

Practical Skills for Working with Clients Who Are Angry

How to Approach the Rageful Parts of Trauma-Based Anger

with Ruth Buczynski, PhD; Pat Ogden, PhD; and Bessel van der Kolk, MD

National Institute for the Clinical
Application of Behavioral Medicine





Practical Skills for Working with Clients Who Are Angry:

Pat Ogden, PhD and Bessel van der Kolk, MD

How to Approach the Rageful Parts of Trauma-Based Anger

“Their anger comes up really loud and clear as a kind of shield.”

Dr. Siegel: Sometimes people are angry because they have been injured in a traumatic way and they're terrified of the images, the thoughts, the memories, and the emotions connected with the trauma.

Whatever comes up that is related to their trauma, their anger comes up really loud and clear as a kind of shield – a way to not feel those other emotions.

Dr. Buczynski: As Dr. Ron Siegel reminds us, trauma adds a unique challenge to working with a client's anger.

The anger becomes a vigilant protector, defending against any threat of retraumatization.

So how do we work with it? According to Dr. Pat Ogden, the key is to invite the anger in.

Here, Pat reveals how she helped recalibrate a trauma survivor's anger by shifting how he connected to it.

Dr. Ogden: It's important to think about the source of the anger and hostility, and often it's a combination of trauma and attachment.

Many times clients are angry and hostile due to a dysregulated fight response from trauma, and if that's so, the only way I know how to work with that is to integrate that response.

A story I can tell you would be with a veteran who would have terrible attacks of rage. He never hurt people, but he threw and broke things and he screamed – just a lot of destructive behavior when this rage would come on.

Other people lash out at their kids. I used to work with batterers who lashed out – they would hit their girlfriends and wives and children and really abuse them.

But, in all my work with perpetrators, even in the prison, did I meet anyone who really wanted to hurt. There was a part of them often that wanted to, but not the whole person.

With this veteran, I wanted to bring the symptom into the room, which is the only way I know how to help integrate, and in this case, it was his rage.

I wanted him to feel his rage in the session to a degree that his cortex was so online and he didn't lose his ability to regulate himself.

We went ahead, and he felt this explosive impulse to lash out.

“The key was to integrate those aggressive movements he had so that his subcortical brain didn't take over.”

The key there was to integrate those aggressive movements he had so that his subcortical brain didn't take over – when he had these rage attacks, he would say, “That wasn't me.”

Almost all the people I've worked with who had these uncontrollable bouts of rage say things like, “That wasn't me. I don't know what came over me. I was out of control.”

“What needs to happen is that action of rage needs to be regulated so that the cortex can stay online when they feel it.”

What needs to happen is that action of rage needs to be regulated so that the cortex can stay online when they feel it.

With this veteran, when the rage started bubbling up, he felt this impulse to just lash out, and he said, “It's explosive.” It just felt explosive.

He showed his rage motion in very slow motion, and he was telling me every moment what he was experiencing, so that the action of his rage could be executed with what Dan Siegel would call the vertical alignment of his brain.

His cortex was online – the subcortical brain wasn't taking over, and a few iterations of that seemed to help regulate the dysregulated fight response.

Dr. Buczynski: When you were doing that, was he more feeling or talking about the rage...?

Dr. Ogden: He was feeling it – he was feeling it – he was making sounds – he was going, “Grrr!” like this – he was feeling it, but he was also mindful.

And being mindful is the key – we don't want to just repeat the dysregulated explosion.

He was feeling it, but we know the cortex goes offline in trauma, and he was reenacting that over and over and over.

It's like Pierre Janet said: “Traumatized patients keep repeating the actions that began when the trauma happened, but it never resolves, because they repeat it in a dysregulated fashion.”

This whole process was helping to integrate the action through his body as he felt the rage and also to integrate the cortex through mindfulness – and while this is happening, he was telling me what he was experiencing.

Dr. Buczynski: With this integration, Pat helped her client form a connection to his rage that resulted in less reactivity.

For another perspective on this important work, we visit the world's greatest expert on the treatment of trauma, Dr. Bessel van der Kolk.

Here, Bessel stresses why we should be more focused on the non-hostile client.

