

SCHEMAS
WHAT'S GOING ON?
By Marlene and Bob Neufeld

We have been using a new-to-us tool with most of our clients called schema therapy. It has allowed us to give our clients a 232-item questionnaire, which measures their maladaptive schemas. This gives us a short cut to identifying unmet childhood needs, ego states and personas, which we then explore in body-centered and emotionally focused ways. For more about schema therapy please visit www.schematherapy.com.

What are Schemas? Jeffrey Young developed the schema-focused approach to address lifelong, self-defeating patterns called early maladaptive schemas. Over a period of 15 years, Young and associates identified 18 early maladaptive schemas (EMS) through clinical observation. Most people have at least two or three of these schemas, and often more. An early maladaptive schema has been defined by Jeffrey Young as ‘a broad pervasive theme or pattern regarding oneself and one's relationship with others, developed during childhood and elaborated throughout one's lifetime, and dysfunctional to a significant degree’.

Schemas are extremely stable and enduring patterns, comprising of memories, bodily sensations, emotions, and thoughts. Schemas develop during childhood and are 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. Once schemas are activated, intense emotions are felt. When a person has an EMS like abandonment, they have all the memories of early abandonment, the emotions of anxiety or depression, which are attached to abandonment, bodily sensations and thoughts that people are going to leave them. An Early Maladaptive Schema, therefore, is the deepest level of cognition that contains memories and intense emotions when activated.

Recently, we experienced this first hand. We had planned a quiet evening together watching a video. Bob wanted to watch the movie “Agora”. For the last few months, Marlene has had difficulty watching violence in movies, with her whole body responding with shuddering and jerking. She voiced her fear that the movie would be too violent for her to watch. Bob got into a “subjugation” EMS, and decided he wanted to watch it anyway.

A subjugation EMS 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”. Bob started to believe that his desires, opinions and feelings weren't important to Marlene. However, instead of voicing that, he over-compensated with his “entitlement” EMS.

One of the hallmarks of the entitlement EMS 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”.

When Marlene’s body started reacting to the violence in the video, she decided to leave the room. Bob decided to continue to watch the movie from that place of “I should be able to do whatever I want”. When the movie was over he realized that he hadn’t really enjoyed it, and regretted his choice. Because he had been in the schemas he hadn’t been able to make an adult, essence choice. Bob also noticed that he had a sense of distance from Marlene.

In the past Marlene would have gotten into her own “self-sacrifice” schema (watching the video even though it was physically uncomfortable) and “emotional deprivation” schema (my own needs never get met). This time, Marlene was able to stay curious and remain available for connection when Bob realized what had happened. We were able to reconnect without drama.

Where do Schemas come from? The three basic origins of schemas are:

1. Early childhood experiences.
2. The innate temperament of the child.
3. Cultural influences.

It is believed that the combination of these three lead to early maladaptive schemas.

Bob’s subjugation EMS was born out of his experiences with his domineering older brother. It also was influenced by his temperament, which was to want to please others, and the culture into which he was born; peace-loving Mennonites. Marlene’s self-sacrifice and emotional deprivation schemas also came from her early childhood experiences, also as second born. Her temperament was also one of wanting to please and she was born into the same culture. Added to this, was the fact that both the family she was born into and the culture she was born into valued males more than females.

We unconsciously reinforce our schemas. Long after we leave the home we grew up in, we continue to create situations in which we are mistreated, ignored, put down or controlled and in which we fail to reach our desired goals. Schemas are perpetuated throughout one’s lifetime and become activated under conditions relevant to that particular schema.

Bob found himself throughout his lifetime, in situations in which he believed he was being subjugated. Was this actually accurate? Or was he just seeing the world that way? Or was he attracting this into his life in some way? It is hard to say; and not necessarily important. The important thing to remember is that until Bob took healthy responsibility for this schema he was not able to see how his worldview was influencing his experience.

Understanding more about schemas: The schemas are grouped into five categories called domains. A schema domain is a grouping of schema resulting from the frustration of related developmental needs. Children have certain developmental needs, and each of

the five domains relates to one grouping of childhood needs, so, for example, when a child doesn't get enough attention or love they develop an emotional deprivation schema which is part of disconnection and rejection domain.

Both the subjugation and self-sacrifice schema fall into the "Other-Directedness" domain, which is related to a family origin based on conditional acceptance: children must suppress important aspects of themselves in order to gain love, attention, and approval. Marlene's emotional deprivation schema falls into the domain of "Disconnection & Rejection" where the typical family origin is detached, cold and withholding. Knowing this helped us release the past.

One of the reasons that schemas are hard to change is because they are not stored through logic, but in an emotional part of the brain called the amygdala, as opposed to a part of the brain that's readily amenable to logical analysis or discourse. They are self-perpetuating, very resistant to change and usually do not go away without conscious exploration. For example, someone may have a schema of personal incompetence, from which his or her actions are consistently interpreted as "not good enough".

Overwhelming success in people's lives is often still not enough to change the schema. Someone else may have a schema of mistrust, from which all interpersonal actions by others are seen as suspicious. A third person may have a dependency schema and feel unable to function alone without help. Even when presented with evidence that disproves the schema, individuals distort data to maintain its validity. The schema fights for its own survival, and usually, quite successfully.

