

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/23495113>

The Therapeutic Release of Anger: Helen Watkins's Silent Abreaction and Subsequent Elaborations of the Anger Rock

Article in *International Journal of Clinical and Experimental Hypnosis* · February 2009

DOI: 10.1080/00207140802463633 · Source: PubMed

CITATIONS

10

READS

579

1 author:



Sarah Y Krakauer

8 PUBLICATIONS 83 CITATIONS

SEE PROFILE

THE THERAPEUTIC RELEASE OF ANGER: *Helen Watkins's Silent Abreaction and Subsequent Elaborations of the Anger Rock*¹

SARAH Y. KRAKAUER²

College of William and Mary, Williamsburg, Virginia, USA

Abstract: This paper summarizes Helen Watkins's (1980) silent abreaction technique for releasing anger and the subsequent elaborations it has inspired. Discussion of Watkins's seminal article incorporates her verbatim account of the technique, 2 clinical applications, and her encouragement of further adaptations. Other scholars' subsequent contributions include an adaptation for dissociative identity disorder, brief treatment of constant pain syndrome, and inpatient treatment of a suicidally depressed, dissociative survivor of sexual abuse. Commonalities and distinctions among Watkins's work and these modifications are discussed. New case material from the author's practice illustrate further elaborations, with emphasis on the role of releasing anger in the resolution of dissociative defenses and internal fragmentation in dissociative clients. To enhance the clinical utility of this paper, verbatim passages are included for all case illustrations in H. H. Watkins (1980), the 3 published elaborations, and the new case material.

Not long after the collaboration of John Watkins and Helen Watkins began in 1972, they coined the term *ego state therapy* and presented the theoretical model that was initially stimulated by ego state theory (Federn, 1952; Weiss, 1960) and John Watkins's (1949) work with dissociative survivors of combat trauma (Emmerson, 2000). Ego state therapy, a psychodynamic approach incorporating a rich array of hypnotic techniques, fosters harmonious communication among the ego states that constitute an internal family of self (H. H. Watkins, 1993).

One of Helen Watkins's many significant contributions to ego state therapy was her *silent abreaction* (1980), an elegant hypnotic intervention for releasing anger experientially without disturbing others in the treatment setting. Presentation of the technique's three phases was

Manuscript submitted May 3, 2007; final revision accepted August 29, 2007.

¹The author wishes to thank Drs. Shielagh Shusta-Hochberg and Ilana Krakauer, who offered valuable suggestions in response to an earlier draft of this paper, and the clients who generously consented to publication of their case material.

²Address correspondence to Sarah Y. Krakauer, Psy.D., 333 McLaws Circle, Suite 1, Williamsburg, VA 23185, USA. E-mail: sarahkrakauer@cox.net

followed by detailed case illustrations suggesting a range of clinical applications. In fact, she explicitly invited other therapists to adapt this technique to their patients' unique circumstances.

In the first phase, H. H. Watkins (1980) followed the initial induction and deepening with a detailed description of a scene where she accompanied the patient "along a path in the woods. We come to a boulder, about waist-high, covered with moss and dirt" (p. 105). She suggested the patient pick up a stout stick he would notice lying nearby, try whacking the boulder with it and consider the boulder a representation of

... either a specific person, a traumatic experience, or ... I indicate that the boulder is a symbol of all the frustrations ever experienced by the patient ... [who can] select out any specific experience or person if he wishes. (p. 105)

She then instructed the patient to beat the boulder, "hitting it harder and harder until [he is] completely exhausted, and when [he's] ... too tired to go on signal [her] by lifting one of [his] fingers" (p.105). She assured the patient that although he wouldn't be heard in the office, he could "yell and scream and do or say whatever [he wished]" (p.105) in their private place beside the boulder.

Following the finger signal, H. H. Watkins (1980) initiated the second phase, describing a scene where she and the patient walked "up a small rise to a meadow with wildflowers, the sun shining, and slight breeze" (p. 106), and she suggested that the patient lie down in the soft grass while she sat on a nearby tree stump. She then told the patient that before they moved on to the third phase, she needed to hear "something positive that you are willing to tell me about yourself" (p. 106).

After even a slightly positive self-statement, H. H. Watkins (1980) initiated the third phase, inviting the patient to attend to his toes, predicting that he would soon experience "a warm, glowy, tingly sensation" (p. 106) that would gradually spread and asking the patient to signal her when he noticed the sensation reaching various parts of the body. When the pleasant sensation had spread throughout the body, Watkins suggested it came from his "own positive feelings about himself ... his inner resources, or ... his feelings of faith that he can resolve his problems (being careful to say only what I know is true of that patient)" (p. 106). She then suggested that

... this warm, glowy, tingly feeling is becoming stronger and to signal me when he can feel it. ... I [then] state that the added sensation comes from ... my faith that he will be able to solve his dilemma. (p. 106)

After bringing him out of hypnosis, she suggested that, although the tingly feeling would be gone, the pleasant glow would remain and that the silent abreaction be repeated by the patient at home autohypnotically.