Dr. van der Kolk: When we're talking about people who are angry or hostile, it's just like resistance. Actually, more worrisome are the people who are not hostile.

In working with trauma, the issue is much more about people who are so scared of their anger that they're always compliant and always pseudo-nice.

“More worrisome
are the people who
are not hostile.”

They are not in touch with their anger. If you have been hurt and violated, you're “pissed off” – and for a good reason.

If people are angry, the critical issue is to not let them hijack your neural system.

If you become angry with me right now, I might say or notice, “Ruth is getting quite mad at me. Is this about Ruth? Is this about me? Have I said something? No, I think this is something about Ruth. Something is bothering her.”

I really need to check in with myself – I need to check in as to where my own reaction is coming from, and once I can ascertain that the anger that's in the room doesn't emanate for me, I can say, “OK, she is really upset. I can see how “pissed off” she is and there must be a good reason for it.”

Again, all parts are welcome. Traumatized people get all these labels — positional defiance, or conduct disorder, borderline personalities. They are pissed – they are pissed for a good reason – people have messed with them.

If they're not pissed, you're in trouble. Showing anger is a healthy thing to do.

So, I say, “What are you pissed about it? How long have you been this angry? Who is the main source of your

“The anger is there for a good reason, and we better find out what this anger is all about.”

anger? Is it me? Is it somebody you're working with? What can I do to make you less upset with me? Shall we change chairs? Shall I talk differently? Shall I pretend like I have a French accent? How can we deal with this?”

We just don't want to forget that the anger is there for a good reason, and we better find out what this anger is all about.

Dr. Buczynski: Do you find that patients who are angry and hostile are more difficult for you to work with?

Dr. van der Kolk: No. On the contrary, the hardest people to work with are the people who are scared of their anger. Anger is part of their energy. For example, for anyone who's not angry about the political system right now, what's wrong with you?

For anyone who's not angry about the insurance system, what's wrong with you?

Anger is a very important emotion – it makes people change – if people are passive and compliant, now that worries me.

Anger is a major asset to help you to protect yourself and to stand up for yourself... It's just that people are angry. They're angry because people have hurt them and nobody did anything about it.

People who are angry want redress – they want people to take them seriously. So, we need to go where the anger comes from, and we need to help them find some resolution for their anger.

One of the most bizarre treatments to me is anger management training. If you know anything about the science, it doesn't make any sense whatsoever.

Anger management training is frontal lobe training – recognizing when you're getting angry and stopping yourself.

“People who are angry want redress – they want people to take them seriously.”

But when you get really angry, the frontal lobe shuts down, and your limbic system from which anger comes, takes over. Anger management is great as long as you don't get angry!

There are traditional therapies that deal with people being scared – they're exposed to being scared... and that exposure takes them through the limbic system and into shutdown.

One of my favorite messages in working with being scared is to tell about something called Impact/Model Mugging. It was an old program set up by karate instructors back in Oakland, California 30 years ago. They now have branches all over the country.

They teach traumatized women martial arts. This came from karate instructors with fifth degree black belts... who said, "How could a woman who can basically kill anybody with her bare hands and who is very intimidating ever get raped?"

They said, "She must have become de-skilled. She must have really collapsed," which is what can happen when people get scared.

But with the anger, it doesn't happen ...

I'm much more worried about anger not happening than anger happening.

So, you had all these collapsed women who had bad experiences who were going through the world as, "I'm a victim, and anybody can do anything to me."

People would do things to them because they were sitting ducks.

They took martial arts training, and at the end of a number of weeks of mindfulness training, attention training, and learning how to fight, they have a graduation where they re-enact a rape scene, and now they take an active role in fighting against the abuser.

People come out of there, and they are embodied – they don't have to get angry. With one little glance of, "Don't you mess with me," people back off.

Anger is a beautiful emotion. I don't have trouble with angry people in my practice because anger really is a beautiful emotion...

Dr. Buczynski: Bessel had an interesting perspective about how we should be looking closer at the people who don't express anger. I mean, obviously we don't want to trigger them into shutdown, but anger does need to be felt and lived with. Often, when a client can be present with their anger, that's a great opportunity to begin reprocessing it.

In the next video, we're going to look at how a client's attachment experience can drive up their anger.

I'll see you then.