Client's Guide to Schema Therapy

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Harry is a 45-year old middle-level manager. He has been married for 16 years, but his marriage has been very troubled. He and his wife are often resentful of each other, they rarely communicate on an intimate level, and they have few moments of real pleasure.

Other aspects of Harry's life have been equally unsatisfying. He doesn't enjoy his work, primarily because he doesn't get along with his co-workers. He is often intimidated by his boss and other people at the office. He has a few friends outside of work, but none that he considers close.

During the past year Harry's mood became increasingly negative. He was getting more irritable, he had trouble sleeping and he began to have difficulty concentrating at work. As he became more and more depressed, he began to eat more and gained 15 pounds. When he found himself thinking about taking his own life, he decided it was time to get help. He consulted a psychologist who practices cognitive therapy.

As a result of short-term cognitive therapy techniques, Harry improved rapidly. His mood lifted, his appetite returned to normal, and he no longer thought about suicide. In addition he was able to concentrate well again and was much less irritable. He also began to feel more in control of his life as he learned how to control his emotions for the first time.

But, in some ways, the short-term techniques were not enough. His relationships with his wife and others, while they no longer depressed him as much as they had, still failed to give him much pleasure. He still could not ask to have his needs met, and he had few experiences he considered truly enjoyable. The therapist then began schema therapy to help Harry change his long-term life patterns.

This guide will present the schema therapy approach, developed by Dr. Jeffrey Young to expand cognitive therapy for clients with more difficult long-term problems. Schema therapy can help people change long-term patterns, including the ways in which they interact with other people. This overview of schema therapy consists of six parts:

1) A brief explanation of short-term cognitive therapy;
2) An explanation of what a schema is and examples of schemas;
3) An explanation of the processes by which schemas function;
4) An explanation of modes and how they function within schema therapy;
5) Several case examples; and
6) A brief description of the therapeutic process.

Short-Term Cognitive Therapy

Cognitive therapy is a system of psychotherapy developed by Aaron Beck and his colleagues to help people overcome emotional problems. This system emphasizes changing the ways in which people think in order to improve their moods, such as depression, anxiety and anger.

Emotional disturbance is influenced by the cognitive distortions that people make in dealing with their life experiences. These distortions take the form of negative interpretations and predictions of everyday events. For instance, a male college student preparing for a test might make himself feel discouraged by thinking: "This material is impossible" (Negative Interpretation) and "I'll never pass this test" (Negative Prediction).

The therapy consists of helping clients to restructure their thinking. An important step in this process is examining the evidence concerning the maladaptive thoughts. In the example above, the therapist would help the student to look at his past experiences and determine if the material was in fact impossible to learn, and if he knew for sure that he couldn't pass the test. In all probability, the student would decide that these

two thoughts lacked validity.

More accurate alternative thoughts are then substituted. For instance, the student might be encouraged to think: "This material is difficult, but not impossible. I've learned difficult material before" and "I've never failed a test before, so long as I've done enough preparation." These thoughts would probably lead him to feel better and cope better.

Often short-term cognitive therapy is enough to help people overcome emotional problems, especially depression and anxiety. Recent research has shown this to be so. However, sometimes this approach is not enough. Some clients in short-term cognitive therapy find that they don't get all the benefits they want. This has led us, as well as various other researchers, to look at deeper and more permanent cognitive structures as a means to understand and treat problem moods and behaviors. Schema therapy was created as a result of these efforts.

Schemas — What They Are

A schema is an extremely stable, enduring negative pattern that develops during childhood or adolescence and is elaborated throughout an individual's life. We view the world through our schemas.

Schemas are important beliefs and feelings about oneself and the environment which the individual accepts without question. They are self-perpetuating, and are very resistant to change. For instance, children who develop a schema that they are incompetent rarely challenge this belief, even as adults. The schema usually does not go away without therapy. Overwhelming success in people's lives is often still not enough to change the schema. The schema fights for its own survival, and, usually, quite successfully.

It's also important to mention the importance of needs in schema formation and perpetuation. Schemas are formed when needs are not met during childhood and then

the schema prevents similar needs from being fulfilled in adulthood. For instance a child whose need for secure attachments is not fulfilled by his parents may go for many years in later life without secure relationships.

