



## Supplement to the Case Conceptualization Guide

### ISST lists of schema modes

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Within the schema therapy community, there is widespread consensus with respect to the four broad categories of schema modes: Healthy Adult, Child modes, Dysfunctional Parent or Critic modes and Coping modes. However, there is diversity among researchers and trainers in the way that schema modes are classified and named. This diversity is reflected in what is taught in training programs and workshops given by certified schema therapy trainers, and how supervisors use modes in supervision. In the published literature, Young, Klosko and Weishaar's (2003) *Schema Therapy: A Practitioner's Guide* (pp. 43-44) initially listed 10 modes, with two additional modes (**Lonely Child** and **Self-Aggrandizer**) added when they discussed narcissistic personality (p. 374). Later, Lobbestael, van Vreeswijk and Arntz (2007) listed 22 modes and Bernstein's (2018) iModes cards draw on this list but added another 3 (25 in all). The schema mode inventory (SMI: Young et al, 2007) has scales for 14 modes, and these were listed by Roediger, Stevens and Brockman (2018, pp. 42-43) in their book *Contextual Schema Therapy*. In developing the SMI-2, Bamelis, Renner, Heidkamp and Arntz (2010) added two further modes: **Perfectionist Overcontroller** and **Paranoid (Suspicious) Overcontroller**. In developing a specialized version of the SMI for eating disorders, Simpson et al (2018) also added two modes: **Helpless Surrenderer** and **Eating Disordered Overcontroller**. The *Cambridge Guide to Schema Therapy* (Brockman, Simpson, Hayes, van der Wijngaart and Smout, 2023) refers to over 30 modes, and includes the recognition of repetitive negative thinking as a distinct **Overanalyzing Overcontroller** mode.

The diversity in approaches can be seen by contrasting the table of only 9 basic modes in *The schema therapy clinician's guide* (Farrell, Reiss and Shaw, 2014, p. 7) with the comprehensive list of over 80 modes in an article by Edwards (2022).

Many trainers find it helpful to differentiate subtypes or "flavors" that characterize variations on a recognized mode. Some modes can therefore be considered submodes of broader mode categories. For example, Young et al (2003) identified the **Lonely Child** as a subtype of the **Vulnerable Child**, and, as can be seen below, several other subtypes of the **Vulnerable Child** are now recognized. Similarly, there has been increasing differentiation of coping modes. For the **Surrender** mode category, Young et al (2003) and Lobbestael et al (2007) listed a single mode: **Compliant Surrenderer**. However, Brockman et al (2023) list three, while Edwards (2022) lists seven. In the Overcompensation Category, Lobbestael et al (2007) list seven overcompensation modes, while Brockman et al (2023) list twelve. Edwards (2020) lists over 20, many of which involve specific behaviors referred to in items in the Young Compensation Inventory (Young, 1999). Similarly, while Brockman, Simpson et al (2023) recognize rumination as an important coping mode which they call an **Overanalyzing Overcontroller**, Edwards differentiates 14 different subtypes of what he calls **Repetitive Unproductive Thinking**, based on an extensive CBT literature.

There can also be blended modes (Young et al, 2003) in which elements from more than one mode appear together in the same person at the same time. For example, an **Abandoned and Abused Child** blends the features of an **Abandoned Child** with those of an **Abused Child**, and a **Perfectionist Pleaser**, who strives to please others perfectly, blends a **Compliant Surrenderer** with a **Perfectionist Overcontroller**.

In practice, the number of modes we need to refer to is situational. For running a therapy group, which is an important focus of Farrell et al's (2014) book, it makes practical sense to focus on a small number of basic modes. When presenting a basic training course for beginners in schema therapy, it will be confusing to introduce dozens of modes, and there will not be time to explain them properly. When providing psychoeducation for clients about their modes, therapists begin with the most significant ones that are relevant to helping them understand the underlying causes of their problems. Therapists may identify other modes but only mention and name them later as the need arises. As Edwards (2022) points out, "focusing on a limited number of modes can simplify case conceptualization and communication with the client." But in the long run, he suggests, there may be disadvantages because "modes described in broad terms, may appear quite differently from one individual to another, or within the same individual at different times, or may include what are actually sequences of distinct experiential states." As schema therapists become more experienced, learning to differentiate more submodes can increase their sensitivity to the subtleties of a client's behaviour and experience and this can, in turn, clarify case conceptualization and contribute to addressing what may seem to be impasses in the therapy process.

