

Episode 180—Dr. Howard Lipke: HEArt for veterans: Identifying the hidden emotion

[00:00:08] Welcome to inSocialWork. The podcast series of the University of Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:38] Hi from Buffalo. Happy thanksgiving everyone. Around here we want to reflect on the wonderful quality of life in our community from our numerous colleges and university to our diverse neighborhoods endless food options lively arts culture incredible architecture affordable housing and the friendly and unpretentious nature of our citizens. There is something for everyone. I'm Peter Sobota in this episode. Our guest Dr. Howard Lipke discusses the genesis and the core concepts of the programming he has developed to help veterans wrestling with anger issues. Drawing on the principles of irrational emotive behavioral therapy Dr. Lipke describes what he calls hidden emotion articulation or the HEArt program. After explaining the important difference between emotions and feelings he contrasts the HEArt program with traditional anger management programs. It's his contention that helping vets identify the hidden emotion that underlies their feelings is what helps them understand and prepare for sensitive situations in which they might be triggered into anger. He concludes his discussion with comments addressing the application of the approach beyond veterans populations. The impact on the treatment for post-traumatic stress disorder and why this approach is uniquely relevant for use with veterans Howard Lipke Ph.D. is a clinical psychologist who has been providing psychotherapeutic services to combat veterans for over 35 years and for much of that time also teaching and training fellow mental health professionals. He is a former director of the residential PTSD treatment program and the outpatient PTSD program at what is now the Lovell federal health care center. Since retiring from the V.A. he continues to write and consult as well as provide some direct service to veterans and training for their psychotherapists. Dr. Lipke was interviewed in October of 2015 by our own Dr. Nancy Smyth dean and professor here at the UB School of Social Work.

[00:02:49] Hi this is Nancy Smyth at the University of Buffalo. And I had the pleasure today of being able to interview Dr. Howard Lipke who is a clinical psychologist who's been providing psychotherapy to combat vets for over 35 years. And you heard a lot about his bio coming in. I won't go through all of his credentials but I do want to just say welcome. It's nice to finally have you on this podcast interview.

[00:03:14] Thanks mam. It's nice to talk to you again.

[00:03:17] Great. So I'm excited about being able to talk but this topic has anger issues in general but especially anger issues with that I think is something that a lot of people are looking for some good tools with. Could you start by just saying why you decided to focus developing a program on anger issues.

[00:03:34] That's it started with I was kind of drafted into the job as a director of an inpatient PTSD program. That was the end where I was working. I've been doing some outpatient work and we weren't getting very good results with much of anything. We were helping people some but not nearly as much as we want to. And although we can do a lot better now there's some that were good enough. The most effective part of the program was done by the director of the psychology department who came in and did a version of rational behavior therapy and he called the thinking straight and it was a interactive group where he presented the principles of with APCs and worked with examples from the vets in the community and they talked back and forth and interact. So I was looking for something that I thought might add to the program when I came in and started to work.

In fact my wife about who's a psychiatric nurse and she thought about the idea of doing something like that directly related to emotion. We don't do a lot really directly related to emotion other than teaching people how to relax and calm themselves down. So I started thinking about it and looking into it. And the old idea of when you do x makes me feel Y was kind of the template. We worked on this and thought about it. What emerged was that anger was the issue was the main issue that people had it was the thing that bothered them the most disrupted the lives most. And research shows that that's true for combat veterans and for their families. And that's what said the few studies have done on what they need and what they want. So anger emerged as the emotion to focus. And the other thing was about feelings although they could identify anger. Actually if you're talking with a combat veteran and you talk about anger sometimes they won't say it's relevant because what they experience is rage. So if you talk about anger you have to put it in the context of understanding that it's rage and that anger is the name of the family of emotions as the group evolved it became clearer and clearer that understanding identifying what emotions were and what feelings were going to be central to what was going on what they needed was a kind of a threat. That's why emotions and that's why the anger in them over the years interacting with the and finding out what happened what didn't lead to the program that I have now.