H. H. Watkins (1980) emphasized that the technique was designed primarily to discharge anger that was buried—sapping emotional energy—since childhood when the traumatized patient was unable to express anger. Her goal was “to extinguish fully the neurotic behavior by the most complete release of feeling possible” (p. 103). She also emphasized the unique opportunity for reassurance, interpretation, and reintegration created by complete exhaustion.

H. H. Watkins (1980) offered variations of the silent abreaction in her two cases. One involved a male patient burdened by childhood feelings of extreme loneliness. Because Watkins felt that her patient’s painful childhood memories were pervasive, she “suggested the rock represented this combined feeling of sadness, frustration, and oppression, that it was now in front of him instead of inside of him, and that he could conquer that feeling by smashing the rock to bits” (p. 107). He reported afterward: “My body feels tingly and lighter; I don’t feel so different and alienated from others; I smashed that rock to gravel and the heaviness inside is gone” (p. 107).

In Case 2, H. H. Watkins (1980) introduced additional hypnotic imagery with a female survivor of father-daughter and sibling incest, accompanying the hypnotized patient down a visualized staircase into a glass-paneled room through which the patient would observe the “patient-as-a-child interacting with a significant person-of-the-past who has mistreated [her]” (pp. 107–108). The patient was instructed to first observe the traumatic episode that left her with anger she was too fearful to express and then to watch the child acting out all the angry thoughts she had about the perpetrator. This procedure was used for molestation scenes involving her brother and father, followed by trips to the anger rock representing each perpetrator. The therapeutic interpretation emphasized reassurance that the patient was not to blame, validation of her violent thoughts as natural in light of her helplessness at the time, and connection to current resources. Subsequently, the patient displayed increased self-assertiveness and decreased passive-aggression.

Surprisingly, this gem of an intervention has rarely been cited and even more rarely have contributors to the professional literature accepted Watkins’s intriguing invitation to adapt the technique to their patients’ unique needs and strengths. A number of scholars have acknowledged the significance of Watkins’s silent abreaction without elaborating the anger rock technique (Emmerson, 2000; Hammond, 1991; Lynn & Kirsch, 2006; Schafer, 1997; J. Watkins & Watkins, 1993, 1997; Zarren & Eimer, 2002). Recent contributors to the ego-state literature have emphasized attention to cognitive and affective reconstruction following abreaction, as this significantly enhances the efficacy of cathartic release. In this context, a few scholars have highlighted the third phase of Watkins’s silent abreaction, emphasizing the opportunity for

essential “ego-strengthening and post-traumatic reframing suggestions” (Phillips & Frederick, 1995, p. 125) following release of pent-up anger. Walsh (1997) described a technique for resolving painful affect using ideomotor questioning, coupling “sensory alterations with ego-strengthening suggestions (H. H. Watkins, 1980) by commenting on the good feeling coming from deep within . . . a reflection of the goodness deep within all the time, always present, etc.” (p. 350). Frederick and McNeal (1999) emphasized mastery over traumatic material and recommended Watkins’s silent abreaction because the “constructive management of the affect is as significant a part of this exercise as is its release” (p. 319).

SUBSEQUENT CONTRIBUTIONS TO THE HYPNOTIC LITERATURE EXTENDING WATKINS’S TECHNIQUE

To date, there have been only three contributions to the professional literature offering elaboration of Watkins’s anger rock imagery. All three included case illustrations with clinically useful detail, and departures from Watkins’s formal methodology are apparent.

This Author’s Elaboration

I described an application of Watkins’s silent abreaction to the treatment of dissociative identity disorder (DID; Krakauer, 2001), adapting it to suit my collective heart treatment model, in which the client learns specific techniques for mobilizing an unconscious resource, the “inner wisdom” or “collective heart” underlying the fragmented personality system. Unlike Allison’s (1974) internal self helper and most other conceptualizations reflecting inner guidance (see review in Comstock, 1991), the inner wisdom is described in psychological rather than spiritual terms and is contacted exclusively by the client so that guidance is provided in a visual, auditory, and somatic—rather than strictly verbal—manner. Using internal film techniques, the client learns that happy memories reflecting personal value and capability, as well as images of hope for the future, are available internally and become the basis for discovering inner authority, with the inner wisdom identifying incremental therapeutic steps. In the two-part film technique (Krakauer, 2006), the client compares habitual responses with alternatives offered by the inner wisdom, amplifying—via a visualized dial—the emotional and somatic accompaniments of each to determine which better serves her deeper purposes. The client is encouraged to thank her inner wisdom for useful guidance, fostering an internal therapeutic alliance supporting increasingly adaptive behavior and self-esteem. Consistent with this emphasis on inner resources and the potential for empowerment, an autohypnotic approach replaces heterohypnosis.

I adapted the first phase of the silent abreaction, the smashing of the anger rock, for autohypnosis by describing the procedure to the client, indicating that the client would find a rock of proportions commensurate with her anger that she could smash with an implement (unspecified) she would notice in the vicinity. The consenting client then entered an autohypnotic state independently (having learned to do so in a previous session) and proceeded to smash the rock to smithereens, thereby releasing anger and setting the stage for improved communication among alters in a visualized internal conference room. (As Kluft, 2006, noted, the dissociated members of the personality system are sometimes called "identities, personalities, personality states, ego states, subpersonalities, parts, disaggregate self-states, [or] alters" [p. 281].)

