Provided for non-commercial research and education use. Not for reproduction, distribution or commercial use.

**Author's personal copy Psychoeducation Series** 

# An Introduction to Schema Therapy

Sebastian Salicru Registered Psychologist Board-Approved Supervisor

**PTS Psychology Canberra** 

Empowering People Through Insightful Psychology Results

ptspsychology.com

#### Disclaimer:

The content of this presentation is for informational and educational purposes only. It is not psychotherapy. Nothing found on this document is intended to be a substitute for professional psychological, psychiatric or medical consultation, assessment, diagnosis, advice or treatment.

# What is Schema Therapy?

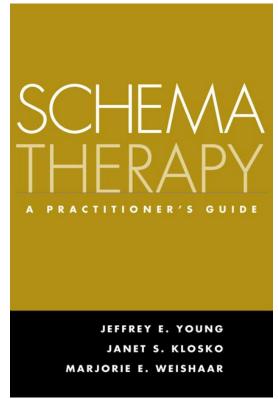
Schema Therapy (ST), or Schema-Focused Cognitive Therapy, is an innovative psychotherapy developed by Dr. Jeffrey Young. He initially developed it to treat personality disorders, or so called "treatment resistant" psychological disorders.

ST has become increasingly popular among psychotherapists in recent times, as a preferred model for the treatment of their clients.

ST is **integrative psychotherapy model** that spawned from Cognitive Behavioural Therapy (CBT), and progressively culminated into a unique integrative treatment for a spectrum of emotional and relational problems, including personality disorders.

ST has now been recognised as an effective and pragmatic type of psychotherapy that integrates previously existing therapies such as: Cognitive Behavioral Therapy, Attachment Theory, Psychoanalytic Object Relations, Self-psychology, Relational Psychoanalysis, Social Constructivism, and Gestalt Therapy.







As newborn humans, we enter the world completely dependent on our caregivers for all our needs.

Compared to other mammals, we enter the world completely helpless.

Unlike other singly borne offspring, our babies cannot immediately get up, feed, or walk around by themselves.





# The Helplessness of Human Infants

While confidently we call ourselves the most advanced species on the planet, this isn't necessarily true at the moment of birth.

Human babies are far less neurologically developed than other mammals.

We need to rely on our parents for care and protection before we can fend for themselves.

# Five Core Childhood Universal Needs

- 1. Security attachments to others (Safety, stability, nurturance, and acceptance).
- 2. Autonomy, competence, and sense of identity.
- 3. Freedom to express valid needs and emotions.
- 4. Spontaneity and play.
- 5. Realistic limits and self-control.

When parents (or primary caregivers) can more or less meet these child's core emotional needs in appropriate amounts, the child develops into a 'Healthy Adult'.

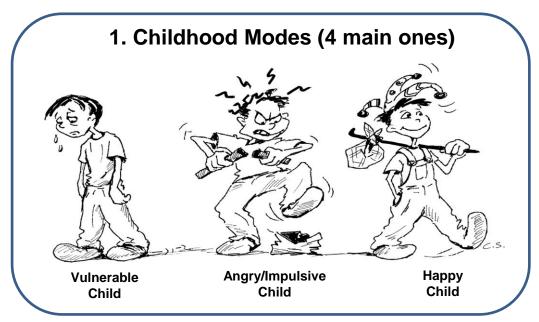
Negative schemas develop when theses core childhood needs are not adequately met.

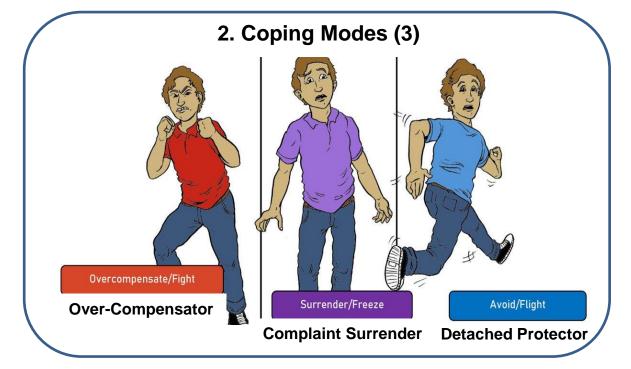


In order to survive or cope with the pain of these unmet needs, and adapt to the world, we develop certain coping styles called:

- Child Modes and
- Early Maladaptive Schemas (EMS's)

# **Five Main Components of Schema Therapy**





#### 5. Healthy Adult Mode





## 4. Maladaptive Schemas (18)

Schema Domain	18 Maladaptive Schemas	Brief Description
Disconnection and rejection	Emotional Depravation (ED)	The feeling that adequate emotional support is not available.
rejection	2. Abandonment (AB)	The belief that significant others will leave you emotionally or physically.
	3. Mistrust/Abuse (MI)	The belief that other people will lie, harm, abuse, or take advantage of you.
	4. Social Isolation/Alienation (SI)	The feeling of separation from others.
	Defectiveness/Shame (DS)	The belief that you are flawed or worthless.
Impaired autonomy and performance	6. Failure to Achieve (FA)	The belief that you are inadequate compare with others.
and personnance	7. Incompetence/Dependence (INC)	The feeling that you are unable to take care of yourself.
	8. Vulnerability to Harm (VH)	The belief that catastrophe is impending or will happen.
	9. Enmeshment (EM)	The fusion of identity with a significant other.
Impaired limits 10. Entitlement (ENT)		The belief that you are superior to, and more deserving, than others.
	11. Insufficient Self-Control (ISC)	The belief that you cannot restrain emotions or impulses, or delayed gratification.
Other-directedness	12. Subjugation (SBJ)	The feeling that your own needs are less important than those of others.
	13. Self-Sacrifice (SS)	The focus on meeting the needs of others at the expense of yours.
	14. Approval/Recognition Seeking (AS)	The compelling need for approval/recognition from others.
Over-vigilance and inhibition	15. Unrelenting Standards (UR)	The perfectionist drive to achieve (striving for flawlessness), and the intolerance of errors
	16. Emotional Inhibition (EI)	The constriction, impediment or inability of expressing emotions.
	17. Pessimism/Negativity (PW)	The pervasive focus on negative aspects of life.
	18. Self-Punitiveness (SP)	The belief that mistakes warrant punishment.

