

Limited Reparenting in Schema Therapy: a practical way to confront patients in different phases of therapy

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Workshop Training Components

Theoretical Foundation

Explanation of the technique and its importance in schema therapy practice.

1

2

Role-Playing Practice

Participants practice balancing empathy and confrontation in safe scenarios.

3

Video Analysis

Analysis of videos or examples from actual practice to identify effective techniques.

4

Self-Reflection Exercises

Exploring which schemas or triggers affect the therapist themselves during confrontation.

Key Takeaways and Resources

2

Core Foundations

Empathy for origins plus responsibility for present impact

3

Essential Steps

Validation, effect explanation, and empathic boundary setting

1

Inner Compass

Training the therapist's ability to balance compassion with clarity

Effective empathic confrontation requires mastering the delicate balance between nurturing the vulnerable self and challenging the modes that keep it hidden. This technique transforms therapeutic relationships by creating safety while promoting genuine growth and accountability.



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Schema Therapy: An integrated Psychotherapeutic Approach;



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What is Schema Therapy?

Schema Therapy is an innovative integrative psychotherapy approach developed by Jeffrey Young. It combines elements from cognitive-behavioral therapy, attachment theory, psychodynamic concepts, and emotion-focused therapy.

Core Focus

Addresses deep-rooted emotional patterns called "schemas" that develop during childhood and repeat throughout life.

Treatment Approach

Uses cognitive, experiential, and behavioral techniques to heal maladaptive schemas and develop healthier coping styles forming new positive schema's

Clinical Application

Particularly effective for chronic psychological disorders, personality disorders, and treatment-resistant conditions.

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What is Schema Therapy?

Schema Therapy integrates cognitive-behavioral approaches with attachment theory and emotion-focused techniques. Developed by Jeffrey Young, it targets deep-rooted emotional patterns that form in childhood.



Identify Schemas

Recognize harmful emotional patterns that developed early in life.



Emotional Processing

Address unmet childhood needs through emotional healing techniques.



Develop Coping Skills

Build healthier responses to replace maladaptive behaviors.

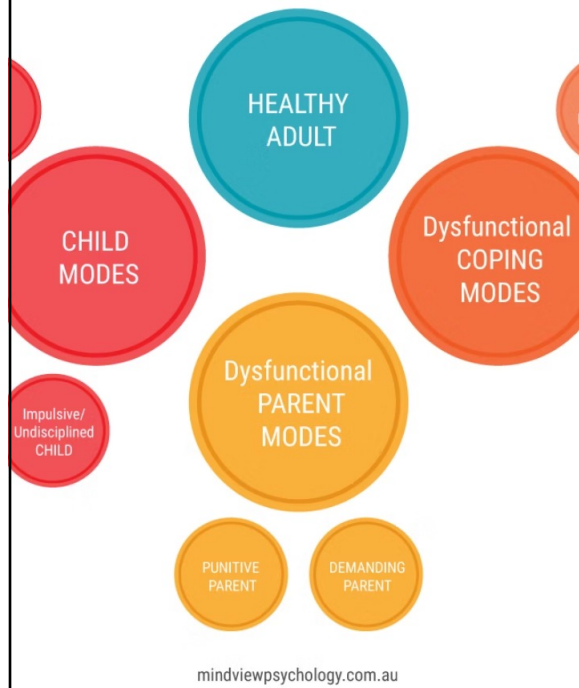


Schema Restructuring

Create new, adaptive patterns to replace harmful schemas. / Positive Schema's

Especially effective for complex conditions like personality disorders and chronic depression that haven't responded to traditional therapy approaches.

SCHEMA MODES



What is Schema Therapy

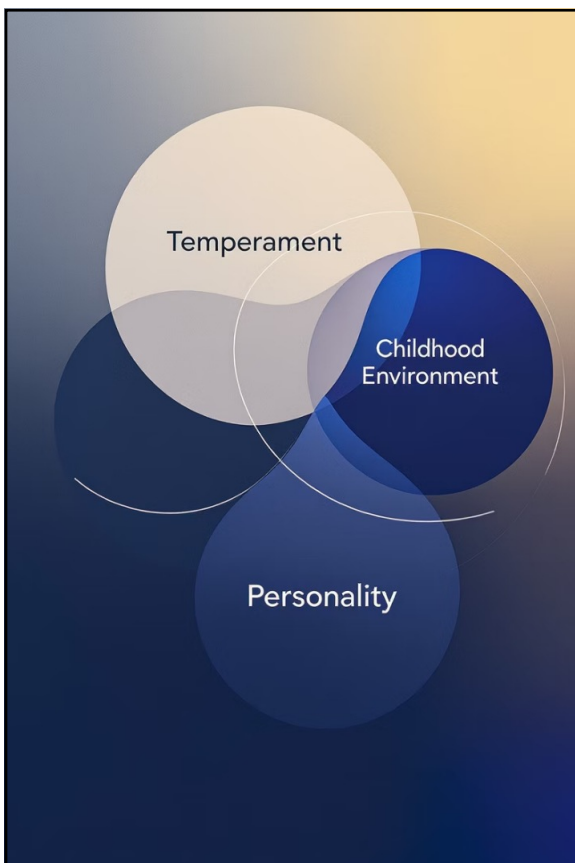
Schema

Your beliefs, emotions and attitudes about yourself and the world around you, to interpret events and give meaning to them. See it as a pair of glasses you look through.

Modes

This then influences your feelings and behavior, resulting in **modes** > temporary states of mind depending on the activated schema

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Schema Therapy model:

1

Personality dynamics

Emerges from the interaction between predisposition (temperament) and environmental factors in childhood.

2

Frustration of basic needs

Leads to dysfunctional schema development.



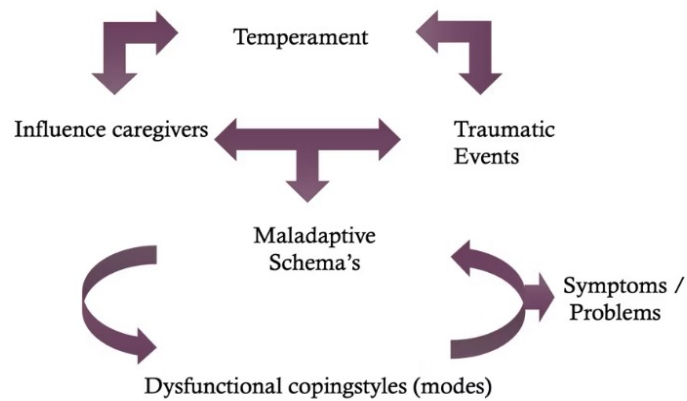
Understanding Schema Development in Psychology

Our schemas shape how we perceive ourselves and navigate the world. They develop early in life and influence our emotional responses, relationships, and coping mechanisms.



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THE DEVELOPMENT OF DYSFUNCTIONAL SCHEMA'S



The Good, The Bad, The Ugly

Early Maladaptive Schemas (EMS)

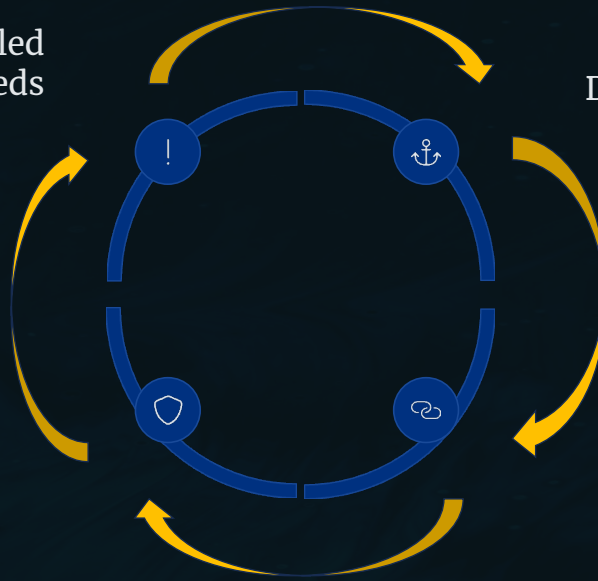
Chronically Unfulfilled Needs

Often originate in childhood. Basic emotional needs remain unmet.

