

# Adaptive And Maladaptive Emotions, Beliefs, And Behaviors In A Low-Income Clinical Population In A Psychological Care Center In The City Of Poza Rica, Veracruz

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## ABSTRACT

The distress that prompts individuals to seek psychological assistance can be observed across a range of situations, emotions, beliefs and behaviors, with each area carrying a distinct weight in the formulation of each case. Schema therapy represents a valuable approach to investigating these specific areas, as it examines the manner in which emotional distress may be influenced by maladaptive schemas and coping mechanisms that can perpetuate and maintain these psychological issues. From this perspective, clinical symptoms are considered in the context of the activation of early maladaptive schemas, which are cognitive in nature. The activation of these schemas results in the experience of intense distressing emotions, which in turn prompt the engagement in coping behaviors in response to those emotions. However, the use of these coping behaviors in excess serves to perpetuate schemas, dysfunctional behavioral patterns and, consequently, emotional discomfort. The objective of the present study was to describe the aforementioned psychological variables in a population using a care center coordinated by the Faculty of Psychology of the Universidad Veracruzana, a public institution located in the City of Poza Rica, Veracruz. The study findings indicate that men experience less emotional distress than women, which can be attributed to their more adaptive emotional responses. Women, while demonstrating higher levels of distress, also exhibit more adaptive behaviors and beliefs, which facilitate their sense of belonging. However, they also exhibit more maladaptive beliefs and behaviors, such as excessive self-demand and avoidance.

## INTRODUCTION

A paucity of studies exists in our regional context that describe the beliefs, emotions and behaviors of the population that requests psychological help. This is particularly important given that the proportion of women who seek care is higher, as well as the resurgence of violence against women in recent years and its impact on the healthy development of the family.

Furthermore, it is crucial to comprehend the discrepancies that may emerge between the sexes in these domains, as this can facilitate the creation of more efficacious treatments and interventions.

Given that dysfunction within the family is a risk factor for mental health problems, the concepts of schema therapy are valuable in understanding how pathological dynamics can be perpetuated within family systems and how each member has the capacity to strengthen or weaken these dysfunctional patterns.

Similarly, maladaptive schemas are subjected to rigorous examination in order to devise efficacious treatments for therapeutic processes. Conversely, adaptive and salutary schemes and behaviors may also be reinforced throughout the course of treatment. This enables us to gain insight into the specific needs of men and women, thus facilitating comprehensive growth and attaining the wisdom befitting adulthood.

## PROBLEM STATEMENT

The prevalence of mental health problems has increased globally in recent years, with a variety of historical, geographical, political, economic, and sociocultural factors contributing to this trend.

Schema therapy postulates that the development of psychological pathology in adulthood is contingent upon the satisfaction or lack thereof of the individual's primary physical and emotional needs. In this regard, there are notable discrepancies across societies with regard to the social roles ascribed on the basis of gender, as well as the valuations accorded to attributes associated with masculinity and femininity. However, the necessity for bonding, emotional support, connection, and acceptance, which is acknowledged in schema therapy as a crucial element in fulfilling other significant emotional needs such as autonomy, self-expression, boundaries, and enjoyment, has historically been associated with maternal function.

Secure attachment, which plays an important role in the development of a healthy personality, is related to the warmth, proximity, care, protection, and connection that have historically been attributed to the roles and functions of mothers. It is important to note, however, that the ability to meet these important needs requires that the caregiver has reached sufficient psychological maturity to deal with the intense emotions that parenting can evoke.

It can be proposed that healthy parenting is contingent upon the utilization of emotions, beliefs and mature, adaptive adult behaviors, which are more likely to occur if the parent has fulfilled this need for bonding during their own childhood and adolescence. In the event that this does not occur, maladaptive coping mechanisms may emerge in parents in response to the significant crises they experience in relation to the arrival and growth of their children. The most notable adverse outcomes resulting from this phenomenon are those that disrupt and impair the emotional attachment capacity of mothers (and, on rare occasions, fathers who satisfy this need) with their young children. This is because an avoidant, disorganized, and insecure attachment is a significant risk factor for the development of chronic clinical problems and personality disorders in adulthood.

## **METHODOLOGY**

The present study analyzed the results of 47 patients, 14 of whom were male and 33 of whom were female, with an age range of 19 to 58 years. The patients were evaluated at a psychological care center that is coordinated by a public university in the city of Poza Rica, Veracruz. The patients were assessed using the Schema Mode Inventory (SMI 1.1), which was created by Jeffrey Young.

The instrument evaluates 14 distinct schema modes, which are subdivided into six innate child modes, five maladaptive coping modes, two dysfunctional parent modes, and one healthy adult mode. These can be classified into the following categories: The levels of functioning were classified as follows: very low, average, moderate, high, very high and severe.

To facilitate the analysis of the results, the items of the SMI 1.1 were divided into six categories: adaptive emotions, adaptive beliefs, maladaptive beliefs, adaptive behaviors, and maladaptive behaviors.

The objective was to ascertain which emotions, beliefs and behaviors are most prevalent across the entire population and then to determine the extent to which these are exhibited by men and women.

## **THEORETICAL FRAMEWORK**

This research is based on the conceptual framework of Schema Therapy, which was developed by Jeffrey Young for the treatment of various chronic psychological disorders and personality disorders.

Schemas are defined as cognitive patterns that are imposed on reality or experience in order to facilitate comprehension, perception and inform responses. They primarily develop as a consequence of adverse childhood experiences and are central to the etiology of personality disorders and psychological disorders in general. These were designated "early maladaptive schemas" by the author (Young, 2003).

These schemas represent the cognitive element that is of primary importance in determining behaviors. It can be posited that maladaptive behaviors emerge as a consequence of a schema (Brockman, RN. et al., 2023).

Schema modes can be defined as the actualization of emotional states and the strategies applied to deal with them, which result in distress or the exacerbation of problems. (Brockman, RN. et al., 2023)

As modes encompass cognitive, emotional, and behavioral aspects, the instrument devised by Young to assess schema and adaptive modes (SMI 1.1) considers all three dimensions.