[00:06:12] OK. So let me ask you a little bit about the program I think you're calling it the HEArt program for veterans. Can you tell me what part. Well you know it's always a good idea to come up with a clever acronym that I think that will be true for a while until that becomes passe. But it actually started out as the fiber program. And there's obviously the jokes about the effects the fiber and fiber stood for feelings identification and behavior rehearsal. And as you try to identify the feelings and that practice practicing them with the positive effect of starting to identify and address and talk about feelings. But that kind of missed the point. Because what the main point of the program became not identifying feelings but identifying emotions that had not yet become feelings. And so it became more and accurately it was about hidden emotions.

[00:07:06] OK I'm going to stop you right there because I can immediately hear some of my students would be jumping and saying what's the difference between an emotion and a feeling.

[00:07:16] OK. It's a point that very rarely gets addressed and I think it's really important for one thing. You know you have feelings when you have you know I feel this or I feel that. But if the main premise of the program is something that widely recognized knowledge about anger being a secondary emotion I think much more frequently than people think. So if anger has a job it is to push things away. All emotions kind of have behaviors that are attached to it affecting their emotion what's secondary to them. The times where it is and I think it's secondary to underlying fear or sadness or painful emotions and anger keeps them from coming up and coming out.

[00:08:00] OK so the feeling is then I'm feeling anger and the emotions and maybe some of the underlying I can't call them feelings so the underlying sort of body states or things that I'm reacting to.

[00:08:11] And then we get into this little problem of how do you find emotion and if you read the expertize emotion you'll see that it's one of those very difficult things to do that the people who study it most thoroughly are never really satisfied with the answers.

[00:08:27] So you were working you know you initially talked about this fiber and then you'd moved it to HEArt.

[00:08:33] Yes. Essentially it was realizing that it's the hidden emotion that that's the key here. Think there's lots of semi successful anger management programs out there. And one of the things that the program does I think the systematize is the way we look at the things people do to keep

from being angry. And I know this is kind of this is kind of convoluted but I'm hoping it all comes together at some point at some point it usually does when I present it for clients anyway. So there's basically I think for things that people try to do in anger management programs. One is teach people to recognize problems situations and prevent them. And I sometimes they don't do this but I tell clients that if you think a situation that will lead to violence and you don't want that. Don't go. get away. So there's some people to push I'll never run away from situations. But for people especially the ones that I work with can be too destructive it can lead to regrettable and unchangeable violent situations. So the second one is learning to calm and relax and sort of limit the physiological arousal which starts it keeps the cycle of anger going. And the third is to deal with the cognitive intellectual aspects of it. So cognitive behavioral therapy focuses on two ideas. One is what you're seeing really happening and you're making assumptions about a situation that are born out and the other is the action worth that is angry action worth it. So there's two aspects of this that are really important. The third aspect of most programs is the cognitive or the intellectual and this is what's commonly taught I think is the most important part of managing anger. There's two components I think one component is the person making assumptions or accurately looking at the situation in the component is about whether or not the reaction is appropriate to the situation is the rage or anger reaction appropriate. And it's really important for people to learn the skills of thinking through things and ideas like this and those can be very effective. Now the thing that makes HEArt different I think is that the emphasis is on the fourth issue of the fourth component and that is the emotions. If people can see that anger is there to push things away and block things. It can also be there to push away and block fear and sadness and other even positive emotions that set people up for fearful situations. So I try to lead with that and I try to get people see if people can get one idea to hang onto and that idea is something they can carry forward and will be the most helpful idea. The idea that anger is a defense is to protect against others feelings will be the one that's most useful. So that's what you actually start with with your clients. What I do is I very briefly go through the defining an understanding of emotions and anger and then I talk about these four aspects of the work and then I get to the emotion part and then I push emphasized the understanding of that and taking questions giving examples and seeing for themselves if they think about and talk about their anger situations seeing for themselves whether or not it's true.

[00:12:16] OK so then there's this hidden emotion piece that really differentiates what you're doing from most of those anger management programs out there it sort of adds a dimension to it.

[00:12:28] I think they include that but it's kind of a tail end. And you see that in the last chapter and deemphasize what I do is I try to put it out in front and emphasize it because if they get there then it's much more likely that they're going to not get angry in the first place. And so I call it anger prevention rather than anger management. So that's what I try to focus on that. Because once you recognize that it's fear or sadness or the fear that goes with having a close relationship the anger no longer has a job. It's kind of like calling it by its name makes it different. So it sort of takes all the wind out of it at that point. But then you have to deal with the fear the sadness because. So it's not a free ride. I was an old commercial about the oil filters it's a good thing that you should change your oil filter and the mechanic would say you can pay me now or you can pay me later.

