

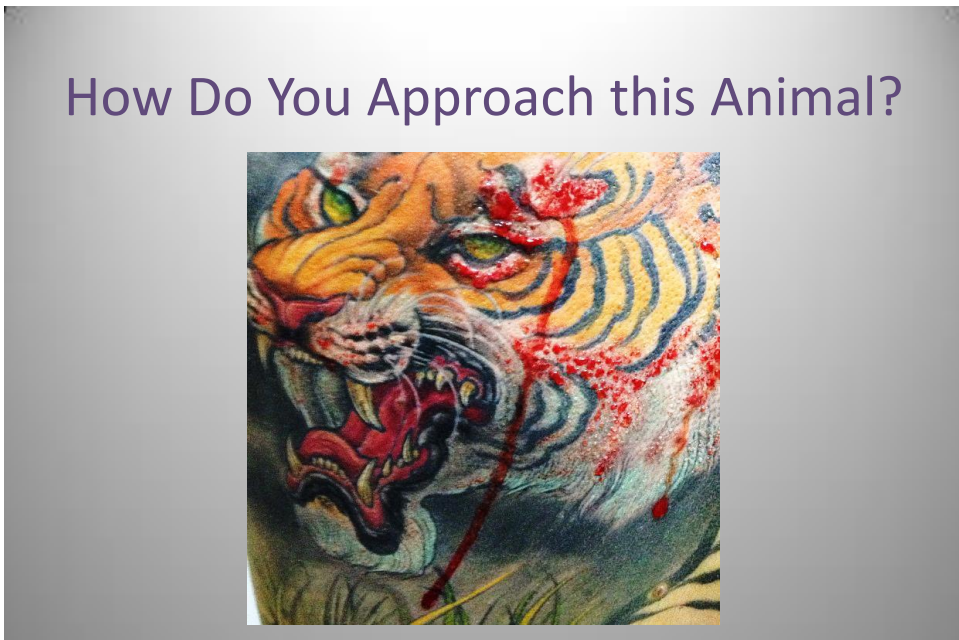


Transforming Anger and Hate

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June 2016



How Do You Approach this Animal?

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The Approach to Therapy with Angry Individuals is Different than with other Populations

Internalizing Disorder

- Source of distress: Internal, "I need help! There is something wrong with me."
- Goals: Self-improvement, "I want to improve myself."
- Coping: Vulnerability and submission (honest & compliant)
- Neurotic: Too quick to spot mistakes in self.

Externalizing Disorder

- Source of distress: External, "I have been wronged! I hate how others treat me."
- Goals: Control, "I want to defeat my enemies."
- Coping: Self-reliance and dominance (deceitful & manipulative)
- Cynical: Too quick to spot mistakes in others.



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Naikan Therapy

Primary Differences

- As a young therapist, age 26, it was my job to work with men who were violent and abusive. These men had been ordered to therapy by the courts, or they came because a girlfriend was threatening to leave the relationship.
- I discovered quickly that the therapy I had been taught in graduate school did not work for this population.
- I studied Japanese Naikan therapy. This approach emphasizes character development rather than symptom relief. It teaches self-discipline and uses a directive, guiding approach. This produced very good results.



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Therapeutic Dominance is Needed

Primary Differences

Avoid Non-directive Therapy: Must be willing to lead conversations & use benevolent confrontation.

- Benevolent confrontation is a form of correction that allows the other person to work toward a position of dignity and greater self-satisfaction.
- patients waste great energy on ego-defense, constantly working to suppress knowledge of their own selfishness and cruelty. Therapeutic confession & self-correction are used to liberate energy as self-awareness is increased.
 - “It takes a lot of courage to do this work. I can see you care.”
- Be patient. Look for confessions to a percentage of the problem, rather than seeking all-or-nothing confessions. Work with what the patient is able to give you.



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Always Assess for Domestic Violence

Primary Differences

If there is anger, there may be physical or emotional abuse. Do not rely on self-reports: obtain 3rd-party data.

- 3rd-party reports are the best way to maintain therapeutic authority while dealing with patients who use deceit, intimidation, and false compliance.
- If DV, patients must sign a release to continue counseling, they are informed that they will not know when she is contacted or what she has revealed.
- Best to have an assistant make calls during group, that way you know the call is not being monitored.
- Police reports, or secret videos are very informative.



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Domestic Violence Counseling

Continuing counseling someone who is violent, yet refuses to admit to having a problem, is foolish.

