

Procedure 8.7

Purpose Statement of Professional Training and Standards Committee

The Professional Training and Standards Committee is a standing committee of Imago Relationships International, Inc. Board of Directors and is delegated by the Board to work on its behalf to work toward the fulfillment of its mission.

Mission:

To ensure a standard of excellence in Imago therapy training, in education programs and in Imago products in order to help fulfill the mission of Imago Relationships International mission.

To accomplish this mission, PTSC aims to align its work with the priorities set out by the Board and communicated through the char and the Executive Director. PTSC will strive to meet the following goals and objectives, consulting appendix A to assist the process:

Goals and Objectives:

Goal 1: Ensure a standard of excellence in the professional training of Imago Relationship Therapists.

Objective: The basic criterion for this standard of excellence in the Basic Clinical Training program includes the following:

- a. That an Imago therapist be trained to have a clear and understandable knowledge of Imago Theory with a growing ability to teach it to couples. That their skills and practice as an Imago therapist be guided by Imago theory.
- b. An growing ability to introduce and practice the Imago skills of the different dialogues
 1. Couples Dialogue
 2. The Parent / Child Dialogue
 3. Behavior Change Dialogue
 4. The Holding Exercise
 5. The Container Exercise
- c. That an Imago therapist has a clear understanding of ethical issues, including sexual and dual relationships. That an Imago therapist agrees by reading the ethics code and agreeing to abide by it as stated by signing the certificate of agreement.
- d. That an Imago therapist understands of the meaning of signing the certificate of agreement in becoming a certified Imago Therapist

Goal 2: Ensure on-going high quality supervision and consultation.

Objective: Supervision and consultations, both individually and in groups, need to model Imago principles:

- a. That all presentations of couple material be respectful of couples and their journey and with confidentiality of identities. Alternate names or initials can be used.
- b. That when individual supervision or consultation is sought, the presenter be given feedback that includes what the supervisor liked.
- c. That when supervision or consultation is a group, that the group is respected as having much wisdom. That members of the group be encouraged to respond after saying what they liked (an example could be, "if this were my couple, I might ...").
- d. That the leader inquires at some point what the "therapist's" experience was when working with this couple (attending to counter-transference reactions).
- e. That the application of Imago theory be made whenever appropriate.

Goal 3: Ensure the quality of continuing education of Imago Therapists at all certification levels.

Objective: Aspects of Continuing Education that supports the quality of the continued growth of a certificated Imago Therapists include:

- a. The idea of "quality assurance." That Imago Therapists are committed to continuing their own growth and development.
- b. Hours of credits that can be achieved by
 1. attending Imago lectures
 2. being a member of a supervision / consultation group
 3. having a video tape of a couple session supervised
 4. special assigned readings
 5. attending workshops at Imago conferences

Goal 4: Ensure that the catalogue represents the high quality of Imago Basic and Advanced offerings for professional trainings.

Objectives: To review and ensure that the Imago course catalogue represents Basic and Advanced courses that uphold the quality and depth of Imago theory.

Goal 5: Ensure that new or revised Imago products qualify for the Imago “Stamp of Approval” before recommending them to IRI Board for approval.

Objective: To review products presented to PTSC to make sure they have been developed in accordance with the principles of Imago, in order to determine if they qualify for the “Imago Stamp of Approval.”

- a. The process through which products will be looked at will be guided by “The Essentials of Imago” produced by the faculty.
- b. That all workshop manuals or workbooks be approved for the Imago “Stamp of Approval.”
- c. That all educational products be approved for the Imago “Stamp of Approval.”
- d. That PTSC will complete their reviews in accordance with “Procedure and Functioning” in section A below.

Goal 6: Ensure that Imago’s standard of excellence is maintained and when PTSC observes the need for revision, creation or upgrade of programs, courses or products it will make recommendations to the IRI Board.

Objective: That whenever PTSC observes the need for revision, creation or upgrade of programs, courses or products that would improve or ensure Imago’s quality, that it will make recommendations to the IRI Board.

Goal 7: Ensure that agreements, applicant and certifications, be clear, informative, and proper for all levels of training.

