

Jesus-Centered Schema Therapy® Introduction

Chiara Simeone-DiFrancesco, PhD.

Schema Therapy is a cutting edge empirically validated therapy ([see research list](#)). Jesus-Centered Schema Therapy® is not a not a new stand-alone therapy. It follows APA best practices of providing culturally appropriate definitions to Schema Therapy's conceptual base, and relevant content as applicable to the philosophical and religious foundations of Christianity.

Did you know that there is evidence-based research supporting religious integration? This research points to the superior performance of psychotherapy relationships and interventions tailored to client preferences. See: Norcross, JC (Ed). (2011)¹. *Psychotherapy relationships that work: Evidence-based responsiveness*.

When clients desire to incorporate their Christian values and beliefs into their therapy, Jesus-Centered Schema Therapy® has a framework robust enough to support this with appropriate informed consent of the client. Jesus-Centered Schema Therapy® (JC-ST) uses clear and logic-based definitions of non-arbitrary and inalienable human nature, rights and needs. It builds on concepts philosophically derived from observations of order and design in the universe that are attributed to God in great philosophies (Aristotle), and in culture and social sciences.

It supports the Christian belief that when we fit into God's design for ourselves and relationships, justice, love and virtue spring forth. In so doing, it provides a religiously and culturally relevant model of Healthy Adult Mode that exemplifies a virtues-based application of basic Christianity. As with all positive psychologies, JC-ST prizes leaving others to apply as they wish. Negativism by moral judgment or guilt-laden messages is not the purview of a therapy that must respect the client's autonomy. It is through autonomous trial and error, by the struggle of one's process of evaluation and re-evaluation, that real growth is achieved.

Jesus-Centered Schema Therapy® presents a set of principles that flesh out and refine the Schema Therapy teaching of speaking from one's positive-oriented "soft-side". Our signature development of "Connect-Talk®" leading to Connect-Walk is one of its major components. Elucidating Jesus' Model on building, in Gottman terms², a "Sound Relationship House" helps to produce an environment from which peace can develop. The boundaries that respect life and humanity stem from cooperation with objective design that creates a loving world. Jesus-Centered Schema Therapy® supports the Christian attribution of this Design to an infinitely loving, present and wise Divinity.

Very importantly, Jesus-Centered Schema Therapy® allows for experiencing healing re-parenting beyond the vehicles of the therapist or the client's own Healthy Adult Mode. It can offer a real life

¹ Norcross, JC (Ed). (2011). *Psychotherapy relationships that work: Evidence-based responsiveness*. Oxford University Press: New York, NY.

² Gottman, John & Julie. See *Sound Relationship House Theory*. <https://www.gottman.com/about/the-gottman-method/>

experience of connection with a loving Savior, in all His images: from infancy as a little One—gift from Heaven, to a young boy companion, to a teacher/mentor, to a crucified Savior, and to a glorious and triumphant risen Lord and Savior, conqueror of all hurt, harm, evil, injury and trauma. For the Christian therapist and client, these re-parenting experiences go far beyond imaginary re-scripts. They invite real encounters of Jesus-to-human connection and intervention.

There is nothing new in Jesus-Centered Schema Therapy®. It is actually the fulfillment of Schema Therapy principles that actively integrate interventions appropriate to Christian clients and using basic traditional understandings of Christian teaching on the nature of God, of humanity—on Who Jesus is and what He teaches and taught. It applies this therapeutically on an individualized and thoughtful basis. These employ the clinician’s trained judgment based on the context of the client of what may be helpful, and what would do no harm. In doing so, we espouse to “Principle-based ethics”³ as applied to the provision of all clinical services. On this, Beauchamp and Childress (2009)⁴ have written.

We apply Bloom’s taxonomy to risk management principles in working in the Jesus-Centered Schema Therapy® model, with emphasis on the higher three levels. Using these three, *Analysis, Synthesis, and Evaluation*, one can make appropriate judgments on how to use or not use concepts from a client’s particular culture and/or religion in a way that is helpful, or perhaps needs some adjustment to be functional. Jesus-Centered Schema Therapy® used appropriately may be helpful with inaccurate anthropomorphisms of who God is or what the Bible teaches, so that Punitive or Demanding Internal (or External) Critic Modes are redirected and identified as contradictory to Jesus’ model and teaching, that the child may have mis-absorbed at a young age. These are often unquestionably held onto and incorporated into self, much like other dysfunctional cognitions that were learned via adverse experiences in our developmental stages.

Using chairwork, guided imagery and other experiential and cognitive tools, these *‘no longer functional but perhaps previously useful’* attributions can be weakened and set aside. A client can come to see they may have assisted with attachment to a parenting figure in some manner (for example, the child learning unconsciously to keep the peace by attributing constant self-blame) but now as an adult noting that seeing the world this way is sabotaging both their needs and their spiritual connection with Jesus.

Lastly, Jesus-Centered Schema Therapy® utilizes the latent power in the Christian experience and unleashes it with full Healthy Adult creativity and Spirit-filled experience. Of course, the application is limited by the readiness and openness of the “receiver container”, just as with any therapy. But what Schema Therapy is, and can do, being Jesus-Centered, is like all aspects of Schema Therapy—situationally adapted and based on the receptivity and ongoing working relationship between therapist and client.

³ Kanpp, S., Youngren, J., VandeCreek, L., Harris, E., and Martin, J. (2013) *Assessing and Managing Risk in Psychological Practice: An Individualized Approach*. Rockville, MD: The Trust.

⁴ Beauchamp, T., & Childress, J. (2009). *Principles of biomedical ethics* (6th ed.). New York, NY: Oxford University Press.

Romans 12: 2 "Do not model yourselves on the behavior of the world around you, but let your behavior change by your new mind. This is the only way to discover the will of God and know what is good, what it is that God wants, what is the perfect thing to do."⁵

Written by Dr. Chiara Simeone-DiFrancesco, Licensed Psychologist & Advanced & Trainer Internationally Certified in Schema Therapy by the International Society of Schema Therapy.

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Contact information: info@dialogpress.org website: <https://dialogpress.org>

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⁵ Scriptural quote taken from the Jerusalem Bible.