- It increases probability that the abused partner will be blamed for his behavior, and trapped in the abuse.
- Behavior that is not confronted is implicitly condoned.
- The therapist is likely to be misquoted and used as a weapon against the abused partner.
- Sometimes, you have no choice but to deny therapy.
 - “I only work with individuals who are willing to admit that they need help. You have not yet admitted to a problem with anger, violence, or abuse.”



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Couples Therapy May Make it Worse

Couples therapy is not safe or productive when there are dangerous repercussions at home for what is said in the office.

Primary Differences

- Couples therapy should always include at least one private meeting.
 - “What is the other person doing that they do not want you to tell me?”
- Refuse couples therapy for individuals who will not stop abusive behavior in the office.
 - “Couples therapy is contingent on you being able to communicate respectfully while in therapy.”
- If there is a frightened partner that does not seem willing to share information, or if divorce is likely, consider using a different therapist for each person.



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Group Therapy is most Common

Primary Differences

Use experienced group members or peer counselors to reinforce points made by the professional.

- Learning requires trust and interest. This is more likely to occur when the topic feels highly relevant and the speaker is an in-group member.
- It is convenient to schedule closed-education groups, and to teach topics on a schedule, but it is also the least effective method.
- Open-groups stagger membership so that new patients are counseled by more mature group members. Topics are selected for their relevancy that week.



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Require Written Contracts

Contracts: Having a documented confession at the start undermines resistance when it emerges.

- Motivation decreases dramatically after the initial visit. Written contracts help increase follow-through.
- These patients get angry and argue. But people are much less likely to argue with paper, it is more tangible than spoken word.
- The more public the commitment, the greater the probability of follow-through. The contract should be seen by the partner.



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What Happens when Anger takes Charge?



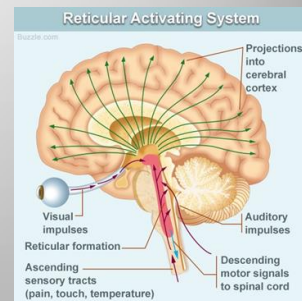
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Limbic System Priority

- The prefrontal cortex is bypassed. This increases reaction speed. Choices are produced by instinct rather than reason. Long-term outcomes are no longer considered.
- Energy and strength are increased with the release of adrenaline. There is a strong impulse to move toward the object of anger.
- The processing of memory, decision-making, and thought is controlled by the amygdala. All thinking will be designed to sustain the anger.



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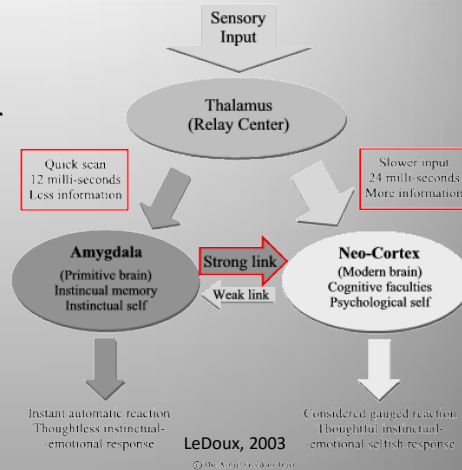
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Thought is Much Slower than Emotion

The amygdala works ahead of the conscious brain and activates faster than any other part of the brain, for self-preservation. Fear activation can occur in the amygdala within 50 milliseconds while conscious processing in the hippocampus takes 500-600 milliseconds. (Cozolino, 2005)

Simplified Schematic View of the Brain's Circuitry



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Not all Anger is Bad

Healthy Anger

- **Stable:** Situations which provoke anger are easily identified.
- **Balanced:** Anger is regulated by other competing emotions.
- **Productive:** The presence of anger produces desirable outcomes.
- **Singular:** The presence of anger signals a unique event.

Maladaptive Anger

- **Unstable:** Never know what will trigger anger, may seem random.
- **Biased:** Anger is the only emotion used for problem solving.
- **Counter-productive:** The presence of anger leads to undesirable outcomes.
- **Chronic:** The presence of anger has no unique meaning.



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Anger has Multiple Causes

- **Biological Contributors**
 - Low blood sugar increases anger & aggression (too much sugar, not enough rest, hypoglycemia).
 - Alcohol and other drugs can increase anger.
 - Some medical conditions & chronic pain can cause maladaptive anger.
- **Social Context**
 - Growing up in a violent home, experiencing trauma increases anger.
 - Belonging to groups that are prejudicial or hateful increases aggression.
 - Broken relationships, chronic isolation, no attachment formation.
- **Cognitive Biases**
 - Negative interpretation of intention (assuming others intend to cause harm, seeing neutral behavior as mean or aggressive).
 - Victimization (seeing oneself as suffering unfairly, or deserving better).
 - Blame (seeing others as the initiators & sole cause of trouble).



