

# Dave Primer: test-topic (Schema Therapy)

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Primary source: "Schema Therapy: A Primer" (personal primer doc, March 2026) and Young, Klosko & Weishaar (2003), *Schema Therapy: A Practitioner's Guide*. Supplemented where indicated.

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## What This Is For

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This primer supports Socratic sessions. It contains enough structural depth to ask targeted questions. Alex's goal: fluent theoretical understanding of schema therapy to support personal therapeutic engagement and coherent communication about the model.

Alex has strong adjacent knowledge: IFS parts model, Coherence Therapy's memory reconsolidation mechanism. This primer notes where those frameworks intersect and where they diverge — those junctions are productive friction points.

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## 1. The Starting Problem

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CBT treats **dysfunctional thoughts as discrete errors to be corrected** — "replacing faulty parts." Schema therapy asks a different question: **why do the same faulty parts keep reappearing?**

Its answer is developmental. Certain **core emotional needs went chronically unmet** in childhood. The child's mind organised itself around those absences — building adaptive responses that stabilised the child but now perpetuate suffering in the adult.

Schema therapy is integrative: it draws on CBT (cognitive restructuring), attachment theory (early relational patterning), Gestalt (experiential techniques), and psychodynamic work (attention to early experience). The result is unusual: more historically grounded than CBT, more practically structured than psychodynamic therapy.