Survival Constructs

Initially protective. Later become limiting and restrictive. >

Coping modes / protector / Defense mechanisms



Dysfunctional Beliefs

"I'm not good enough." "People will leave me." "I shouldn't have needs."

Negative Consequences

Poor self-image develops. Relationship difficulties emerge. Rigid coping styles form.



Positive Schema Development

Fulfilled Basic Needs

Safety, connection, autonomy, appreciation, and realistic boundaries are adequately met.

Healthy Schema Formation

"I am valuable," "I can make mistakes," "Others are trustworthy."

Positive Outcomes

Resilience develops. Healthy relationships form. Self-care becomes natural.



Concepts in Schema Therapy



Core Concepts

- Basis Emotional Needs
- Dysfunctional Schema's
- Modes
- Working in phases
- Case Conceptualization

Experiential Techniques

- Chair techniques
- Imagery (rescripting)
- Limited reparenting > **empathic confrontation**
- Role playing

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Development of Basic Needs (I)

Basic needs form the fundamental elements for healthy psychological development.



Safety and Nurturance

The need to feel secure, protected, and emotionally connected to others, forming the foundation of healthy attachment.



Autonomy / competence

The need to make independent choices and develop a sense of competence in navigating one's environment.



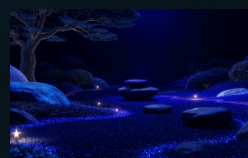
Spontaneity and Play

Playing / Expressing yourself to built up competence and grow self esteem



Self-expression

The need to communicate thoughts, feelings, and creative ideas in an authentic way.



Realistic boundaries

The need to develop appropriate limits and understanding of social norms and expectations / learning self control.

Development of Basic Needs (II)

New insights into fundamental psychological needs



fairness

The need for fair treatment and justice in relationships and social situations ; you are treated equally.

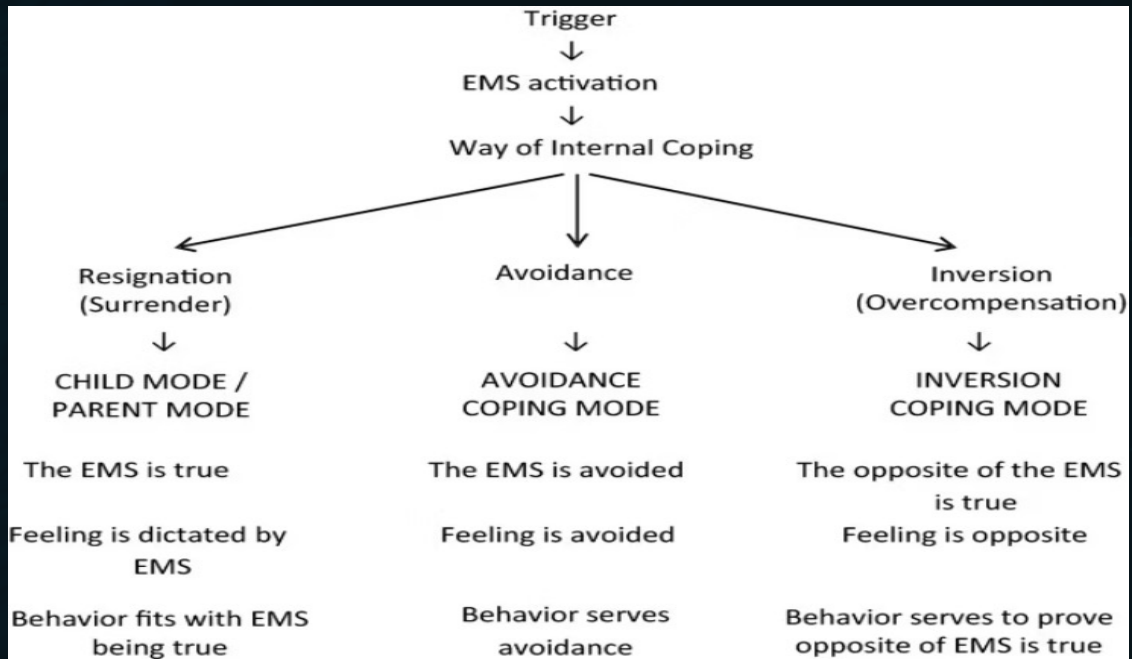


Self Coherence

The need for a coherent self-image and sense of identity;
Feel integrated / intact
See yourself and the world as meaningful.

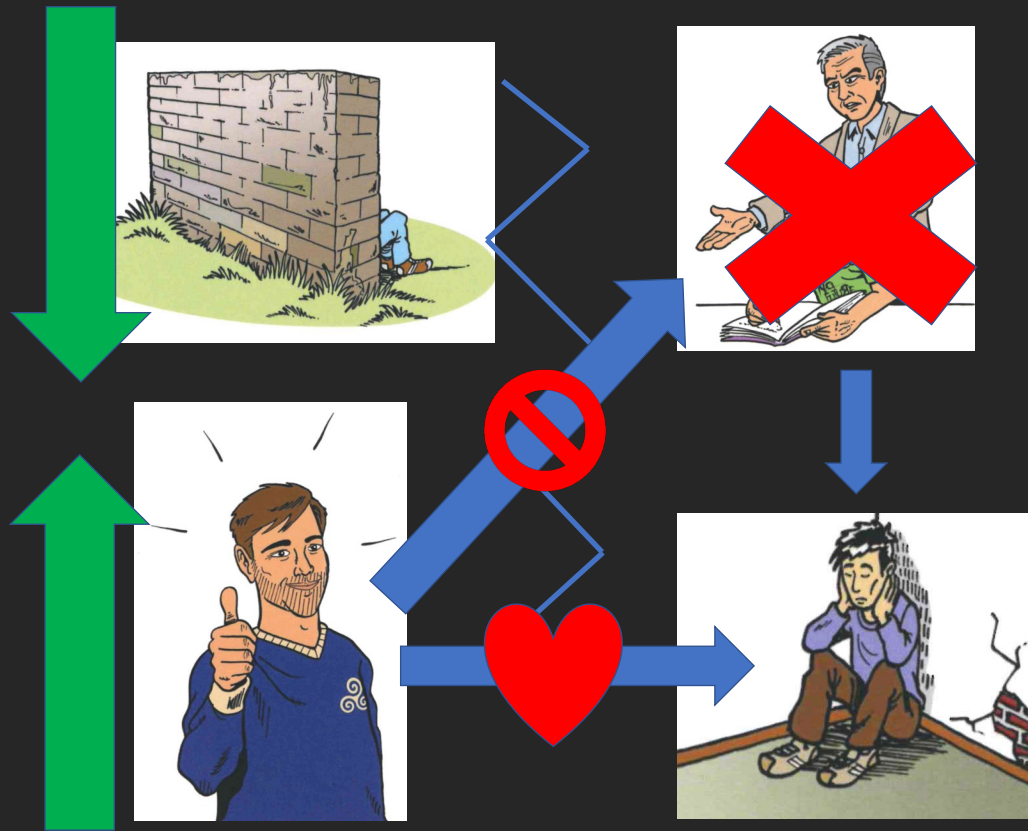


Schema Mode Model



The Schema Mode Model





Healthy Adult

Happy / Free Child

Protectors

- Compliant Surrender
- Detached Protector
- Avoidant Protector
- Angry Protector
- Self-Aggrandizer
- Attention and Approval Seeking Mode
- Perfectionistic Overcontroller Mode
- Suspicious Overcontroller Mode
- Bully and Attack
- Deceit and Manipulation Mode
- Predator Mode

Parent Modes

- Demanding Parent
- Critical Parent
- Punitive Parent
- Guilt-Inducing Parent

Child Modes

- Angry Child
- Vulnerable Child
- Undisciplined Child
- Impulsive Child

Schema Therapy Case Conceptualization Form
Version 1.01 Page 1

**Schema Therapy
Case Conceptualization Form**
2nd Edition
Version 1.01

Please use your responses into the boxes outlined in blue and in each dot.