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Biological Contributors



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Diet & Sleep Choices

Biological Contributors

Not enough food, or sleep deprivation, can create irritability and aggressive outbursts.

- Prefrontal activity (i.e., rational thought) requires greater energy supply, (more glucose) than limbic systems. Self-control declines with low glucose.
- Research: “Hangry” spouses stab their voodoo dolls twice as often in low blood glucose state.
- Sleep deprivation is cumulative, can create a sleep deficit that cannot be slept off in one night, having an irregular sleep schedule can do more harm to emotional stability than not enough sleep.



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Drug Side-Effects

Biological Contributors

Drug/Medication and/or alcohol effects

- Drug effects are difficult to detect for those who take lots of medication, unless you know when a new drug was introduced.
- Not all alcoholics are violent but it can be a serious problem, sometimes showing up later in life, with blackout spells. Always inquire about alcohol consumption.
- Counseling will not fix the anger problem until the drugs/substances are removed.



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Anger as a Medical Symptom

Biological Contributors

Biological disorders, such as hypoglycemia, chronic pain, brain tumors, diabetes, neural infections, and dementia can create angry/violent outbursts.

- Hypoglycemia: anger is worst in the morning or after large desert/soda, patient has unusual craving for sweet foods. Children are most susceptible.
- Symptoms that warrant immediate medical attention: uncharacteristic violent outbursts, atypical problems w/ headaches, blurred vision, sudden loss of consciousness, problems with orientation. *Medical attention is warranted when the behavior is not characteristic.*



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A Culture of Control

- Some people have problems with anger because it is how they have learned to conduct relationships. It can be learned in the family, at school, or at work—any place where hostile dominance is used to get one’s needs met.
- Criticism and physical punishment will often produce compliance in the short-term. So some believe this is the only way others can be influenced. However, in the long-run, negative relationships produce resentment and defiance. Humans instinctually resist oppression.
- Attempts at control, and unrestrained expressions of anger, tend to be directed *down the social hierarchy*. This requires classification of people into groups that are either superior or inferior.



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Hating “those people”

It is easier to hate a category of people than to hate an individual person.

- Ethnic cleansing, police shooting into the crowd, soldiers killing the enemy, a guard beating prisoners, a man hating all women—these all involve out-groups.
- Anger is contagious, especially when we think of categories of people (i.e., “abusers”) versus a living person. It is easy to hate inferior, condemned groups.
- When we learn a person’s story, we begin to feel his or her life experiences, a process of humanization and emotional bonding begins. (*Always listen to the patient’s childhood stories*) What invention greatly reduced global killing?

Social Context



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The line that Separates “Us” from “Them”

Social Context

In-group vs. Out-group: Effects can be seen in less than 10 seconds, with purely random grouping

- People act aggressively toward those who are not in their group. However, this dividing line is easily moved.
- Teach patients how to see their wife, kids, and friends as a vital part of them, something to be protected.
 - To a man who is bitterly angry at his wife, “What if you saw a man yelling at your wife? What if he hit her?”
- Externalize the problem of anger (out-grouping it).
 - “What are you willing to do to project your family from the anger? What if they got to know your gentleness?”



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Be Careful with Word Choice

Social Context

Make liberal use of the pronoun “we.” Be careful with the use of “I” & “You”.

- A shared identity comes with common enemy, common cause, common experience.
 - “We all struggle with anger at times. We can help each other.” vs “*In order to manage your anger, you need to...*”
- Universal harmony is created by communicating the idea that we humans are a single group.
 - “We all make mistakes. Can you tell me what your mistake was?” vs “*I know this is difficult but you need to talk more about your mistakes.*”



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Insecure Attachment & Anger

Repeated, but failed, attempts at a relationship produces an increasingly large burden of resentment

- Did he feel loved by his mother, or teachers? As an adult, has his love for others resulted in good outcomes? Secure attachment stabilizes emotion.
- Often, strong feelings of resentment and/or desperation build from failure to successfully negotiate one's needs in a primary relationship (lack of skill).
 - “No one has ever really cared about me!”
 - “Nothing I do works. Nothing makes her happy!”

Social Context



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Secure Attachment During Therapy

Temporary activation of secure attachment

- Elicit at least one narrative account of receiving love or kindness, even if only from a pet or a brief interaction with a stranger.
- Artwork depicting loving acts or framed quotes will alter behavior.
 - The patient becomes less defensive, more flexible in his thinking, there is an increased capacity to take risks.
- The relationship with the therapist acts as a model.
- Some patients have not had any outside validation.
 - “Do you love me?” (Some people have never been told this.)
 - “Do you really care about my life?”

