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# MINDFULNESS and SCHEMA THERAPY

## A Practical Guide

Foreword by Professor Mark Williams

WILEY Blackwell

# Mindfulness and Schema Therapy

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*A Practical Guide*

Michiel van Vreeswijk
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Ger Schurink

*Translation by Jan van der Tempel*

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# Contents


About the Authors vii
Foreword ix
Acknowledgments xii

**Part I Theoretical Background 1**

1 Introduction 3

2 Schema Therapy 6

3 Mindfulness 14

**Part II Training Manual 45**

4 Framework 47

5 (Contra)indications 50

6 Training 53

*Session 1—Schemas, Modes, and Mindfulness Training* 62
*Session 2—Mindfulness of Your Environment* 64
*Session 3—Mindful Breathing* 66
*Session 4—Mindfulness of Schema Coping* 66
*Session 5—Allowing and Accepting What Is* 68
*Session 6—Schemas: Fact or Fiction?* 68
*Session 7—Caring for Yourself through the Healthy Adult and the Happy Child* 69

*Session 8—The Future* 70
*Follow-up Sessions* 71
*Follow-up Session 1* 72
*Follow-up Session 2* 73

7 Pitfalls 74

8 Conclusion 83
*Appendix II-A: Test Result Example* 85
*Appendix II-B: Mindfulness and Schema Therapy Handout* 87
*Appendix II-C: Schema and Modes Worksheet* 98

**Part III Participant Workbook 99**

9 Participant Workbook 101
*Session 1—Schemas, Modes, and Mindfulness Training* 102
*Session 2—Mindfulness of Your Environment* 114
*Session 3—Mindful Breathing* 120
*Session 4—Mindfulness of Schema Coping* 126
*Session 5—Allowing and Accepting What Is* 135
*Session 6—Schemas: Fact or Fiction?* 143
*Session 7—Caring For Yourself Through the Healthy Adult and the Happy Child* 150
*Session 8—The Future* 161
*Follow-up Session 1* 169
*Follow-up Session 2* 174
*Appendix III-A: Homework Sheet—Everyday Mindfulness* 181
*Appendix III-B: Homework Sheet—Five-Facet M Questionnaire* 183
*Appendix III-C: Homework Sheet—Cultivating Schema Mindfulness* 186
*Appendix III-D: Homework Sheet—Writing a Summary* 188
*Appendix III-E: Schema Coping Questionnaire* 190

**Part IV List of Audio Files 193**

Bibliography 195
Index 204

# About the Authors

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**Jenny Broersen**, MSc, is a mental health care psychologist and psychotherapist. She is a supervisor in cognitive-behavior therapy and schema therapy (Dutch register Schema Therapy and International Society of Schema Therapy). During the last 15 years she has worked in outpatient and day treatment settings. Broersen is the site director of G-kracht psychomedisch centrum BV in Amsterdam, together with her colleague Marjon Nadort. She also works in the mental health care institute GGZ Delfland in Delft (The Netherlands). She is co-author/editor of several schema books, chapters, and articles and gives post-doctoral courses in schema therapy and cognitive-behavior therapy.

**Ger Schurink**, MSc, is a psychotherapist, health psychologist, and cognitive-behavioral therapist. He is a certified supervisor in cognitive-behavior therapy, has a private practice in The Netherlands, and is a trainer in Mindfulness Based Cognitive Therapy. He is the (co-)author of several books and articles.

# Foreword

The field of psychological science is undergoing something of a revolution in the way it sees the origin and maintenance of emotional problems. From this vision a new way of helping those people who come to therapy is emerging. This book contributes to this development.

In the 1970s and 1980s the main concern of research in clinical psychology was to investigate biases in information processing. The field was dominated by experiments demonstrating, again and again, the extent to which people suffering from depression or from anxiety disorders of various kinds, showed biases in the way they attended to their internal or external environment; biases in the way they remembered the past or anticipated the future; biases in their judgments and interpretations. Part of this approach was research on schemas. Schemas are information-processing structures that normally assist in the streamlining of encoding and retrieval of complex sets of information. Such structures are enormously valuable in making cognitive processing efficient, but they can also make habitual the biases that are seen elsewhere in the information-processing system, establishing them into a biased sense of "self," "me," and "how I am." When such patterns of processing become automatic in this way,

these habitual reactions in thinking, feeling, and interacting with the world coalesce to form higher-order patterns: this we label "personality."

This phase of the development of cognition and emotion research was hugely influential and highly productive in terms of its effects on cognitive and behavioral approaches. Yet gradually, as more research was done, we saw that there were other elements in the picture. In particular, we began to see that the ways people *react* to their own biased processing could determine whether the reaction would be maintained and exacerbate, or extinguish and fade. It was found that emotional problems were often maintained not only by the bias in attention, memory, judgments, or schemas, but by the processes that "come on line" to try and deal with such biases. Chief among these are two processes: the tendency to elaborate, become enmeshed in, or ruminate about things on the one hand; and the tendency to avoid, suppress, and push things away on the other. Dealing with these tendencies had always been implicit within cognitive and behavioral approaches, but the increasing awareness of the power of these ruminative and avoidance processes gave a new impetus to attempts to find explicit ways of dealing with them.