Therapist's Name: Date:

Number of sessions: Months since first session:

I. Patient Background Information

Patient's Name (ID): Age (DOB):

Current Assessment
Status/Personal Organization
Changes (if any):

Occupation & Position:

Highest Educational Level:

Country of Birth/Ethnicity
Affiliation (Ethnic group):

II. Why is this Patient in Therapy?
What are the primary factors motivating the patient to come for treatment? What aspects of the patient's life circumstances, significant events, reactions/feelings, or problematic cognitions/behaviors are contributing to his/her problems (e.g., health problems, relationship issues, legal problems, academic, substance abuse, work difficulties, stages of life)?

A. Family

B. Learning

Use of
Case Conceptualisation
Mode model / mapping



Research: From Borderline PD to Diverse Clinical Applications

Schema Therapy research has expanded beyond its borderline roots. Studies now cover multiple disorders, therapeutic approaches and study of concepts



Disorders

- Cluster C/ Narcissism
- Depression/Eating Disorders
- Autism/Intellectual Disability



Modalities

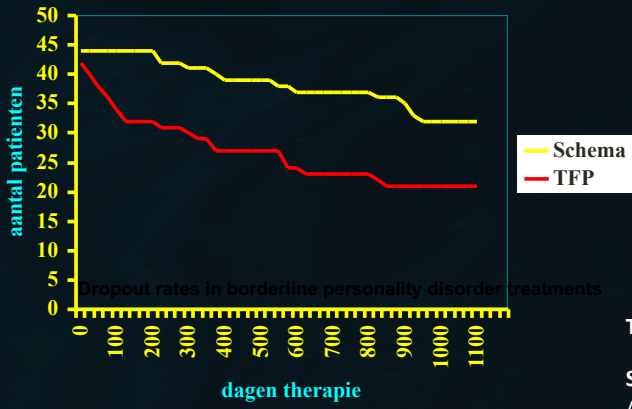
- Family / Group Therapy
- Forensic Applications
- Dissociative Identity Disorder



Research

- Theoretical Concepts
- Multicenter/Multicountry Studies
- Cost-effectiveness Analysis

Patients in therapy



Type of Therapy	Dropout Rate	Confidence Interval (95% CI)
Schema therapy (Jacob & Arntz, 2013)	10.1%	95% CI 3.7–24.7
Dialectical behavior therapy (Kliem, Kröger, & Kosfelder, 2010)	23%	95% CI 16.6–30.8
Transference-focused therapy (Clarkin, Levy, Lenzenweger, & Kernberg, 2007; Doering et al., 2010)	34.9%	95% CI 26.6–44.3
Mentalization-based treatment (Bateman & Fonagy, 1999, 2009)	24.8%	95% CI 16.9–34



Exercise /

Limited Reparenting in Schema Therapy

Limited reparenting is a core intervention in schema therapy. It creates corrective emotional experiences within the therapeutic relationship.

This approach helps address unmet childhood needs while maintaining professional boundaries.

In essence, limited reparenting is a **relational, emotionally attuned, and structured form of healing** that overlaps with many attachment-informed therapies, but stands out in how explicitly it addresses unmet needs from childhood within a **mode-based framework**.



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Limited reparenting

Offer care

The therapist provides the nurturing and support that may have been missing in the client's childhood, creating a safe space for emotional growth.

Give direction

Providing guidance and structure helps clients develop healthy boundaries and decision-making skills they didn't learn growing up.

Empathic confrontation

Gently challenging unhealthy patterns while maintaining empathy for the client's emotional experience.

Set Limits

Establishing appropriate boundaries in the therapeutic relationship models healthy relationship dynamics.

Limited reparenting= heal the past, repair what went wrong -> therapist = 'good enough parent'

Use of functional **Self disclosure**



Normal emotional development is blocked
Child has learned to survive but not really live
Although their body has grown up, emotionally they are still that child

Redo upbringing

What is Limited Reparenting?



Emotional Safety

Provides warmth and validation within therapeutic boundaries.



Boundary Setting

Sets limits with Punitive Parent or Destructive Coping modes.



Trust Building

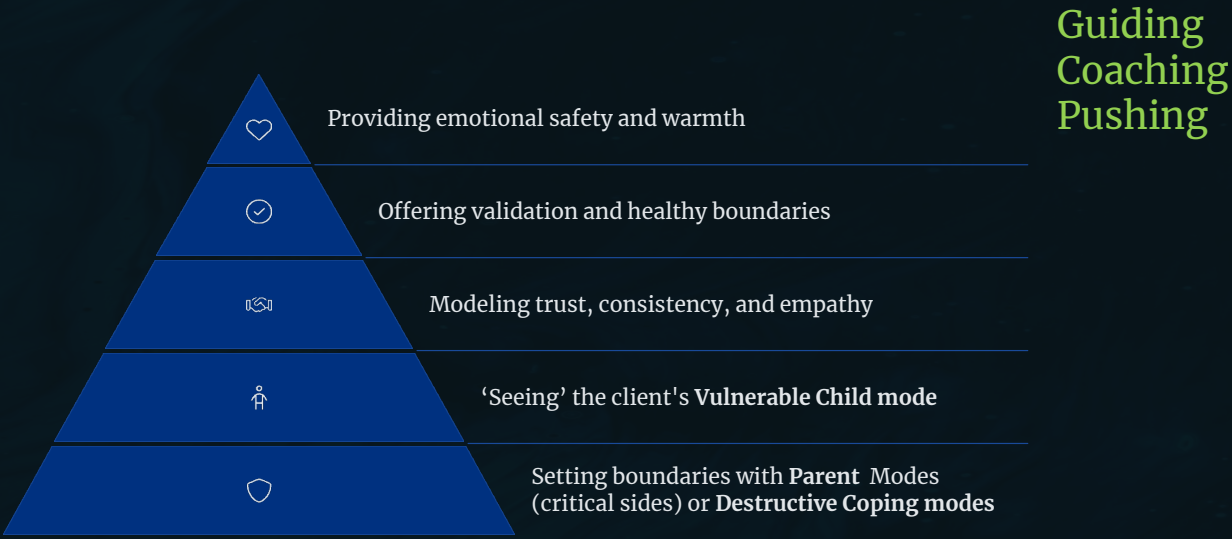
Models consistency, empathy, and reliability.



Inner Child Healing

Soothes the client's Vulnerable Child mode.

Limited reparenting:
providing corrective emotional experiences to meet the client's **unmet childhood needs**, within professional boundaries.



Limited reparenting in The 4 Phases of Schema Therapy





A guide through the therapy process:

- Starting Phase: safety first
- Phase 2: show yourself
- Phase 3: do it yourself
- Final Phase: live your life



Basic Needs in Developmental Stages



- 
 Baby/Toddler/Preschooler
Safety and connection
- 
 School Child
Self-expression
- 
 Teenager
Autonomy and self-worth
- 
 Young Adult
Autonomy and spontaneity

Elements of Phase 1

Theme	Safety first
Basic need	Safety, connection
Limited reparenting	Baby and toddler
General goal	Yes, I want to
Key exercises	Experiential case conceptualization, Basic modes
Empathic confrontation	Large
Group development phase	Parallel phase
Mode model	Simple
Therapist role	Creating conditions



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Starting Phase: Safety First



Basic Needs

Safety and connection are central



Shared Vision

Same perspective and common language



Support and Compassion

Recognition for feelings



Regularity

Predictability and transparency







Starting Phase: Therapeutic Relationship

-  **Leading Role**
Therapist guides the process
-  **Fulfilling Basic Needs**
Patient's healthy adult mode is still small
-  **Active Involvement**
Therapist makes themselves important
-  **Creating Safety**
Setting conditions for security



Transition to Phase 2

-  **Pattern Recognition**
Patient connects emotions with unmet childhood needs
-  **Mode Awareness**
Identifies triggers and patterns
-  **Coping Understanding**
Recognizes coping and is willing to change
-  **Emotional Awareness**
Recognizes emotions in body

Each phase lasts approximately 6 months to maintain therapeutic momentum



Elements of Phase 2

Theme	Show yourself
Basic need	Self-expression
Limited reparenting	School child
General goal	Here I go again
Key exercises	Mirror exercise, Building healthy adult
Empathic confrontation	Extra large
Group development phase	Inclusion phase
Mode model	Room for different modes
Therapist role	Promoting authenticity



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Phase 2: Show Yourself!

