Practical Skills for Working with Clients Who Are Angry

How to Work with an Angry Client Who is Critical of You

with Ruth Buczynski, PhD; Zindel Segal, PhD; Linda Graham, MFT;
Sue Johnson, EdD; and Stan Tatkin, PsyD, MFT

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Mr. O'Hanlon: A guy came in to see me, and I hadn't talked to him. I didn't know where he came from, but he came in and sat down, and he said, "I hope I don't have to come back here with a shotgun like I did with that priest I saw for counseling."

I thought, too late to refer?

Dr. Buczynski: Ok, while we may not have had clients who shared quite that strong an opinion with us, we've all been in this situation.

Bill's session turned out to be ok by the way. No shotguns were needed.

But the thing is, when an angry client is sitting only a few feet away from you, and their hostility suddenly turns in your direction, it can be very unsettling.

I've been there, as I know many of you have. It's not fun. At all.

But when a client's anger turns against us, Dr. Zindel Segal suggests another approach. He reveals one window of opportunity that you can use to calm the client down.

Dr. Segel: The first place you need to be able to attend to is to notice the effects in your body. You might notice an arousal – you might notice certain bodily effects like the hair on your back stands up or your heart might start to beat louder/faster. You might start to wonder if this anger is directed at you, and if there is danger of escalation, then you want to find a way, inside of all of these sensations, to ground yourself – to see if you can still harness what you can, with respect to thinking and planning and staying with the anger as well as naming it for the client.

You want to see if there is enough of a tether between the client's expression of the anger and their ability to step back and understand what they're doing so that there can be a therapeutic conversation around this event – this phenomenon – rather than just an unrelenting catharsis of someone yelling at you or two people fighting.

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It's important to get an observer stance on the fact that, "There is a lot of anger in what you're saying." Or, "You seem very angry right now." Or, "Can you acknowledge what you're feeling?"

Then, you, as the therapist, can use that as a platform to step to the next level of inquiry: "Do you feel that anywhere in your body?" Or, "Are there ways of looking at some of the thinking that's going on for you right now as these emotions are coming up?" Or, "Let's just delve into where in your body this anger is expressing itself."

If clients are allowing you to inquire at that moment, there is a way in which the anger itself isn't fully capturing their mind – there may be a small sliver of capacity for observing and for stepping back from it.

Often, the therapeutic inquiry, especially if there is a level of non-reactivity on the part of the therapist, can involve exploring those emotions as being present, and then asking other questions that may be a little bit surprising to the client.

For example: "What happens if we just stay with the anger and let it be there and create a space to hold it? Does it stay the same? Does it continue? Or are their other emotions that show up? Or are there other thoughts that show up?"

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You're allowing emotions to unfold without necessarily telling the person they have to shut down their anger.

You're allowing Instead of saying, "We can't work this way," "You're being unfair," or other word we might say to protect ourselves if we're caught in this maelstrom.

Dr. Buczynski: As Zindel said, as long as the client remains responsive to the therapeutic inquiry, you have an in. Their anger hasn't completely taken them offline—but what happens when it does?

In other words, how do we take on the energy of a client's anger when it's coming at us full steam?

Here, Linda Graham offers a practical strategy to help us stay centered when we start to feel afraid.

Ms. Graham: If I feel the energy coming at me, or if I feel the fear coming up, then I will create, I hope, a compassionate barrier between me and that hostility.

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I still try to stay connected to the client – I try to stay connected to the client as a whole person – not the hostility. I want to create a compassionate barrier that feels like it protects me from taking on the emotional contagion.

There's a phrase that I like from Phil Moffitt who's a teacher at Spirit Rock Meditation Center.

He says: It's important that we can be affected without being infected.

I want to pay attention to the client's experience – be engaged and responding – but not be infected with it and lose my own ground.

Dr. Buczynski: How did you learn to do that?

"There's a gesture in sensorimotor psychotherapy of being open and receptive and yet having a boundary at the same time."

Ms. Graham: There's a gesture in sensorimotor psychotherapy of being open and receptive and yet having a boundary at the same time.

The gesture can go back and forth. I can move my receptivity toward the client – I can move the boundary toward the client.

Now, I'm doing that in my own inner subjective experience, but it's useful for me to pay attention to when I need more of a barrier or when things have moved in a different direction, and I can open up to the receptivity again.

I'm working with that in my own internal state as I'm navigating whatever the client is sending toward me.

Dr. Buczynski: As Linda shared, it's important to always be in touch with your internal state.

Dr. Sue Johnson has another take on this.

While it's important to have that boundary, Sue shares what can go wrong if we get too far away and lose that emotional connection.

Dr. Johnson: If the client gets angry at me, the first thing I have to do is breathe, keep my balance, and not

take it personally.

With EFT, the therapist has to be emotionally present, so if it is difficult for me, I will say something like, "Oh, Danny, I'm so sorry. I'm hearing that you're angry at me right now and that's hard for me to hear.

I'm really trying to understand you, but I'm hearing from your point of view" (this is empathic reflection) that I just don't understand how difficult it is for you when your wife doesn't want to make love to you twice a day. You're probably feeling, because I'm a woman, that I'm just not understanding that and I'm just somehow dismissing you and telling you that that's a ridiculous request. Is that what you're hearing?"

I try to hear him, and he calms down and he says, "Yes. That's right."

What's really interesting is I feel like I do understand him. He says he's got high testosterone, but what I really understand is that he's massively and anxiously attached. It's not that he needs orgasms every day – it's that he only feels safe when he's actually making love to her – it's that emotional connection and safety that he only knows how to create in bed that he's obsessed with.

But I'm not going to get into that during this session – that's eight/ten sessions down the road.

