly through modeling and social learning, and indirectly, by altering neurological structures and functions. Along with the degree of nervous system maturation and functionality, another important determinant of impulsive, automatic behavioral response is the situation characteristics that might signal and/or be assessed as potentially dangerous. In the moment of perceived imminent and serious danger and threat, the human body resorts to an automatic, unconscious, and predictable response, generating the body well-known types of responses to stress: fight, flight, or freeze (Long et al., 2014; Selye, 1956). These reactions respond to specific needs: freeze and flight grant the escape or the avoidance, while flight might pursue the attention, the affirmation of power, or the revenge. The behavioral response to a stressful and frustrating situation might be projected outward, as in externalized disorders (oppositional-defiant disorder, conduct disorders, hyperactivity, antisocial behaviors), or inward, as in internalized disorders (anxiety, depression, somatization, avoidant disorder). Costello et al. (as cited in Kunimatsu & Marsee, 2012), affirm that the internalized and externalized disorders have a great co-morbidity, especially in the childhood and adolescence and that is why emotional outbursts and aggressive behaviors might be symptoms of both types of disorders. In this respect, aggressive manifestations range from passive reactions to external aggression, with a special mixed combination in case of passive-aggressive behaviors (Long, Long, & Whitson, 2009). In externalized disorders prevails proactive aggression, while in internalized disorders, such as anxiety and depression, reactive aggression is more frequent (Fite et al., 2010, as cited in Kunimatsu & Marsee, 2012). In this respect, it is interesting the dichotomization between proactive aggression, “goal-directed” (Little et al., 2003, as cited in Kunimatsu & Marsee, 2012), and reactive aggressive, more “person-directed” (Dodge et al., 1997, as cited in Kunimatsu & Marsee, 2012). “Goal-directed” aggression usually seek attention and power, while “person-directed” aggression goes for revenge.

According to cognitive paradigm (Beck, 1976; Beck, 2011; Ellis, 1962), a specific behavioral reaction is generated and maintained by a specific system
of beliefs, activated in a specific situation, in order to assess and evaluate the perceived situation (interpret and think about the situation). The result/conclusion of the situation assessment (the automatic thought - cognition), will generate an emotional state, sizable in physiological reactions, and will advocate for a specific behavioral response (see Figure 1). In normal life circumstances, the system of beliefs (core beliefs, intermediate beliefs, automatic thoughts) has an adaptive role, helping in assessing and categorizing situations, in delivering prompt and appropriate behavioral reactions to situational demands. But, in some special circumstances (particular neurophysiologic structure and functionality, hostile and hard upbringing conditions, etc.), the core beliefs, the most fundamental level of beliefs, usually global, rigid, and overgeneralized (Beck, 2011), become irrationals, due to cognitive distortions used in their structuration (Beck, 1976; Ellis, 1962). When this happens, the emotional and behavioral reactions to specific activating events also become rigid and inflexible. Rigid and inflexible ways of interpreting and thinking about life events generate undesirable behavioral patterns.

Another conceptual frame of the behavioral self-defeating pattern is offered by Life Space Crisis Intervention (LSCI) method. LSCI is an advanced, interactive therapeutic strategy, with psychoanalytical, behavioral, and cognitive theoretic and practical roots, developed and dedicated to identifying chronic youth' patterns of self-defeating behaviors. This method incorporates
relevant theoretical and empirical data, and its main conceptualization model is the Conflict Cycle. This model illustrates and explains the mechanism of initiating and perpetuating a conflictual communication, a model of escalating a stressful event into a crisis (see Figure 2). The Conflict Cycle underline the importance of others reactions (adults, peer) in the evolution of an incipient conflict. When these reactions (as consequences of the undesirable behavior) are rational, they will offer the opportunity to exert control over one’s emotional reaction and impulses. Regulated emotions and controlled behavior could dissipate the tension and model appropriate behaviors, and cease the conflictual interrelations. When reactions could not be controlled, anger will evoke counter-anger, and aggression will generate counter-aggression (Long et al., 2009). The tension will grow, and conflict escalates into a crisis (Long, Wood, & Fecser, 2001). Applicable in various contexts (family, school, job), this model is both a diagnostic tool (conceptualization and identification of a central problem - the specific self-defeating behavior pattern manifested) and an intervention approach, as it offers the efficient ways of breaking the cycle of conflict.

![Figure 2. The Conflict Cycle](image)

Based on the particular type of emotional and behavioral reactions in stressful situations, LSCI method offers six intervention strategies, which address to six self-defeating behavioral patterns, frequently encountered in
school and family. These behavioral patterns might signal the presence of emotional and behavioral disorders, either internalized or externalized type.