Subsequently, a concise overview of the content of each dimension is presented. Although they are associated with particular modes, for the purposes of this study they have been classified as either adaptive or maladaptive beliefs, emotions and behaviors.

### **Adaptive emotions**

The term 'adaptive emotions' is employed to describe those basic emotions that arise when emotional needs are met.

The experience of feeling loved, connected, safe, and sociable; feeling valued, loved, cared for, and understood; and the sensation of peace and tranquility (Loose et al., 2020; Brockman et al., 2023; Roediger et al., 2018) are illustrative of the adaptive emotions that arise when emotional needs are met.

The individual may experience feelings of capability, competence, resilience, energy, motivation, happiness, joy, smiling, spontaneity, playfulness, and hopefulness (Loose et al., 2020; Brockman et al., 2023; Roediger et al., 2018).

### **Maladaptive emotions**

The terms in question pertain to fundamental emotional states that are inherently difficult for the individual to regulate.

The individual may experience feelings of abuse or mistreatment, domination, and hurt. Such individuals may also experience feelings of fear, sadness, being overwhelmed, or a sense of helplessness. Furthermore, the individual may experience feelings of isolation, a lack of support, a sense of being lost, helplessness, confusion, vulnerability, and fragility.

The individual may experience feelings of unlovability, unloved-ness, shame, guilt, worthlessness, incapacity, dependency and social unacceptable-ness, as well as feelings of humiliation and inferiority. (Young, J. et al., 2003)

The experience of emotional distress, fear of abandonment and/or abuse, feelings of helplessness and a sense of being paralyzed.

The individual may experience intense feelings of anger, rage, frustration, impatience, or outrage in response to unmet needs. Additionally, they may display a sense of invincibility, indestructibility, and power, as well as limited tolerance for frustration and despair. (Brockman, RN. et al., 2023; Arntz, A. et al., 2021; Young, J. et al., 2003).

The individual may experience feelings of superiority, uniqueness, and strength (Brockman, RN. et al., 2023).

### **Adaptive beliefs**

The term signifies the functional and salutary cognitive processes that are indispensable for the execution of appropriate adult functions.

It is crucial to be mindful of one's emotional state and to be aware of the automatic reactions that arise in response to it. Such awareness enables the selection of more adaptive responses and facilitates genuine emotional self-expression (Brockman et al., 2023; Arntz et al., 2013).

The conviction in one's own capabilities, fortitude, well-being, and functionality (Brockman et al., 2023).

### **Maladaptive beliefs**

Dysfunctional beliefs are cognitive processes that typically contain biases or logical errors and result in the experience of intense distressing emotions and maladaptive behaviors. The following list, compiled by the authors of schema therapy, provides an overview of the most frequently mentioned schema modes:

An individual may consider themselves a victim, perceive the world as unfair, or hold the belief that others hold power while they themselves are powerless. (Brockman, RN. et al., 2023).

The conviction that it is necessary to please others in order to avoid conflict (Young, J. et al., 2003).

Such individuals place a high value on others based on their perceived contribution to their status or ability to enhance their reputation. Furthermore, they display a conviction in their own superiority and an expectation of being treated accordingly. Furthermore, they frequently demonstrate a disregard for the established rules and norms, prioritizing external appearances over internal emotions and sentiments. These characteristics have been identified by Roediger et al. (2018) and Brockman et al. (2023).

Such individuals display suspicious, over-vigilant, and scrutinizing behaviors towards others, frequently seeking indications of malevolence. Such individuals engage in excessive reflection and analysis, meticulous planning, and display obsessive tendencies. Such individuals tend to perceive vulnerability, needs, and emotions as indications of weakness and may resort to punishing or eliminating these aspects of themselves. (Arntz, A. et al., 2021).

These individuals impose unrelenting standards, set inappropriately high expectations, adhere to the belief that the optimal approach is to perform tasks perfectly, and hold the conviction that the needs of others are of greater importance or urgency. Another common trait is the belief that one should exert complete control over one's emotions and behavior. This belief may manifest as the conviction that expressing one's needs is selfish, harmful or threatening to others, and should therefore be repressed at all costs (Brockman et al., 2023).

Similarly, the conviction that it is inappropriate to express emotions or act spontaneously is also pervasive (Arntz et al., 2021; Roediger et al., 2018; Brockman et al., 2023).

The individual displays excessive self-critical and punitive introjections, manifesting as self-contempt and self-criticism. This is accompanied by the conviction that the individual is deserving of punishment for exhibiting or experiencing typical needs (Roediger et al., 2018; Loose et al., 2020).

### **Adaptive behaviors**

The term is used to describe the adaptive behaviors that are necessary for the performance of appropriate adult functions. These behaviors are functional coping mechanisms that are activated in a flexible, needs-based, and value-based manner (Roediger, E. et al., 2018).

The functions are responsible for the protection and nurturing of domestic needs, the management of adult responsibilities, the maintenance of commitments, and the fulfilment of obligations in a stable and safe manner. Additionally, these functions facilitate the meeting of needs in a manner that is both physically and emotionally sustainable (Farrell et al., 2014; Young et al., 2003).

The ability to set limits for anger and impulses in accordance with the principles of reciprocity and self-discipline, and to adapt to the requirements of situations without compromising their own needs, is also a key aspect of this process (Brockman et al., 2023; Young et al., 2003).

The ability to function autonomously and to identify solutions to problems without external assistance is essential. Furthermore, the capacity to perform the appropriate adult functions, such as working, studying, parenting and assuming responsibilities, is crucial (Arntz et al., 2013; Arntz et al., 2021).

The individual is at liberty to determine which former acquaintances they wish to retain contact with and which they prefer to exclude (Arntz et al., 2013).

Furthermore, individuals should seek out activities that are pleasurable for them as adults, such as sexual activity, intellectual pursuits, aesthetic and cultural interests, healthcare, and athletic activities. They should also engage in different types of activities that are appropriate for a normal adult lifestyle, such as maintaining friendships and building relationships.