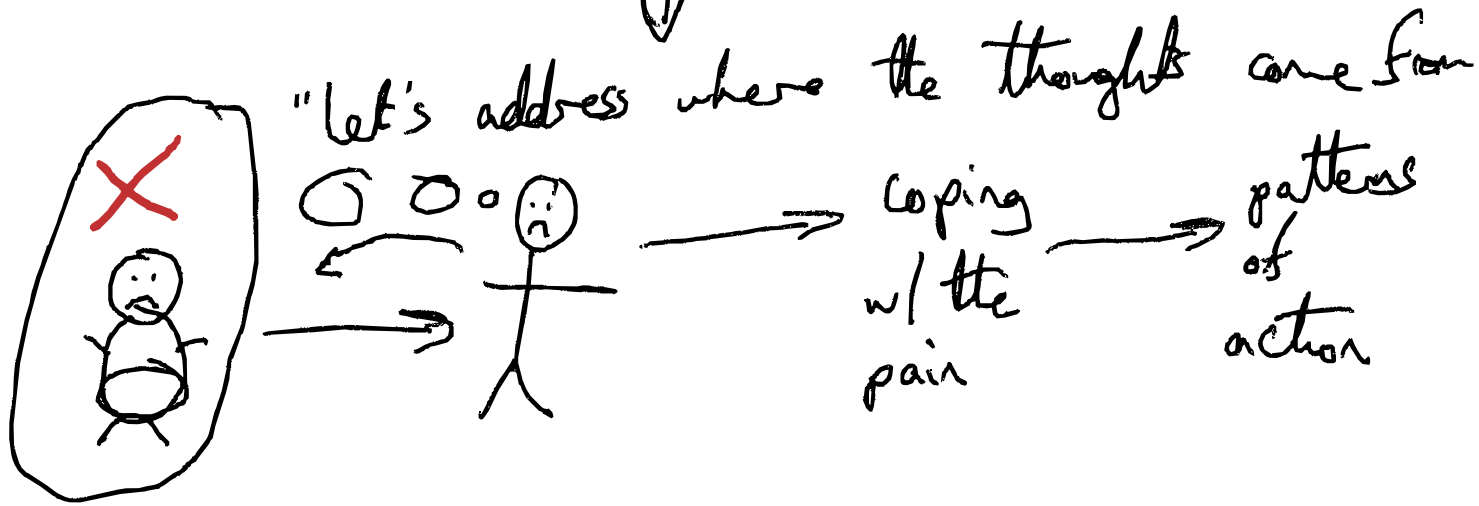
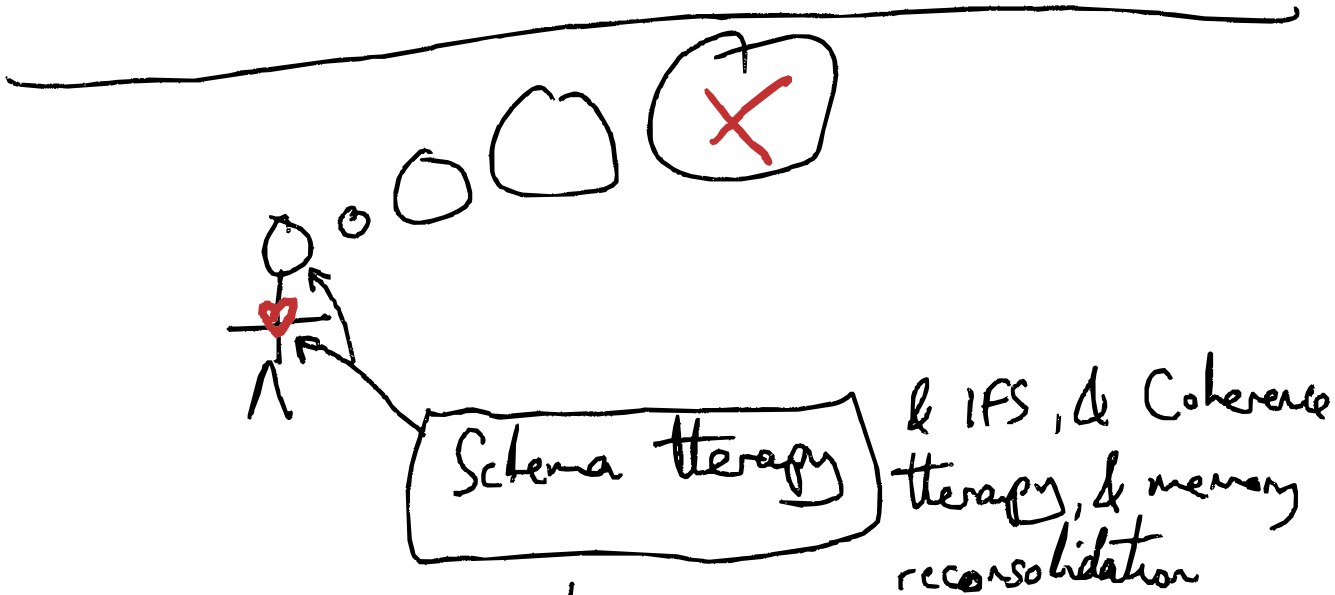
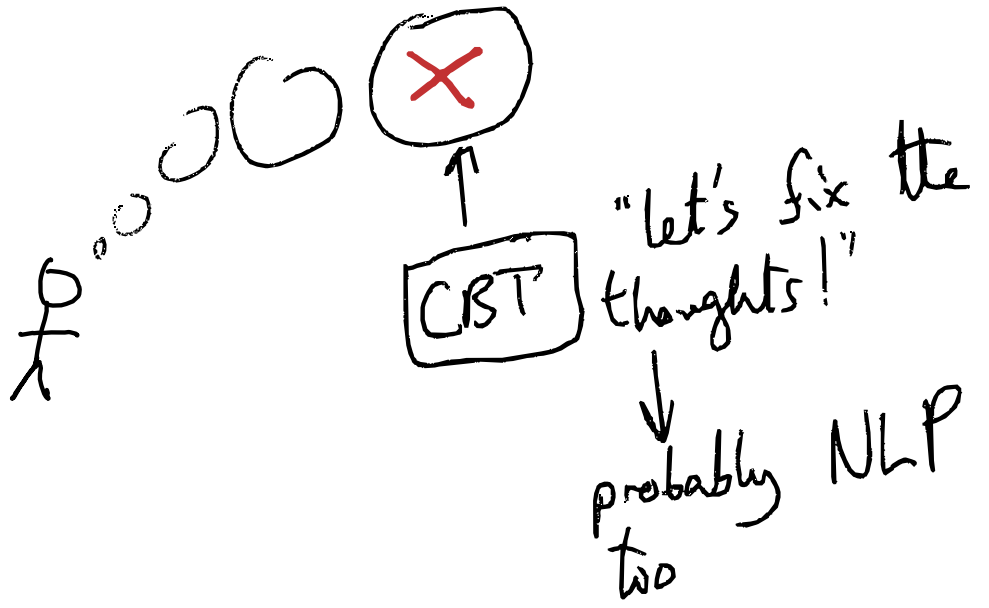
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