

STC-Module 5: Accessing the vulnerable child mode (by Eckhard Roediger)

We make use of this exercise every time if a client is unable to access his or her vulnerable side connected with vulnerable emotions like fear or sadness. We need to be in touch with our vulnerable side if we want to be opened for a soft and good-willing connection with others (we called this the need for attachment). Showing vulnerability in a healthy relationship activates the caretaking system in our partners. Clients can feel this activation when watching the still face video and feeling compassion with the suffering child. To be able to reconnect both partners need to be in touch with their "soft side". The following exercise helps to set this side free if clients are mostly in a dominant or angry (or disgust-driven) detaching mode.

1. Interrupt the unfolding mode cycle

"Ok, I can see you are both very triggered right now. Do cycles like this happen frequently in your relationship?" (Probably yes). "Ok, this means this is a more or less typical conflict. So let's stop here and stand up together to try to understand better the pattern or the mode cycle you are in right now."

2. Identify the active coping mode

Therapist and clients should be standing side by side in one line looking down on the chairs below. Therapist: *"This might surprise you but we are not going to get into a discussion. The content of your fight does not really matter right now. Let's try to analyze the pattern and understand the mode cycle"*. Since we want to start working with the angry protector or dominant modes we address ourselves to Betty (the example is drawn from the Schema therapy for couples book): *"Is it okay if we start with you, Betty? (Don't forget to talk about the "Betty-chairs" below in the third person). Let's think in terms of our three coping options: dominant, detaching or more submissive, ok? Tell me Betty, what mode do you think Betty is in, when she is telling XXX to Tom?"*

3. Identify the active child mode

Ok! Let's move to the active emotions "behind" that chair. What emotions do you think "fuel" this behavior? Right! It is some kind of anger (or in case of an angry or disgusted protector some disgust or in a milder form feeling annoyed). And what leg is Betty leaning on in terms of the expressed need?... Right! She is more on the assertiveness side". (The therapist adds a chair or the assertive-angry side behind the dominant coping mode according to figure 2).

4. Become aware of the coping mode's dysfunctionality

We all have an assertive side and sometimes it makes sense making use of it. But let's now look at the effect on the relationship. What is the desired outcome if Betty becomes dominant?... Right! She wants Tom to cooperate. But is Tom still cooperating? Not really. Otherwise you would not have come to my office. So what is the actual outcome?...Indeed. He is backing off withdrawing into a detached mode (or a self-soother)." Now the therapist turns Tom's chair away. "So this is not what you are really striving for. Are you willing to change your strategy and try something else?"

Optional additional step to induce more empathy

Like outlined later in Module 10, you might ask the client to “step into the partner’s shoes” by standing behind Tom’s chair all three looking at the empty chair of Betty. *“How does it make you feel, Betty, if you see who Betty acts in the chair down there?”* You can deepen the experience by asking Betty to take a seat in Tom’s chair, you and Tom sitting beside her, asking: *“Betty, we all close our eyes now. How does it make you feel in your body if you see Betty acting and talking this way?”* (The therapist repeats Betty’s words and describes her voice tone and gestures) *“What is your impulse now?”* The aim is making Betty feel Tom’s impulses to react herself.

5. Access the vulnerable child mode

If Betty agrees, the therapist continues talking to Betty standing beside him or her: *“You remember the two legs metaphor? Everybody is born with these two legs, right? (the therapist adds a chair for the vulnerable child mode beside the angry child mode chair). So let’s now try to get in touch with Betty need for a loving connection and the hidden vulnerable side, ok?... Would you, Betty, please sit down beside me on this chair?”* (The therapist takes a seat close by and a little bit behind the client on the vulnerable child chair and talks with a very soft voice to Betty addressing the vulnerable side of her. At the same time Tom sits down on the turned away chair.). *“Ok, what do you feel in your body looking how your dominant side pushes Tom away?”* You might add some schema-activating wording like: *“You’re alone again, you didn’t make it!”* Usually looking at the back of Tom induces some painful feelings, for example a tight feeling in the chest.

Especially if Betty is stuck in her head, offer polar options to guide her attention to body in the here and now, like:

- Does your chest feel more tight or more wide?
- Is breathing getting easier or harder?
- Is the feeling in your belly fluffy or constraining like a cramo?
- Do you feel more powerful or weak and dragged down?

These questions in general help clients to connect better with their basic emotions and the related body markers. Once Betty connected with her vulnerable side, we reached our goal and might continue by saying: *“Thank you for opening up so much. Being in touch with these softer feelings now, what do you need from Tom? What do you wish Tom to do?”* Usually the client wants Tom to turn his face to them again. If so, you can ask Tom to turn around and you continue; *“What do you want to say to Tom now? What shall he do?”* If the client is able to talk in a functional way you can move to step 6.

In case the wishes towards Tom come across too demanding you might label, validate and comment on that in a way like: *“I hear what you are saying and I think it is basically ok. But do you have an idea how this wish in the way you expressed it will might resonate in Tom’s ears?...Do you think you can manage to say it a bit softer and more from your vulnerable and needy side?...How does it make you feel in your body talking this way?.....Can you feel a difference to how you felt talking before?”* The last questions supports discrimination.

If the client manages to open up more (especially if you do this exercise in an individual session) a very strong validation is a disciplined self-disclosure like: *“May I tell you something about my feelings right now? When I hear you talking this way with this voice, this really moves me and feel much more invited to open up and feel emotionally close to you!”*

In case the wishes sound too demanding you might return: *“Ok, this is what you ask Tom to do. Do you remember the first part of the still face video? There is a give and take between the Mom and the child. Do you have an idea what you could offer to Tom in return to make him more inclined to open up towards your wish?”* This last parts helps you keeping the partner tuned in and is quite important.

If Betty remains reluctant to get in touch with her soft emotions and remains angry you continue like this: *“Ok, Betty. I see you are still caught in your anger, so are still dragged to the angry child and assertiveness chair. This is ok, but it doesn’t help us now, because the game remains the same. Are you willing to try something different?”* If the client agrees you can for example start the Honeymoon imagery exercise (module 6). If Betty is trying to speak softly to Tom but is not capable doing so you can move to module 10 and stand up with Betty and teach her how to do that.

6. Reconnecting

You can ask them to stand up, connect by looking into each other’s eyes and holding each other’s hands for moment and getting aware how they feel. This makes sense in the beginning of therapy to emotionally reconnect them. You might end the session by discriminating how they feel now and at the beginning of the session. The rule extraction is: If the shift to the vulnerable side they still can emotionally connect.

In the beginning of therapy you might use the soft feelings of Betty asking everybody to close eyes and invite Betty to float back in time to a childhood situation. This is the beginning of the conjoint imagery exercise in module 9.

Later in therapy, you might start a connection dialogue exercise to work on a specific problem (module 11).

If the dominant clients continue remaining reluctant to get in touch with their vulnerable side and adequately express it, this is a bad sign about the outcome of the couples therapy. They will probably not reconnect in an emotional level and some kind of “living together apart” construct is the best possible outcome.

Possible Homework assignment: Try to anticipate the impact of your reaction on your partner before you act it out. Get aware of your way of acting und try to take the partner’s stance before acting on them.