



# Introduction: Emotional Schemas and Emotional Schema Therapy

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Published online: 17 December 2018  
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The Emotional Schema Model is a social-cognitive model of how individuals perceive, interpret, evaluate, and respond to their emotions and the emotions of others. Everyone is vulnerable to experience the full range of “problematic emotions,” including anger, anxiety, sadness, hopelessness, jealousy, envy, and resentment, but not everyone develops a psychiatric disorder. The Emotional Schema Model proposes that individuals differ in their *theories* about emotion and emotion regulation and that these psychological theories give rise to problematic strategies to cope with emotion, such as suppression, rumination, avoidance, blaming, and substance abuse. For example, an individual going through a breakup might experience anger, anxiety, confusion, and relief. If the individual normalizes these emotions, is able to tolerate unpleasant and “conflicting” feelings, relates these emotions to the significance of a relationship, recognizes that these emotions are temporary and not dangerous, and is not ashamed of these feelings then it is unlikely that longer-lasting emotional problems will ensue. In contrast, if the individual believes the opposite—that these emotions are abnormal, do not make sense, that one should feel only one way, that these feelings will last indefinitely and go out of control, or that they are shameful—then the individual may ruminate, isolate, avoid, misuse substances, and criticize herself.

The cognitive model of emotion, advanced by Beck and Ellis, emphasizes the individual’s interpretation of *events, views of the self, and predictions about the future—the negative triad*. Beck initially advanced the concept of “schema” to reflect habitual patterns of thinking that are often established early in life. However, the concept of schema has a long history in psychology, going back to Bartlett (Bartlett 1932) and Piaget (Piaget 1955), representing a model of biased information processing. Moreover, schematic processing has a long history in cognitive and social psychology reflecting processes of memory, attention, and interpretation (Taylor 1981). The Emotional Schema Model borrows the concept of schema from the information processing approach and applies it to beliefs about emotion.

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According to this model, individuals not only interpret external events, they also interpret their own experience. Once an emotion arises, individuals may have beliefs about the duration, need for control, comprehensibility of emotion, similarity with the emotions of others, shame or guilt over the emotion, tolerance of mixed feelings, demands for rationality at the expense of emotional experience, acceptance of the emotion, focus on rumination, blaming others for their emotion, expression of emotion, and the perception that others validate them. These negative beliefs about one's emotional experience would be expected to give rise to problematic strategies for coping with emotion.

The Emotional Schema Model and Emotional Schema Therapy draw on concepts and strategies in other cognitive behavioral models. As indicated, Beck's model, with its emphasis on the content of specific beliefs (schemas), is reflected in the current Emotional Schema Model. However, the closest similarities are with the metacognitive model (MC) advanced by Wells (1999). According to the metacognitive model, individuals prone to worry have positive and negative views of their intrusive thoughts—that worry helps them prepare and cope with threat and that worry is out of control and needs to be terminated. The Emotional Schema Model is less a model of the content of thoughts and more a model of theories about emotion. Similar to the metacognitive model, problematic interpretations of what are experienced as “intrusive” or “unwanted” emotions are viewed as giving rise to problematic strategies for coping. The emphasis on emotion in this model and the content of these dimensions of emotional schemas places emotional experience at the center of therapy.

Emotional Schema Therapy (EST) differs from other third-wave models in that Emotional Schema Therapy emphasizes the individual's interpretations of emotions, rather than simply the acceptance or mindful awareness of emotion. Although these strategies are helpful, the EST model attempts to clarify the individual's specific theory of emotion, modify that theory, and encourage more adaptive strategies of emotion regulation. Thus, there is emphasis on validation, making sense of emotion, normalizing emotion, expanding and differentiating emotions, linking emotions to meanings, expanding meanings, modifying beliefs about the duration and lack of control of emotion, and increasing the acceptance of mixed feelings.

The present issue reports four studies of the Emotional Schema Model. In the first paper, Morvaridi, Mashhadi, Shamloo, and Leahy (this issue) investigated the effectiveness of Group Emotional Schema Therapy for social and health anxiety. The treatment group received ten sessions of Group Emotional Schema Therapy and the control group was placed on a waiting list. Ten sessions of group emotional schema therapy were conducted. Measures included an Emotional Regulation Questionnaire, the Wells Anxious Thoughts Questionnaire, and the Leahy Emotional Schema Scale. As predicted, EST reduced anxiety symptoms, increased reappraisal, decreased suppression, increased the use of positive emotional schemas, and decreased the use of negative emotional schemas. In the second paper, Daneshmandi, Zahra, Wilson, and Forooshani investigated the effectiveness of EST in the treatment of adult women who had experienced earlier child abuse or neglect. Participants received either 15 sessions of a group therapy format based on EST or were placed on a waiting list (control group). Pre-test, post-test, and 2-month follow-up evaluations were conducted for both groups. The target measures included scores on various subscales of the Difficulties in Emotion Regulation Scale (DERS; Gratz and Roemer 2004). Participants in the EST

group compared to the control group showed improvement on acceptance of emotional responses, goal-directed behaviors, impulse control, and adaptive emotion regulation strategies in both post-test and follow-up assessments.