In the context of this diversity within the schema therapy community, two separate lists of modes are presented below: a basic list and an extended list. These lists can be drawn on in training in whatever way trainers or supervisors may see fit and might be a useful reference for trainees who are learning to use modes in conceptualizing their cases.

This document provides information but there is no intention to dictate an official ISST policy with respect to what are or are not recognized as modes, or even what names they should be given. In naming and discussing modes with clients, of course, schema therapists often use names that are different from the formal mode names in these lists, but which make sense to the client.

## 1. Basic list of schema modes

(Drawn from Young et al 2003, Lobbetael et al, 2007 and Brockman, 2023)

### Healthy Adult

In this mode individuals are rational, realistic and appropriately responsible with respect to how they interpret situations or relationships and how they choose to act. This mode includes having good executive functioning. It also includes the capacity to wisely balance life activities related to work, family, and leisure and to appropriately care for one's own needs with self-compassion while being able to be aware of and appropriately respond to the needs of others.

### Child Modes

Modes that have their origins in childhood experiences and memories

- **Happy or Contented Child:** A mode in which there is an experience of core needs having been met.
- **Vulnerable Child:** A mode in which there is an experience of distress related to core needs not having been met. There may be submodes, or subtypes or flavours such as **Lonely Child, Abused Child, Dependent Child.**
- **Angry Child:** A mode in which anger is experienced related to memories of being unfairly treated.
- **Enraged Child:** A mode in which individuals are not only angry but want to express violently by breaking things or hurting others.
- **Impulsive Child:** A mode in which individuals act impulsively without prior reflection or capacity for self-control.

- **Undisciplined Child:** A mode where individuals struggle to take responsibility, or to complete routine tasks, or to tolerate the boredom or discomfort required to achieve longer-term goals.

### Parent or Critic Modes

These are experienced as internal voices that deliver demanding or critical messages

- **Punitive Critic/Parent:** these messages are harsh, critical, belittling, punitive.
- **Demanding Critic/Parent:** these messages convey demands and expectations that the individual is required to meet in order to gain approval.
- **Guilt-inducing Critic/Parent:** these convey the message that the individual is not doing one's duty or meeting one's responsibilities towards another person who is in need of their support.

### Coping Modes

A wide range of ways of coping with painful and distressing emotions

#### Surrender mode

- **Compliant surrenderer:** in this mode the individual acts in a passive, subservient, submissive, reassurance-seeking, or self-deprecating way towards others out of fear of conflict or rejection. Passively allows him/herself to be mistreated, or does not take steps to get healthy needs met. Selects people or engages in other behaviour that directly maintains the self-defeating schema-driven pattern (Lobbestael et al, 2007, p. 84).

#### Detached/Avoidant modes

- **Detached Protector:** In this mode the individual shuts off all emotions, disconnects from others and rejects their help, and functions in an almost robotic manner.
- **Avoidant Protector:** In this mode the individual actively avoids any overt situation (people, place, conversation, activity) that might activate distressing emotions.
- **Detached Self-Soother:** In this mode the individual distracts from or soothes painful emotions by activities such as watching television series, playing computer games, comfort eating, excessive time spent working (workaholism) or engaging in extreme sports.
- **Angry Protector:** In this mode the individual distracts and avoids painful emotion by putting up a wall of anger that keeps others out. "The anger is passive, but strategic, aimed at ensuring that others have no opportunity to hurt, reject, or exert power over them" (Brockman et al, 2023, p. 8).

