

From surface structure to deep structure in working experientially with schema modes



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When we first assess a client, we identify and analyze schema modes as part of the case conceptualization, using the four mode categories: Healthy Adult, Child modes, Parent modes and Coping modes. We develop an understanding of how these modes function in our clients' lives, and, in particular, how they contribute to the perpetuation of their problems. This is what I think of as the surface structure, and it provides the basis for planning how to work with clients in a way that can bring about fundamental change. Once we embark on this, however, we inevitably encounter challenges and obstacles that require us to modify and deepen our conceptualization. This process often takes us into an investigation of what I call the "deep structure."

WHEN WE FIRST ASSESS A CLIENT, WE IDENTIFY AND ANALYZE SCHEMA MODES AS PART OF THE CASE CONCEPTUALIZATION, USING THE FOUR MODE CATEGORIES

A schema mode is defined as a current experiential state. But it is generated by an underlying structure, encoded in the system of schemas that underlie experience and behaviour. The reason individuals present the same or a similar mode again and again is because of the underlying structure that generates it. The focus on current experiential state reminds us to keep track of the shifts clients make from one experiential state to another and to keep asking ourselves, "What mode is the client in now?" The focus on a schema mode as a structural element is also important because it reminds us that it is part of a complex underlying

"architecture" (to use a term from Frank Putnam).

The idea of an underlying structure that serves as the basis for behaviour and experience has been basic to the concept of a schema ever since the term was first used in the late eighteenth century by, for example, Johann Herbart (1776-1841), one of the first philosophers to conceptualize psychology as a separate discipline. Herbart used terms like "schema," "assimilation," and "accommodation," which we are familiar with from Piaget, to conceptualize how these underlying knowledge structures worked,

and he greatly influenced Wilhelm Wundt (1839-1920), often regarded as the first experimental psychologist.

We now have a great deal of scientific knowledge about how these structures are encoded in the brain. The situation is complicated because there are two parallel meaning and memory systems.

The propositional-verbal system, which is logic and language based, is closest to our awareness. The implicit/episodic system, which is up and running from birth (and almost certainly before), and whose language

is non-verbal, is the site of what Bowlby called the “internal working models” of self and other and of how the world works which develop within the attachment system. Early maladaptive schemas (EMSs) are, of course, embedded within these working models. We engage with these through experiential work, and, as we increasingly open up access to the implicit/episodic system, we uncover the deeper structural aspects of the underlying architecture and therefore of the underlying schema modes. I focus on this in my workshops and will mention four aspects here.



1) The coping child

An important part of schema therapy assessment is building a developmental perspective on a how a client's EMSs formed, particularly within the relationship with parents. We can also look for the same kind of understanding of schema modes. When working with adults, we see a set of modes that are part of the adult personality. However these modes have often been running since early

childhood or even from infancy. In my workshops I look at how modes emerge to help the child cope with unbearable emotional pain and how their emergence is the result of implicit coping decisions. Although not consciously figured out, let alone put into words, there is an underlying cognitive decision process about how to deal with the intense pain, a process articulated particularly clearly by Mary and Robert Goulding (1979). When we find a coping mode that emerged in this way in early or middle childhood, it is childlike: the implicit patterns of cognition are those of the child at the age at which the coping formed. For this reason I call it a Protector Child or a Coping Child. The coping may be elaborated over the following years as the child grows up and new variations and resources may be added to it. However, at root, it functions developmentally like a child. We can identify a Coping Child through imagery or chairwork and use dialogue work to help the child reverse the coping decision - a process the Gouldings aptly called “redecision therapy.” For this to happen the client will need to be more resourceful than the child who made the original decision and be in a better life situation. This is often the case. The adult is no longer trapped in a toxic family with parents who cannot meet his/her needs, and has independence and Healthy Adult qualities that mean s/he can tolerate the pain and, with the therapist's care, help and guidance, resolve the impasses and heal the schemas.

2) Punitive Parent or Overcontroller?

Parent modes are voices or introjected messages, sourced from parents or other authority figures, that are critical, blaming, shaming, guilt-inducing, scolding, or demanding (imposing standards, rules and “shoulds”). So we call them Punitive Parent, Demanding Parent, Critical Parent and Guilt-inducing Parent (or sometimes a combination of these). These messages are relatively easy to detect and bring to clients’ awareness. So when we hear clients express self-critical or self-punitive messages, our first thought is that this is a Parent introject. As such, it is alien - not a part of the self. It is a toxic influence that can be sent away. But sometimes the client tells us that it does feel like a part of the self.

This can be because the critical voice is part of an Overcontroller Coping mode put there to motivate the client to meet the standards set by that mode: this is a common feature in a Perfectionist Overcontroller and an Eating Disordered Overcontroller, for example. Sometimes, Parent messages are recruited by a coping mode to strengthen this self-motivation. Their source is a Parent but they become part of the self. In my workshops I sometimes present an example of how a Parent mode can team up with a coping mode. “Beata” had several avoidant and overcompensator strategies for shutting down flashbacks to terrible childhood abuse. In one session, she described a punitive and disdainful voice directed towards the child in the memories. It was clearly from her parents. When I pointed this out, she told me that right now this voice was



helpful. Although the messages were from her parents, whom she now recognized as neglectful and abusive, right now they helped her shut down the flashbacks. She was not yet ready to send this voice away (though several months later she was). At other times the client says, “No my parents (or teachers etc) never spoke to me like that.” The self-critical messages are a self-motivating tool that is part of a coping mode that are not sourced from Parent messages. When self-critical or self attacking voices are part of a coping mode, whatever their source, it won’t work to try to send them away (Brewin, 2019). Instead we need to help the client understand and review the coping decision, to get to a point where they can say, “I needed to cope like this to survive back then, but now I am able to find a better, more flexible way to deal with this.”