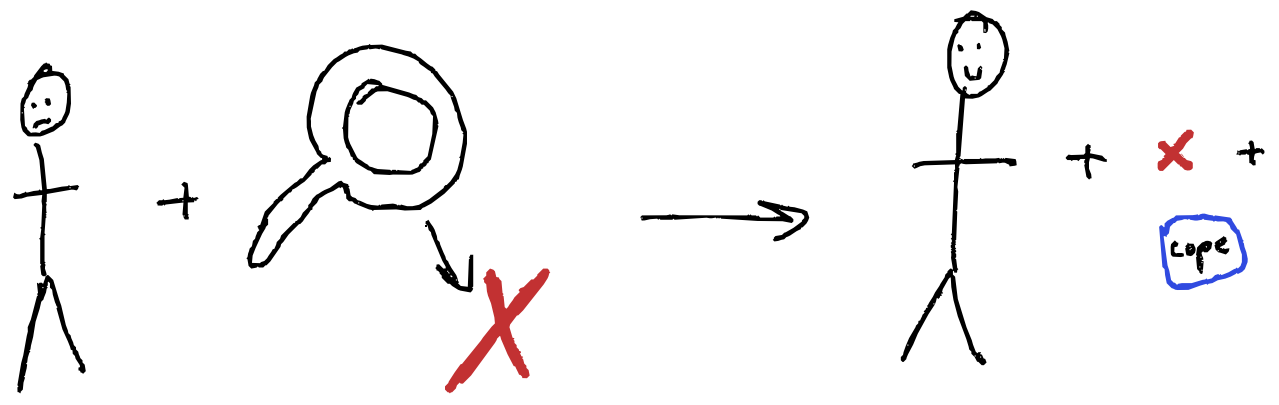
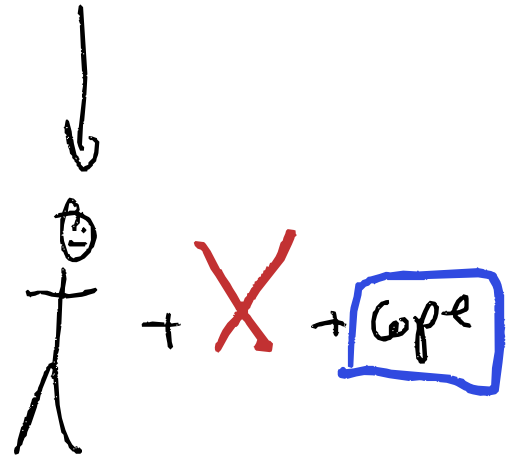
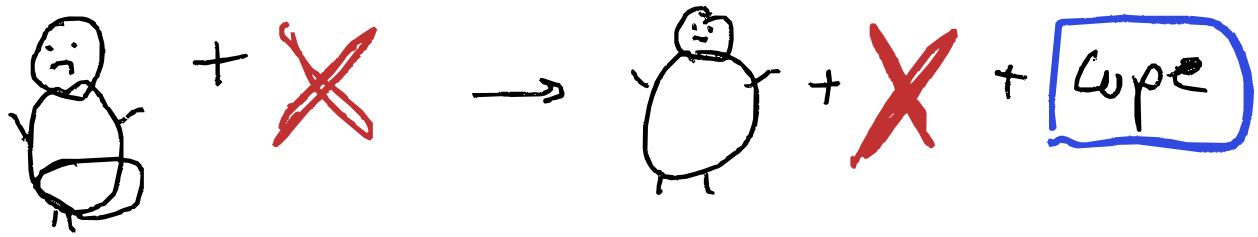
## 2. The Five Core Emotional Needs