My case illustrations (Krakauer, 2001) provided two client-generated images that, in effect, elaborate Watkins's silent abreaction. One client utilized the debris, spontaneously searching the rubble for a small rock that she sanded down to create a smooth pebble, which she stroked to soothe herself. I later incorporated this image in describing the anger rock to the angry alter of another client, "Scott," who utilized it and found that the resulting relaxation led to feelings of vulnerability that someone would berate him while his guard was down. I encouraged him to consult his inner wisdom about responding to harsh criticism. He reported that he saw an image of a sieve or colander on the screen, with the inner wisdom suggesting that he

take everything from people and put it in a filter and let all the emotion flow through. If they made a good point, it would stick up in the colander. . . . All the emotion . . . the mean-spirited part just flows through. (Krakauer, p. 145)

I recommended that he use the image of the sieve as a "souvenir" (Dolan, 1991) of that moment of guidance and encouragement and use it as needed to process emotions. His other angry alter refused to smash his anger rock, finally admitting that his appeared as a dam that, if smashed, would flood the system. His inner wisdom suggested that he begin to express his feelings to the host in order to gradually release the water—representing the intense emotional pain he had isolated to protect the system—that was restrained by the dam.

Thus, these elaborations (Krakauer, 2001) modified H. H. Watkins's (1980) silent abreaction by offering variations in purpose/intention, procedure, imagery, and elaboration of unconscious resources. Whereas Watkins's goal was to fully extinguish neurotic behavior, mine was to discharge tension and to increase feelings of mastery, thereby paving the way for improved internal communication among alters. Because angry alters are perceived as threatening, other members of the internal system are deeply moved by angry alters' willingness to

release their anger and to find more constructive ways of meeting their needs. Procedurally, I described the anger rock imagery and invited the consenting client to enter an autohypnotic state, without the therapist accompanying him inside, in order to experience an inner landscape representing his own psychological reality (rather than predicting the appearance of the rock, as Watkins did) and notice sensations arising within the body (rather than describing the sensations, as Watkins had). Imagery was elaborated to include the possibility—based on a client’s experience—of creating a smooth pebble as a symbol of the client’s power to self-soothe and to transform a painful experience into one of mastery. A second image arising from a client’s autohypnotic work was the possibility that the anger rock may manifest as a dam, holding back a flood of pain. This image has not been suggested to other clients but is a helpful reminder to therapists that not all anger rocks can be safely dismantled by brute force. Finally, my emphasis on the availability of unconscious inner wisdom, if not understood as an elaboration of Watkins’s intervention, is certainly harmonious with Watkins’s suggestion that the “warm, glowy, tingly sensation [reflects the patient’s] own positive feelings about himself, from his inner resources, or perhaps from his feelings of faith that he can resolve his own problems” (H. H. Watkins, 1980, p. 106).

Williamson’s Elaboration

Williamson (2002) described a brief therapy application of Watkins’s silent abreaction for constant pain syndrome. As part of a thorough assessment to rule out a physiological basis for knee pain and to diagnose the disorder accurately, the patient, “M,” reported a constant pain level of 8 on a scale of 1 to 10, where 10 was *most extreme pain*. The entire psychotherapy process consisted of a single 1-hour hypnosis session utilizing a variant of Watkins’s silent abreaction and resulted in full resolution of his pain (0 on a scale of 1 to 10), with freedom from pain and from all analgesic medication maintained upon 4- and 10-month follow-ups.

Williamson (2002) reasoned that because anger appeared to play a role in the etiology, maintenance, and/or exacerbation of the physical pain, her patient, M, might benefit from Watkins’s silent abreaction. Using “validation, reframing, and seeding” (p. 120), in which she accepted M’s pain as real, Williamson reframed pain as “a signal of emotional distress as well as of physical injury” (p. 120), with the mind and body inextricably linked, and explained to M that “our unconscious mind already knows in many ways how to heal, whenever we cut or burn ourselves” (p. 120). She established a meaningful “safety anchor” (p. 121) by asking M to close his eyes and to focus on feelings of calmness and relaxation, noticing the images that arose. This process indicated that M had pleasant early childhood memories of fishing

with his father, which he could call forth when he closed his eyes. While his eyes were open, Williamson explained to M that "anger was only useful in so far as it alerts us to injustice and gives us energy to right a wrong" (p. 121). Because M had reported relief from pain once when undergoing acupuncture, Williamson suggested that he recall "that lovely warm, relaxing feeling" (p. 122), thereby using revivification as a hypnotic induction. Before suggesting the anger rock imagery, Williamson instructed the client "to allow his unconscious mind to make whatever learning and understanding it needed so that he could let go of his feelings of anger, and to nod when he felt that it would be all right" to do so (p. 122). After nodding, M was asked to take himself to a rocky landscape, where he could "select a boulder or rock that was to become his anger and project all the anger that he wished to be rid of into it and mark it in some way so that he knew what the rock represented" (p. 122). He was then asked to "find some way of smashing up the rock, maybe a pickaxe, maybe a hammer and chisel, a pneumatic drill or some dynamite" (p. 122) and "to really enjoy smashing up the rock into tiny pieces and to give a nod when he was finished" (p. 122). After nodding, M was asked what he wanted to do with the remaining pieces. He chose to sweep them away and did so. Williamson then suggested that M "go back to the relaxing time when he was fishing on the river and gather up the calm feelings that that gave him" (p. 122).