In the third paper, Leahy, Wupperman, Edwards, Shivaji, and Molina (this issue) compared the Emotional Avoidance Theory (Borkevec and Sharpless 2004) and the Metacognitive Theories of worry (Wells 1999). According to the emotional avoidance theory, worry and rumination are reinforced by the temporary avoidance of anxiety and depression. In contrast, the metacognitive model asserts that worry is a consequence of the cognitive attentional syndrome (CAS) which is characterized by threat monitoring, repetitive thinking, limitation in cognitive resources, unhelpful control strategies, and continued focus on the content of thinking (Wells 2000, 2002, 2006; Wells and Matthews 1994). The integrative Emotional Schema Model proposes that the CAS would be activated as a consequence of negative views of emotion—that is, as a cognitive strategy based on intolerance of unpleasant feelings (Leahy 2015). Four hundred twenty-five adult patients were tested and the results indicated that as expected, the metacognitive factors and emotional schema dimensions were both related to anxiety and depression. Separate mediational analysis supported both the metacognitive and emotional schema models since both processes contributed to depression and anxiety.

The fourth paper by Suh, Lee, Yoo, Min, Seo, and Choi examined the factor structure of the Leahy Emotional Schema Scale in a sample of 1478 Korean college students. Measures included the Leahy Emotional Schema Scale-II, the Counseling Center Assessment of Psychological Symptoms (CCAPS), and the College Adjustments Inventory-Short Form (CAIS). Exploratory and confirmatory factor analyses resulted in reducing the 28 items on the LESS-II to 10 items in the shorter version that emerged from the data. Factor analysis indicated that two factors accounted for most of the variance in this shorter version reflecting negative evaluation of emotion and emotional control, respectively. In addition, the authors suggest that the use of rationality and other dimensions may differ in an Asian compared to a Western sample, supporting a cross-cultural dimension to this model. Finally, both the LESS-II and the shorter version of the LESS were significantly correlated with each other and with the CAIS and CCAPS.

These studies offer support for the Emotional Schema Model indicating that differences in beliefs and strategies about emotions are related to problematic strategies of coping and to psychopathology and that modifying these schemas can provide significant improvement for clients. The factor analytic study suggests that modifications of the LESS-II scale may be needed to simplify the relevant emotional beliefs and that these beliefs about emotion and the consequent emotion regulation strategies may partly be culturally based.

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## References

- Bartlett, F. C. (1932). *Remembering: an experimental and social study*. Cambridge: Cambridge University Press.
- Borkevec, T. D., & Sharpless, B. (2004). Generalized anxiety disorder: bringing cognitive behavioral therapy into the valued present. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: expanding the cognitive-behavioral tradition* (pp. 209–242). New York: Guilford.
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment*, 26, 41–54.
- Leahy, R. L. (2015). *Emotional schema therapy*. New York: Guilford.
- Piaget, J. (1955). *The child's construction of reality*. Abingdon-on-Thames: Routledge & Kegan Paul Limited.
- Taylor, S. E., & Crocker, J. (1981). Schematic bases of social information processing. In E.T Higgins, C.P. Herman & M.P. Zanna (Eds.), *Social Cognition: The Ontario Symposium* (Vol. 1, pp. 89–134). Hillsdale: Erlbaum.
- Wells, A. (1999). A metacognitive model and therapy for generalized anxiety disorder. *Clinical Psychology & Psychotherapy*, 6, 86–95.
- Wells, A. (2000). Treating pathological worry and generalized anxiety disorder. In *Emotional disorders and metacognition: innovative cognitive therapy* (pp. 155–178). New York: Wiley.
- Wells, A. (2002). Meta-cognitive beliefs in the maintenance of worry and generalized anxiety disorder. In R. G. Heimberg, C. L. Turk, & D. S. Mennin (Eds.), *Generalized anxiety disorder: advances in research and practice*. New York: Guilford.
- Wells, A. (2006). The metacognitive model of worry and generalised anxiety disorder. In *Worry and its psychological disorders: theory, assessment and treatment* (pp. 179–199). Oxford: John Wiley & Sons.
- Wells, A., & Matthews, G. (1994). Self-consciousness and cognitive failures as predictors of coping in stressful episodes. *Cognition & Emotion*, 8(3), 279–295.