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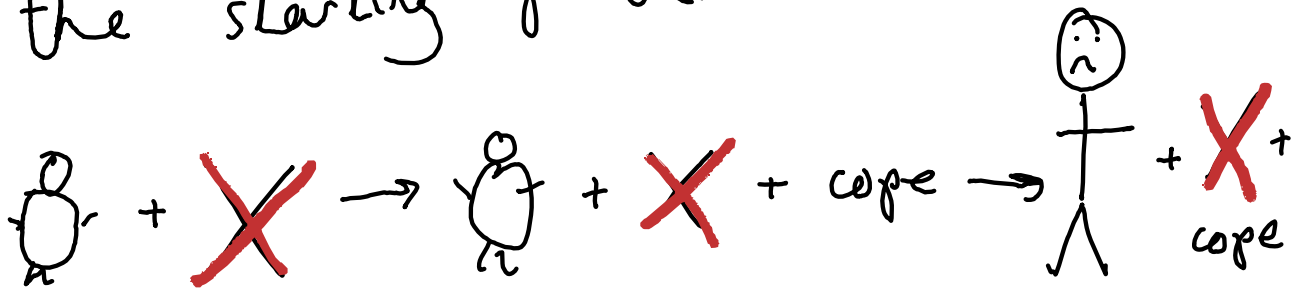
These are not theoretical ideals — they are developmental requirements. Schema therapy is, at root, an account of what happens to a person's inner life when these go chronically unmet.