This silent abreaction was followed by hypnotic analgesia, in which M was asked to focus on his knee and to notice what it needed to feel more comfortable, whereupon he reported that the pain was completely gone. Williamson then suggested that he thank his unconscious mind for helping him realize that all he needed to do was to notice change, pointing out that pain rating needn't exceed 1 or 2 if he respected it and took appropriate action. She suggested that M could keep the comfortable feeling when he came out of trance, whether he was resting or active.

Williamson reported that she had intended to introduce additional client-generated imagery for pain management but modified her plan when M reported complete resolution of his pain.

Thus, Williamson (2002) modified H. H. Watkins's (1980) silent abreaction in applying it to a very brief therapy for the treatment of constant pain syndrome, providing verbatim suggestions for validation, reframing, seeding, developing a safety anchor, induction using revivification, the silent abreaction itself, and hypnotic analgesia. In contrast with Watkins's procedure, and consistent with this author's (Krakauer, 2001), Williamson described the silent abreaction to the patient beforehand, avoided suggesting that the therapist would accompany the patient inside, made open-ended suggestions regarding the size and appearance of the anger rock and the type of implement to be used for smashing it, questioned the disposition of the remnants,

encouraged the patient to thank his unconscious mind for assistance and made no mention of exhaustion. In fact, Williamson suggested dynamite as one means of demolishing the rock, clearly implying that muscular effort and fatigue aren't essential components of the intervention. Other elements added by Williamson include using previously elicited pleasant memories to form the basis of the induction and to replace Watkins's meadow scene, and suggesting that the patient request that his unconscious mind pave the way for the silent abreaction. This is an elegant addition to Watkins's powerful intervention. Another extremely useful addition is Williamson's description of anger's purpose—alerting us to injustice and energizing us to right a wrong—followed by the logical conclusion that pain rated at 1 or 2 on a scale of 1 to 10 is adequate to achieve this purpose if we attend to it. Williamson emphasized her wording, pointing out that “the use of the word *when* rather than *if* when asking about M's readiness to release his anger created a useful bind” (p. 123), adding that “M was also asked to project into the rock the anger ‘that he wished to rid himself of’ not ‘all his anger’ as there might be anger that he wished to retain” (p. 123).

Smith's Elaboration

Finally, Smith (2004) described how he elaborated H. H. Watkins's (1980) anger rock technique in treating a patient who, like this author's (Krakauer, 2001), was a dissociative survivor of childhood and adolescent trauma and, like Williamson's (2002), benefited from brief hypnotherapeutic intervention. Smith reported having used both heterohypnotic and autohypnotic interventions in treating “Melody,” a 30-year-old woman diagnosed with major depressive disorder, recurrent, severe, and Dissociative Disorder Not Otherwise Specified (DDNOS), who was hospitalized following a series of suicide attempts. Melody reported having been molested by a male babysitter at age 5 and by a friend of her older brother who attempted to rape her when she was 13. When Smith learned that Melody felt ashamed and dirty following the latter traumatic event, had not slept soundly since the assault, had first attempted suicide a few weeks later, did not disclose the event to anyone for many years, had not been able to express her outrage and experienced significant marital and sexual difficulties, he realized that she was too terrified to acknowledge her anger.

Smith initiated the silent abreaction much as H. H. Watkins (1980) had, asking the patient to visualize herself walking toward a wooded area, discovering a substantial stick lying near a boulder. She was asked to pick up the club and to begin striking the stone, “feeling the tensions and frustrations related to the assault flowing through her arms into the big rock. When her energies were spent, she was instructed to drop the club and sit peacefully for a rest against a

shady tree" (p. 210). Here, Smith elaborated the intervention, inviting Melody to enter "a lovely room with a Jacuzzi tub, where the surging, pulsing water could gently massage her muscles and skin. There were oils and lotions that could be dripped into the water, giving lovely colors and fragrances to the water" (p. 210). She was told this healing tub would cleanse her "inside and out, body and mind, eliminating the dirty feeling that had followed his touching her body" (p. 210).

Smith (2004) reported that after Melody emerged from trance, she was able to express indignation about the assault, realized her outrage was long overdue, believed she could disclose the experience to her parents and husband and spoke enthusiastically about being cleansed and restored by the healing tub imagery. The anger rock and healing tub imagery were repeated in a subsequent session to amplify mastery of the fear and liberation from shame. Additional hypnotic work involved visualizing the perpetrator behind bars, where Melody verbalized her anger and insistence that she wouldn't give him the power to ruin her life, that she would put him behind her. Additional use of the healing tub imagery involved Smith's assurance that "because some men do bad things doesn't mean all men are bad, and because sex can be misused doesn't make all sex bad" (p. 211), empowering Melody to distinguish between sexual predation and her husband's attempts at intimacy. Smith also suggested that Melody would be able to sleep soundly and restfully, without fear of the intruder who had entered her bedroom when she was 13. After she had gained mastery over this trauma, Melody felt ready to work on the earlier trauma that had occurred when she was 5 years old. Smith noted that while utilizing the healing tub after addressing the first molestation, Melody "seemed intrigued by my comment that sometimes it's easier to think you caused something than to accept the terrible idea that bad things can simply happen for no reason" (p. 212).

