

**You Too Want To Be An Imago
Therapist :**

An Introduction to
Imago Relationship Therapy
for Practitioners

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Overview:

- What Is Imago Relationship Therapy?
- The Imago Match
- Relationship Dynamics
- Brain Functioning
- Imago Training Requirements

What is Imago Relationship Therapy?

- IRT is a model of relationship therapy
- Believes that partner selection occurs on two levels (conscious/unconscious)
- Unconscious agenda is to complete childhood tasks and heal wounds

The Imago Match

- On a conscious level we believe we are looking for a partner who has only positive traits. Traits that are often the opposite of our caretakers. We say “I’ll never marry a controlling person like my mother,” or “I will marry someone who notices me unlike my father who ignored me.”
- However, we often select partners who match our Imago, i.e. who have the best and the worst traits of the people who have been most significant to us and evoke in us similar feelings.

Relationship Dynamics

- Stages of Relationship
 - Romantic Love, Power Struggle, Conscious Relationship
- Conscious vs Unconscious States of Relating
 - Intentional Responding vs Emotional Reactivity
- Patterns of Relating
 - Uneconomical, Mutually triggering habits
- Defenses & Character Structure
 - Avoider/Clinger, Controller/Complier, etc...

Brain Functioning

- Brainstem
 - Automatic (heart rate, breathing)
 - Sensing and acting unconsciously
- Limbic System
 - Centrally located in the brain stem
 - Regulates our emotions (fear/pleasure)
 - Also unconscious
- Cortex
 - Gateway for incoming sensory information
 - Involves intuition, thinking, logic, and language
 - Conscious thought

Imago Dialogue

- Imago dialogue is used when...
 - You want to be heard and understood
 - You want to listen and to understand
 - You are upset about something and want to discuss it
 - You want to discuss a topic that you think might be 'touchy'

Imago Therapy is beneficial for partners/families in recovery

- Addiction ruptures the connection in partner/family relationships.
- Addiction treatment and 12 step recovery continues the disconnection by creating effective but parallel tracks of recovery healing.
- **Goal:** To find an avenue where partners/family members create a safe haven where everyone feels heard and understood both cognitively and emotionally.

Imago Clinical Training Requirements:

- Attend (as a participant) a 20-hour "Getting The Love You Want" Workshop led by a certified Workshop Presenter.
- Trainees complete a training application and provide supporting documentation listed on application.
- Attend the 12-day Imago clinical training that includes in-house supervision over a 12-month period.
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Clinical Training:

- Assist at a 20-hour Getting The Love You Want workshop coordinated with a certified Workshop Presenter.
- Submit two follow-up Imago integration letters to Clinical trainer describing how participant has integrated Imago into his/her life both professionally and personally.

Imago Clinical Training

- Submit a passing final DVD demonstrating mastery of Imago techniques.
- Upon completion of the clinical training and 6 month required Imago supervision they will receive certification and CEUs from Imago International.

References

Harville Hendrix, Ph.D.

- Getting The Love You Want: A Guide For Couples
- Keeping the Love You Find: A Personal Guide

Harville Hendrix, Ph.D. and Helen Lakelly Hunt, Ph.D.

- Giving the Love That Heals: A Guide For Parent
- The Couples Companion: Meditations and Exercises for Keeping The Love You Find
- Receiving Love: Transform Your Relationship by Letting Yourself Be Loved

CHECKLIST FOR DIALOGUE

There are three reasons why one might want to have a Dialogue:

1. You want to be listened to and understood.
2. You are upset about something and want to discuss it.
3. You want to discuss a topic you think might be “touchy”.

SENDER

RECEIVER

- | | |
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| <ol style="list-style-type: none">1. The one who wants to send a message must take the initiative and says, “I would like to have a Dialogue. Is now okay?”2. Sends message.3. Continues sending message until complete.4. Listen to summary and give accuracy check.5. Listen to validation.6. Listen. If RECEIVER did not get the feelings right or did not get all the feelings, share with RECEIVER.7. Once all three parts are completed, switch roles. | <ol style="list-style-type: none">1. It is the RECEIVER’s job to grant a Dialogue ASAP.. <u>now</u> if possible. (If not now, set an appointment so that the SENDER knows when h/she will be heard.) “I’m available now2. Mirrors: “If I heard you right” or “If I’ve got it right, you said.. (paraphrase the SENDER’s message).

Accuracy check: “Did I mirror you accurately?” or “Did I get that right?” If SENDER accepts, then say, “Is there more about that?”3. When the SENDER has finished sending, the RECEIVER <u>summarizes</u> all of the SENDER’s message with this lead in: “Let me see if I got all of that ..” Check for accuracy.4. Validates: “You make sense because..” and then state the logic of the SENDER’s point of view.5. Empathizes: A lead in sentence might be: “I imagine you might be feeling..” or “I imagine you might have felt..” or “I can see you are feeling.” (if feelings are obvious).