[00:13:25] So there's payment involved no matter what here, got to work through the emotions. So let me ask you what does HEArt actually stand for. Because I'm assuming those initials mean something.

[00:13:36] Yes it's a hidden emotion articulation in order to make the emotion. You have to find it. And so it's not about the feeling goes you know you feel angry. It's about the emotion which you don't know is there and you don't feel it now. You don't necessarily have to feel any emotion when you're identifying and naming it sometimes just naming it is enough.

[00:13:59] So let me ask you about the actual application of this in terms of your experience working with veterans as you start to introduce this idea of the hidden emotion and trying to identify hidden emotions. How does this go over? how easily are people able to get this.

[00:14:17] It's mixed. Some people get it right away and like it makes world sense and there's but there's this resistance that they're not identifying these emotions for a reason. There is a part of them that does not want to believe this is true. You know there's a part of all of us that want to live in this romantic world of good and evil and no shades of anything in us and righteous indignation or anger is the proper thing to happen. Actually I think some people come for treatment because there's a part of them that wants to think they're doing the best they can already. And as bad as it is. OK. This is what they are stuck with. And they get to be angry. And if they don't get to be angry it's because they can find and feel sometimes the fear and sadness and unease not a bargain they want to make. So they put up barriers to it. And I tell them that and I tell them who am I to say you should. Not my feelings I'm not going have to deal with these feelings. You are. So if you're going to address your fear sadness that's the cause. You have to decide whether it's worth whether it's worth it to address those feelings or acknowledge them. But I try to give them a path to show how you would or could. If you want to. OK.

[00:15:31] That almost makes it more real to people the possibility that they could address those feelings because maybe there's a fear that those feelings are not manageable that those feelings will engulf them or be too much to handle.

[00:15:45] And when you're working with combat vets and many other people who've been through horrible trauma part of this is dealing with addressing the past. So let's say something happens currently in real time and you get in a car accident. Angry about it and your anger is debilitating and you know you've got to find the worries underneath the anger and the worries about you know how am I getting the money for something you know to pay for. And the other worries about whether or not you're as good a driver as he thought you were and things like that. That's one thing. But if the car accident reminds you of the driving situation reminds you of a battle you are at home when your convoy was ambushed. Then you've got a whole other level of fear sadness and grief to deal with. And so I can explain the US combat deaths especially as I can explain how the current issues in the past few years are related and show how the past few years don't have to be the same where they were those flashbacks the feelings don't have to be the same way paths to process those emotions can be taken them they're not afraid to start to deal with the emotions that acknowledge them.

[00:16:59] So understanding that there might be ways that I can get help for those things that seemed really overwhelming when I lived through them and understanding that this current situation is connected to those in some ways at a feeling level like maybe because of out of control and the car accident and it brings that being out of control in an ambush situation. Something like that

[00:17:19] Yeah they might not be consciously aware of it but they know the power the feeling. And I think this is really important therapy in general so when people are blindly told to express your feelings they'll bring up the feelings show your feelings and they don't see a path to not be overwhelmed by them then it's going to be very tough advice to take. And in fact sometimes it might not be good advice to pick at all. Well because they've probably had some situations where feelings shouts out of control and where they may have lost behavioral control in those situations. So yes but a lot of people are trauma combat veterans and a lot of other people can be lead to behavior. That's really been destructive in life.

[00:17:57] OK. That makes sense. That's really for anger in particular. It seems important for people to understand that function of anger for people that it does push other things away. Things

where I maybe have to feel vulnerable or scared. Those kinds of feelings.

[00:18:12] Your comment brought up an interesting point where the least they feel vulnerable feeling scared. One of the things that I teach and focus on is it's fine to talk about feeling vulnerable and regular conversation but if you think about it. Vulnerability is really not an emotion. I don't think it's that a feeling. Vulnerability is a state of affairs that leads to a feeling or an emotion. So what I try to do is help people distinguish between these situations because once you call a description of a situation of feeling then it's very difficult to argue with it because nobody can argue the feeling you know if I say I feel sad nobody can prove or show that I don't but if I say that I feel vulnerable. It sets up a situation where my vulnerability is set in stone. But if it's called an idea or a belief then we can talk about whether or not it truly is a vulnerable situation or what the vulnerabilities are so that the full side point about the program and distinguishing between emotions and thoughts.