Smith (2004) reported that he spent only 9 hours with Melody and that she mastered the emotional distress associated with the memories, stopped having nightmares and flashbacks, felt significantly less guilt, experienced improved self-esteem and self-confidence, slept restfully, was able to trust males who were trustworthy and was no longer depressed upon discharge. At 15-month follow-up, she credited the hypnotic work as being the crucial element in her successful inpatient treatment, had discontinued all medications with the approval of her psychiatrist and was nearly ready to terminate her once-monthly outpatient therapy sessions. She was free of depression, had become orgasmic during intercourse, enjoyed her relationships with her children and husband, continued to actively use autohypnosis and the healing tub imagery and was pleased to be engaged in church activities including religious school instruction.

Thus, like H. H. Watkins (1980), this author (Krakauer, 2001), and Williamson (2002), Smith (2004) provided a detailed case study with verbatim passages describing his use of the anger rock and its aftermath. The reader can see how he timed important messages (e.g., about all sex not being bad) with respect to hypnotic imagery that facilitated experiences of purification, safety, and well-being. The verbatim account of Smith's intervention revealed his selection of words ("the surging, pulsing water" and the "oils and lotions" with their "lovely colors and fragrances") to help his patient gain mastery over trauma-related bodily sensations and odors. His substitution of the healing tub imagery for Watkins's meadow scene imagery significantly broadens the scope of the intervention and may stimulate the creativity of other therapists.

Smith (2004) noted that detailed case studies incorporating actual interventions assist not only clinicians but also researchers identifying key variables for investigation. For example, these three published elaborations of the silent abreaction suggest that neither exhaustion nor accompanying the client "inside" is crucial to the success of the intervention but support H. H. Watkins's (1980) assertion that this is "an active, dynamic procedure, designed to break through an emotional impasse" (p. 109) and to facilitate profound affective and cognitive change. As Somer (2006) pointed out in his editorial emphasizing the role of single-case studies in dissociative disorders psychotherapy outcome research, "we have to break down global treatment outcomes into a series of smaller transformations, and attempt to establish how the therapist's interventions and the clients' reactions explain them" (p. 3). Thus, verbatim presentations of the delivery of, and response to, effective interventions support advances in both clinical work and research.

ADDITIONAL CLINICAL APPLICATIONS AND ELABORATIONS OF THE ANGER ROCK IMAGERY

We now shift our attention from publications honoring and extending Watkins's innovative technique to two new clinical vignettes illustrating further modifications and elaborations. These vignettes are presented with written consent from the clients, who approved this representation of their case material as adequately protective of their anonymity and faithful to their clinical experiences despite alterations made to mask their identity, including the use of pseudonyms. Like Scott (discussed above), "Lorraine" and "Emma" are dissociative survivors of childhood trauma who responded well to the collective heart treatment model (Krakauer, 2001), into which a modified version of Watkins's silent abreaction was incorporated.

Case Illustration: Lorraine

Lorraine was a 60-year-old woman who reported a childhood history of ritual abuse involving sexual abuse and extreme cruelty to animals. She was diagnosed with DID by her previous therapist who, in an apparent effort to organize Lorraine's large system of exclusively child alters, suggested that she visualize the 8 or 10 most prominent alters standing in a circle (with the younger and less well-known alters standing behind them), that she associate only one emotion with each alter, and that she send her alters to a "safety zone" so that she could better manage her daily life. Although these strategies reassured Lorraine and helped her survive a major crisis, they inadvertently perpetuated a vicious cycle: Lorraine avoided knowing her alters and learning what they needed from her, couldn't hide from them her wish to rid herself of them, and reinforced in them—and thereby in herself—profound feelings of being defective, unloved, and unwanted: the very feelings that Lorraine most needed to dissociate.

I described the anger rock to Lorraine and suggested that she use autohypnosis to consult her inner wisdom regarding the most effective use of this imagery. She reported that her inner wisdom advised her system to demolish the rock collectively. Proceeding with the intervention independently, she reassured her alters that it was safe to express anger in this manner, the inner wisdom would protect them, they were all there together, there was no one to stop them, and they had every right to be angry. She reported that when they looked around, it was hard to breathe. Finally she announced: "Everyone is taking part in it. The bigger ones are doing the big jobs and the little ones are just scraping at the sides, making it come down, even the littlest ones."

After the rock was dismantled, I asked if they would each like to find a piece of rubble to sand down into a smooth pebble. Lorraine asked why anyone would want to keep reminders of the anger rock. I explained that some people find it useful to transform the remnants into something soothing and that this can remind them that the energy that once went into anger and fear is theirs to use in ways that serve their current purposes. She reported that the older alters helped the younger ones sand down their rocks. Afterward, she accepted my suggestion that they form a large circle, with every member of the system included equally for the first time. They all stroked their pebbles simultaneously while attending to somatic sensations. Lorraine volunteered that the anger rock had been transformed into "power rocks!" The alters could feel the power of their true nature and could see it manifested in each other as a bright light in their hearts when they looked around the circle. Perhaps most important, they could feel their interconnectedness, their fundamental inner unity: When asked to notice what happened inside them when they observed the warm light glowing in each other, they could feel the inner radiance intensify.

