

Supplementary Module 14: Dealing with Strong Emotions (Copyrights E. Roediger)

Many situations may overwhelm a couple with strong feelings: after an affair or major breach of trust, following a decision against a pregnancy and an abortion, when a child becomes seriously sick, or for some, even a major financial loss (e.g., stock speculation with the partner's money). Sometimes "old baggage" must also be revisited in the second half of therapy because unresolved past events block positive development. In such cases, simply shifting perspective (e.g., standing up) may not suffice. A more therapist-guided exercise is needed to prepare the ground for a Connection dialogue (Module 11).

Goal: Move from instrumental social emotions (hatred, contempt, disappointment) to basic emotions—first anger, then the underlying sadness.

Note: Just as constructive dialogue requires it, successful processing of a severe (often trauma-like) crisis presupposes sufficient BLUE (attachment-oriented) readiness for constructive cooperation. If one partner is still trapped in RED anger, individual sessions (e.g., Module 5) may help increase cooperation. Conversely, the injuring partner must be sufficiently prepared to face the pain they caused (healthy "reddish" courage, Module 7), without closing off emotionally or fleeing into justifications.

Caveat: This is a challenging exercise bearing the risk to hurt the addressed partner. Thus, if you as the therapist perceive the anger as overshooting and assumingly schema-based, you may start with this module in individual sessions first and later continue with conjoint sessions, once the person is able to contain the emotions a bit better.

Part 1: Venting Anger

1. **Setting the scene.** All three sit side by side (therapist in the middle), facing an empty chair. All close their eyes. The person who wishes to express strong emotions speaks to the empty chair (Step 1). They should speak from *personal experience* rather than blaming, judging, or moralizing ("staying on their side of the fence"). After some minutes, unrestrained expression typically subsides, and the speaker naturally shifts into vulnerability. If not, the therapist moderates: keeping the speaker grounded in their own experience and helping them move from RED anger toward the BLUE vulnerable side—to avoid triggering defensive RED reactions in the listener.
2. **Externalizing critic voices.** Strong judgments may need to be marked, validated, and externalized: *"We've set that critical voice on the chair over there—the one pulling you back onto the RED leg. If you now look at these voices from the outside, check in with your body and connect more with the vulnerable side—what do you still want to say?"*
3. **Containment for the listener.** The listening partner must not interrupt. The therapist tracks how long the venting can continue without overwhelming them. If necessary, pause: *"That's already a lot of important things. Let's pause and see how Tom reacts, then you can continue."* If you sense that the active person holds back, encourage further sharing: *"Is there more that wants to come out? Is everything said and placed in the room?"*

4. **Listener's response.** The listener is invited to connect to bodily feelings:
"I'll use 'you' now, since I want to speak to the emotional part inside you. What do you feel in your chest and belly when you hear this?" The focus is shifted from thinking towards reacting to feeling. Compassion or remorse is ideal. If anger arises, it is acknowledged and externalized: *"I understand that anger comes up, too. Can we set it aside for a moment and check if other feelings are there as well?"* The aim is to open a path to compassion and reconnection, not mutual escalation.
5. **Balancing voices.** Depending on dynamics, the listener may then share their own experience in a not-blaming way ("from their side of the fence"). The process can continue back-and-forth, moderated carefully. If participants remain stuck in judgments or blame, these are marked and externalized (cf. Module 8). Only by shifting away from evaluative thoughts (symbolized e.g. as black crows pecking at everything) can deeper, vulnerable emotions surface.

Goal of Part 1: Allow full expression of feelings—but then shift from anger and disappointment toward the vulnerable, attachment-oriented side that still seeks relationship.

Part 2: A New Beginning

If both partners are sufficiently willing to re-engage, reconciliation steps follow:

6. **Expressing remorse.** With eyes closed, partners sit facing each other, holding hands if possible. The injuring partner (e.g., Tom) is asked to feel in their body the pain they caused. If they feel remorse, they are supported in expressing it—with therapist prompts if needed.
7. **Asking for the wish.** The injured partner (e.g., Betty) is asked whether they can accept the apology. Critical voices are externalized if they arise. The injured partner is guided to articulate a *positive, concrete wish* for what the injuring partner can do *today* to show presence and cooperation.
8. **Acknowledging trust.** The injuring partner thanks the other for granting trust and promises to be present now and in the future, striving to do better.
9. **Timeout for critic thoughts.** The couple is encouraged to use a joint "timeout" signal for critic voices ("the crows are back—let's send them away"). Afterwards, they may embrace and reconnect physically if possible.

Summary. This process is essentially a longer, more imaginative extension of the Connection dialogue (Module 11): moving from wishes, to contributions, to agreements. Often, strong therapist moderation is necessary.

It is never over. Deep injuries, however, often behave like traumas—re-triggered by "flashbacks." There can be no final "closure"; instead, the injuring partner must patiently endure emotional waves without lapsing into justification or counterattack. The injured partner, in turn, must practice identifying intrusive thoughts and externalizing them (Module 8).

Sometimes it may help to externalize the "toxic perpetrator part": *"Yes, that one (on the extra chair) did this, and I'm deeply sorry. But I (pointing to oneself) am here now and want to do better. What can I do right now to help us?"*

If wounds prove too deep and the injured partner cannot re-engage between flashbacks, reconnection may not be possible. In that case, the couple may need to consider whether a pragmatic, “sobered” relationship is still viable—or whether separation (Module 13) is the better path.