[00:19:14] Right and that's part of that sort of cognitive behavioral element of understanding the differences and understanding how I have thoughts and reactions to situations.

[00:19:24] But in fact lots of therapists don't really make a clean distinction between feelings and part and parcel out thoughts feelings which I think we do you know is not a central major problem but it can derail things a little bit.

[00:19:38] Yeah. So what I hear in your HEArt program is a lot of the cornerstones of many of the successful evidence based anger management programs. And then you've added I would say value added by really going into much more depth about this hidden emotion piece that helps people identify that function. That anger is serving in their lives.

[00:20:00] And so I think that the emphasis and what they are does is lead to exercise. So now we all know that people don't want to do exercise. You know we don't want to do checklists things like that. So I look over what people are offered and suggested and you know clients have a hard time doing this just like anybody else. So what I do is I have one very simple exercise that I ask people to do and that is on a daily basis. Think about what's going to happen that day that might lead you to have more anger than you want and then simply try to figure out what the hidden emotion will be hidden by the anger or rage and write it down. And so basically it's just a grid where you know the days in there and you just write down the emotion word. The idea is that triggers people to start thinking about this on a regular and daily basis and prepare for what might happen during the day. So very simply sometimes somebody with road rage I'd say every time you get in the car everyday think about your eyes and if you've got in a situation where you got cut off and you were enraged. What would be the underlying emotion. And it's generally some kind of fear emotion so they would just write that down and see what's that connection really takes place then the anger starts to seem inappropriate or silly. But again there was resistance. People want to fight against it because they prefer the anger. And I'm not the first one to suggest this. They prefer the anger to the other emotions and then the anger gets to bring that feeling of self righteousness. Well essentially what I think anger does is people feel a power in them. And so sadness fear and these other things are emotions lead to a very uncomfortable physiological human situation. We feel bad and I think there's people sitting in jail as a result of their anger. They can sometimes say it was worth it because the powerlessness was so painful so difficult that they would rather have the anger and its consequences than the feeling of powerlessness and whatever situation was we heard from them.

[00:22:16] Well and I guess this comes back to what you said earlier which is it's the powerlessness that is sort of happening for me right now and that situation is triggering off all powerlessness connected to a trauma that I'm getting really flooded by a lot of that potential feeling. And it would definitely feel much bigger than that situation might look to somebody else from the outside. And

so that becomes a good reason then to go in and do that work on processing the trauma because it sort of reduces my vulnerability to triggers and future situations where they can see the purpose of that much more clearly. So as I present this to people it's a two. If there are problems they want to have less anger or rage. There's two things. One is to learn these ideas to prevent it if possible or management in the specific situation and then do something about the underlying pressure which makes all the more need to have to manage it. There are underlying pressures not there. No I like how my clients that you know I can get through life pretty decently without knowing any of the things I'm teaching because of lived very trauma free life. I've had losses but they haven't been the kind that one doesn't expect in life. So I don't need these things my capacity for anger has not had to be developed and doesn't have the same kind of behaviors connected to it that there is fairness. But they have to know these things if they are going to not be so horribly impacted by their experience. So I can get by and coherently as I teach it and I learned it and I know it really well and I'm the one who doesn't need it so much and they do and they don't. It's up to them to give this to themselves. And I really make it clear that I'm you know I'm the hired help. I'm not the doctor in charge. They ask What's the definition of stop denying and then expect me to give some kind of scientific answer. And my answer is you define them. I can't decide for you What's destructive and somebody else might say well you know they're obviously destructive behaviors you want to help people eliminate. And my response is that if people can just get rid of the anger and rage that they find destructive there won't be much of a problem with it because most people don't want to live that way or at least ambivalent about it.

[00:24:40] So let me ask you about this issue of anger for vets. What is it about anger and veterans that these issues are especially relevant.