#### Overcompensation modes

- **Self-aggrandizer:** In this mode, individuals seek to establish themselves in a one-up, superior position by behaving in a manner that is entitled, competitive, grandiose, or status-seeking. They are disdainful of others whom they view as inferior and they show little empathy for their needs or feelings of others. They feel entitled and do not believe they should have to follow the rules that apply to everyone else.
- **Approval/Recognition-Seeker:** In this mode individuals behave in extravagant, inappropriate, and exaggerated ways to attract attention and gain the interest and approval of others.
- **Perfectionist Overcontroller:** In this mode individuals set high standards for themselves and strive to reach them often at great cost to themselves.

- **Suspicious (Paranoid) Overcontroller:** In this mode individuals anticipate that others will harm or betray them and are hypervigilant for signs that this will occur.
- **Bully and Attack:** In this mode individuals intimidate others with threats, harsh belittling attacks, or physical violence.

## 2. Extended list of schema modes

This extended list adds to the basic list by including modes that have been identified in the literature or reported as clinically useful, drawing on Edwards (2022), Brockman et al (2023), and Lockwood (2023).

### Healthy Adult

The case conceptualization form offers a comprehensive and differentiated perspective on healthy adaptive capacities and strengths. These are summarized under eight headings that are described fully in the *Case Conceptualization Guide*, so they are only summarized here.

1. Meta-Awareness: The capacity to step back and reflect on self and others
2. Reality Orientation: The capacity to make, and act on, decisions that are reality-based
3. Agency and Responsibility: The capacity to take responsibility for, personal decisions, actions and their consequences.
4. Emotional Connectedness: The capacity to be open to and experience emotions, and to be self-accepting and compassionate when experiencing emotional pain and uncertainty
5. Self-Assertiveness and Reciprocity: The capacity to stand up for oneself, while honouring reciprocity and congruent communication
6. A Coherent Sense of Identity: The capacity to sustain a coherent sense of who one is, with respect to personal beliefs, values, attitudes and motivations
7. Caring Beyond the Self: The capacity to engage with others, and within the society as a whole, with an open, straightforward and compassionate attitude
8. Hope and Meaning: The capacity to find, and to keep, faith throughout the hardships of life

### Child Modes

These are schema modes with clear origins in childhood (often early childhood) and, apart from the Healthy Child modes, usually based on problematic experiences with parents or other significant figures, and/or experiences of traumatic events, in which important core needs were not adequately met.

#### Maladaptive (core needs not adequately met) Child Modes

**Vulnerable Child:** This refers to states in which the individual is, in effect, re-experiencing a state of vulnerability related to experiences of unmet needs in childhood. This broad category can usefully be differentiated into submodes or subtypes or flavours that refer to particular experiences, many of them related to specific primary early maladaptive schemas.

- The **Lonely Child** feels alone with no one to turn to when faced with confusing or distressing experiences (in response to a **Neglectful Parent**).
- The **Abandoned Child** has an intense experience of sudden separation.
- The **Abused Child** has been repeatedly invalidated and abused emotionally, physically, and/or sexually.
- The **Pressured Child** feels constant pressure to perform to a certain standard or to achieve (in response to a **Demanding Parent**).

- The ***Terrified Child*** has intense experiences of fear related to memories of abuse and/or trauma.
- The ***Humiliated / Shamed Child*** feels worthless and incapacitated by shame (in response to a ***Shaming Parent***).
- The ***Dependent Child*** feels incapable making his/her own decisions and overwhelmed by having to take on responsibilities s/he is not ready for (usually in response to an ***Overprotective Parent***).

**Angry/Unsocialized Child modes:** In these states, individuals are in touch with intense experiences of impulses or emotion from childhood that, if expressed freely, appear as immature and are often destructive to self and relationships.