18 Maladaptive Schemas



#### 3. Parent Modes (3)

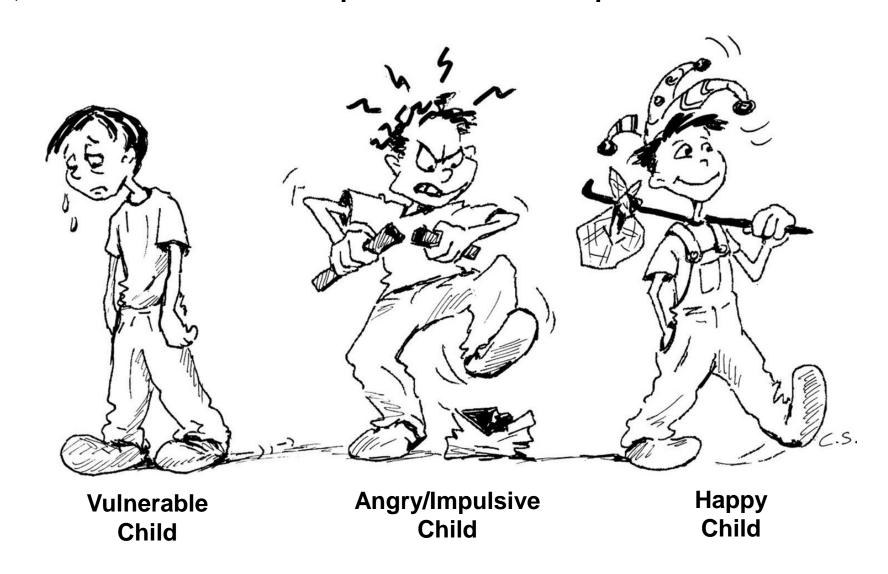






**Critical / Demanding Parent** 

Childhood Modes are moment-to-moment mental and emotional states, and behavioural responses, from which we learn to operate from and adapt.