[00:24:51] Well I think there's a few things. One is the amount of fear and pain and loss they've had to suffer with and mostly at very young ages creates the need for a lot of strength to whatever's going to block it. And the second most endorsed problem is the emotional numbness that's the one when I ask. That's what you know what do you want to help with that comes in second. Occasionally it wins.

[00:25:17] Numbness over anger you mean?

[00:25:19] Yes occasionally it's more of a problem but usually it's anger and rage so that numbness is what blocks the first line of defense against the overpowering painful emotions. Now I should mention that I have a client who once referred to that of carelessness rather than numbness which I think is terrific because it really makes clarities. what's a callous? a callous is a piece of dead skin covering up a sensitive part. If you have one on your hand it comes to the part of your hand. But if you continue to put stress on that callously breaks them. The very painful part is exposed and it hurts more. And so this is very much like what we call emotional numbness. This kind of barrier of not feeling protects us and protects them they've got to build it up in military training works to build this up. It protects them really well until it breaks and then the amount of pain is increased. So anger and numbness actually in military training a certain amount of that might be helpful is that what you're suggesting. It's essential. Yeah and make it clear that I understand this in the solutions of numbness and anger to block fear and sadness in a combat situation is absolutely essential if you don't teach that to people. And they'll train that into them. They're not going to be able to function. I mean how do you get off the plane into a combat zone. You know I tell them Look put me untrained on a plane send me to a combat zone. You know the first issue is going to be how they're going to get me off the plane. But they all got off the plane and I'm not saying that you know I could I'd never get off the plane. But you could train me to do that too. No. But they start to see I think that how much this way of dealing with emotions. It has been integral to their survival in a combat situation. And then the next step is to see whether or not those solutions to pain and hurtful emotions is now protective or destructive. Then they went into a situation very often where they

look at the what the saying oh it's hypocritical world this way or that way and they had to do that in order to survive in combat. You have to see people as either the good guys or the bad guys. You got to judge that are close. Life and Death places that you don't do what you do and the people around you are less likely to survive. So part of what's important is making the transition to having a more nuanced way to live in a world not dominated by these powerful emotions and reactions and the life with enough kinds of situations and see that it's different. So I can really hear why this would be the core of work that one would do with veterans.

[00:28:08] Can you say a little bit about where you see your program might fit in for other types of folks who are seeking help for other reasons or maybe not seeking help but might want to consider it

[00:28:20] You know back I think in the 60s and 70s or in the 70s I remember there was a big physical fitness book was very successful and it was the Royal Air Force physical fitness program and it was a big seller and I think it worked because I figured well if it's good enough for the military it'll sure be good enough for me. Actually did it for a little while and it got us licked. But the point is that this is you have this basic understanding it can apply to people who have less of a problem or less frequent problems with anger and rage. But this people are not in the military who have equivalent problems. A friend brought me into her classroom with kids who dropped out of school and then come back to her class and that was the English class and she wanted me to do this program. I want to do it not present the ideas. And so these were people who were too young to even be in the military. But they got a lot of benefit out of it she said afterwards that when they were discussing the books they were reading the novels that they were able to use the principles even in understanding the characters in the books and obviously could use themselves. And I'm not a veteran and I don't teach anything I haven't found useful. So there's two examples that kids in the high school class. And it helps me

[00:29:48] That those are great. Well I'm thinking that probably in couples this sort of thing would be handy a lot because a lot of times I'm thinking back to my therapy work with couples that anger is often again the thing that comes up in you know people's fights with each other and whatever and being able to work with hidden emotions would be much more fruitful direction than just a straight anger management approach.

[00:30:14] Yes. I don't see couples for a long term basis and I haven't. What I do is when I work with veterans in individual therapy I asked them if they want to bring their partner in or a family member and to explain these ideas and they frequently do. The partner the veteran really always give me positive feedback about understanding how awful it was and how they could see the patterns clearly for both of them. And I also do it in groups sometimes include partners.

[00:30:49] OK well now let me ask you it sounds like you've seen really good responses to this in your own clinical work you know in this day and age everyone is focusing on evidence and doing research. Have you done any of that. And if so what have you found and if you haven't. What are you hoping to have happen with this.

