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Schema Therapy
Toward a Science of Relationships

There are many "flat earth" theories of relationships. They're limited and prescientific, and what doesn't fit falls off the edge!

Think about how the various approaches are classified. Ask what is the focus—and what is ignored. This selective mapping is characteristic of almost all therapies: One may closely follow thoughts and forget about feelings, while for another the goal is opening up the emotional depths, and a few put behavior under the spotlight. But, speaking generally, the most important reality-that-doesn't-fit is the influence of personality disorder on intimate relationships.

Personality Disorder

Ask any experienced therapist what is the greatest challenge in helping a couple and you'll soon hear about problems in personality. Usually, this dimension is central to volatile relationships and disordered thinking. This includes the emotional instability of the borderline, the withdrawal of the schizoid, the self-focus of the narcissist, and the "moral insanity" of the psychopath. In this book, we keep returning to the "hard cases" because such challenges will always make or break committed relationships.

Character problems usually last a lifetime. This is another way of describing personality disorder, with the result that relationship difficulties are inevitable:

> *Larry* was a spendthrift. He was very impulsive, and soon there was conflict with Amanda, his wife. She attended church and wanted to give regularly. But, as she expressed it, "Larry buys things without any thought for our commitments. Bills are left unpaid. This is not a responsible way to live."

The novels of Jane Austen are helpful in thinking about the importance of character. Look at any of her popular books, such as *Pride and Prejudice*, *Sense and Sensibility*, or *Mansfield Park*. Romance, yes, but it's soon tested by character.

Reflect: Think for a moment about a previous romantic relationship that failed. Make a list of the problem areas. Tick any item that describes a lack of character. Are you reminded of Mr. Willoughby or Colonel Brandon in *Sense and Sensibility*?

Also: Watch a film based on a novel by Jane Austen and discuss the role of character with a friend. How does lack of character result in unhappiness in their relationships? Follow this carefully: It's true in Austen's novels but also in life.

Theoretical note: You may find it puzzling that we begin this book with such an emphasis on the dynamics of personality. The reality is that personality problems are usually ignored in self-help literature. But unless you become aware of your personality traits, understand them as reactions to childhood experiences, and start working on them, they will influence and undermine all your attempts to improve your relationship. It's like building sand castles: They might look nice for a moment, but the tide will wash them away and you'll find yourself repetitively in the same life-trap. So first start working with what is most enduring about your own personality.

Research indicates that features of personality disorder are very common in the general population. Only 23% of people are relatively free of them. Indeed, over 70% have some degree of personality disturbance. This is why it's essential to take dysfunctional aspects of personality into any comprehensive theory of change. And it also explains why a "strong" therapy, such as schema therapy, is so necessary—and why this book is potentially so different.

First, we outline schema therapy and its clinical perspective with schemas, and then we look at the legacy we all carry from childhood. We then look at the complexity of couple dynamics seen in modes and suggest powerful ways to change entrenched patterns of dysfunction. Finally, we look more deeply at emotional learning.

Schema Therapy: Mapping the Bad Lands

Schema therapy offers a comprehensive map. The central idea is to identify how we're vulnerable to patterns (schemas) created in childhood and adolescence. Schema therapy doesn't just describe but provides a powerful therapy leading to lasting change—even with the most unstable and difficult of problems. Schema therapy deals with problems largely ignored by

mainstream cognitive therapy: the processing of troublesome memories, difficulties coming from childhood, uncontrolled emotional reactions, and recurrent problems in intimate relationships. Indeed, it combines the depth and developmental theory of longer-term treatments with the active, change-oriented approach of short-term therapies.

When you learn to recognize your reactions and understand their origins, things will begin to make sense. This is a good starting point for self-compassion and self-acceptance. And you can share this understanding with your partner, too! Better yet, you'll find in schema therapy practical tools that can intercept habitually negative interactions and open the door to new ways of relating. Few therapies can offer schema therapy's proven potential for change.

Theoretical note: Where does schema therapy fit? In what part of the therapy "library" is this book? Schema therapy grew out of cognitive therapy. The cognitive approaches, with a focus on thoughts, have the advantage of conceptual clarity and ease of understanding. Aaron Beck initiated the "cognitive revolution" and developed the extensively researched cognitive behavioral therapy for the treatment of depression. This approach was then applied to the whole range of psychological disorders. While cognitive behavior therapy proved effective with a range of human problems, it wasn't as helpful with the personality disordered. This recognition of its limits led to the development of "stronger" therapies, including schema therapy.

