

A Process-Based Approach to Building Schema Attunement in Session

Background and Aim

We have found that clients who have not learned healthy ways of processing and expressing needs and emotions from their caregivers are also those who experience the most difficulties ‘tuning in’ to their emotional world [5]. Consequently, these clients are likely to have developed strong coping modes to deal with emotions when they are triggered. In trying to orient clients towards their emotions it is likely that, at times, therapists will face the client’s coping modes. An initial goal of attunement is to make space with the client to share emotionally evocative material within the therapy relationship. The therapist aims to ‘trigger’ the client’s schema-based experiences in a safe and contained way in the therapy room so that they can be understood, attuned to, and co-regulated. The easiest way to do this is to enquire about specific recent triggering episodes for the client.

1. Focus on Specific Episodes of Distress. A good portion of schema therapy sessions should generally focus on understanding the client’s recent emotional experiences or ‘triggers’. This process often flows naturally from homework tasks (e.g., mode awareness forms, attempts at pattern-breaking) which can prompt the client to recall recent relevant triggering experiences. For some clients who are extremely avoidant or detached, sharing information about triggers may be difficult as this information may be ordinarily avoided or pushed out of awareness. It is important in these cases to be client and assume that all emotional episodes generally have triggering antecedents. For example, many clients report that there is no trigger to their feelings of intense loneliness and that they experience them occurring ‘out of the blue’. However, close inspection of the antecedents might reveal this feeling to most often be triggered late at night when alone at home.

We have found that obtaining specific and detailed information about the trigger situation is more likely to help bring emotions into the room than generalised, abstract, or broad ‘stories’ about an episode. Ask direct, probing questions such as ‘What was the specific moment that really did it for you?’ It is often something specific, such as a particular act, non-verbal event (disapproving look), or verbal communication from other people. At other times it may be a lack of stimulation or connection that eventually triggers feelings of disconnection and loneliness. In any case, specific descriptions of the triggering situations are generally more conducive to clients sharing their emotions, while broad narratives are generally more conducive to clients remaining in maladaptive coping states.

As discussed in Chapter 5, it is generally advisable to structure schema therapy sessions such that the first third of the session (say, 15–20 minutes) will be spent discussing any recent triggering experiences. This can often be combined with a review of any homework tasks, which often trigger strong emotions. Over time, the client becomes socialised to expect that the first third of the session provides a space for exploring recent triggering events (see Box 6.1 for an example).

2. Tune in to the Emotional Response. This should be done by exploring the nature of the emotional reaction to the triggering event by identifying appropriate emotion labels (e.g., ‘I felt scared’) and/or related bodily sensations (e.g., ‘My heart started pounding’). Box 6.2 illustrates this process.

Box 6.1 Example Identifying a Triggering Experience During the First Third of The Session

THERAPIST: So Jenny, you were saying that you have been beating yourself up all week, can you tell me about a specific time this week when you were feeling this way?

JENNY: Yes, last Friday was the worst!

THERAPIST: Can you tell me about a specific moment on Friday, perhaps when you were most triggered that day?

JENNY: My boss was on my back all day!

THERAPIST: Can you focus on a specific moment with your boss, Jenny? What exactly was it that was so upsetting about the way he was treating you?

JENNY: It was the words, he kept saying . . . 'this is not good enough' . . . but it was also the frown . . . he was really angry.

THERAPIST: OK . . . it was the words . . . not good enough . . . but also his frown, and angry tone?

JENNY: Yes . . . like I'm in trouble.

Box 6.2 Example Identifying the Emotional Response to a Recent Triggering Experience

THERAPIST: And how did you feel in response to being treated that way?

JENNY: I felt anxious . . . like pressure.

THERAPIST: And where could you feel this pressure or anxiety building up [*therapist gestures towards her own body*] in your body?

JENNY: In my stomach . . . like a churning . . . and up into my chest.

THERAPIST: [*summarising the understanding so far, and empathising*] OK, so let's see if I am understanding this right so far . . . your boss was badgering you, and frowning, and generally acting in an angry manner, and this led to you feeling intense anxiety and a kind of pressure, felt in your stomach and chest?

JENNY: Yes.

THERAPIST: That sounds really hard for you . . . no one likes being treated like that in their place of work, and I know how much you have been trying in this job! [*Also communicating empathy with facial gesture.*]

JENNY: Yes.

3. Uncover Underlying Schema/s and Needs. In schema therapy, it is important to attune not only to the feelings, but also to the underlying schemas and needs driving the emotional distress. Thus, we can call this process *schema attunement*, to differentiate it from attunement that might be solely focused on a person's emotional experience. In most cases, we find that episodes of emotional distress can be understood in terms of the activation of specific schema themes and their underlying needs. Here, we use our knowledge of the eighteen schemas to understand the specific meanings behind a person's distress or emotional reaction. What did this event mean to them, in terms of specific schema themes? Take a curious stance of enquiry to continue questioning about the meaning of the trigger

Box 6.3 Example of Attuning to Underlying Schemas and Needs in a Recent Triggering Event

THERAPIST: OK . . . Jenny, I could easily assume why you were feeling that way, but I'd like to check with you. What did it mean to you in that moment that your boss was treating you that way?