Objective: Be responsible for establishing on behalf of the Board a clear and proper “applicant agreement” and “the certification agreement” for all levels of training. That respect for the Intellectual Properties of Imago be clear for all levels of certification

PTSC’s Relationship to Faculty of Institute of Imago International

A. PTSC relationship with the faculty is very important. PTSC will be the link between the Board and the faculty. It is the responsibility of PTSC to interface with the faculty

when needed to provide guidance to ensure that the faculty has processes and procedures in place which ensure the highest possible quality of clinical excellence in the mental health field. It will also guide the faculty by making recommendations about processes and procedures and definitions that need to be clarified.

B. PTSC recognizes that the Imago Institute Faculty is an expert body comprised of clinical instructors and that PTSC has a broader membership that includes other areas of expertise. Thus:

- 1) PTSC will avoid making specific decisions about clinical theory and practice
- 2) PTSC will work to guide the faculty to ensure that they follow good processes and procedures that will result in clear conclusions that can be communicated and implemented in the Imago community and to the lay community.

Procedure and Functioning:

A. It is the intention of this committee to function as consulting, guiding and reviewing for any new product development or revising of old products. It is not the purpose of this committee to become a development or creation committee. As stated in our mission, our purpose is “to ensure a standard of excellence in Imago ...” on behalf of the IRI Board.

The committee does not intend to get involved in detailed line-by-line editing of products. Instead it will guide product development so that products are developed through a process which will ensure that they reflect Imago theory and practice. Its final review will focus on ensuring that a good process has been followed rather than detailed editing or rewriting.

B. Regarding Product Development and Revisions:

- 1) PTSC will provide guidance and suggestions for how the Task Force can adapt and adjust their plan to make sure the product meets Imago standards. PTSC will work with Development Task Forces throughout the whole development process ensuring that they follow key steps in their process.

Product Planning: Present an outline of the plan for development to PTSC which will include

- a) A time schedule for the development
- b) Clearly identify and state the specific needs including those within the Imago community that the goals and objectives of the product will address or meet
- c) Identify the target audience or group

Product Creation:

- a) Provide regular reports of the development
- b) Sometimes, depending on the product, PTSC may request that one of its members belong on the development committee or group on an ad hoc basis
- c) Submit the product to the faculty for review, collect input and integrate into the final edits
- d) Arrange for pilots

Product Final Review:

- a) Submit all materials to PTSC
- b) Project leader attend a PTSC meeting to answer questions about their process and how they ensured that the product met specific needs and goals
- c) To report on the pilots

2) PTSC will work with the Faculty to make sure suitable guidelines are available to product development teams including

- a) Definitions of Imago and key elements which should be considered when creating Imago programs
- b) Texts of core processes which should be adopted as standards in all programs

(Appendix A) Essentials of Imago

(These will be updated as *the faculty approves the essentials*)

The Essentials of Imago Theory and Practice: a paper on basic definitions

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May 23, 2005

Introduction

History of the Imago International Institute

I will start by using the history in the 2005 Catalog of the Institute (pages 3-4):

Harville Hendrix, Ph.D. and Helen LaKelly Hunt, Ph.D. founded The Institute for Imago Relationship Therapy (IIRT) in 1984. It thrived for many years offering face-to-face learning opportunities and products that teach the dynamics of the committed relationship in achieving personal growth. This included national and international workshops and seminars for couples and singles, as well as training programs for qualified therapists in the theory and practice of Imago Relationship Therapy.

In 2001, Harville Hendrix and Helen LaKelly Hunt along with a Founding Board of Imago Therapists, transformed the Institute For Imago Relationship Therapy (IIRT) into a non-profit organization called Imago Relationships International, Inc. (IRI) which supports Imago therapists worldwide. This new non-profit organization, IRI, succeeded IIRT and gives it continuity to serve the larger international community even better. The Imago International Institute (III) is the education and training division of IRI and is supervised by the Board of IRI. Tim Atkinson is the president of the Imago International Institute and is responsible to the Board of IRI of which he is the Executive Director. About two thousand Certified Imago Therapists, one hundred and sixty Workshop Presenters and an Institute Faculty of twenty Clinical Instructors offer therapy, workshops, training courses and conduct ongoing research of significant relationships for the purpose of enhancing the systematic theory of Imago Relationship Therapy.