- The ***Angry child*** experiences a deep sense of injustice, feels anger about being unfairly treated and wants to say, “Stop mistreating me!”
- The ***Defiant Child*** is angry at having his/her autonomy interfered with and wants to say, “I don’t want to, and you can’t make me!” or “I want this, and I won’t let you stop me having it.”
- The ***Enraged child*** experiences an intense rage and has the impulse to retaliate against and hurt people, and/or smash objects. This develops in response to feeling helpless, powerless to prevent oneself being abused, or in response to other core needs being thwarted over prolonged periods (e.g. ongoing neglect or subjugation).
- The ***Impulsive Child*** cannot delay gratification and acts without reflection or restraint or self-control.
- The ***Spoiled Child*** has learned to feel entitled and to not expect to have to follow rules or exercise self control or self-discipline.
- The ***Undisciplined Child*** is a mode where individuals struggle to take responsibility, or to complete routine tasks, or to tolerate the boredom or discomfort required to achieve longer-term goals. Edwards (2022) suggests that this is often better conceptualized as a coping mode like the ***Passive-Resister***.

### Healthy (core needs met) Child Modes

These are modes in which individuals have positive experiences of themselves in response their core needs being met.

- ***Happy or Contented Child*** is the term used refer to states in which we feel peaceful and satisfied because our current needs are being met.
- ***Playful Child*** is a term that refers to spontaneous experiences of playfulness and fun.
- ***Adventurous/Creative Child:*** refers to experiences of a natural inclination to explore, venture into, seek challenges, learn and grow in varied areas and activities in the world, such as social activity, intellectual understanding, cultural practices, diet and physical activity, the physical world (new towns, new lands, new trails), etc.
- ***Authentic child*** refers to the experience of being in touch with and expressing one’s true self and a sense of authentic engagement with life.

### Maladaptive Parent Modes

Parent modes are understood to be introjects, that is they are like recordings of the behaviour of parents (or other authority or caretaker figures). They are reexperienced in the present, sometimes as active voices (with for example punitive, shaming, demanding, guilt-inducing or anxiety-inducing

messages), and, at other times, as a sense or feeling of the presence (or absence) of the parent figure and the implicit messages that s/he conveyed.

Some trainers limit these modes to those that are experienced as distinct voices or verbal messages. However, others recognize that significant parent introjects may be experienced somatically or emotionally without any clear verbal component.

**Critic modes:** Some trainers prefer not to use the term Parent mode and instead refer to The Critic. Partly, this is to avoid giving offence to parents when working with families, but it is also because “Parent” messages may be introjected from people other than actual parents. “Critic” is particularly apt for referring to the **Punitive Parent**, the **Shaming Parent**, the **Guilt-inducing Parent** and the **Demanding Parent**. Another reason for using the term Critic is that self-critical and self-attacking messages may also be part of a coping mode (see **Flagellating Overcontroller** below). Using the term **Critic** gives the therapist time to discover in the therapy process how much of the content is from a parent or other authority figure and how much is misguided self-motivation. Even though we have retained the term “Parent” in the modes and submodes listed below, we recommend and support the use of the term “Critic” for those voices that are critical and punitive.

- **Punitive Parent:** Internalized voice that criticizes, threatens punishment and punishes in an unforgiving manner, explicitly giving the child the message that s/he is worthless and deserves punishment.
- **Shaming Parent:** Internalized voice of a parent that shames and humiliates.
- **Demanding Parent:** Internalized voice that continually pushes and pressures the child to meet excessively high standards, creating expectations about how the child “should” behave, think and feel.
- **Abusive Parent:** This internalized voice combines all of the above and adds threats and sometimes actual violence. It is an introject of someone in **Bully and Attack** mode.
- **Victim (or Guilt Inducing) Parent:** Internalized voice of a parent who is self-pitying, feeling helpless, focusing on others being responsible for his/her bad experiences. The parent may have been primarily in the internalizing **Self-Pity/Victim** mode or primarily in the externalizing **Complaining Protector** mode. This parent uses his/her suffering to keep others emotionally tied to him/her by inducing guilt, or actively complaining and blaming (“emotional blackmail”) and/or sick-role behaviours.
- **Neglectful Parent:** This mode is characterized by messages that are often more implicit than explicit such as “your needs are not important,” “don’t expect me to look after you,” “you are on your own and must look after yourself.” The source of this is memories of a parent who was not available enough, for example because the mother was overburdened with other children, depressed or busy with other activities. It is experienced not so much as the presence of a voice but as an absence, as an adult who may be physically present but is out of reach when it comes to meeting one’s needs.
- **Competitive and Status-Seeking Parent:** the internalization of a voice focusing on the need for achieving status and success as a means of impressing others and maintaining the status and appearance of one’s family in the eyes of powerful others in the community.
- **Indulgent Parent:** The implicit or explicit messages in this parent mode are overly permissive, and indiscriminately permission-giving. These are the messages from a parent who failed to set limits or to require self-control, resulting in a **Spoiled Child** who has limited self-discipline and behaves in an entitled manner.
- **Anxious Parent:** Internalized sense of a parent who does not feel safe in the world and conveys that lack of security and safety to the child implicitly or explicitly.

