Michiel van Vreeswijk

Jenny Broersen

Ger Schurink

MINDFULNESS and SCHEMA THERAPY

A Practical Guide

Foreword by Professor Mark Williams

WILEY Blackwell

CONTENTS

List of Tables

Mindfulness and Schema Therapy

A Practical Guide

Michiel van Vreeswijk

Jenny Broersen

Ger Schurink

Translation by Jan van der Tempel

WILEY Blackwell

Cover image: © Mikadun/Shutterstock

Cover design by Design Deluxe

About the Authors

Michiel van Vreeswijk, MSc, is a clinical psychologist, psychotherapist, cognitive-behavioral therapist, certified supervisor in schema therapy and co-director at G-kracht mental health care institute, The Netherlands. He is affiliated as a trainer in schema therapy and cognitive-behavior therapy at several post-doctoral institutes for psychologists and psychiatrists in The Netherlands. He is also affiliated with the RINO Group as main lecturer of psycho-diagnostic assessment. He regularly gives schema therapy workshops in the UK, Germany, other countries, and at conferences of the International Society of Schema Therapy (ISST). He researches schema group therapy and is the (co-)author of many journal articles and books in English, German and Dutch.

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

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 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).

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 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).

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[a]	Demanding Parent
Emotional Inhibition	Healthy Adult
Unrelenting Standards/Hypocritical	Angry Protector[b]
Negativity and Pessimism[a]	Obsessive Over-Controller[b]
Punitiveness[a]	Paranoid[b]
Entitlement/Grandiosity	Conning and Manipulative[b]
Insufficient Self-Control/Self-Discipline	Predator[b]
	Attention-seeker[b]

[a]These schemas are not yet identifiable using the Schema Questionnaire (YSQ).

[b]These modes have not (yet) been added to the Schema Mode Inventory (SMI-1).

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.

Schema compensation

The individual demonstrates the opposite behavior in order to resist the schema. Instead of striving for perfection, someone with the Unrelenting Standards/Hypocritical schema might get sloppy and impulsive, perhaps claiming to enjoy chaos.

Example—Schema compensation

Erica is unfailingly conscientious. Others even find her too conscientious. When Erica finds herself repeatedly hitting a wall at work, reacting to her colleagues' seeming incompetence with increased annoyance, she signs up for therapy. While preparing a case conceptualization, it becomes apparent that Erica holds herself and others to exceedingly high standards. This is one of the reasons for her problems at work. The therapist suspects that additional schemas may be involved, which he suggests they investigate. Because Erica is eager to get results, she announces her recovery to the company physician and returns to work. She proceeds to rush through her tasks, and frequently leaves her files at home or on the train, asserting that she isn't worried about her carelessness. In the next therapy session, Erica seems gloomy, reproachful, and desperate. Her boss has reprimanded her for her sloppiness and she has called in sick again. She hopes the therapist will hurry up and give her some advice, because she is fed up with being unwell.

Schema surrender

The individual behaves in accordance with his schema. He thinks, acts, and feels consistently with the schema. For instance, when the Self-Sacrifice schema is triggered, a person engaging schema surrender as a coping strategy will feel compelled to put the needs and desires of others before his own. He thinks his opinion is unimportant and feels better when accommodating others.

Example—Schema surrender

Alex related the following story to his therapist: Yesterday my girlfriend asked me to pick up some groceries and prepare dinner. So, I left work early and even rescheduled a meeting with my supervisor. When my girlfriend asked me about my day, I told her everything went fine. I told her I hadn't heard anything about the promotion I was lined up for, because I moved the meeting with my boss in order to go grocery shopping. Suddenly my girlfriend became very angry. She found it incredibly stupid that I cancelled the appointment with my supervisor. She said that I'm always busy with other people's business and never with my own. I just looked at her in surprise. Wasn't she the one who asked me to go shopping? So why wouldn't I do that?

A person can employ multiple coping styles. Schema Therapy involves working on improving the way in which schema and mode triggering is handled, and becoming less automatic in the way specific schema coping styles are engaged.

Schema Techniques

Schema Therapy[1] is an integrative approach to treatment that encompasses a variety of techniques from several therapy modalities.

Central to Schema Therapy is the strategy of *limited reparenting*. The therapeutic alliance can have a corrective effect on schemas and modes resulting from early attachment relationships. The therapist is expected to

remain active and transparent throughout. Key factors include judicious self-disclosure, discussion of the therapeutic alliance, and uncovering the schemas and modes that are active within this relationship.

Other important techniques in Schema Therapy involve formulating a schema and/or mode-focused case conceptualization, as well as keeping schema and mode journals that stimulate growing awareness of their activation and operation.

The adequacy of schemas and modes can also be examined through the application of cognitive interventions. Examples of cognitive techniques include advantage/disadvantage analysis, piecharts, multidimensional evaluation, data collection, and the use of a court-case style approach, in which schemas are accused and must be defended.

Other types of intervention may implement behavioral techniques. For instance, role-playing exercises can be used to help bring awareness to the here-and-now. The patient is asked to act out a situation in which a schema or mode typically becomes active. In the first round of the role-playing exercise, conditions are simulated in such a way as to trigger the schema and/or mode in question. Plenty of space is provided for the patient's emotional experience, with particular attention to any schema behavior that may arise. The patient subsequently repeats the role-playing exercise, but this time attempts to react from the perspective of the Healthy Adult.

Experiential interventions are geared toward the experience and expression of emotions associated with (earlier) situations that have contributed to the development of schemas and modes. Examples of experiential techniques in Schema Therapy include historical role-play exercises, chair work techniques,