

Practical Skills for Working with Clients Who Are Angry

Five Skills to Immediately Defuse Anger

with Ruth Buczynski, PhD; Marsha Linehan, PhD; and Stephen Porges, PhD

National Institute for the Clinical
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Dr. Buczynski: First we're going to look at some strategies that combine "top-down" cognitive therapy with a "bottom-up" physiological approach.

We'll start by talking with Dr. Marsha Linehan.

Here, Marsha shares two effective skills that can help moderate a person's anger.

"One of the skills that worked so well had to do with the concept of *willing hands*."

Dr. Linehan: Anger is an excess of emotion and it can go way up, so we developed a number of skills around that. One of the skills that worked so well – and this I learned from a course I took in spirituality – had to do with the concept of *willing hands*.

Willing hands is a strategy where you put your hands like this – I'll show you.

You tell them: If you get angry and you're trying to get your anger to go down – this is when you've already convinced them that getting their anger down is a good idea – then put your willing hands by your side or on your knees.

It turns out that it's really very difficult to stay angry with willing hands.

I had a friend from Europe calling me up after I'd taught it to him, and he said, "Oh, my god, Marsha, I can't be angry anymore. This is really terrible! I've lost my ability to be angry."

I said, "That's good – keep doing willing hands." It's a really good strategy for all of us – and extremely good if you're at a meeting!

Dr. Buczynski: Can you stand up and show me what "by your side" means?

Dr. Linehan: By your side means you have willing hands like this.

Dr. Buczynski: I see – thank you. Could you push your chair back for a moment and show me on your knees?

Dr. Linehan: I'll give you a good story about that, and then we'll get back to some other anger that was more

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difficult to treat.

This particular person was an adolescent – probably 18 or so. She and a bunch of her friends had gone shopping. When she was shopping, the person that she was buying from was really mean to her – I don't know why.

But when she/they told me what this salesperson said – it really was mean – she said, “I was standing there, Marsha, and I was starting to get really angry at her. Then, I remembered what you said and I made willing hands – and my anger immediately went down.”

If you can get a person to believe that one of their problems is anger and that reducing anger is in their best interest, then this is a good strategy for them to practice.

Another guy I was treating worked as a salesperson. That's when I found out – and I'm not kidding – how mean customers can be to people who are selling. I was shocked at what some customers do and how they treat the people who sell to them.

The client I was treating would get really angry – he would start filling himself up with anger – and it would interfere with his ability to keep working with people.

There's another skill we use that's designed to bring arousal down really fast. Often people get aroused and

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their arousal goes way up and they're so overwhelmed that they can't think of the skills they've learned – they're too overwhelmed to do anything – their thinking is gone. That's what happened to him.

We also have another skill, and this skill is one of the most effective skills we have.

Since we're teaching it to you all – you have to be careful with this skill. It's one that makes your pulse go down very rapidly, and if you're a person who has any heart problems or any reason why your pulse can't go down rapidly, then this is not for you. You should talk to your physician before you use it.

That being said, this is the skill. You have to be standing up; you put cold water in a bowl, you bend over, you hold your breath and put your face in the cold water like this, for 30 seconds – longer is better than shorter.

This immediately brings down arousal. Now, the only problem with this particular strategy is that as it brings arousal down so you can then problem-solve, it doesn't last very long.

But when you're too overwhelmed, this is a good strategy to use so that you can problem-solve.

I was working with this client who used to get angry all the time when he was working, and he was going to lose his job.

I told him, "You need a skill for this. When your anger starts to go up, you need to go into the men's room. You need to keep in there a cooler of ice and ice water, and you need to do the ice water strategy and come back."

He would do that, but then he'd tell me, "But I get angry an our later." I said, "Yes, that's because once your anger goes down, then you have to practice other skills to keep it down."

This is a really good skill for the out-of-control mental functioning in the moment that can happen not only when you're angry, but also when you're afraid.

Often, it can happen when some catastrophe has occurred and you are just overwhelmed by the whole thing.

This particular skill works for a zillion situations – getting anger to come down and allowing you to stop and think before doing something disruptive.

Dr. Buczynski: Marsha's strategies offer a way to disrupt the build-up of anger before it takes full control. Now, when that anger does take control, our sympathetic nervous system can become dysregulated.