Because Lorraine had a tendency to forget some of her experiences in therapy, I often handed her paper at the end of the session, suggesting she record what she wanted to remember. She ended her description of the anger rock experience as follows: "We're working together as one whole community of one person to decide what to do."

Lorraine utilized this resource in subsequent sessions. As we began to lay the groundwork for an autohypnotic intervention designed to internally challenge the authority of the abuser (Krakauer, 2001), I suggested that her inner wisdom could show an internal film about resources Lorraine and her alters could use in preparing to confront her abusive father internally (i.e., in an autohypnotic state), and Lorraine immediately said "power rock." Because she hadn't needed the film to remind her of a valuable resource, she simply visualized herself holding the power rock and said: "It feels good. Like I can say what I want about what I'm doing. It makes you stronger when you hold onto the power rock because no one can tell you you're wrong." At the end of the session, I suggested her alters all form a big circle and stroke their power rocks. Lorraine observed: "It's like you don't have to fight so hard to make it right. It already is that way. . . . That makes you feel good and you don't have to be so afraid that way."

Lorraine later volunteered that because anger isn't released once and for all, the technique can be used repeatedly, using "a rock of any size, at any time that you need it." She added: "My parts like the idea that we can use it anytime and no one can say 'you shouldn't be angry about that.' If we're angry, we're angry." She summarized the impact of the experience as follows: "We don't need to wait until it becomes some monumental, huge thing. . . . For one who doesn't get angry very often or very well, it was one of the best things I've done, because it's *safe*."

Case Illustration: Emma

A second case from the author's practice illustrates further developments of the anger rock imagery in the treatment of a depressed, dissociative woman who was given up for adoption by her mother during the preschool years (manuscript in preparation). Emma's alter, "Eva," who carried the pain of that early abandonment as well as later abuse, demolished the apparent anger rock only to find a subterranean core that could not be obliterated by brute force. The silent abreaction was then expanded to include intrasystemic sharing (using an internal film technique) of Eva's experience smashing the anger rock, with the other alters offering compassionate responses reflecting their new understanding of what Eva had endured and acceptance of her anger. It was this experience of empathy and acceptance that caused the subterranean core to emerge spontaneously from the earth, reflecting the psychological reality that it was no longer a shameful and overwhelming

burden. This case demonstrates the system's power to ease the effects of maternal abandonment by learning that they can gradually tolerate each other's affects and offer desperately needed love and acceptance.

Discussion of New Case Illustrations

H. H. Watkins's (1980) silent abreaction has inspired three clinicians to publish cases reflecting variations and elaborations of this valuable technique. Two new cases from my practice illustrate how the intervention can play a key role in the treatment of dissociative disorders, whether it's offered to alters individually or collectively. In dissociative disorders, pain and anger maintain intrasystemic alienation that only intensifies the client's suffering, creating a self-perpetuating cycle that maintains the dissociation and distress (Krakauer, 2006; Van der Hart, Nijenhuis, Steele, & Brown, 2004). The case of Lorraine illustrates how the silent abreaction can be used collectively to facilitate an experience of interconnectedness and belonging even before significant communication and cooperation has been established within the internal system of a DID client. Thus, a sense of interconnectedness is not merely the product of communication but can also be a catalyst for it. A *sensory experience* of inner unity such as Lorraine's can set the stage for intrasystemic communication that in turn extends and deepens mutual understanding and acceptance, leading eventually to the discovery that the members of the system are inextricably linked with one another. Her spontaneous discovery that the technique can be adapted for frequent, less intense experiences of anger validated the needs of all members of her large internal system, including those who had been seen as "minor" in her previous therapy and who particularly longed for acknowledgment and inclusion.

As in the case of Scott (Krakauer, 2001; discussed above), I encouraged Lorraine to utilize unconscious inner resources to adapt the invention to her own needs. In this case, I described the basic idea and suggested that Lorraine consult her inner wisdom regarding the most effective use of the anger rock imagery. In response to her inner wisdom's suggestion that her system perform the silent abreaction collectively, I further elaborated the smooth pebble imagery by suggesting that each member create her own smooth pebble and notice the sensations that arise when they stand in one large circle and stroke their pebbles simultaneously, including their internal reactions to the affective experiences of other members of the system, thereby intensifying their experience of mutual influence and interconnectedness.

For Emma, Watkins's anger rock became a framework that facilitated the intrasystemic understanding and empathy that the system most needed in order to begin overcoming the devastating effects of maternal abandonment and resulting fragmentation.