The Reality Rub Intervention is designed for kids who are socially nearsighted or caught in a near delusional system of misinterpreting the life or tend to alibi their conscience by continuously repainting the situation (Redl, 1966).

Red Flag Intervention is the illustration of the displacement, as a defensive mechanism. In these cases, kids' distress, anger, pain or frustration are generated in a different context and moment, by a different person. The current emotional outburst toward an available, apparently innocent, unrelated with past experience victim, perceived as less threatening, in a more secure context, offers relief, catharsis, and release the stress.

The Symptom Estrangement Intervention is addressed to those ego-centred students that consider they have the right of doing or saying everything to defend him/herself, or to prove superiority („No one would have done anything!”), that always justify their behaviors and blame others („He started it!”), feeling emotionally disconnected by the victim („It’s no big deal!”) (Long, Wood, & Fecser, 2001, p. 176).

The Massaging Numb Values Intervention offers suggestions for working with kids presenting self-abusive behaviors and self-denigrating comments. Usually, victims of emotional, physical and sexual abuse, they are overwhelmed by feelings of shame, unworthiness, inadequacy, and guilt, and tend to have great difficulties to regulate their emotions and to control their behaviors.

The New Tools Intervention is used with low social skills. They usually have good intentions but lack the appropriate, socially accepted behaviors to pursue them.

The final intervention, The Manipulation of Body Boundaries, aims to expose problematic, unbalanced peer relations, either in the form of false friendship (the manipulator and manipulated pairs) or in the form of set-up (the manipulator provoking a well-known impulsive and aggressive colleague). All these self-defeating behavioral patterns might determine, in particular situations, aggressive reactions, but their goals (the function of behaviors - see Figure 6), cognitions, and emotions are quite different (see Table 1).

Let’s explore two examples of aggressive outcomes of conflicts, in order to illustrate this observation.
**Case 1**

D.B. is a very intelligent 13 years old boy, with a personal history of parental abuse and neglect. He is strong and very independent, has a reputation of impulsive and aggressive reactions when he feels provoked or contradicted, both by teachers or by peers. He is oppositionist and proud of his image of a dominant, powerful and fearful leader. The context of the incident is a hallway full of students. A colleague bangs accidentally into D.B., causing him to spill water on his shirt. D.B. asks for apologies and retribution. The other boy apologizes but does not agree to buy a new bottle of water because it was an accident. D.B. punches the other boy in the face, causing him the nose bleeding. A possible conceptualization of the situation from D.B.’s perspective is presented in Figure 3. The main functions of D.B.’s behavior are power demonstration and revenge.

After the incident, D.B. is calm, convinced that he was right, and satisfied for the revenge he obtained. He does not feel guilt or remorse because he justifies his actions as self-protective and self-affirming measures.

In this case, a punish-based intervention approach will confirm D.B. ‘s belief that violence/aggression is a suitable way of solving the conflict, as long as the punisher is stronger, bigger, or clever. This type of approach could deepen the social detachment, and reinforced D.B.’s narcissism and callousness.

![Figure 3. Conceptualization of D.B.’s reactions – cognitive ABC model](image)

**Case 2**

V.S. is a very shy, clumsy, overweight 10 years old boy. He has modest academic results, is bad in sport, and he tends to be isolated and excluded from group activities. He feels that he’s unfit, unappreciated, and wishes very much for a friend, for
being accepted and included. The incident took place this morning in the classroom. V.S. wanted to salute a colleague with a punch on a shoulder, but he chose the wrong time (the colleague wasn’t aware of his intention and wasn’t prepare), and miscalculate the intensity of the act (he hit too hard, the colleague was unbalanced, and hit his face on the wall). The colleague cries and calls him a stupid, aggressive looser, and V.S. is confused, frustrated, sad and remorseful. So he runs away from the classroom. A possible conceptualization of the situation from V.S.’s perspective is presented in Figure 4. In this case, the aggressive outcome was not intended, the function of the behavior was to get attention. The intentions were good (making friends), but V.S. lacks the appropriate social skills for attaining them. A punish-based approach of this incident will confirm V.S.’s beliefs that he is unfit and unlovable, that he is inept and he can’t do anything right. And, if not accompanied by appropriate counseling and social skills development training, the approach will fail in solving the real problems (the lack of social skills), so there is a good chance of reoccurrence of the incidents.

So, the same behavior (hitting and hurting a person) might have different underlying causes and functions, so that repairing and retribution should be differentiated.