Imago Relationship Therapy, originating in the partnership of Harville and Helen, integrates the seminal interpersonal insights of major Western psychological systems, behavioral sciences, and

spiritual disciplines into a uniquely comprehensive theory of primary love relationships. Developed from the exclusive study of couples, it presents an approach that builds on and extends previous efforts.

The “imago” is a theoretical construct, a composite image in the unconscious of the significant character traits and behaviors of childhood primary caretakers, both positive and negative. By pairing us with an “Imago match” - an individual who is like our caretakers in emotionally significant ways - our unconscious drives us to re-create our childhood psychological dynamics in an attempt to heal the central wounds we carry. The process of Imago Relationship Therapy is aimed at using this context to transform relationships into a therapeutic encounter and fuel for each partner’s psychological and spiritual self-completion.

Imago Relationship Therapy utilizes a variety of clinical procedures to teach couples, and individuals desiring an intimate union, to identify their defenses against intimacy and to understand the unconscious forces that influence partner selection and contribute toward flawed relationships. Goals of the therapy include: constructively using the energy of relational frustrations rooted in primitive and illusionary ideation of one’s love partner; recognizing the failure of archaic behavior to gratify needs and achieve self-completion; and perceiving one’s partner realistically without the encumbrance of one’s own unconscious projections. Other aspects of the Imago process involve learning new skills and changing hurtful behavior, in the course of which partners consciously aim to meet one another’s needs and thereby restore the lost and denied parts of themselves. A core skill is a three-part dialogue that breaks couples out of defensive and symbiotic relating and promotes differentiation and compassion for the other. Eventually, each partner becomes skilled at containing the other’s pain and reactivity. The Imago process is a transformative journey, and when applied consistently, promotes mutual healing and maturity.

History of the need for present definitional clarification

For the first 11 years of the Institute, Harville Hendrix focused on establishing the Institute and developing Imago theory and practice through teaching and writing. He trained and certified a dozen faculty members and certified five master trainers by 1995. The master trainers met regularly to help administrate the institute, train advanced Imago clinicians, and to continue developing the theory and practice along with Harville.

Harville, being a theoretician rather than an administrator, stayed with writing and speaking, while faculty volunteers helped lead the Institute. Since the faculty, including the master trainers, were all entrepreneurs, they were strong leaders in their own right, and lacking solid “deanship” leadership, Imago theory and practice evolved in a non-structured manner. There was good camaraderie among the faculty and they always tried to remain a “dialogical community,” but not having strong leadership from a dean, the theory and practice became somewhat individualized over the next seven years. Imago was expanding worldwide, and creative leadership emerged here and there where the energy and resources were available.

By the end of 2002, Harville was concerned about the “loose” direction of the development of theory and practice. It has always been a vision of Harville’s that the trainings and workshops be standardized enough so that couples attending a workshop in New York, Los Angeles, Auckland, Jerusalem, or Vienna, would all be getting the same workshop. His dream had also been that our Basic Clinical Training be standardized enough so that anyone around the world receiving Imago Therapy from a Certified Imago Therapist will be getting the same therapy. Another big hope of the whole Imago community is that more published research be done on Imago therapy so that it can become more known in the larger professional community and be a part of standard curricula in graduate schools. The problem with researching Imago therapy is that practice and implementation are not very precise making it difficult to research in a scientific manner.

Harville therefore spearheaded hiring me as the first paid part-time dean of the Institute from January 1, 2003, through January 31, 2005. My experience of being dean of the faculty the first year was like herding cats. The faculty, all being entrepreneurs, were each heading in their own direction. I first needed to build better connections between faculty members, make sure faculty meetings were substantive, and gradually bring the focus onto definitions of Imago theory and practice. Hopefully, the next step will be to gradually standardize the trainings and workshops enough so that Harville’s dream of having a network of therapists worldwide who all teach and practice the same theory will be realized.