Need	What It Requires
Safety and secure attachment	To feel connected, loved, protected, cared for
Autonomy, competence, and identity	To develop an independent self capable of functioning in the world





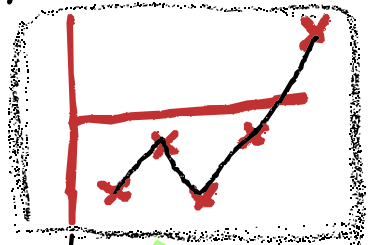
the starting problem



the 5 unmet needs

~~XXXXX~~

Or actually, it's the 5 core emotional needs, which in some children, one of these 5 go chronically unmet



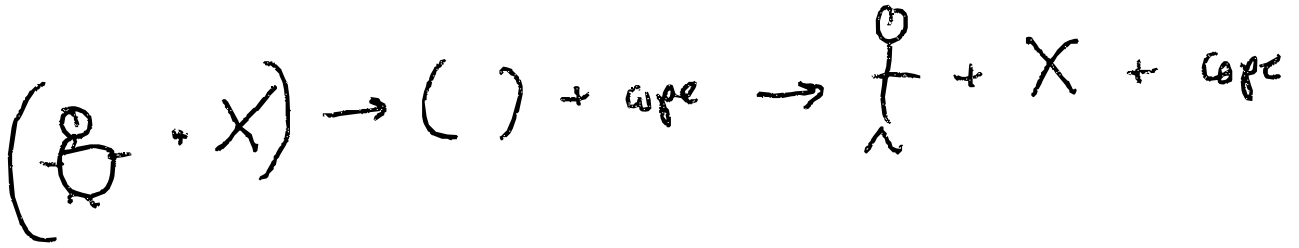
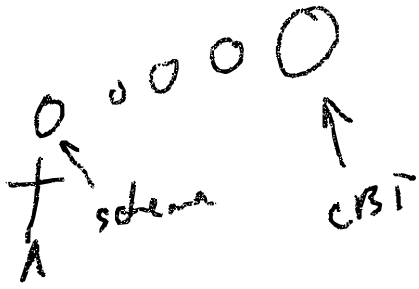
✓  
Safety & secure attachment  
-7/10

✓  
Autonomy, competence & identity  
-2/10

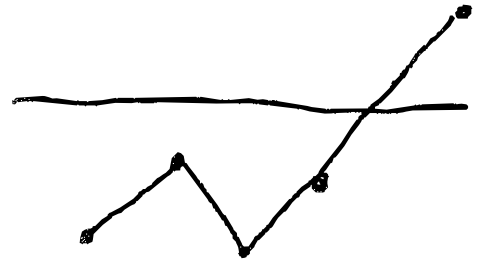

✓  
Freedom to express needs & emotions  
-7/10

✓  
Spontaneity & play  
-3/10

✓  
Realistic limits & self-control  
5/10




XXXXX  
5 unmet  
needs

safety &  
secure  
attachment

-7

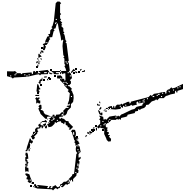


independence,  
competence

-3

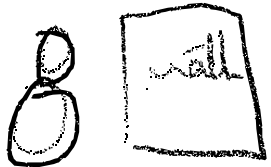


-7



spontaneity  
&  
play

-3



boundaries  
&  
responsibility

7

Being in a "broken system" is very  
triggering for me! But familiar



-7

safety &  
secure  
attachment

↓ requires

connected  
loved  
protected  
cared for

↓

[vignette]