The emotional difficulties experienced by Scott's Charles and Emma's Eva immediately after smashing the anger rock demonstrate that releasing anger doesn't always produce the immediate relief described in H. H. Watkins (1980) and Williamson (2002). The clinician must accept whatever emotions the client reports and recognize that they are all grist for the therapeutic mill. Unexpected emotional reactions open up new avenues for empathy and empowerment. The very fact that the therapist isn't invested in his or her own agenda but is available to support the client, no matter what needs or feelings become apparent, is further evidence to the client that she is no longer in the past where her needs were ignored and she was controlled or overwhelmed by someone more "powerful." As conveyed by the case of Emma, it is the experience of being understood, accepted, welcomed, and loved that brings the relief and effects the greatest change.

CONCLUSION

Just as H. H. Watkins's (1980) silent abreaction was a gift to her patients, inviting them to release anger and reclaim creative energy for purposes of healing and growth, it is also a gift to generations of clinicians to come. In fact, John Watkins (2005) included in his tribute volume to Helen Watkins the following words that she inscribed in a little book she presented to him when they married: "All that we have been in life will live on in the quality of other lives that we have touched significantly" (p. 155). She was gratified by the far-reaching impact of the treatment approaches she and John Watkins developed and expressed satisfaction that many other scholars and clinicians "carry on these therapeutic principles, each in their own individually creative way" (H. H. Watkins, 1993). Helen Watkins passed away in January 2002.

Watkins's invitation to therapists to develop and to extend her potent technique suggests unlimited possibilities for our creativity. The elaborations presented by this author (2001), Williamson (2002), and Smith (2004), as well as the author's new cases, illustrate only part of the spectrum of possible applications. These contributions are innovative in extending the intervention in terms of purpose, procedure, imagery, and elaboration of unconscious resources. They involve the treatment of diverse disorders, performed in both outpatient and inpatient settings, using autohypnosis as well as heterohypnosis. It is reasonable to assume that a variation of the silent abreaction could be developed to enhance the therapy of any client with adequate hypnotic ability who experiences emotional blockages due to suppressed, repressed, or dissociated anger, freeing energy essential for mastery, healing, and fuller participation in life.

REFERENCES

- Allison, R. B. (1974). A new treatment approach for multiple personalities. *American Journal of Clinical Hypnosis*, 17(1), 15–32.
- Comstock, C. M. (1991). The inner self-helper and concepts of inner guidance: Historical antecedents, its role within dissociation, and clinical utilization. *Dissociation*, 4(3), 165–177.
- Dolan, Y. M. (1991). *Resolving sexual abuse: Solution-focused therapy and Ericksonian hypnosis for adult survivors*. New York: W. W. Norton.
- Emmerson, G. (2000). Ego state therapy: Its development and progress in the 20th century. *Australian Journal of Clinical Hypnotherapy & Hypnosis*, 21, 1–11.
- Federn, P. (1952). *Ego psychology and the psychoses*. E. Weiss (Ed.). New York: Basic Books.
- Frederick, C., & McNeal, S. (1999). *Inner strengths: Contemporary psychotherapy and hypnosis for ego-strengthening*. Mahwah, NJ: Lawrence Erlbaum.
- Hammond, D. C. (1991). Hypnosis for postpolio syndrome and type-A behavior. *American Journal of Clinical Hypnosis*, 34(1), 38–45.
- Kluft, R. P. (2006). Dealing with alters: A pragmatic clinical perspective. *Psychiatric Clinics of North America*, 29, 281–304.
- Krakauer, S. Y. (2001). *Treating dissociative identity disorder: The power of the collective heart*. Philadelphia: Brunner-Routledge.
- Krakauer, S. Y. (2006). The two-part film technique: Empowering dissociative clients to alter cognitive distortions and maladaptive behaviors. *Journal of Trauma & Dissociation*, 7(2), 39–57.
- Lynn, S. J., & Kirsch, I. (2006). *Essentials of clinical hypnosis: An evidence-based approach*. Washington, DC: American Psychological Association.
- Phillips, M., & Frederick, C. (1995). *Healing the divided self: Clinical and Ericksonian hypnotherapy for post-traumatic and dissociative conditions*. New York: Norton.
- Schafer, D. W. (1997). Hypnosis and the treatment of ulcerative colitis and Crohn's disease. *American Journal of Clinical Hypnosis*, 40(2), 111–117.
- Smith, W. H. (2004). Brief hypnotherapy of severe depression linked to sexual trauma: A case study. *International Journal of Clinical and Experimental Hypnosis*, 52, 203–217.
- Somer, E. (2006). Dissociative disorders psychotherapy outcome research: In favor of single-case studies. *Journal of Trauma & Dissociation*, 7(2), 1–5.
- Van der Hart, O., Nijenhuis, E., Steele, K., & Brown, D. (2004). Trauma-related dissociation: Conceptual clarity lost and found. *Australian and New Zealand Journal of Psychiatry*, 38, 906–914.
- Walsh, B. J. (1997). Goldfinger: A framework for resolving affect using ideomotor questioning. *American Journal of Clinical Hypnosis*, 40(1), 349–359.
- Watkins, H. H. (1980). The silent abreaction. *International Journal of Clinical and Experimental Hypnosis*, 28(2), 101–113.
- Watkins, H. H. (1993). Ego-state therapy: An overview. *American Journal of Clinical Hypnosis*, 35(4), 232–240.
- Watkins, J. G. (1949). *Hypnotherapy of war neuroses*. New York: Ronald Press.
- Watkins, J. G. (2005). *Emotional resonance: The story of world-acclaimed psychotherapist Helen Watkins*. Boulder, CO: Sentient Publications.
- Watkins, J. G., & Watkins, H. H. (1993). Accessing the relevant areas of maladaptive personality functioning. *American Journal of Clinical Hypnosis*, 35(4), 277–284.
- Watkins, J. G., & Watkins, H. H. (1997). *Ego states: Theory and therapy*. New York: Norton.
- Weiss, E. (1960). *The structure and dynamics of the human mind*. New York: Grune & Stratton.
- Williamson, A. (2002). Chronic psychosomatic pain alleviated by brief therapy. *Contemporary Hypnosis*, 19(3), 118–124.
- Zarren, J. I., & Eimer, B. N. (2002). *Brief cognitive hypnosis: Facilitating the change of dysfunctional behavior*. New York: Springer Publishing Company.