Coping with Schemas: Different people cope with their schemas in different ways. This explains why children raised in the same environment can appear to be so different. For example, two children with abusive parents may respond differently. One could become a passive, frightened victim and the other child could respond by becoming openly rebellious and defiant. Partly this is because we have different temperaments at birth. Our temperaments push us in certain directions. Partly this is because we may unconsciously choose different parents to "copy" or model ourselves after.

There are **three broad coping styles**, which ultimately reinforce the schemas through avoiding experiencing painful emotions associated with schema activation. Both Bob and Marlene have an "unrelenting standards" schema. However, we didn't realize this until we did the schema questionnaire, even though we had known each other 44 years. This is because we had different coping styles to our "unrelenting standards" schema.

Schema surrender is everything the person does to keep the schema going, by remaining in the situation and unconsciously recreating the schema, e.g. if someone has a defectiveness schema and they stay in a relationship with someone who has criticized them, they are surrendering to the schema, they are staying in the situation but allowing themselves to be criticized thus enhancing the schema. Marlene surrendered to the "unrelenting standards" schema for most of her life. She believed that was the only way

to live, and didn't see other options. If anyone pointed out to her that her standards were high she would agree but not see a problem with that.

Schema avoidance is avoiding the schema either by avoiding situations that trigger the schema or by psychologically removing yourself from the situation so you don't have to feel the schema. An example of avoidance might be the person with a mistrust schema who avoids making friendships because of the fear of being hurt or taken advantage of. This action only tends to reinforce the belief when others pick up the coolness and distance themselves. Bob responded to his "unrelenting standards" schema with more avoidance. He would avoid situations throughout his life that would call forth his high standards. He felt uncomfortable with them and didn't want to face them or his potential inability to meet them.

Schema overcompensation is an excessive attempt to fight the schema by trying to do the opposite of what the schema would tell you to do. So if someone has a subjugation schema, they might rebel against the people who are subjugating them. If the overcompensation is too extreme it ultimately backfires and reinforces the schema. A form of overcompensation is externalizing the schema, by blaming others and becoming aggressive. Another way can be achieving at a very high level, whereby, a person who feels defective works 80 hours a week to overcompensate. Bob also responded to his "unrelenting standards" schema with overcompensating; seeing Marlene as the person who had high standards and not recognizing his own.

Before we became aware of our patterns we had countless arguments in which Marlene would be attempting to force her high standards onto Bob and he would either be avoiding them, or seeing them as hers. Marlene would try to "police" Bob into being more accurate, or politically correct, or more grammatical. None of these were effective as they all put us on the drama triangle. For more about the drama triangle please see articles on our website.

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, these schemas dominate our thoughts and feelings. It is at these moments that people tend to experience extreme negative emotions and have dysfunctional thoughts. Conversely, a high negative emotional charge means a schema is operating.

What is a schema stew? Frequently, there is more than one EMS operating together. Recently we were exploring with a couple, her disappointment over date night not meeting her expectations. She became aware of an entire stew of schemas that were operating together; her own self-sacrifice (I give so much); her emotional deprivation (my needs will never get met), her mistrust (I can't count on him); her unrelenting standards (it's never good enough) and her entitlement (I deserve more). All of this was played out in the one thought "If he really love me, he'd ..."

We call the part of us that acts out the schema or the “schema stew” a **persona**. We have previously written about personas and the drama triangle. For more information about this way of looking at our personalities please see the articles on our website.

One important aspect of our work that we have adopted from the work of Drs. Gay & Kathlyn Hendricks is that every persona has an aspect of our essence as part of it. Without this aspect we would not recognize ourselves; it is essential to who we really are.

For example, Marlene’s self-sacrifice schema has an essence of generosity. Without that essence aspect Marlene would not be who she is. There is absolutely nothing wrong with Marlene’s generosity; however, when it is out of balance, when Marlene is being more generous to others than herself, she can get caught in a self-defeating pattern.

The essence of the unrelenting standards EMS is the high standards and work ethic that both Marlene and Bob learned in their hard-working Mennonite families of origin. Again, there is nothing wrong with working hard and holding yourself and others to a high standard. The unrelenting standards become maladaptive when we are trying to avoid criticism (our own or someone else’s) instead of doing a good job because it makes us feel good. Also, when high standards are applied without considering extenuating circumstances, allowing for human imperfection, or empathizing with feelings they can get us in trouble.

What can we do about our schemas? The solution is therefore not to eradicate the schemas from ourselves. The solution is to make friends with them, to loosen their grip so that we can have more choice about our behaviour. We do this through mindfulness, becoming aware of them, and then bringing loving attention to ourselves, playing with the personas and feeling the feelings underneath. We have a number of articles on our website about being open to learning, taking ourselves lightly and/or turning whatever is going on into creative expression. We also invite you to watch us on youtube (<http://www.youtube.com/watch?v=CkDGxi74k9c>) for our personal experiences of using creativity in our lives.

When we become aware of our schemas and those of our partners, then we can apply loving kindness and appreciation to them, creating empathy for others and ourselves.

You can download a version of the schema questionnaire which can assess your early maladaptive schemas from the schema therapy website (www.schematherapy.com). The version on the website is no longer being used. You can also contact Marlene and Bob to take the current version of the schema questionnaire and receive an analysis of your scores.