Self-Expression
Basic need central to this phase

Building Trust
Reinforcement and encouragement



Emotional Conflict

Feeling needs but unsure how to express

Realistic Boundaries

Important basic need

Phase 2: Therapeutic Relationship

Projection of Needs

Patient contacts loss and projects onto therapist

Therapist Shortcomings

Therapist inevitably falls short

Emerging Anger

Anger from loss emerges, directed at therapist

High Tension

Many conflicts and high stress level



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Phase 2: Empathic Confrontation



Coping Challenged

Coping mechanisms intensified



Therapist Presence

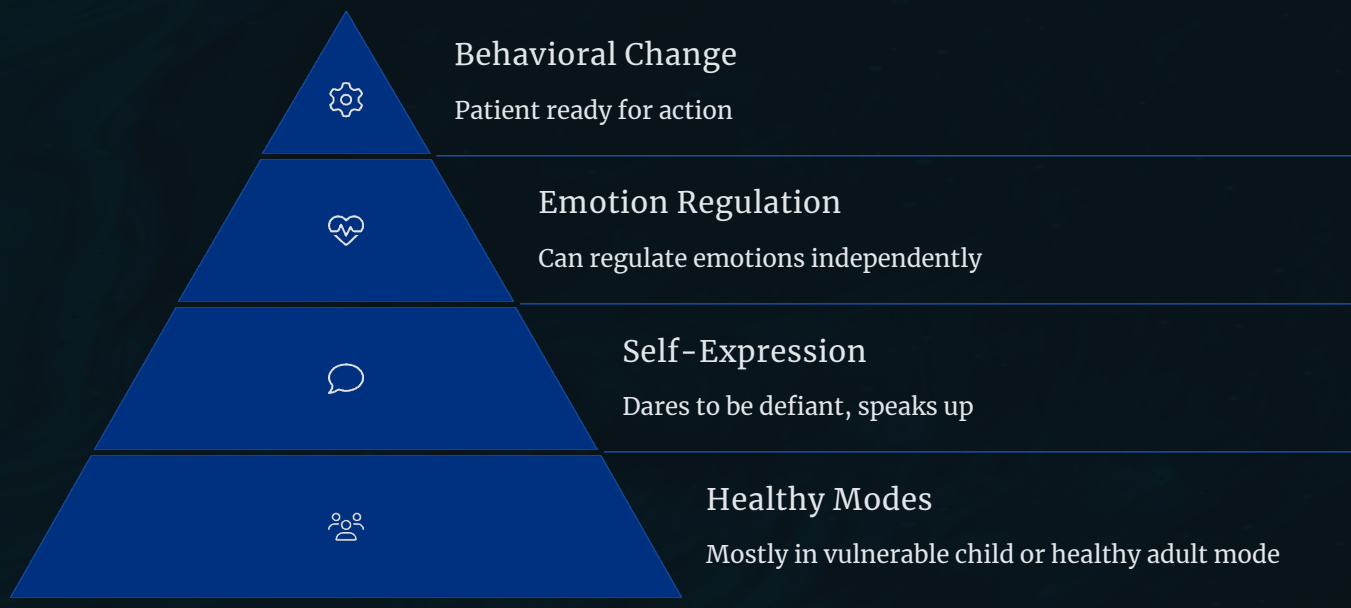
Therapist brings self 'into the relationship'



Vulnerable Child Mode

Contact with vulnerable child established

Transition to Phase 3



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Elements of Phase 3

Theme	Do it yourself
Basic need	Autonomy, self-worth (and realistic boundaries)
Limited reparenting	Adolescence
General goal	Learning from trying
Key exercises	Behavioral experiments, Psycho-education, Expressing anger
Empathic confrontation	Medium
Group development phase	Mutuality phase
Mode model	Customized and personal
Therapist role	Encouraging



Phase 3: Do It Yourself



Harvesting phase

Results become visible



Trial and error

Learning through experience



Building Healthy Adult

Beginning established



Self-expression with safety

Can express while maintaining connection

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Phase 3: Therapeutic Relationship – Limited Reparenting



Balance

Between letting go and offering help



Encouragement

"You can do it. I trust you"



Equality

More equality in relationship /Yes you Can!



Role Model

Therapist as example: self-disclosure



Phase 3: Therapeutic Relationship - Empathic Confrontation

S/M

Scale

Small/medium, mainly by patient

ABC

Focus

Behavioral change



Approach

Mild and compassionate



Phase 3: Exercises

- 1 — Beginning
 Training the Healthy Adult mode
- ANGRY CREATIVE — Middle
 Using angry child mode constructively
- 🤝 — End
 Addressing themes that led to damage
- 📄 — Exercise
 Making promises to child mode/Healthy Adult object

Transition to Final Phase



Patient ready to integrate learning into life outside therapy

Focus on desires rather than adapting

Expresses irritation and advocates for needs

Can overcome coping/parent modes and regulate emotions

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Final Phase: Live Your Life



Leaving Home

The child leaving home metaphor



Farewell

Attention to goodbye and letting go



Mixed Emotions

Grief, fear, "doing it alone again"

Elements of Final Phase

Theme	Live your life
Basic need	Autonomy and spontaneity
Limited reparenting	Young adult
General goal	Integration
Key exercises	What's your plan?, Farewell
Empathic confrontation	Small
Group development phase	Separation phase
Mode model	Normal language
Therapist role	Coaching



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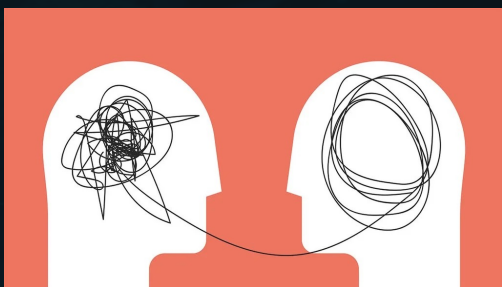
Video empathy





Exercise

Imagination



Empathy – Siegel –

≠ Compassion / Sympathy

It is the resonant of listening with the intent to fully understand how the other feels; in addition to understanding his or her ideas

Empathy Quotes

Empathy is seeing with the eyes of another, listening with the ears of another, and feeling with the heart of another

Alfred Adler



What is it like to be the person in front of me;

Showing Empathy involves identifying and make sense out of a person's thoughts, behaviors and emotional reactions, even if you disagree with them.





Empathic confrontation



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Empathic Confrontation: Goal

-  **Change through insight**
Helping clients develop awareness of their patterns and motivations for lasting change.
-  **Part of Limited Reparenting**
A key component of the therapeutic approach that helps clients heal childhood wounds.
-  **Use of the therapeutic relationship to identify & modify schemas and modes**
Leveraging the client-therapist dynamic to recognize and transform unhealthy patterns.
-  **Validate basic core needs**
Acknowledging and affirming the client's fundamental emotional requirements.



Empathic Confrontation in Schema Therapy

= limited reparenting

Therapist confronts dysfunctional behaviors or beliefs in a compassionate yet clear manner.

Helps clients develop self-insight (**compassion / Validation**) while taking responsibility (**need for change**)

Effective with clients who have strong coping modes

Wendy Behary, working with narcissistic clients, has uniquely refined this method

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Wendy Behary's Two-Foundation Approach

Empathy for Origins

The therapist acknowledges that dysfunctional behaviors often arose as survival mechanisms from schemas like abandonment, defectiveness, or mistrust/abuse. This recognition is essential to bypass defense mechanisms.

