# Module 5: Gaining Access to the Vulnerable Side (Empathy Exercise)



**Goal of this module**: Activate the attachment need on an emotional level.

The basic idea in treatment (see the preceding modules) is to make it easier for the couple to access both basic needs—attachment and self-assertion. In this module, the focus is specifically on sensing the attachment side (the BLUE leg). Only when we feel this need are we able and willing to turn toward the other person more empathically and cooperatively.

**Procedure**: To activate the attachment need, we recommend the following chair-based mode dialogue. Let us assume as a starting situation that, during the therapy session, Betty spoke disparagingly about Tom regarding something that happened last week (Betty in dominance mode, RED leg). Tom then reacted in his typical way by withdrawing.

1. **Interrupt the mode cycle.** "*Ah—could it be that your typical pattern is unfolding right before our eyes? It's good that you're showing this here and now. Is it okay for you if we take a look at it together right away?*" (presumably yes). "*Thank you. I suggest we stand up together at this point, as always, to look at your pattern—and the underlying needs—from the outside*." All three stand up. This movement facilitates detachment from the activated schema modes and adopting a meta-perspective.

2. **Identify the coping mode of the externalizing (RED) partner.** While looking at the (empty) chairs, the activated modes are first identified so that the interpersonal effect of these modes can then be recognized.

**Note**: We are NOT concerned with content; we are only doing a functional analysis of the cycle, i.e., its effects. Do not get drawn into discussions about past events, evaluations, intentions, or justifications. Stay strictly with the cycle. If necessary, gently interrupt and ask: "*Excuse me for interrupting again, but do you notice which mode you are in right now?*"

Then **assign this coping mode to the front stage chair** and continue: "*Is it alright if we start with your side, Betty? … Next session I'll work with Tom on his side—promise!*" It is easier for the couple to distance themselves from the modes when, while standing, they speak in the third person about "Betty" on the chair below: "*Let's use the familiar terms—active to dominant, yielding/cooperative to subordinating, and avoidant—okay? Tell me, Betty: in which of the three directions do you think 'Betty' down there is going in this scene?*"

**Note:** If the couple finds it difficult to speak in the third person, you can say: "*I know it's unusual to speak this way. But imagine we are a consulting team and we see Tom and Betty sitting down there; or we're watching the film ´A Day in the Life of Tom and Betty´ from the last row; or you're looking through the one-way mirror into an interrogation room in a crime show, okay?*" Don't be surprised—this needs to be practiced very consistently at the beginning, but it pays off because emotions come down. Only when the couple is back within the "emotional window of tolerance" can they learn something new.

If Betty finds it hard to recognize her coping mode, Tom can be asked; he will usually state clearly that he experiences Betty as dominant. This is especially important when "Betty's" behavior appears caring on the surface but is ultimately dominant—a pattern we call "RED wrapped in BLUE." If both partners initially struggle with classification, you can carefully offer your own assessment at any time.

3. **Identify the active emotion (Child Mode)**

"*Okay, let's see which emotions are 'behind' this chair. Which emotions do you think drive this behavior? Right—there is anger or annoyance—at least Betty is tense, isn't she? And on which leg* (attachment or self-assertion) *is Betty standing when she has these feelings? … Exactly—she is more on the self-assertion side."* We then place a chair on the "backstage" to symbolize the tense-angry self-assertion (RED) side behind the dominant coping mode (see Figure below).

