

Imagery Guided Directed Anger Protocol:

Version March 2017

Foreword

In order to be able to apply the protocol¹ in a responsible way, it is extremely important to be familiar with the target group. Furthermore, it is essential to attend a workshop in order to practise with the protocol.

Introduction

The rationale to the Rage, Resentment and Revenge *approach* may be explained as follows.

If people experience one or more unpleasant periods where something bad is done to them, this may give rise to considerable anxiety, sadness or paralysing powerlessness.

⇒ Draw a bucket with the caption "anxiety".

If people have done something to you it is logical that another bucket could start to overflow: a bucket with irritations, anger, powerless rage and sometimes the urge to seek revenge.

⇒ Draw another bucket next to it with the caption "anger".

Thinking about last week, how does that bucket of anxiety feel?

⇒ Allow the patient to draw how full the bucket is.

Thinking about last week, how does that bucket of anger feel?

⇒ Allow the patient to draw how full the bucket is.

⇒ If it is obvious which bucket is most full, then check:

Is it true that if we empty the bucket that is the fullest, it would give you the most relief?

⇒ If it is not clear, then check:

Emptying which bucket would give you the most relief?

⇒ If, in a discussion with the patient, the choice falls on the powerlessness bucket, then use an appropriate trauma treatment .

⇒ If, in discussion with the patient, the choice falls on the anger bucket, then follow the procedure described below.

¹The term anger, rather than rage, is used in the protocol in order to find a better link to patients who recognise anger within themselves if not rage.

The Brake

Before we start to look at anger, it is important that we first know how we can reduce the tension again. When we are driving in a fast car, we'll want to know if the brakes work!

You can also try this exercise at home. The more you practise, the better the brakes work.

Each time: *Just close your eyes.
Concentrate on your body from your head to your toes, where do you feel the most tension? Take your time. You don't have to think about anything, just concentrate on your body.*

(after 15-30 seconds) Where in your body do you feel the most tension?

OK, concentrate on that spot and follow the clicks/lights/fingers. You don't have to change the tension, just observe it.

What do you notice?

OK, concentrate on that spot and follow just what comes up.

⇒ Continue with this until the patient indicates that the tension has decreased significantly or tension is no longer observable and then say:

We have seen that by just concentrating on the tension, the tension lessens. We will also use this during the session if the tension becomes too much. I'll then ask you to concentrate on the physical tension again until the tension has decreased sufficiently.

NB: The therapist may also employ the safe place as well as orientation techniques to bring the patient back to the here and now as a "brake".

Inventory

In order to be able to empty the anger bucket it is important to know which people have hurt you in some way in your life towards whom you still currently feel anger. It may be that there is only 1 person in the bucket, but usually there are more.

⇒ Draw a horizontal timeline and write down "0" (year) on the left-side of the timeline and the patient's current age on the right-side of the timeline.

Starting off at your birth, who is the first person who hurt you in some way towards whom you currently still feel anger?

⇒ Draw a doll on the timeline with the name or relationship next to it; don't ask when this happened, just move as quickly as possible to the next question:

Who is the next person to have hurt you in some way towards whom you currently still feel anger?

⇒ Draw the next doll on the timeline with the name or relationship alongside; don't ask about when this happened. Continue with the inventory until the patient is able to see everyone on the timeline who belongs there:

Who's the next one?

⇒ In terms of the first one on the timeline, provide the following instruction:

Just close your eyes. That person, <NAME>, is now entering the room; look him/her in the eye, take your time...how much anger do you now feel in your body on a scale of 0 to 10?

⇒ Say the following, but only if you suspect that anxiety towards that person could still be playing a role:

Just keep your eyes closed...Look <NAME> in the eye, take your time... how much anxiety do you currently feel in your body on a scale of 0 to 10?

⇒ If the anxiety is stronger or equal to the anger, indicate that it is important to deal with the anxiety surrounding this individual first, and that we will, therefore, remove him from the "anger" list for the time being.

⇒ Write down the number of both numbers next to this individual, do not explore the reason or experiences, but pose the same question about the next person until you have gone through everyone:

OK, that individual is leaving the room and <name> is coming in. Keep your eyes closed, look at that person, take your time, and observe how much anger you now feel in your body on a scale of 0 to 10. And so on.