Behary speaks of **balancing the parent and child modes within the therapist** - being both an "understanding parent" who sees the pain and a "healthy boundary-setting parent" who establishes limits and asks for responsibility.

Responsibility for Present Impact

While showing empathy for the past, the therapist holds the client accountable for the current destructive impact of their behavior. This creates a balance between understanding and growth.

The Process

1

Validation and Attunement

Always begin by acknowledging underlying pain or frustration. Show understanding for schemas or coping styles without directly correcting them.

2

Explain Present Effects

Name the behavior and its effect on others or therapy without being accusatory. Maintain a warm, curious tone throughout the process.

3

Empathic Limit Setting / need for change

Hold the client accountable for their behavior's effects while inviting reflection. This is where the confrontational aspect emerges constructively.



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Language Examples in Practice

Validation Example

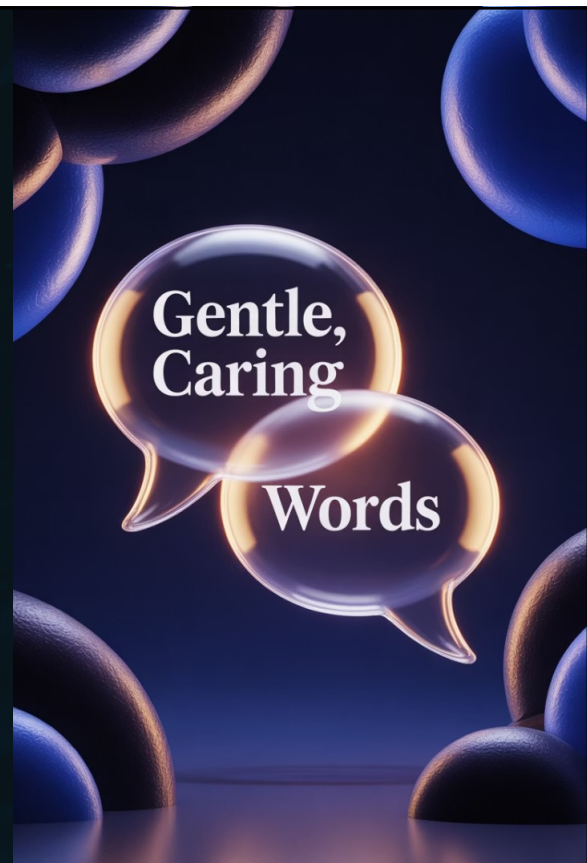
"I can imagine that you withdraw because you feel unsafe... that's a feeling you've known for a long time."

Effect Explanation

"At the same time, I see that this withdrawal leads to people around you feeling excluded or unimportant. That makes connection difficult - even here with me."

Empathic Confrontation

"I understand where this comes from, and yet I want to invite you to explore whether this behavior truly helps you - or if it might be time to break the old pattern."



Core Description

Core Description

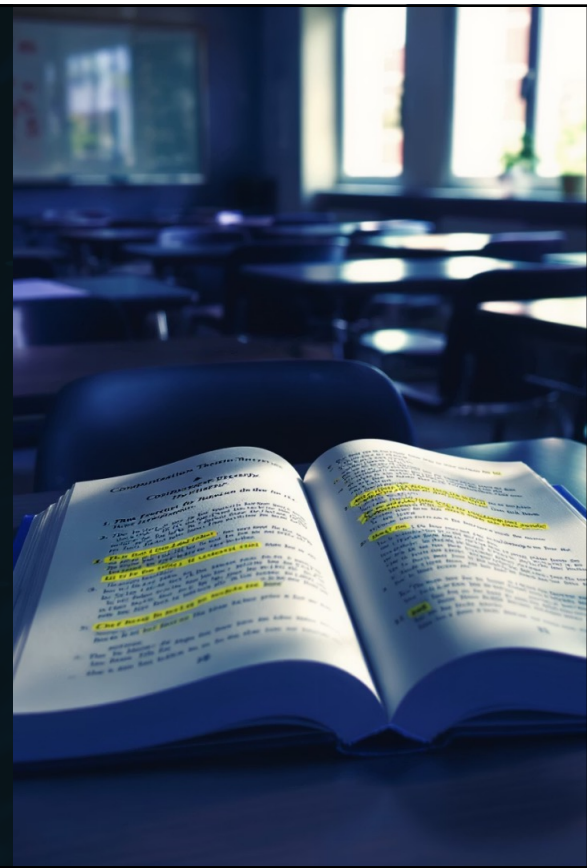
Describing what you observe without judgment.

Therapeutic Approach

Forms of confrontation provide structured ways to address client behaviors while maintaining therapeutic alliance.

Framework

A systematic approach to confrontation developed by Rosi Reubsaet that balances empathy with directness according to different phases in therapy



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1. Mirroring

- Describing what you observe without judgment.
Mirroring involves neutral observation and reflection of client behaviors.
- Attunement & resonance; strengthens the window of tolerance.
Creates neurobiological safety through accurate reflection.
- First step of empathic mirroring.
Establishes foundation for therapeutic relationship.
- "Your eyes shift as you say this... I can see it touches you."
Demonstrates non-judgmental observation of emotional response.

2. Clarifying

Asking questions to stimulate self awareness.

Questions designed to promote insight and reflection.

"What do you think is making you so angry about this?"

Invites client to explore emotional triggers.



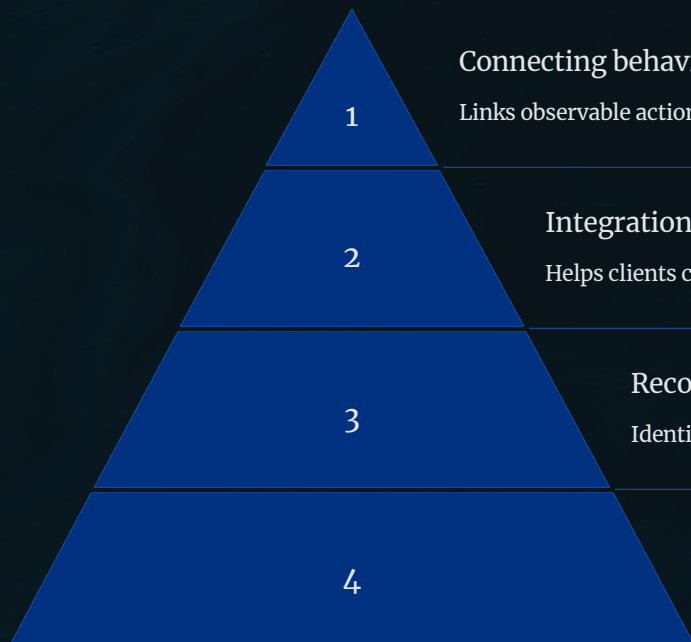
Promotes mindfulness, activates the prefrontal cortex.

Engages higher brain functions for better self-understanding.

Exploratory phase before confrontation.

Gathers information before moving to more direct interventions.

3. Giving Meaning



Connecting behavior to underlying drives or pain.

Links observable actions to deeper motivations

Integration of memory and emotion; creating meaning.

Helps clients connect emotional experiences

Recognizing and naming schemas.

Identifies recurring patterns

"Maybe this is your way of avoiding feeling powerless?"

Offers insight into defensive behaviors

4. Naming Consequences



Pointing out the impact of behavior on self or others.

Creates awareness of how actions affect relationships.



Mirrors social feedback (the social brain).

Activates neural circuits involved in social cognition.



Core of empathic confrontation: understanding and effect.

Balances empathy with honest feedback about consequences.



"I understand your reaction, and at the same time I see that others withdraw because of it."

Demonstrates empathic confrontation in practice.



5. Inviting Change

Asking open ended questions to stimulate movement.

Questions designed to promote forward momentum and exploration of possibilities.

Activates self direction; supports co creation.

Empowers clients to take ownership of their growth process.

Offers autonomy after confrontation.

Restores client agency following more directive interventions.

"What would you like to do differently next time?"

