



Workshop Imagery-guided Directed Anger Protocol

Trauma Training In Scotland
Glasgow
November 2017

Herman Veerbeek
EMDR practitioner / consultant (student)
Psychotraumatheapist
Researcher
hermanjveerbeek@gmail.com

Video

**Just notice your bodily reactions
and reflexes.**

Distancing or approaching?

WHAT DO YOU NEED

IF WANTING TO VENTILATE

ANGER?

Pitfalls in the therapeutic alliance:

Not acting as a psychotherapist but as a:

- Detective: 'it 's not true, you're a liar!
- Prosecutor: 'look the harm you caused'!
- Victim: 'you need punishment and you must express remorse!'
- *Distance, judgement and lack of empathy and interest*

Strategy with angry patients:

1: Ventilate and Validate

2: Reality check

RECIPROCITY AND EQUALITY IN RELATIONSHIPS

GIVE
AND
PROVIDE



GIVE
BACK

WRONGDOING:
- GOAL BLOCKING
- INJUSTICE
- HUMILIATION/HARM



Forgive?
Forget?
Get even?



Perpetrator

Cause of:

- Neglect
- Humiliation
- Bullying
- Abuse
- Torture

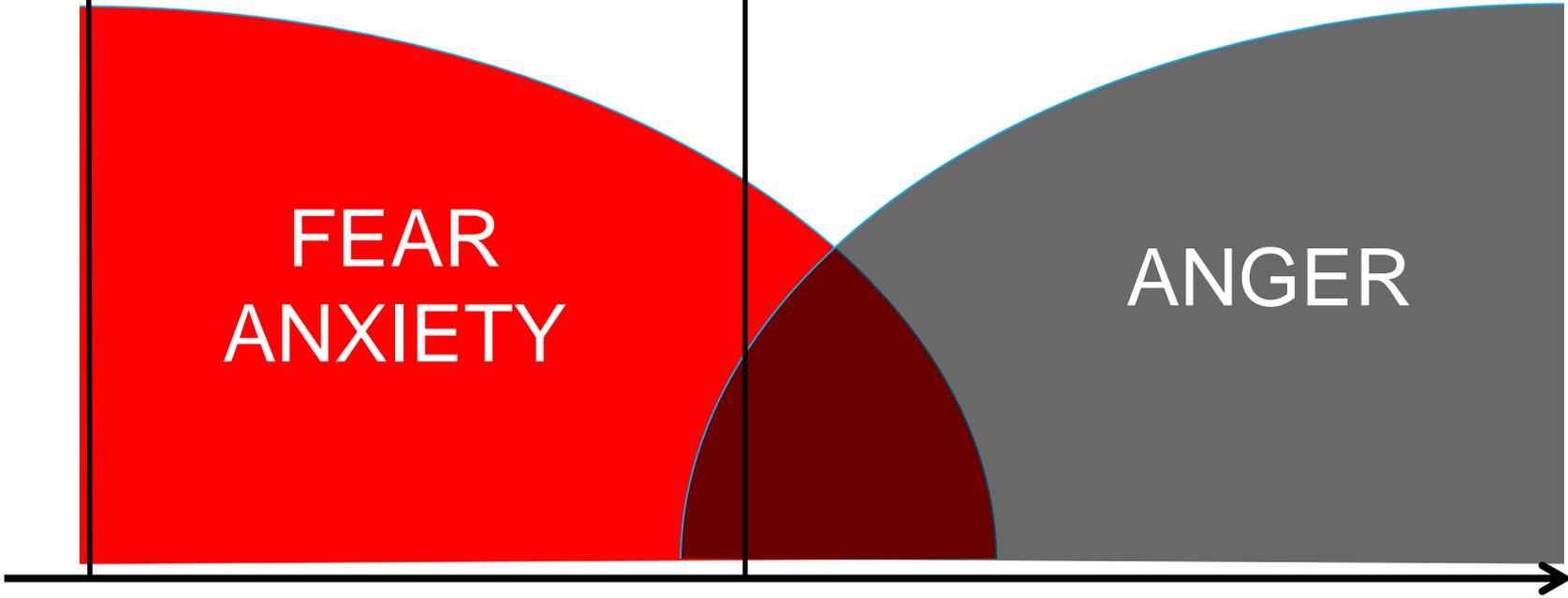
Victim:
Powerless
Fearful
Embarrassed



Building of
Anger
Resentment
&
Revenge

TRAUMATIC
EVENT /
EPISODE

TREATMENT /
GETTING STRONGER /
DANGER IS OVER



FEAR
ANXIETY

ANGER

time

Orth & Wieland (2006)

PTSD subtypes	Internalizing symptoms	Externalizing symptoms
	Helplessness	Bitterness
	Panic	Explosion
	Self Blaming Feeling as a Victim High State-Anxiety Avoidance and Submission	Blaming others Hostility Urge to Revenge Anger Rumination Impulsive Aggression