- **Overprotective Parent:** Internalized parent voice that encourages enmeshment and dependency, giving the message, “You can’t cope on your own... You can’t make your own decisions... You don’t know what you feel, so you must listen to this voice in order to find out.” This is often blended with an **Anxious Parent**.
- **Naïve Parent:** This internalized parent is immature, naïve, easily influenced by others, tends to accept people and circumstances as they are. This mode fails to teach right from wrong, anticipate consequences, provide guidelines for handling everyday life situations, and supply a sense of safety.
- **Chaotic/Unpredictable Parent:** This internalized mode is unstable, emotionally labile, unpredictable, disorganized, and often frantic. This mode is frightening and paralyzing and results in a state of constant hypervigilance.

## Maladaptive Coping Modes

These modes cope with the emotional distress in the Child in response to the introjected Parent or other traumatic situations. These modes attenuate that distress or block it out altogether. However, they may also channel it (as when the **Angry Child** is expressed through an **Overcompensator** like **Bully and Attack** or **Complaining Protector** – see below). In such cases we can conceptualize the Child mode as being “back stage” or “off stage” (Roediger, Stevens, and Brockman, 2018).

### 1. Surrender Modes

Surrender modes are ways of coping that are based on accepting that the schema beliefs are true, for example, accepting that one is worthless and or incompetent and that one’s needs are not important.

- **Compliant Surrenderer:** Acts from an underlying subjugation schema and focuses on meeting the needs of others without attention to one’s own needs. Is subservient, self-deprecating, submissive, placating, pleasing, and reassurance-seeking towards others out of fear of conflict or rejection. Is likely to feel exploited and build resentment which may or may not be expressed.
- **Rescuer/Self-Sacrificer:** Focuses excessively on meeting the needs of others, with little attention to meeting own needs. May be directed towards individuals or groups to whom one feels loyalty (family, or a social organization, and/or towards those that seem to be weak or in trouble or victimized (which may include animals as well as other human beings). This mode is often more satisfying and rewarding, at least in the short term, than Compliant Surrenderer, but in the long term can lead to burnout, and chronic fatigue.
- **Self-pity/Victim:** Experiences self as a victim, whether of mistreatment by others or of circumstances and responds with self-pity, often expressed as “poor me.” Feels, helpless and is passive, waiting to be rescued. In this mode individuals appear distressed and childlike but this is not a **Vulnerable Child**.
- **Helpless Surrenderer – Frozen Surrenderer:** Experiences a frozen helplessness and inability to act in the face of threat or abuse. This mode usually developed as a result of a freeze response in the fight/flight/freeze system (Edwards, 2022).
- **Helpless Surrenderer - “Rescue me” Surrenderer:** Feels helpless and implicitly (and sometimes explicitly) gives the message to others “Rescue me” (Brockman et al, 2023, p. 8). Note: Edwards (2023) calls this mode a **Care-seeking Overcompensator** and classifies it as an **Overcompensator** rather than a **Surrender** mode.
- **Passive-Resister:** Lacks intrinsic motivation, has limited tolerance for frustration or discomfort and is uncooperative and disinclined to take steps to engage in activities that would appear to others to be adaptive. This passivity expresses a backstage **Defiant Child**.

## 2. Detached / Avoidant Modes

These are modes in which individuals cope with emotional pain and distress by shutting it down or distracting from it.

