

Module 4: Inner Balance and Vision (Best Day Imagery)

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

Indication: After Module 3, the couple should be able to step out of the activated mode cycle to prevent further escalation and calm themselves down (mark and label–validate–sort out mode activations).

Goal: The next task is to restore inner balance. Looking (mentally or physically) at the chairs or the MCC during the timeout can help to recognize which “leg” one is currently standing on and which leg is required to rebalance the relationship and make it more functional. This is followed by a “Best Day” imagery exercise which is a kind of image-based value work: How do you want your relationship to be, because it matters to you?

Intervention (in several steps, not all of which need to be done in one session):

Often, couples cannot easily find this balance at home without our help. In session, the emerging mode cycle can then be marked, interrupted, and (while standing)—as in Module 2—integrated into the model. For this, the modes are once again visualized in some way (as in Module 2) e.g., with Fig. 2). We then add the chair for the neglected need, so that all six positions are visible.

"After you have now gone into separate rooms, please recall the two basic needs forming the 'legs.' You may also take a look at the Mode Cycle Clashcard to identify which need was neglected during the conflict. In session, I have placed a chair for the neglected need (leg). Please try to reconnect with it."

Distinguishing vulnerable from angry protectors. It is important here to distinguish between anxious-helpless protectors and irritated-angry protectors. The emotion activating the anxious protector is fear, sadness, or helplessness. These are linked to the vulnerable child mode and a frustrated attachment need. The weak or blocked “leg” is the need for self-assertion, respect, and autonomy. Therefore, this need must be activated and strengthened in therapy. The irritated-angry (or contemptuous) protector, by contrast, is a passive-aggressive version of dominance striving and stands on the self-assertion leg. The same applies for all *self-soothing* or *self-stimulating* modes: They shut down from others and are self-absorbed in an active way. The blocked side here is the vulnerable child or the need for attachment. This typically happens when people compensate primarily painful schemas “turning the table on the other person” (*victim-offender shift*). In this case, the attachment need must be felt and strengthened (similar to the dominant partner).

Chose the path. Ultimately, there are only two types of people and two possible paths to restore balance. Our own feelings toward the patient serve as an important diagnostic instrument to sense the emotions behind the behavior shown on the surface. In case of doubt, we again offer both emotional poles, i.e., both “legs” (as in Module 2).

Note: *Don't judge the book by the cover!* Even if the words reflect hurt feelings and the clients tear up, the dominant driving emotion might be anger. Don't trust the words or the tears! Go with the gestures, the voice tone, and the feelings the “energy” of the client induces in you. Our embodied mirror neuron system helps to connect with the backstage emotions.

We recommend continuing this exercise while standing, even after analyzing the mode cycle. When seated, patients quickly slip back into automated activations (Coping modes) and thus into the cycle. We always conduct such exercises, which work in the couple's inner world, with eyes closed (even while standing!). This makes the inner new beginning easier. We recommend closing our own eyes as

well— at least in the beginning of the exercises. This helps us attune to the images and ask the right deepening questions. The exercise thus becomes a connecting, shared “expedition to unknow territory”.

"To reconnect with your neglected need, you may ask yourself: Why did you begin this relationship in the first place? What purpose can and should it serve? How will you think about the present struggle in a week? What are strengths of your partner? Try physically standing on both legs to restore balance. Walking and standing work best when balanced on both legs. You can raise above the problem and regain flexibility over space and time. Picture the conflict you just had from the outside, as if it were a film. Or ask yourself: What would I (the therapist) say and ask if I were present? Which leg is lacking?"

Once we feel that the messages are sufficiently BLUE, we turn to the partner (who should also keep their eyes closed the whole time): *'And how does it feel for you when you hear Betty speaking like this? ... Very good! Then now both of you have a sense of how you can approach each other positively on the BLUE leg. Out of this state, relationships can grow. Next time you go into timeout, try to recall this image from the session and approach each other again with this feeling after the timeout, in order to continue daily life together.'*

We then let both first address us, then (with eyes open again) speak directly to the empty chair of the partner, and finally—back on their chairs—speak directly to each other (see Module 10).

Next step: Vision of the relationship – balancing giving and receiving

"And now that you are standing on both legs, what do you wish from the other person? ... Please try expressing this wish from a place of inner balance ... And what are you ready to give or do for the relationship? ... How does it feel—in your body as well—to speak in this way?"

“Best Day” Imagery:

Note: It is advisable to start with the avoidant partner (Tom), to bring him more actively into therapy and into the relationship. Betty will appreciate this, but she must also join in.

"Let's take one more step: Tom, what is your idea of a good day together next week? Very concretely: What do you want to do ... where do you want to go ... when exactly ... who prepares it? ... What feeling does it create in your body, imagining doing this together?"

Then turning to Betty: *"Are you in the picture? ... How does it feel for you? ... What would you like to change so that it feels good enough for you too? ... How does it feel in your body to be in this modified image?"*

Back to Tom: *"Can you go along with these changes? ... How far can you meet her halfway? ... How does that feel for you now?"*

In the end, we act like “shuttle diplomats” between two conflicting parties. Basically, this is the same movement that the couple will later learn in Module 11 during connection dialogues. Of course, the desired outcome is to agree on a joint event. This then becomes homework for the following week. The couple should also make this a weekly routine from now on. It is a nice gesture if they alternate in preparing the activity.

Functional couples with a strong Adult mode can, once balance is restored while standing, feel and express both attachment needs and needs for recognition, respect, or autonomy (self-assertion leg), thereby fostering greater closeness. Others may only be able to manage daily life together at some emotional distance in a cooled-down version. If balance is difficult to achieve, chair dialogues from Module 5 or 7 may be tried, possibly reinforced by imagery exercises from Module 6 or work with the

inner critics (Module 8). If one person is too strongly activated by the other's presence, individual sessions may be useful at first. In these, deeper work can be done (analogous to individual schema therapy) on the activated schemas or blocking "Inner Critic voices." Insights from individual sessions are then brought into the couple sessions as far as possible and necessary.

Note: If a couple feels very burdened e.g. having children while making money and working on their career all at the same time you can choose a longer time frame (3 or 5 years) to encourage the couple to move on.

Even if reaching agreement is impossible or very difficult, this is still diagnostically valuable. It indicates that common interests or the willingness to compromise are limited. This could point toward a "living together apart" arrangement as a therapy outcome (see Module 13).

Possible Homework Assignments:

- During timeouts, use the *Mode Cycle Clashcard* to reconnect with both need legs and carefully bring wishes to the other person.
- Engage in one *joint activity* each week, ideally alternating responsibility for preparation.
- Practice a *mindful observer stance* as a pre-requisite for re-balancing with the "door-knob" exercise