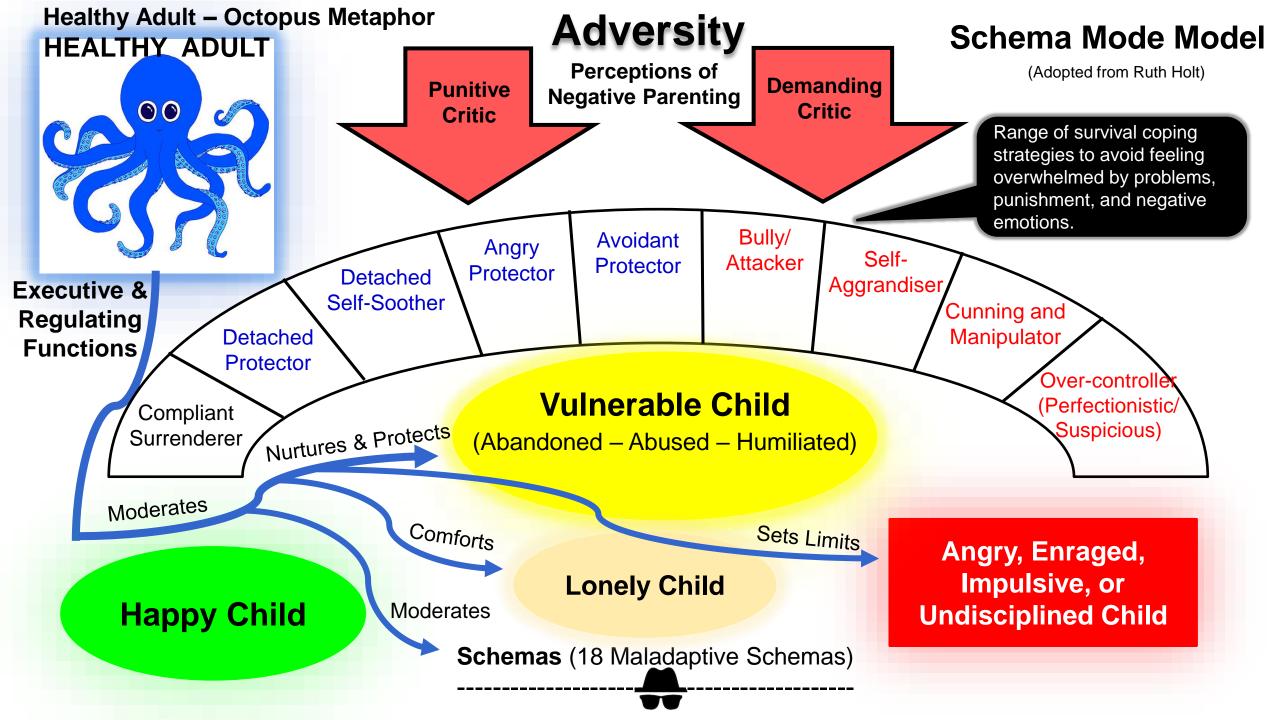
### **CHILD MODES**

Vulnerable Child	Angry, Impulsive, Undisciplined Child	Happy Child
Experiences unhappy or anxious emotion especially fear, sadness, and helplessnewhen "in touch" with associated schema	ess, unmet core needs or unfair treatment related	Feels loved, connected, content, satisfied.
The vulnerable child feels:	The angry/Impulsive child feels:	The happy child feels:
<ul> <li>Anxious</li> <li>Sad</li> <li>Lonely</li> <li>Isolated</li> <li>Desperate</li> <li>Helpless</li> <li>Shameful</li> <li>Abandoned</li> <li>Dependent</li> <li>Abused</li> <li>Humiliated</li> <li>Misunderstood</li> <li>Defective</li> <li>Deprived</li> <li>Overwhelmed</li> <li>Incompetent</li> <li>Doubtful</li> <li>Needy</li> <li>Hopeless</li> <li>Frightened</li> <li>Worried</li> </ul>	<ul> <li>Irritated</li> <li>Angry</li> <li>Enraged</li> <li>Impulsive</li> <li>Lacking discipline</li> <li>Infuriated</li> <li>Frustrated</li> <li>Impatient</li> <li>Defiant</li> <li>Stubborn</li> </ul>	<ul> <li>Playfulness</li> <li>Easiness</li> <li>Light-heartedness</li> <li>Curiosity</li> </ul> <ul> <li>Fun</li> <li>Safety</li> <li>Confidence</li> </ul>

# Additional Child Mods

Next slide







# **Octopus Animal Symbolism and Meaning**

Symbolic Meaning of Octopus		
• Will	<ul><li>Power</li></ul>	<ul><li>Potential</li></ul>
<ul><li>Focus</li></ul>	<ul><li>Intelligence</li></ul>	<ul><li>Creativity</li></ul>
<ul><li>Knowing</li></ul>	<ul><li>Strategic</li></ul>	<ul><li>Adaptability</li></ul>
<ul><li>Fluidity</li></ul>	<ul><li>Defense</li></ul>	<ul><li>Flexibility</li></ul>
<ul><li>Subtlety</li></ul>	<ul><li>Expansion</li></ul>	<ul><li>Overcoming Obstacles</li></ul>

#### Octopus Animal: Symbolism, Meaning, and Messages

Octopuses are highly intelligent creatures. They sense and rapidly learn the complex properties of their world.

They move skilfully in a world of constant motion. Ever changing, shifting, and wafting in accordance with the pull of the moon, the octopus' depth is enhanced by its own environmental aura.

The octopus is very mobile and a silent traveller, and is primarily a bottom water dweller. Its symbolism is comparable to being grounded, while having the ability to exist in the 'watery world' of the psyche.

The symbolism of the octopus is letting you know that you can quickly move through any barriers that are keeping you from your goals.

The spirit of this sea creature is saying that you must seize the moment when your prize is within grasp.

#### **Totem and Spirit**

People with the octopus totem know how to get what they want intelligently and efficiently. They are also productive people and often accomplish far more than the average person in the same amount of time.

Octopus totem people are often very flexible and agile, quick thinkers, and gifted at abstract reasoning. They rarely get upset at things, and are always adapting and adjusting as needed to make life easier.

The octopus is also a symbol of your ability to multitask. Like the 'Road Runner', the vision is letting you know that you can juggle all of the things you have going right now.

# How Did We Develop Our Child Modes?



Very few people, if any, had their childhood needs met 100%.

Many, or most, of us felt abandoned, dismissed, discounted or rejected at some point in our lives. This happened when we were told things like:

- Shut up!
- Be quiet!
- Don't cry!
- Stop sulking!
- Boys don't cry!
- Don't make a fuss!
- Be a good boy/girl!

- You're driving me crazy!
- You're such a bad boy/girl!
- Don't say another word!
- Look at what you've done!
- Stop or we'll leave you alone!
- You'll never be able to do this!
- *I'll give you something to cry about!*

Our early experiences and relationships in the first five years of our lives were critical for our development.

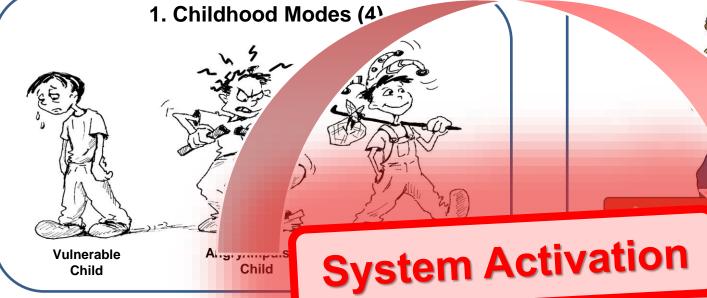
**Schema Modes** are the ways (patterns of behaviours) we developed to protect ourselves – and adapt – to cope to such painful experiences.

We internalised them in the form of schema modes to keep us safe.

Our schema modes are triggered later by life situations that remind us of previous painful experiences (our "triggers" or "emotional buttons").

This makes us oversensitive and vulnerable, and takes away our freedom!

