

When I Grow Up: Therapy to Jump-Start Arrested Development

A review of the video



Schema Therapy

with Jeffrey E. Young

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Reviewed by

[Jane D. Woody](#)

Jeffrey Young has long been a familiar name to psychologists and mental health professionals looking for treatment ideas for clients showing dysfunctional personality traits or disorders (Young, 1990). The DVD *Schema Therapy* follows his more recent expositions of schema therapy (Kellogg & Young, 2006; Young, Klosko, & Weishaar, 2003) and represents the culmination of Young's early effort to expand cognitive-behavioral therapy (CBT) to better treat complex mental disorders, especially personality disorders. Young was a pioneer in the effort to integrate diverse theoretical concepts within a broad

conceptualization of CBT; of course, many others have similarly pursued integration and made notable contributions (e.g., Cohen, Mannarino, & Deblinger, 2006; Linehan, 1993; Segal, Williams, & Teasdale, 2002).

The DVD consists of an interview with Young by Jon Carlson, a therapy session with an actual client (not an actor), and a follow-up discussion in which Carlson raises questions about specific video clips. Pam, the client, a veteran of past therapy, is communicative and seemingly eager to further examine her problems and move beyond her rigid self-critical stance in life. Presented with these positive client characteristics, Young is able, without many preliminary engagement strategies, to proceed with a riveting demonstration of in-depth schema therapy. The theory base for schema therapy emerges from Carlson's initial interview questions, which also allow Young to differentiate his approach from CBT. Assuming the viewer has substantial knowledge of CBT, Young briefly presents his integrative model without explaining basic CBT concepts or elements derived from other theories. He sees schema therapy as different from CBT because it integrates four components: cognitions, emotions, behavior patterns, and the therapeutic relationship. Young believes that CBT alone is not sufficient for helping clients with personality disorders and lifelong problems. For example, he asserts that such clients need "limited reparenting" and that client change takes place through all four components. The central concept is that early maladaptive schemas (EMS), which are mental structures internalized from early childhood, can leave an adult paralyzed with rigid dysfunctional coping strategies. Young notes that emotional deprivation and defectiveness are common EMS, and these two clearly seem to characterize the client, Pam.

How Theoretical Integration Works

Effective theoretical integration with schema therapy does not come simply from textbook

exposure. It depends on the combination of a therapist's highly refined skills in several theoretical approaches and the client's unique characteristics and stage of change. Young is definitely highly skilled: He quickly establishes and continues to monitor the working relationship with Pam, assesses the severity of her problem and readiness to access and express painful emotions and cognitions, and deftly uses a range of therapeutic strategies that involve her in a minute-by-minute growth process.

The therapeutic interactions show Pam quickly revealing her negative core beliefs, and it is this client characteristic that allows Young to move toward working with all four components simultaneously. Pam vividly labels herself as a dumb, stupid "screw up" who felt invisible in her family of origin and continues to feel alone, uncared for, "an ugly monster." She never fully revealed herself to her three previous therapists as she expected rejection. As the session progresses, Young uses an integrative strategy that incorporates all four components. That is, his approach of empathically reflecting her painful emotions while also helping her challenge the irrational cognitions about herself actually constitutes a dimension of reparenting, which enables them to go further and gives Pam the experience of beginning to reparent herself.

Using variations of Gestalt techniques (e.g., the empty chair, imagery, and reliving an early traumatic experience through dialogue), Young guides and coaches Pam to find the words to be her adult self and talk to, nurture, and support the "little Pam" who feels punished and rejected by her mother. In the next scene in the reenactment, Pam tries confronting her mother, first by bringing Young into the image to provide the words to say to Pam's mother and then by having Pam herself speak. When she is unable to confront her mother, Pam's pattern of protecting her mother emerges. Pam's emotions take over as she explains her fear that if she criticizes her mother, Pam's own children could criticize her as parent, an experience she could not bear. After some cognitive analysis of her fear,

Pam continues the dialogue and is able to confront her mother for not protecting her from her brother's sexual abuse and for blaming Pam. This summary cannot begin to capture the intensity of genuine emotions that both the client and therapist are able to access and express while also engaging in cognitive work.

In concluding the session, Young, being a skilled therapist, asks for feedback; Pam reports that she knows she needs to change and that the direction they pursued seems right.

Young asks her to take today's experience home and continue to reenact, picturing herself as an adult and taking the mothering part showing love and compassion to "little Pam."

Clearly, this homework aims to continue to affect Pam's cognitions, emotions, reparenting of self, and behavior and reinforces the shifts that have begun in the session.