-3

identity,  
competence,  
responsibility

↓ requires

to develop an  
independent  
self capable  
of functioning  
in the world

↓

[vignette]



-7

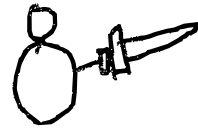
ability to  
express  
emotions

↓ requires

to have one's  
inner life  
validated &  
welcomed

↓

[vignette]



-3

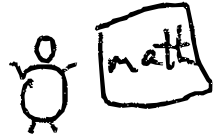
spontaneity  
&  
play

↓ requires

to experience  
joy,  
creativity,  
lightness

↓

[vignette]



7

discipline  
&  
responsibility

↓ requires

to internalise  
structure,  
boundaries,  
self-  
regulation

↓

[vignette]



Safety & secure attachment requires



connected & loved  
(these can be combined)

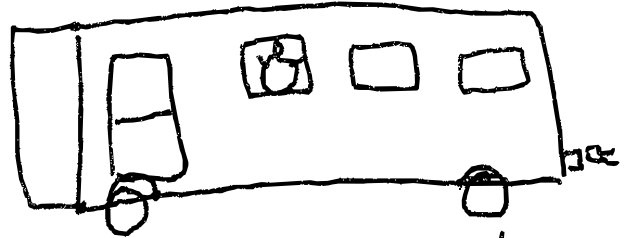
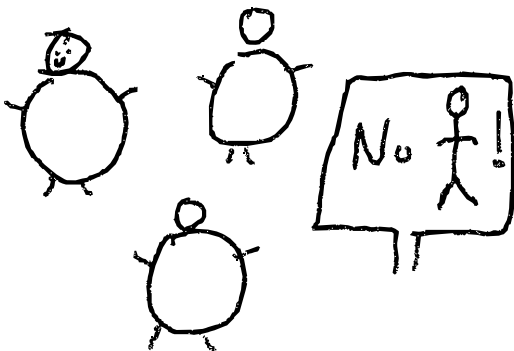
protected