Figure 4. Conceptualization of V.S.’s reactions – cognitive ABC model

Human aggressive behaviors - determinants, types, and functions

Human aggression and aggressive reactions are a multifaceted phenomenon (Ramirez, 2003), involving genetic, hereditary factors or predispositions or acquired, learned responses to specific events. The explanatory theories on aggression range from extreme positions, at one pole,
the biological approach searching evidence for genetic predispositions for aggression, and, on the other pole, the environmentalist listing the relevant environmental factors that develop the predisposition for aggressive reactions, mainly through conditioning and reinforcement.

In a behavioral model, Nietzel, Hasemann, and Lynam (1999) identifies four sequential stages across the life span that contribute to the development of the aggressive behavior: the distal antecedents to violence, the early indicators of violence during childhood, the developmental experiences and crises which might intensify violent behavior, and the maintaining variables.

Social learning theory (Bandura, 1977, 1986) adds cognitions and emotions to external reinforcement, to explain human functioning, in general, and, particularly, human aggression. In Bandura’s theoretical framework, motivation plays a relevant role in developing and in maintaining behaviors. Stoff and Cairns (2005) adopt a developmental psychobiological viewpoint of aggression, underlying both aggression's bottom-up causality and top-down causality. At any level, there are a certain risk and protective factors that influence the aggressive behavior.

For the purpose of this paper, the most relevant information derives from investigating the different types of human aggressive behaviors and, particularly, their aims and meanings.

The aggressive reactions undergo to noticeable transformation during the course of human ontogenesis. These transformations are due to continuous biological and neurological development and maturation along childhood and adolescence (especially regarding the brain structure and functions) (Perry, 2006), to relevant environmental conditions and life events that structure the individual's system of beliefs and personality (Beck, 2011), and ways of solving developmental main (Erikson, 1968, 1997; Long, Wood, & Fecser, 2001), economic, psychological and reality stress (Long et al., 2014).

Tremblay, Hartup, and Archer (2005) present numerous theories and attempts to sort aggression, into specific categories, by using different types of criteria, as follow:

- in terms of its consequences on other or self, aggression may consist in physical harm, mental or psychological harm;
- depending on its intent and motivation, Feshbach (as cited in Trembley et. al, 2005) differentiates between hostile aggression and instrumental aggression; while Tedeschi and Felson (as cited in Trembley et al., 2005)
present its interpersonal goals - to control others, to maintain justice, or to defend social identity; Toch (as cited in Trembley et al., 2005) identifies the following motivations: a) reputation defending; b) norm-enforcing; c) self-image compensating; d) self-defending; e) pressure removing; f) bullying; g) exploitation; h) self-indulging; and i) catharsis);

- as forms of aggressive expressions, Buss (as cited in Trembley et al., 2005) identifies physical-verbal, active-passive, and direct - indirect aggression;
- depending on its antecedents, they might be perceived threat or provocation, which generates fear or pain (Blanchard & Blanchard, as cited in Trembley et al., 2005). Also, there is offensive or defensive aggression, motivated by anger or fear; and reactive aggression, motivated by revenge and retaliation (Vitaro et al., as cited in Trembley et al., 2005).

Hinde (as cited by Tremblay, Hartup, & Archer, 2005) proposed one of the few categorizations of aggression exclusive to childhood: instrumental (or specific) aggression (aiming at gaining or retrieving an object or situation), teasing aggression (aggression unrelated to acquiring a specific object or situation), defensive aggression (in response to an attack), and game aggression (that results from rough-and-tumble play).

These sustained efforts of producing taxonomies of aggression are vital for a comprehensive understanding of the aggressive acts, of theirs many genetic, biological, and social factors that induce, facilitate, or maintain them, not only for theoretic knowledge sake but for the impact on adjusting and improving educational and therapeutic approaches.

**Functions of the aggressive behaviors - fulfilling a need**

As any other type of behaviors, aggressive behaviors aim to accomplish a goal, to satisfy a need; in other words, any behavior has a function. Maslow's theory on human needs (1954) offers a hierarchic distribution of needs, from physiological needs to safety needs, love and belonging, self-esteem, self-actualization, and self-transcendence. The main characteristic of this theory is the urge and the necessity of fulfilling the basic needs before pursuing to superior needs, such as self-actualization and self-transcendence.

