

Instructions for mode dialogues with externalizing clients

Eckhard Roediger (taken from “Contextual Schema therapy” published by New Harbinger)

1. Stop the flow of conversation and label the behavior you want to work with: *“Okay, Bradley. Sorry for interrupting you, but I’d like to focus on exactly what just happened in order to understand you better. Could we please both stand up to take a look at the scene together from the observer stance?”* This is usually acceptable if you have a good relationship. With more difficult cases, such as when your client has explosive rage, you may need to take some intermediate steps to strengthen the connection. Take a one-down position: *Our talk is quite intense and I have some difficulties to get the full meaning out of it. It would help me if we stand up together to gain some overview and give my best. Even if you don’t feel like giving it another try: Once you came into the session, what I am really thankful for, just give me 5 minutes for a final try!”*
2. Stand side by side, forming an observer and consultation team. Then connect the modes with the mode model in third-person language: *“Okay, let’s look at the chairs below. What kind of coping mode is the client?”* You may need to offer the three option (active up to dominant, cooperative up to submissive or detaching) based on the model: *“Okay, if it is not submission or withdrawal, it must be some kind of dominant or control-oriented mode. What’s the basic emotion driving this coping mode?”* Again, offer the two pairs of basic emotions: Either activated-annoyed-angry or vulnerable-sad-anxious. It is important not to allow your client to distract you into giving reasons or justifications.
3. Add a chair on the “backstage level” behind the coping mode chair: *“Right, when angry, he is standing on the assertiveness leg. That’s what we call the “red” side”*
4. Look at the consequences: *“Okay, how does he expect the other person to react?”*
[Usually the answer is to be submissive or to give in.] *Right. But how does the other*

person finally react to the dominant (or overcompensatory) mode?” Usually the other person sooner or later withdraws.

5. Turn the other person’s chair away in order to make the withdrawal visible.
6. Generalize: *“Now if we look at the desired outcome and compare it with the actual outcome, may I ask you a question? Did it happen more often in [use the client’s first name] life that people sooner or later disconnected and turned away?”* Eventually, use the extension technique and ask the “best friend” to join the observer team and ask him or her the same question.
7. Add the Vulnerable Child mode chair (for reflection, shift back to first- and second-person language again): *“Okay, we found that you were on the assertiveness side. Everybody was born with two legs and thus the need for attachment too. Do you remember the child in the “still face” video? So let’s add a chair for this need!”* Add an additional chair beside the “red” Angry Child mode chair for the vulnerable side. Ask the client to sit in this chair, adding an additional chair for you close to but slightly behind the client.
8. Access Vulnerable Child and attachment needs: *“Thank you. Now look at the turned-away chair representing the people who have left you. How does that make you feel in your body?”* This hopefully awakens the client’s attachment need. If the client resists this awareness and shows (e.g. non-verbally) signs of anger, label, validate, and sort this anger out on the “red” Angry Child mode chair and ask again guiding the attention of the client deeper in their body: *Ok, you are accustomed to feel the anger more. That’s the lesson you learned when growing up. But please close your eyes so you can focus better on your world inside. Picture the person over there leaving you, maybe forever. You remain left alone. How does that make you feel in your chest and your belly? Does it feel wide or tight? Is breathing easy or hard? Do you feel powerful or weak? Is the feeling in your belly constrained or expanding? “*

9. Instead of arguing with the client shift into imagery: *“Okay, I got the message! You don’t need anybody and can do it all by yourself. But please, picture yourself now alone at night in your bed. What do you desire? Or, if you’re eighty years old in a nursing home, what do you need now?”* Let the client rest for a few minutes to get familiar with the vulnerable part inside of him and to validate it. *“Yes, loneliness feels bad. This is the vulnerable part inside of you that you’re always running away from. However, we all have it. I am happy that we are in touch with you now. You are who the therapy is for!”*

10. Validate the client’s feelings with adding some self-disclosure: *I have to tell you that it moves me connecting with your vulnerable side. This side motivates me to work with you – much more than the coping mode in front of us! Can you try to tell this therapist over there what you need him (or her) to do?*

11. Look for a balanced solution: Once your client can acknowledge and give voice to his or her attachment need, stand up together and face the opposing chairs. Put the Coping chair aside and turn the turned-away chair back so he or she is facing it again: *“Now you’re ‘standing on both legs.’ What could you say to this chair to express your needs in a balanced way?”* It is best that you guide this process and eventually give the client your words but let them repeat it their way.

12. Starting the scene again: After both of you are sitting in your accustomed chairs again, ask your client to start the session again by talking to you.

Induce discrimination and a take-home message: Finally, ask the client how he or she feels now compared to the beginning of the session. What is the principle that he can take home after this session?

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