Mindfulness training is one such approach. It invites us to learn how to attend, first to moment-by-moment experience (internal or external), and then to see clearly how the mind can be caught up in elaboration or avoidance. Gradually, through such training, we learn to broaden awareness so we can see how a whole *mode of mind* is activated when things don't go the way we want them to go, and how this "doing" mode, so useful in many circumstances, does not serve us when we are trying our best to deal with difficult and destructive emotions. In mindfulness training, by seeing the patterns of the mind more clearly, we are better able to make choices about what action, if any, to take. What emerges is a sense of having more space, having a greater capacity for wisdom and a deeper sense of compassion for the self and for others. Together with other new approaches that focus on dealing skilfully with rumination and avoidance, and approaches that cultivate acceptance, commitment, and compassion, mindfulness

approaches are changing the way we think about emotion, and about what it is that any of us needs when the "storms in the mind" are raging and seem to be beyond our control. The evidence from clinical trials shows that the mindfulness approach can have large effects on alleviating emotional problems, and this book is an important next step toward clarifying what is most helpful for whom under what circumstances.

Mark Williams
Author of *The Mindful Way Through Depression: Freeing Yourself From Chronic Unhappiness*

# Acknowledgments

This book incorporates many insights developed by other researchers and practitioners. We would especially like to thank Segal, Williams, and Teasdale, for their permission to use several exercises from their book, *Mindfulness-Based Cognitive Therapy for Depression* (2002). The exercises were slightly adjusted to suit the purposes of this book. We also extend thanks to Bennett-Goldman for letting us edit material from her book (*Emotional Alchemy*, 2001). We thank Susan Simpson for editing the English text.

Last but not least, we want to thank our patients for providing us with the opportunity to mindfully observe how, and what, they themselves observed. Many of their annotations, implicit and explicit, have been assimilated into this work.

Michiel van Vreeswijk
Jenny Broersen
Ger Schurink

# Part I

# Theoretical Background

# 1

# Introduction

Patients with personality problems are often affected by excessive emotion or, conversely, a lack of affect. Schema Therapy is about linking emotions with the triggering of schemas and modes. Through the use of cognitive-behavioral therapy techniques, experiential therapy, and interpersonal practices like limited reparenting, patients learn how to assign new meaning to their emotions and approach them in new ways. Increasingly, Schema Therapy is beginning to include mindfulness techniques in its therapeutic toolbox (e.g. see Van Genderen & Arntz, 2009; Van Vreeswijk, Broersen, & Nadort, 2012; Young, Klosko, & Weishaar, 2003). These techniques are deemed experiential in form. To date, training protocols for mindfulness in Schema Therapy have not yet been established, but the techniques to be involved in such training have been implemented in treatment with a variety of psychiatric disorders, with considerable success.

This protocol contains clear guidelines for providing mindfulness training to patients struggling with schemas and modes. Central to

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this practice is the development of attention skills. Patients are encouraged to practice observing the operation of schemas and modes, and to notice their automatic effects on behavior. Rather than attempting to change how they work, training focuses on cultivating awareness of schemas and modes. Additional areas of attention include the monitoring of emotions, physical sensations, and schema-coping mechanisms.

The protocol lays out a comprehensive program consisting of eight sessions and two follow-up sessions. It is presumed that training will be offered in a group setting, but it can be applied just as easily on an individual basis. At the following website, http://www.mfvanvreeswijk.com, patients can buy mindfulness exercises (audio files), like the ones in this book. We consider these required listening, as experience has shown the training to be more effective when participants practice on their own, outside of the group meetings.

For some patients this protocol will run concurrently with existing (Schema) therapy. Others may not yet have commenced treatment, in which case the development of schema and mode awareness will better prepare them for therapy. Certain individuals will no longer require treatment subsequent to participation in mindfulness training. This may be the case with patients who report relatively mild levels of distress or show limited motivation for treatment.

This book employs the term *participant* as well as *patient*. A conscious decision was made to use the term participant in chapters describing the mindfulness training protocol, and the term patient in others. This designation is based on the functional distinction between patients, who sign up for training, and participants, who engage in training. For the same reasons, the term *therapist* is replaced with *trainer* in chapters dealing with the protocol.

We will not delve into any in-depth discussions of the personality disorders and Schema Therapy literature, as these topics have already enjoyed thorough coverage in other books (e.g., van Vreeswijk, Broersen, & Nadort, 2012). Nor shall we consider the subject of group dynamics. Suffice it to say that experience in group-based therapy and training in personality disorders is vital for

those planning to apply this material in group settings. We also recommend training in mindfulness-based cognitive therapy and the book *Mindfulness-Based Cognitive Therapy for Depression*, by Segal, Williams, and Teasdale (2002).

The creation of this protocol was motivated by positive experience with the application of mindfulness techniques in Schema Therapy, even in cases of profound personality disorder. A pre-post study and a randomized controlled trial are currently in progress, and the results will be described in forthcoming articles.