Social Context



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Social Dynamics During Therapy

Complementarity: Hostility automatically elicits hostility, (Kindness elicits Kindness)

Social Context

- These automatic responses can be over-riden, but it requires conscious effort (and glucose)
- Affect attunement (matching anger in facial expression or tone) is not hostility. Matching anger, with an angry tone and kind actions will automatically solicit a kind response.
 - You can be angry that someone has suffered, which is kind.
 - Hostility requires attack, judgment, condemnation or punishment of some sort.



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Aggression is Not a Solution for Anger

Whenever you attack or shame someone who has been overly aggressive, a new victim is created, and you become the enemy.

Social Context

- The man who slapped and screamed at his girlfriend in public, and was pursued by two large men, only to have the girlfriend attack (because her boyfriend needed rescuing).
- Shaming & harsh confrontation do not help. Parents who use harsh discipline tend to have angry, aggressive children, police who are harsh & angry tend to encounter more violence during arrests. Aggression creates anger.
- I distrust any form of therapy that relies on confrontation or shame to try and correct problems with anger.



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A Skillful Therapist “Practices what he Teaches”

Create live opportunities for gratitude. Communicate that this person’s opinions, beliefs, experiences matter.

- Positive Attention: “You make a really good point!” “I am glad you said that.”
- Directing Attention: “What was the most helpful part of the session?” “Is there anything you are grateful for?”
- Recollection: “Last week, you made a really good observation when you said...”
- Respect: “What do you think about this?”

Social Context



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Be as Polite & Respectful as Possible

Use Polite language: Avoid unfamiliar terms or the use of adversarial terms

- Adversarial: “You are a batterer.” “Perpetrator.”
Fair & Accurate: “You cussed and screamed at your wife. That is a form of emotional abuse.”
- Unfamiliar: “A recapitulation of childhood events.”
Familiar: You hurt others the way you were hurt.”
- Avoid: Religious terms, political terms, or reference to social class (words that alienate certain groups)

Social Context



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A Skillful Therapist is not Easily Frustrated

Social Context

Never interrupt or argue, unless you want disagreement.

- Colombo Technique: “I am confused. Are you saying that you like things the way that they are? These are good outcomes?”
- Devil’s Advocate: Take the unexpected side of the debate. Many patients will be ambivalent about trusting therapy and thus argue against any position you assert. Let the patient argue for important ideas.
 - “Maybe you do not want people feeling close to you.”
- Quoting: Self-consciousness leads to reconsideration.
 - “You just said, ‘I hate living with her?’” (followed by silence, rather than debate)



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A Skillful Therapist is Not Easily Provoked

Social Context

Emotional Contagion: Angry feelings give rise to angry thoughts, leading to angry behaviour, which spreads angry feelings amongst others.

- During the patient’s life, an avalanche of self-confirming events occurs before there is time to consider the possibility of having misinterpreted other’s intentions.
 - Pre-emptive strikes are met with counter attacks, thus others seem uncaring.
- For therapy to be effective, the therapist must respond in surprising ways. He or she must not be easily offended or easily provoked with criticism.



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How to Assimilate a Verbal Attack

Respond to confrontation by momentarily taking the opponent's position (cross over to his side).

- **Kind Dominance:** Use pieces of the patient's statement to arrive at important conclusions. Maintain your authority.
 - "I am so glad you said that! You make a really great point..."
- **Overweighting:** Over emphasize your alleged faults. Often, patients spontaneously switch to argue in favor of your behavior. This allows them to disagree, but in your favor.
 - "Maybe this was unfair. Maybe I was being too hard on you, or expecting too much progress too quickly."
- **Make implied remarks explicit:** Hidden attacks feel less unappealing (to the aggressor) when exposed.
 - "Are you implying that this is a waste of time? ... It is okay to be honest."

Social Context



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Breakaway Groups

- Divide into pairs and take turn criticizing each other.
- First try kind dominance, then overweighting, and then making implicit criticism explicit. After trying all three, switch roles. Do this several times.
- Raise your hand if you need help.

Social Context

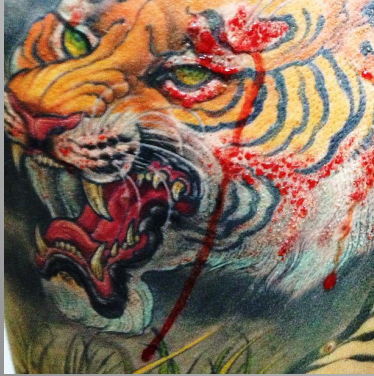


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Wounded & Hungry



Healthy & Well-Fed



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Victims are Angry & Aggressive

Self-perceived victims can be aggressive & dangerous, even murderous.

