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## A CLIENT'S GUIDE TO SCHEMA-FOCUSED COGNITIVE THERAPY (Young, 1994; Young and Klosko, 2003)

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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-focused cognitive therapy to help Harry change his long-term life patterns.

This guide will present the *schema-focused approach*, a recent elaboration of cognitive therapy developed by Dr Jeffrey Young that can help people change long-term patterns, including the ways in which they interact with other people. This overview of schema-focused cognitive therapy consists of four parts:

1. An explanation of what a schema is and examples of schemas.
2. An explanation of the processes by which schemas function.
3. Several case examples.
4. A brief description of the therapeutic process.

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### SCHEMAS - WHAT THEY ARE

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A schema is an extremely stable and enduring pattern that develops during childhood 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, is quite successful.

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 18 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.

## THE SCHEMAS

### Disconnection and Rejection

**The expectation that one's needs for security, safety, stability, nurturance, empathy, sharing of feelings, acceptance, and respect will not be met in a predictable manner. Typical family origin is detached, cold, rejecting, withholding, lonely, explosive, unpredictable, or abusive.**

#### 1. Abandonment/Instability

The perceived instability or unreliability of those available for support and connection. Involves the sense that significant others will not be able to continue providing emotional support, connection, strength, or practical protection because they are emotionally unstable and unpredictable (e.g. angry outbursts), unreliable, or erratically present; because they will die imminently; or because they will abandon the patient in favour of someone better.

#### 2. Mistrust/Abuse

The expectation that others will hurt, abuse, humiliate, cheat, lie, manipulate, or take advantage. Usually involves the perception that the harm is intentional or the result of unjustified and extreme negligence. May include the sense that one always ends up being cheated relative to others or "getting the short end of the stick."

#### 3. Emotional Deprivation

The expectation that one's desire for a normal degree of emotional support will not be adequately met by others. The three major forms of deprivation are:

- A. **Deprivation of Nurturance:** Absence of attention, affection, warmth, or companionship.
- B. **Deprivation of Empathy:** Absence of understanding, listening, self-disclosure, or mutual sharing of feelings from others.
- C. **Deprivation of Protection:** Absence of strength, direction, or guidance from others.

#### 4. Defectiveness/Shame

The feeling that one is defective, bad, unwanted, inferior, or invalid in important respects or that one would be unlovable to significant others if exposed. May involve hypersensitivity to criticism, rejection, and blame; self-consciousness, comparisons, and insecurity around others; or a sense of shame regarding one's perceived flaws. These flaws may be **private** (e.g., selfishness, angry impulses, unacceptable sexual desires) or **public** (e.g., undesirable physical appearance, social awkwardness).

#### 5. Social Isolation/Alienation

The feeling that one is isolated from the rest of the world, different from other people, and/or not part of any group or community.

### Impaired Autonomy and Performance

**Expectations about oneself and the environment that interfere with one's perceived ability to separate, survive, function independently, or perform successfully. Typical family origin is enmeshed, undermining of child's confidence, overprotective, or failing to reinforce child for performing competently outside the family.**

## 6. **Dependence/Incompetence**

Belief that one is unable to handle one's everyday responsibilities in a competent manner, without considerable help from others (e.g., take care of oneself, solve daily problems, exercise good judgment, tackle new tasks, make good decisions). Often presents as helplessness.

## 7. **Vulnerability to Harm or Illness**

Exaggerated fear that imminent catastrophe will strike at any time and that one will be unable to prevent it. Fears focus on one or more of the following: (A) Medical catastrophes (e.g., heart attacks, AIDS); (B) Emotional catastrophes (e.g., going crazy); (C) External catastrophes (e.g., elevators collapsing, victimization by criminals, airplane crashes, earthquakes).

## 8. **Enmeshment/Undeveloped Self**

Excessive emotional involvement and closeness with one or more significant others (often parents) at the expense of full individuation or normal social development. Often involves the belief that at least one of the enmeshed individuals cannot survive or be happy without the constant support of the other. May also include feelings of being smothered by or fused with others or insufficient individual identity. Often experienced as a feeling of emptiness and foundering, having no direction, or in extreme cases questioning one's existence.

## 9. **Failure**

The belief that one has failed, will inevitably fail, or is fundamentally inadequate relative to one's peers in areas of achievement (school, career, sports, etc.). Often involves beliefs that one is stupid, inept, untalented, lower in status, less successful than others, and so forth.

## **Impaired Limits**

**Deficiency in internal limits, responsibility to others, or long-term goal orientation. Leads to difficulty respecting the rights of others, cooperating with others, making commitments, or setting and meeting realistic personal goals. Typical family origin is characterized by permissiveness, overindulgence, lack of direction, or a sense of superiority rather than appropriate confrontation, discipline, and limits in relation to taking responsibility, cooperating in a reciprocal manner, and setting goals. In some cases, the child may not have been pushed to tolerate normal levels of discomfort or may not have been given adequate supervision, direction, or guidance.**

## 10. **Entitlement/Grandiosity**

The belief that one is superior to other people; entitled to special rights and privileges; or not bound by the rules of reciprocity that guide normal social interaction. Often involves insistence that one should be able to do or have whatever one wants, regardless of what is realistic, what others consider reasonable, or the cost to others; or an exaggerated focus on superiority (e.g., being among the most successful, famous, wealthy) in order to achieve power or control (not primarily for attention or approval). Sometimes includes excessive competitiveness toward or domination of others: asserting one's power, forcing one's point of view, or controlling the behavior of others in line with one's own desires without empathy or concern for others' needs or feelings.