Even though schemas persist once they are formed, they are not always in our awareness. Usually they operate in subtle ways, out of our awareness. However, when a schema erupts or is triggered by events, our thoughts and feelings are dominated by these schemas. It is at these moments that people tend to experience extreme negative emotions and have dysfunctional thoughts.

In our work with many patients, we have found eighteen specific schemas. Most clients have at least two or three of these schemas, and often more. A brief description of each of these schemas is provided below.

Emotional Deprivation

This schema refers to the belief that one's primary emotional needs will never be met by others. These needs can be described in three categories: Nurturance—needs for affection, closeness and love; Empathy—needs to be listened to and understood; Protection—needs for advice, guidance and direction. Generally parents are cold or removed and don't adequately care for the child in ways that would adequately meet the above needs.

Abandonment/Instability

This schema refers to the expectation that one will soon lose anyone with whom an emotional attachment is formed. The person believes that, one way or another, close relationships will end imminently. As children, these clients may have experienced the divorce or death of parents. This schema can also arise when parents have been inconsistent in attending to the child's needs; for instance, there may have been frequent occasions on which the child was left alone or unattended to for extended periods.

Mistrust/Abuse

This schema refers to the expectation that others will intentionally take advantage in some way. People with this schema expect others to hurt, cheat, or put them down. They often think in terms of attacking first or getting revenge afterwards. In childhood, these clients were often abused or treated unfairly by parents, siblings, or peers.

Social Isolation/Alienation

This schema refers to the belief that one is isolated from the world, different from other people, and/or not part of any community. This belief is usually caused by early experiences in which children see that either they, or their families, are different from other people.

Defectiveness/Shame

This schema refers to the belief that one is internally flawed, and that, if others get close, they will realize this and withdraw from the relationship. This feeling of being flawed and inadequate often leads to a strong sense of shame. Generally parents were very critical of their children and made them feel as if they were not worthy of being loved.

Failure

This schema refers to the belief that one is incapable of performing as well as one's peers in areas such as career, school or sports. These clients may feel stupid, inept or untalented. People with this schema often do not try to achieve because they believe that they will fail. This schema may develop if children are put down and treated as if they are a failure in school and other spheres of accomplishment. Usually the parents did not give enough support, discipline, and encouragement for the child to persist and succeed in areas of achievement, such as schoolwork or sport.

Dependence/Incompetence

This schema refers to the belief that one is not capable of handling day-to-day responsibilities competently and independently. People with this schema often rely on others excessively for help in areas such as decision-making and initiating new tasks. Generally, parents did not encourage these children to act independently and develop confidence in their ability to take care of themselves.

Vulnerability to Harm and Illness

This schema refers to the belief that one is always on the verge of experiencing a major catastrophe (financial, natural, medical, criminal, etc.). It may lead to taking excessive precautions to protect oneself. Usually there was an extremely fearful parent who passed on the idea that the world is a dangerous place.

Enmeshment/Undeveloped Self

This schema refers to a pattern in which you experience too much emotional involvement with others – usually parents or romantic partners. It may also include the sense that one has too little individual identity or inner direction, causing a feeling of emptiness or of floundering. This schema is often brought on by parents who are so controlling, abusive, or so overprotective that the child is discouraged from developing a separate sense of self.

Subjugation

This schema refers to the belief that one must submit to the control of others in order to avoid negative consequences. Often these clients fear that, unless they submit, others will get angry or reject them. Clients who subjugate ignore their own desires and feelings. In childhood there was generally a very controlling parent.

Self-Sacrifice

This schema refers to the excessive sacrifice of one's own needs in order to help others. When these clients pay attention to their own needs, they often feel guilty. To avoid this guilt, they put others' needs ahead of their own. Often clients who self-sacrifice

gain a feeling of increased self-esteem or a sense of meaning from helping others. In childhood the person may have been made to feel overly responsible for the well being of one or both parents.

Emotional Inhibition

This schema refers to the belief that you must suppress spontaneous emotions and impulses, especially anger, because any expression of feelings would harm others or lead to loss of self-esteem, embarrassment, retaliation or abandonment. You may lack spontaneity, or be viewed as uptight. This schema is often brought on by parents who discourage the expression of feelings.