- Survival situations=Limbic System Priority, "I will destroy you before you destroy me."
 - The emotional brain takes figurative language seriously, "That bitch is *killing* me with her complaints!"
- People who perceive themselves as seriously wounded, or in a position of great loss ("I have lost everything!") are more willing to take great risks & to act without regard for the wellbeing of others.
 - When a woman leaves a violent relationship, and he comes to the conclusion that she has destroyed his life—the risk of murder is high.

Cognitive Biases



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Victimization & Personality Disorders

Cognitive Biases

The bottom pole of narcissism (fantasies of grandiose suffering, caused by others) yields constant anger.

- The desire for greatness is easier to fulfill when going in a negative direction. This does not require skill or accomplishment.
 - “No one has suffered as much as me!”
- These self-gratifying ideas tend to foster chronic anger and absolute freedom from consciousness.
- The victim-oriented fantasies a person constructs will have tremendous influence over behavior.
 - “I knew how this fight would go even before I got home!”



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Biased Interpretations

Cognitive Biases

Bias: Past experiences create a bias towards negative interpretation of intention.

- Norman Dodge: Violent school boys react no differently to provocation than “normal” boys, but they perceive provocation much more often.
- The more poorly a person is treated early in life, the smaller the collection of positive examples from which to make sense of other’s actions.
- As long as the individual reacts defensively, there is never an opportunity to learn of other’s actual intent (the bias is self-perpetuating)



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Transference is a Form of Biased Interpretation

Cognitive Biases

Stereotyping: Categories of relationship are often substituted for details of immediate behaviour.

- A man's wife leaves him for another man, then, in a new marriage, he interprets much of her behavior as signs of her intention to leave him for another man.
- A man was constantly criticized by his father, so during therapy he interprets all of the therapist's comments as criticism.
- Do not interpret transference: It feels insulting rather than helpful. Allow the patient to make sense of his behavior.
 - "Why do you think you are unhappy with me? What could I do to make it better for you?"



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Memory Reconsolidation

Cognitive Biases

Selective Processing: Listen to events from the past, but highlight details that differentiate the present.

- When you ask the patient to differentiate one person from another, it helps address hate and fear held at subconscious levels.
 - "How is your husband different from the last boyfriend?"
- While describing events from the past, the patient can feel as if it is currently happening. Bring them back to the present.
 - "How am I different from other's who have judged you?"
- During this type of work, trauma therapy may be needed, especially if the patient grew up in a violent home.



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Emotion is Like a River



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“Trying to control the emotional self willfully by manipulative attempts is like trying to ... push back the water of the Kamo River, upstream. Certainly, they end up aggravating their agony and feeling unbearable pain because of their failure in manipulating the emotions.”

- Shoma Morita, M.D.



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Anger Suppression Does Not Work

Emotional Process Work

The strategy of emotional suppression works briefly, then leads to explosions or passive-aggressive punishment.

- Intermittent Explosive Disorder: “pushing down” the anger builds resentment, like pressure against a dam, when it breaks, the explosion is big.
 - “I’ve had enough! You have done this to me too many times!”
- Passive-aggressive: an uncoupling of deliberate thought from automatic behavior.
 - “I’m not angry. It was an accident!”
- Behavioral Therapy: techniques such as “thought stopping” are another form of emotional suppression (positive outcomes are short-term). The emotions need to be explored.



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Suppressing Emotions Alienates Others

Emotional Process Work

Unfortunately, the emotions that get most fully suppressed are the intimate emotions, one’s which arouse compassion in others.

- Masculine emotions (anger/triumph) do not require vulnerability, thus do not invite support or concern.
- Anger and Triumph are great for war but less useful for building relationships and nurturing others.
- A person who is unable to suppress anger, may be very effective in suppressing feelings of fear, regret, anxiety over potential loss, or happiness for forgiveness. In this way, he can seem nonhuman.



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Building Emotional Repertoire

Emotional Process Work

"In feelings, it is best to be wealthy and generous."

- Morita Shoma, M.D.

- Seek to broaden the emotional repertoire and share (responsibly) one's emotional reactions with others.
- Morita Psychotherapy: We are responsible for what we do no matter how we feel at the time. Feelings don't control our behavior. Blaming our feelings for our behavior simply excuses unkind or irresponsible habits. Discarding such excuses, we create more space for healthy living habits.



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How Many Emotions Can He/She Express?