Schema therapy is highly integrative. Indeed, Young outlined parallels and differences with major therapies, including Beck's "reformulated" model, psychoanalytic theory, Bowlby's attachment theory (especially internal working models), and emotion-focused therapy. There has also been an influence from gestalt, transactional analysis, and psychodrama. Schema therapy, in contrast to most cognitive therapies, has a greater emotional focus and willingness to explore the childhood and adolescent origins of psychological problems. There's a shift from current problems to whole-of-life patterns. Additionally, there are a breadth, applicability, and ease of understanding that encourage a broader application. While dialectical behavior therapy was developed to treat borderline personality disorder, schema therapy works with almost all kinds of personality disorders.

Schemas in Focus

While Beck referred to schemas, he used the term to describe clusters of negative beliefs. Jesse Wright noted that people typically have a mix of different kinds of schemas, including those that are positive and adaptive.

Even people with severe symptoms or profound despair have adaptive schemas that can help them cope.

Jeffrey Young thought that dysfunctional schemas develop as a result of toxic childhood experiences. They reflect the emotional wounds lasting from unfulfilled but important needs of the child and are a way of coping with negative experiences, such as family quarrels, rejection, hostility, or aggression from parents, teachers, or peers, as well as inadequate parental care and support.

Reflect: Can you identify a negative childhood experience? How did you cope at that time? Do you think that this has influenced how you react to similar stresses today?

Schemas reveal underlying assumptions. This is more than negative thoughts ("Things will never work out well"). It's more than rules ("Don't get angry with your father"). At the schema level, core beliefs are unconditional ("I am worthless"). Schemas are like short video clips storing complex memories, including intense emotions and bodily reactions. They affect the whole person. Once they're activated, you travel back through a time tunnel and find yourself in the old life-traps of your childhood. You look at your current world through childlike glasses.

Schemas are the basis of how we see ourselves and others. They're also foundational to how we act. Schemas are a meeting point of thoughts, emotions, attitudes, and behavioral tendencies, all of which may have different neural pathways in the brain but which meet in a schema when activated.

Young identified a comprehensive set of early maladaptive schemas, defined as "self-defeating emotional and cognitive patterns that begin early in our development and repeat throughout life." They provide a blueprint for styles of thinking, emotional responses, and characteristic behavioral tendencies in the child's and later the adult's world. A more severe schema can be distinguished by how readily it's activated, its high emotional intensity, and lasting distress. While there may have been survival benefits in childhood and perhaps it was the best or only possible solution at the time, by adulthood schemas tend to be inaccurate, maladaptive, and limiting. They become strongly held, often outside conscious awareness. Repeated negative experiences lead to schema coping being more "worn and rigid."

Amanda was often left by her single mother on her own in their apartment. She was always frightened as a child. She has tended to be clingy in relationships, and no reassurance from romantic partners is ever enough. So, sooner or later, they all left her and she finds herself alone again.

If a current situation is similar to a defining childhood experience, it triggers or *activates* a schema in the present. This idea of schema activation is fundamental to understanding Young's contribution and the development of a therapy based on modes (which are activated schemas). If a schema is activated, the past intrudes into our present awareness.

> *Sally* has nagging worries about her weight. She went to a fashion show and reacted to the stick-thin models. She said to her friend that she felt "bloated, like a beached whale" and was determined to go on another fad diet. Ken, her husband, was exasperated by what he called her "diet merry-go-round."

In this case, an event (going to the fashion show) triggered an emotional reaction in Sally. She was flooded by feelings of being defective. This also led to a somewhat questionable plan of action. This is an example of schema activation and automatic coping.

Reflect: It's important to grasp the idea of activation. A schema can be compared to a landmine. If there's a tendency toward suspicion from a schema, then with activation distrust becomes overwhelming. It's as if someone stood on the landmine, which exploded. This is why many problems only emerge in a relationship: As long as the mine is buried in the sand and no one steps on it, you're not aware of the problem. But once you have one …

Identifying and Understanding Schemas

The following list of individual schemas has been revised over the past two decades. We have also included brief summaries, which are drawn largely from Young and Arntz. The schemas are grouped in five categories (called "domains"): disconnection and rejection; impaired autonomy and performance; impaired limits; other-directedness; and over-vigilance and inhibition.

First domain: Disconnection and rejection

This domain shows attachment difficulties. There's a link between a lack of safety and reliability in interpersonal relationships. An individual who scores highly on these schemas cannot rely on others. What is missing is any expectation of reliability, support, empathy, and respect. He[1] may come from a family in which he was treated in a cold, rejecting manner. Emotional support may have been lacking, perhaps even basic care in extreme cases. Caregivers were unpredictable, uninterested, or abusive.

