

Practical Skills for Working with Clients Who Are Angry

How to Help Your Client Release 'Stuck' Anger

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How to Help Your Client Release 'Stuck' Anger

Dr. Buczynski: Anger isn't always a negative thing—but for some patients it can be hard to release when it gets stuck in their body.

Let's talk to Dr. Peter Levine about some different ways to approach anger when a client is experiencing this kind of stuckness. Peter is a pioneer in trauma therapy and expert on somatic-based psychotherapy.

Dr. Levine: I work with a lot of children.

So, for example in drawing, most of the time, there would be some figure that looks really angry or destructive... and I would say something about, "He looks really, really angry... That's a good thing, because bad things happened to him. He should be angry... But I have an idea – I have a way so that you can take this anger and use it to help you in your life."

"I'll hold up a newspaper, and they'll punch a hole through it, or tear it up, or just push my hand—feeling the anger and directing it as healthy aggression."

Sometimes I'll hold up a newspaper, and they'll punch it – they'll punch a hole through it, or tear it up, or just push my hand – again feeling the anger and directing it as power, as energy, or as what I call healthy aggression.

I'll also do that with adults. I'll have them stand. I'll do some somatic grounding exercises – centering, feeling their breath, feeling how they connect to the ground – and then have them meet my hand and just push.

I'll offer resistance, and they can say if they want more or less resistance – this is how they can move their anger.

What we have here – what's underneath all of this – is healthy aggression.

When healthy aggression is thwarted, then we have anger. When anger is thwarted – not permitted – then we get hostility.

We're moving from hostility to anger to power and strength.

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I'm a somatically based therapist, so the center of what I do is based on body and on helping people create

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new bodily experiences.

Maybe some therapists are not comfortable with that, but I would hope they would be more comfortable and even practice these things with each other to see... you can get some really surprising shifts by this bottom-up type of work.

If you’re just relying on or only going from top-down – the cognitive or trying to change thoughts or perceptions, etc. – you’re very limited to how deep you can go.

Often, when you see a shift from the bottom-up, the whole person’s way of being – the way they look, the way they perceive the world, the way they experience safety or threat – can change at a moment.

You see that shift happening at the bottom level – at the brainstem, at the body-brain/brain-body, at the kinesthetic and interoceptive sense of awareness.

Dr. Buczynski: So we learned what can happen when a client can get in touch with a deeper sense of their anger.

Next, Dr. Pat Ogden will show us how this kind of integration of a felt sense of anger can be life-changing.

But as she’ll share in this case study, a history of abuse can make the process more challenging.

Dr. Ogden: One client, a DID client had a lot of rage, but was also terrified of it. She was afraid of the destruction she could do, and of course, terrified too because she couldn’t protect herself, which made the abuse worse, as it often does.

Every time she would get angry, she would try to harm/hurt herself.

That gets much more complex in the body, so we want to find a way for people to be able to live in their body – where parts of the self are actually integrated.

When she felt the rage, there was a lot of anger in her shoulders and neck – a disconnection really from her core and from her lower body, but then when she went into a more submissive posture, there was more of a collapse.

We have to be careful here in working with the body. We didn’t want to work with one part and then the other part necessarily – we want to find a way to integrate somatically so that both those parts can be

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present.

It's not just an intellectual construct.

One of the ways of working with her was to feel that rage and then go back to the collapse, and as much as she could, to stay present. We couldn't go fully into the rage because she would have then just become that enraged part.

Exploring them back and forth and finding a physical posture where she could feel them both, then there could be more integration and more communication between the parts.

Then she could start to realize that both of these parts were part of her, because prior to this, the rage part

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was like, “This other part is not me, but it is – it's all me.”

Again, for me, it's all about the body.

When a client reclaims that part of themselves – when they have a healthy, adaptive sense of anger and do not confuse the feeling of anger with maladaptive behavior, which many clients do, there is a different connection in the body, often with the core of themselves into their action with the outside world.

There's a different way of living in the body when anger can be integrated.

Dr. Buczynski: Different how, Pat?

Dr. Ogden: I'm thinking of one client where she was often angry and people thought of her as an angry person, but her anger would come out sideways – it wasn't direct.

As we worked together, she felt the anger in a deeper way in her body where she could feel it in her core, not just as an outside action – she felt it.

It's hard to explain because it's a felt experience. She felt as if her periphery and her limbs were connected with her core, and now there was a sense of trueness to her actions and her experience of that anger that she hadn't experienced before.

Dr. Buczynski: As Pat shared, there isn't a road map to this deeper connection to anger—but this integration allowed her client to feel her anger and use it in a more helpful way.

In the next lesson, we'll shift our focus to the brain, and explore key mindfulness strategies that you can use in your work with angry clients.

I'll see you there.