Schema Therapy Institute of South Africa

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List of schema modes with definitions

Schema modes are classified within four major categories as listed below. In the literature, within these categories, there is some variation in the names and definitions. When we work with modes in schema therapy we are concerned with the actual experience of a mode for a particular individual, which may not exactly match the definition given in this or other such lists. This list is modified and expanded from 22 modes identified by Lobbestael, van Vreeswijk, and Arntz (2007).

1. Healthy adult

This mode performs appropriate adult functions such as obtaining information, evaluating, problem-solving, working, and parenting. Does these things in a balanced and rational way, showing respect for own needs as well as respects for needs of others. Takes responsibility for choices and actions, and also makes and keeps commitments. Is humanly (emotionally) present and shows emotional intelligence, balancing appreciation of realistic concerns and emotional aspects (wise mind).

2. Child modes

2.1. Vulnerable Child modes

Lonely Child: feels alone with no one to turn to when faced with confusing or distressing experiences or situations. Because parents have not been available physically or emotionally to help the child with difficult emotions, the person feels empty, alone, socially unacceptable, undeserving of love, unloved and unlovable.

Abandoned Child: An intense and engulfing experience of being all alone in an endless dark place. Often the result of very early experiences of separation from the mother or other primary caretaker.

Abused Child: feels helpless, hopeless, frightened, defenceless, and lost. Anticipates neglect and abuse and there is usually a strong *Punitive Parent* voice.

Humiliated / Shamed Child: feels worthless and incapacitated by shame, anticipates further humiliation.

Dependent Child: feels incapable making own decisions and overwhelmed by adult responsibilities. Believes that s/he needs a strong person at his/her side to guide hium/her and make the right decisions. Usually the result of overprotective parents who failed to encourage development of autonomy and self-reliance.

2.2. 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. Vents 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. It 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 self or

others. He/she 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.

2.3. Healthy child modes

Happy/Contented Child: Feels at peace because core emotional needs are currently met. S/he 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.

Creative/authentic child: The source of creativity, curiosity, playfulness and a sense of authentic engagement with life.

3. Maladaptive coping modes

3.1. Surrender modes

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.

Self-pity victim: self-pitying, "Poor me," expects to be given special treatment because one is a victim and wants people to see it. Often accompanied by complaining.

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.

3.2. Detached / Avoidant modes

Detached protector: withdraws psychologically from the pain of the EMSs by emotionally detaching. Shuts off all emotions, disconnects from others, rejects help, and functions in an almost robotic manner. May remain quite functional.

Spaced out Protector: shuts off emotions by spacing out or feeling sleepy. Can give rise to an experience of being foggy or even unreal, and gives rise to dysfunctional states of cognitive slowing and depersonalization.

Avoidant Protector: avoids triggering by behavioural avoidance and keeps away from situations or cues that my trigger distress.

Detached Self-Soother: shuts off emotions by engaging in activities that soothe, stimulate or distract. These behaviours are often addictive or compulsive and can include overeating, workaholism, gambling, dangerous sports, promiscuous sex, drug abuse. Includes solitary compulsive behaviours such as playing computer games, watching television, or fantasizing.

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.

3.3. Overcompensation modes

Attention and Approval Seeker tries to get others' 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. Is almost completely self-absorbed, and show little empathy for the needs or feelings of others. Expects to be treated as special, and does not believe s/he should have to follow the rules that apply to everyone else. Brags or behaves in a self-aggrandizing manner to inflate sense of self.

Overcontrollers: These protect from perceived or real threat by focusing attention on details, ruminating, and exercising extreme control. A *Perfectionistic Overcontroller* focuses on getting things perfect to attain a sense of control and safety and ward off misfortune and criticism. An *Eating Disordered Overcontroller* relentlessly applies perfectionist rules to body mass and diet. A *Suspicious Overcontroller* vigilantly scans other people for signs of malevolence, and attempts to controls others' behaviour to prevent mistreatment or betrayal. A *Scolding Overcontroller* issues orders to others and makes belittling remarks as a way of controlling their behaviour. A *Worrying Overcontroller* ruminates excessively on things that can go wrong and how to fix them. This is usually a way of trying to compensates for inability to tolerate uncertainty. Some people with this mode believe that worrying helps them cope better. A *Compulsive Overcontroller* suppresses uncomfortable feelings by neutralizing them with repetitive ritualistic behaviours which may be overt (repetitive washing or checking or tidying and cleaning the house), or covert (such as repeating words or phrases intended to neutralize whatever uncomfortable emotion has been triggered).

Pollyanna Overcompensator: First identified in people with eating disorders, but by no means confided to them, this mode "maintains persistently positive attitude, even in the face of difficult events and interpersonal tensions. Avoids genuine assertiveness and minimizes feelings that might lead to criticism or rejection (e.g. authentic anger, sadness, shame). Excessive 'positive thinking', finds a 'silver lining' even in the most difficult situations or circumstances, whilst unwittingly invalidating one's own or others' struggles and difficulties. May use platitudes such as 'Everything happens for a reason', 'It was meant to be', as a means of attempting to reduce others' feelings of vulnerability in times of adversity" (Simpson, 2019).

3.4. Antisocial modes

Several extreme forms of overcompensation that result in abusive and even criminal behaviour:

Bully and Attack: directly harms other people in a sadistic, 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.

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.

4. Maladaptive Parent Modes

Punitive Parent: Internalized voice of parent (or other caretaker/teacher), criticizing, punishing and shaming in a harsh, critical, and unforgiving way with the result that you believe you are worthless and deserve punishment..

Demanding Parent: Internalized voice of parent that continually pushes and pressures you to meet excessively high standards. Speaks with "shoulds" and sets rigid rules and standards.

Guilt-inducing Parent: Internalized voice of parent that combines punitive and demanding aspects and induces guilt by inculcating the belief that you "should" have acted in a certain way, and are "bad" for not having done so.

Overprotective Parent: Internalized voice of parent that tells you that you can't cope on your own, can't make your own decisions, don't know what you feel, and must listen to this voice in order to find out.

References

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.

Simpson, S. (2019). Assessment and Schema Mode Conceptualisation in Eating Disorders. In S. Simpson & E. Smith (Eds), *Schema therapy for eating disorders: Theory, practice and group-treatment manual*. London: Routledge.