[00:31:08] Well the only reason I've been able to do is kind of program values valuation research and you know there's lots of kind of evidence and we can't just go back what we think we're seeing we have to have somebody see it too and maybe get more objective. So when I give clients anonymous surveys I find them here's a big surprise. They say it's very helpful. The results are always you know if it's a five or seven point scale they're always in the sixes and sevens and much more important. There's almost nothing at the not helpful or harmful end of the scale. Now that doesn't mean very much to anybody else but it means to me that besides just them telling them my face that they like it or telling other people that work in the program like that is something that's a

little better than that. But one of the difficulties in this kind of work in working in the days is you can't give half the people the program and the other half not without being a very formal very thoroughly vetted and considered research project. And any time you embed something in another treatment it's going to be difficult to tell what's meaningful or what what mattered what didn't matter anyway. Now I'm just saying that it's very difficult to research in that context. Now I haven't had the chance to take it outside it this very difficult research to do so I suppose I go to an employee assistance program and say well let's do a controlled study and see if this works or not. But still their obligations are to try to help people not to do research so it's hard to deprive somebody something that whose elements are already established is fairly successful.

[00:32:52] Right well some of this would have to be with the role that you've been in. So if there were somebody who listened to this podcast who decided they'd like to actually to try to move this research to a more formal study level. That's something that would be of interest to you.

[00:33:07] Well I think it would be beyond the interest to me it's the kind of thing I'd say Matthew let's start over again. Let me see if I can get this even better. I don't want to take a chance of looking at you but the ones that do this kind of thing. But there's other questions about research to that. Well I did kind of a little difficult research project with college students where I tried to see I tried a very short versions of the emotion part the cognition part of me relaxation or calming part in giving them a different order. I tried to see if things added to each other and I got results that showed us these pieces added to each other but it you really couldn't make much sense out of it you couldn't prove anything with it. Now the other thing that got me doing this and in doing something original also had to do with research and that is that I looked at the success rates and the success reports research on other methods. In summary say oh yes this cognitive behaviour therapy is effective for the treatment of problem anger. I mean if you look at these things in depth it doesn't nearly mean what you would think it means sometimes you know in some of the even most highly regarded studies they'll do a pre-test in a post has an if you look at the get in effect size of one which is you move the score one standard deviation. So let's say it in practice could mean they used to have a score of 110. Now they have a score from the averages down the score of 100. And that might be reflect signs of war. But what ends up being is that the people who have finished the program have reported to be successful still have a high enough anger score to start the program over again. And so the outcome research effect the anger programs as they are is not strong enough to suggest that you shouldn't keep trying to change in the making better.

[00:35:12] OK so then there would be value in pursuing ways to add onto those or to find elements that can bring score into a range that would be less problematic for people

[00:35:20] it's not like they're curing people if you don't do what they're doing. Those still have the disease. If this was a physical illness if it was a rash of skin condition. This is like saying you know he got up from 20 percent of the skin surface to 15 percent of the skin surface. And we now have an effective treatment. So let's put our research funds into something else. Let's now try something else that the research is not strong enough to keep us from trying other things that make sense and see if we can do a little better.

[00:35:52] OK. Well so I just want to say that I had a chance to look through your book which outlines them in this program. Don't I have the right to be angry. And I was just impressed with how clearly written it was and how accessible in terms of someone who could read this and take a lot away. So I think if there is a researcher out there who would like to actually take this to a controlled study level. It sounds to me like you've got a lot of pieces that are in place where somebody could then do that to begin to explore. Yeah I'd love to hear from him if you go to my Web site HowardLipke.com You'll see there's a column for the book that his contact information for me.

[00:36:30] Well listen Howard I really appreciate you taking the time out to talk a little bit about this program because I still think that that angers emotion that people are really still struggling with a lot both trauma survivors. But as a culture in the United States we seem to have a lot of trouble with it so it certainly suggests that we have a lot to gain by learning more about it.

[00:36:48] Well thank you very much. It's really delightful talk to you.

[00:36:53] You've been listening to Dr. Howard Lipke discuss hidden emotion articulation with veterans in social work.

[00:37:08] Hi I'm Nancy Smyth Professor and Dean of the University of Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history or online and on the ground degree and continuing education programs we invite you to visit our website at www.SocialWork.buffalo.edu. And while you're there check out our technology and social work research center you'll find that under the Community Resources menu.