cared for

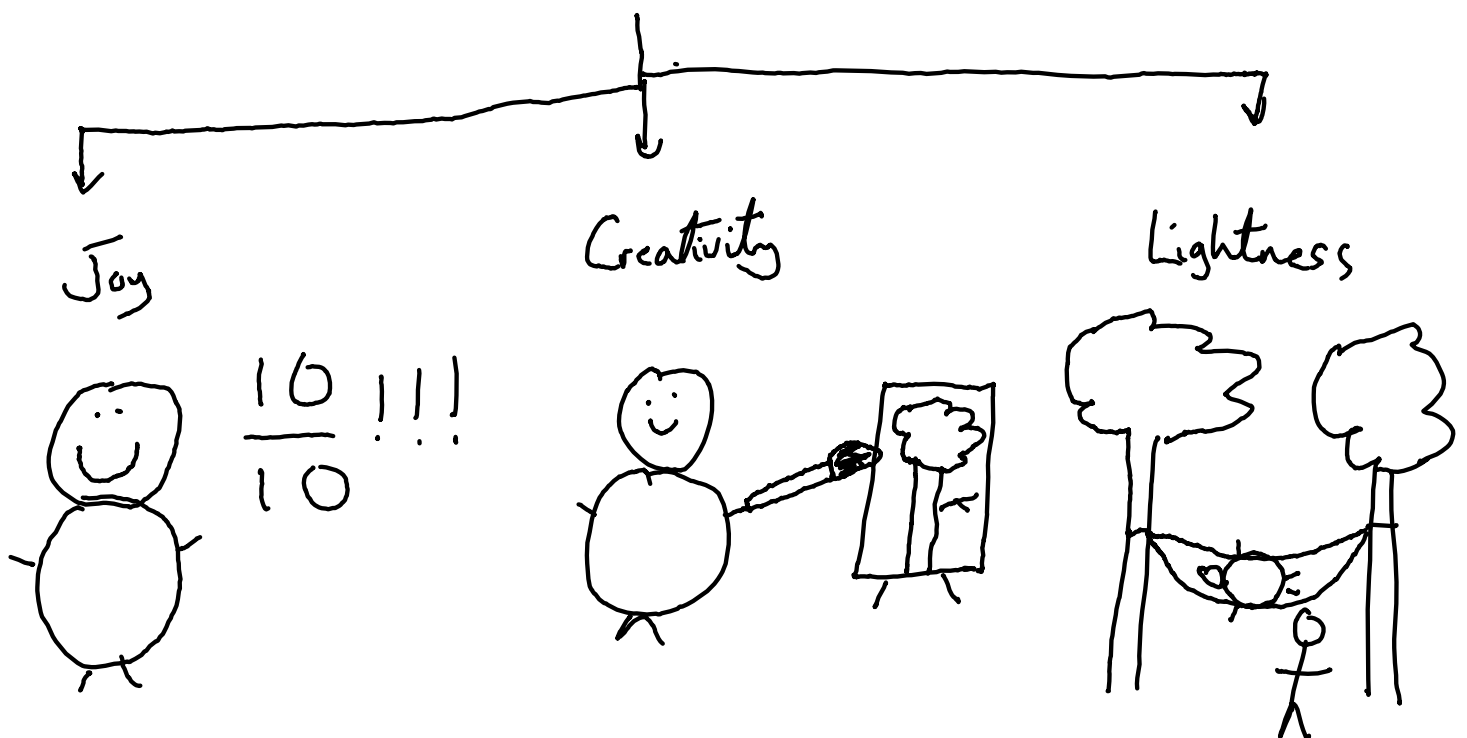
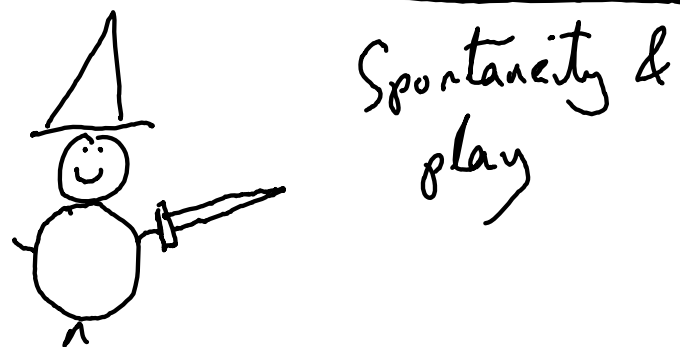
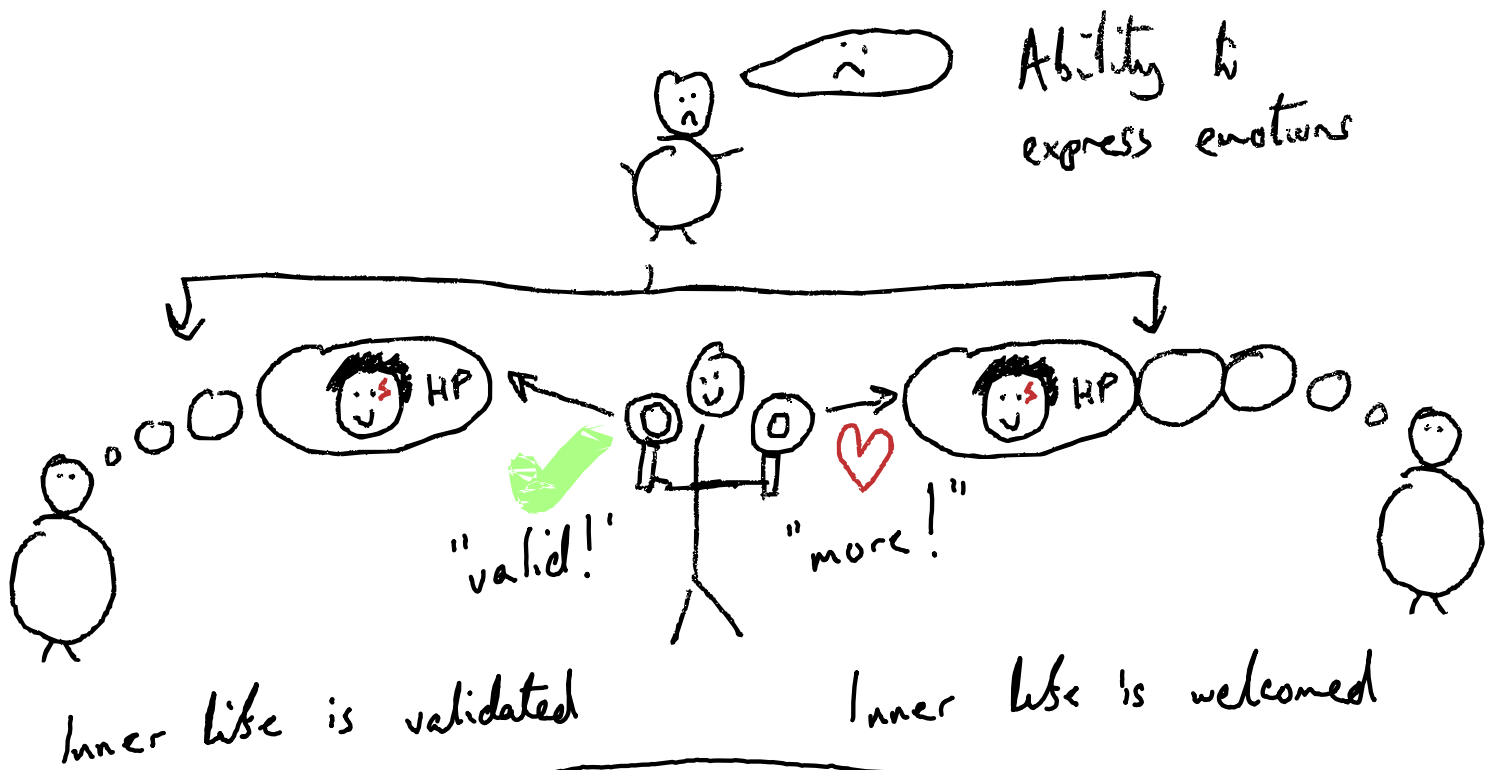
(oops, this was all red)