### **Maladaptive behaviors**

Schema therapy posits that maladaptive behaviors are responses to distress that are elaborated and reinforced over time. These behaviors can be further categorized into three distinct groups: overcompensating behaviors, avoidance modes and surrender modes (Loose et al., 2020).

The principal ones are enumerated below:

The act of inflicting harm upon others and/or objects, driven by anger. Such behaviors may manifest as screaming and acting uncontrollably towards another individual (Brockman et al., 2023).

The individual exhibits impulsive and thoughtless behavior in order to satisfy their needs and seek pleasure without regard for boundaries or concern for others. They are unable to delay short-term gratification for the sake of long-term goals and experience difficulty taking responsibility and completing routine tasks, as well as tolerating the boredom or discomfort necessary to achieve goals. They are also unable to complete routine tasks, not even attempting difficult tasks or requirements, and give up quickly, not persisting. (Loose et al., 2020; Brockman et al., 2023; Roediger et al., 2018; Arntz et al., 2021).

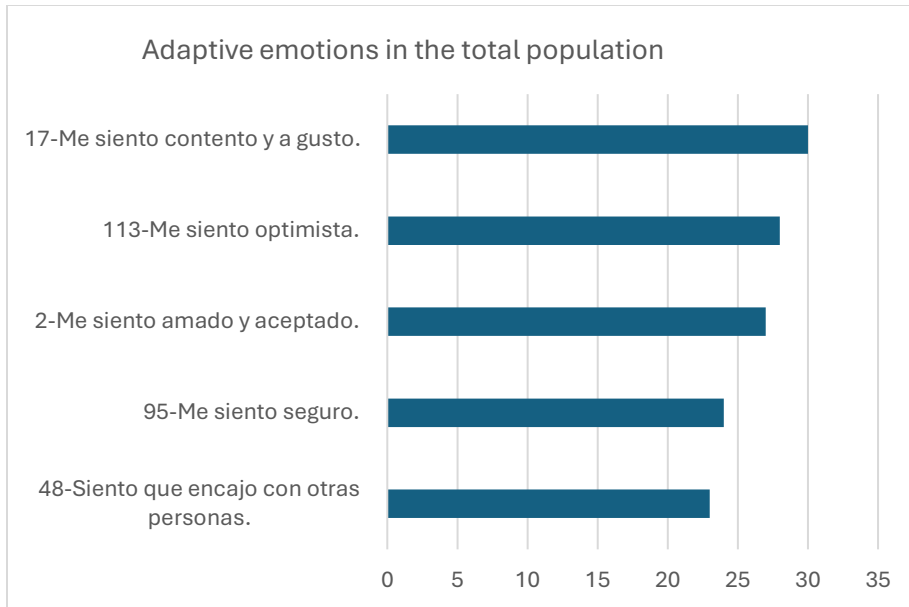
The individual may act in a submissive and servile manner, seeking tranquility. They may also anticipate or yield to the perceived expectations of others, particularly those they consider most powerful, in order to remain accepted or avoid conflict or rejection. Additionally, they may passively accept abuse or fail to take steps to meet their healthy needs (Roediger et al., 2018; Arntz et al., 2021; Brockman et al., 2023).

This can manifest as physical, psychological, and social withdrawal and avoidance, from brief instances of losing focus in an interaction to severe dissociative episodes. It can also manifest as emotional withdrawal from pain, which may result in a sense of detachment from others and a tendency to decline their assistance, leading to a quasi-robotic-like functioning. In an attempt to prevent the risk of activating maladaptive schemas, individuals may avoid any overt situation (people, places, conversations, activities) that could potentially trigger feelings of vulnerability. (Loose et al., 2020; Farrell et al., 2014; Roediger et al., 2018).

The attenuation of negative emotions may be achieved through the participation in activities or the ingestion of substances that have the effect of calming, stimulating or distracting the individual in question. However, this may occur in an addictive or compulsive manner. Such behaviors may include workaholism, excessive exercise, gambling, participation in dangerous sports, promiscuous sexual activity, excessive use of the internet, drug abuse, overeating, watching television or excessive fantasizing. Additionally, self-mutilating behaviors may also be included in this category (Roediger et al., 2018; Loose et al., 2020; Brockman et al., 2023).

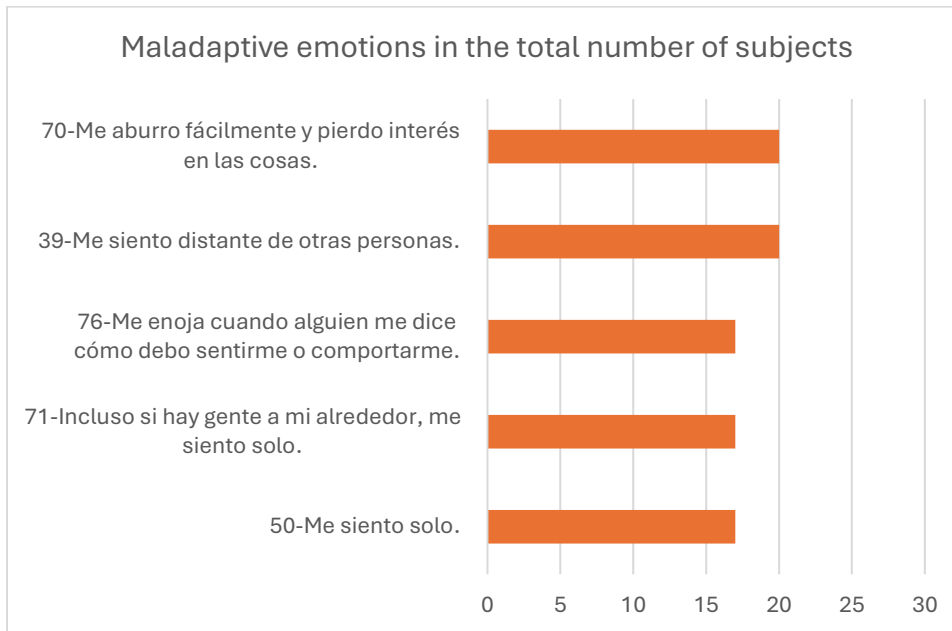
## **RESULTS**

The results obtained with the SMI 1.1 instrument, when applied to the participants, are presented in the following section. The items were classified into two categories: those that examine adaptive and maladaptive emotions, beliefs, and behaviors. To ascertain the number of cases in which the item was present, the item was assigned a score of 4 (frequently), 5 (most of the time), or 6 (all the time). In the first instance, the items that were most frequently identified across the entire sample are presented.