Emotional Process Work

Emotional illiteracy leads to over-reliance on a single emotion (primitive emotions such as anger or fear)

- Energy from unrecognized sadness or nervousness can convert into anger.
 - The man who yelled at his wife because of the unfair way she was treated by his brother.
- Because emotion provides perspective, a mono-emotional response results in a very limited range of behaviour and thought.
 - Parents who become angry and punish the child because he has a problem at school, and is making poor grades.



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Each Emotion Serves a Purpose

Learning the function of individual emotions increases capacity for self-regulation.

- Anger: defend resources, remove obstacles to our wellbeing
- Anxiety: warn us of things for which we are not prepared
- Fear: mobilize flight from serious threats
- Joy: identify which actions we should repeat
- Regret: identify actions to eliminate
- Sadness: tells us what to protect from loss
- Shame & Guilt: motivation to change behavior

Emotional Process Work



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Expanding Emotional Repertoire

Empathetic listening, while suggesting alternative feeling states, helps expand emotional options.

- This is not just retrospective work but also the priming of certain emotions for future events.
 - “What else could you have felt besides anger?”
 - “What did she do that you are proud of?”
- An increased range of feeling states counter-balances anger and rage, even when upsetting events occur (Especially emotions such as Pride, Love, Hope, and Excitement).
 - “I was really proud of myself for not yelling back.”

Emotional Process Work



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Accountability

Emotional Process Work

Pure empathetic listening is less helpful. Process work must be combined with accountability for all actions.

- patients sometimes distort empathetic messages.
 - “I told her what you said, that the fight was all her fault.”
- patients can make themselves more angry in therapy.
 - “If I continue to listen to all the reasons you have for feeling angry, your anger will most likely get worse. Is that what you want?”
- It is much more simple to find fault in others.
 - “If she was in my office, right now, I would ask her to consider what she needs to change about herself. Because we are here to work on you, insight about you is most important.”



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Validation Must be Done Carefully

Emotional Process Work

Warning: Only validate anger when using innocuous individuals, someone who cannot be attacked.

- Be very careful when validating anger. There is the risk of justifying or increasing anger at home.
- Anger at a deceased parent, or anger at “the system” or anger at circumstance, rather than a specific person, is not as risky to validate
- It is better to search for the emotion behind the anger, and then do some work on finding ways to address needs that other emotions (such as fear) illuminate.



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Reviewing the Week's Events

Emotional Process Work

Retrospective analysis of recent events creates an outside perspective

- Retrospection is preparation for future events
 - “How can you handle this differently next time?”
- Learning is less likely to take place when we do not stop to take account of our emotional responses.
 - “Why did you feel this way? What were you thinking?”
- Retrospection & Introspection are not automatic. They require effortful processing, either in social dialogue, or while journaling, or meditation.
 - “Homework” is the therapy that occurs between visits.



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Meditation Therapy

Emotional Process Work

The mindfulness exercise I teach my patients has some close similarities to Naikan meditation.

- **Naikan:** There are 3 major themes to meditate on.
 - 1. What you have received from a loving other.
 - 2. What you have returned to that person.
 - 3. What trouble you have caused that person.
- **SAS-M:** There are 4 **emotional themes** to explore.
 - 1. Your **anger** and what has triggered it.
 - 2. Your **mistakes** and undesirable consequences.
 - 3. What **trouble** you caused others, how it would feel.
 - 4. Your **gratitude**, what you can do to make things better.



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Using the SAS-M

Emotional Process Work

- **Where:** This is designed for between session homework (mindfulness training). It can be used to further transform emotional experience in group or individual settings, or during session.
- **Why:** The activation of compassion and joy transform anger, as old memories are reprocessed (physically changed). This review of the past produces a context for coaching/providing tools to better handle daily events.
- **When:** As much as possible. The number of forms completed correlates with rate of change. No less than once a week.



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Break Away Groups

DEMONSTRATION of SAS-M

MEDITATION / MINDFULNESS LOG		SAS-M	
Name: _____ Date: _____		MINDFULNESS PRACTICE	
FEELINGS	I got angry or frustrated when ... (what was the trigger?)		
	While angry or frustrated, the sensations I experienced in my body were ...		
COMPARISON	I made a mistake when I ...		
	The consequences I do not like include ...		
	If you feel remorse or embarrassment, where in your body is it registering? What sensations are you experiencing?		
CAUSES	The emotional effect my actions had on others was ...		
	If this had been done to me, I would have felt ...		
	If you feel compassion or empathy, where in your body is it registering? What sensations are you experiencing?		
HOPE	I am grateful that ...		
	The best way I can make up for my mistake is ...		
	If you feel hope or gratitude, where in your body is it registering? What sensations are you experiencing?		