Unrelenting Standards/Hypercriticalness

This schema refers to the belief that whatever you do is not good enough, that you must always strive harder. The motivation for this belief is the desire to meet extremely high internal demands for competence, usually to avoid internal criticism. People with this schema show impairments in important life areas, such as health, pleasure or self-esteem. Usually these clients' parents were never satisfied and gave their children love that was conditional on outstanding achievement.

Entitlement/Grandiosity

This schema refers to the belief that you should be able to do, say, or have whatever you want immediately regardless of whether that hurts others or seems reasonable to them. You are not interested in what other people need, nor are you aware of the long-term costs to you of alienating others. Parents who overindulge their children and who do not set limits about what is socially appropriate may foster the development of this schema. Alternatively, some children develop this schema to compensate for feelings of emotional deprivation or defectiveness.

Insufficient Self-Control/Self-Discipline

This schema refers to the inability to tolerate any frustration in reaching one's goals, as well as an inability to restrain expression of one's impulses or feelings. When lack of

self-control is extreme, criminal or addictive behavior rule your life. Parents who did not model self-control, or who did not adequately discipline their children, may predispose them to have this schema as adults.

Approval-Seeking/Recognition-Seeking

This schema refers to the placing of too much emphasis on gaining the approval and recognition of others at the expense of one's genuine needs and sense of self. It can also include excessive emphasis on status and appearance as a means of gaining recognition and approval. Clients with this schema are generally extremely sensitive to rejections by others and try hard to fit in. Usually they did not have their needs for unconditional love and acceptance met by their parents in their early years.

Negativity/Pessimism

This schema refers to a pervasive pattern of focusing on the negative aspects of life while minimizing the positive aspects. Clients with this schema are unable to enjoy things that are going well in their lives because they are so concerned with negative details or potential future problems. They worry about possible failures no matter how well things are going for them. Usually these clients had a parent who worried excessively.

Punitiveness

This schema refers to the belief that people deserve to be harshly punished for making mistakes. People with this schema are critical and unforgiving of both themselves and others. They tend to be angry about imperfect behaviors much of the time. In childhood these clients usually had at least one parent who put too much emphasis on performance and had a punitive style of controlling behavior.

How Schemas Work

There are two primary schema operations: Schema healing and schema perpetuation. All thoughts, behaviors and feelings may be seen as being part of one of these operations. Either they perpetuate the schema or they heal the schema. In a later

section on the therapy process we will explain more about schema healing.

Schema perpetuation refers to the routine processes by which schemas function and perpetuate themselves. This is accomplished by cognitive distortions, self-defeating behavior patterns and schema coping styles.

Earlier we mentioned that cognitive distortions are a central part of cognitive therapy. These distortions consist of negative interpretations and predictions of life events. The schema will highlight or exaggerate information that confirms the schema and will minimize or deny information that contradicts it. Likewise, unhealthy behavior patterns will perpetuate the schema's existence. Someone who was abused in childhood and developed a **Mistrust/Abuse** schema may seek out abusive relationships in adulthood and remain in them, providing a constant stream of evidence for the schema.

In order to understand how schemas work, there are three schema coping styles that must be defined. These styles are schema surrender, schema avoidance, and schema overcompensation. It is through these three styles that schemas exert their influence on our behavior and work to insure their own survival.

Schema surrender refers to ways in which people passively give in to the schema. They accept the schema as truth and then act in ways that confirm the schema. For instance, a young man with an **Abandonment/Instability** schema might choose partners who are unable to commit to long-term relationships. He might then react to even minor signs indications of abandonment, such as spending short times without his partner, in an exaggerated way and feel excessive negative emotion. Despite the emotional pain of the situation, he might also passively remain in the relationship because he sees no other possible way to connect with women.

Schema avoidance refers to the ways in which people avoid activating schemas. As mentioned earlier, when schemas are activated, this causes extreme negative emotion. People develop ways to avoid triggering schemas in order not to feel this pain. There are three types of schema avoidance: cognitive, emotional and behavioral.