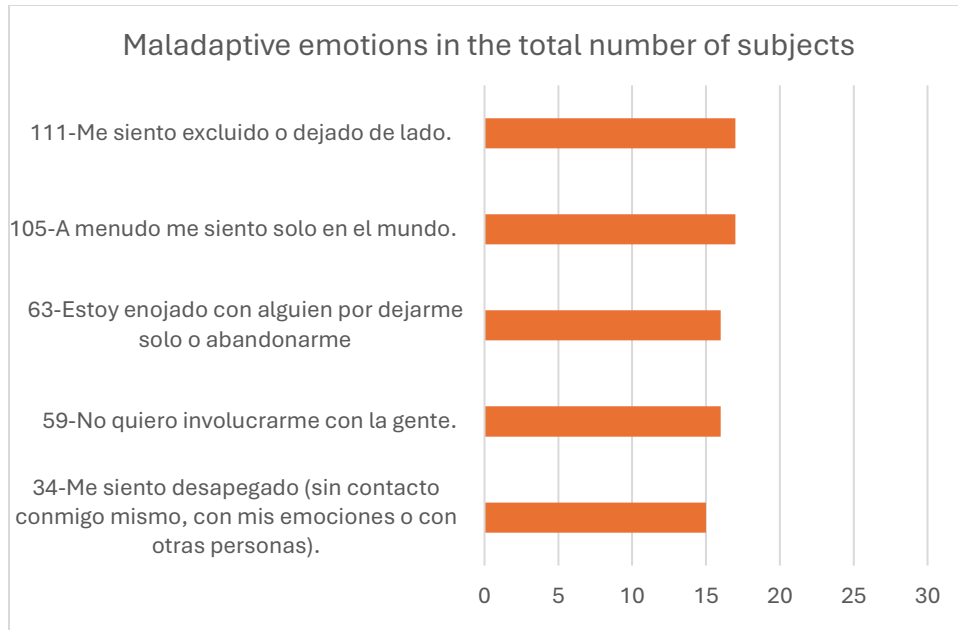
**Figure 1. Frequency percentages of the 5 adaptive emotions that are most present in the total population studied.**

The most frequently occurring adaptive emotions are feeling happy and at ease (30 cases); feeling optimistic (27 cases) and feeling loved and accepted (24 cases).



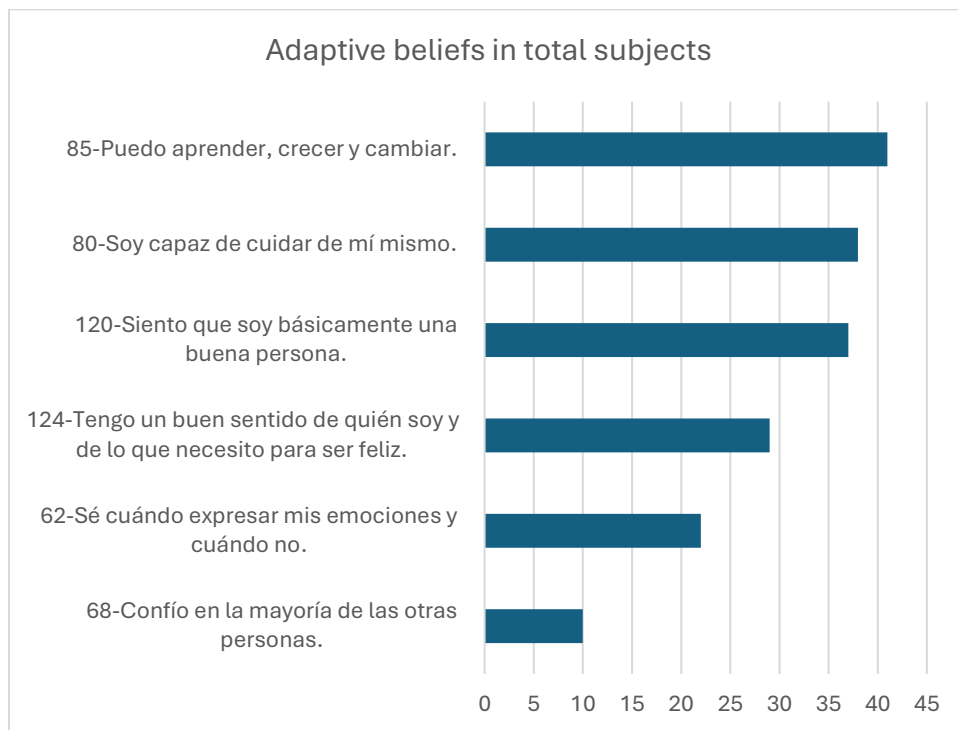
**Figure 2. The 5 most frequent maladaptive emotions in the total population studied.**

The most frequently occurring maladaptive emotions are being easily bored and losing interest in things (20 cases), getting angry at the direction of others (17 cases), and feeling lonely (17 cases).



