

Module 2: Linking the Model with the Couple's Displayed Mode Cycle

(Excerpt from: Roediger, E. and Frank-Noyon, E. (2026) Schema Therapy with Couples. The Module-based Approach. Bognor Regis: Wiley & Sons)

Indication: After the theoretical introduction to the core elements of couple therapy in Module 1 (basic needs, basic emotions, displayed behavior/coping modes), the construct of the mode cycle is introduced. We begin with the mode cycle that the couple presents to us – at best in the session. If they present themselves in a more detached mode we ask about a past conflict and the cycle will immediately unfold again. This gives us the opportunity to work on what we actually see. Do not hesitate to interrupt the cycle early as soon as you recognize it. Even after two or three minutes! Every minute the couple spends in the cycle is lost therapy time. At the same time, be sure to offer enough “attachment” yourself. In order not to brusquely challenge the dominant part and to remain in contact, adopt a functionally subordinate stance (the so-called *one-down position*).

Goal: To define and recognize a mode cycle in order to later interrupt it and help the couple return to inner balance (“switch to the other leg”). If a couple shows several mode cycles, these can be considered separately in different sessions, with the shifts between cycles described. However, we always analyze only one cycle at a time.

Intervention (once the cycle unfolded):

"Excuse me for being so rude in interrupting you already, but could it be that what we are seeing right now is a typical pattern between you? If so, I would like to use this situation to better understand this pattern in light of our model and perhaps find a way to resolve it. Shall we try this together? For that, I would like to stand up with you so that we can look at the scene together from the outside, as if it were a film... Thank you for doing this with me."

We then all three stand next to each other (see Figure 4). We explain to the couple why it is so important to do it this way:

1. Standing up shifts the body in a different physiological activation state: The extensor muscles of our back get activated and we straighten out back, we open our chest, we breathe deeper, blood pressure is rising. All together we shift into a more present activation state.
2. We are “above things,” gaining greater distance and a different perspective.
3. We are all looking in the same direction, meaning we are observers with a joint perspective, not the actors. In this way, we form a kind of observer or consultant team.
4. We can view the scene in the chairs as if it were a film and talk about the “actors” in the third person. This creates even more distance.
5. Up here, we are much more flexible, both physically and mentally. This helps changing and broadening our perspective and shift into new viewpoints. Up here it is easier to shift from the zoomed-in activation state into a wide-angle scope getting the full picture.

Now you have several ways to visualize the mode cycle and its elements:

1. You can set up several **chairs** in your therapy room for the displayed behavior on the front stage (social role or coping mode) and for the two emotional poles (legs) behind it. The arrangement can be seen in Figure 2 below. The two emotional poles can be marked with colored cushions (or colored folding chairs).

2. You can sketch the **Mode Cycle Clashcard** (MCC) on a flipchart or a blank sheet of paper, or use the Mode Cycle Clashcard form (Figure 3 below), point to the relevant fields, and enter key terms in the fields. You can download an empty form from our website (<https://www.schematherapy-roediger.org/index.php/resources/slides>). In Module 2, only the four fields in the red border are filled in initially; the rest can be added as therapy progresses. This sheet is our one-page case conceptualization accompanying the couple throughout the process.
3. When working online, you can place small **toy chairs on a tray** in front of your camera, using matching **mode cards** from relevant sets or **dolls** to represent the various elements or modes. The options here are (almost) limitless. In case you have to work in a very small office or online, you may just work with the two “front stage” Coping mode chairs and replace the backstage chairs pointing to your two legs in the standing up position asking: *“And if we look inside of Betty: which leg is she emotionally on – more the RED leg or the BLUE leg?”* This saves space and also works.
4. Working online, after the couple is familiar with the three roles, you can put **three colored pens** in one hand (red, blue and black) in a V-position (with the black pen in the middle) and ask, which direction they are taking: more BLUE, more RED or Black?

The important thing is that the couple receives a kind of “inner picture” or **mental map to take home** at the end of the session—whether as a photo of the chairs in your room, the tray, the mode cards or figures, and/or the MCC. You should, in any case, give them the memo sheet as a case formulation and reference point for further work.

Through this shared focus on the model, a connecting reference point is created, and the face-to-face situation is dissolved. The couple is now in a working mode. You then go through the individual fields that make up the current mode cycle. Speaking in the third person increases emotional distance. Especially at the beginning, use more benevolent wording so that the couple accepts the model. For example, say “cooperation” instead of “submission,” “setting the stage” instead of “dominance,” or “withdrawal” instead of “avoidance.” You may also ask the partner what he or she thinks the other person’s mode might be.