Explaining and Teaching Theoretical Integration

This video is relevant to and exemplary of the trend in contemporary psychotherapy to develop effective interventions by integrating components from various theories. Although such conscious integrative efforts have been under way for several decades (e.g., Wachtel & Wachtel, 1986), psychotherapy researchers more recently have considered common factors present in different theoretical models and the interaction of technical, relationship, and client and therapist factors that might help account for effective therapeutic outcomes (Castonguay & Beutler, 2006). With regard to efficacy, early in the interview Carlson asks if schema therapy has research to support it. Young, explaining how difficult it is to get funding for long-term studies, says that a study funded in Holland has produced encouraging results for schema therapy, compared with psychodynamic therapy, for clients with borderline personality disorder.

The pedagogical aspects of the video are reinforced in Young's follow-up discussion with

Carlson after the therapy session. This discussion further enables practitioners and students to learn by pinpointing how components from different theoretical models were integrated in the demonstration.

Psychoanalytic, behavioral, relational, and cognitive concepts and principles emerge as Young reviews video clips and explains his approach. Although he ignores the fact that the concept of limited reparenting has roots in object relations theories derived from psychoanalysis, Young comes across as a compassionate, caring, yet rational and prudent parent. As he consistently takes Pam's side and holds her painful emotions without blinking, he also helps her think and see the irrationality of her constant self-loathing and self-blame. Without technical implementation, the behavioral principle of exposure is operating throughout as Pam brings up and faces her painful memories of the trauma of sexual abuse compounded by the trauma of a critical, blaming, seemingly uncaring mother. Young also acknowledges another behavioral principle: Much practice will be necessary before Pam is able to change her thinking and behavior.

In regard to relational principles, Young is responsive to the need for attunement, reflection, empathy, and clarification even as the focus of the therapy remains on the client's destructive and pervasive maladaptive schemas. In the therapy session, he is often responsive to the immediate process going on between himself and Pam; for example, when she imagines herself as a child confronting her mother and Young asks to stand behind her to support her, he acknowledges to her that he does not really belong in the picture.

This kind of genuineness in the relationship is evident in various places but most obviously as in the dialogue Young talks with intense sadness and anger to the imagined mother of Pam who had ignored the child's need for protection and compassion. As he explains this response to Carlson, Young says that he shows what he authentically feels and that clients can see when a therapist is being honest, direct, and truthful.

Principles and strategies from CBT are evident both in the therapy and in the follow-up discussion with Carlson. Young notes that one reason he was able to move directly to Pam's schemata is that CBT helps therapists gain background information on clients through inventories that may suggest an initial focus rather than starting with an open-ended framework. Educating the client about a therapeutic strategy is another major principle of CBT that permeates the therapy session. Before getting under way with imagery and reenactments, Young explains the idea to Pam and asks for her collaboration. Although he tells Carlson that his use of imagery is different from standard CBT, Young may be thinking more of the CBT he learned from Aaron Beck rather than the CBT presented by contemporary theorists, such as by Judith Beck's (1995) chapter on imagery and its various uses in cognitive therapy. Finally, Young sees that schema therapy's more forceful stance and powerful language used with a client's destructive early maladaptive schemata are different from the typical CBT use of Socratic questions to enable clients to access automatic thoughts and core beliefs.

The video *Schema Therapy* should be a valuable resource for practitioners and graduate students in psychology and other mental health disciplines; however, it is not a training tool for beginners. To gain the most benefit, practitioners and advanced students should have a good understanding of the major theories of psychotherapy and their uses for assessment and have mastered basic intervention skills in CBT as well as in the psychodynamic and experiential approaches.

Enriched learning for viewers could take place by having a seasoned practitioner and teacher lead a discussion to identify how a number of Young's specific interventions in the session, in fact, simultaneously incorporate the diverse theoretical components. Powerful examples of this are seen in the experiential reenactments of Pam's adult self with her younger self, Pam's child self with the mother of her childhood, and Pam as mother with

her own children. These dialogues evoke for the client powerful emotional experiences, but within the safety of a caring therapeutic relationship. They allow for the behavioral principle of exposure to one's most deeply feared, traumatic, and avoided memories. As the client begins to speak in a more rational voice, negative core beliefs can begin to shift. Finally, the client has the experience/practice of reparenting herself in the role play while also feeling the care and support of the therapist's limited reparenting.

The overall technical aspects of the video are quite good. Especially notable is the sound quality and the variety of camera shots that serve to maintain viewer interest. The close-ups are powerful, such as when the client comes through as a real person, sometimes overwhelmed with emotion but also capable of humor, straight talk, and personal insights. The conclusion of the video also serves to reinforce its educational value. Young's final message emphasizes the reality that mental health practitioners know too well. That is, this one session demonstrates only the beginning of change. Clients like Pam will keep going back to their old negative beliefs, and continued therapy must provide the repeated interventions necessary to bring about real change in maladaptive schemata. This video offers a positive perspective to professionals who care about and work with clients with serious and persistent personality disturbances.

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