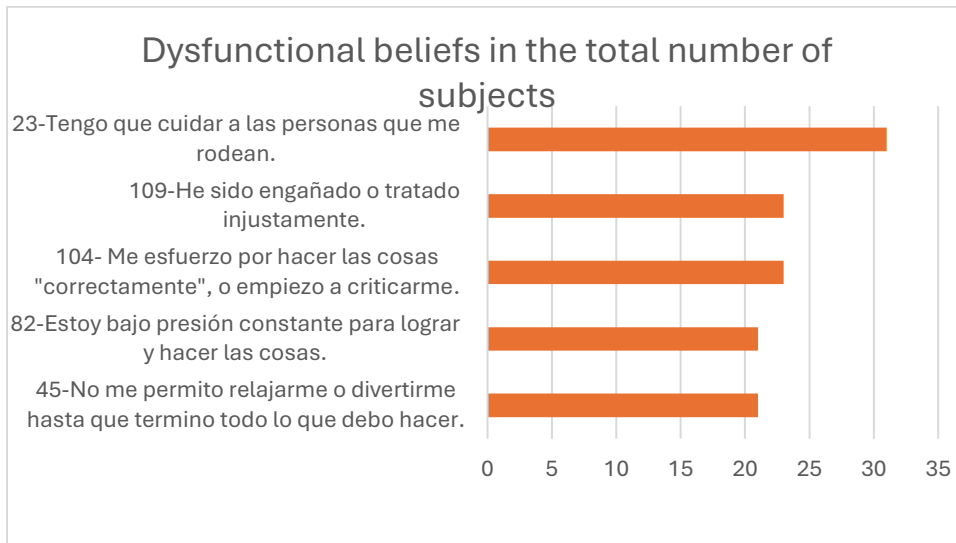
**Figure 3. Most frequent maladaptive emotions, from 6th to 10th place, in the population studied.**

Of the ten most frequently occurring maladaptive emotions, four are associated with feelings of vulnerability due to a sense of isolation, three are linked to emotions that may emerge from avoidant or detached coping strategies, two are related to anger stemming from the frustration of needs, and one is associated with a lack of boundaries.



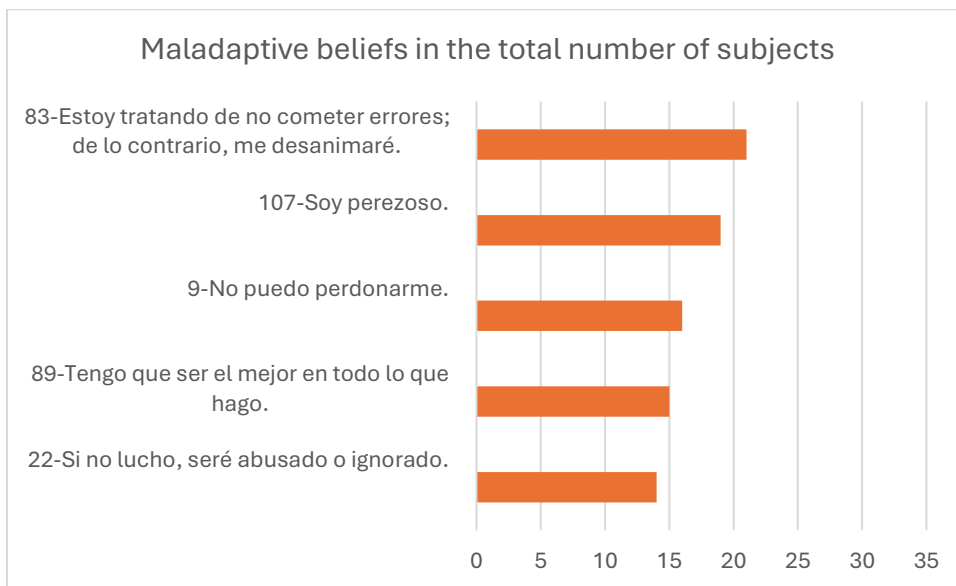
**Figure 4. Frequency percentages of the 5 adaptive beliefs explored in the SMI, in the total population studied.**

The most frequently occurring adaptive beliefs are that one can learn, grow, and change (40 cases), that one is capable of taking care of oneself (38 cases), and that one is fundamentally a good person (37 cases).



**Figure 5. The 5 most frequent maladaptive beliefs in the total population studied.**

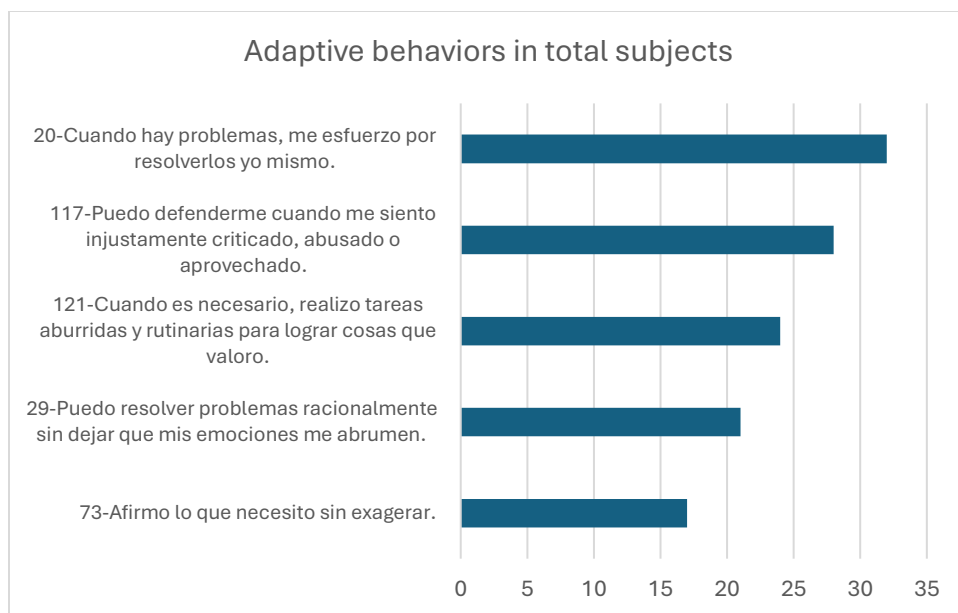
The most frequently presented maladaptive beliefs are as follows: 31 cases involved the belief that one is responsible for the wellbeing of those around them, 23 cases involved the belief that one has been deceived or treated unfairly, and 23 cases involved striving to do things correctly or otherwise engaging in self-criticism.