To work with this, Dr. Stephen Porges shares a subtle tweak to a breathing intervention that can immediately bring a person down from a heightened state of arousal.

Dr. Porges: We keep replaying the theme that the psychological features that you're describing rest on top of a physiological state.

Anger and hostility are really resting upon a mobilized sympathetically- driven state.

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If we shift our theoretical model of how therapy works, and work not on the specific behavior, but work on the physiological state that is the support of that behavior, an approach would be to get the person to a calm physiological state.

Let's use the example of how people breathe and how they perceive the world...

If they exhale slowly they're seeing it more positively – they are biased toward positive interaction – and hostility and anger could be shifted by giving people this breathing toolkit.

Remember, if you give people the toolkit, it's an empowerment, and that is an important attribute or aspect of therapy.

I have actually had wonderful, very interesting interaction with people who have high anxiety and I watched how they were breathing.

They were creating higher breath patterns, breathing higher and higher up, meaning shorter and shorter exhalation – they were creating a physiological state that was supporting their anxiety/behavior.

Once you ask them to extend the duration of their phrases – it's a trick to make them exhale slower – to stick more words in, and then they're exhaling slower.

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Dr. Buczynski: Are you saying the duration of their phrase is just to talk longer within each phrase?

Dr. Porges: Without a breath – it's a sneak-in-the-process, which is to extend exhalation.

When you listen to people who are angry and hostile and reactive or just plain anxious, they're gasping on every couple of words.

Even when you ask them to extend their durations, initially they can't do it.

When they become aware of it, it's shocking that they can't get another word in – the physiological state is now supporting this state, this mood.

Dr. Buczynski: How do we interrupt that?

Dr. Porges: As long as they're not angry at us, we try to get them to be aware of it.

If they are already in that physiological state, they will see us in the same way as if we were a spouse or significant other and we tried to intervene on that level.

They will see our face as being critical and aggressive, and therefore justify the reactivity that they're having.

The idea is that the therapist has to be compensating for their client's vulnerability – and compensation occurs through exaggerated prosody of voice, facial expressions – especially the upper part of the face – and gesture.

The therapist who is neutral might be perceived by a person who is in this hostile state as being critical and aggressive – I'm sure many of our therapist friends have seen that.

Dr. Buczynski: What is the vagus nerve like in this situation?

Dr. Porges: It's taking a breath – it's taking a vacation – it's gone!

It's gone, because it's counter-productive to have that vagal influence on if you are in a bodily state that is basically defensive. You want that inhibition of your defense system pulled away.

“How do you inhibit the defenses with the social engagement system with the myelinated vagus?”

The secret part is how do you inhibit the defenses with the social engagement system with the myelinated vagus?

The resolution is through breath and the reactions to prosodic voice, to gesture, to facial expressivity, especially the upper part of the face.

Now, the upper part of the face is important because in most mammals, the lower part of the face is used for biting.

When people smile, which is in the lower part of the face, a person who is in an angry/hostile, is going to see that smile as sarcastic and aggressive – definitely not as positive.

We have to be aware of the subtle cues that our neural system processes to get us out of defense states.

Dr. Buczynski: Can you say more about that?

Dr. Porges: Everything in a therapeutic model to foster positive social interaction requires the ability to down-regulate defense.

The way that we down-regulate defense literally has to do with phylogenetic (evolutionary history) cues.

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One of the most potent ones is the intonation of voice, meaning prosodic – meaning positive emotional voices.

The metaphor we always want to use is the mother's voice to the infant, or a mother's lullaby, or what we often call motherese – the nervous system can't refuse that. We see that with crying babies – the nervous system can't refuse the mother's soothing voice.

Many of our friends and colleagues have pets – many people watching the webinar have pets – and they know that their dog is hypersensitive to the intonation of their voices.

“Vocalizations are critical in mammals.”

If they don't use the prosodic voice, and they use a lower, more monotone voice, the dog will become submissive, may even urinate, or may even think they've done something wrong.

Vocalizations are critical in mammals. As hearing individuals, we can't refuse the intonation of voice – so intonation is a portal that can be used in therapy.

