

Schema Therapy Education: What is a Schema?

Taken from: Farrell, J. M., Reiss, N. and Shaw, I. A. (2014). The Schema Therapy Clinician's Guide: A complete resource for building and delivering individual, group and integrated schema mode treatment programs.

A Schema is a Pattern

It develops during childhood and adolescence and is activated again and again during your life. Since a schema gets more rigid over time, our reactions become less flexible. One result of this is that our schema-based reactions don't really fit the requirements of many present situations.

A maladaptive schema:

- is self-injurious;
- is rooted in something that has been done to us (e.g., criticism, neglect, invalidation, abuse, overdone protection);
- dominates our life so that we experience repetitions of these harmful situations (e.g., we might stay in an unhealthy romantic relationship);
- makes us react in a manner that is self-defeating and is usually inflexible in situations that are similar to those that harmed us in our development;
- makes it difficult for us to successfully meet the demands of some important situations in our adult life.

In Schema Therapy these are referred to as Early Maladaptive Schemas or EMS.

How Do Schemas Develop?

Schemas (EMS) develop from the interaction of temperament and unmet childhood needs

- I. Temperament is inherited. It is our own specific way of reacting to the world. It is a "hard-wired" neurobiological aspect of us that we are born with. As children, we cannot control our temperament. Research suggests that people with psychiatric disorders have a more sensitive and reactive temperament.
- II. Unmet needs refers to how well my early caretakers and environment met my basic, normal childhood needs.

What are normal childhood "needs"?

Research on child development is in agreement that there are five core needs that all children have:

1. secure attachment (safety, stability, nurturance, acceptance; includes the sense of belonging);



2. autonomy, competence, and a sense of identity (being allowed to do age- appropriate tasks on your own, and being given accurate feedback about yourself);
3. freedom to express your own feelings and needs;
4. spontaneity and play (self-expression and the ability to enjoy life);
5. realistic limits (to learn age-appropriate self-control).

Too little or too much fulfillment of needs leads to the development of maladaptive schemas!

How maladaptive schemas develop and affect us now

1. If you have the schema Abandonment, then ...
... as a child you did not get the need for safety, security, or predictability met by your early caretakers.
... as an adult, when this schema is triggered you can have the feeling that you are unsafe, all alone, with no one to give you the safety, emotional support, connection, strength, or protection you desperately need and little way to provide it for yourself.
2. If I have the schema Defectiveness, then I ...
... have the feeling that I am flawed, worthless, bad, incapable, or useless in important aspects of my life.
3. If I have the schema Mistrust/Abuse, then I ...
... have the expectation that others will lie to me, cheat, hurt or abuse me, manipulate, shame, or use me.
4. If I have the schema Emotional Deprivation, then I ...
... have the expectation that my need for emotional support, attention, understanding, empathy, and help will never be fulfilled sufficiently by other people.
5. If I have the schema Undisciplined, then I ...
... have difficulty with self-control; for example, I express my feelings and impulses in an extreme manner
... or I have a low frustration tolerance in trying to reach my own goals; for example, I don't like making a sustained effort.
6. If I have the schema Isolation, then I ...
... have the feeling of being isolated from the rest of the world or that I am different from other people or that I am not part of a group, that I don't belong.

7. If I have the schema Dependency/Incompetence, then I ...
... am convinced that without large amounts of support from others I won't be able to manage daily life.
8. If I have the schema Vulnerability to Illness/Harm, then I ...
... constantly fear catastrophes that I cannot prevent from happening.
9. If I have the schema Enmeshment, then I ...
... attach too strongly to one or more people in my life and try to be close to them to the point that I have no social life or interests of my own.
10. If I have the schema Failure, then I ...
... am convinced that I have failed or I am going to fail in areas where performance counts, such as sports, school, or job.
11. If I have the schema Grandiosity, then I ...
... am convinced that I am better than others or special or that I have more rights than others.
12. If I have the schema Subjugation, then I ...
... easily give control to others because I feel that I must (for example, out of fear of consequences).
13. If I have the schema Self-Sacrifice, then I ...
... try excessively in daily situations to fulfill the needs of others at the cost of my own happiness.
14. If I have the schema Attention-Seeking, then I ...
... try excessively to achieve the approval, praise, or attention of others or I try to fit in at the cost of developing my own true feelings.
15. If I have the schema Negativity, then I ...
... focus on the negative aspects of everything throughout my life (e.g., the "glass is half empty" approach to life).
16. If I have the schema Emotional Inhibition, then I ...
... excessively inhibit my spontaneous feelings, actions, or communication, usually to avoid feelings of dislike or shame, or to avoid losing control over my impulses.

17. If I have the schema Unrelenting Standards, then I ...

... am convinced that I must work constantly to try to meet my own very high standards for behaviour and achievement, to avoid criticism from myself or others.

18. If I have the schema Punishment, then I ...

... am convinced that people should be punished harshly if they make mistakes.

- ✓ Schemas are like the “issues” or problem areas that a person struggles with.
- ✓ Schemas are not active all of the time. They have to be activated or set off by something – usually a situation you are in or an interaction with someone.
- ✓ When our schemas are activated, intense states are triggered that include feelings, sensations, thoughts, actions, and sometimes memories.
- ✓ These states are called **modes** in Schema Therapy. Modes will be the focus of most of your work in this program.
- ✓ We provide this list of schemas for you to think about and you may discuss them with your individual therapist as part of developing your individual treatment plan.

Schema Modes Explained

Schema modes are the moment-to-moment emotional states and coping responses that we all experience. Often our schema modes are triggered by life situations that we are overly sensitive to (our “emotional buttons”). A schema mode is triggered when schemas are activated. Schema modes are comprised of strong emotions and/or rigid coping styles that take over and control an individual’s functioning.

