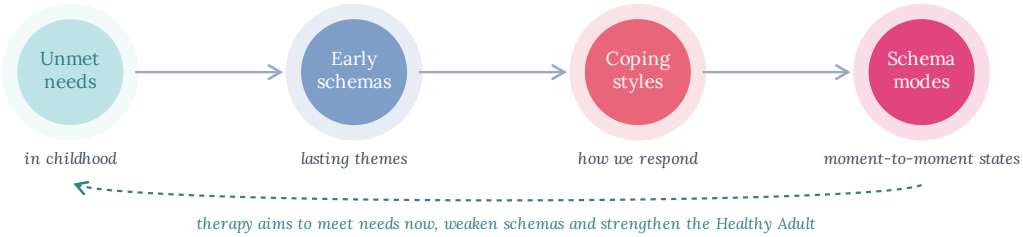
Schema Therapy

LEARN · JEFFREY YOUNG'S MODEL

How unmet childhood needs can shape lifelong patterns, and how those patterns can change

Developed by Jeffrey Young, schema therapy integrates cognitive behavioural, attachment, experiential and psychodynamic ideas. It suggests that when core emotional needs are not met early in life, lasting patterns called schemas can form, shaping how we think, feel and relate (Young et al., 2003).



01 Core emotional needs

what every child needs

Secure attachment
safety, stability, nurturance and acceptance

Autonomy
competence and a sense of identity

Expression
freedom to express valid needs and emotions

Spontaneity
room for play and joy

Realistic limits
and the capacity for self-control

02 18 early maladaptive schemas

grouped into five domains

Disconnection & rejection
need: secure attachment
- Abandonment / instability
- Mistrust / abuse
- Emotional deprivation
- Defectiveness / shame
- Social isolation / alienation

Impaired autonomy & performance
need: autonomy and competence
- Dependence / incompetence
- Vulnerability to harm or illness
- Enmeshment / undeveloped self
- Failure

Impaired limits
need: realistic limits
- Entitlement / grandiosity
- Insufficient self-control / self-discipline

Other-directedness
need: freedom to express needs
- Subjugation
- Self-sacrifice
- Approval-seeking / recognition-seeking

Overvigilance & inhibition
need: spontaneity and play
- Negativity / pessimism
- Emotional inhibition
- Unrelenting standards / hypercriticalness
- Punitiveness

03 Three coping styles

how we respond when a schema is triggered

Surrender
Giving in to the schema and acting as if it is true.
Defectiveness: choosing critical partners

Avoidance
Steering clear of thoughts, feelings or situations that trigger it.
Defectiveness: avoiding closeness

Overcompensation
Fighting the schema by acting as if the opposite were true.
Defectiveness: appearing superior

04 Schema modes

the states we can shift between

CHILD MODES
Vulnerable Child
Angry Child
Impulsive Child
Happy Child

COPING MODES
Compliant Surrenderer
Detached Protector
Overcompensator

INNER CRITIC MODES
Punitive Parent
Demanding Parent
internalised critical voices

HEALTHY ADULT
cares for the child modes, limits the critic, and meets needs

05 How change happens

a warm and active therapy

Limited reparenting
Within professional boundaries, the therapist partly meets unmet needs, offering a corrective experience.

Empathic confrontation
Understanding why a pattern developed, while gently challenging how it keeps going now.

Three kinds of technique
Cognitive work, experiential work such as imagery rescripting and chair work, and behavioural pattern-breaking.

The evidence. In a randomised trial for borderline personality disorder, schema therapy outperformed transference-focused psychotherapy over three years (Giesen-Bloo et al., 2006). Research is growing; later work has proposed some refinements to the domain structure.

SOURCES

Giesen-Bloo, J., van Dyck, R., Spinhoven, P., van Tilburg, W., Dirksen, C., van Asselt, T., Kremers, I., Nadort, M., & Arntz, A. (2006). Outpatient psychotherapy for borderline personality disorder: Randomized trial of schema-focused therapy vs transference-focused psychotherapy. *Archives of General Psychiatry, 63*(6), 649–658.
Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. Guilford Press.

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