1. **Abandonment (instability):** She expects to lose those with whom she has an emotional attachment. Important others are seen as unreliable and unpredictable in their ability or willingness to offer nurturing. All intimate relationships will eventually end. She believes that her partner will leave or die.
2. **Mistrust-Abuse:** He's convinced that others will eventually take advantage of him, in one way or another. What he expects is hurt, being cheated on, manipulation, or humiliation.
3. **Emotional Deprivation:** She believes that others won't meet her primary needs adequately, or perhaps at all. This includes her physical needs and her need for empathy, affection, protection, companionship, and emotional care. The most common kinds of feared deprivation are of nurturance, empathy, and protection.
4. **Defectiveness-Shame:** He feels incomplete and bad. As others get to know him better, his defects will be discovered. Then they will want nothing to do with him. No one will find him worthy of love. He's overconcerned with the judgment of others. A sense of shame is always present.
5. **Social Isolation (alienation):** She has the feeling that she's isolated from the rest of the world, is different from others, and doesn't fit in anywhere.

Second domain: Impaired autonomy and performance

This individual believes that he's incapable of functioning and performing independently. He may come from a clinging family, from which he couldn't break free. He was overprotected, he lacked support, or he was repeatedly discouraged.

6. **Dependence-Incompetence:** She's not capable of taking on normal responsibilities and cannot function independently. She feels dependent on others in a variety of situations. She may lack confidence to make decisions on simple problems or to attempt anything new. The feeling is one of complete helplessness.
7. **Vulnerability (to harm or illness):** He's convinced that at any moment something terrible might happen and there's no protection. Both medical and psychological catastrophes are feared. He takes extraordinary precautions.
8. **Enmeshment (undeveloped self):** She's overinvolved with one or more of her caregivers. Because of this fused relationship, she's unable to develop her own identity. At times, she has the idea that she cannot exist without the other person. She may feel empty and without goals.

9. **Failure (to achieve):** He's convinced that he's not capable of performing at the same level as his peers in his career, education, sport, or whatever he values. He feels stupid, foolish, ignorant, and talentless. He doesn't even attempt to succeed because of an abiding conviction that it will lead to nothing.

Third domain: Impaired limits

This individual has inadequate boundaries, a lack of a sense of responsibility, and poor tolerance of frustration. She's not good at setting realistic long-range goals and has difficulty working with others. Perhaps she came from a family that offered little direction or gave her the feeling of being superior to the rest of the world.

10. **Entitlement-Grandiosity:** He thinks that he's superior to others and has special rights. There's no need for him to follow the normal social rules or meet the normal expectations of society. He can get away with what he wants without taking others into consideration. The main theme here is power and control over situations and individuals. Rarely is there any empathy.
11. **Insufficient Self-control (or self-discipline):** She cannot tolerate any frustration in achieving her goals and gives up quickly. She has little capacity to suppress feelings or impulses. It's possible that she's attempting to avoid being uncomfortable in any way.

Fourth domain: Other-directedness

This individual always takes the needs of others into consideration and represses his needs. He does so in order to receive love and approval. His family background is often one of conditional love. The needs and status of the parents took priority over what was important to the child.

12. **Subjugation:** She gives herself over to the will of others to avoid negative consequences. This can include denying most of her emotional needs. She thinks that her desires, opinions, and feelings won't be important to others. This often leads to pent-up rage, which is then expressed inadequately through passive-aggressive or psychosomatic symptoms.
13. **Self-sacrifice:** He voluntarily and regularly sacrifices his needs for others whom he views as weaker. If he does act to meet his personal needs, he's likely to feel guilty. Being oversensitive to the pain of others is part of the presentation. In the long term, he may feel some resentment towards those for whom he has cared and sacrificed.

14. **Approval Seeking (recognition seeking):** She searches for approval, appreciation, acknowledgment, or admiration. This is at the cost of her personal needs. Sometimes this results in an excessive desire for status, beauty, and social approval.

Fifth domain: Over-vigilance and inhibition

At the cost of self-expression and self-care, the individual suppresses his spontaneous feelings and needs and follows his own strict set of rules and values. It's likely that his family stressed achievement, perfection, and the repression of emotions. Caregivers were critical, pessimistic, and moralistic, while at the same time expecting an unreasonably high standard of achievement.