Neef (1991) suggests that human needs for development must be understood as a system, as interrelated and interactive, with no hierarchy within the system, with the exception for the need of Subsistence, which is
indispensable. Developing a Human Scale Development, Max Neef uses two categories of human needs: existential (Being, Having, Doing and Interacting), and axiological (Subsistence, Protection, Affection, Understanding, Participation, Creation, Leisure, Identity, and Freedom). The matrix resulted can be used for purposes of diagnosis, planning, assessment, and evaluation.

An inspirational and operational model of understanding human needs and their relevance for developing the resilient, accomplished individual is The Circle of Courage (Brendtro et al., 2005). A medicine wheel of tribal people from North America, the circle represents balance and harmony, and underly the most important needs (after the basic needs for food, water and shelter are met) for human positive development: belonging, mastery, independence, and generosity. The equivalent psychological needs are attachment, achievement, autonomy, and altruism.

Many theories (Adler, 1958; Dreikurs & Loren, 1968; Albert & Nelsen, 1997; Alstot & Alstot, 2015) state that all human behaviors, either appropriate or inappropriate, rational or irrational, are driven by the necessity of fulfilling an objective, to satisfy a need. Any human behavior has a function. A function that is important and, sometimes, vital for the individual. In terms of education or intervention/therapy, we do not have to block or deny the pursuance and the completion of the function, but to advocate for more appropriate, socially accepted and adequate ways of action. Alfred Adler (1958) affirms that for humans, by excellence social beings, the most important needs are belonging and acceptance, thus all human behaviors are orderly, purposeful, and directed toward achieving social approval. In Rudolf Dreikurs’s view (1968, as cited in Dinkmeyer & Dinkmeyer, 1976), all human behaviors are motivated by the necessity of fulfilling relevant and significant needs: attention-seeking, power-seeking, revenge-seeking, and failure-avoiding.

Inspired by the work of Adler (1958), Nelsen (1987, 2000) identifies four students’ goals: to seek attention; to gain power; to seek revenge for some perceived injustice or to avoid failure.

**Implications for diagnostic and intervention**

All human actions and behaviors should be understood, thus, as directed toward fulfilling a need, to accomplish a goal. And these needs are tremendous relevant for human development and their satisfaction should not
be denied. In this light, it is obviously the paramount importance of identifying the function of the manifested behavior for a better understanding of them and more efficient educational and interventionist decisions. Aggressive behaviors are, as any others behaviors, attempts to fulfill the need, to attain a goal. Educators and therapists have the task of identifying the function of the aggressive behavior and to help the individual to replace it with appropriate, socially accepted behaviors. The functions of behaviors have many roles. Sometimes they are adaptive, reflect the learning outcomes from previous experiences, have a role in implementing cognitive script appropriated to specific context and situation. In case of emotional and behavioral disorders, the undesirable behaviors reflect the defense mechanism or coping strategies with a role in preserving a status-quo, in preserving and defending one’s irrational beliefs, maintaining the impression of predictability and controllability of the events. Thus, the actions are designed as little experiments that are testing the inner working hypothesis (the beliefs), aiming for its self-fulfillment. By acting inappropriate, the anticipated unpleasant event is provoked, ceasing the anticipatory anxiety, and confirming the expectancies for negative outcomes. In this vicious cycle, irrational beliefs are confirmed and inadequate behaviors are reinforced. „The adult won a battle, but lost the war!” (Long, Wood, & Fecser, 2001). Intervention begins when we contradict the disturbed student’s expectations.

In the diagnostic process, the accurate identification of the function of the inadequate behavior helps in differentiate diagnostic. The same overt behavior (aggressive reaction in our case) might express fear, shame, inadequacy (the need to avoid, to escape), anger (revenge), pride (power) (see Table 1). Aggression could be understood as a possible behavioral consequence of particular perceptual set, personal beliefs, and emotional reaction (type and intensity).

The assessing process aims to identify the behavior's contingencies (antecedents and consequences) and to establish the pursued function. The result of the assessment should consist of a clear description of behavior's characteristics (see Figure 5).
In LSCI, there are three diagnostic stages. The De-escalation Stage is designed to offer the opportunity for time and space for decreasing the overwhelming intensity of emotion - the switch from emotional (Amygdala controlled) to rational (cortex controlled) reactions. In Timeline Stage is developed the diagnostic interview of the client, exploring his/her recollection of the event, his personal perspective. The detailed characteristics of the target behavior’s triggers, and maintaining and aggravating factors are to be clarified at this stage. Assessing student’s perception and interpretation of the events, his/her feelings and way of reaction, before, during, and after the conflictual event, we could identify the function of the behavior. The third stage, Central Problem, identify the main pattern of self-defeating behavior. At this stage, the identified function of the behavior could help in differentiating between the six self-defeating behavioral patterns identified in LSCI Method.
Figure 6. Possible functions of self-defeating behavioral patterns

In educational or therapeutic context, if we apply the same intervention method, based only on the characteristics of overt behavior, it might prove inefficient or even harmful, confirming underlying irrational beliefs (self-fulfilling prophecy), intensifying and worsening psychological distress and negative emotional state, reinforcing negative behaviors.

