

# Schema Therapy

Link to Assessment: <https://www.attachmentproject.com/early-maladaptive-schemas/>

(Please allow 30 minutes to complete)

## ***What are Early Maladaptive Schemas (Life Traps)?***

The most basic concept in Schema Therapy is an Early Maladaptive Schema. We define schemas as: “broad, pervasive themes regarding oneself and one’s relationship with others, developed during childhood and elaborated throughout one’s lifetime, and dysfunctional to a significant degree.”

Early Maladaptive Schemas began with something that was done to us by our families or by other children, which damaged us in some way. We might have been abandoned, criticized, overprotected, emotionally or physically abused, excluded, or deprived. As a result, schema(s) developed that continue to color how we view ourselves, others, and the world. Maladaptive schemas may develop from early childhood experiences including:

The child who did not get his/her core needs met. The core emotional needs of every child include safety; stable base/predictability; love, nurturing and attention; acceptance and praise; empathy and understanding; autonomy; realistic limits; validation of feelings and needs; and fun, play and spontaneity.

The child who was traumatized by a very domineering, abusive, or overly critical parent.

The child who internalized the negative voice of a parental figure. This may happen either due to the parent directly taking to the child in a punitive, critical way or making excessive demands on a child – or by the child seeing the parent(s) do this to themselves. When the child internalizes the punitive, critical or demanding voice of the parent, the child then grows into an adult with these schema modes.

The child who received too much of a good thing. The child may have been overprotected, overindulged, or given an excessive degree of freedom and autonomy without any limits being set.

Schemas fight to stay alive. We distort our view of the events in our lives in order to maintain the validity of our schemas. Schemas may remain dormant until they are activated. Schemas are like tsunamis. They remain dormant until an earthquake erupts under the surface to trigger your schema(s) and then you behave in ways that are extreme or inappropriate for the situation.

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## ***What are the 18 Schemas?***

### **DISCONNECTION & REJECTION**

#### **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 favor 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**

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.

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## **IMPAIRED AUTONOMY & PERFORMANCE**

### **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, victimized 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 floundering, 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, ignorant, lower in status, less successful than others, etc.

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## **IMPAIRED LIMITS**

### **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, 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.

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## **OTHER-DIRECTEDNESS**

### **12. SUBJUGATION**

Excessive surrendering of control to others because one feels coerced — usually 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 emotional expression, 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 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.

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## **OVER-VIGILANCE & INHIBITION**

### **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 potential negative outcomes are exaggerated, these patients 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 & 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, etc.; or (d) excessive emphasis on rationality while disregarding emotions.

### **17. UNRELENTING STANDARDS / HYPER-CRITICALNESS**

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 hyper criticalness 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 in many areas of life, including unrealistically high moral, ethical, cultural, or religious precepts; or (c) preoccupation with time and efficiency, so that more can be accomplished.

### **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.

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***Journaling Questions for each Life Trap:***

- Which parts of the life trap description do I relate to?
- How is this life trap currently impacting me?
- What are the past impacts of this life trap?
- What past event/circumstance led me to form this maladaptive belief?
- What are the exceptions to this belief?