Cognitive avoidance refers to efforts that people make not to think about upsetting events. These efforts may be either voluntary or automatic. People may voluntarily choose not to focus on an aspect of their personality or an event, which they find disturbing. There are also unconscious processes which help people to shut out information which would be too upsetting to confront. People often forget particularly painful events. For instance, children who have been abused sexually often forget the memory completely.

Emotional or affective avoidance refers to automatic or voluntary attempts to block painful emotion. Often when people have painful emotional experiences, they numb themselves to the feelings in order to minimize the pain. For instance, a man might talk about how his wife has been acting in an abusive manner toward him and say that he feels no anger towards her, only a little annoyance. Some people drink or abuse drugs to numb feelings generated by schemas.

The third type of avoidance is behavioral avoidance. People often act in such a way as to avoid situations that trigger schemas, and thus avoid psychological pain. For instance, a woman with a **Failure** schema might avoid taking a difficult new job which would be very good for her. By avoiding the challenging situation, she avoids any pain, such as intense anxiety, which could be generated by the schema.

The third schema process is **Schema overcompensation**. The individual behaves in a manner which appears to be the opposite of what the schema suggests in order to avoid triggering the schema. On the surface, it may appear that the overcompensators are behaving in a healthy manner, by standing up for themselves. But when they overshoot the mark they cause more problem patterns, which then perpetuate the schema. For instance, a young man with a **Defectiveness schema** might overcompensate by presenting himself as perfect and being critical of others. This would likely lead others to criticize him in turn, thereby confirming his belief that he is defective.

Working With Modes

When treating clients with schema therapy one of the most important innovations is the concept of mode. For our purposes we will define a mode as the set of schemas or schema operations that are currently active for an individual. Or you might think of a mode simply as a mindset or state that you might be in temporarily. Most people can relate to the idea that we all have these different parts of ourselves and we go in and out of them all the time. For instance, if a friend tells you she had a bad day because her boss (or her toddler) was in his *raging bull* mode, you'd know exactly what she means.

There are often occasions when a therapist will choose to work with a client's modes in therapy. If a client is extremely upset at the beginning of a session, the therapist may inquire about what part of the person is feeling the emotional pain and attempt to recognize it and deal with it directly. For instance, for several sessions, Myra was very sad and hurt because she was unable to talk out some problems with her husband. In talking with her therapist they focused on a mode, or part of her, that she called *Lonely Myra*, that seemed to be active after these failed attempts. By engaging this part of Myra in this manner the therapist was able to give her an opportunity to express the feelings and thoughts connected with her pattern of loneliness.

The exact pattern of work with modes will vary from session to session. But some of the more common activities in mode work can be described. The history of the mode is often discussed; the client will speak about when the mode started and what was going on at the time. Connections are made between modes and current problems. Dialogues can be conducted between different modes when there is a conflict. For instance, a *miser* mode and a *playboy* mode might have it out over what type of car to buy. And there is always an effort to link mode work with other aspects of the therapy.

Case Examples

In this section six case examples are presented. In each one, the schema coping styles are demonstrated. By reading through this section, you will get a better feel for how these processes can operate in real life situations.

- Abby is a young woman whose main schema is **Subjugation**. She tends to see people as very controlling even when they are being appropriately assertive. She has thoughts such as "I can't stand up for myself or they won't like me' and is likely to give in to others (**Schema surrender**). At other times she decides that no one will get the better of her and becomes very controlling (**Schema overcompensation**). Sometimes when people make unreasonable demands on her she minimizes the importance of her own feelings and has thoughts like "It's not that important to me what happens.' At other times she avoids acquaintances with whom she has trouble standing up for herself (**Schema avoidance**).

- Stewart's main schema is **Failure**. Whenever he is faced with a possible challenge, he tends to think that he is not capable. Often he tries half-heartedly, **guaranteeing** that he will fail, and strengthening the belief that he is not capable (**Schema surrender**). At times, he makes great efforts to present himself in an unrealistically positive light by spending excessive amounts of money on items such as clothing and automobiles (**Schema overcompensation**). Often he avoids triggering his schema by staying away from challenges altogether and convinces himself that the challenge was not worth taking (**Schema avoidance**).