15. **Negativity-Pessimism:** She always sees the negative side of things while ignoring the positive. Eventually, everything will go wrong even if it's currently going well. She may be constantly worried and hyper-alert. She often complains and doesn't dare to make decisions.
16. **Emotional Inhibition:** He holds tight control over his emotions and impulses, as he thinks that expressing them will damage others and lead to feelings of shame, abandonment, or loss of self-worth. This leads him to avoid spontaneous expressions of emotions such as anger, sadness, and joy. It also involves avoiding conflict. Often, he'll present as very detached and overly rational.
17. **Unrelenting Standards (hypercriticalness):** She believes that she'll never be good enough and must try harder. She'll try to satisfy unusually high personal standards to avoid criticism. She's critical of herself as well as those around her. This results in perfectionism, rigid rules, and sometimes a preoccupation with time and efficiency. She does this at the cost of enjoying herself, relaxing, and maintaining social contacts.
18. **Punitiveness:** He feels that individuals must be severely punished for their mistakes. He's aggressive, intolerant, and impatient. There's no forgiveness for mistakes. Individual circumstances or feelings are not taken into account.

Social Undesirability, a 19th schema, has been suggested, but only the 18 listed are currently assessed by the *Young Schema Questionnaire, version 3* (YSQ-3), which is used to assess the most relevant schemas for treatment.

Maladaptive schemas hinder people from recognizing, experiencing, and fulfilling their own needs.

To do: Fill out the YSQ-3 (see www.schematherapy.com). It's a very useful short form for identifying characteristic thought patterns associated with the various schemas, but tends to neglect factors such as emotions, physiology, behavior, and motivation. Note the three or four items that you score most highly on.

You will have to buy the YSQ-3 short form, as it is copyrighted. However, you can also add a 1 to 6 score to the schemas listed above for a rough overview or fill out the 11 listings in Young's book, *Reinventing Your Life*.

Think about schemas as areas of emotional learning. They're the deeply entrenched assumptions we have about ourselves and life in general. Understanding schemas will help you understand what is happening in your life. Domains 1 to 3 contain *unconditional* or *core* schemas. They represent the direct impact on the child and the child's emotional reactions. Domains 4 and 5 contain conditional or compensatory schema coping responses that are reactions to schemas in the first two domains. For example, you can sacrifice yourself (#13), preventing Emotional Deprivation (#3), or develop Unrelenting Standards (#17), saving you from Failure (#9). Or you might develop a Negativity-Pessimism schema (#15), preventing Vulnerability (#7).

Reflect: Use the list of schemas to identify those that might be operating for Nancy, Monte, Barbie, and Brett, who all have personal problems:

> *Nancy* was abused in childhood. She has profound difficulties with trust. She has met someone and is strongly attracted to him, but she's very jealous. She thinks he'll leave her for a "more attractive option."

> *Monte* is very self-important. He was recruited by a merchant bank straight out of college and it has gone to his head. He looks down on his less successful friends.

> *Barbie* is too anxious to leave home, even though she's in her late thirties. She says, "I have to look after my mother. She needs me. Oh, I know she's in good health, but I'm a good daughter and need to be around the place."

> *Brett* is excessively hard on his teenage sons. They complain about his put-downs and how he embarrasses them in front of their friends. Brett's oldest son has recently started talking to a counselor at school, who thinks that this treatment is "abusive."

Reflect: Another way of thinking about schemas is to consider them as ghosts that will haunt you and your relationships.

We see the following schemas in the examples:

Nancy has Mistrust-Abuse and Defectiveness-Shame schemas. She's not able to trust in her new relationship because of previous experiences.

Monte has an Entitlement-Grandiosity schema. He has to be important and be constantly recognized for his achievements. He looks at his job as proof of his superiority as a person.

Barbie has Enmeshment and Self-sacrifice schemas operating in her relationship with her mother.

Brett has Punitiveness and possibly Unrelenting Standards schemas.

It's easy to see how such patterns will undermine your stability and life satisfaction. They form traits of your personality. Their potential influence on your relationships is obvious.

Reflect: Think about the list of schemas and try to identify any that seem familiar to you. Ask your partner or members of your family. With your partner, play a game of "spot the schema" with a few TV shows or movies (this helps to familiarize you with the schemas).

Responses to Schemas

Young also looked at patterns of response to schema vulnerability, including surrender, avoidance, and compensation.

Susan came from a dysfunctional family. Her mother was an alcoholic who neglected all the children when intoxicated, which was most of the time. She never knew her father, and an older brother was a drug addict. She was date-raped when she was 17. Understandably, she has a Mistrust-Abuse schema that she responds to in different ways. At times, she withdraws from men, suspecting even the most innocent of malicious intent. Recently, she began dating a man she met at a prison fellowship meeting, who was recently paroled from prison for violent offences. She also smokes cannabis.

Susan illustrates all three of the potential reactions to Mistrust-Abuse schema activation: *avoidance* when she resorts to substances; *compensation* when she becomes oversuspicious and mistrusting; *surrender* when she considers having an intimate relationship with a very risky man and possibly being abused again. So the core of the schema is being abused, and mistrust is already a kind of compensation preventing her from being abused.