“Let’s start with the visible behavior, the social role. We also call this the coping mode. In what mode do you think Tom is down there?” (Firstly, asking Tom). Once you have asked both and received usable responses, enter them in the corresponding fields and then ask about the underlying basic emotions:

“Which emotion is driving Tom’s avoidant behavior?” Offer the four negative basic emotions in pairs: *“Does Tom feel more vulnerable-anxious-sad, or more activated/tensed-annoyed-angry?”*

The sense of tension reflects sympathetic activation. This pre-selection makes it easier for the patients to sense the emotional direction. If a patient responds. “I don’t know!” we respond with a compassionate smile: *“You don’t have to KNOW, just feel into your body!”* Couples usually accept this well and do not experience it as dominant. Write this emotion in the field below the coping mode in the third line of the mode cycle memo. At the same time, place an additional chair for this emotion on the “backstage” area behind the coping chair (see Fig. 4). Then name the expressed need, i.e., on which leg the person is standing: *“Ok, when Tom withdraws, helplessness or sadness is behind it, because his need for attachment is hurt, and then he protects himself.”* Or, more explicitly: *“In the dominant mode, Betty is on the (RED) self-assertion leg and angry or annoyed because things are not going the way she envisions.”*

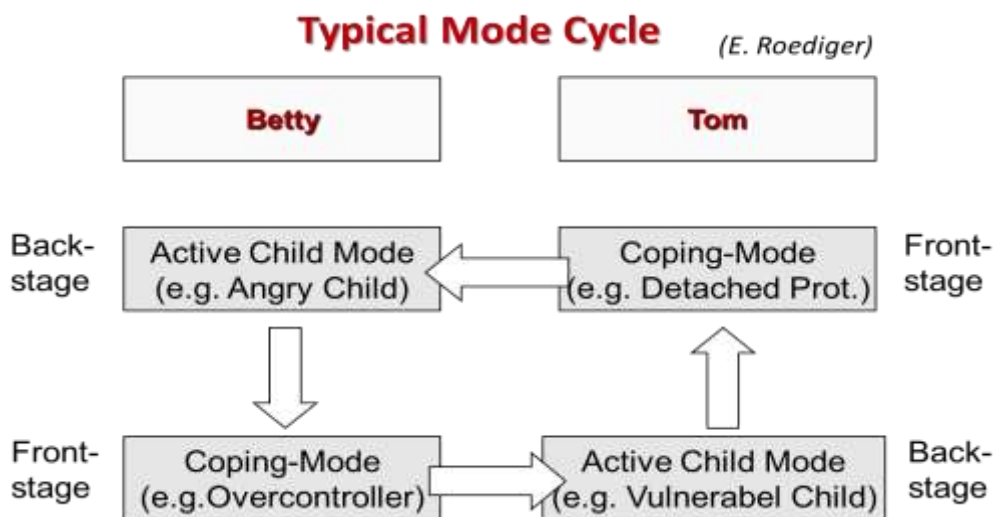
Dealing with ambivalent feelings. If two ambivalent emotions are named (e.g., powerless rage or annoyed sadness), you can write the one that drives the coping mode more strongly under the coping mode and the other emotion in the field next to it. Correspondingly, set up two chairs side by side on the backstage, with the more active one placed slightly forward. Then do the same for the other partner (Betty). This results in five (or at most six) chairs in the room.

The same applies if Betty feels vulnerable while in a dominant mode: *"Betty, I understand that you feel vulnerable or sad inside. For that, we have the BLUE chair here. But Tom, do you see or sense this sadness?"* Tom will deny it. *Betty, I think we've just identified an important part of the problem between you: Betty feels hurt inside, but somehow she has learned over the course of life not to show this vulnerability directly. Like the child in the Still-face video shifted from the primarily sad to the secondary angry state. Just like there, the anger comes in between, and on the front stage Tom sees Betty on the RED leg. And from that, he withdraws. And the more Tom withdraws, the more angry Betty becomes. Could that be? ... We call this 'BLUE wrapped in RED.' Now we already have a starting point for our further work. Next time, we can try together to see whether Betty can show her BLUE side directly, instead of concealing it behind the RED behavior. Thank you both for this."*

Finally, show the resulting mode cycle—both with the chairs and on the MCC (see figure 1 below): *"When Betty becomes too aggressive and dominant on the self-assertion leg, Tom gets scared and withdraws. Betty then becomes even angrier and dominates more, which makes Tom withdraw further. This is how the cycle escalates."*

The chairs remain more memorable. The couple may even want to take a photo. The MCC is taken home, facilitating transfer and rebalancing after a timeout (Module 3).