- After the demonstration, find a partner
- Role-play is not necessary. You can pick an actual event from your life when you felt exceptionally angry
- Switch roles after 15 minutes



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"The best technique is to have a worthy purpose."
-Milton Erickson



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Are Your Intentions Worthy?

Worthy Purpose: Make your positive intentions clear and obvious.

Moving Past Defenses

- **Be an Ally**: Make it clear that you are working to achieve the patient's personal goals.
 - "You told me what others want you to get from therapy, but what do you want from therapy? What is most important to you?"
- **Do not rush to judgment**: Many people fear being judged in therapy. Remain committed to ego protection. Do not "murder" the sense of self.
 - "What does this person need to hear at this moment?"



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Carrying the Conversation

The therapist must be prepared to carry the conversation. You must take the patient to places he would not get to on his own.

Moving Past Defenses

- Avoid humiliation or shaming. Treat the patient with the same kindness you would want if you were in his place.
 - Allow the person to save face, but do not accept denial, blame, projection, or minimization. Move past these defenses.
- For rigid, unyielding ideas, induce doubt or confusion.
 - “Are you certain that you fully believe that?”
- Ignore distraction or the use of blame.
 - “I was not there to see what happened. Let’s focus instead on what I see happening in front of me right now.”
- Label unproductive behavior.
 - “It sounds like you are trying to use blame to avoid responsibility for your actions.”



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Blame Justifies Anger

**Blaming: “I got angry only after she attacked me.”
“She has just as bad a temper, especially when she drinks.”**

Moving Past Defenses

- Redirect Focus: “What part of this are you willing to own?” “How did you contribute to the problem?” “What was your mistake?”
- Subgroup: If patient cannot develop his own answers, enlist help from the group, elicit examples from their personal experiences.
- Challenge: “Are you able to talk about what happened without resorting to blame?”



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Dodging Prematurely Ends Therapy

Moving Past Defenses

Dodging: “I did not get angry this week...I am all better!”

- Go smaller: Request a report on the smallest amount of inconsiderate behavior that occurred at any time, and in any location.
 - “Anger is not the only reason for self-reflection.”
- Explain that hostility does not always involve shouting or making threats.
- If there was no overt anger, check for repression, or resentment that was felt but not expressed.



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Minimizing is Similar to Denial

Moving Past Defenses

Minimizing: “I had a beer with dinner, so I might have said some rude things.”

- Get concrete details: “How many beers did you actually drink? Do you know for certain?” “What did you say to her, what were your words?” “Did you attack her character in any way, did you call her names?” “Did you use profanity?”
- Request a full narrative: “Start at the beginning and give me as many details as you can.” “What exactly did you say. What was her response, her exact words?”



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Be Prepared for Resistance

Moving Past Defenses

Do not force-feed help/solutions/advice. Work to secure a commitment

- Create curiosity: video testimonials that highlight the benefits of counseling, use stories with surprise endings
- Seek invitations: “I can think of something that would help, do you want to know what it is?” “Can I have your permission to confront you on that point?” “What have you always wanted but never received?”
- Withhold: “I do not work with people who do not need my services.” “Are you certain that you want to hear what I have to say?” “I listened to everything you had to say without interruption, are you willing to do the same for me?”



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Sarcasm is a Type of Resistance

Moving Past Defenses

Sarcasm: The use of comments that are not a direct attack, but imply that the therapy is a waste of time.

- Ignore: Do not focus energy on distracting behavior, instead call attention to group members who are modeling competent behavior.
 - “John, you have made some really good points. Let’s go back to what John was saying.”
- Affirm: End group with affirming statements, “What is something you heard or saw here today that you especially respect or admire?”



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Deadman Rule: “If a dead man can do it, then it is not a good behavioral goal.”



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Therapy is Aimed at Skill Building

Teaching Skills

- Seeking to take away behavior, or “make” someone no longer do a certain thing, is never as productive as adding on new skills.
- Therapy should create new opportunities by teaching new skills.
- patients who leave therapy feeling confident that they have developed new skills are less likely to relapse.
 - Those who are merely responding to oversight from an authority figure are much more likely to return to former behavior.



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Self-Monitoring

Set a goal: On a scale of 1-10, do not allow your anger to raise above a 3. If it does, take a time-out.