**Figure 6. Most frequent maladaptive beliefs, from 6th to 10th place, in the population studied.**

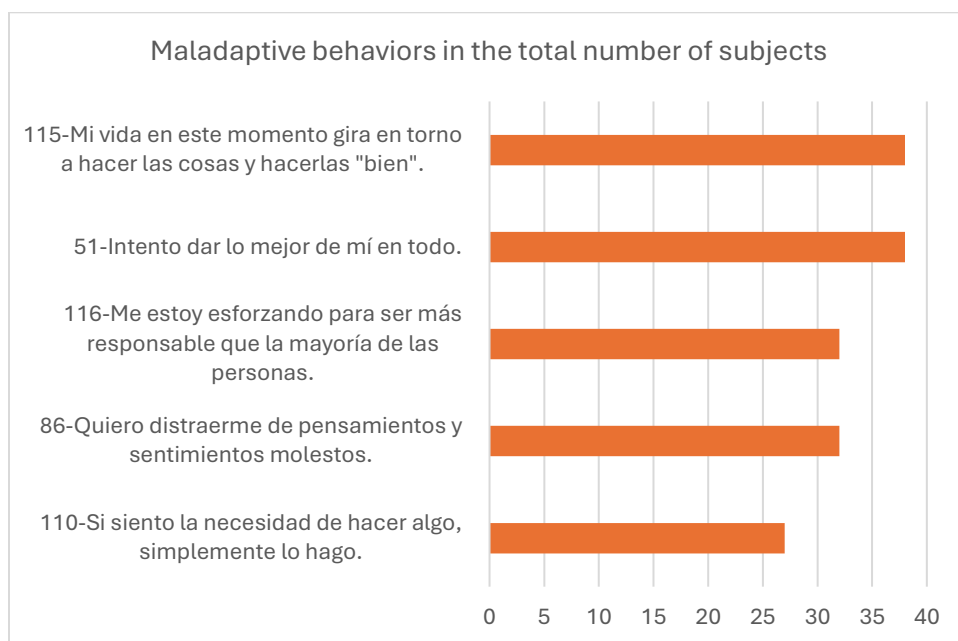
Among the ten most frequently occurring maladaptive beliefs, five pertain to excessive self-demands, two are associated with innate anger, one with a lack of limits, one with punishment, and one with self-aggrandizement (coping with overcompensation).





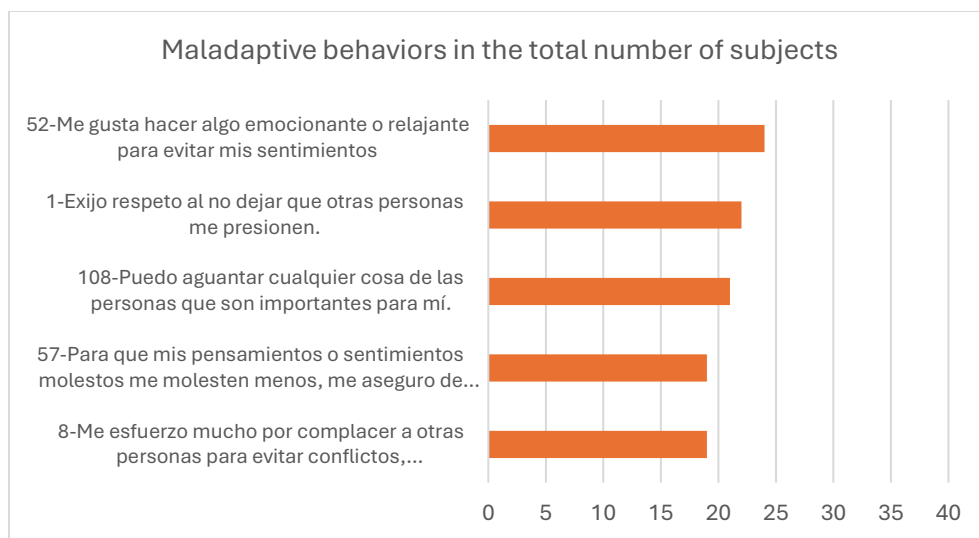
**Figure 7. Frequency percentages of the 5 adaptive behaviors explored in the SMI, in the total population studied.**

The most frequently occurring adaptive behaviors are as follows: in the event of a problem, an effort is made to solve it independently (32 cases), to defend oneself when treated unfairly (28 cases), and to perform boring and routine tasks in order to achieve valuable outcomes (24 cases).



**Figure 8. The 5 most frequent maladaptive behaviors in the total population studied.**

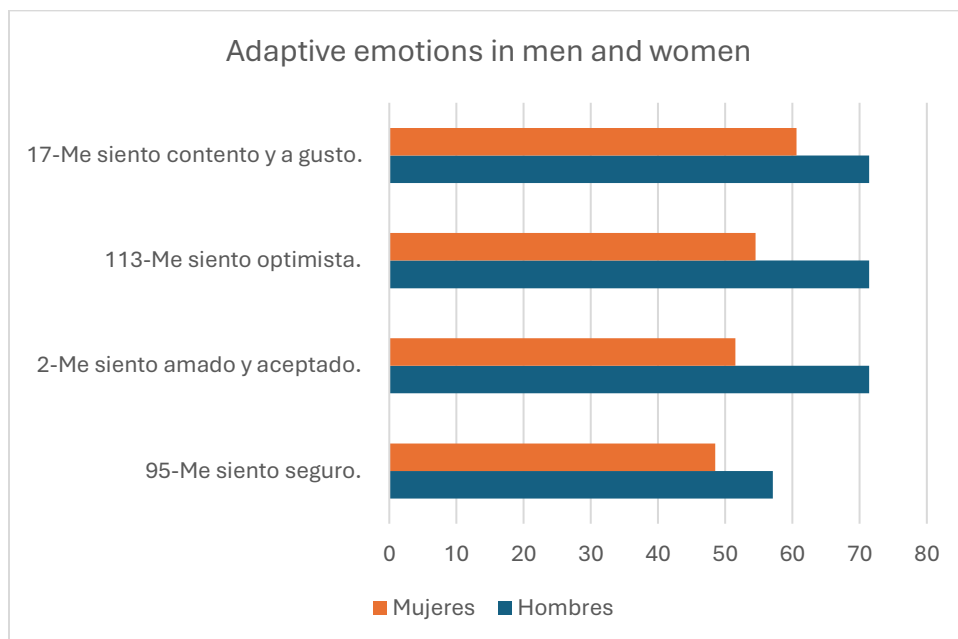
The most frequently occurring maladaptive behaviors are as follows: a preoccupation with doing things correctly (38 cases), an inclination to strive for excellence in all endeavors (38 cases), a tendency to assume greater responsibility than is typical (23 cases), and a proclivity to distract oneself from distressing thoughts and emotions (23 cases).