- Rebecca's core schema is **Defectiveness/Shame**. She believes that there is something basically wrong with her and that if anyone gets too close, they will reject her. She chooses partners who are extremely critical of her and confirm her view that she is defective (**Schema surrender**). Sometimes she has an excessive defensive reaction and counterattacks when confronted with even mild criticism (**Schema overcompensation**). She also makes sure that none of her partners get too close, so that she can avoid their seeing her defectiveness and rejecting her (**Schema avoidance**).

- Michael is a middle-aged man whose main schema is **Dependence/Incompetence**. He sees himself as being incapable of doing daily tasks on his own and generally seeks the support of others. Whenever he can, he chooses to work with people who help him out to an excessive degree. This keeps him from developing skills needed to work alone and confirms his view of himself as someone who needs others to help him out (**Schema surrender**). At times, when he would be best off taking advice from other people, he refuses to do so (**Schema overcompensation**). He reduces his anxiety by procrastinating as much as he can get away with (**Schema avoidance**).

- Ann's core schema is **Social Isolation/Alienation**. She sees herself as being different from other people and not fitting in. When she does things as part of a group she **does** not get really involved (**Schema surrender**). At times she gets very hostile towards group members and can be very critical of the group as a whole (**Schema overcompensation**). At other times she chooses to avoid group activities altogether (**Schema avoidance**).

- Sam's central schema is **Emotional Deprivation**. He chooses partners who are not very capable of giving to other people and then acts in a manner which makes it even more difficult for them to give to him (**Schema**

surrender). At times he will act in a very demanding, belligerent manner and provoke fights with his partners (**Schema overcompensation**). Sam avoids getting too close to women, yet denies that he has any problems in this area (**Schema avoidance**).

Therapeutic Process — Changing Schemas

In schema therapy the goal of the treatment is to engage in schema healing processes. These processes are intended to weaken the early maladaptive schemas and coping styles as much as possible, and build up the person's healthy side. An alliance is formed between the therapist and the healthy part of the client against the schemas. Any of the therapy activities described below may be seen as examples of schema healing.

The first step in therapy is to do a comprehensive assessment of the client. The main goal of this assessment is to identify the schemas and coping styles that are most important in the client's psychological makeup. There are several steps to this process. The therapist generally will first want to know about recent events or circumstances in the clients' lives which have led them to come for help. The therapist will then discuss the client's life history and look for patterns which may be related to schemas.

There are several other steps the therapist will take in assessing schemas. We use the Young Schema Questionnaire, which the client fills out, listing many of the thoughts, feeling and behaviors related to the different schemas; items on this questionnaire can be rated as to how relevant to the client's life they are.

There are also various imagery techniques which the therapist can use to assess schemas. One specific technique involves asking clients to close their eyes and create an image of themselves as children with their parents. Often the images that appear will lead to the core schemas.

Jonathan is a 28 year old executive whose core schema is **Mistrust/Abuse**. He came to therapy because he was having bouts of intense anxiety at work, during which he

would be overly suspicious and resentful of his co-workers. When asked to create an image of himself with his family, he had two different images. In the first he saw himself being terrorized by his older brother. In the second he saw his alcoholic father coming home and beating his mother, while he cowered in fear.

There are many techniques that the therapist can use to help clients weaken their schemas. These techniques can be broken down into four categories: emotive, interpersonal, cognitive and behavioral. Each of these categories will be briefly discussed, along with a few examples.

Emotive techniques encourage clients to experience and express the emotional aspects of their problem. One way this is done is by having clients close their eyes and imagine they are having a conversation with the person to whom the emotion is directed. They are then encouraged to express the emotions as completely as possible in the imaginary dialogue. One woman whose core schema was **Emotional Deprivation** had several such sessions in which she had an opportunity to express her anger at her parents for not being there enough for her emotionally. Each time she expressed these feelings, she was able to distance herself further from the schema. She was able to see that her parents had their own problems which kept them from providing her with adequate nurturance, and that she was not always destined to be deprived.

There are many variations on the above technique. Clients may take on the role of the other person in these dialogues, and express what they imagine their feelings to be. Or they may write a letter to the other person, which they have no intention of mailing, so that they can express their feelings without inhibition.