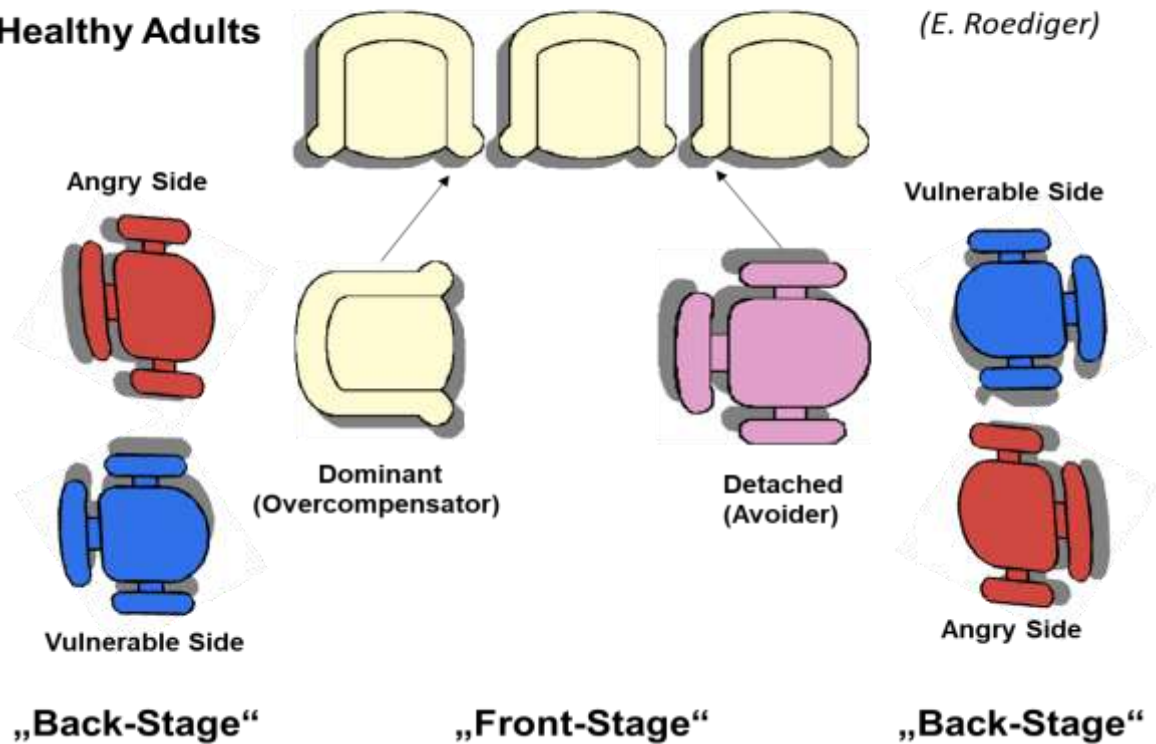
Possible Homework Assignment: The couple should practice becoming aware of their inner tension, noticing when they enter a mode cycle and how it feels—that is, on which leg they are currently standing.



Putting the Modes on Chairs

Healthy Adults

(E. Roediger)



Mode Cycle Clashcard

Betty: Trigger (Schemas / Core memories): <i>Betty yells immediately after he comes in, just like his mother when he came home late.</i> Schema: Incompetence, Vulnerability		Tom: Trigger (Schemas / Core memories): <i>Tom comes home late without informing her, just like her mother letting her wait in front of the door.</i> Schemas: Abandonnement, Vulnerability	
Inner Critic Voice: <i>„Whatever you do is wrong, you are a failiure. You do Betty no good“</i>	Coping Mode: <i>Deatached Protector (hiding in his room)</i>	Coping Mode: <i>Overcompensator (yelling and beating him up)</i>	Inner Critic Voice: <i>„He doesn't love you. He betrays you. He doesn't deserve you!“</i>
Child Mode (active / hidden): <i>Empowerd Child Vulnerable Child (with some anger too)</i>		Child Mode (active / hidden): <i>Angry Child Vulnerable Child</i>	
Neglected Core need: <i>Attachment</i> Wish: <i>Betty gives him time to explain what happend and why he is so much under stress.</i>		Neglected Core need : <i>Attachment, self-esteem</i> Wish: <i>Tom should understand her feelings and caring more about her vulnerablities showing that she means something to him.</i>	
Reaction of Healthy Adult: <i>Tom asks Betty to give him 5 minutes when he comes home and not to explode when he starts explaining what happend</i>		Reaction of Healthy Adult: <i>Betty asks Tom not letting her up so hard but send her an text message before the fixed time so she doesn't feel so abandonned.</i>	
Result: <i>Tom overcame his fears of Betty realizing she is not his mother and if he uses the anger power of his empowered child he can overcome his fears and get out of is shell and face Betty's disappointment when he is late. Betty trained to hold her anger back realizing that now she can soothe herself if Tom informs her that he will be late. She is no longer trapped.</i>			