Having considered this task of definition for a long time and calling on others in the faculty to send me their ideas and papers on this topic, I will now pencil out a first draft of what Imago theory and practice looks like. Hopefully, this will be a good basis for discussion among the faculty and among the larger Imago community.

Obviously, I do not take credit for the contents of this paper. It is a compilation of the thinking of Harville Hendrix/Helen LaKelly Hunt, the faculty, and Imago therapists around the world.

The Essentials of Imago Theory

A. Cosmology

1. We are made up of neutral, pulsating energy.
2. Our essential state is that of relaxed joyfulness and empathic connection.
3. Because we are all from a common source and all part of the same web of the universe, as we participate in nature’s healing plan for ourselves, we contribute not only to our own healing, but to the healing of our planet.

B. Evolution

1. Imago theory seeks to make sense of the nature of adult committed relationships.
2. When we suffer pain in our childhood experiences, we protect ourselves with maximizing and/or minimizing defenses and also block the expression of our basic

functioning (thinking, feeling, sensing, and acting). These defenses disrupt the flow of our pulsating energy and disrupt our essential state of relaxation, joy, full aliveness, and connectedness. These maximizing and minimizing defenses are called our “denied self” because it is difficult to see ourselves clearly. The blockage of our four basic functions is called the “lost self.” Other defenses develop what we call the “missing selves” such as the “hidden self,” the “disowned self,” the “presentational self,” the “personal self,” and the “social self.”

3. Our wounding and defenses have been developed through both nature and nurture.
 - a. Nature
Whereas we are part of the evolution of the animal kingdom, we inherit some qualities through our DNA and hormones. For example, tigers defend themselves primarily through the expansion of energy (scare or kill the enemy), while deer defend themselves through minimizing their energy (stand still or disappear). General knowledge calls this fight or flight. We have a mandate from nature: stay alive at all costs and even more, feel fully alive.
 - b. Nurture
In response to, or modeling ourselves after, our parents, we learn during the early years of our lives (in combination with our innate tendencies) how to defend ourselves successfully enough to stay alive.
4. Nature has designed a program of self repair through the process of romantic attraction. Couplehood becomes the primary crucible for growth and healing because while couples are roughly equally wounded, their adaptation to their wounds are opposite and complementary.

C. The Relational Model

Imago therapy is making a shift from the Individual Model of psychotherapy to the **Relational Model** of psychotherapy. Even as physics now realizes that an electron can only be studied in its context, and when the context changes, the properties of the electron changes, so also in psychotherapy, we have come to realize that people must be understood within their context. Human beings are born into relationships, wounded in relationships, and heal in the context of relationships. Therefore, Imago therapists professionally see individuals in the context of group therapy and see those in committed, intimate relationships with their partners.

D. The Imago idea

The Imago idea has three parts:

1. Falling in love is a selection process at an unconscious level.

Couples choose their partners based on an unconscious image developed in childhood which is called the “Imago”. It is a composite image of both the positive and negative traits of one’s childhood caretakers. The negative traits have the strongest draw because it is the negative traits that indicate our unfinished business. We thus fall in love with what we call an “Imago match”. We all have a yearning to become

whole and complete. We therefore fall in love with someone who has the unique capacity to re-activate childhood wounds and who can be the best catalyst for that maturing and healing process we long for.

When we connect with this person, we will consciously feel an attraction, but we won't know why. Since we have fallen in love with a person that has the negative characteristics of our early caretakers, they will be constitutionally incapable of giving us what we need, and we will be unable to give them what they need. They also will be wounded in the same way but defend themselves in the opposite manner from us, and they will have held onto functions that we have lost. Through the power of romantic love and the chemicals that fuel it, we will become bonded. Because these chemicals make us feel so wonderful, we drop our defenses and get a taste of our full aliveness which is our birth right. When we fall in love, we are really falling in love with our anticipated wholeness, but we think we have fallen in love with the other person.

2. The purpose of the attraction is to finish childhood.

Everyone has a deep longing to complete the unfinished business of childhood, a longing to finally grow up and become mature. "Marriage" or "the committed intimate relationship" is "finishing school."

