

EMDR Directed Anger Protocol

Version July 2019

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 practice with the protocol. As the approach presented here may also be applied as a *Cognitive Interweave* within the standard EMDR protocol, in addition to be an integrated protocol, familiarity with applying *CIs* as taught in the Additional EMDR course) is of importance. For use as a *CI*: refer to Annex A.

Legend:

Everything in this box is said to the patient (between brackets: optional)

Everything in this color is executed by the therapist

Everything without layout is context information.

Schiedam, The Netherlands, 2019
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¹The term anger, rather than rage, is used in the protocol in order to find a better link to patients who recognize anger within themselves if not rage.

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 paralyzing 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 full does that bucket of anxiety feel?

Allow the patient to draw how full the bucket is.

Thinking about last week, how full 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 this bucket gives the most tension?

If it is not clear, then check:

Emptying which bucket would give you the most diminishing of tension?

If, in a discussion with the patient, the choice falls on the powerlessness bucket, then use the standard EMDR protocol. If, in discussion with the patient, the choice falls on the anger bucket, then follow the procedure described below.

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 on as quickly as possible to the next question:

Who's the next one (who hurt you in some way towards whom you currently still feel angry)?

Draw the next doll on the timeline with the name or relationship alongside; continue with the inventory until the patient can see everyone on the timeline who belongs there.

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

Just close your eyes. <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.

Show the timeline to the patient and decide together which person to take first, preferable someone to whom only anger is felt (no feelings of loyalty).

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 practice, the better the brakes work.*

Ask the patient to close his/her eye.

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.

Without bilateral stimulation, allow the patient to scan the body for about 10-30 seconds.

Where in your body do you feel the most tension?

Let the patient open his/her eyes.

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

Bilateral Set, 20-30 seconds

What do you notice?

OK, concentrate on that spot and follow the clicks/lights/fingers

Bilateral Set, 20-30 seconds

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.

Alternating between the Brake and arousal:

Apply the Brake as shown on page 4.

We now will check whether the Brake is still working properly if we accelerate. So, we want to induce your anger a bit to check the Brake. Close your eyes. Which person could you have in mind to fuel the anger, without fueling the anger to 10 on a scale of 0 to 10? Take your time.

After 10 seconds or if the patient has already chosen a person:

Keep your eyes closed. I will ask you to go back to the moment you were the angriest with this person and just notice what is happening. As soon your bodily tension reaches a 6, just say STOP.
Go back to this moment now and take your time.*

*When repeating this after a first successful process, you can choose a higher threshold.

After 20 – 30 seconds, if the patient didn't say STOP:

How much tension do you sense in your body from 0 to 10?

if the patient says STOP or the reported tension is above the agreed limit:

(Open your eyes). Let go all images about this person and concentrate on your body. From head to your toes, where do you feel the most tension?

As soon as the patient indicates the location of the tension:

How much tension do you notice there from 0 to 10?

After reply:

All images of this person are gone. Concentrate on that spot and just follow the clicks/lights/fingers.

Bilateral Set 20-30 seconds

As soon as the tension is reduced enough (<4), check the Brake again with a higher STOP-threshold or end the Brake procedure by instructing the patient to exercise the Brake at home, adding that the patient is allowed to say STOP in therapy sessions always when the patient feels the tension is rising too high.

Filmscenario: preparation²

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 feel safe and powerful at all times in the film. Therefore, you are allowed to bring along things or people 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. We are in kind of a preparation room with all kinds of things you can take with you: rope, knives, tape, whatever you can think off is in this room. So please walk around and see what you want to take with you to feel completely safe and powerful. Take your time.



What (else) do you want to take with you?



Walk around again and look what more you want to take with you, take your time.

If patient doesn't need anything or has all he/she needs:

Keep your eyes closed. Sense if you would like to take someone with you.

Emphasize it is allowed to take people with them for safety reasons, but the patient is not allowed to delegate aggressive acts; check if needed if the patient feels completely safe and powerful

² See Addex B for psychoeducation which can be used as you will in order to help the patient across threshold.

Film scenario: execution

In advance, the patient has been familiarized with the bilateral stimulation and all has to be in place, ready to use.

Know you are the boss. 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 do that in silence

Bilateral Set 20-45 seconds

What do you notice?

Then, repeat the cycle below:

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

Bilateral Set 20-45 seconds

Choose always one of the sentences below:

- *What do you notice?*
- *What do you see?*
- *What do you see yourself doing?*
- *What do you notice in the eyes of <NAME>?*

If patient indicates he/she is finished or in case the patient is processing in a too rationalizing way:

*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 10 – 30 seconds:

Where do you feel the tension the strongest?

If still tension is reported:

*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.*

Follow the arrow to the bilateral set and repeat over and over what is between arrows.