Mode work can be invaluable as an emotive technique. A client may be feeling a vague sense of sadness which he can't clarify. By looking at modes with his therapist he may connect with a mode that he labels as *Unimportant*. By dialoging with the therapist from the mode's point of view many feelings can come out which can be worked on further. In this case the client might get in touch not only with the sadness, but also

with anger at being ignored.

Interpersonal techniques highlight the client's interactions with other people so that the role of the schemas can be exposed. One way is by focusing on the relationship with the therapist. Frequently, clients with a **Subjugation** schema go along with everything the therapist wants, even when they do not consider the assignment or activity relevant. They then feel resentment towards the therapist which they display indirectly. This pattern of compliance and indirect expression of resentment can then be explored to the client's benefit. This may lead to a useful exploration of other instances in which the client complies with others and later resents it, and how they might better cope at those times.

Another type of interpersonal technique involves including a client's spouse in therapy. A man with a **Self-Sacrifice** schema might choose a wife who tends to ignore his wishes. The therapist may wish to involve the wife in the treatment in order to help the two of them to explore the patterns in their relationship and change the ways in which they interact.

Cognitive techniques are those in which the schema-driven cognitive distortions are challenged. As in short-term cognitive therapy, the dysfunctional thoughts are identified and the evidence for and against them is considered. Then new thoughts and beliefs are substituted. These techniques help the client see alternative ways to view situations.

The first step in dealing with schemas cognitively is to examine the evidence for and against the specific schema which is being examined. This involves looking at the client's life and experiences and considering all the evidence which appears to support or refute the schema. The evidence is then examined critically to see if it does, in fact, provide support for the schema. Usually the evidence produced will be shown to be in error, and not really supportive of the schema.

For instance, let's consider a young man with an **Emotional Deprivation** schema. When asked for evidence that his emotional needs will never be met, he brings up instances in which past girlfriends have not met his needs. However, when these past relationships are looked at carefully, he finds that, as part of the schema surrender process, he has chosen women who are not capable of giving emotionally. This understanding gives him a sense of optimism; if he starts selecting his partners differently, his needs can probably be met.

Another cognitive technique is to have a structured dialogue between the client and therapist. First, the client takes the side of the schema, and the therapist presents a more constructive view. Then the two switch sides, giving the client a chance to verbalize the alternative point of view.

After having several of these dialogues the client and therapist can then construct a flashcard for the client, which contains a concise statement of the evidence against the schema.

A typical flashcard for a client with a **Defectiveness/Shame** schema reads: "I know that I feel that there is something wrong with me but the healthy side of me knows that I'm OK. There have been several people who have known me very well and stayed with me for a long time. I know that I can pursue friendships with many people in whom I have an interest."

The client is instructed to keep the flashcard available at all times and to read it whenever the relevant problem starts to occur. By persistent practice at this, and other cognitive techniques, the client's belief in the schema will gradually weaken.

Behavioral techniques are those in which the therapist assists the client in changing long-term behavior patterns, so that schema surrender behaviors are reduced and healthy coping responses are strengthened.

One behavioral strategy is to help clients choose partners who are appropriate for them and capable of engaging in healthy relationships. Clients with the **Emotional Deprivation** schema tend to choose partners who are not emotionally giving. A therapist working with such clients would help them through the process of evaluating and selecting new partners.

Another behavioral technique consists of teaching clients better communication skills. For instance, a woman with a **Subjugation** schema believes that she deserves a raise at work but does not know how to ask for it. One technique her therapist uses to teach her how to speak to her supervisor is role-playing. First, the therapist takes the role of the client and the client takes the role of the supervisor. This allows the therapist to demonstrate how to make the request appropriately. Then the client gets an opportunity to practice the new behaviors, and to get feedback from the therapist before changing the behavior in real life situations.

In summary, schema therapy can help people understand and change long-term life patterns. The therapy consists of identifying early maladaptive schemas, coping styles and modes, and systematically confronting and challenging them.

References

Young, J.E., and Klosko, J.S. (1993). Reinventing your life. New York: Dutton, 1993.

Young, J.E., Klosko, J.S., and Weishaar, M.E. Schema therapy: A practitioner's guide. New York: Guilford, 2003.

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