3. Therefore, our task is to align our conscious mind with our unconscious agenda.

a. The agenda of the conscious mind is to feel good. We drink coffee or wine to feel good. We workout to feel good. We have sex to feel good. The conscious mind has a "feel good" agenda.

b. The agenda of the unconscious mind is to grow and heal, to reach completion and wholeness. The unconscious mind does not really care if we feel good or not. In our deepest places, we yearn to move toward maturity which often entails pain. "No pain, no gain." This is why after marriage (or full commitment) couples move into the stage called the "power struggle".

E. Character Structure

1. Character Structure is what we develop to protect ourselves from the pain received in childhood. We either maximize or minimize our energies to protect ourselves from danger. For example, when sensing danger and wanting to protect ourselves, we might pursue while in relationship, or conversely, we might distance ourselves to feel safer.
2. When we are in pain, we become self absorbed and lose our sense of empathic connection. We become symbiotic, meaning that each of us only see the world one way, "my way." "You and I are one, and I'm the one." One of the primary goals of Imago therapy is to break the symbiosis.

Empathy is the cure for symbiosis. The Imago Dialogue is the structure through which we learn empathy.

F. Developmental Stages

1. As children grow up in their families of origin, they go through stages of development. The first four stages, attachment, exploration, identity, and competence, are the most important and last about 2 years each. All children are wounded to a certain degree in childhood in all stages of development. But most of us have a primary wound in one of these stages. We select a partner through the process of Romantic Love who is also wounded in the same or an adjacent stage, but has developed the opposite defense to that wound.
2. All adult intimate relationships go through stages that will include the unconscious stages of romantic love and the power struggle. These are called unconscious stages because they are driven by reactivity. In the “romantic love stage” the couple is reactively nice. In the “power struggle stage” the couple is reactively nasty. If a couple is willing to discover the possibilities inherent in having a conscious relationship (meaning, a relationship driven by intentionality rather than reactivity) there will be four more stages to go through, that of re-commitment, doing the work, awakening, and real love. These are cyclical and spiral upward. The relationship is never static. The “journey toward consciousness” remains a journey and never “arrives.” As a couple reaches “real love” for a while, they then recycle through re-commitment, doing the work, awakening, and real love again and again, ever circling higher. At any point, a couple may fall into a very dark valley, but if they continue to desire to move toward consciousness, they can always re-commit themselves to the growth and healing process.

G. Growth

Growth is modifying the character structure which served us well in childhood but is blocking intimacy in adult relationships. This growth (modification of character structure) is necessary to be able to meet our partner’s needs, thus bringing them healing. We have developed characterologically in such a manner that we are fundamentally defended against meeting our partner’s needs. We call meeting our partner’s needs stretching. Without stretching there is no growth and no healing. Imago says, “My partner’s needs are the blue print for my growth.”

H. Healing

Healing is getting our needs met that were not met in childhood. As children, we were wounded by the intimate other (our parents). When we left home, our parents stopped being the intimate other, and we found an intimate other that has the negative character traits of our parents in order to finish childhood and become healed and mature. As adults, our actual parents no longer have healing power because they cease to be the intimate other. Now the partner, who carries the traits of our parents, becomes the intimate other who has the potential to bring us healing.

I. Self Hatred

Deep unconscious self hatred coming from not getting our needs met in childhood prevent clients from receiving the love that is given to them. During childhood we

suppressed our needs because it was our needs that caused parental worry and anxiety. For example, during the exploration stage of development, we touched and tasted things and walked in places that made our parents anxious. In the identity stage of development, we tried on life characters (cops and robbers, nurse and doctor) that made our parents feel squeamish. We suppressed our needs as children, not only wanting to “take care of” our parents, but also because we felt we were the problem in their lives, we made them anxious. Therefore, as adults, we are not in touch with our (hated) needs, and when our partner is willing to “stretch” and grow to meet our needs, we feel unworthy and uncomfortable and push the gift away. This unconscious “self hatred” is then acted out in the relationship through the defense of projection. We project onto our partners what we dislike and hate in ourselves and then criticize them for it.