Dr. Buczynski: As Stephen shared, a hostile person can be extremely sensitive to the facial and vocal cues from others.

Dr. Kelly McGonigal picks up on this idea with a set of studies from the UK that looked at facial biases in angry people.

Dr. McGonigal: The intervention was simple. They would show them a face – objectively designed facial expressions that were on a scale from really happy to really angry. There was a midpoint where it's truly neutral; the face is relaxed, relaxing the social mask.

They found that people, including the youth who had aggression issues, would view that midpoint as being hostile or angry. The face had to be happier to start to see it as neutral, and even happier to see it as happy. They were literally seeing hostility where it wasn't.

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The intervention was to have them make these assessments and literally get corrected. Oh, you said that face was angry. Well, it wasn't angry. Let me show you what an angry face looks like – it's two further down the scale. And this is the face that you said was angry that wasn't.

To do that exercise for a brief period, where they're getting real feedback about their own bias, they get

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more accurate at perceiving anger, neutrality, and happiness.

This was a different intervention. Another study found that if you get people who have this bias to pay more attention to the eyes than to the mouth, they get more accurate. So, you could encourage people to use eye contact as a way of changing the way you perceive people.

The key result of this study is doing this exercise makes people less angry. Literally getting the feedback reduces your own state of anger.

They followed-up over a few weeks, particularly with the at-risk youth, and found that doing this intervention reduced their own experiences of anger. It reduced their own self-reported hostility and aggressive behavior, and it reduced reports of aggression and hostile behavior from schools and counselors, and the adults in their lives.

It's a cool intervention. It's a different way of thinking about training anger. We think about why somebody would be primed to respond with anger. Part of it is a perceptual bias, and you can educate that.

Dr. Buczynski: By having that immediate feedback, the participants were able to rewire their perception, which led to less reactivity.

To continue, Kelly, along with Bill O'Hanlon, had some additional insight into Dr. Porges's breathing practice.

Dr. McGonigal: When you understand that biologically, anger is an emotion that gives you energy and makes you feel powerful and gives you that payoff of the pleasure or the reward that other addictions do, the breathing techniques I think of turning to are not just about calming down – they're about surfing the urge.

This is a technique used in addiction treatment. You learn to recognize your own impulses as destructive. It requires some self-awareness of the anger that you're feeling. Although it feels really good, there's a part of your brain telling you, if you indulge this anger, you're going to feel even better. That's the experience many people have with anger – *I need to vent it. I need to do something. I need to speak up. I need to hit someone. It's the same as people with the sense, I need to drink something... I need to buy something... I need to eat something... and then I'll feel good.*

They need to recognize that as inaccurate. There is a cost, and the

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consequences are often painful and costly. Then, they need to start to recognize what the impulse feels like, and that they can breathe through the impulse and not give in to it.

So, for surfing the urge, you imagine you're literally surfing the impulse. You use your breath to stabilize yourself and ride out the impulse.

Mr. O'Hanlon: I had a couple who was in a lot of conflict. One of the things they told me over the time we worked together was that they had bonded initially over their mutual love for the movie The Wizard of Oz.

They just loved The Wizard of Oz. I don't know why. But that was their thing. They watched it every year growing up, and that was sort of their ritual.

I couldn't get them off this bickering thing, and they would trigger each other. So, we came up with a creative thing together. We actually thought of it together.

I said, "We've got to find a way to change this pattern." And it was a breathing intervention.

They had to say whatever complaint they had by singing it to the tune of "Over the Rainbow." That was so delightful and weird for them. It was like, [singing] *you left the dishes out yesterday!* It was so ridiculous that they would crack up laughing.

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They would get their complaint across but in a way that wasn't the old pattern. I didn't think of it until Stephen Porges said it, but they were breathing differently. So, their bodies were different. They were connecting in something they'd loved. There were all sorts of other associations.

I don't know if I'd just tell people to breathe differently; I like the intervention of just getting them to do something different that requires a different breath pattern. That changed the thing for them. They were able to get out some of that bickering.

So, that's just a creative way to do that breathing thing.

Dr. Buczynski: Bill assures me that you do not need to click your heels together three times when using that skill. In the next lesson, we'll learn how to help clients restore a healthier sense of their own anger.

I'll see you there.