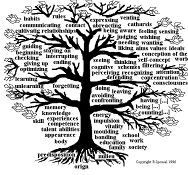

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What is Schema Therapy?

Schema Therapy (ST) is an integrative therapeutic approach developed by Dr Jeffery Young that is primarily aimed at treating those who have entrenched interpersonal and self-identity difficulties. Young's motivation in developing ST was as an attempt to address the needs of those for whom cognitive behavioral therapy (CBT) was not effective. It has its theoretical roots firmly embedded in attachment theory, its main premise being that personality pathology develops from unmet core emotional needs in childhood leading to the development of Early Maladaptive Schemas (EMS).

ST combines aspects of cognitive, behavioral, psychodynamic, attachment and gestalt models, and considers itself to be a truly integrative model, and one that continues to evolve as its use internationally is growing. Theoretical integration aspires to more than a simple combination of techniques as it seeks to create an emergent theory that is more than a sum of its parts (Norcross, 1997). Cognitive and behavioral techniques are still considered core aspects of treatment, but the model gives equal weight to emotion-focused work, experiential techniques and the therapeutic relationship. Like CBT, it is structured, systematic and specific, following a sequence of assessment and treatment procedures. However, the pace and emphasis on particular aspects of treatment may vary depending upon individual need.

ST places emphasis on the childhood origins of psychological problems. Young (1990) defines Early Maladaptive Schemas (EMS) as self-defeating emotional and cognitive patterns that develop early in childhood and are strengthened and elaborated throughout life. Maladaptive behaviors are thought to be driven by schemas. According to the model, schemas are dimensional, meaning that they have different levels of severity and pervasiveness. The more entrenched the schema, the greater number of situations that activate it, the more intense the negative affect and the longer it lasts. It is assumed that everyone can relate to at least some of the schemas described in the model, although these are more rigid and extreme in the individuals who seek treatment.

Schemas and Schema Modes

Young proposes that there are eighteen EMS (see Table 1), which are unconditional assumptions about the self and others that develop in childhood and become self-perpetuating over time.

Table 1: Domains and Schemas

Domain	Schemas
Disconnection & Rejection Abusive, traumatic childhoods; unstable family life; rejection and humiliation; feel different and lacking in some way; long periods of insecurity and inconsistent parenting	**Mistrust/Abuse** **Abandonment/Instability** **Emotional Deprivation** **Defectiveness/Shame** **Social Isolation/Alienation**
Impaired Autonomy & Performance Often over protected and controlled as children, or neglected and ignored, left alone with no interest shown in their lives; continually undermined and made to feel incompetent, or encouraged to be dependent on others	**Dependence/Incompetence** **Vulnerability to Harm** **Enmeshment** **Failure**
Impaired Limits Internal sense of control not developed; difficulty respecting the rights of others; families very un-boundaried; children did not have rules	**Entitlement** **Insufficient** **Self Control/Self Discipline**
Other Directedness Experienced conditional love; family overly concerned with appearances; parents focused on their own needs	**Subjugation** **Self-Sacrifice** **Approval Seeking/Recognition Seeking**
Over-vigilance and Inhibition Strict parental control to gain compliance; ever watchful - waiting for bad things to happen; frightened of severe punishments for expression of feelings	**Negativity/Pessimism** **Emotional Inhibition** **Unrelenting standards/** **Hypercriticalness** **Punitiveness**

Schemas are considered more deeply held structures than are 'core beliefs' in cognitive behavioral therapy; they have a significant influence on the formation of identity and thus are more resistant to change. By definition, EMS are dysfunctional and result in psychological distress. They are thought to be the result both of the child's innate temperament and of early experiences, and accumulatively strengthened through ongoing negative interactions with others. In adulthood the person engages in a variety of cognitive, affective and behavioral maneuvers which enables them to maintain, avoid and adapt to their schemas in order to avoid experiencing overwhelming psychological distress. These coping styles take the form of Schema Surrender (giving in to the schema and accepting that the resulting negative consequences are unavoidable); Schema Avoidance (avoiding triggers internally and externally that may activate the schema); and Schema Overcompensation (acting as though the opposite was true).