- **Detached protector:** Withdraws psychologically from the pain of the EMSs by emotionally detaching. Shuts off all emotions, disconnects from others, rejects help, and functions in an almost robotic manner. May remain quite functional.
- **Spaced out Protector:** Shuts off emotions by spacing out or feeling sleepy. Can give rise to an experience of being foggy or even unreal, and dysfunctional states of cognitive slowing and depersonalization.
- **Avoidant Protector:** Avoids triggering by behavioural avoidance and keeps away from situations or cues that may trigger distress for example, by evoking anxiety or involving conflict with others.
- **Detached Self-Soother:** Shuts off emotions by engaging in activities that soothe, stimulate or distract. These behaviours are often addictive or compulsive. There are four categories:
  - a. Excessive focus on behaviours that are, in themselves, normally adaptive, such as working occupationally (workaholism), or doing household chores.
  - b. Excessive time spent on unproductive activities that are soothing and shut out unpleasant feelings such as playing computer games, watching television series or pornography, overeating (comfort eating), or taking 'recreational' drugs (self-medicating).
  - c. Excessive engagement in activities that are risky and exciting such as gambling, extreme sports, promiscuous sex. Also called **Detached Self-Stimulator**.
  - d. Excessive time spent in compensatory daydreaming about finding the man/woman of one's dreams, being on a dream holiday, becoming successful, wealthy or famous in the absence of any realistic plan likely to lead to achieving such goals. This is also included as the **Overcompensatory daydreamer** under Repetitive Unproductive Thinking modes below.
- e. **Deceptive Protector:** In this mode the individual avoids telling the truth, and instead tells lies or speaks in half-truths, out of fear that telling the truth will result in being criticized or blamed.

## 2. Overcompensation Modes

In these modes there is active behaviour that is the opposite of the underlying schema. For example, someone with a defectiveness/shame acts proudly and boldly, someone with an incompetence/dependence schema acts confidently and independently.

- **Social Overcompensator:** In this mode individuals present themselves as friendly and even warm, and often as cheerful and happy. But it is "fake happy." It is a social façade that hides genuine feeling and experience, denies or minimizes problems, and does not offer authentic interpersonal engagement.
- **Strong and Independent Overcompensator:** In this mode the individual appears strong, capable and independent. However, this is an overcompensation for an underlying dependency. This has traditionally been called counterdependent coping.
- **Comic Protector:** In this mode, individuals make jokes, or smile and laugh as a way of avoiding sensitive topics entirely, or to distract and steer away from them when they arise in conversation.