→ POSTTRAUMATIC ANGER

Winkel (2011)

Standard EMDR protocol



Fear and
Paralysing
Powerlessness

Anger protocol



Anger,
Resentment
Revenge and
Raging
powerlessness

**Top-
down**

MEMORY PROCESSING

EXPLICIT MEMORY: NARRATIVE, VERBAL

TOP-DOWN THERAPIES: COGNITIVE THERAPY

IMPLICIT MEMORY: NON-VERBAL, SENSORY,
AUTOMATIC, TRIGGERS, BODILY REACTIONS

**BOTTOM-UP THERAPIES: EXPERIENTIAL,
RELAXATION, SENSORIMOTOR, EMDR**

**Bottom-
up**

Van der Kolk (2002), Bergman (2012)

Steuwe et al (2014) Effect of direct eye contact in controls and PTSD

DMPFC: Dorsomedial Prefrontal cortex

SC: Superior Colliculus

PAG: Periaqueductal Gray

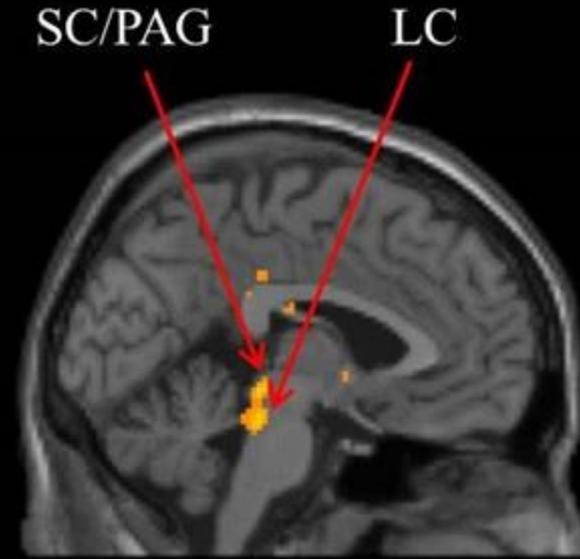
LC: Locus Coeruleus

Controls:



$y = 58$

PTSD:



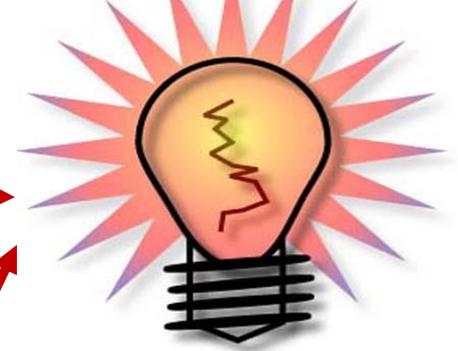
$x = -2$



AROUSAL TRIGGER 2

AROUSAL TRIGGER 1

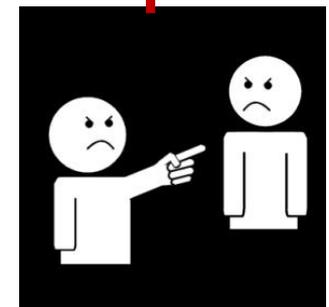
1000 watt



Bodily sensations



How does he take her remarks?