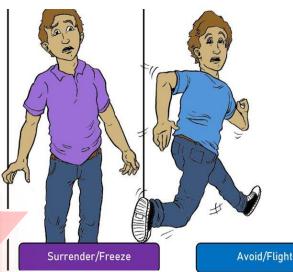
# **Five Main Components of Schema Therapy**



Al.g. y,...pu.S

Child

2. Coping Modes (3)



Complaint Surrender

sator

**Detached Protector** 

#### 5. Healthy Adult Mode

**Vulnerable** 

Child





## ladaptive Schemas (18)

	aladaptive Schemas	Brief Description	
		The feeling that adequate emotional support is not available.	
		The belief that significant others will leave you emotionally or physically.	
	YAbuse (MI)	The belief that other people will lie, harm, abuse, or take advantage of you.	
	'ation/Alienation (SI)	The feeling of separation from others.	
	s/Shame (DS)	The belief that you are flawed or worthless.	
Impaired and perfor.	ye (FA)	The belief that you are inadequate compare with others.	
	ndence (INC)	The feeling that you are unable to take care of yourself.	
14)		The belief that catastrophe is impending or will happen.	
		The fusion of identity with a significant other.	
Impaired limits		The belief that you are superior to, and more deserving, than others.	
	11.ls.	The belief that you cannot restrain emotions or impulses, or delayed gratification.	
Other-directedness	12. Subjug.	feeling that your own needs are less important than those of others.	
	13. Self-Sacrifice	on meeting the needs of others at the expense of yours.	
	14. Approval/Recognits.	ed for approval/recognition from others.	
Over-vigilance and inhibition	15. Unrelenting Standards (UK,	thieve (striving for flawlessness), and the intolerance of errors	
	16.Emotional Inhibition (EI)	**v of expressing emotions.	
	17. Pessimism/Negativity (PW)	The pervo	
	18. Self-Punitiveness (SP)	The belief that mistakes	

18 Maladaptive Schemas

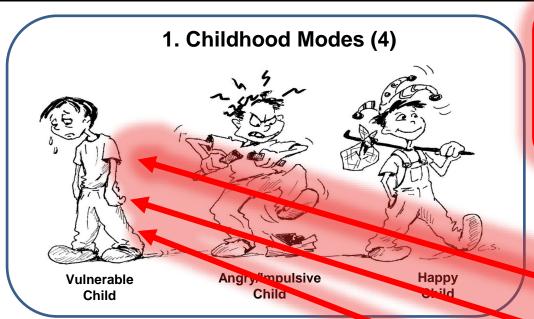


#### Parent Modes (2)



**Critical / Demanding Parent** 

# **Five Main Components of Schema Therapy**



#### 2. Coping Modes (3)

# Parent mode eruption or activation example



#### 5. Healthy Adult Mode





#### 4. Maladaptive Schemas (18)

Schema Domain 18 Maladaptive Schemas		Brief Description	
Disconnection and rejection	Emotional Depravation (ED)	The feeling that adequate emotional support is not available.	
rejection	2. Abandonment (AB)	The belief that significant others will leave you emotionally or physically.	
	3. Mistrust/Abuse (MI)	The belief that other people will lie, harm, abuse, or take advantage of you.	
	4. Social Isolation/Alienation (SI)	The feeling of separation from others.	
	Defectiveness/Shame (DS)	The belief that you are flawed or worthless.	
Impaired autonomy and performance	6. Failure to Achieve (FA)	The belief that you are inadequate compare with others.	
ana periormanoc	7. Incompetence/Dependence (INC)	The feeling that you are unable to take care of yourself.	
	8. Vulnerability to Harm (VH)	The belief that catastrophe is impending or will happen.	
	9. Enmeshment (EM)	The fusion of identity with a significant other.	
Impaired limits 10. Entitlement (ENT)		The belief that you are superior to, and more deserving, than others.	
	11. Insufficient Self-Control (ISC)	The belief that you cannot restrain emotions or impulses, or delayed gratification.	
Other-directedness	12. Subjugation (SBJ)	The feeling that your own needs are less important than those of others.	
	13. Self-Sacrifice (SS)	The focus on meeting the needs of others at the expense of yours.	
	14. Approval/Recognition Seeking (AS)	The compelling need for approval/recognition from others.	
Over-vigilance and inhibition	15. Unrelenting Standards (UR)	The perfectionist drive to achieve (striving for flawlessness), and the intolerance of errors	
minibidon	16. Emotional Inhibition (EI)	The constriction, impediment or inability of expressing emotions.	
	17. Pessimism/Negativity (PW)	The pervasive focus on negative aspects of life.	
	18. Self-Punitiveness (SP)	The belief that mistakes warrant punishment.	

18 Maladaptive Schemas



#### 3. Parent Modes (2)







**Critical / Demanding Parent** 





# What Are Schemas?

Schemas are extremely stable, pervasive, insidious and enduring foundational mental structures.

They are negative patterns that develops during childhood or adolescence, and are later elaborated and reinforced via thoughts, core beliefs, behaviours, and relationships throughout life.

Schemas are more than purely mental or cognitive features of the mind. They also encompass emotions, bodily sensations, images, and memories. We view the world through our schemas.

Schemas are the taken for granted beliefs, assumptions, and feelings about ourselves, and the environment which we accept without questions. As a result, schemas are self-perpetuating, and are very resistant to change.