3) Parent-child mode dyads

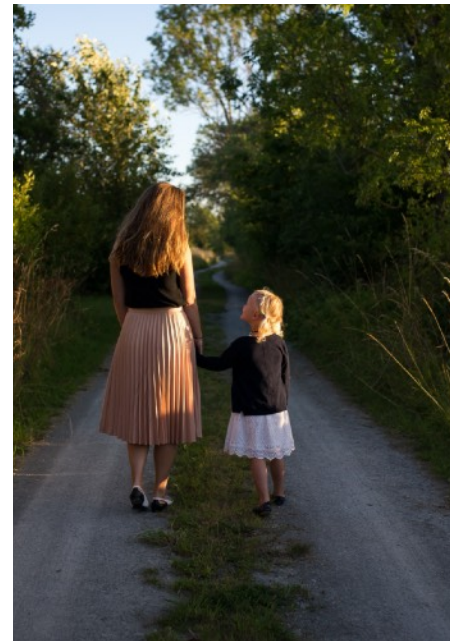
When we find Parent introjects, it is important to recognize that they are in a dyadic relationship with a Child mode: the two are structurally connected. As Rafaeli, Bernstein, and Young (2011, p. 64) observe, “the Punitive/Critical parent mode and the Vulnerable Child mode exist in a victim-abuser relationship to one another.” Whenever there is a Parent mode, there is also a Vulnerable Child who experiences the messages and usually believes them. Finding a Parent mode reminds us to look for a Vulnerable Child, and finding a Vulnerable Child reminds us to look for the Parent who is failing to meet the child’s needs.

Mode dyads involve other parent modes that are less prominent in the schema therapy literature.

Several of these are summarized by Peled (2016) in a previous issue of this Bulletin. An Anxious Parent gives the child the message that the world is not safe even for adults, and that you will repeatedly be confronted with situations you can’t cope with.

A Victim-like Parent “uses his/her suffering to keep others emotionally tied to him/her” (p. 5). This, of course, is guilt-inducing, but the self-pitying and victim quality of this parent message has many other connotations. The Neglectful Parent may be even less obvious since the parent is conspicuous by her or his absence when needed. These and other parent experiences are internalized and become part of the internal working model that the child, and later the adult, uses to navigate the world of relationships. It is a standard rescripting intervention to confront these internalized Parents (Peled gives good examples of how to do this) but the aim is more than that of discrediting the Parent. We need to extract the Child from the dyadic relationship with the Parent, otherwise we won’t be able to reparent him/her.

This is often not easy. In my Edinburgh Workshop I paid tribute to the pioneering work of Ronald Fairbairn, a Scottish psychoanalyst who lived and worked in Edinburgh (he died in 1964). Now increasingly recognized as ahead of his time, he anticipated some of



the central principles on which schema therapy is based, including the role of reparenting. In a 1958 paper he emphasized that the relationship with the therapist is “a therapeutic factor of prime importance.” He realized that, in order for the relationship with the therapist to be healing and corrective, we have to separate out clients “from their bad objects (both internal and external)” and replace them “with introjects from the good object therapist” (Celani, 2010, p. 4). We have to break up the Parent-Child mode dyad so we can effectively reparent.

4) Dissociation: it's challenge to reparenting

Rescripting interventions in which we confront the Parent are designed to achieve this. But Fairbairn realized that the task was complicated by dissociation. The therapist might feel positive about having a reparenting relationship with the client's Vulnerable Child. But, in reality, a connection has been made to only one of many Child parts, while others remain out of sight, locked into toxic mode dyads. There is no reparenting relationship with these at all and they can only be reparented if we find them and extract them from the dyad's grip. This kind of dissociation is not limited to cases of severe childhood abuse or neglect. As Howell and Itzkowitz (2016, pp. 36-37) more recently emphasized, "The mind is structured dissociatively. Trauma, which is to a greater or lesser degree endemic to everyone, leaves its mark in dissociative structure."

To find these dissociated parts, we can use the basic plan that underlies a schema therapist's working approach. From a trigger situation, we bring to light the triggered emotions, body sensations and thoughts and then use experiential focusing to heighten the experience. In my workshops I recommend Diana Fosha's (2018, p. 108) "relentlessly experiential focus" as this can take us to dissociated child parts that might otherwise remain hidden. It can also disclose the client's coping modes as these come into focus as somatic and cognitive processes that block out painful child states. It allows us to bring to the client's awareness the many automated ways of avoiding feelings. At the surface we identify that the client has a Detached Protector. In the deep structure we find a plethora of habitual avoidant cognitive and somatic patterns. During a recent session in which



I used this approach, my client Amber expressed shock that she had “so many ways I avoid feeling.” She became angry with the Child that had resorted to these multiple ways of coping; but her Healthy Adult could at once see that this judgment was absurd.

Uncovering the detailed somatic patterns in this way brings to light the subtleties of the shifting modes that play out on the surface

of the life that we see, and gives us additional leverage to change them. Finding the Coping Child allows us to find the Vulnerable Child that is being coped with and to initiate a reparenting relationship. This is the payoff from opening up and working with the deep structure of the client’s early schema system.

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