

ABOUT SCHEMA THERAPY

Schema Therapy is what is called, a “third wave” therapy, with a shift away from the content of, for examples thoughts and feeling, to the way one relates to internal experiences. In this author’s opinion, it has been influenced by the Judeo-Christian concept of refocusing from cleansing the outside of the cup, to the attitudes and processes of connecting to the Living Water within, which is a relational perspective.

Schema Therapy was originally developed by Dr. Jeffrey Young and his colleagues and was built upon cognitive behavioral therapy, psychoanalytic object relations theory, attachment theory, and Gestalt therapy foundations. It has developed a highly sophisticated conceptualization of human interaction and functioning that is organized by needs, schemas and modes. The therapy itself is integrative of many standard and newly developing interventions; so many mature therapists find that they can use the tools they have developed over years quite adeptly in the Schema Therapy model, and with improved outcomes. The reason for this is now the therapist has an overall conceptual framework into which they can fit these tools, and a rationale for what works, why, and when. It is like the therapist now has a road map, while before they had tools but no clear map.

The development of the Schema Therapy roadmap takes the therapist time and concentration. It is not a simple “walk in the room and see where your client is at today”, therapy that bounces off the latest issue. By contrast, the schema therapist always walks into the client consulting room with a route, a destination, and a few strategic interventions in hand to be used as needed. The “route” becomes managed by a most insightful human “Garmin”, that is quickly adept at re-routing driven by the client’s current context. In a way, one can say the therapy becomes immensely “contextual”, and is driven by the therapist’s underlying caring and empathic understanding of the unmet Needs and the client’s goals and mode state (see below).

The patterns of both Healthy Adult functioning and unhealthy reactionary interactions can be conceptualized as both internal and external. These patterns manifest themselves according to what we call “modes”, similar to a state a person may be in, but one that encompasses their thoughts, feelings, typical body sensations and behaviors. These modes are driven by patterns of Needs, and their fulfillment, or lack thereof, as well as by other modes, such as the “Internal Critic” mode, which is quick to offer running commentary. The level of personal awareness concerning the presence of a driving Need, may be very conscious, or it may fall somewhere into the awareness spectrum that lies beyond personal identification and consciousness.

There are certain principles that govern healthy development, and because they are part of the “human template” of what it is to be human, logically, when these run amuck, the person fails to function in a state of true fulfillment, and in a virtuous manner. The patterns of unmet Needs create a host of “schemas” (18 factor analyzed distinct cycles) that are repetitive throughout a person’s life. These schemas may lie dormant, but they are always vulnerable to erupting with a trigger from life’s set of fascinating and unpredictable events and sabotaging a healthy response.

When the schemas do erupt, they combine with the historical narratives a person has learned in their “Internal Critic” mode (which can also be projected externally towards others). These intensify feelings along one pole of our affect system (Assertiveness pole: Angry/Irritated side) or the other (Assertiveness pole: Vulnerable/Lonely) side. As the schemas push on the affective feelings poles, and combine with the Internal Critic narrative in their head, they collectively can quickly throw a person into a coping mode, which causes the behavior that becomes problematic (and often observable) to ourselves and others. Schema Therapy aims to shift how one relates to each of these modes essentially by making new attachment-oriented connections.

Another goal of Schema Therapy is to create a new experience in the therapy room that allows for some space and distance between the trigger and the response in the context of healthy relationship with self. This is often called “mindfulness”, and it experientially makes it easier for the client to pause and not fall into their familiar “rabbit holes” that they otherwise would land in, and stay stuck. This relates to the reference of schemas as “lifetraps”. While this mindfulness is often associated with Buddhism, it has roots even more ancient in the Judeo-Christian world of certain types of meditation, such as Theresa of Avila’s interior castle, Ignatian spirituality, and perhaps Jesus’ own transcendent experiences such as in the Garden of Gethsemane, or His forty days desert temptations and retreat. The ability to rise-above our human experience of the moment, and connect with a part of us that is able to provide Living Water and sustain our souls, creates the space to re-organize a new response with a loving attachment both to self and beyond self. Brown & Elliott (2016) performed research about the effects of the “Ideal Parent Figure”. In Schema Therapy, the therapist jumps into the client’s world and image to both create a secure base in the therapy relationship, and to help establish a base of perspective from the “mindful eye” that will endure with a secure base once the therapy has ended.

The therapist learns to activate a new set of attachment experiences for the client in a variety of manners where the client then begins to experience it as much more beneficial to pursue with one’s more vulnerable “attachment-seeking” side. This can be done in a variety of ways, and the well-trained schema therapist will be in-tune to the cultural, religious, familial and other frameworks that resonate with the client and with whom the client holds in high value. A universal element to Schema Therapy is what is called “limited re-parenting”, and this is central to the healing process and in providing a new internal experience.

An overarching principle of schema therapy is for the therapist to take active measures to keep the sessions safe, whether it be attunement to the client’s trauma triggers or interpersonally safe for couples work. In Schema Therapy, the therapist takes a very active role in blocking or intercepting threats to safety, even from the client’s own Internal Critic mode. It is frequent for both client and therapist to be up and moving into gestalt-type chair simulations (called chair dialogues) and exercises, and to create a physical difference between the mode the client may be stuck in, or enter into the session with, and the modes they together will move into to heal the impasse. A schema therapist does some type of experiential intervention in almost every session. These can include “floating above” the chairs with mode labels, sitting in and moving between the different chairs representing different modes; dialoging between the chairs and modes; and taking a meta-perspective of observing the dialogic interaction between them; and even scripting out sequences for couples of their typical or

current “hot” cycle. Whether it is with chairs, or with guided imagery or imagery with rescripting, or an EMDR type development of a resource, or some other type such as body movement and awareness (e.g. Somatic Experiencing, etc.) most every session involves some experiential aspect that goes beyond cognitive interchanges.

Schema Therapy has been applied to most diagnostic categories with a large amount of supportive research. For a bibliography, please look below on this page.

Besides individual therapy, it has also been applied to venues such as: Couples & Marriage; Organizational Development; Group Therapy, Child /Adolescent Therapy; and Gerontology.

The certifying agency for Schema Therapists is: the International Society of Schema Therapy. Click [HERE](#) for more information.

Persons who train others in Schema Therapy and offer them certificates of completed training that count towards the trainee’s ISST certification process in Schema Therapy are at the Advanced and Trainer level of international certification with the International Society of Schema Therapy (ISST). The courses must also be affiliated with an ISST certified training center in order to be accepted for submission to acquire the certification credential.

Many clients find Schema Therapy understandable and personally enlightening. Their comments often are that “Now I understand why I’m at where I am at”; “Now my life makes sense.”

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