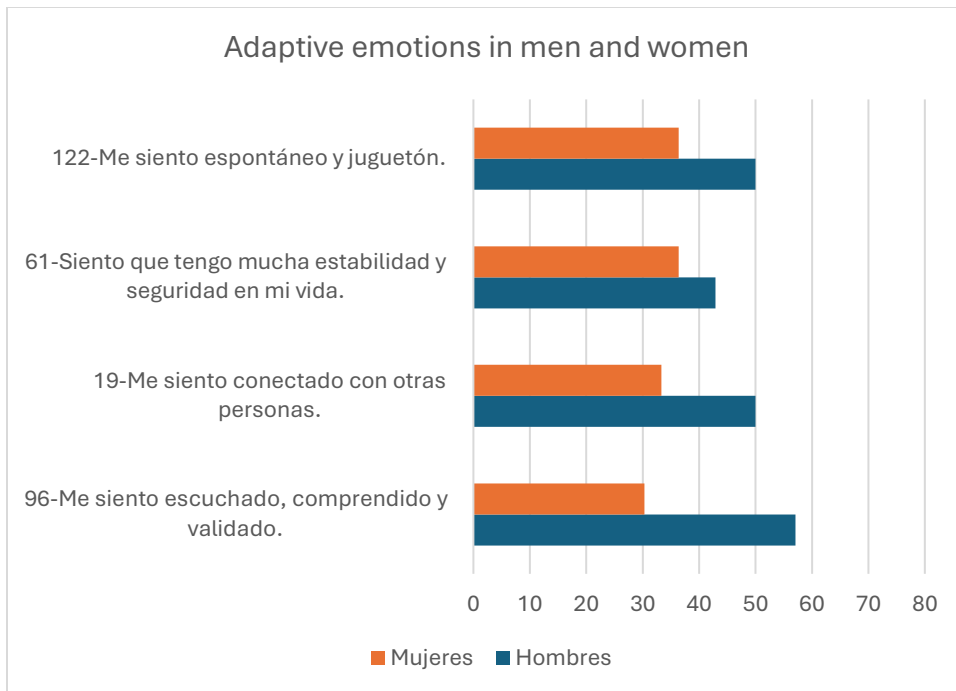
**Figure 9. The 5 most frequent maladaptive behaviors in the total population studied.**

Of the ten most frequently occurring maladaptive behaviors, three are associated with excessive self-demands, three with avoidant coping, two with surrender coping, one with a lack of limits, one with punishment and one with bullying and attack (overcompensating coping).

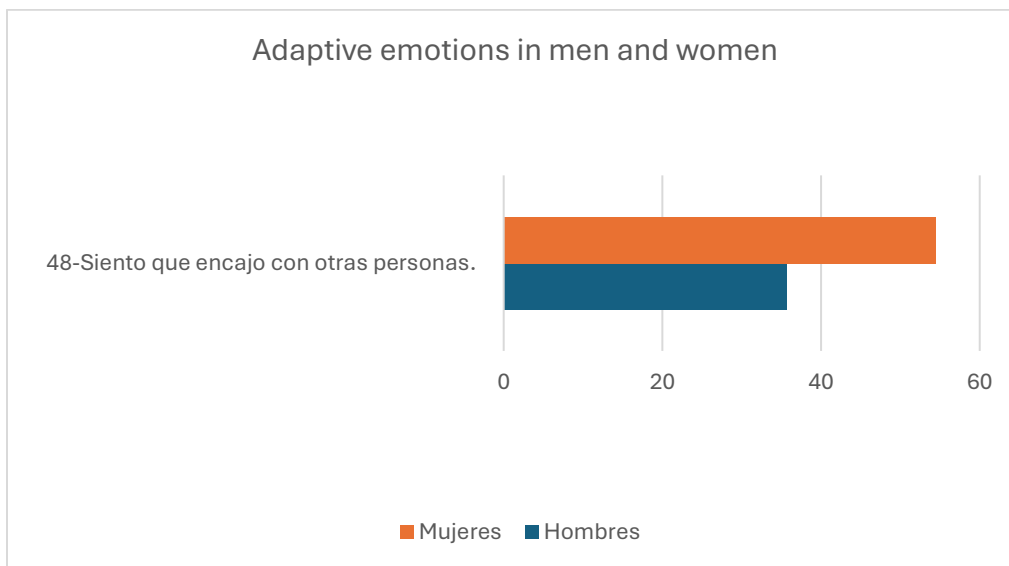
Subsequently, a comparison of adaptive and maladaptive emotions, beliefs, and behaviors, as indicated by percentage frequency, is presented for men and women.