- “You must learn how to catch yourself becoming angry. This is best done by routinely checking and assigning a number from 1-10.”
 - Use physical sensations to identify intense anger.
- Use prediction, recognize potentially high conflict situations. Recognize if you are planning to get angry.
 - “If she says that one more time, I will really loose control!”
- Goal-oriented thought enlists the help of higher order cognitive functions. Set goals for how to respond.
 - “This time, I am going to be more patient.”

Teaching Skills



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Time-out

Walk away: “I will come back and talk about this when I am in a better frame of mind.”

- Self-removal helps decrease stimulus overload.
- Set up specific rules for time-out.
 - No driving, do not use beer to relax when angry.
 - Do not fixate on how right you were and how wrong they were, instead focus on the mistake you already made or were about to make.
- The use of simple rules also enlists the help of higher order cognitive functions.
 - “My rule is to take 3 deep breaths before saying anything in anger.”

Teaching Skills



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Confession

Confess 1% error: It is not necessary to accept all the blame. The ability to confess mistakes is a sign of character strength.

Teaching Skills

- Self-consciousness decreases aggression.
 - “If you cannot yet confess to any mistake at your end, you are not ready to go back into a discussion.”
- Returning with a confession makes it less likely that the patient will get back into an argument.
 - “I made a mistake when I...”
- Without the 1% error, Time-out is another form of anger suppression, thus resentment builds and future explosions become more likely.



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Relationship Repair

Patients need to learn to expect reciprocity. If they are willing to do repair work, and be forgiving, others will do the same for them.

Teaching Skills

- 1. Confess your mistake.**
- 2. Request forgiveness.**
- 3. Offer to set things right (here and now).**



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Building Empathetic Capacity

Teaching Skills

Use role-play to increase empathy (temporarily becoming the other person).

- “Please pick someone from the group to role-play, and you will play the role of your partner, during the last fight.”
- Empty chair: “You are going to role-play both sides. Talk to your partner as if she was in the chair, then switch to the chair and respond to what was said.”
- “Pretend that you are your child. What are you wishing would be different in the home?”
- Role-reversal: “Have the argument again, but argue for the other person’s position.”



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Negotiation vs Control

Teaching Skills

Many people never learned how to get their personal needs met without the use of angry, coercive attempts at control. Negotiation is the alternative.

1. Make an offer: Good offers are appealing to the other person & involve effort or sacrifice at your end.
 - “If you will do ___ for me, I will do ___ for you.”
2. Adjust expectations: “Avoid all or nothing demands, aim for a win/win outcome, with both people getting most of what they want.”
3. Be Patient: Give the other person time to think about your offer. Do not become aggressive if you do not get what you want right away.
 - “I will think about what you said, and you can think as well.”



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The Principle of Charity

“The principle of charity requires us to look for the best, rather than the worst, interpretation of what someone else has to say.”

Teaching Skills

- Most people want to be liked and appreciated. Negative interpretations come without effort. Think deeper.
 - “What are other possible explanations for their behavior?”
- Model this behavior during therapy. Show patients how to (in retrospect) give others the benefit of doubt, and how to (proactively) make allowances for less than perfect reactions from others.
 - “Have you ever made a similar mistake? What did this person possibly not know about your situation?”



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Exposure to Anger & Hate can be Hazardous

Empathy Sampling (remember feelings are contagious)

- Foster an emotional connection that is intermittent and low intensity (2-3 is enough to understand the other person's needs).
- Feel what a patient is feeling, but not too much and not for too long. After therapy, find your true self.
- Self-referencing: You can make private comparisons to events in your life, but do not visit life events that are emotionally raw. Do not self-disclose personal struggles (especially with narcissistic patients)



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Burn-out Prevention

Find support for yourself.

- See patients in Therapy Groups: group members do half the work, especially if you use peer leaders and stagger enrollment.
- Use a co-leader or a peer counselor to help redirect tense interactions, and to debrief afterward.
- Join your own therapy groups or participate in consultation groups. This creates a safe place to self-disclose, process your feelings and check your thinking.



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Working with Humility

Keep your professional goals humble & realistic.

- Avoid perfectionism & grandiosity.
 - “I cannot make other people change. I am only responsible for doing good work.”
 - “No therapist is able to help every single patient.”
- Being human means accepting powerlessness to change everyone or be responsible for every outcome – just focus on doing good therapy.
 - “I did the best that I can. It is the patient’s responsibility to accept the therapy and use it.”



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Growth for the Therapist

Reflexivity: Personal learning & growth, practicing what you teach

- Self-improvement & personal growth is the secret to a long career
- An eager learner will profit from each piece of guidance offered to others
- Practicing what you teach requires planning and self-reflection. It produces a sense of satisfaction that only comes with deep self-respect



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〈レジリエンス〉を育てる

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