Needing to “stretch and grow” in a relationship and “pushing healing gifts away” are the two main blocks for reaching human maturity.

J. Therefore, we see the following in couples:

1. The difficulties/conflicts that arise in intimate partnerships are rooted in childhood pain. These conflicts are essential if the couple is going to mature. “Conflict is growth trying to happen.”
2. In an intimate relationship, both partners contribute equally to the conflict. The relationship exists in a balanced system. This is often very difficult to see.
 - a. Both are equally wounded.
 - b. Both are equally intelligent.
 - c. Both are equally interested in growing and healing.
3. Since the roots of the power struggle lies in childhood woundedness, the solution is not in terms of problem solving, but in terms of healing. “Relationship problems are not solvable, they are only healable.”
4. Healing and growth can happen in all relationships. But the greater the degree of commitment and intimacy in the relationship, the greater the potential for healing and growth. Therefore, the committed, intimate partnership is the place where deepest growth and healing can take place.
5. The growth/healing process happens over time and will require that each transcend their own reactivity and replace it with intentional behaviors. Thus the healing journey is from reactivity to intentionality. This is what we call “becoming conscious.”

The Essentials of Imago Practice

A. The practice of Imago therapy

We think that all couples desire safety and passion.

1. Safety

Couples need physical and emotional safety so that they can be vulnerable enough to “do the work.” Imago practice is designed to develop safety between couples so that the embedded potential for healing and growth will emerge. Only in safety will the healing life force arise and the energy for personal growth be unleashed. In addition to the goal of healing and growth, Imago practice brings about connection and differentiation. Safety is brought about through the use of structure. Structure is at the heart of Imago work. The less safe a couple feels, that is more conflict/chaos, the more structure is needed. Imago therapists do not allow couples to discuss, chat, talk, or negotiate their problems. All Imago work is done through structured dialogues. The therapist/coach is responsible to shift the energy out of criticism, blame, or shame into self-disclosure.

2. Passion

All couples want passion. They want to be in touch with the life force that is their birth right. They want to feel sexually alive. They want to feel that “you and I make a great team.” They want to feel effective and energized in the world. We see passion as a function of safety. As “the work” is done, passion emerges. Therefore, Imago therapists do not focus at first on passion. The focus of the work is developing safety. Passion work, or “re-romanticizing” work, is done when enough safety has first been established.

The practice of Imago therapy contains the following:

1. Couples face each other and are coached to dialogue with each other. The way the office is set up is important. If the couple sits on a couch facing the therapist, it is as if the healing power comes from the therapist, “the doctor.” Imago therapists see themselves as “coaches” rather than “doctors.” They are coaches of process. The healing power lies between the couple who face each other and talk to each other, not to the therapist.

Dialogue consists of:

- a. Mirroring
 - b. Validation
 - c. Empathy
2. There is very little teaching or counseling in an Imago session. It mostly consists of the facilitator holding the couple in dialogue with each other. Theory itself holds no healing power. Couples often want to intellectualize by asking many questions about the theory. We feel it is important to not get pulled into discussing Imago or doing paper/pencil exercises. This is left to the Imago Workshops (for couples or for individuals). I have had some couples in therapy for several sessions before they ever discover that the therapy is based on “Imago Theory.” I suggest that Imago therapists

- recommend their clients to take Harville's workshops, either "Getting..." or "Keeping...", in order to get the theory.
3. The presenting "problem" is seen as only the tip of the iceberg which is not solvable but only healable as the couple is coached deeper through the use of dialogue into the dynamics that lie behind "the problem". The conflict and ensuing power struggle in a relationship is only a bubbling up of the unfinished business from childhood. The goal of the facilitator is to deepen the couple into the unfinished business rather than trying to solve the presenting problem.
 4. The practice of Imago Relationship Therapy consists of:
 - a. The Imago Dialogue: The flesh and blood of Imago therapy.

Through the Imago Dialogue, a sacred space can be created between a couple that will allow them to more clearly understand the unconscious agenda hidden in their power struggle and find the roadmap for growth and healing that will restore safety and passion. The equalization of power in the couple is key to Imago therapy. As children we often felt powerless. As adults we want equality.