Right now, my job is to create safety in the session by staying emotionally engaged with him and saying, "You're angry at me – that's OK," and still stay emotionally present.

If I flip out and go into giving long explanations or justifying myself or somehow blaming him, the client, then that breaks the alliance. My main job in a session is to create safety and engagement.

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In EFT, if I'm losing my balance regularly with a client, we teach that you have to go and find a colleague to talk to and get that colleague to help you find that emotional balance.

If you're not emotionally present, you're not going to be able to work with people's emotions, which is the main way of creating change.

Emotion is so powerful. If you can get emotion on line, there is just nothing else like it to create lasting change – you're creating a new corrective emotional experience.

And we don't even have to look at research for that. There is research on it but we know that in our bones –

we know that in our bones, as therapists.

Dr. Buczynski: Sue stressed the importance of staying attached, to make yourself emotionally available for the work.

And look, we know that this can be challenging, especially when a patient is pretty agitated.

Some clients just aren't able to come down from these high states.

Dr. Stan Tatkin offers some insight on how to work with them.

Dr. Tatkin: A lot of therapists have trouble working with angry, hostile patients, but some people are fine with them.

Psycho-biologically, we think of some people as fighters, and they enjoy working with angry, hostile people.

But people who tend to flee or faint really don't like to do that kind of work – it really causes a lot of upheaval in their nervous system.

"An ongoing task for the clinician is to be able to self-regulate through a variety of states."

So, therapists need to think about whether they can self-regulate in the presence of not just one angry, hostile person but if you're doing couple therapy or family/group therapy, several people.

An ongoing task for the clinician is to be able to self-regulate through a variety of states.

Now, anger tends to be a very highly sympathetic experience. Mostly, when anger is hyperaroused, it gets into the fight or flight system, which is driven by the hypothalamus. The brain actually changes when we get into this place.

Now, our patients are allowed to become hyperaroused – maybe even stimulated to be hyperaroused or even hypoaroused – and that's fine, but the therapist can't afford to do that.

Now, Dan Siegel has his window of tolerance, which is a great idea to visualize or imagine your optimal range of function.

How do you know when you've gone above the optimal range into hyperarousal or you've gone below into hypoarousal?

"How do you know when you've gone above the optimal range into hyperarousal or you've gone below into hypoarousal?"

That's very important – if you go "above or below the line," so to

speak. This basically depends on your ability to manage.

> "You need to be in the center of your window of tolerance – you need to be able to think."

Whether you're sick or depressed, overtired, not eating well, and not exercising – all of those factors affect your window of tolerance.

You need to be in the center of your window of tolerance – you need to be able to think. After all, somebody in the room has to be able to do that, and that's you, the therapist!

So, one of the challenges of working with loud people who are yelling and who are angry or threatening is that therapists can go out of their window of tolerance and now everyone in the room is in trouble.

So, it's really, really important to find a way to learn how to regulate these states.

If you know that the person is not going throw something or pick up a chair and hit you or their partner, I would suggest letting the anger happen for a while and watch, wait, and wonder what they'll do next.

We call these people high-arousal people, and actually, they run out of gas, and when they do, that's when we can start working with lower states.

At this point, they're exhausted and they're open to it. If you try to interrupt them, good luck, but you can try to play along with them.

Again, that has to do with your comfort level. You can be agitated and with them so you're not at them – you're going along with them at the same speed and the same intensity while staying in the window of tolerance.

> "You're perceived as not mocking them – you're not challenging them – you're not going up against them."

And doing this, many times, is experienced as, believe it or not, friendly to the angry person – you're perceived as not mocking them – you're not challenging them – you're not going up against them.

You're going with them, and then you can start to bring them down. You start to calm them down if they're really agitated – much like putting your car in front of a runaway car and slowly braking instead of just stopping.

Again, highly accelerated people do not like to be stopped. They experience a lot of pain when you try to stop them right away – this is an important place to be careful.

Dealing with angry, hostile people is a challenge for the therapist. If it's coming toward you and you're the

target, it's very important to stay regulated.

The louder somebody gets, the more I relax my body. The more intense they get, the more I relax my body. The more dangerous words they use, the more I relax my body.

This is a way to keep my blood pressure lower so that I don't act out my counter-transference.

Somebody else might act out their counter-transference by freezing or by leaving the room – it's very challenging.

Mr. O'Hanlon: When I used to work in a community mental health center, I would have people come in that would be forced into treatment. We call them involuntary clients – sometimes ordered by their work, but usually it was court-ordered. It was a legal thing, because they got in trouble in some way, and the judge or the probation officer said, "Go to that place, or we're going to put you in jail." So, they had a lot of leverage.

Those folks that would often come in were not happy people; they were angry at me – though I hadn't done anything – and angry at the world.

I sort of learned this from Erickson. But, it was true for me. Erickson said to just match them. You've got to join them, whatever they are.

I would say, "It pisses me off that I have to see you." - They would be a little surprised.

I'd go "You know, my boss says I have to see people who don't want to be here because it's part of my job description. But I hate it. I really like to work with people who want to change, who are suffering and want to change and have something they want to change. But they send me you, who I know doesn't want to be here. I don't want to be here. Neither of us want to be here."

"But we've got to be here, or you're going to jail. So, while we're here, anything you want to work on/ If that's what they've sent you here for, even better. I'm going to have to write a letter at the end saying you did some work on that issue they want you to work on, or they'll till put you in jail."

And that diminished the level of initial hostility. Before, it was me versus them. I don't want it to be like that. Now it's us versus them. Joining is a good method for doing that.

Dr. Buczynski: In the next video, we'll look at practical ways to work with a client's anger when it turns passive-aggressive. I'll see you then.