

Practical Skills for Working with Clients Who Are Angry

Two Ways to Work with a Passive-Aggressive Client

with Ruth Buczynski, PhD; Rick Hanson, PhD; and Zindel Segal, PhD

National Institute for the Clinical
Application of Behavioral Medicine





Practical Skills for Working with Clients Who Are Angry:

Rick Hanson, PhD and Zindel Segal, PhD

Two Ways to Work with a Passive-Aggressive Client

Dr. Buczynski: How do we stay focused in a session when a client challenges our credentials as a practitioner? We've discussed strategies for working with clients who come at us with strong anger.

But what happens when their anger is more subtle, more passive-aggressive?

In this case study, Rick Hanson shares how he salvaged the therapeutic work he did with a dissatisfied client.

Dr. Hanson: She'd come in and this would be the typical sequence: "Things aren't working. No one loves me. My ex is a jerk, but I still love him."

Nothing seemed to be happening, so we would work and work and work in the session and she'd leave.

When she came back, she'd say, "None of that stuff worked. You failed me, and this is getting too expensive." She was twisting the knife.

Working as the therapist can get tricky. First, I had to manage my own defensiveness. "What do you mean? I worked really hard... and you need to do this, too."

Second, I had to look past the surface of her anger. Sadness or hurt tend to invite us into anger. Even feelings of inadequacy even anxiety pull us in – we want to be reassured.

As social primates, anger is the most salient emotional signal – it's a real threat signal that there's something immediately coming at us or our band – so we really react to the anger of others.

To manage our own reactions and to try to look past a full-force attack coming at us are both so important.

It requires a lot of skill to not let the anger coming at us to get under our skin – we have to know our weak spots as we're trying to help and be good guys.

We have to look past the anger to see the scared, hurt being behind the eyes, including the younger layers of that psyche.

"We have to look past the anger to see the scared, hurt being behind the eyes, including the younger layers of that psyche."

We have to resource ourselves enough as therapists to be able to sustain our felt sense of relatedness to or contact with the little being over there behind this Darth Vader mask coming at us – that’s just so important.

Another consideration was to hear her out and to slow it down and not add any of my fuel to her already raging fire.

As therapists, we have to slow it down and unpack what happened – find out, as in this case, what she actually did related to our session and to start, naturally, surfacing the facts: “Oh, you did that, and it worked” or “Oh, you took that in” or “You really did practice some of the things we talked about, and you said you felt better afterward” or “Oh, nice – your friends called you up for a surprise birthday party this week, in a world in which no one loves you – that’s interesting.”

“I could see the being behind her eyes and mobilize genuine compassion, goodwill, and kindness toward her.”

So, we get a conversation going and it didn’t come from me defending myself. It came from self-resourcing, which meant that I could stay stable with her in the midst of her storm.

I could see the being behind her eyes and mobilize genuine compassion, goodwill, and kindness toward her – in other words, seeing the good in her so that she could feel the good in me. I wasn’t giving her any sermons or speeches about it.

I wasn’t denying what wasn’t happening, but I was tracking slight shifts: “Oh, wow, actually treatment is working bit by bit. Good things are beginning to happen.”

Another key point was to say this: “My ability to help you is this big, at best. Your ability to help yourself is that big. It’s just the truth about how our time together works.

If you ever want a referral to another therapist, I’m fine with doing that, not because I don’t like you or I want to get rid of you – I actually feel really positive about working with you. As I look backwards, I can see a trend line here – things are actually getting better. As sucky as it might feel today, you were a lot less happy six months ago, and you know it.

We’re at a delta here – there’s an upwards flow, not because I’m trying to defend myself, but because we’re moving somewhere here. Nevertheless, my ability to help you is really quite limited.”

This is a classic strategy in therapy to go one down. In other words, we want to encourage the client to take

more agency and responsibility for their own role in the treatment – in their own growth curve, and not only in the session, but during the other 167 hours in the week between sessions.

I'm especially interested in what people do outside of the therapy hour with me.

“We want to encourage the client to take more agency and responsibility for their own role in the treatment.”

The last part of this foundational building is to realize that at a certain point, there are limits to what clients can gain from psychotherapy.

Dr. Buczynski: Rick decided against battling his client. Those are losing wars anyway, as I know you know.

Instead, Rick was able to use that energy to help bring his client to a greater place of awareness in her therapy.

In this next case study, Zindel Segal shares the nuanced technique he used to ward off the aggression from a narcissistic client.

Dr. Segal: I've had experiences dealing with anger and hostility – the hostile, aggressive patients who stand out are a little bit more subtle in their expression of those affects and for whom the stance of staying present with them was more challenging.

For example, I was working with a real estate agent who was depressed and had dysthymia but who was a high-flyer and drove a very high-end car – he was making a lot of money on commissions.

When we started to work together, he would often ask me or challenge me about my credentials and ask me how much money I was paid on an hourly basis. He would compare my hourly rate to his hourly rate, which was about three times what my hourly rate was.

Then, he would get to my credentials: “Are you a full professor? Are you an associate professor?”

“It came to him experiencing elements of his own depressive affect that was making him feel a little bit too vulnerable.”

He was trying to chip around our work together when it came to him experiencing elements of his own depressive affect that was making him feel a little bit too vulnerable.

You often get this with narcissistic patients who are also very high achievers and who are very hierarchy/rank oriented.

As a therapist, you don't have a lot of options with patients like that – you can't send them to Russia and turn them into Communists!

But what you really need to do, in those moments, is to look at an interpersonal circumplex of reactions that might be available to you.

Some of those might be to withdraw, to hide behind your authority, and to challenge the person back.

In this case, I was trying to absorb some of his questions initially, but my struggle in those moments was how much to do that...

Absorbing can put you into a bit of a bind. If you don't answer, then that might portray a degree of defensiveness on your part.

If you provide too much information, it might provide a kind of submissiveness.

Also, you might just not feel comfortable providing all of that personal information.

I was constantly recalibrating how much I would provide. I would provide a little bit of information, not so much in trying to appease him, but in order to keep the therapeutic process going.

If he challenged me and I provided an answer, then I could dig a little more into how this information might be helpful in terms of us being able to work together or how this information might be helpful to him in terms of the questions that he might have about what we were doing.

“If he challenged me and I provided an answer, then I could dig a little more into how this information might be helpful in terms of us being able to work together.”

In a sense, I was staying away from the content of, “I'm an associate professor,” or, “I'm only earning this much per hour,” by trying to deal directly with the question and providing an answer.

I didn't want to answer a question with another question: “Why do you want to know that or what is your fantasy about that?” By doing that, I would just get into that content.

By answering directly, I could go into the next question, “So, now knowing this, how is this helpful? Or is this helpful to you in terms of some of the work that we're doing together?”

Dr . Buczynski: Zindel nimbly turned his client's aggression around and connected it to the therapeutic work.

This balancing act, while tricky, allowed the intervention to continue.

In the next module, we'll explore what many consider to be one of the most effective tools for diminishing anger.