According to LSCI theoretical frame, when dealing with disturb children, unprepared adults tend to react to the disruptive behavior by mirroring inappropriate emotional and behavioral reactions (counter-anger toward anger, counter-aggression, and retaliation toward aggressive behavior), and getting caught in a conflict cycle. Brendtro (as cited in Long et al., 2014; Tobias & Chapanar, 2016) affirms that an effective intervention focuses on unrevealing the function of the behavior and responds to hidden needs, instead of reacting only to the problem (inappropriate behavior).

Conclusions

The identification of the behavior’s function is a key element for the conceptualization and diagnostic process, and, also, for the intervention decision. The assessment process is crucial for understanding specific ways used by a particular person in dealing with threatening, stressful, or provoking the situation. The conceptualization of an undesirable behavior reveals its antecedents (proximal and distal), triggers, the clear description of the target behavior (the type of behavior, duration, intensity, direction), and consequences
(natural and logical) (Dreikurs & Loren, 1968). This conceptualization should be the result of a direct, unbiased interview with the client, and should be refined with added information from relevant sources. But one of the most relevant outcomes of an evaluation should be the goal, the function of this behavior: to what purpose responds this behavior? Even though the visible aspects of various behaviors may be similar (for example, aggressiveness), their functions might be completely different (Figure 4). The identification of the behavior's function has an important role in differentiating diagnostic, allowing to decide among different disorders/pattern of self-defeating behavior that share the same symptoms. Intervention decision and technique should be selected based on the conclusions of a comprehensive assessment, or they will prove inefficient or even harmful, maintaining and worsening the inappropriate behavior.

Also, an accurate conceptualization will provide valuable suggestions for selecting the most effective therapeutic approach and technique. The intervention strategies and techniques should preserve, not deny, the identified function of the behavior, and should focus on teaching alternative, socially accepted behaviors that will satisfy that function.

For all these arguments, we consider that an effective intervention should be contextualized, circumstantiality, and individualized, all along its stages, from conceptualization to the strategies’ selection.

References


Received December 20, 2016
Revision August 28, 2017
Accepted August 30, 2017
Table 1. The six self-defeating behavioral patterns and their possible functions

<table>
<thead>
<tr>
<th>Specific self-defeating behavior patterns</th>
<th>Irrational beliefs</th>
<th>Emotions in stressful situations</th>
<th>Behavior</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Tools</td>
<td>“I want to do the right thing, and I don’t understand why it doesn’t work.”</td>
<td>Anxiety, fright</td>
<td></td>
<td>Escape</td>
</tr>
<tr>
<td>Massaging Numb Values</td>
<td>“I’m a terrible person. I can never do anything right. I can’t control myself so I need to be punished.”</td>
<td>Guilt, shame, sadness, relief</td>
<td></td>
<td>Attention</td>
</tr>
<tr>
<td>Reality Rub</td>
<td>“I have a right to be upset! No one can see it my way.” “You can’t tell me I’m wrong.”</td>
<td>Anxiety, anger</td>
<td></td>
<td>Revenge</td>
</tr>
<tr>
<td>Red Flag</td>
<td>“Everybody is against me. No one understands what’s going on with me and no one cares. I can’t take it!”</td>
<td>Anger, sadness, relief</td>
<td></td>
<td>Power</td>
</tr>
<tr>
<td>Manipulation of Body Boundaries</td>
<td>1.&quot;It’s important to have friends even if I get into trouble.&quot;</td>
<td>Anger, envy, jealousy/anxiety, guilt, fright, disgust</td>
<td></td>
<td>Revenge</td>
</tr>
<tr>
<td></td>
<td>2.&quot;I’m not going to let that jerk tease me. I’ll go over there and teach him a lesson.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.The exploitive peer’s perception may be, “I can make this kid do anything I want.” or, “Watch me have some fun with this guy”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptom Estrangement</td>
<td>“I do what I have to do, even if it hurts others. I have to take care of Number One. I have a reputation to maintain and I won’t be disrespected. I have no need to change.”</td>
<td>Anger, pride</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>