The reactions to schemas are also called *coping styles*. In summary, coping styles include surrender, avoidance, and compensation.

Surrender   A person gives in to the schema. This includes:

Behavior: He repeats behavioral patterns from childhood by looking for people and situations that are similar to those that led to the formation of the schema.
Thoughts: She processes information selectively, seeing only what confirms the schema and not what counters it.
Feelings: She directly experiences the emotional pain of the schema.

Avoidance   He avoids activities that trigger the schema and emotional reactions. The result is that the schema is not engaged. He has no access to the schema to change or revise it.

Behavior: She actively and passively avoids all kinds of situations that might trigger the schema.
Thoughts: He can deny traumatic events or memories. He can use psychological defenses, such as emotional detachment.
Feelings: She can smooth over feelings or escape into numbness.

Compensation   A person goes in the opposite direction to the schema. This results in underestimating the strength or influence of the schema. Aggressively independent behavior is often a give-away of this coping style.

Behavior: He acts in a way that is opposite to the schema.
Thoughts: Her thoughts are opposite to the content of the schema. She denies the schema.
Feelings: He feels uncomfortable with feelings associated with the schema. The feelings may return if the compensation fails.

Consider the following example:

> *Vince* had an Emotional Deprivation schema. There was never enough love for him, so he started compensating with dating. But he tended to lose interest in women after the first date because he did not find what he was really looking for. Finally, he ended up surrendering to his schema by mixing up sex with love. He felt guilty about such promiscuity: "I don't feel I have a choice. I feel empty all the time." At times, Vince would also watch internet porn as a way of avoidance in a self-soothing way, although mostly he was surrendering to the quick fix of Emotional Deprivation.

Minny had a very strong Self-sacrifice schema, which was rewarded in her employment as a nurse. However, she would find herself resentful about the excessive demands of supervisors, as a form of compensation. At times, she would surrender to Self-sacrifice, but at other times she avoided her negative feelings through excessive exercise at the gym. Hers was a mixed response.

Reflect: Think about the following and try to identify operating schemas and styles of schema coping:

Claire would often text her husband at work, "just to keep in touch." She was highly anxious if he was called away to work commitments, and would try to distract herself with online gambling and impulse shopping. She also felt she was inadequate and undeserving of anyone's love.

Hint: For Claire there's a possible Abandonment schema, but look at the various ways she tries to cope. Can you identify other schemas perhaps indicated by her being hard on herself? List how she tries to cope.

Coping styles are not always stable but change over time depending on the situation. Try to look at coping styles from a longitudinal perspective and see the pattern in relation to possible schemas.

Reflect: Can you think of figures from pop culture who might exhibit schemas? Look through a popular magazine or newspaper and discuss this with a friend.

Challenge of schema attunement

Think for a moment about any schemas in the list that might feel very familiar to you. Can you identify your own schemas? This will relate to intense emotional reactions or "hot beliefs" about yourself. What schemas are probably operating in your partner? Is there a chance that you can check the schema listing together with your partner, finding out what schemas you both have?

Reflect: Think about a recent time when you felt strongly. Intense feelings indicate that a schema has been triggered, especially when your reaction is stronger compared to others in the same situation. What did you feel? Think? How did you behave? Did this indicate attitudes you have about yourself?

To do: Do a schema identification exercise: Move to a quiet place, calm down, close your eyes, and start a journey through the events of the past days. Let the images pass by in front of your closed eyes. Where did strong feelings pop up? In which of these situations have you eventually been triggered? What was the trigger? Which schema has been activated?

Go into the activated feelings and let yourself float back into your child-hood days. Do any scenes pop up where you had these feelings before? This could be the origin of your schema.

> *Charles* reflected on a recent work assessment. He was flooded with feelings of guilt and thought, "I didn't try hard enough in my job." He felt help-less to improve in any way. He withdrew into himself and didn't share this "defeat" with anyone he knew at church. He identified schemas of Failure and Social Isolation.

Now try to recognize any triggers.

> Charles saw that being evaluated was the trigger. He said, "I've never done well with exams. I worry about how I've performed. Perhaps it's more how I'm seen to have done. I'm very self-conscious."

Then the coping style is relevant.

> Charles saw that he would surrender to feelings of failure and would with-draw from friends who could emotionally support him. He also had some avoidance, playing computer games late into the night. He didn't think that he compensated. But then he realized that sometimes he had almost gran-diose thoughts about his faith, and wondered if this was a compensating mechanism against his deflated self-esteem.