The mode we are in can change rapidly and modes can over-lap with each other. We refer to this as “mode-flipping” and it is very common in people with psychiatric disorders. Mode-flipping feels scary, “crazy,” overwhelming, and it is exhausting.

1. Maladaptive Coping Modes are the survival strategies we have learnt to protect ourselves from the emotions that go along with hurt, pain, neglect and abuse:
 - ✓ Avoidant Modes
 - ✓ Overcompensation Modes
 - ✓ Surrender Modes

2. Child Modes occur in response to our needs not being met:
 - ✓ Vulnerable Child Mode
 - ✓ Angry/Impulsive Child Mode

3. Dysfunctional Parent Modes are the internalization of the negative aspects of our childhood caretakers and the feelings that went along with our childhood experience of them.
 - ✓ Punitive Parent Mode
 - ✓ Demanding Parent Mode

4. Healthy modes are adaptive responses to our adult environment and the ability to access creative joyful aspects of childhood:
 - ✓ Healthy Adult Mode
 - ✓ Happy Child Mode



Three versions of Maladaptive Coping Modes

The Maladaptive Coping Modes that we will look at are all versions of humans' automatic emergency reactions when survival is threatened: flight, fight, and freeze. They developed in your life to allow you to survive not having your core needs met. They are meant for emergency situations, but you are overusing them. When these modes get too powerful, they can become automatic ways of coping that take control over you, and you lose the ability to use Healthy Adult coping strategies for non-emergency situations. Their use keeps others at a distance, creates interpersonal problems, keeps all feelings away, and limits your ability to deal with the demands of your life successfully. The Coping Modes are trying to protect vulnerability.

Avoidance – flight

- Associated with the reaction strategy: FLIGHT.
- Protects by avoiding, running away, self-soothing, psychological withdrawal, dissociation.
- Strategies this protector uses are alcohol, drugs, thrill seeking, gaming, over-using medication.

Overcompensation – fight

- Associated with the reaction strategy: FIGHT.
- Protects by being unfriendly, cold, or hostile towards others, thus pushing them away to protect from being hurt.
- Bully-Attack; if he/she feels hurt – retaliates to hurt back.
- Can be sarcastic or cynical, sometimes uses “black humor” - passively aggressive.
- Self-Aggrandizer: believes and acts as if better than others.

Surrender – freeze

- Associated with the reaction strategy: FREEZE.
- This way of coping is giving in to or accepting your schemas – e.g., surrender to defectiveness would be accepting that you are defective.
- It is a kind of giving up.

Punitive and Demanding Parent Modes

In these modes you are dominated by the messages and views of punitive or neglecting caretakers or authority figures (parents, teachers, coaches, peers, bullies, etc.) from your childhood and adolescence.

- These modes contain all of the inner anger/hatred/rejection etc. that you experienced as a child.
- In the Punitive Parent Mode you feel that you deserve punishment or blame and you often act on these feelings by being blaming, punishing, or abusive toward yourself (e.g., self-injury).
- In the Demanding Parent Mode you feel that you must be perfect, achieve at a very high level, keep everything in order, strive for high status, put others' needs before your own, or be efficient and avoid wasting time. You feel it is wrong to express feelings or to act spontaneously.

The difference between the two versions is that the Punitive Parent focuses on how rules are enforced and the Demanding Parent focuses on the standards and rules themselves, not their enforcement. A Punitive Parent may or may not be demanding and a Demanding Parent may or may not be punitive.

Vulnerable Child Mode

- The mode in which our needs for attachment and safety are the strongest.
- The mode that contains the schemas that affect us the most and can trigger the Coping Modes.
- In this mode people feel some or all of the following: lonely, isolated, sad, misunderstood, unsupported, defective, deprived, overwhelmed, incompetent, doubts self, needy, helpless, hopeless, frightened, anxious, worried, victimized, worthless, unloved, unlovable, lost, directionless, fragile, weak, defeated, oppressed, powerless, left out, excluded, pessimistic.

Angry/Impulsive Child Mode

- In this mode people feel some or all of the following: intensely angry, enraged, infuriated, frustrated, impatient – because the core emotional (or physical) needs of the vulnerable child are not being met.
- In the Angry Child Mode, you may vent strong feelings that have been held back for a long time and are not just about the present situation you are in.
- In the Impulsive Child Mode you may feel what the Angry Child does, but also act in a selfish or uncontrolled manner to get your needs met and you may appear “spoiled.”
- Angry/Impulsive Child behavior often leads to difficulties with other people.

Healthy Adult Mode

- In this mode we nurture, validate, and affirm our Vulnerable Child part; set limits for our Angry and Impulsive Child parts; promote and support our Happy Child part; combat and eventually replace the Maladaptive Coping Modes; neutralize or moderate the Maladaptive Parent parts.
- Healthy Adult is the mode in which we are able to balance taking care of our needs with our roles, responsibilities and tasks, to be able to enjoy life.
- People with psychiatric disorders often have not had the supportive childhood environment needed to develop their Healthy Adult Mode. However, this can change through your work in Schema Therapy. Healthy Adult is the part of you that is strengthened and developed in Schema Therapy.

Happy Child Mode

- In this mode we feel loved, contented, connected, satisfied, fulfilled, protected, praised, worthwhile, nurtured, guided, understood, validated, self-confident, competent, appropriately autonomous or self-reliant, safe, resilient, strong, in control, adaptable, optimistic and spontaneous.
- Our core emotional needs are currently met, if we are in this mode.
- People with psychiatric disorders often have not had a childhood environment that supported them being happy or playful. So, they often don't know what they enjoy doing, they haven't developed any hobbies or recreational activities for their lives. Learning more about and developing the Happy Child Mode will give your Healthy Adult a needed sense of play and fun.