Therapeutische Auflösung von Ärger: Helen Watkins stille Abreaktion und nachfolgende Erweiterungen

Sarah Y. Krakauer

Zusammenfassung: Dieser Artikel enthält eine Übersicht über Helen Watkins (1980) „stille Abreaktion“-Technik zur Auflösung von Ärger und über daraus abgeleitete Ansätze. Die Diskussion von Watkins ursprünglichem Artikel beinhaltet ihren eigenen Ansatz, 2 klinische Anwendungsbeispiele, und ihre Ermutigung zu weiteren Entwicklungen. Zur Diskussion der Weiterentwicklungen anderer werden ein Fall von dissoziativer Identitätsstörung, eine Kurzbehandlung eines Schmerzsyndroms und eine stationäre Behandlung eines suizidalen depressiven Überlebenden eines sexuellen Gewaltverbrechens. Gemeinsamkeiten und Unterschiede zwischen Watkins Arbeit und den Modifikationen werden besprochen. Neue Fallberichte aus der Praxis der Autorin verdeutlichen weitere Ansätze, wobei die Rolle der Auflösung von Ärger bei der Lösung dissoziativer Abwehrmechanismen und bei der inneren Fragmentation dissoziativer Klienten im Vordergrund steht. Um den klinischen Nutzen dieses Artikels zu gewährleisten, werden wortgetreue Passagen aus den Fallillustrationen von Watkins, den 3 Weiterentwicklungen und dem neuen Fallmaterial wiedergegeben.

RALF SCHMAELZLE

University of Konstanz, Konstanz, Germany

L'aspect thérapeutique de la manifestation de la colère: L'abréaction silencieuse d'Helen Watkins et développements subséquents du «rocher de la colère»

Sarah Y. Krakauer

Résumé: Cet article résume la technique dite de l'abréaction silencieuse, mise au point par Helen Watkins en 1980, portant sur la manifestation de la colère, et les développements subséquents qu'elle a inspirés. L'examen de cet article majeur de Watkins comprend un compte rendu in extenso de sa technique, deux applications cliniques et l'invitation de son auteure à en faire d'autres adaptations. Les contributions subséquentes d'autres spécialistes comprennent l'adaptation de cette technique à un trouble d'identité dissociative, le bref traitement d'un syndrome de douleur chronique, le traitement d'un patient hospitalisé déprimé et suicidaire et le traitement d'une survivante d'agression sexuelle manifestant des symptômes dissociatifs. Les points communs et les différences entre les travaux de Watkins et ces modifications font l'objet d'une analyse. Un dossier de nouveaux cas préparé par l'auteure de cet article au fil de sa pratique présente d'autres développements, ceux-ci étant axés sur le rôle de la colère dans la résolution des défenses dissociatives et la fragmentation interne chez des clients présentant des symptômes dissociatifs. Afin d'augmenter l'utilité clinique de cet article, celui-ci contient des passages textuels de tous les cas démontrés par Watkins (1980), des trois développements publiés et du dossier de nouveaux cas.

JOHANNE REYNAULT

C. Tr. (STIBC)

La expresión terapéutica del enojo: La abreacción silenciosa y la subsecuente elaboración de la roca del enojo de Helen Watkins

Sarah Y. Krakauer

Resumen: Este trabajo resume la técnica de abreacción silenciosa para expresar enojo de Helen Watkins (1980) y las elaboraciones que ha inspirado. La discusión del artículo seminal de Watkins incorpora su recuento literal de la técnica, 2 aplicaciones clínicas, y su aliento para realizar adaptaciones adicionales. Las contribuciones de otros autores incluyen un adaptación para el trastorno disociativo de identidad, tratamiento breve para el síndrome constante de dolor, y tratamiento para pacientes de abuso sexual internados con depresión suicida y disociación. Discuto semejanzas y distinciones entre el trabajo de Watkins y estas modificaciones. Material de caso nuevo de la práctica de la autora ilustra elaboraciones adicionales, con énfasis en el papel de la expresión del enojo en la resolución de defensas disociativas y fragmentación interna en clientes disociativos. Para incrementar la utilidad clínica de este artículo, incluyo transcripciones del caso de Watkins (1980), 3 elaboraciones publicadas, y material de casos nuevos.

ETZEL CARDEÑA

Lund University, Lund, Sweden