This illustrates a process of schema attunement. Charles was able to identify when his schemas have been activated ("I feel overwhelmed, almost on auto-pilot with my feelings"). He saw the trigger and identified a weakness from childhood about being self-conscious during evaluations. And finally he recognized how he would react to a schema activation with a coping style.

To do: List five schemas you can recognize as the ones you most commonly activate. You might ask your partner or family members or best friend to help you with this. Notice any triggers. Does anything make a difference in how overwhelming it may feel? Are there times when you're more robust? Times when you feel very fragile? Carefully describe to your-self any steps you go through from the trigger to schema activation to coping style to resolution.

Note: This skill of self-awareness is very important. What we'll identify is unique to each of us. Take time—weeks, even a month or two—to become very aware of your schemas. But do not feel ashamed. We all have schemas as legacies from our past. It's better to become aware and consciously deal with them than to always fall into the same life-traps again.

Gottman wrote about "gridlocked problems" (unresolvable problems) that might be understood in terms of clashing schemas. But they're not unresolvable. Once you manage to identify the relevant schemas within you and your partner, you can establish a working alliance, mutually detecting schema activations. Blame it on the schema—not on the partner.

Theoretical note: Young's 18 schemas are very comprehensive, especially when coupled with the three response patterns, but keeping all this in mind can be a challenge. The simple mathematics of potentially one schema leading to a response is $18 \times 3 = 54$. And we can easily activate multiple schemas at the same time! Later, we introduce the concept of *modes*, or states of schema activation, which will add to your understanding and give you an easier way to deal with schema activation.

Emotional learning

You can think about schemas in terms of what has been learned unconsciously in childhood. The schemas identify areas of emotional learning. For example, the learning associated with, say, Mistrust-Abuse can be distinguished from Defectiveness-Shame. Mistrust-Abuse is about others; Defectiveness-Shame relates to the self. This is explored further in a later chapter.

Think about this example:

> *Mandy* felt like a failure in everything she did. She dropped out of part-time university studies. She had a menial job, which she did for a number of years, and believed it was all she was capable of doing. She began to keep a journal and found an underlying emotional learning: "My mother said I would never amount to anything. She believed it was risky to expect anything out of life since it always led to disappointment. She said she loved me, and maybe she wanted to protect me, but this was her 'truth,' not mine."

This is an emotional belief within the domain of Failure. Once Mandy saw the origins of her Failure schema and the meaning, she was able to question whether it was relevant to her. She was encouraged to re-enroll in college by some friends she had made through a local social club.

Challenge: If you can identify areas of schema vulnerability and attune to the triggers and your coping styles, can you go further and ask yourself what core beliefs you have associated with those areas?

Emotional learning is a very important concept that is developed through this book. Often, we learn something in childhood but are hardly aware that it's a "truth" we live by. We may be barely conscious of it, but

that doesn't stop us living as if it were a divine commandment. Understanding schemas can give us a language for this early learning.

Review: Young's list of maladaptive schemas provides potentially the most comprehensive framework for understanding psychological problems. If you're seeking to understand yourself and interactions in a relationship, complexity can become less of a barrier, since you know yourself and have time to think about complex dynamics.

Reflect: You now have the basic schema model. This would be a good time to more fully identify your schema vulnerability and your characteristic coping styles and think about which schemas are likely to be core (unconditional) and which compensatory (conditional). Which core schemas are hidden behind a compensatory or coping schema? Use your journal and try mapping out the schemas and their interaction. Simply do your best. Share your work with your partner or a close friend once you feel that it's 90% complete (as a reality check, but feedback from a partner risks being distorted). This is one of the most important self-awareness exercises you'll do. Remember that it's open-ended: You can refine and add to (or correct) your basic schema model as you work through this book.

Further reflection: As you identify your schemas, can you make this more vivid by associating a color with each schema? What feelings do you have with the schema? Locate those feelings in your body. This will help you to "ground" the schema in your sense of self.

More reflection: Think about your experience of relationship complementarity in terms of schemas. What evokes what? Try to track sequences of schema activation in your relationship. Try getting a sense of looking behind the coping schema on the front stage and accessing the backstage schemas. There are also potential compensating schemas; for example, a person with Abandonment may have a compensating Self-sacrifice schema that is then played out in the couple relationship with patterns of de-selfing. Of course, it's a relatively complex task to track all possible schema activations in a relationship, especially when multiple schemas may activate at the same time, but take your time. Try to collaborate with your partner. Four eyes see more than two, and we usually have blind spots when we're looking at ourselves.

