

Practical Skills for Working with Clients Who Are Angry

An EMDR Approach to Anger

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Dr. Parnell: One of the things that some clients need to do is come in and vent. I'm going to come back to the idea of the bilateral stimulation. I talked about EMDR, but bilateral stimulation — this is the right-left, right-left, or left-right, alternating stimulation — seems to help people process information faster.

I use bilateral stimulation in out-of-the-box ways. It's like a metabolizer, an information processor that accelerates the processing of information. It takes people very quickly through things.

If somebody comes in, and they've just got to vent, and they've got so much going on, often it doesn't make them feel better - it just kind of amps them up more through the venting.

But there are these little things. There are different devices that have been made for EMDR. One of them is a little box. It's got little pulsers the client can hold or headphones they can put on. They can put the pulsers under their legs.

So this one client, and I'll talk a little bit about her — she'd come in and she just needed to vent. She'd come in. She'd say, "Gimme those things." She'd grab the pulsers and she'd put them under her leg. She'd have a box of Kleenex there, and then she'd vent for maybe 20-30 minutes of all the stuff that was going on with her.

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It really helped. They move through stuff more quickly, but they also feel the sense of relief that they've moved it out, and it's not spinning in it. It's not just kind of revving them up.

Once they've done that, then you can say, "Okay. Let's take a look at what in the past is linked to the amount of anger you have right now."

I work so much with abuse — with that feeling of powerlessness from childhood that amplifies your feeling of powerlessness in your relationship now. So let's get to the source of it — let them vent, if they can, and resource them.

If the feeling is powerlessness, what you can do is "tap in," or install resources, of when they felt empowered, strong, capable, and like they had a voice.

You can also use the nurturing figures – figures that are kind and compassionate, that will listen to them, that will care about them, that will help them know that they matter. Have those figures available, because they can also help decrease this feeling of “I don’t matter. Nobody ever listens to me. I’m powerless.”

This is part of the therapeutic relationship — letting them vent, and then finding the root of the problem. Then, with EMDR, reprocessing those root experiences.

Dr. Buczynski: Earlier, you were talking about an exercise, and you had something that they put something under their legs.

Dr. Parnell: There are different companies that create these machines. One of them is called Attack Audio Scan. They’re like... I don’t want it to look like I’m advertising this. They’re like little pulser-things, and there are also headphones.

The pulsers are often put under their legs, and they then feel an alternating vibration. Some people hold them in their hands, but mostly, I find in my practice, they like to put them under their legs so their hands are free.

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As they’re receiving this alternating bilateral stimulation, they’re able to express their feelings at the same time. They can move through all kinds of things with this.

So, I talk about EMDR, but I’m not using eye movements in my practice anymore. I haven’t for many years, because that was a resistance. Clients didn’t want to do it. They’d come in and say, “I don’t want to move my eyes all day.” “It’s hard to cry with my eyes back and forth.”

I found that if we use these alternate types of bilateral stimulation, like sound, or this vibration, that they wanted to do it. They’d come in wanting it.

She’d say, “Give me those things,” because she’s ready to work. Whereas before, it would be, “Oh, I’m too tired.” I think it was the physical exertion that that eye movements exacts on the client. Whereas with this, they can passively receive the bilateral stimulation.