JENNY: I'm in trouble . . . I've done something wrong.

THERAPIST: Right . . . and what would that mean to you if you were in trouble for doing something wrong?

JENNY: It's my fault. *[Activation of emotions becomes evident.]*

THERAPIST: OK . . . [pause] . . . and if it was your fault, what would that mean about you?

JENNY: I'm not good enough.

THERAPIST: Ah . . . OK, I think I'm starting to get it. It was that 'not good enough' theme again? *[Therapist checks the emerging understanding in terms of one of the eighteen schema themes.]*

JENNY: Yes, of course . . . I always feel that way when others criticise or are angry with me.

THERAPIST: That feeling of 'not good enough' . . . does it capture all of that anxious-pressured feeling or is there something else too? *[Therapist checks to see if there are other schemas at play; sometimes there are multiple schemas triggered.]*

JENNY: No that is it, I just feel worthless, like nothing I do is ever good enough!

THERAPIST: It sounds to me like you really needed your boss to show more respect in that moment, even if he had to give constructive feedback. *[Therapist validates the underlying need for validation and basic respect.]*

JENNY: Yes! That would have been nice!

and feeling for them, using cognitive techniques such as downward arrowing and Socratic questioning. Uncovering specific schema themes deepens the therapist's understanding and helps to pinpoint specific underlying needs. See Box 6.3 for an example.

4. Summarise and Check Your Understanding, Empathise, and Link to Historical Origins. At this stage, the client has really opened up about their inner feelings, their antecedents, and the schema themes that have been activated. They are much more likely to be 'in' their emotional experience. Tentatively summarise your understanding of what the client has communicated about their experience so far. The goal is to create a resonance between the client and therapist such that the client, in that moment, understands and can acknowledge that the therapist accurately comprehends their experience. This kind of attuned understanding is often a powerful antidote for clients with Emotional Deprivation EMS who often feel that 'no one gets me'. You may need to repeat steps 1–3 as necessary to fine-tune your understanding based on the client's feedback until the client reports a high degree of resonance. Once the client communicates this resonance, offer some empathic statements and look for opportunities to link to relevant childhood experiences, making such links explicit (see Box 6.4).

5. Bridge into Intervention Strategies – 'The Work'. Higher levels of within-session attunement, 'being with' the client in this way, will on most occasions be experienced as need-satisfying. However, now that the client is more in touch with their feelings and related

Box 6.4 Example of Summarising Recent Triggering Events and Linking to Historical Origins

THERAPIST: OK, so I think I'm starting to get it now: you were at work trying your best as usual, when your boss scolded you in a way that was invalidating and aggressive, making you feel like YOU were not good enough as a person. Is that right?

JENNY: Yes.

THERAPIST: Is it fair to say that this triggered off your own Punitive Critic, like YOU started believing it was true?' [*Therapist links to Punitive Critic in shared case conceptualisation.*]

JENNY: Yes ... there it goes again ... I always do this!

THERAPIST: Look, Jenny ... this makes a lot of sense to me that you would react so strongly, you know ... it's not the first time you have been treated this way by people in authority. In a way this is kind of like other times when you basically got the message you weren't good enough from someone in authority ... It's a little similar to the kind of pressure, and message that mum would give you ...?

JENNY: Yes ... I can see that ... I can't handle that ... it's so hard ...

THERAPIST: I'm really sorry to hear this Jenny because I don't think you deserve this from the people that you work with. I know you are always trying your best at work and you deserve more respect than that. At the same time, I'm really glad that you shared this with me. I feel like I understand you a lot more, particularly about the relationship with your boss and how he triggers off that old 'not good enough' critic feeling so easily.

Box 6.5 Example of Segue from Attunement Portion of Session to Intervention

THERAPIST: This issue of feeling 'not good enough' seems really important for you at the moment, Jenny; you've had this critic on your back all week [*reference to the prominent activated mode*]. I'm wondering if it would be a good use of our time today if we focus on this theme of 'not good enough' and put it on a chair [*for some chair work*]?

schemas and needs, schema therapists will capitalise by becoming more active in the session and skilfully bridge into intervention techniques (see Box 6.5).

Therapist Tips for Successful Attunement

It is usually helpful to slow things down during your attempts at attunement. Slowing down seems more conducive to emotional processing, while a faster pace of sharing seems to be more conducive to a 'cognitive' level of processing. Sometimes it may be necessary to heighten the experience by asking the client to close their eyes during this process. This may be particularly necessary in cases where the coping mode is strong, blocking emotional processing. For clients who are more easily able to process and share their emotional experiences, this may not be necessary. For those who are easily overwhelmed by their emotions, this kind of heightening is usually not desirable, so be guided by the client's 'window of tolerance'.