Exploring your schemas together can become a mutual expedition to an unknown territory and connect you more deeply, but try this only when you're in a peaceful mood, not during an argument. Do not use your knowledge about your partner's schemas and coping styles as a weapon. That would be an abuse of schema therapy! Your partner and friends might contribute to a much clearer picture. Make use of their contributions. They're not accusing you as a person—they're talking about your schemas.

Schema patterns

Once you identify which schemas most easily activate, try to understand the dynamic interaction of schemas with family members or close friends, including "schema chemistry," "schema clashes," and "being locked in schemas." These are terms used in schema therapy to describe interactions driven by our schemas. This will be most obvious in intimate relationships.

> *Kell* had a history of child sexual abuse by a neighbor. She was quick to activate schemas of Mistrust-Abuse and Defectiveness-Shame. There was a part of her that believed that she deserved to be treated badly. There was instant attraction when she met Billy. He was very dogmatic and judgmental. He had Punitiveness and Unrelenting Standards schemas. Kell was attracted to his strength and offered a pattern of Subjugation. What caused problems was the emergence of his punitive and controlling relationship style, which soon grated on her. They became locked in her sense of Defectiveness-Shame and his inability to respond because of Emotional Inhibition.

This example illustrates how schema therapy can be used to explore why and how people interact. Schema therapy provides a way to understand complex couple dynamics.

It's helpful to understand that current feelings may be driven by schemas rather than by the environment. Being aware of schema vulnerability will get you closer to the source of your problems, inside yourself instead of in the behavior of others. Take responsibility for your schemas and coping styles instead of blaming others. They won't understand your schema activations and will withdraw from or fight with your "strange" reactions. You'll find yourself in your old life-traps. But this is not gridlock—there's a way out!

For now, it is enough to simply note that the schemas originate in childhood through adverse experiences, and that an individual's consciousness associated with an activated schema is determined by developmental factors.

Visualize your personal potential

You have already taken an important step to a different future by reading this book. You may have begun working with a schema therapist. Well done! Both will provide an effective way to make changes for the better.

Exercise: Close your eyes and calm down a little bit. Then visualize yourself in a stressful situation. It may be something that happens often. Next step: Can you now picture yourself coping well, acting the way you want and in line with your most deeply held convictions and values? What do

you see happening in this visualization that doesn't happen now? What is different? Write this out in your journal. What are the values you most want to live out in a consistent way?

This is the direction we want to take: Schema therapy has the goal of moving us away from maladaptive schemas to living in the healthy side of the self by using our internal resources.

Visualize your potential as a couple

As a couple, you hope you're moving toward a better future. Almost every relationship has some potential. Where would you like to be in 6 to 12 months? We encourage you, as a couple, to do the following exercise (from Wendy Behary, ISST couples workgroup):

Couple exercise: Do this exercise with your partner. Move to a place where you won't be disturbed for at least 15 minutes. Both of you should close your eyes and visualize yourselves as a couple having a satisfying encounter. This may be as simple as enjoying an activity together. You may be affectionate but not necessarily sexual with each other. What do you see happening? Why are you happy or content? Share what you have visualized with your partner. What is in common; what is different? What could be the first step going in this direction?

Variation: If you're in trouble with your partner right now, you can draw back to the time of the beginning of your relationship. What did attract you in those days? Try to get a vivid picture of your partner and remember what you did exactly. How does that resonate within you now? Is there something that you could do again today? What would be the first steps to take? If your partner is in reach, go and tell them. If you like, you could do this exercise together during one of your "connect talk" meetings (we discuss connect talk in Chapter 14).

Reflect: What do you see happening in this visualization that doesn't happen now in your relationship? This may identify currently unmet needs. You can now set important goals for your relationship. You may, for example, see yourself talking easily, with a sense of safety and no trace of a power struggle.

To do: Return to your list of most easily activated maladaptive schemas. Consider working out a work plan to potentially transform maladaptive schemas into healthy coping.

> *Walter* identified Abandonment as a core problem in finding a satisfying romantic relationship. He found that any women he met at work soon felt overwhelmed by his emotional needs, so he had to accept that learning to

soothe himself was the first step to take. He couldn't hand over responsibility for his child needs to a potential romantic partner. It was his responsibility to "adopt" the emotional part of himself and care for it as if it were his son. Preparing himself for this challenge of being a good parent for himself, he found that he was able to use some mindfulness resources he had learned in a meditation group to soothe himself when he became anxious about a girlfriend. He learned to talk to himself as a good parent would do. This helped, but he acknowledged that "I still felt very anxious, but I had identified the problem. I had to 'fake it before I make it.' Strange as it may sound, it did help."