If no tension is felt anymore:

Step out of the film, take some time to come around again

See tips on ending the session

Problems during execution of the film scenario

1. 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...
Look <NAME> in the eye and sense in your body what your body wants to do (more) (or what you want to say), and do that in silence*

Continue on page 7, between arrows.

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

Take the patient out of the film, back to the preparation room, inviting the patient to walk around and see what is needed more to feel ultimately safe and powerful. You may ask where the patient is the most fearful of regarding what could happen in the film, taking action / choosing objects to take into the film. If safe and powerful enough, go back into the film scenario, between arrows.

3. *When there is overwhelming anxiety and powerlessness:*

Take the patient out of the film scenario and induce 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....

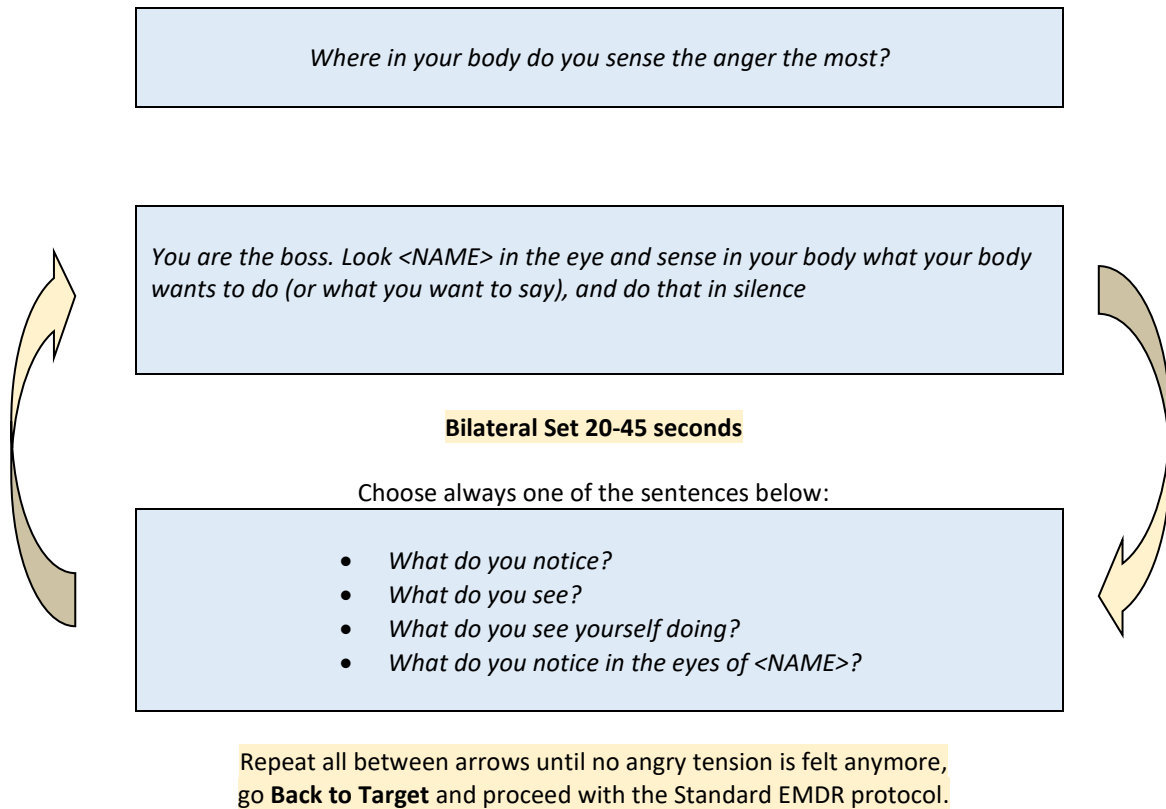
Continue processing the safe place until the tension has been reduced enough.

Ending Session

1. 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 the standard EMDR protocol).
2. Point out that the next few days may be a little unsettling.
3. Safety plan
If needed make a safety plan together, which can serve as a guide for the patient what to do if the tension rises at high levels (applying a time-out for example).
4. Next session
If needed repeat the whole protocol next session, starting again with looking at the timeline to decide if another session is needed regarding the same person or to decide which is the next person to process the anger with.

Addex A: Applying the brief Directed Anger Protocol as Cognitive Interweave

If it is apparent during the implementation of the standard EMDR protocol that the patient's anger, resentment or urge to seek revenge is rising up significantly and is focused on the person in the target image or is playing a dominant role in the associations, then the following *Cognitive Interweave* may be used:



Annexe B: 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 realizing 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.

You can download this protocol from: <https://www.hermanveerbeek.com/links-downloads/>