- ***Pollyanna Overcompensator***: Individuals in this mode maintain a persistently positive attitude, even in the face of difficult events and interpersonal tensions. They avoid genuine assertiveness and minimize feelings that might lead to criticism or rejection (e.g. authentic anger, sadness, shame). They engage in excessive positive thinking, find a 'silver lining' even in the most difficult situations or circumstances, whilst unwittingly invalidating their own or others' struggles and difficulties. They may use fatalistic platitudes such as "Everything happens for a reason," "It was meant to be," as a means of attempting to reduce others' feelings of distress. This is also widely referred to as "toxic positivity."
- ***Idealizing Overcompensator***: Individuals in this mode have an idealized view of themselves, their families and their experiences as children. They will typically tell of how they were raised in a normal and happy family and see their parents in positive terms, despite reporting neglectful, abusive or inconsistent behaviour on the parents' part. This kind of idealization provides a sense of security which is at odds with the problems created at the Early Maladaptive Schema level by parental failure to meet core needs.
- ***Approval/Recognition Seeker***: In this mode, individuals engage in inappropriately extravagant, dramatic and exaggerated behaviour (including sexually seductive behaviour) as a way of impressing others and seeking to get their attention and admiration
- ***Hypervigilant Clinger***: In this mode, individuals react to impending separation by prolonging contact, refusing to leave, clinging, or even begging (may also be blended with the ***Scolding Overcontroller*** described above). This is usually a way of coping with separation anxiety and an ***Abandoned Child***.
- ***Overcontrollers***: These protect from perceived or real threat by being hypervigilant, focusing attention on details, and exercising extreme control.
  - a. A ***Perfectionistic Overcontroller*** focuses on getting things perfect to attain a sense of control and safety and ward off misfortune and criticism. This is typically deployed in conjunction with and ***Flagellating Overcontroller*** which enforces the perfectionistic standards.
  - b. An ***Eating Disordered Overcontroller*** is an elaboration of the ***Perfectionistic Overcontroller*** with a focus on controlling body mass and becoming/remaining thin. Relentlessly applies perfectionistic and usually unrealistic about goal weight and foods that must be avoided. This is also typically deployed in conjunction with and ***Flagellating Overcontroller*** which enforces the perfectionistic standards.
  - c. An ***Obsessive-Compulsive Overcontroller*** suppresses uncomfortable feelings by neutralizing them with undue attention to detail or by repetitive ritualistic behaviours which may be overt (repetitive washing or checking or tidying and cleaning the house), or covert (such as repeating words or phrases intended to neutralize whatever uncomfortable emotion has been triggered).
  - d. An ***Invincible Overcontroller*** feels invincible, indestructible, and powerful. The person seeks to be completely invulnerable and eliminate or be 'on top' of emotional needs by behaving in a manner which is self-sufficient and denies the need for emotional connection to others (Brockman et al, 2023, p.9).
  - e. A ***Suspicious (or Paranoid) Overcontroller*** anticipates that others will be malevolent, betray, and want to harm him/he. In this mode the individual is overly sensitized to seeing evidence for these things and vigilantly scans for them. This is typically a way of coping with an ***Abused Child*** with a ***Mistrust/abuse*** schema.
- ***Externalizing overcompensators***: In these modes, the anger of the angry child or the rage of the Enraged Child is instrumentally directed as a secondary emotion in a coping mode:

- a. **Self-Aggrandizer:** In this mode, individuals seek to establish themselves in a one-up, superior position by behaving in a manner that is competitive, grandiose, or status-seeking. They feel entitled and do not believe they should have to follow the rules that apply to everyone else. They are disdainful of others whom they view as inferior, and show little empathy for their needs or feelings.
  - b. A **Scolding Overcontroller** issues orders to others in a domineering way and makes belittling remarks as a way of controlling their behaviour. This is usually blended with a **Self-Aggrandizer**.
  - c. **Bully and Attack:** This is a more extreme version of the **Scolding Overcontroller**. Individuals in this mode actively attack, hurt others, often demeaning and humiliating them in a controlled, strategic and sadistic way. This can involve bullying by means of verbal and physical abuse or threats. This mode may also include sexual coercion and antisocial and even criminal acts.
  - d. **Complaining Protector:** Individuals in this mode feel victimized and embittered, but, in contrast to individuals in the **Self-pity/Victim** mode, they are not passive but vent their anger in a constant stream of complaints, sometimes directed at other people or institutions or the world in general, sometimes at the person they are talking to. This is also called the **Help-rejecting complainer** because any attempt to offer advice or help is ignored or dismissed.
  - e. **Angry Protector:** Uses a 'wall of anger' to protect him/herself from others who are perceived as threatening. Such displays of anger serve to keep others at a safe distance to protect against being hurt. Although initially classified as a form of avoidant coping, it is better included here because of the evident externalized anger.
  - f. **Passive-aggressor:** In this mode, individuals express anger indirectly, without the overt hostility found in most of the externalizing overcompensators.
  - g. **Rebel:** In this mode, individuals are explicit about their determination to defy authority, accompanied by a narrative that portrays it as a valuable identity. Expression may range from being passive-aggressive to being actively, even militantly, rebellious. This can be conceptualized as the expression of a backstage **Defiant Child**.
- **Forensic modes:** These modes were first identified in forensic settings by those working with offenders with personality disorders.
    - a. **Conning and Manipulative:** An extreme form of overcompensation that results in abusive and even criminal behaviour in which the individual cons, lies, or manipulates in a manner deliberately designed to achieve a specific goal, which either involves victimising others or escaping punishment.
    - b. **Predator:** Another extreme form of overcompensation that results in abusive and even criminal behaviour in which the individual focuses on eliminating a threat, rival, obstacle, or enemy in a cold, ruthless, and calculating manner.
  - **Repetitive Unproductive Thinking modes (RUT):** These modes are characterized by repetitive rehearsal of unproductive thoughts or images (rumination), mostly about negative themes that generate and maintain distress (such as anxiety, depression, helplessness and anger). The importance of some of these modes has been identified by Stavropoulos et al (2020) and they are classified under the name **Overanalyzing Overcontroller** by Brockman et al (2023, p. 9). Edwards (2022) differentiates several subtypes and, rather than classifying them as overcompensators suggests they might be considered a separate broad category of coping mode.

