

Module 9: Recognizing Schemas – Joint Imagery Exercise (Copyright by E. Roediger)

Goal of this module: Foster empathy, activate the need for attachment.

After the introductory phase (Modules 1–4), and if necessary, individual work in the presence of the partner (Modules 5–8) or separate individual sessions, once the couple is “standing on both legs” and cooperative, the prerequisites for emotion-activating joint imagery are met.

These joint imagery exercises help the couple connect their current experience with underlying childhood scenes (schemas) that continue to exert influence in the background. These can then be entered into row 1 of the Mode Cycle Clashcard (see Module 2). Since we have not collected the clients history in detail in the very much solution-oriented approach described in this book, this imagery exercise serves as a very specific history taking to identify the exact schemas fueling the present moment conflicts.

If the couple can recognize how the past intrudes into the present, they can more easily separate the images of earlier caregivers from the current partner, and see how they are projecting an “old mask onto their faces”. This makes it easier to let go of old images and to open up anew to the present relationship.

One partner works actively in the imagery, while the other supports them emotionally at the end. This is the key to deeper emotional (re-)connection. This exercise should be done with both partners, ideally in consecutive sessions.

Procedure: *“Let’s all three of us close our eyes and begin with a current couple conflict. Can you allow an image of the scene as realistic as possible to come to mind?”* We then ask in detail about the circumstances (time of day, place, environment, sounds, temperature, etc.) until a vivid, realistic picture has emerged. *“How do you feel in this scene? ... What thoughts are going through your mind? ... How does it feel in your body? ... What impulse do you sense? ... Please go fully into these feelings, sink into them as if falling asleep, and let yourself be carried back in time, into youth and childhood ... always staying closely connected to your feelings ... what scene emerges by itself? ... as in dreams, images always arise ... what comes now? ... just say it—without thinking.”*

When an image arises: *“How old is the child in the scene? ... what do you feel now ... in your body ... what do you need right now ... what could help you in this situation? ... What are you longing for in this moment? ... Can you please pause this scene now, like a video?”*

Up to this point, the procedure exactly follows an imaginative float-back as in individual therapy.

Note: It is very helpful to shift attention away from thoughts and toward the body. It is also crucial that we—similar to trance induction—keep speaking continuously, without leaving pauses. This may feel awkward and intrusive at first, but it is essential: as soon as we leave a pause, patients immediately drift back into the cognitive level.

Contact with the partner and providing support: We then turn to the listening partner (still with eyes closed): *“Are you also in Betty’s/Tom’s image? ... Can you see him/her? ... How do you feel when you see the child in this situation? ... What feeling arises in your body? ... What thoughts come to your mind? ... What would you like to say to this child in this moment? ... What is your impulse to do? ... Please say or do that now!”* If the partner shows emotional resonance, we allow them to move closer to the active person and also touch them. It is important that the exercise ends positively for the person in imagery. If necessary, we intervene supportively or take over the caregiving role ourselves.

Note: The primary goal of the exercise is for the partner to provide support. This usually works quite well because recognizing the partner's vulnerable side on a biological level activates our innate caretaking system. A typical sentence is: "I don't want to be like your Mum (or dad). Want to be there for you!" If beyond that the partner feels an impulse to confront the caregiver figure in the image, that can be allowed—but it is not necessary.

Connecting to the present: After the reparenting moment, we ask the caregiving partner (Tom): *"How does it feel for you to be so close to Betty and to speak to her in this way?"* Then we ask Betty: *"How does it feel now when Tom speaks to you like this?"* Finally we connect the childhood scene to the current situation: *"Betty, now we better understand which scene/schema lies behind your current experience. As an adult today, what do you wish from Tom?"*

After Betty expresses the wish to us, we ask the two to place their chairs very close, facing each other. If possible, we suggest they hold hands and open their eyes. *"Betty, can you now express this wish directly to Tom, looking him in the eyes? ... How does it feel to say it this way?"* Then to Tom: *"What feeling does it bring up in you when Betty speaks this way? ... What would you like to answer her?"* If needed, Betty's wish should be linked with an offer to Tom, so that the situation is balanced.

Note: When working with neurodiverse people (e.g. autists), this exercise may reveal that the amount of emotional resonance is limited by one partner. This is an important information because it helps the other person to realize, that the reluctance to tune in is not based on an unwillingness, but on an incapability. This helps all three to realize, that it is not about working towards more emotional connection rather than accepting limitations and organize the best possible "living together apart"-setting (see Module 13).

Ending: *"If you now compare your current feeling with how you felt when you first came into the session—what is different? ... You see: you have a choice! If you both step onto your BLUE legs, you can be very close to each other and give each other support!"*

Possible Homework:

For *Tom*: Whenever Betty goes into the dominant mode, remind yourself that she is compensating for her schema and the feelings of the vulnerable side—and imagine the "wounded child" on the back stage behind the dominant Coping mode on the front stage.

For *Betty*: In moments of schema activation, remind yourself that Tom can react differently than your caregivers in childhood (e.g., "Tom is not like my father!").

Evidence: The greater effectiveness of these joint imagery exercises compared to schema-based cognitive interventions has been demonstrated in the following publication:

Roediger, E., Zarbock, G., Frank-Noyon, E., Hinrichs, J., & Arntz, A. (2018). *The Effectiveness of Imagery Work in Schema Therapy with Couples: A Clinical Experiment comparing the Effects of Imagery Rescripting and Cognitive Interventions in brief Schema Couples Therapy*. Sexual and Relationship Therapy. DOI: 10.1080/14681994.2018.1529411