Past

Now

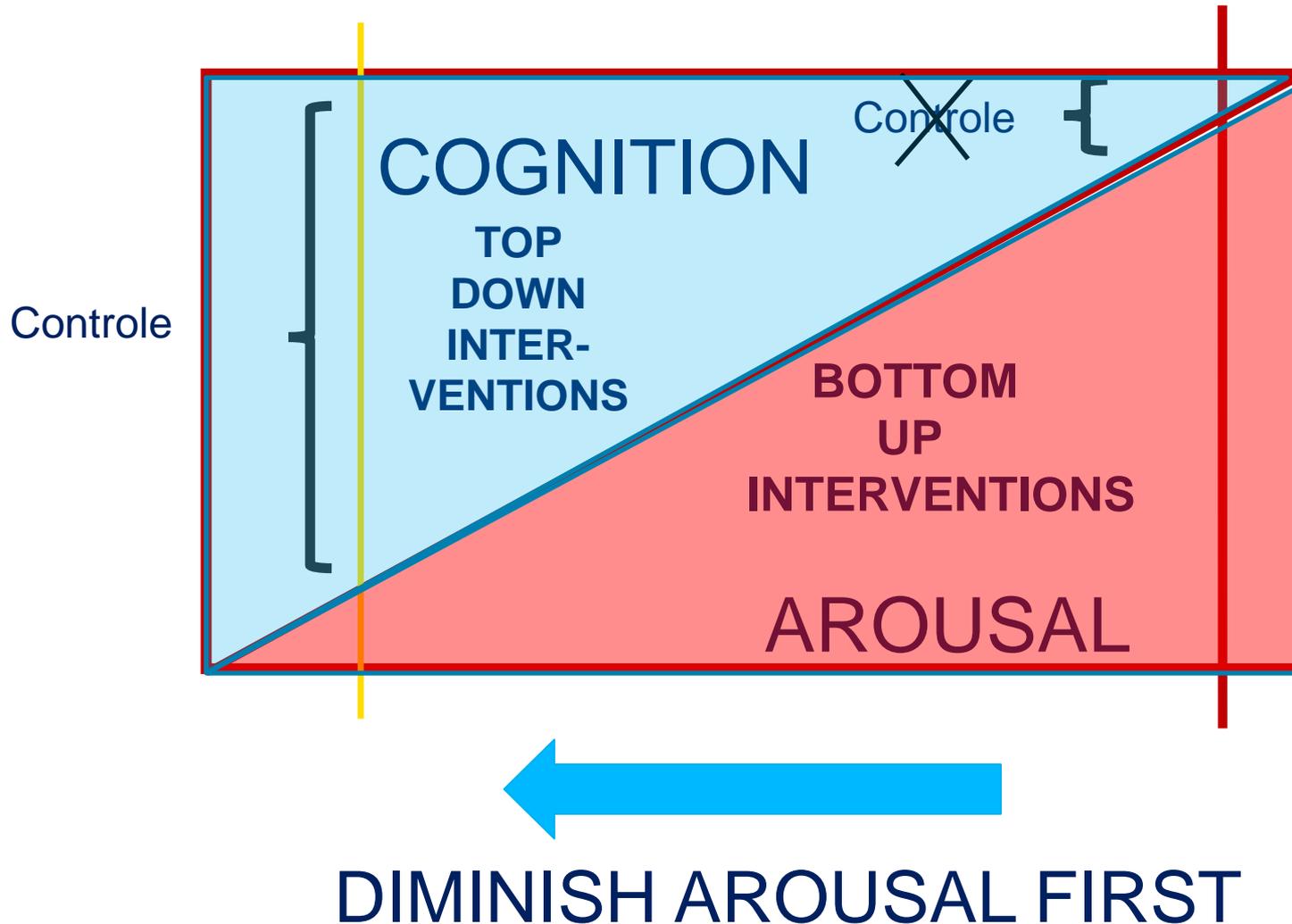
Event

ANGER SYMPTOMS TREATED AS: ‘ ...

unwanted disruptions of “normal” functioning that need to be harnessed by reason rather than treated as reactivated, unintegrated fragments of traumatic states. Top down processing focuses on inhibiting rather than processing (i.e. integrating) unpleasant sensations and emotions.....’

(van der Kolk, 2002, p. 71)

Level of Arousal and Intervention



Result of “incomplete action responses”:

“Incomplete actions of defense may manifest as chronic symptoms”

(Ogden, 2006)

“Each component of the ordinary response to danger, having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is over”

(Herman, 1992)

RESOLVING THE CHRONIC SYMPTOMS

“The patient can feel the full, completed experience of his or her capacity to defend through physical action... instead of repeatedly re-experiencing the truncated, aborted defense responses”

(Ogden, 2006, P.273)

Looking for a **BOTTOM-UP** approach for anger problems

Catharsis is effective when (*Geen & Quanty, 1977*):

1. Anxiety towards the wrong-doer is absent or low
2. Anger is directed towards the wrong-doer, not towards a substitute
3. Anger is expressed by oneself, not by others (anger is in **YOUR** body).

Why have serial killers a not
dimishing urge to kill?

Anger Protocol (1):

- Anger, Urges to Revenge and Revenge Fantasies are NORMAL symptoms after damaging experiences
- The generalized anger has to be split into anger towards those who were responsible for damaging experiences:

“Focussing on the persons who have treated you wrongly or who have damaged you. You may say, the people who have messed up your life.”

Inventory of Wrong-doers

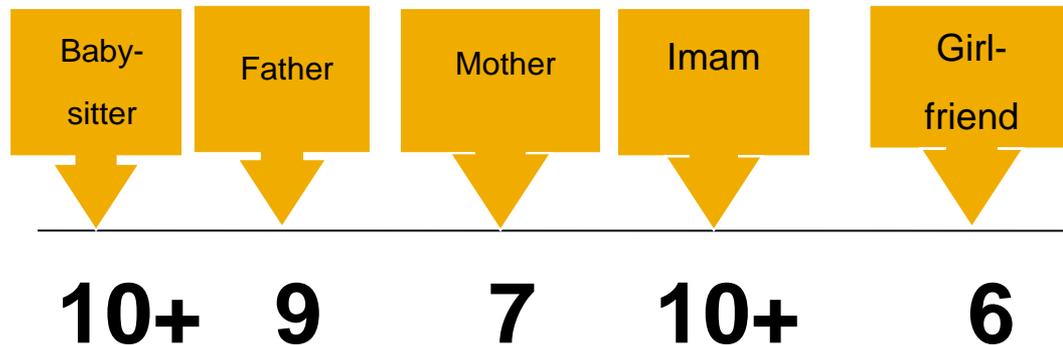
o Baby-sitter was extremely sadistic, maltreating

o Father punishing harsh, never supporting

o Mother cold, didn't allow crying

o Imam, sexual abuse

o Girl-Friend humiliating patient



Anger Protocol (2):