There are <u>18 universal</u> schemas, which cluster around <u>5 domains</u> – and we all have them: see next slide



Schema Domain	18 Maladaptive Schemas	Brief Description	
Disconnection and rejection	1. Emotional Depravation (ED)	The feeling that adequate emotional support is not available.	
	2. Abandonment (AB)	The belief that significant others will leave you emotionally or physically.	
	3. Mistrust/Abuse (MI)	The belief that other people will lie, harm, abuse, or take advantage of you.	
	4. Social Isolation/Alienation (SI)	The feeling of separation from others.	
	5. Defectiveness/Shame (DS)	The belief that you are flawed or worthless.	
Impaired autonomy and performance	6. Failure to Achieve (FA)	The belief that you are inadequate compare with others.	
	7. Incompetence/Dependence (INC)	The feeling that you are unable to take care of yourself.	
	8. Vulnerability to Harm (VH)	The belief that catastrophe is impending or will happen.	
9. Enmeshment (EM)		The fusion of identity with a significant other.	
Impaired limits	10. Entitlement (ENT)	The belief that you are superior to, and more deserving, than others.	
	11.Insufficient Self-Control (ISC)	The belief that you cannot restrain emotions or impulses, or delayed gratification.	
Other-directedness	12.Subjugation (SBJ)	The feeling that your own needs are less important than those of others.	
	13. Self-Sacrifice (SS)	The focus on meeting the needs of others at the expense of yours.	
	14. Approval/Recognition Seeking (AS)	The compelling need for approval/recognition from others.	
Over-vigilance and inhibition	15. Unrelenting Standards (UR)	The perfectionist drive to achieve (striving for flawlessness), and the intolerance of errors.	
	16. Emotional Inhibition (EI)	The constriction, impediment or inability of expressing emotions.	
	17. Pessimism/Negativity (PW)	The pervasive focus on negative aspects of life.	
	18. Self-Punitiveness (SP)	The belief that mistakes warrant punishment.	

Co	ore Needs within Five Developmental Domains -	- Essential for Healthy and Adaptive Development
1.	Secure attachment and connection to others.  (Disconnection and rejection)	Including a sense of belonging, stability, nurturance, affection, safety, empathy, and acceptance.
2.	A sense of Identity, allowing for the emergence of individual tendencies and natural inclinations.  (Impaired autonomy and performance)	Including competence, autonomy, decision-making, and performance.
3.	A capacity for self-directness (Impaired limits)	Including the freedom to express one's personal opinion, preferences, and valid needs.
4.	An ability to identify boundaries and to tolerate necessary discomfort  (Other-directedness)	Including self-control, self-regulation, reciprocity, frustration tolerance, mutual respect, and adhering to reasonable rules an limits.
5.	Flexibility and optimism (Over-vigilance and inhibition)	Including the ability to be spontaneous, to balance work and play, to imagine (as in the possibility of positive outcomes), and to be forgiven when making mistakes.

# **Schema Eruption or Activation**



Your schemas are mental structures that describe your pattern of thoughts, feelings, and behavior that organises categories of information and the relationships among them.

They work as a system that filters, organises and perceives new information and experiences.

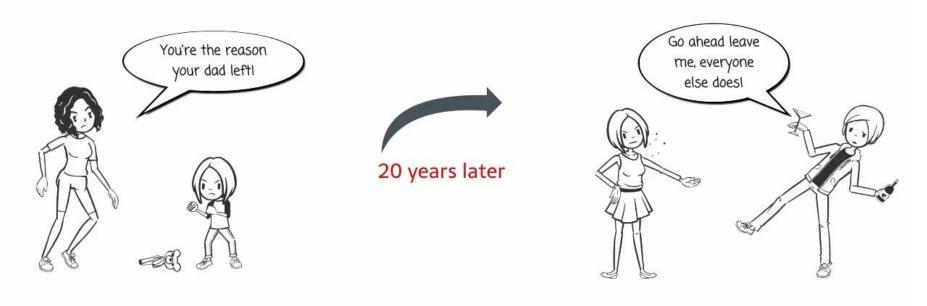
Like a filing system, your schemas are archived in your memory and they are accessed and replayed when they are triggered or retrieved.

When a schema erupts or is triggered by events, your thoughts and feelings are dominated by these schemas – your have no control!

It is during these moments that you experience extreme negative emotions and have negative or dysfunctional thoughts.

# **Example of Schema Activation**

In schema therapy, schemas refer to early maladaptive schemas. These are self defeating emotional and cognitive patters established from childhood and repeated throughout life.



These can be made up of emotional memories of past hurt, tragedy, fear, abuse neglect, abandonment, or lack of normal human affection.

# Your Healthy Adult Mode is responsible for building and coordinating core capabilities for your life.

## The Healthy Adult Mode

The Healthy Adult (HA) is the part of you that does all the important day-to-day stuff.

Healthy and highly functioning people have a strong HA that:

- Takes responsibility for higher functioning and healthy regulation of schemas.
- Enables decisions and behaviours that are required for undertaking appropriate adult functions such as taking responsibility, working, parenting, keeping commitments, etc.
- Allows you to use adaptive approaches to meet your emotional needs.

## **Your Healthy Adult:**

- Nurtures, validates, and affirms your vulnerable child.
- Sets limits for your angry and impulsive child modes
- Promotes and supports your healthy child mode.
- Combats and eventually replaces your maladaptive coping modes.
- Neutralises or moderates your maladaptive parent modes.





# Functions of Healthy Adult Mode

Assists individuals to meet previously unmet needs

Nurtures, affirms, and protects individual from destructive schemas

Instils self-discipline to set limits and boundaries on behaviour

Moderates other schema modes

Responds flexibly to difficulties

Maps well to **psychological flexibility** 

# **Goals of Shema Therapy**

## The Four Main Goals of Schema Therapy Are to:

- 1. Help you strengthen your Healthy Adult mode.
- 2. Weaken your Maladaptive Coping Modes. So, that you can get back in touch, and meet, with your core needs and feelings.
- 3. Heal your early Maladaptive Schemas.
- 4. Break your schema-driven life patterns. So, eventually you can have your core emotional needs met in your everyday life.





# Metacognition

Metacognition is "cognition about cognition", "thinking about thinking", "knowing about knowing", becoming "aware of one's awareness", and higher-order thinking skills.

The term comes from the root word meta, meaning "beyond", or "on top of".