Encourages future-oriented thinking and personal responsibility.



6. Setting Boundaries

1

Confronting with care and clarity.

Direct communication with compassion

2

Supports secure attachment through consistent boundaries.

Creates safety through predictability

3

Direct confrontation when necessary, while maintaining connection.

Balances firmness with relationship

4

"I hear your frustration, but I will stop the conversation if this tone continues. Let's take a breath and start over."

Models healthy boundary-setting

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Implementation Steps

Effective empathetic confrontation follows a structured approach that honors both the therapeutic relationship and the need for change. Each step builds on the previous one, creating a comprehensive intervention that addresses both cognitive and emotional aspects of behavior.

The process combines behavioral observation, emotional processing, and cognitive restructuring. By connecting current behaviors to historical patterns while offering alternatives, therapists help clients expand their repertoire of responses rather than simply eliminating problematic ones.

1 Identify Problematic Behavior

Determine which behaviors interfere with communication and therapeutic progress.

2 Name Impact & Behavior

Describe the behavior and its effect on the therapeutic relationship in a friendly but firm manner.

3 Make It Personal

Deliver the message from your perspective as the therapist rather than speaking in generalities.

4 Acknowledge Emotions

Pause to recognize and validate the emotions that arise from the confrontation.

5 Connect Patterns

Link the behavior to underlying schemas / frustrated needs and historical experiences.

6 Suggest Alternatives

Offer alternative thoughts and behaviors that could be more adaptive.

Starting Phase Implementation

The starting phase of empathetic confrontation requires careful attention to detail and a strong emphasis on validation. This "Large" confrontation provides a comprehensive framework that helps clients understand both the what and why of their behavior patterns.

At this stage, therapists must balance directness with support, recognizing that awareness of patterns can be emotionally challenging. The goal is to create sufficient safety for clients to begin exploring patterns that have often remained outside their awareness for years.

- 1 Express Desire for Connection**
The therapist explicitly states their wish to maintain connection with the client.
- 2 Identify Mode-Driven Behavior**
Name the specific behavior and the mode/schema driving it that interferes with connection.
- 3 Emphasize Motivation**
Underscore that this feedback comes from wanting to maintain connection and understanding.
- 4 Validate Historical Function**
Acknowledge why this behavior was necessary and protective in the past.
- 5 Describe Impact**
Share how the behavior affects you as the therapist and potentially others.
- 6 Connect to Vulnerability**
Request connection to the vulnerable child mode and remain attentive to emotions.
- 7 Allow Response**
Give the client space to react to the confrontation and process their feelings.

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Adapting to Different Coping Styles

Empathetic confrontation must be tailored to match the client's predominant coping style. Overcompensators, avoiders, and surrenderers each require distinct approaches that address their unique patterns while honoring their emotional needs.

By recognizing these different styles, therapists can calibrate the timing, intensity, and focus of their interventions. This personalized approach increases the likelihood that clients will be able to receive and integrate the feedback in a meaningful way.

Overcompensator

Address quickly to maintain safety. Set clear boundaries and name the behavior and its impact. Help client connect with their vulnerable child mode and identify underlying needs.



Avoider

Initially less urgent but still creates disconnection. Boundaries less necessary. Gradually negotiate expectations for engagement over time as safety builds.

Surrenderer/Complier

Most easily overlooked due to seeming compliance. Provide explanation, encouragement, and invitation to connect with authentic feelings to build genuine connection.

Empathic confrontation –Basis Steps –

Confront the patient with this behavior and its effect on you or the communication

Directly but gently address problematic patterns that emerge in the therapeutic relationship.

Give that message in a personal way

Share your authentic experience of the client's behavior to create a meaningful connection.

Discuss the connection between this behavior and schemas/modes

Help the client understand how current behaviors relate to deeper patterns and emotional states.

Formulate a healthier schema

Work together to develop more adaptive beliefs and patterns.

Psycho educate on basic core needs

Teach clients about fundamental emotional needs and how they can be met in healthy ways.

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Let's practice



Fine Tuning Empathic Confrontation

What behavior interferes in communication with patient?

Identify specific patterns that create barriers in the therapeutic relationship.

Do you understand this behavior from the case conceptualization?

Connect the behavior to the client's history, schemas, and modes.

Is the timing right for an empathic confrontation?

Assess whether the therapeutic relationship is strong enough and the client is ready.

What primary emotional response do you feel when being confronted with this behavior?

Be aware of your own reactions to guide your approach.

What primary behavioral response do you notice in yourself when being confronted with this behavior?

Recognize how you tend to respond to help maintain therapeutic effectiveness.

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Fine Tuning Empathic Confrontation

Tell the patient you want to discuss what's going on between the two of you

Open the conversation in a transparent, non-threatening way.

Be specific and ask if patient recognizes this behavior

Invite the client to reflect on their own patterns.

Do this in a personal way: 'When you do this, I feel...'

Use "I" statements to express impact without blame.



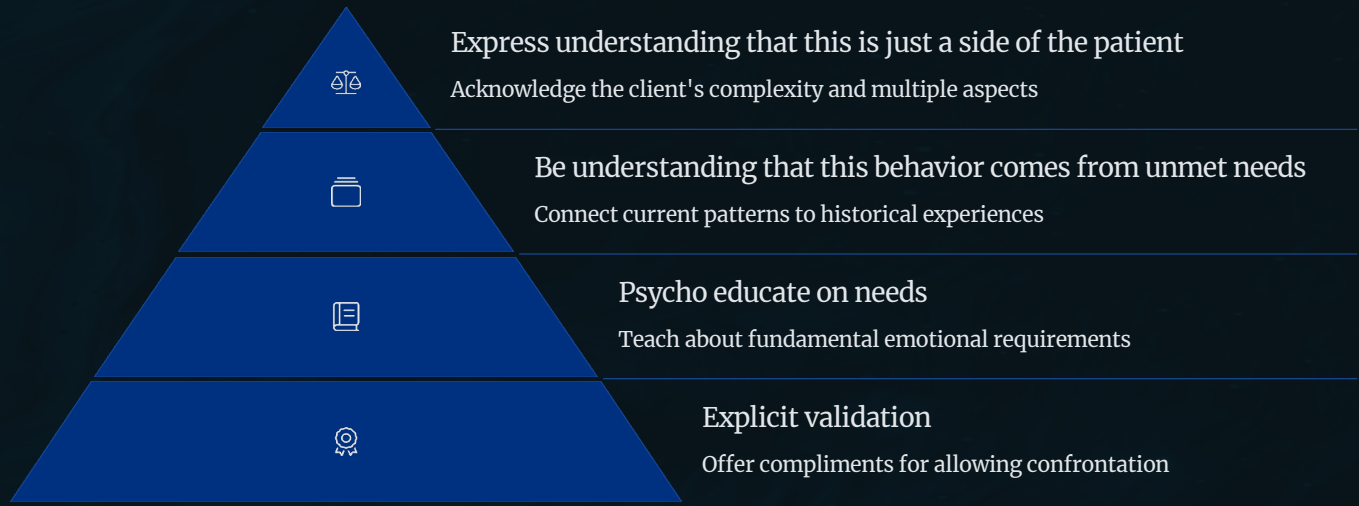
Point out the behavior of the patient that interferes
Specifically identify patterns that create barriers in therapy.

Explain the emotional and behavioral response it evokes in you

Share your authentic experience in the relationship.

Do all this in bits and pieces and be sensitive for the emotional response this evokes in the patient
Pace the confrontation according to the client's capacity.