⇒ Ensure that the client doesn't provide "thought out" or "reasoned" responses, but rather answers based on what feeling they get in their body when they look into the eyes!

Selected individual

⇒ If there is one individual who clearly jumps out, suggest that you start with that individual and briefly check if that's OK for the client.

⇒ If the same level of anger is recorded for multiple individuals:

Just close your eyes. We'll put these people in 1 room; take time to look at all of them. Don't think about it, just listen to your body: who is the first one you would walk towards.

Film scenario²

OK, we have chosen this person as the first one to be settled in an instinctive way. As your sense of anger, resentment or revenge are so strong, and you are always having to keep these from yourself or others, it is good to give those feelings space in therapy through a self-made film and, in that way, to let them disappear from your body and life. Otherwise, the anger will just remain in your body.

From this point on, you are a film director of a film where you yourself address the person who gave rise to those feelings of anger. You are the boss; you determine what does or doesn't happen in the film. It's a kind of triumphant film.

There are four rules to making your film:

- 1. You have the power, you are the boss and, therefore, you decide what happens in the film and who is present in the film.*
- 2. You need to be able to feel safe and powerful at all times in the film. Therefore, you are allowed to bring along people or things that enhance your sense of security and power.*
- 3. You can do all of this without there being any consequences. If you only want to just talk to the other person, that's fine; if you want to accost the person or do something to them, that's also fine. All of this is allowed, but only during the film.*
- 4. The principle is that **you** are allowed to play out your anger towards the other person. Therefore, don't allow anyone else to solve it for you. The anger has to come from **your** body.*

Tell me something: where do you want to meet the other person?

Before you approach the other person, you need to explore what you need to be sure that you feel completely safe and powerful at the meeting. Just close your eyes.

Is there someone you would like to bring along? (check, if required, whether this is someone who at a later stage might inhibit the client from taking action)

What would you like to bring along to feel completely safe and powerful? Some people bring something along to ensure the other person listens to you and obeys, for instance a rope, tape or a dog. Just say anything you would like. Think about what you want to bring along to feel completely safe and powerful.

What would you like to bring along?

What else would you like to bring along?

² Some patients have difficulty accepting their anger and expressing this in therapy. In Annex A, you will find an extensive explanation which can be used as you will in order to help the patient across threshold.

⇒ If the client says they feel completely safe and powerful, say:

Just to be certain: look the other person in the eye and think about whether you now feel completely safe and powerful.

Know that you have the power and that you determine what happens in the film.

NB: Do not discuss the scenario, as that will be being developed at *that* moment based on what the patient is feeling - particularly in their body!

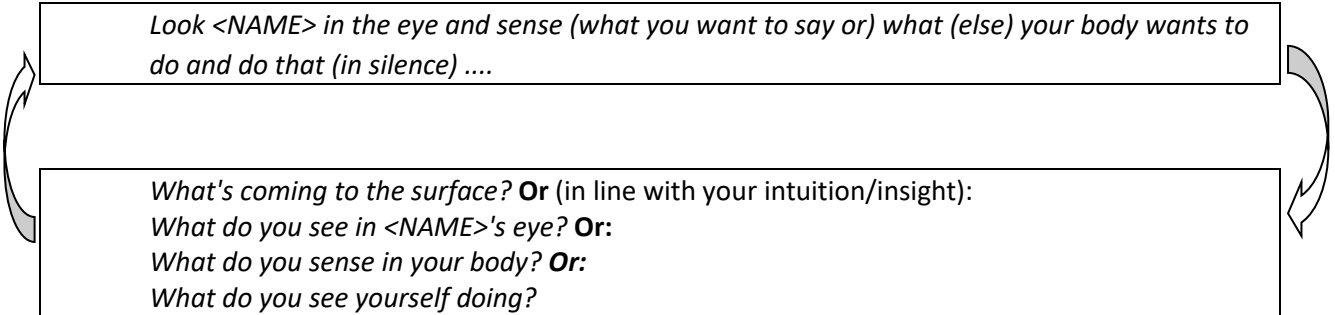
Start film

Close your eyes now, if you like.