Metacognition can take many forms; it includes knowledge about when and how to use particular strategies for learning or problem-solving.

There are two components of metacognition:

- (1) Knowledge about cognition; and
- (2) Regulation of cognition.

<b>Examples of Five Metacognitive Strategies</b>	ive Metacognitive Strategies
--	------------------------------

1.	Self-Questioning	Self-questioning involves pausing throughout a task to consciously check your own actions.
2.	Meditation	Meditation involves clearing your mind. We could consider it to be a meta cognitive strategy because meditators aim to:  Clear out the chatter that goes on in our heads.  Reach a calm and focused state that can prime us for learning.  Be more aware of our own inner speech (self-talk).
3.	Reflection	Reflection involves pausing to think about a task. It us usually a cyclical process where we reflect, think of ways to improve, try again then go back to reflection.
4.	Awareness of Strengths and Weaknesses	Central to metacognition is a person's capacity to see their own strengths and weaknesses. Only through looking at yourself and making a genuine assessment of your weaknesses can you achieve self-improvement.
5.	Mindfulness	Bring out attention to the present moment in a curious, non-judgmental, accepting way. This enables us to notice/observe – in a detached way, our current thoughts, feelings, and bodily sensations, as something that happens to us.

# 'Torch in The Dark' – A Metaphor for Self-as-context (the Observing Self)

Mindfulness means noticing with:

- 1. Curiosity
- 2. Openness
- 3. Non-judgement
- 4. Non-reaction

Like the light emanating from a torch.



# **Mindfulness** is the mental training that develops:

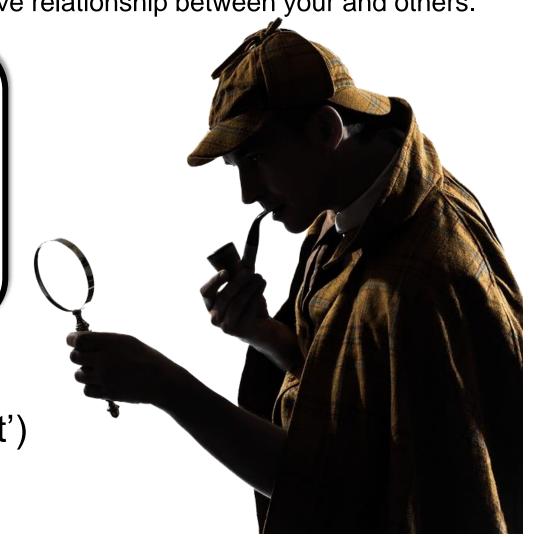
- 1. Self-awareness: Ability to notice things about yourself that you didn't notice before.
- 2. Self-regulation (self-management or self-control): Ability to better modulate your behaviour.
- 3. Self-transcendence: Capacity to have more positive relationship between your and others.

# Mindfulness means 'noticing' with:

- 1. Curiosity
- 2. Openness
- 3. Non-judgement
- 4. Non-reaction

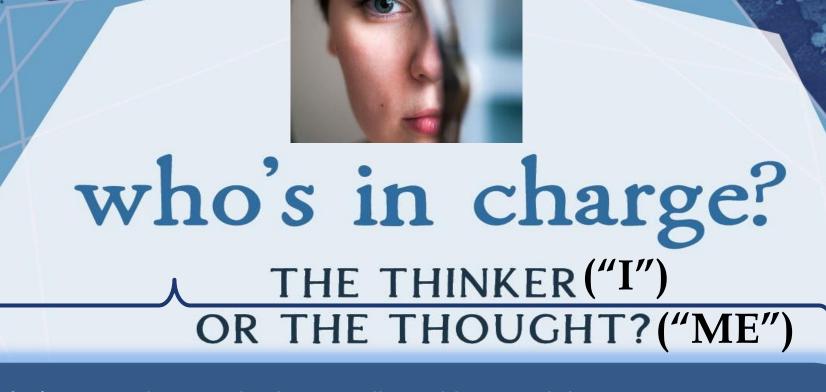
Just like Sherlock Holmes does!

('Adopting a Sherlock Holmes Mindset')









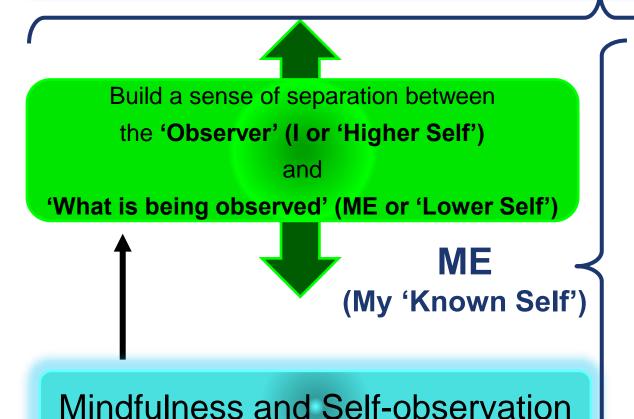
Your thoughts, stories, and beliefs (assumptions, attitudes, predispositions, opinions, assessments, judgements, evaluations, interpretations, expectations, past experiences, learned scripts, etc.)