## 11. **Insufficient Self-Control/Self-Discipline**

Pervasive difficulty or refusal to exercise sufficient self-control and frustration tolerance to achieve one's personal goals or to restrain the excessive expression of one's emotions and impulses. In its milder form, the patient presents with an exaggerated emphasis on **discomfort avoidance**: avoiding pain, conflict, confrontation, responsibility, or overexertion at the expense of personal fulfillment, commitment, or integrity.

## Other-Directedness

**An excessive focus on the desires, feelings, and responses of others, at the expense of one's own needs in order to gain love and approval, maintain one's sense of connection, or avoid retaliation. Usually involves suppression and lack of awareness regarding one's own anger and natural inclinations. Typical family origin is based on conditional acceptance: Children must suppress important aspects of themselves in order to gain love, attention, and approval. In many such families, the parents' emotional needs and desires—or social acceptance and status—are valued more than the unique needs and feelings of each child.**

### 12. Subjugation

Excessive surrendering of control to others because one feels coerced—submitting in order to avoid anger, retaliation, or abandonment. The two major forms of subjugation are:

**A. Subjugation of needs:** Suppression of one's preferences, decisions, and desires.

**B. Subjugation of emotions:** Suppression of emotions, especially anger. Usually involves the perception that one's own desires, opinions, and feelings are not valid or important to others. Frequently presents as excessive compliance, combined with hypersensitivity to feeling trapped. Generally leads to a buildup of anger, manifested in maladaptive symptoms (e.g., passive-aggressive behavior, uncontrolled outbursts of temper, psychosomatic symptoms, withdrawal of affection, "acting out," substance abuse).

### 13. Self-Sacrifice

Excessive focus on voluntarily meeting the needs of others in daily situations at the expense of one's own gratification. The most common reasons are: to prevent causing pain to others; to avoid guilt from feeling selfish; or to maintain the connection with others perceived as needy. Often results from an acute sensitivity to the pain of others. Sometimes leads to a sense that one's own needs are not being adequately met and to resentment of those who are taken care of. (Overlaps with concept of codependency.)

### 14. Approval-Seeking/Recognition-Seeking

Excessive emphasis on gaining approval, recognition, or attention from other people or on fitting in at the expense of developing a secure and true sense of self. One's sense of esteem is dependent primarily on the reactions of others rather than on one's own natural inclinations. Sometimes includes an overemphasis on status, appearance, social acceptance, money, or achievement as means of gaining approval, admiration, or attention (not primarily for power or control). Frequently results in major life decisions that are inauthentic or unsatisfying or in hypersensitivity to rejection.

## Overvigilance and Inhibition

**Excessive emphasis on suppressing one's spontaneous feelings, impulses, and choices or on meeting rigid, internalized rules and expectations about performance and ethical behavior, often at the expense of happiness, self-expression, relaxation, close relationships, or health. Typical family origin is grim, demanding, and sometimes punitive: performance, duty, perfectionism, following rules, hiding emotions, and avoiding mistakes predominate over pleasure, joy, and relaxation. There is usually an undercurrent of pessimism and worry that things could fall apart if one fails to be vigilant and careful at all times.**

### 15. Negativity/Pessimism

A pervasive, lifelong focus on the negative aspects of life (pain, death, loss, disappointment, conflict, guilt, resentment, unsolved problems, potential mistakes, betrayal,

things that could go wrong, etc.) while minimizing or neglecting the positive or optimistic aspects. Usually includes an exaggerated expectation—in a wide range of work, financial, or interpersonal situations—that things will eventually go seriously wrong or that aspects of one's life that seem to be going well will ultimately fall apart. Usually involves an inordinate fear of making mistakes that might lead to financial collapse, loss, humiliation, or being trapped in a bad situation. Because they exaggerate potential negative outcomes, these individuals are frequently characterized by chronic worry, vigilance, complaining, or indecision.

#### **16. Emotional Inhibition**

The excessive inhibition of spontaneous action, feeling, or communication, usually to avoid disapproval by others, feelings of shame, or losing control of one's impulses. The most common areas of inhibition involve: (a) inhibition of anger and aggression; (b) inhibition of positive impulses (e.g., joy, affection, sexual excitement, play); (c) difficulty expressing vulnerability or communicating freely about one's feelings, needs, and so forth; or (d) excessive emphasis on rationality while disregarding emotions.

#### **17. Unrelenting Standards/Hypercriticalness**

The underlying belief that one must strive to meet very high internalized standards of behavior and performance, usually to avoid criticism. Typically results in feelings of pressure or difficulty slowing down and in hypercriticalness toward oneself and others. Must involve significant impairment in pleasure, relaxation, health, self-esteem, sense of accomplishment, or satisfying relationships.

Unrelenting standards typically present as (a) **perfectionism**, inordinate attention to detail, or an underestimate of how good one's own performance is relative to the norm; (b) **rigid rules** and "shoulds" in many areas of life, including unrealistically high moral, ethical, cultural, or religious precepts; or (c) preoccupation with **time and efficiency**, the need to accomplish more.

#### **18. Punitiveness**

The belief that people should be harshly punished for making mistakes. Involves the tendency to be angry, intolerant, punitive, and impatient with those people (including oneself) who do not meet one's expectations or standards. Usually includes difficulty forgiving mistakes in oneself or others because of a reluctance to consider extenuating circumstances, allow for human imperfection, or empathize with feelings.