Fine Tuning Empathic Confrontation







Empathy: corrective emotional experience

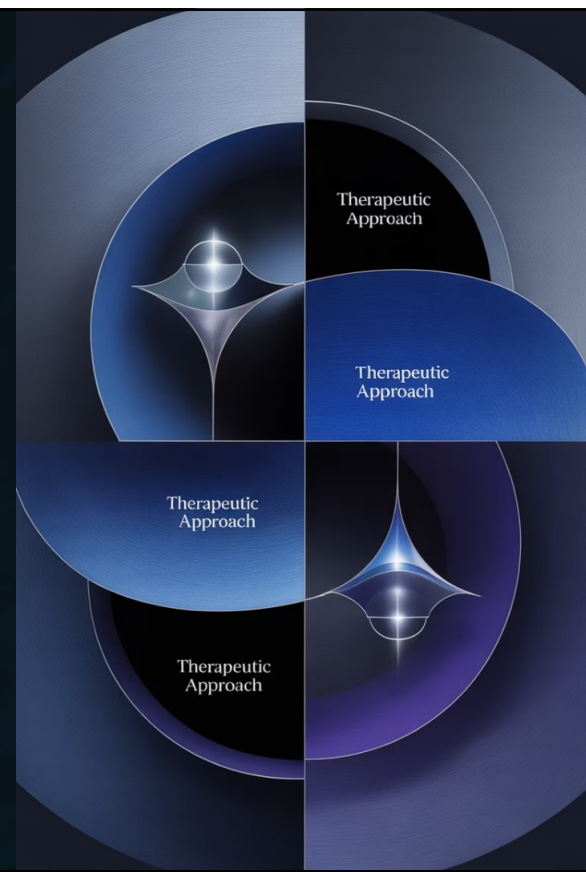
Fine Tuning Empathic Confrontation



Reflection: consolidating corrective experience

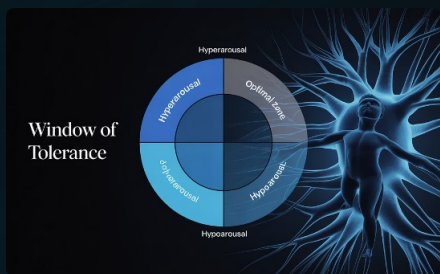
To summarize

-  Prepare yourself for the EC
-  Confront in a personal way
-  Emphasize with its origins and link it to a mode
-  Reflect on what this means in terms of therapy goals



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Finding your way



Window of Tolerance Model

A framework for understanding emotional regulation and the zones where therapeutic work is most effective.

Use of Window of Tolerance



Therapeutic Application

Using the window of tolerance to guide interventions and pace therapy appropriately for each client's needs.



Clinical Outcomes

The goal of expanding the client's window of tolerance to handle a wider range of emotions effectively.

Window of Tolerance (Siegel, 1999; Ogden, 2006)

Too much emotional arousal	Overwhelmed with anxiety, anger, flashbacks, sadness Fight (become angry, work excessively) Flight (psychotropic substances, self harm, suicide attempts) Freeze (dissociate, paralyzed) Fawning (comply to the (suspected) needs of the other person)
Window of tolerance	Emotions within the window of tolerance: intense but bearable Switching between intense emotions and being relaxed. Therefore, processing these emotions will remain possible.
Not enough emotional arousal	Detached, numb affect, empty Not being able to think or rationalize. Passivity Helpless, not being able to defend him/herself Sometimes being dissociated

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Too much emotional arousal



Explicit understanding, validation & reassurance

Provide emotional support to help the client feel safe and contained.



Broaden the EC to a more general theme

Connect current reactions to patterns in the client's life.



Slow down

Reduce the pace to allow for processing and integration.



Tone of voice

Use a calming, soothing vocal quality to help regulate emotions.



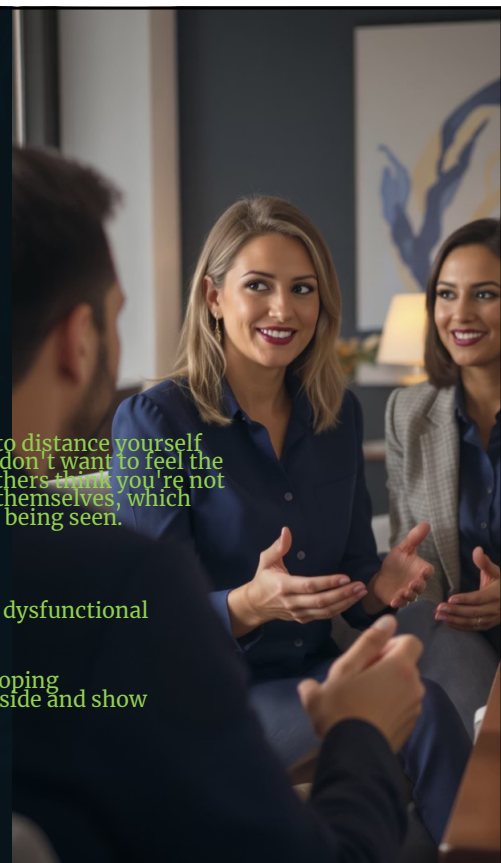
Not enough emotional arousal

Strategy	Purpose	Example
Focus on the effect of the pt's behavior on you	Increase interpersonal awareness	"When you go quiet, I feel disconnected from you."
Repeat the EC	Reinforce the importance of the message	"I want to come back to what I mentioned earlier about..."
Emphasize the fact that you are bothered by the pt's behavior	Create emotional engagement	"I'm finding it difficult to help you when you shut down."



The Four Sizes of Empathetic Confrontation (Rosi Reubsaet)

Size	Phase	Purpose	When to Use	Example
Large	Starting Phase	Full explanation with validation	Early treatment	I understand that you prefer to distance yourself because it's difficult and you don't want to feel the pain, but the danger is that others think you're not interested and they distance themselves, which reinforces your feeling of not being seen.
Extra Large	Phase 2	With boundary setting	When therapy stagnates	First make agreements about dysfunctional behavior before continuing.
Medium	Phase 3	Brief reminders, less empathy, more confrontation	Pattern recognition	Hey, come on, we know this coping mechanism by now. Move it aside and show how you really feel.
Small	Final Phase	Non-verbal signals	Pattern well established	Frowning, winking, etc.



Chair Work Techniques for Therapists: Deepening Emotional Connection

Chair work is a powerful therapeutic technique that makes internal dialogues visible in the therapy room. By using chairs to represent different parts of the client, therapists can help clients externalize their inner experiences, creating a safe space for exploration and healing.

This presentation will guide you through essential chair work techniques designed to help your clients access deeper emotions, shift perspectives, and develop self-compassion. You'll learn practical strategies to balance emotional activation and create meaningful therapeutic interventions using this dynamic approach.



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Creating a Transference-Free Space



Represent Different Parts

Use chairs to symbolize different aspects of the client's inner world, making internal dialogues visible and tangible.



Close Eyes to Connect

Invite clients to close their eyes when sitting in a specific chair to help them connect more deeply with that particular part of themselves.



Focus on Bodily Sensations

Guide clients to notice physical sensations as doorways to underlying basic emotions that may otherwise remain inaccessible.



Safe Symbolic Space

This approach creates a unique therapeutic environment that minimizes transference issues while maximizing emotional exploration.

By using these techniques, you create a concrete, externalized representation of the client's inner world. This spatial arrangement helps both you and your client gain clarity about complex emotional dynamics.

Accessing Soft Emotions Safely

Create Safety

Speak softly and maintain a calm presence to signal safety. Take your time and avoid rushing the process, allowing emotions to emerge naturally.

Use Body Language

Maintain an open body posture that communicates acceptance. Moving closer to the client can provide containment while they explore vulnerable feelings.

Employ Imagery

Guide clients to begin from a safe place in their imagination, perhaps visualizing a protective bubble before exploring difficult emotions.

Observe Closely

Watch attentively for subtle emotional shifts, helping clients maintain focus on emerging feelings rather than intellectualizing.

These techniques create the necessary conditions for clients to access emotions that may be difficult to reach in regular conversation. By establishing safety first, you create an environment where vulnerability becomes possible.

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Working with Bodily Expressions

Observe

Watch for subtle movements, shifts in posture, and micro-expressions that may indicate emotional activation

Connect

Help link the physical experience to emotional states and the client's mode model



Reflect

Gently name what you notice: "I see your shoulders tensing" or "Your hand moved when we mentioned that"





Invite

Suggest changing chairs to explore what that bodily response might be expressing

The body often expresses what words cannot. As therapists, tuning into these somatic cues allows us to access deeper emotional material. When you notice subtle movements or posture changes, these can be doorways to important therapeutic content that might otherwise remain unexplored.