While EMS are trait-like entities, that is, enduring features of the personality, "schema modes" are the state-like, changeable manifestations of schemas. Schema modes (see Table 2) are defined as 'self states' that temporarily come to the fore and dominate a person's presentation, and are made up of clusters of schemas and coping strategies. Bernstein, Arntz & Vos (2007) have extended the original model to incorporate schema modes that are more commonly seen in forensic clients. In clients with

severe personality disorders, whose personalities are poorly integrated, schema mode states can shift rapidly from one state to another. Clinical formulations incorporating schema modes enable the therapist to work with these sudden and extreme emotional shifts more effectively by guiding them in the use of techniques.

Table 2: Outline of Modes

CHILD MODES	**Involve feeling, thinking, and acting in a "child-like" manner**
Vulnerable Child Abandoned/ Abused/Humiliated	Feels overwhelmed by painful feelings *eg* anxiety, depression, grief, or shame/humiliation.
Angry Child	Feels and expresses uncontrolled anger or rage in response to perceived or real mistreatment, abandonment, humiliation, or frustration; often feels treated unjustly; acts like a child throwing a temper tantrum.
Impulsive, Undisciplined Child	"Wants what he wants when he wants it"; cannot tolerate the frustration of limits.
Lonely Child	Feels empty, as if no one can understand, soothe, comfort or make contact with him.
MALADAPTIVE PARENT MODES	**Involve internalized dysfunctional parent "voices"**
Punitive, Critical Parent	Internalized, critical or punishing parent voice; harsh criticism directed towards the self; feelings of shame or guilt
Demanding Parent	Demands impossibly high of self; pushes the self to do more, achieve more, never be satisfied with oneself.
DYSFUNCTIONAL COPING MODES	**Involve maladaptive attempts to protect self from pain**
	AVOIDANCE MODES
Detached Protector	Emotional detachment used as protection from painful feelings; unaware of feelings; feels "nothing"; appears emotionally distant, flat, or robotic; avoids getting close to other people
Detached Self-Soother/Self-Stimulator	Uses repetitive, "addictive," compulsive or self-stimulating behaviours to calm and soothe himself; uses pleasurable or exciting sensations to distance himself from painful feelings.
Angry Protector	A "wall of anger" used to keep others at a safe distance; anger is more controlled than in Angry Child mode
	SURRENDER MODE
Compliant Surrenderer	Gives in to real or perceived demands/expectations of others perceived as more powerful than the self in an anxious attempt to avoid pain/get needs met
	OVER-COMPENSATOR MODES
Self-Aggrandizer	Feels superior, special, or powerful; looks down on others; sees the world in terms of "top dog" and "bottom dog;" shows off or acts in a self-important, self-aggrandizing manner; concerned about appearances rather than feelings or real contact with others.
Bully/Attacker	Uses threats, intimidation, aggression, coercion, retaliation to get what he wants; asserts his dominant position; feels sadistic pleasure in attacking others.
Con Man/Manipulator	Cons, lies, or manipulates to achieve goals; victimizes others; seeks escape punishment.
Predator	Focuses on eliminating threats, rivals, obstacles, or enemies in a cold, ruthless, and calculating manner.
Over-Controller Paranoid & Obsessive-Compulsive	Focuses attention, ruminates and exercises extreme control in attempt to protect self from perceived or real threats. Paranoid types try to locate/uncover hidden threats;. obsessive types use order, repetition, or ritual.
	HEALTHY ADULT MODE
	Serves as an 'executive function' in which the healthy adult part nurtures and protects the vulnerable lonely child, sets limits for the angry child and battles or moderates the maladaptive coping modes so helping to meet the child's emotional needs.