Step towards <NAME>, look HIM/HER in the eye and sense in your body what your body wants to do or what you want to say, and then do that (in silence) ...

(after 15-30 seconds) What do you notice?

⇒ Then, repeat the **cycle** below, unless situation a, b, c or d arises.



Look <NAME> in the eye and sense (what you want to say or) what (else) your body wants to do and do that (in silence)

*What's coming to the surface? Or (in line with your intuition/insight):
What do you see in <NAME>'s eye? Or:
What do you sense in your body? Or:
What do you see yourself doing?*

a) If the patient gives the impression of losing the dominant position:

You have all the power, look at who you need or what you need to ensure you feel completely safe and powerful again...You have the power...

b) If the sense of powerlessness is too strong to entrust the film to the patient him/herself:

⇒ Remove the patient from the film and take him to an imaginary safe room and discuss again what he or she needs to feel completely safe and powerful...

Have you got enough with you now to feel safe at all times?

*Approach <NAME>, you are the boss, and look <NAME> in the eye and feel what your body wants to do and do that) => continue with **the cycle***

c) *When there is overwhelming anxiety and powerlessness: step out of the film and apply an intervention to reduce the anxiety/arousal (such as a safe place):*

From this point, the film is stopped and can no longer run...the image is frozen and is slowly fading away...go to your safe place, take your time getting there...and think about what would be nice for you to do there...and do this....

- d) If the patient indicates that the anger bucket is completely empty or if the client is being highly rational with no contact with the body:

*Take another **good** look into <NAME>'s eye, concentrate on your body from head to toe and sense where you still feel the most anger....*

(after 15-30 seconds) Where do you feel the anger is strongest?

For residual tension:

Look <NAME> in the eye, concentrate on your body and sense what your body wants to do to remove **that** tension, and do that (in silence). => **continue with the cycle**

When there is no residual tension:

Step out of the film, take some time to come around again (if necessary: Safe Place).

Ending the session and follow-up discussion

- ⇒ Where the physical tension has not been reduced enough, the offer of the "safe place" may be considered until the arousal has decreased sufficiently (this technique is not part of the protocol); the technique discussed under "The Brake" may also be considered.
- ⇒ Point out that the next few days may be a little unsettling.
- ⇒ Discuss after the session what the difference is between how their body feels now and how it felt at the start of the film; also discuss, if necessary, what the following session will cover (continuing to empty the rage bucket or transferring over to targeted processing of specific harmful experiences with the aid of other treatment modalities).
- ⇒ If necessary, draw-up a safety plan in which there is an agreement regarding what the patient should do if he or she senses that the anger is no longer becoming manageable (e.g. time-out).
- ⇒ The procedure may be repeated, if required, in the next session, starting again the "measuring" of the two buckets and determining which bucket needs to be worked on.

Annex A: Psycho-education for patients who have difficulty accepting their anger.

We have two "controls" that drive us: our understanding and our mood. By mood we mean emotions, i.e. those which we feel in our body, as well as those that we do automatically. We do a lot of things on "autopilot" without thinking about it and without realising we are doing this. That's just as well. One of these automatic reactions is started when we sense a threat and danger. Our body then goes into a flight-or-fight state. We don't have to think about this.

However, if a child is being mistreated by an adult, then fighting or fleeing makes no sense. The child doesn't stand a chance against the adult. However, the child's brain does not forget what its body had wanted to do and pushes the body at a later stage to show - as soon as it can - that it's not afraid. The child sometimes feels years later an automatic tendency to show it's not afraid, to fight against whoever it might be. The brain is only satisfied once the body has finally completed this action in full, even if this is just in the imagination. In the treatment, we choose the last option.

Our minds do not countenance the expression of aggression. Aggression towards others is not right. It doesn't fit with who we are or who we want to be.

In order to rid ourselves of the years of the "fighting state" in our bodies, you will need to switch your mind off for a while and give your body the space to overcome - in your imagination - the individual with whom you are so angry. We know that in practice you should never use violence, which is after all punishable and is undesirable for other reasons as well. However, if the anger towards the other person has disappeared from your body, you are free to continue living your life, and if you still are in contact with that person, to be able to experience contact in a more neutral or positive way.

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The protocol is downloadable from the website: www.hermanveerbeek.com