The 'Me' Illusion: How your brain conjures up your sense of self

# The "I" (Knower self) vs. The "Me" (Known self)

The "I" is the thinker that does the thinking, the observer that observes the "Me" (The consciousness that realises that your are not your thoughts, feelings, or narratives)



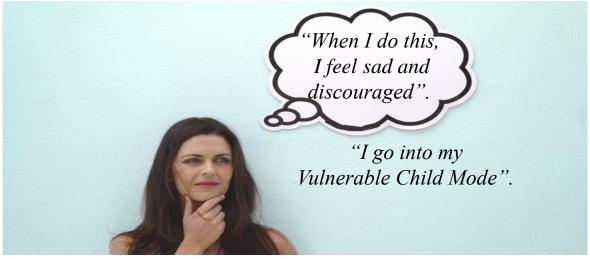
- My thoughts.
- My feelings.
- My actions.
- My story (the story of my life)
- All the stories/narratives I tell myself about me and the world around me.



# Examples of a Healthy Adult Style of Self-Processing Using Self-Awareness, Mindfulness, Self-observation, or Presence

Noticing and being aware of what shows up for you at any given moment ...









# **Presence**

Presence is a state of consciousness that transcends thinking.

You probably have noticed that, most of the time, you have a voice in your heard (your self-talk) that never stops speaking.

To be present you need to break the conditioning of your mind (your automatic thoughts).

If you identify with the voice in your head, you will be the voice in your head.

Presence is the raising of consciousness from where you can become aware that there is a voice in your head.

That awareness is beyond thinking.

And it allows you to be the observer of your own mind.

It is the awareness behind your thought processes.

Once you do this, you're no longer trap in your conditioned mind. It's not that difficult!

You will begin to notice positive changes in the ways you react to events in your life and other people.

You'll stop to feel pain and suffering (e.g. anxiety).

You will become the observer of your own mind, and no longer be used by your mind.

You will be using your mind!



Once you have had a glimpse of awareness or Presence, you know it firsthand.

It is no longer just a concept in you mind.

Eckhart Tolle

#### Where From Here?

Given that we all are different, as we have been exposed to different events (some more traumatic than others), it's important to understand which specific schemas apply to you.

This means identifying which schemas trigger you the most, and make explode or erupt by dominating your negative thoughts and feelings, and dysfunctional or unproductive behaviours.



When completing the Young Schema Questionnaire Short Version (YSQ-S3), you will receive a report with your profile mapping your Early Maladaptive Schemas (EMS).

#### Where From Here?

#### **Questionnaire completion**



M200

YSQ - S3

Jeffery '	Young, Ph	.D.
-----------	-----------	-----

Instructions: Listed below are statements that people might use to describe themselves. Please read each statement, then rate it based on how accurately it fits you over the past year. When you are not sure, base your answer on what you emotionally feel, not

A few of the items ask about your relationships with your parents or romantic partners. If any of these people have died, please answer these items based on your relationships when they were alive. If you do not currently have a partner but have had partners in the past, please answer the item based on your most recent significant romantic partner.

Choose a score from 1-6 on the rating scale below that best describes you, then write your answer on the line before each statement.

#### RATING SCALE

1 = Completely untrue of me	4 = Moderately true of me	
2 = Mostly untrue of me	5 =Mostly true of me	
3 = Slightly more true than untrue	6 = Describes me perfectly	
1 I haven't had someone to nurture me, s	hare him/herself with me, or care about everything that happens to me.	
2 I find myself clinging to people I'm close to because I'm afraid they'll leave me.		

6. \_\_\_\_ Almost nothing I do at work (or school) is as good as other people can do.

3. \_\_\_\_ I feel that people will take advantage of me.

on what you think to be true.

. \_\_\_\_ I do not feel capable of getting by on my own in everyday life.

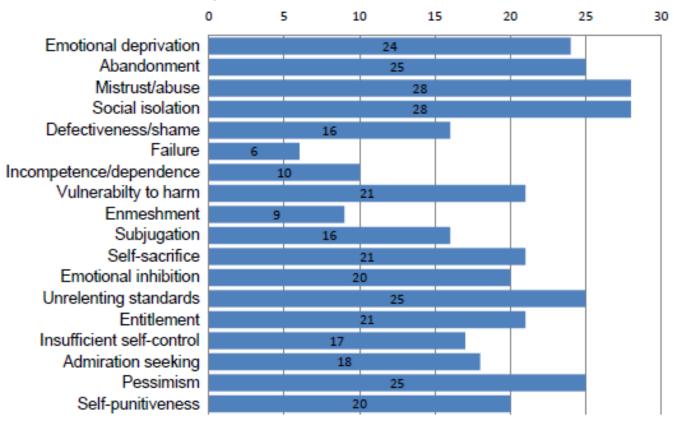
I can't seem to escape the feeling that something bad is about to happen.

. \_\_\_\_ I have not been able to separate myself from my parent(s) the way other people my age seem to.

No man/woman I desire could love me once he or she saw my defects or flaws.