- a. An **Overanalyser** is characterized by rehearsal of thoughts that focus on self-doubt, self-questioning and questioning the motivation of others or broader “Why?” questions about life and its meaning. This is often referred to as “second-guessing.” There may also be repeated attempts to mentally reassure oneself and attain certainty in an uncertain world. This is done by repeatedly reviewing and checking some aspect of one’s behavior to see whether it meets a standard or whether it was well received by another person. Although Brockman, Simpson et al (2023) use this term to broadly cover all forms of rumination, however, here it is used for this specific form of repetitive unproductive thinking.
- b. A **Worrying Overcontroller** engages in endless and excessive worrying about things that might go wrong or how to fix things that have gone wrong, without ever coming up with meaningful solutions.
- c. A **Catastrophiser** ruminates on, and may actively visualize, the worst possible outcomes that might occur.
- d. An **Event Post-Mortem Ruminator** reviews the details of a social event in a manner that confirms one’s belief that one is socially unacceptable or incompetent.
- e. A **Social Comparison Ruminator** involves imaginably comparing oneself to others and finding oneself inferior in various ways with respect to such aspects as physical appearance and good looks, intelligence, or capability in social, occupational or recreational activities.
- f. A **Pessimistic (or Depressive) Ruminator** focuses on repetitive thoughts related to despair and hopelessness about ever being able to overcome a sense of unworthiness (**Defectiveness/Shame** schema), social unacceptability (**Social isolation** schema), failure (**Failure** schema), or incompetence (**Incompetence/Dependence** schema).
- g. A **covert** form of **Obsessive-Compulsive Overcontroller** (see above) repeatedly (and sometimes desperately) rehearses images or thoughts as a way of attempting to neutralize other distressing images or thoughts: for example, ritualistic counting or praying or “thinking a good thought to get rid of a bad thought.”
- h. A **Counterfactual Ruminator** involves regretfully wishing things had been different in the past. It often takes the form of “If only ...” thoughts: “If only I had ... (acted differently),” “If only s/he had done something different.” These thoughts are usually attempts to mentally undo a painful reality such as a traumatic event or a death.
- i. An **Angry Ruminator** repeatedly ruminates on experiences of injustice particularly towards oneself, and
- j. A **Vengeful Ruminator** dwells on thoughts and images of getting revenge.
- k. The **Flagellating Overcontroller** is a stream of self-attacking self-talk that is critical, blaming, shaming etc. It is understood to be the individual’s own anger directed back at the self in an attempt to motivate oneself to perform better. Therefore, although it may seem like a Punitive Parent, it is not a Parent mode but a coping mode. This has implications for how it needs to be addressed in the therapy process. What appears initially as a **Critic** (see above) may be made up of **Parent** and **Flagellating Overcontroller** elements.
- l. An **Overcompensatory daydreamer** is a mode in which individuals daydream about having a better life - finding the man/woman of one’s dreams, being on a dream holiday, becoming successful, wealthy or famous - in the absence of any realistic plan

likely to lead to achieving such goals. Although the content of the daydreams is an overcompensation, individuals in this mode are quite passive and self-soothing. It can, therefore, also be seen as a **Detached Self-Soother** mode. It is included as a RUT mode because it is a covert process invisible to others.

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