You must make some guesses as to what the SENDER is or was feeling. Feelings are stated in <u>one</u> word (i.e.: angry, confused, sad, upset, etc.). If your guess entails more than one word it is probably a thought (“you feel that you don’t want to go with me.” This is a thought not a feeling). Also, one never knows for sure what another person is feeling. Therefore, check out your guess by saying: “Is that what you are feeling?” or “Did I get it right?” If the SENDER shares with you other feelings, mirror back what you heard. Then inquire, “Is there more about that feeling?”6. Then mirror what is said.7. When the RECEIVER has gone through all three parts (mirror, validation, and empathy) then s/he says: “I would like to respond now.” Then there is a switch and the RECEIVER now becomes the SENDER. |
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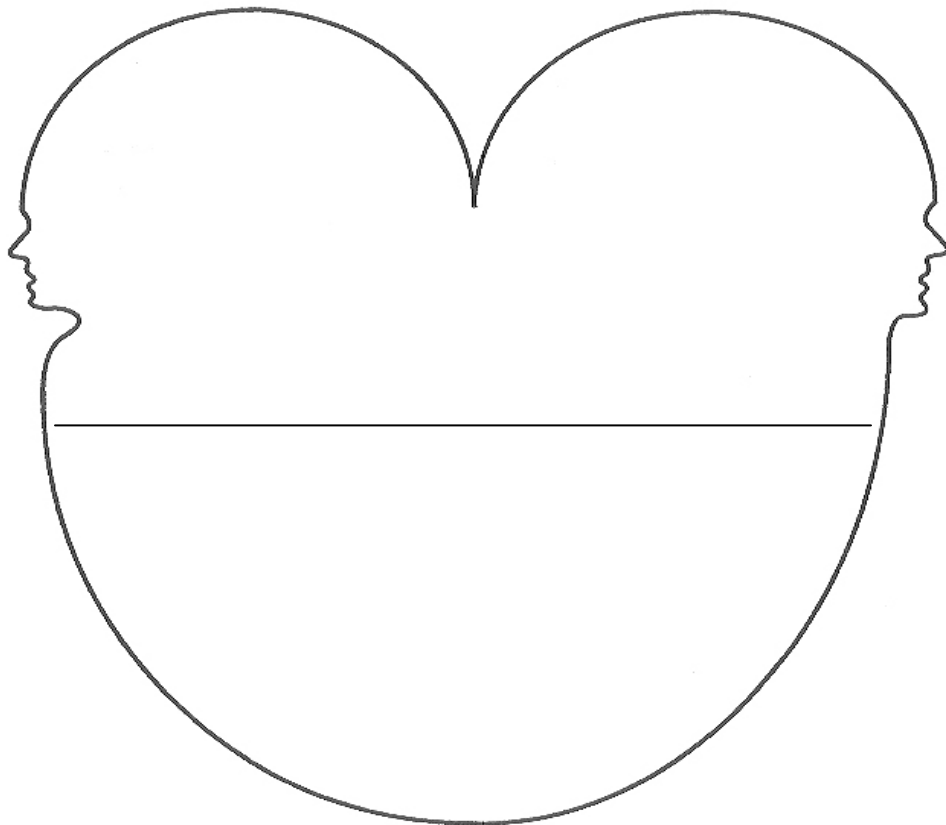
Traits of Childhood Caretakers

1. Divide the figure below into parts representing your childhood memories of each caretaker or authority figure that took care of you growing up. On the top section, list all of the negative characteristics of each caretaker. On the bottom, list all the positive characteristics.
2. It is important to list the characteristics as you recall them from childhood. Think as a little child. Do not think of your caretakers as they are today or as they became later in life. Use such adjectives as “kind”, “distant”, “warm”, “loving”, “angry”, “cold” and/or phrases such as “never there”, “always dependable”, “never touched me”, etc.

(A).

FEMALE -

MALE -



(B).

FEMALE +

MALE+

Underline the 3 best traits

Circle 3 worst traits

(c) What I wanted and needed most as a child was

Positive Memories of Childhood

List below the positive memories of childhood and your responses associated with the memories

Memories	Feelings
	(What you felt) (D)

Childhood Frustrations

List below any recurring frustrations of childhood (e.g. “didn’t get listened to”, “no touching”); and then list your reactions to the frustrations (i.e. how you felt and what you did).

Frustrations	Reaction(s)
	(What you did) (E)

My Personal Imago

(Fill in the blanks from the previous pages)

I am attracted to / at times perceive my partner to be a person who is (A)

I try to get them to be (B)

so that I can be (C)

and feel (D)

I stop myself from getting this sometimes by (F) _____