10. \_\_\_\_ I think that if I do what I want, I'm only asking for trouble

#### YSQ-3 Total scores on each EMS

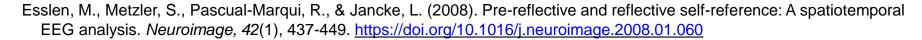


#### References – Schema Therapy

- Hawke, L. D., & Provencher, M. D. (2011). Schema theory and schema therapy in mood and anxiety disorders: A review. *Journal of Cognitive Psychotherapy*, 25(4), 257–276. https://doi.org/10.1891/0889-8391.25.4.257
- Lenrow, P. B. (1966). Use of metaphor in facilitating constructive behavior change. *Psychotherapy: Theory, Research & Practice, 3(4)*, 145–148. https://doi.org/10.1037/h0087921
- Mairet, K., Boag, S., & Warburton, W. (2014). How important is temperament? The relationship between coping styles, early maladaptive schemas and social anxiety. *International Journal of Psychology and Psychological Therapy, 14(2),* 171-190. <a href="http://hdl.handle.net/1959.14/335160">http://hdl.handle.net/1959.14/335160</a>
- Masley, S. A., Gillanders, D. T., Simpson, S. G., & Taylor, M. A. (2012). A systematic review of the evidence base for schema therapy. *Cognitive Behaviour Therapy*, 41(3), 185-202. <a href="https://doi.org/10.1080/16506073.2011.614274">https://doi.org/10.1080/16506073.2011.614274</a>
- Pauwels, E., Dierckx, E., Schoevaerts, K., & Claes, L. (2016). Early maladaptive schemas in eating disordered patients with or without non-suicidal self-injury. *European Eating Disorders Review, 24(5)*, 399-405. <a href="https://doi.org/10.1002/erv.2460">https://doi.org/10.1002/erv.2460</a>
- Pugh, M. (2015). A narrative review of schemas and schema therapy outcomes in the eating disorders. *Clinical Psychology Review, 39*, 30-41. https://doi.org/10.1016/j.cpr.2015.04.003
- Rafaeli, E., Maurer, O., & Thoma, N. C. (2014). Working with modes in schema therapy. In N. C. Thoma & D. McKay (Eds.), *Working with emotion in cognitive-behavioral therapy: Techniques for clinical practice* (pp. 263-287). Guilford Publications.
- Renner, F., Arntz, A., Peeters, F. P., Lobbestael, J., & Huibers, M. J. (2016). Schema therapy for chronic depression: Results of a multiple single case series. Journal of Behavior Therapy and Experimental Psychiatry, 51, 66-73. <a href="https://doi.org/10.1016/j.jbtep.2015.12.001">https://doi.org/10.1016/j.jbtep.2015.12.001</a>
- Stine, J. J. (2005). The use of metaphors in the service of the therapeutic alliance and therapeutic communication. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 33 3), 531-545. <a href="https://doi.org/10.1521/jaap.2005.33.3.531">https://doi.org/10.1521/jaap.2005.33.3.531</a>
- Young, J. E. (1990). Cognitive therapy for personality disorders: A schema-focused approach. Professional Resource Exchange.
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2006). Schema therapy: A practitioner's guide. Guilford Press.

#### References - Mindfulness and Consciousness

Block, N. (2007). Consciousness, accessibility, and the mesh between psychology and neuroscience. *Behavioral and Brain Sciences*, 30(5-6), 481–548. <a href="https://doi.org/10.1017/S0140525X07002786">https://doi.org/10.1017/S0140525X07002786</a>





Raffone, A., Srinivasan, N., & Barendregt, H. (2014). Attention, Consciousness and Mindfulness in Meditation. Singh, N.(ed.), *Psychology of Meditation*, 147-166. https://repository.ubn.ru.nl/handle/2066/127978

Tagini, A., & Raffone, A. (2010). The 'l' and the 'Me' in self-referential awareness: A neurocognitive hypothesis. *Cognitive Processing*, 11(1), 9-20. <a href="https://doi.org/10.1007/s10339-009-0336-1">https://doi.org/10.1007/s10339-009-0336-1</a>

Tolle, E. (2004). The power of now: A guide to spiritual enlightenment. New World Library.

Tolle, E. (2006). A new earth: Awakening to your life's purpose. Penguin Books.

Travis, F., & Shear, J. (2010). Focused attention, open monitoring and automatic self-transcending: Categories to organize meditations from Vedic, Buddhist and Chinese traditions. *Consciousness and Cognition*, *19*(4), 1110-1118. https://doi.org/10.1016/j.concog.2010.01.007

Woźniak, M. (2018). "I" and "Me": The self in the context of consciousness. *Frontiers in Psychology, 9*, 1656, 1-14. https://doi.org/10.3389/fpsyg.2018.01656



CAMBRIDGE UNIVERSITY PRES







#### References – Mindfulness and Consciousness (cont.)

"I" and "Me": The Self in the Context of Consciousness. *Frontiers in Psychology*, *9*, 1656-1656. <a href="https://doi.org/10.3389/fpsyg.2018.01656">https://doi.org/10.3389/fpsyg.2018.01656</a>



William James distinguished two understandings of the self, the self as "Me" and the self as "I".

This distinction has recently regained popularity in cognitive science, especially in the context of experimental studies on the underpinnings of the phenomenal self.

The 'l' reflects the self as a subject of experience (self as subject) – **The 'Watcher' or 'Higher Self'**. 'Me' corresponds to the self as an object of experience (self as object) – **What is watched or 'Lower Self'**)

The 'I' and the 'Me' in self-referential awareness: A neurocognitive hypothesis. *Cognitive Processing*, 11(1), 9-20. <a href="https://doi.org/10.1007/s10339-009-0336-1">https://doi.org/10.1007/s10339-009-0336-1</a>



The nature of the 'self' and self-referential awareness has been one of the most debated issues in philosophy, psychology, and cognitive neuroscience.

Understanding the neurocognitive bases of self-related representation and processing is also crucial to research on the neural correlates of consciousness.

This extends to metacognitive awareness and characteristic of meditation experiences and studies, with particular reference to the notion of mindfulness and other Buddhist constructs.

#### Disclaimer:

This presentation has been written with absolute care, consideration, and based on current scientific or evidence-based research and practice, on the topics addressed.

It does not constitute, however, the provision of mental health or psychological advice by the author to the reader.

Further, it is not intended to be a guide to the diagnosis or treatment of any mental health issues neither should be taken as such.

The content of this presentation is for informational and educational purposes only. It is not psychotherapy. Nothing found on this document is intended to be a substitute for professional psychological, psychiatric or medical consultation, assessment, diagnosis, advice or treatment.