Identity, competence, responsibility requires



this is supposed to be a kid on a bus, lmao



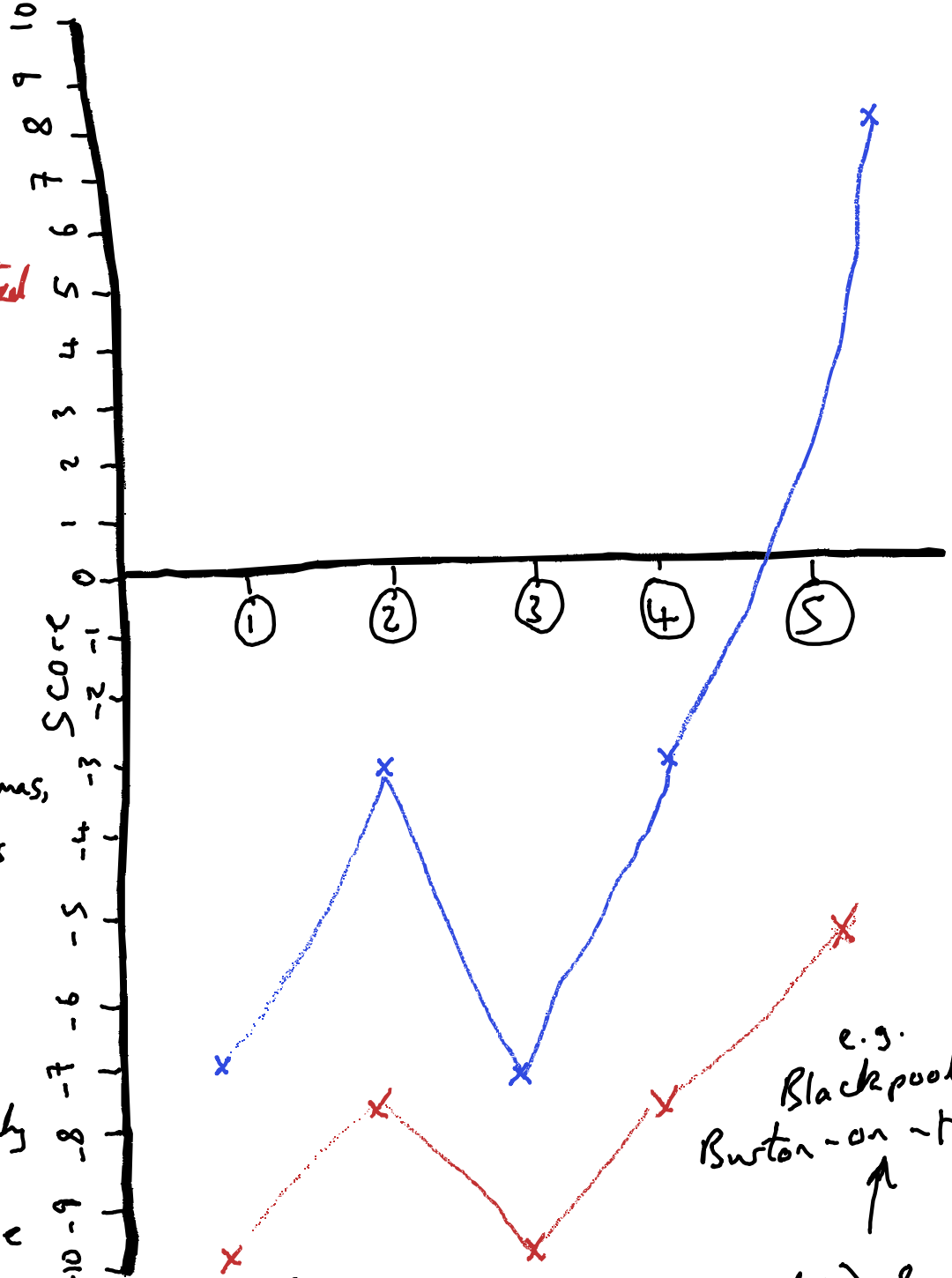
Blue = me  
as a  
child

Red = my adopted  
sister as  
a child

And then of  
course, if you  
were to add  
lines for my  
mum, dad, grandmas,  
grandads, aunts  
& uncles

to be working  
class is to be  
much more likely  
to have a  
negative  $\Sigma$  score

to exist in a "hell realm" (most valence tinged negative) &  
to be surrounded by other people who are also in the hell realm



e.g.  
Blackpool,  
Buxton-on-trent  
↑

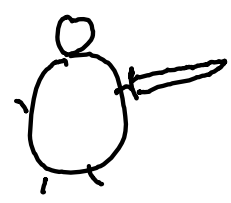
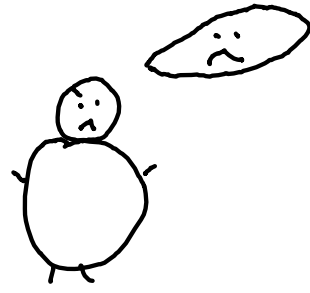
①

②

③

④

⑤ realm



Need	What It Requires
Freedom to express needs and emotions	To have one's inner life validated and welcomed
Spontaneity and play	To experience joy, creativity, lightness
Realistic limits and self-control	To internalise structure, boundaries, self-regulation

**Key point:** schemas don't arise from all unmet needs equally. They arise from *chronic* failure — neglect, abuse, over-protection, criticism, loss, or simply having a parent whose limitations prevented attunement. A single bad year doesn't build a schema; a pervasive relational environment does.

### 3. Early Maladaptive Schemas (EMS): The Core Construct

A schema, in Young's sense, is a **deep, pervasive, self-perpetuating belief-and-feeling structure** about oneself and the world. Three words here do specific work:

- **Deep:** not a surface thought — it operates below conscious deliberation
- **Pervasive:** it colours many contexts, not just one
- **Self-perpetuating:** the schema actively resists disconfirmation (more on this in coping styles)

Schemas feel *true* in the way the floor feels solid. You don't question them; you stand on them. This is why simple cognitive challenging often fails — the schema isn't a conclusion Alex has reasoned his way to. It's the implicit lens through which evidence is filtered.

There are **18 canonical Early Maladaptive Schemas**, organised into **5 domains** by the core need they reflect.

#### Domain 1: Disconnection & Rejection

*Core belief: The world is not a safe or welcoming place; I cannot expect to be loved, accepted, or cared for.*

1. **Abandonment / Instability (AB)** — Expectation that significant others will leave. Intense distress at any sign of withdrawal. Often involves choosing unstable partners to confirm the schema.
2. **Mistrust / Abuse (MA)** — Expectation of being hurt, manipulated, humiliated, or deceived. May produce hypervigilance or pre-emptive withdrawal.