Mary was hyperdemanding of herself. She had a list of expectations of herself that could fill pages in her notebook, and often did! She rated how much she expected of her own performance ("100%, actually"). She saw that it was all overwhelming and began to try to better tolerate less than perfection. She started with her work practices and made a contract with herself to give it a try. She disciplined herself to proofread her written work only once (instead of three or four times) and then see what would happen. She wrote down the expectations of her Unrelenting Standards schema: You'll make a lot of mistakes and will be fired! Then she rated as a percentage how likely that would be: 90%! While she occasionally missed a typo, she also observed that she was getting more done, especially when under time pressure. The result of this experiment was that she performed even better than before. And she wasn't fired! In this way, she weakened her Unrelenting Standards schema.

For an example of a working plan to deal with maladaptive schemas in a relationship, see Figure 1.1 (fill out the bottom section for yourself).

Reflect: Clearly identify the goal of working toward healthy coping. What steps would be needed to either make progress or complete the transformation of a maladaptive schema into a healthy one? Be aware that schemas do not fade merely because of insight. It will take behavior trials to discover that they're false guides. The experiment reveals the truth. The first step is to overcome emotional avoidance and decide to challenge your schemas and automatic coping responses by behavior experiments. And don't forget the percentage rating! How this is possible is addressed in the chapters that follow.

To do: Keep a separate "positive journal" to record healthy and happy experiences. In this record, collect observations that are contrary to your maladaptive schemas.

Reflect: What have you noticed in being introduced to the concepts of schema therapy? Do you have some tools to think about your intimate relationship in a different way? Any "A-ha's" of recognition or insight?

Core schema—Walter:	Abandonment
Ways I compensate for that schema:	Opening up very quickly to potential partners to see if they will stick with me (testing them?)
Healthy ways of managing or soothing that schema:	Adopt my vulnerable side and look after him.
What do I need to do when triggered?	Use mindfulness to sooth the fear
What do I need to hear my Healthy Adult side say?	"I'll stay, I'm not going anywhere"

Core schema—Mary:	Unrelenting Standards
Ways I compensate for that schema:	Writing lists of expectations, telling myself "it's perfect or it's terrible", proof reading multiple times
Healthy ways of managing or soothing that schema:	Try doing things "less than perfect" to have more time and energy for me
What do I need to do when triggered?	Limit my proofreading as an "experiment"
What do I need to hear my Healthy Adult side say?	"Perfect is not all it's cracked up to be. How about 'good enough'?" and "I am more than my last typo."

My core schema:	
Ways I compensate for that schema:	
Healthy ways of managing or soothing that schema:	
What do I need to do when triggered?	
What do I need to hear my Healthy Adult side say?	

Figure 1.1   Working plan to transform maladaptive schemas. Source: Worksheet by Ruth Holt

Summary

If you're seeing a schema therapist, you may already be very familiar with the language of schemas. Perhaps they're helping you to become aware of your schema vulnerability. Alternatively, your therapist may be talking more about modes, which are the focus in the rest of this book. Schemas show emotional depth and reveal your history; modes are easier to track in

the here and now when you're unstable. Both are important, and each completes the picture in different ways.

You'll also be encouraged to see your relationship from a number of different perspectives. This will give you a more encompassing view of what is happening.

The next chapter explores assessment tools such as the genogram, contributions from important current theories such as attachment theory and systems theory, and interventions from evidence-based therapies such as emotion-focused therapy and schema therapy. Each provides a different vantage point, but the real application is potentially changing dysfunctional relationships to become more stable and satisfying. This challenge is addressed in the following chapters.

To Read Further

- A recent book on schema therapy and modes: Arntz and Jacob (2013)
- Evidence for schema therapy's effectiveness with borderline personality disorder: Bamelis, Bloo, Bernstein, and Arntz (2012), Farrell and Shaw (2012)
- The effectiveness of schema therapy with histrionic, narcissistic, and avoidant personality disorder: Bamelis, Evers, Spinhoven, and Arntz (2014)
- The beginning of cognitive behavioral therapy: Beck (1963)
- The nature of schemas: Edwards (2014)
- The advantages of schema therapy: Edwards and Arntz (2012)
- Schemas becoming "worn and rigid" and patterns of schemas: van Genderen, Rijkeboer, and Arntz (2012, p. 29)
- The 15 adaptive schemas and the Social Undesirability schema: Lockwood and Perris (2012)
- Evaluating the YSQ-3: Sheffield and Waller (2012)
- Positive schemas: Wright, Basco, and Thase (2006)
- Frequency of personality disorder in the population: Yang, Coid, and Tyrer (2010)
- The beginning of modes in schema therapy: Young, Klosko, and Weishaar (2003).

Note

1 We are alternating genders to give a sense of comprehensiveness. Men and women share a common schema vulnerability.

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