4. **Recognize the dysfunctionality of the (dominant) coping mode**

*"We all have a self-assertion side, and it can make sense to use it at times. But let's look at its effect on the relationship. What is the intended goal when Betty goes to the dominant side? … Right: she wants Tom to cooperate. But does he?"* At this point, Tom can be asked how he feels with Betty's mode (uncomfortable) and what his impulse is (to turn away). *"So Tom withdraws into an avoidance mode."* To make the withdrawal more visible, Tom's chair is turned so that its back faces Betty's chair. *"So, Betty—this isn't exactly the outcome you're aiming for."*

**Offer an alternative**: *"I can suggest that we try a different strategy together now. Then you have two options and can choose. It's important to me that you know you can return to the RED leg at any time if it seems useful. You have practiced that side for many years and you will never lose it. But with a new strategy, you can choose—and be more flexible. You don´t sacrifice anything, but gain something instead. Shall we try this together?"* The target of this intervention is to shift Betty into a contemplation state and open her up for an emotional experience in the next step (get a foot into the door)

5. **Foster empathy for the other side (perspective-taking exercise)**

**Take a picture of oneself**. To help externalizers developing awareness of how they affect others, all three of us again adopt the observer stance (Step 1): "*Betty, let's try to see 'Betty' down there as if through a video camera—maybe a surveillance camera. What kind of Betty do you see exactly? … What is her posture … her gestures … her facial expression … her voice … what does she say? … What do you see in her eyes? … Can you feel the energy she radiates?"* If needed, we support with our own observations. Once the picture is clear, you have two options:

**(1) The less confrontational option:** we stand together behind Tom's chair and look at Betty's chair opposite: *"How does it feel for you—standing in Tom's shoes—when the Betty over there speaks to you like that now, looks at you that way, moves like that … ?"* We repeat the description we just developed. *"Betty, what do you feel in your body now? What is your impulse to react? … Now you can understand Tom better!"* If that is the case, proceed to Step 6. If Betty is still blocked or has gone into a protector mode, switch to the following variant.

**(2) The more confrontational and intensive option:** first ask Tom to sit on an observer chair to the side (Step 2). Betty sits on Tom's chair; we sit slightly behind her (Step 3). Everyone closes their eyes (we may now address Betty informally): "*Betty, what do you feel in your body when you hear what that 'Betty' over there is saying—how her voice sounds, how she looks at you, moves her hands, and do you sense her energy?"* We paraphrase the shared image again.

**Note**: Many people find it hard to identify bodily sensations. We therefore need to actively guide them to attend to feelings in the body now. It is helpful to offer the following pairs of opposites (each assigned to the RED or BLUE side):

- Does your chest feel tighter (BLUE) or more open (RED)?
- Is breathing harder (BLUE) or easier (RED)? (Ask about a lump in the throat if needed.)
- Does your belly feel rather powerless (BLUE) or powerful (RED)?
- Is it a faint, swooning feeling (BLUE) or does it cramp up (RED)?
- Do you feel constrained (BLUE) or is there space to expand (RED)?

Once Betty is in contact with the feelings, ask again about the impulse. If she senses the impulse to withdraw, proceed. This is fortunately the case with most patients. If not, the patient are either limited in their self-perception (e.g autists) or they moved into a detached protector state. Both stands for being addressed with the consequence that it limits our therapy. Once more, we rather go towards a more accepting "living together apart" state than working for more emotional connection (see Module 13).

**6. Access the blocked vulnerable side**

Betty and we now return to Betty's side. Tom's chair is turned away, and Tom sits on the turned chair—deliberately facing the wall; after all, he has chosen withdrawal. If the view of the wall subtly activates his attachment need, so much the better.

On Betty's side, we add a (BLUE) chair next to the chair for the angry-irritated side to represent the vulnerable side (Step 4). We sit side by side—Betty on the BLUE chair. With limited space or working online we place Betty on her "normal" chair and label this chair (with eyes closed) as the BLUE chair now. *"Do you remember the Still Face video? The child first responds with the attachment leg. Every human being is born with both legs, right? Let's put the angry feelings aside now and try to connect with your need for love and closeness—your BLUE leg".* We'll now speak very gently to the vulnerable side (addressed informally)*: "Okay, what are you feeling right now when you see how your dominant mode up there is driving Tom away? … Close your eyes and sense your body. What do you feel in your chest, in your belly?'"*

