

Definitions of Schema Modes

When schema therapists work with clients they often help them identify their characteristic schema modes. Clients themselves will often find their own names for them. Although individuals differ in their personalities, and an individual's modes can be quite distinctive, many modes can be found across a wide range of individuals. Lobbestael, van Vreeswijk and Arntz (2007) have identified 22 such regularly occurring modes, summarized here, with the names often given to them.

Healthy Adult

This mode performs appropriate adult functions such as obtaining information, evaluating, problem-solving, working, parenting. Takes responsibility for choices and actions. and makes and keeps to commitments. In a balanced way, pursues activities that are likely to be fulfilling in work, intimate and social relationships, sporting, cultural and service-related activities.

Child Modes (Vulnerable Child Modes)

Lonely Child Feels like a lonely child that is valued only insofar as (s)he can aggrandise his/her parents. Because the most important emotional needs of the child have generally not been met, the patient usually feels empty, alone, socially unacceptable, undeserving of love, unloved and unlovable.

Abandoned and Abused Child Feels the enormous emotional pain and fear of abandonment, which has a direct link with the abuse history. Has the affect of a lost child: sad, frightened, vulnerable, defenceless, hopeless, needy, victimised, worthless and lost. Patients appear fragile and childlike. They feel helpless and utterly alone and are obsessed with finding a parent figure who will take care of them. **Humiliated/Inferior Child**. A subtype of the Abandoned and Abused Child mode, in which patients experience humiliation and inferiority related to childhood experiences within and outside the family.

Dependent Child Feels incapable and overwhelmed by adult responsibilities. Shows strong regressive tendencies and wants to be taken care of. Related to the lack of development of autonomy and self-reliance, often caused by authoritarian upbringing.

Angry/unsocialized Child Modes

Angry Child: Feels intensely angry, enraged, infuriated, frustrated or inpatient, because the core emotional (or physical) needs of the vulnerable child are not being met. They vent their suppressed anger in inappropriate ways. May make demands that seem entitled or spoiled and that alienate others.

Enraged Child: Experiences intense feelings of anger that results in hurting or damaging people or objects. The displayed anger is out of control, and has the goal of destroying the aggressor, sometimes literally. Has the affect of an enraged or uncontrollable child, screaming or acting out impulsively to an (alleged) perpetrator.

Impulsive Child: Acts on non-core desires or impulses from moment to moment in a selfish or uncontrolled manner to get his or her own way, without regard to possible consequences for the self or others. Often has difficulty delaying short-time gratification and may appear 'spoiled'.

Undisciplined Child: Cannot force him/herself to finish routine or boring tasks, gets quickly frustrated and gives up soon.

Happy/Contented Child Mode

Feels at peace because core emotional needs are currently met. Feels loved, contented, connected, satisfied, fulfilled, protected, praised, worthwhile, nurtured, guided, understood, validated, self-confident, competent, appropriately autonomous or self-reliant, safe, resilient, strong, in control, adaptable, optimistic and spontaneous.

Maladaptive Coping Modes

Surrender (Freeze)

Compliant Surrenderer: Acts in a passive, subservient, submissive, reassurance-seeking, or self-deprecating way towards others out of fear of conflict or rejection. Passively allows him/herself to be mistreated or does not take steps to get healthy needs met. Selects people or engages in other behaviour that directly maintains the self-defeating schema-driven pattern.

Surrender to Damaged Child Modes: In these modes individuals behave as if they are like the child, with the same beliefs, emotions and behaviours as when the childhood pattern was set up.

Avoidance (Flight)

Detached Protector: Withdraws psychologically from the pain of the schemas by emotionally detaching. The patient shuts off all emotions, disconnects from others and rejects their help, and functions in an almost robotic manner. May remain quite functional.

Spaced Out Protector: Shuts off emotions by going numb or spacing out. Can give rise to an experience of being foggy or even unreal and gives rise to states of depersonalization and cognitive slowing which are dysfunctional.

Detached Self-soother/Detached Self Stimulator: Shut off their emotions by engaging in activities that will somehow soothe, stimulate or distract them from feeling. These behaviours are usually undertaken in an addictive or compulsive way, and can include workaholism, gambling, dangerous sports, promiscuous sex, or drug abuse. Another group of patients compulsively engages in solitary interests that are more self-soothing than self-stimulating, such as playing computer games, overeating, watching television, or fantasizing.

Avoidant Protector: Avoids triggering by behavioural avoidance - keeps away from situations of cues that may trigger distress.

Angry Protector: Uses a 'wall of anger' to protect him/herself from others who are perceived as threatening. Displays of anger serve to keep others at a safe distance to protect against being hurt.

Overcompensation (Fight)

Attention and Approval Seeker: Tries to get other people's attention and approval by extravagant, inappropriate and exaggerated behaviour. Usually compensates for underlying loneliness.

Self-aggrandiser: Behaves in an entitled, competitive, grandiose, abusive, or status-seeking way in order to have whatever they want. They are almost completely self-absorbed, and show little empathy for the needs or feelings of others. They demonstrate superiority and expect to be treated as special and do not believe they should have to follow the rules that apply to everyone else. They crave for admiration and frequently brag or behave in a self-aggrandizing manner to inflate their sense of self.

Overcontroller: Attempts to protect self from a perceived or real threat by focusing attention, ruminating, and exercising extreme control.

- **Perfectionistic Overcontroller:** Focuses on perfectionism to attain control and prevent misfortune and criticism.
- **Suspicious Overcontroller:** Focuses on vigilance, scanning other people for signs of malevolence, and controls others' behaviour out of suspiciousness.
- **Scolding overcontroller:** Controls the behaviour of others by blaming, criticizing, and telling them how to do things in a dictatorial and scolding manner.

Bully and attack: Directly harms other people in a controlled and strategic way emotionally, physically, sexually, verbally, or through antisocial or criminal acts. The motivation may be to overcompensate for prevent abuse or humiliation. Has sadistic properties.

Conning and Manipulative: Cons, lies, or manipulates in a manner designed to achieve a specific goal, which either involves victimising others or escaping punishment.

Predator: Focuses on eliminating a threat, rival, obstacle, or enemy in a cold, ruthless, and calculating manner.

Maladaptive Parent Modes

Punitive Parent (Punitive Critic): The internalized voice of the parent, criticizing and punishing the patient. They become angry with themselves and feel that they deserve punishment for having or showing normal needs that their parents did not allow them to express. The tone of this mode is harsh, critical, and unforgiving. Sings and symptoms include self-loathing, self-criticism, self-denial, self-mutilation, suicidal fantasies, and self-destructive behaviour.

Demanding Parent (Demanding Critic): Continually pushes and pressures the child to meet excessively high standards. Feels that the 'right' way to be is to be perfect or achieve at a very high level, to keep everything in order, to strive for high status, to be humble, to put other needs before one's own or to be efficient or avoid wasting time. The person feels that it is wrong to express feelings or to act spontaneously.

Adapted from:

Lobbestael, J., van Vreeswijk, M., & Arntz, A. (2007). Shedding light on schema modes: a clarification of the mode concept and its current research status. *Netherlands Journal of Psychology*, 63, 76-85.