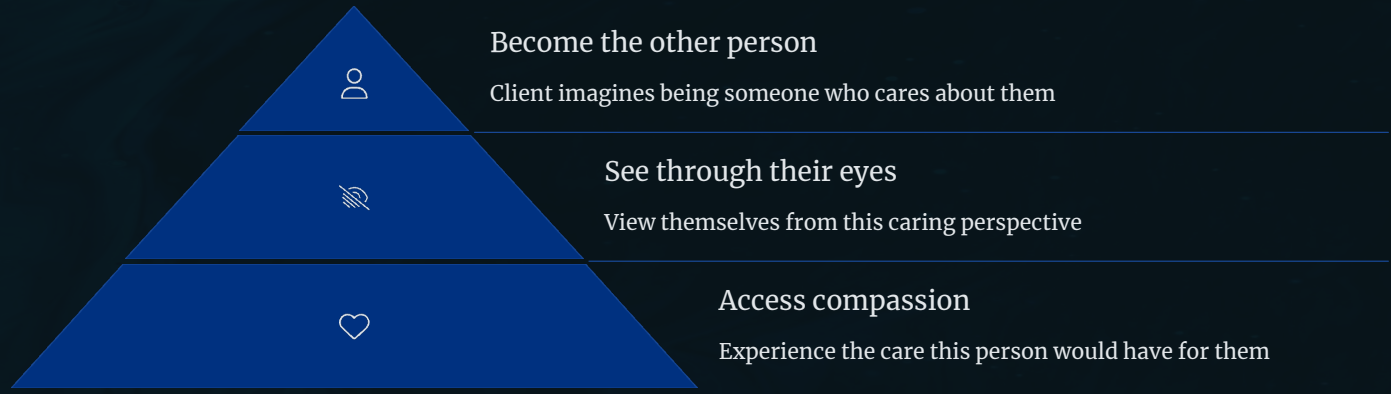


Perspective-Taking to Regulate Emotions

-  **Stand Together**
Invite client to stand up with you, creating physical distance from the emotional experience
-  **View From Above**
Look down at the chairs together, creating a "floating above" perspective on the situation
-  **Shift to Third Person**
Use third-person language: "What's happening for Chris right now?" rather than "What's happening for you?"
-  **Connect to Mode Model**
Link the emotional process to the client's case conceptualization or mode model

When emotions become overwhelming, these perspective-taking techniques help clients achieve psychological distance while maintaining engagement with the therapeutic process. This creates a balance between emotional activation and reflective capacity, essential for effective therapeutic work.

The Extension Technique



The extension technique asks clients to embody another person—typically a friend, partner, or someone who cares about them. From this chair, they see themselves through compassionate eyes: "Why do you think this is so hard for Chris? What do you think he needs right now?"

This powerful perspective shift activates mentalization, helping clients step outside their self-critical patterns. When they return to their own chair, they often bring this more compassionate viewpoint with them, creating new possibilities for self-understanding.

The Substitution Technique

Visualize a Child

Ask the client to imagine a real child they care about (niece, nephew, etc.) in the chair instead of themselves.

Activate Caring

Guide them to connect with their natural care response: "If you see your little nephew feeling sad and thinking he's a failure, what do you feel?"

Transfer Compassion

Bridge to self-compassion: "Now try to look at yourself (little Chris) the same way. What makes it any different?"

This technique powerfully activates the client's natural caring circuits, bypassing self-criticism. When clients see a vulnerable child experiencing the same emotions they struggle with, compassion arises naturally. The therapeutic challenge then becomes transferring this compassion to themselves.

If resistance arises, explore what blocks self-compassion—often the inner critic. When compassion emerges, reinforce it by having the client express the healthy adult voice directly to their vulnerable child part.

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Practical Tips for Effective Chair Work

1

Active Guidance

Provide clear direction while allowing the process to flow naturally

2

Physical Movement

Use movement to shift emotional states when needed

3

Emotional Balance

Know when to intensify or regulate emotional activation

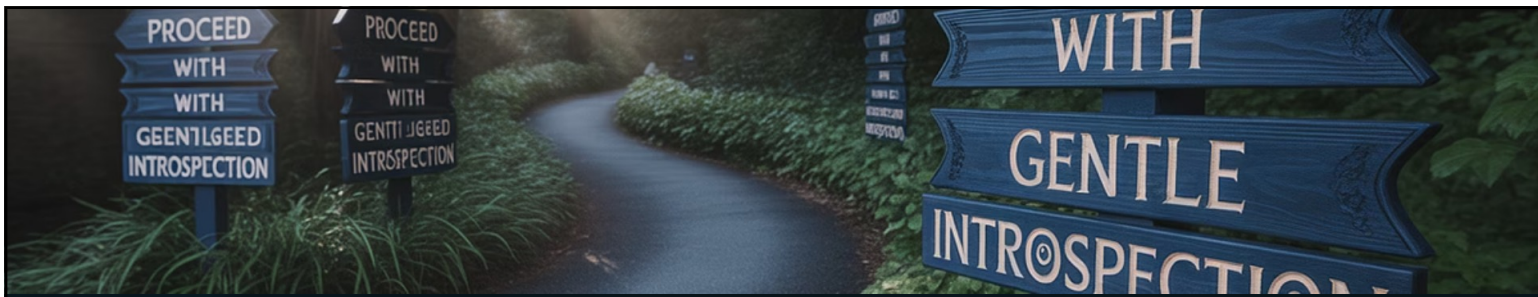
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Mode Mapping

Connect experiential work to the conceptual framework

Successful chair work requires a balance of structure and flexibility. As the therapist, your role is to actively guide while remaining responsive to what emerges in the moment. When emotions become too intense, be ready to help clients regulate through perspective shifts, standing up, or changing to third-person language.

Remember to connect the experiential work back to the client's case conceptualization or mode model, helping them make meaning of their experience. This integration of emotional and cognitive understanding creates lasting therapeutic change.



Common Risks and Pitfalls

Confronting Too Early

Without sufficient rapport and safety, confrontation backfires and damages the therapeutic relationship.

Too Much Empathy Without Direction

This becomes "coddling" and doesn't lead to meaningful change or growth.

Too Harsh Confrontation

This creates defensiveness or breaks the therapeutic relationship entirely.

Behary advises therapists to check with themselves: "Am I being empathically present AND clear?" If not, it's important to recalibrate the approach.

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Example chair work

And you see... Even though I am now fully aware of the fact that, all that happened between me and him, was a part of the "Empty Chair" Gestalt therapy technique... I can't seem to get over the fact that someone for the first time in my life, looked at me **straight in my pillow** and spoke to me, so intimately, as I was a real person...



let's Play!



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Seeing is Doing



Visualisation
changes
behavior
patterns

Using mental
imagery to create
new neural pathways



Preparation

Identify Triggers and
patterns



Imagery

Use imagery
techniques to anchor
new responses in the
brain

Future-Oriented Imaginary Rescripting



Key Components

- Integration of Previous Phases
Connect insights gained from previous sessions.
- Visualizing the Healthy Adult
Strengthen the image of the healthy part.
- Application in Negative Scenarios
Use the Healthy Adult when facing anxiety-inducing situations.

Through future-oriented rescripting, clients learn to break their patterns. The Healthy Adult becomes a powerful tool in difficult situations.

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Rescripting Process Steps

Preliminary Discussion

Discuss goals and expectations of the session.

Visualizing Healthy Adult

Help client vividly experience the healthy part.

Visualizing Worst-Case Scenario

Let client carefully explore anxiety-inducing situation.

Connecting with Healthy Part

Strengthen connection with inner resource.

Coaching in Self-Compassion

Guide restructuring and behavioral change.

Debriefing and Homework

Evaluate and encourage daily practice.





Enjoy



Practicing!

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