- The patient vents in an **imaginary** film all the bodily energy towards the person he/she is angry with.....
 - You are in the lead
 - You are allowed to do everything your body wants to do
 - You have to do it yourself
 - You have to feel safe all the time
- Look in the eyes of the person
- Feel what your body wants to do
 - and do it!!

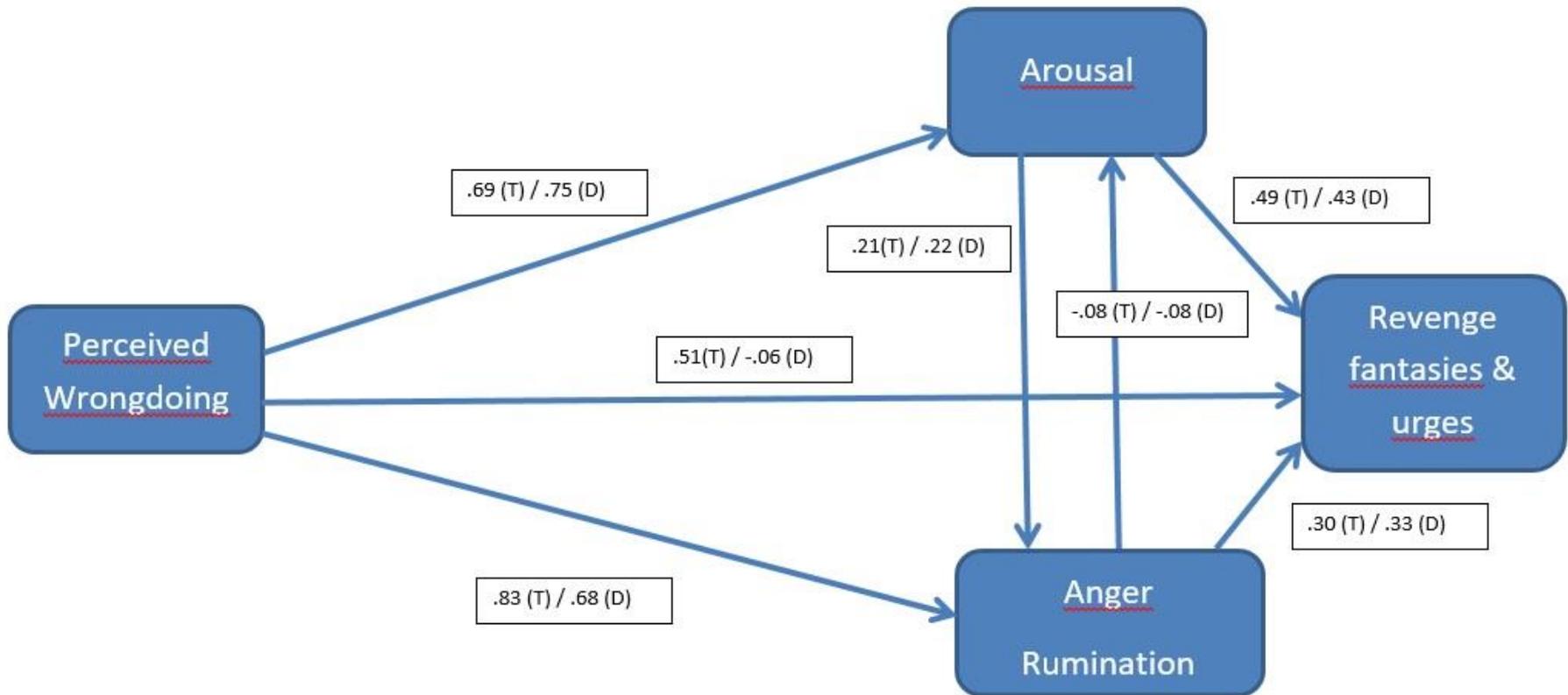


Anger Protocol (3):

- First exercise the 'Break' (footage)
- Stop is Stop
- Within the limits of the therapist

Measuring treatment progress

Directed Anger Inventory: Model (Veerbeek, 2013)



In conclusion

- Not only for forensic patients (fight-divorces)
- Applied on a large scale in the Netherlands
- Not yet evidence based
- And now: excercise!