 - i. The Imago Dialogue is to bring about re-connection
-done through mirroring, validation, and empathy.
 - ii. The Imago Dialogue is to break the symbiosis and develop differentiation
-done through mirroring, validation, and empathy.

Through the use of the Imago Dialogue, couples learn to become curious about and honor the other person's perspective and realize that the other perspective is just as valid as theirs.
 - b. Behavior Change Request Dialogue: The backbone of Imago therapy because no relationship can mature without a change of behaviors.
 - i. To use the energy of frustration to transform the relationship from criticisms to asking directly and positively to have your needs met by:
 1. coaching the sender to feel the pain behind the frustration
 2. coaching the sender to get in touch with the childhood wound that lies underneath the present pain
 3. coaching the sender to get in touch with the sadness underneath the childhood wound
 4. coaching the sender to re-experience the sadness behind the unmet needs as a child in the home of origin
 - ii. To bring about healing by:
 1. coaching the sender to transform their broad unmet needs in positive, concrete and behaviorally measurable requests
 2. coaching the sender to make their requests small and time limited
 - iii. To bring about growth by:

1. coaching the receiver to stretch and modify their character structure that has limited their ability to give
 2. coaching the receiver into making a decision to become their partner's healer (the stand-in for the parent who gave the original wound) through the granting of requests and to view them as gifts
- c. Parent/Child Dialogue
- to get in touch with the childhood wound and the sadness behind it
 - to help the receiver gain empathy for the sender
- d. Holding Exercise
- to get in touch with pain from outside the relationship
 - to help the receiver gain empathy for the sender
- e. Container Exercise
- to tap into the healing potential of anger energy
- f. Flooding of Admiration / Positive Container
- to get in touch with the positive elements of the relationship and feel romantically connected
- g. Develop a positive relationship vision
- to catch a vision of where the couple is going and letting that vision "pull" them in that direction
4. Much emphasis above is put on "coaching." The word is repeated frequently so that the reader will get the importance of deepening the work through coaching. The coach is in charge of whatever happens in the room. An interesting paradox is that the coach is fully in charge, but not controlling. Advanced skills in Imago therapy is learning how to coach couples to go deeper and get in touch with their emotions, their pain, their sadness. Questions, or talking to the client encourages the client to intellectualize. Coaching is done by talking through the client, giving them words to say to their partner, words that accurately reflect their inner world. This requires good tracking.

Coaching to go deeper is done by the use of:

- a. Lead lines
This is when the coach gives an incomplete sentence leading to feelings.
"When you distance yourself from me, I feel . . ."
"What I'm afraid of is . . ."
- b. Doubling
This is when the coach gives a complete sentence that includes a feeling word that is thought to be at the tip of the sender's tongue. It is always held lightly and easily changed.
"I feel lonely."
"I feel sad."
- c. Instructions
These instructions are very short. (Do not "teach" here.)

“Mirror that back.”
“Tell him more about that.”

Most instructions can be eliminated through the use of lead lines. For example, rather than say, “Mirror that back,” the coach can say, “So what you’re saying is . . .” Or, rather than “Now, I would like you to empathize,” the coach can say, “I imagine you are feeling . . .”

B. The essentials of the Imago Dialogue

1. An appointment is made.
2. The couple speaks to each other.
3. First, there is a listening phase where the receiver mirrors the sender.
The receiver mirrors accurately containing their own emotions. I recommend word for word mirroring in this section.
4. Second, there is a validation phase
 - a. The first step is a summary mirror.
One may be able to mirror each segment accurately without “getting” the meaning of the send. A summary is the first step of validation because it lets the sender know that s/he has been logically “followed, and has gotten the essence of the send.”
 - b. Validating sentences are:
“I follow what you are saying.”
“Your perspective is as valuable as mine.”
“You make sense.”
5. Third, there is an empathy phase.
 - a. Guesses are made by the receiver as to what the sender might be feeling.
 - b. These guesses are checked out and validated.
6. The receiver says, “I would like to respond.”
7. The receiver responds to the topic chosen by the sender. There is only one topic per dialogue. Imago Dialogues always have a response, otherwise it is a monologue. Being able to handle a response is the only way to break the symbiosis. It is important to keep in mind that the Imago Dialogue is not designed to “feel good.” Usually differentiation does not feel good. The Imago Dialogue is designed both for connection **and** differentiation.
8. It is the responsibility of the therapist to coach the sender out of criticism and blame into self disclosure.