**7. Speak from the vulnerable side**

Simply looking at Tom's back often elicits painful feelings—e.g., tightness in the chest. If that happens, we validate: *"Good that you can feel that now and put it into words. THAT is your vulnerable side! It has always been there in the background. And now you can feel it and show it. How does it feel to be in contact like this? … Yes, I also feel much more connected to you than earlier when we were standing up there … That is much more pleasant for me too! … If you feel this now, what do you need from Tom? … What do you want him to do … what can he give you … how do you feel without him?"*

We must be aware that many "Bettys" are unpracticed at speaking from their vulnerable side and quickly slip back into a directive or even demanding tone. We mark, validate, and eliminate this as usual and place that side on the RED chair: *"Betty, do you notice how you are speaking right now?"* We address her formally again, since we are no longer speaking with the child mode but with the adult observer side.) *"Exactly—that's RED Betty again. We'll place her here on the RED chair next to you. May I help a bit?"* Then we suggest phrasings for Betty to repeat in her own words, e.g.: *"Tom, I need your support. I can't manage all of this alone. Life is better when you are there. I need your strength, your steadiness, the warmth of your body …"* Betty takes up these suggestions as best she can, in her own words.

**Note**: If this is difficult for Betty, we can try to at least balance her expectations of Tom with offers on her side: *"Ok, Betty, this is what you need from Tom. What could you offer him in return to make him more willing to get in touch with you more and fulfill your needs?"* This is one way to end the exercise for couples who can only achieve limited closeness or prefer therapy that moves toward a "living together apart" arrangement (see Module 13). If Betty speaks in a functional way, proceed to Step 9.

**8. Imaginative deepening (abandonment imagery)**

If Betty still hesitates to connect with her vulnerable side, the following imagery helps guiding her from the combative side to the original vulnerable side: *"Okay, Betty—you felt on Tom's chair how your dominant side drives him away. He's really going now. Can you see him going through the door, walking down a long street—can you see him getting smaller and smaller? … Now you can't see him at all … He's gone. Forever. And you know you'll never see him again for the rest of your life. The relationship didn't work out—you didn´t make it - you're alone again …"*

These final phrasings name precisely the original schemas before Betty compensated for them going into her active-dominant coping mode. We can now ask about the feelings in the body—as in Step 7.

**Note:** This schema-activated state is a good starting point to guide Betty—as in Module 9—into a float-back to childhood, to the schema-forming scenes.

9. **Create the connection**

When Betty has expressed her wishes in an appropriately BLUE manner, we validate: *"Betty, thank you—that was very good. Please sense again how this now feels in your body when you have spoken like this* … (We address her formally again because we now want to address the adult mode that is in contact with the vulnerable side.) *… Yes, it feels unfamiliar, but you're doing well! Thank you. Please stay with that feeling for a moment while I go to Tom."* (We now sit close behind Tom, who has turned back towards Betty with eyes closed.) *"Tom, what do you feel when you hear Betty speak like this … how does it feel in your body … what is your impulse now? … Can you imagine moving closer to this Betty?"* The hope, of course, is that Tom now wants to move toward Betty again.