Prior to attending "Training Mindfulness and Schema Therapy," Chantal frequently showed up at the polyclinic or crisis center following a sudden relationship breakup or impulsive self-injury.

During the initial training sessions, Chantal comments on how bored she is with the program. It's not yielding results fast enough for her. The trainers suggest that Chantal practice renewing her focus, moment by moment, on whatever feelings, thoughts, or impulses to act may occur, and to resist her tendency to react. Over the course of the training, the number of crises she reports subsides; during the follow-up period, there are barely any. Although she did not practice all of the material consistently, Chantal now considers the training to have been of great value. She has become more aware of the operation of her schemas and modes and how these put her on automatic pilot. By learning how to recognize and identify schema/mode patterns, she is developing a greater capacity for mindful decision making, reducing the amount of automatic, impulsive behavior.

# 2

# Schema Therapy

Schema Therapy is an integrative system of psychotherapy for people with personality problems and/or enduring Axis I disorders. Developed by Dr. Jeffrey Young (Young, Klosko, & Weishaar, 2003), it incorporates theories and techniques derived from cognitive-behavioral therapy, interpersonal psychotherapy, Gestalt therapy, psychodynamic therapy, and attachment theory (for a detailed description of relevant theory, practice, and research, see Van Genderen & Arntz, 2009; Van Vreeswijk, Broersen, & Nadort, 2012; Young et al., 2003).

## Schema and Mode Definitions

Schema Therapy utilizes the concepts of schemas and modes. Schemas are considered to represent the way people perceive themselves, others, and the world around them. They are constructed out of sensory perceptions, emotions, and actions etched into memory during previous experiences, especially in childhood (Arntz, Van Genderen, & Wijts, 2006; Rijkeboer, Van Genderen, & Arntz, 2007; Young et al., 2003).

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While schemas are seen as *trait* features of personality, modes refer to *state* features. Modes are a combination of the schemas and behaviors—adaptive or maladaptive—that are present at any particular moment (Lobbestael, Van Vreeswijk, & Arntz, 2007; Young et al., 2003). Modes can also be seen as the moods in which individuals may dwell for short or longer periods of time, and can alternate or change at the drop of a hat.

Nineteen schemas and twenty modes have been established so far (for an overview, see Table 2.1; for a description of schemas and

**Table 2.1** Schemas and modes

| *Nineteen schemas* | *Twenty modes* |
|---|---|
| Emotional Deprivation | Vulnerable Child |
| Abandonment/Instability | Angry Child |
| Mistrust and/or Abuse | Enraged Child |
| Social Isolation/Alienation | Impulsive Child |
| Defectiveness/Shame | Undisciplined Child |
| Social Undesirability | Happy Child |
| Failure | Compliant Surrender |
| Dependence/Incompetence | Detached Protector |
| Vulnerability to Harm and Illness | Detached Self-soother |
| Enmeshment/Undeveloped Self | Self-Aggrandizer |
| Subjugation | Bully and Attack |
| Self-Sacrifice | Punitive Parent |
| Approval Seeking* | Demanding Parent |
| Emotional Inhibition | Healthy Adult |
| Unrelenting Standards/Hypocritical | Angry Protector** |
| Negativity and Pessimism* | Obsessive Over-Controller** |
| Punitiveness* | Paranoid** |
| Entitlement/Grandiosity | Conning and Manipulative** |
| Insufficient Self-Control/Self-Discipline | Predator** |
| | Attention-seeker** |

*These schemas are not yet identifiable using the Schema Questionnaire (YSQ).
**These modes have not (yet) been added to the Schema Mode Inventory (SMI-1).
Source: van Vreeswijk, Broersen, and Nadort, 2012. Reproduced with permission of Wiley.

modes, see the patient folder in Appendix II-B). Schemas can be evaluated using the Schema Questionnaire (YSQ-2; Schmidt, Joiner, Young, & Telch, 1995), and modes can be identified using the Schema-Mode Inventory (SMI-1; Young et al., 2007).

Schemas and modes are maintained through various schema coping behaviors, from which three distinct coping styles can be discerned: schema avoidance, schema compensation, and schema surrender. These are defined as follows.

### *Schema avoidance*

The individual attempts to stay out of situations that might trigger the schema, or seeks distractions, in order to avoid thinking about the schema and experiencing related feelings. For instance, someone with the Abandonment/Instability schema will be slow to form attachments with others, because interpersonal bonds entail the possibility of being deserted at a later stage. Such an individual will also try to avoid situations that remind him of past abandonment, so that the feelings connected to those memories remain at bay.

#### Example—Schema avoidance

Bram has suffered many losses in his life. Shortly after his parents' divorce at age five, Bram's mother died of breast cancer. His father soon developed a new relationship, often leaving Bram alone with the babysitter. Bram initiated treatment after his girlfriend unexpectedly left him. After three months of treatment, his female therapist announces an upcoming six-week vacation. Bram does not show up at the following appointment. He misses the next few sessions, without notifying his therapist. Her phone calls go unanswered, until one day, just before her vacation, she receives an email. Bram writes that he may contact her afterwards, but that, for now, the treatment is causing him too much stress.