C. The essentials of the Behavior Change Request Dialogue

1. An appointment is made.
2. The couple speaks to each other.
3. Active, step-by-step preparation of the receiver
4. A frustration send

- a. Coaching helps the sender use the energy of **frustration** to get in touch with and name the **pain** behind the frustration. Coaching moves the sender from blame, which is where we want to start, into self-revelation and vulnerability.
 - b. There is only one summary mirror at the end of the send so that the “affective flow” is not broken. The coach does not ask questions nor allows multiple mirrors. There is no check for accuracy from the receiver. The coach is the check for accuracy and will double to help the receiver mirror accurately. The goal is to keep the sender in an affective state.
 - c. There is no validation or empathy as separate sections of this dialogue because it will break the **affective flow** which is all important. The coach makes sure the mirror is warm and connecting as much as possible.
5. The coach has the receiver say a transition sentence that picks up one or two “pain words” from the frustration send.
For example:
“When you feel **unimportant** and **abandoned** by me, what does that remind you of in childhood?”
“When you feel **blamed** and **criticized** by me, what does that remind you of in childhood?”
6. A childhood wound send
- a. Coaching moves the sender from the **wound** to the **sadness** underneath the wound
 - b. There is only one summary mirror at the end of the send so that the “affective flow” is not broken. The coach does not ask questions nor allows multiple mirrors.
 - c. Once in childhood, the coach makes sure the sender stays in childhood so that the receive does not lose their growing empathy.
7. A short statement of need. It is a broad, general need tied to the unmet need of childhood that is positively stated. For example, “I need to feel connected to you.”
8. Three positive SMART requests; or three PMS requests.
- | | |
|---|------------|
| SMART = | PMS = |
| Specific (a behavior) | Positive |
| Measurable (frequency) | Measurable |
| Achievable (a small step) | Specific |
| Relevant (relevant to either the frustration or the need) | |
| Time limited (two weeks) | |
9. Requests are mirrored
10. Requests are written down, and at least one is granted. The others are excellent topics for Imago Dialogues later.

D. The essentials of the Parent/Child Dialogue

1. The couple speaks to each other.
2. An appointment is not necessary since it springs from work being done in the Imago session.
3. The dialogue is a role play.
4. The sender is the child who first decides who to speak to, mom or dad, and then chooses an age to speak from.

5. The send is in the present tense from the chosen age.
6. The “as if good parent” leads the dialogue by asking the following questions and then mirrors each response in summary form only. The receiver does **not** coach the sender.
 - a. “What is it like living with me?”
 - b. “What is your deepest hurt with me?”
 - c. “What do you need from me?”
 - d. The coach does **not** have the receiver ask, “What did you do to protect yourself as a child?” This breaks the affective flow and forces the child to become cognitive and come back to adult thinking. While this is theoretically interesting, it is clinically disruptive during this dialogue.
7. The receiver, the “as if good parent,” only mirrors in summary form after each segment of the send so that the affective flow is not broken (as in the BCR Dialogue above). There is no validation or empathy as separate sections of this dialogue because it will break the **affective flow** which is all important. The coach makes sure the mirror is warm and connecting as much as possible.
8. The couple now de-roles.
9. The receiver, now as spouse, becomes the sender and says something like the following:
 - a. “As Bob/Nancy, I heard that you were wounded by . . . (feeling lonely and disconnected) in childhood.”
 - b. “I want to learn how to heal these wounds . . . (of loneliness and disconnection) in our present relationship.”
 - c. “You deserve it!”
10. The former “child” now the current partner mirrors each send and says, “Thank you.”