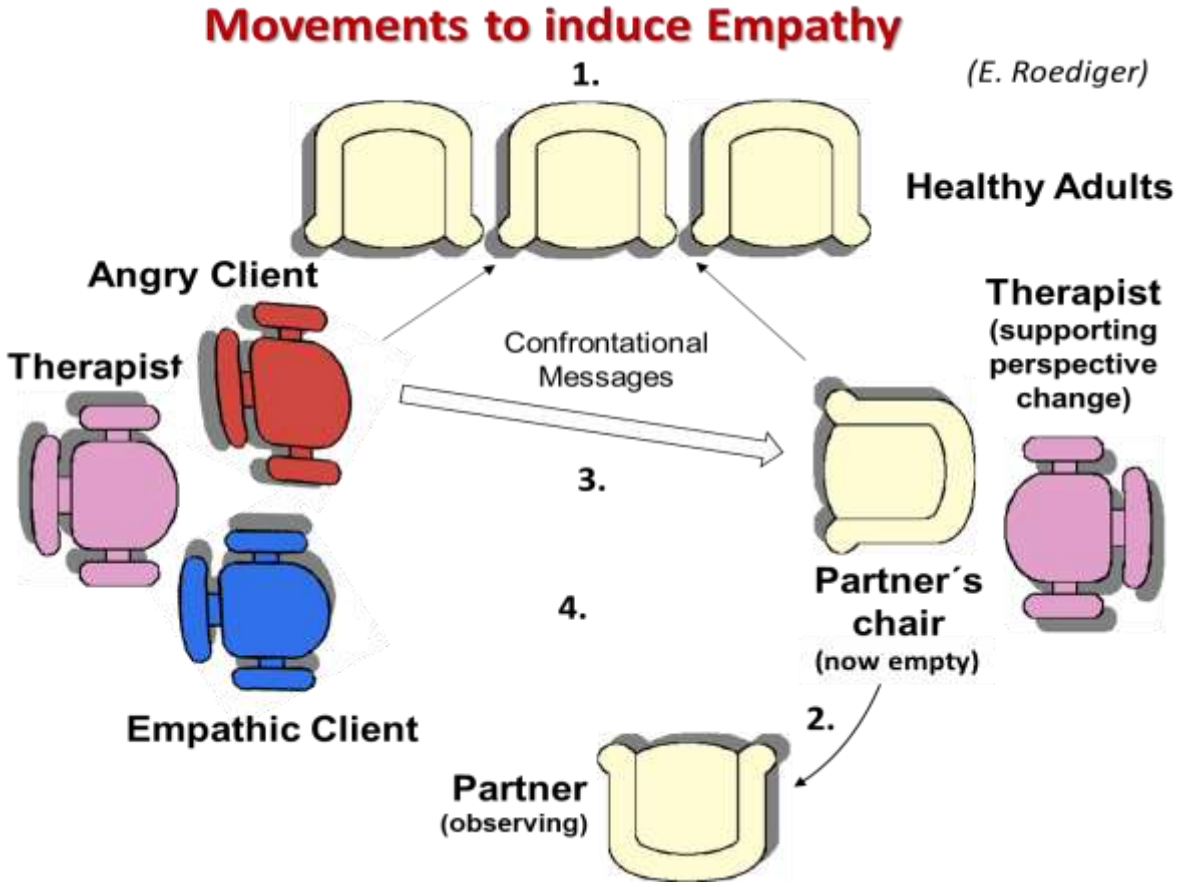
The two can now (with eyes closed) move toward one another, and establish bodily connection by hugging or at least holding hands—then noticing how that feels.

10. **Discrimination exercise:**

*"Both of you—please feel your bodies now: how does this feel right now? … Now compare it with how you felt when you came into the session 30 minutes ago … Nothing has changed on the outside. You have both simply moved to the BLUE leg! You are the same people, the same room—you have only changed your internal state; you have, so to speak, opened a different drawer in your mind … Your brains can do this! You have a choice! … What you feel now is just as real as what you felt at the beginning of the session. There is no other reality than the one we are in right now—you are co-creating it!"*

Only now, do you let the couple open their eyes; your summary will resonate more deeply. Especially at the beginning of couple therapy, this can help the couple reconnect emotionally. The targeted learning experience is: if both switch to the vulnerable (BLUE) side, they can still reconnect emotionally today.

**Possible homework**: On one evening before the next session, listen to the recording of this exercise together and experience how the mood shifts at home when both move to the BLUE leg. This creates a reference point (set point) for how the couple can feel—and that they can achieve this at home as well.


Movements to induce Empathy
1.
(E. Roediger)
Healthy Adults
Angry Client
Therapist
Confrontational Messages
Therapist (supporting perspective change)
3.
Partner´s chair (now empty)
4.
Empathic Client
2.
Partner (observing)