**Figure 10. Percentages of the four most frequently present adaptive emotions in men and women.**

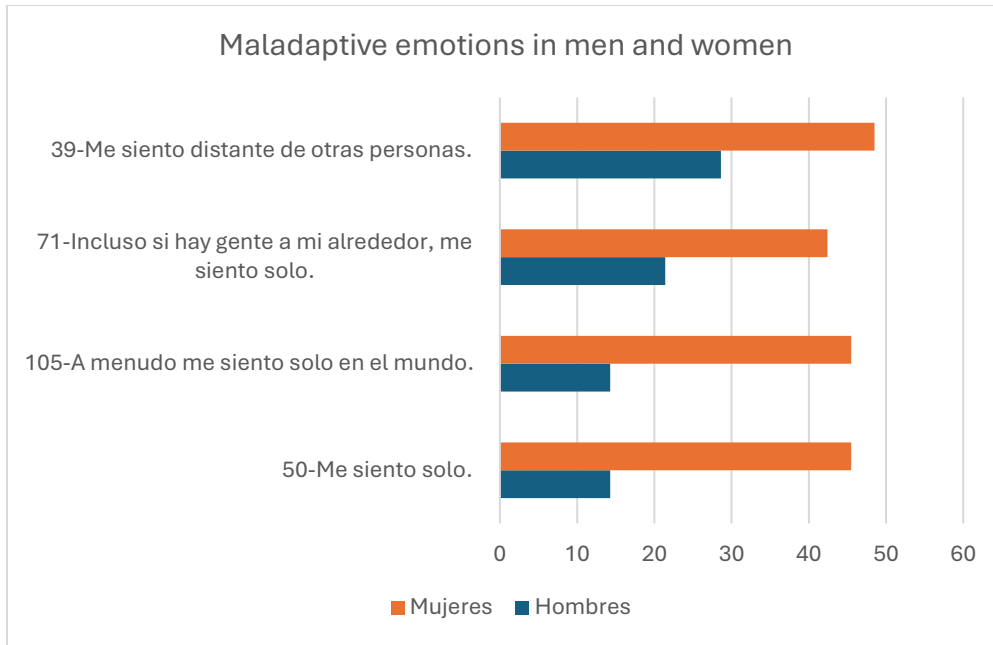


**Figure 11. Percentages of adaptive emotions, from 4th to 8th place in frequency, presented in men and women.**

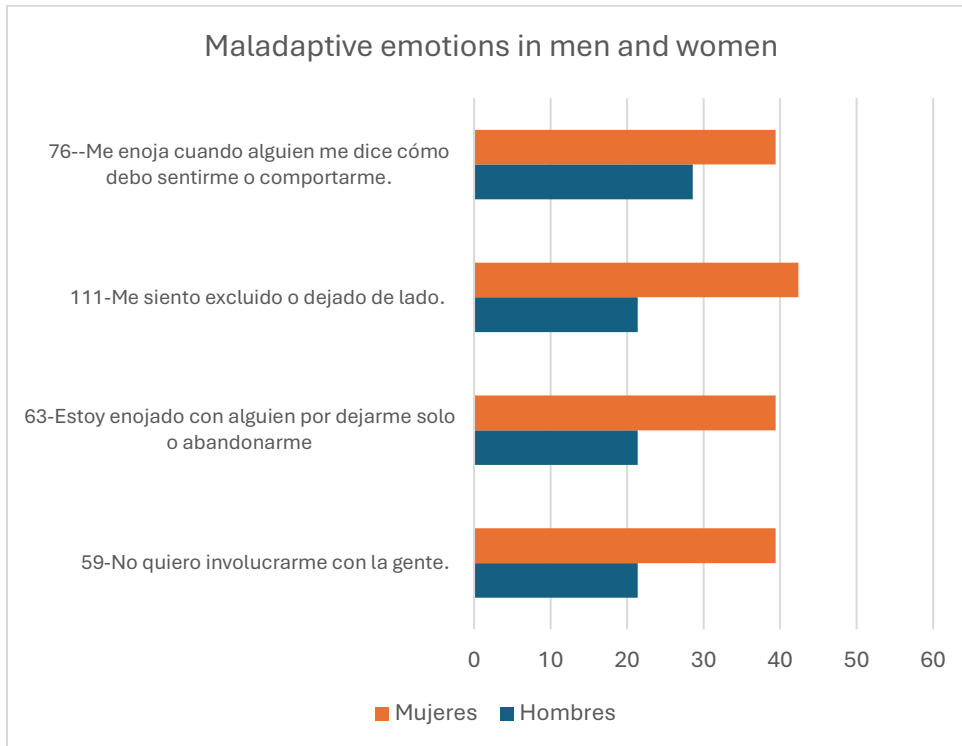


**Figure 12. Adaptive emotion in which women obtained, proportionally, higher frequencies.**

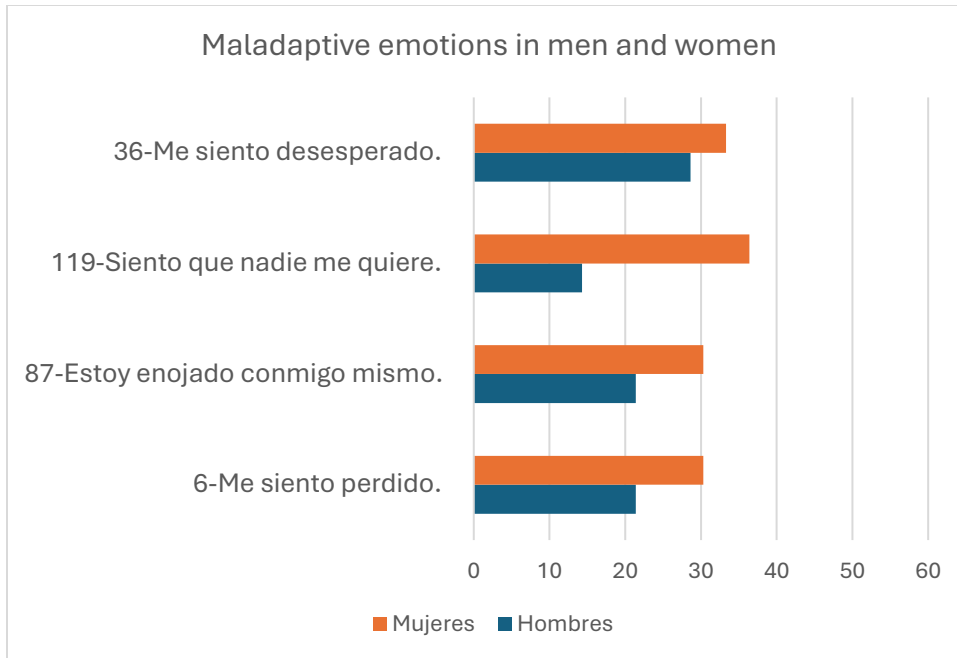
It can be observed that in the majority of adaptive emotions, the frequency of occurrence was higher in men than in women. However, there was one exception to this, namely the emotion of fitting in with other people, which was more frequently experienced by women than by men.



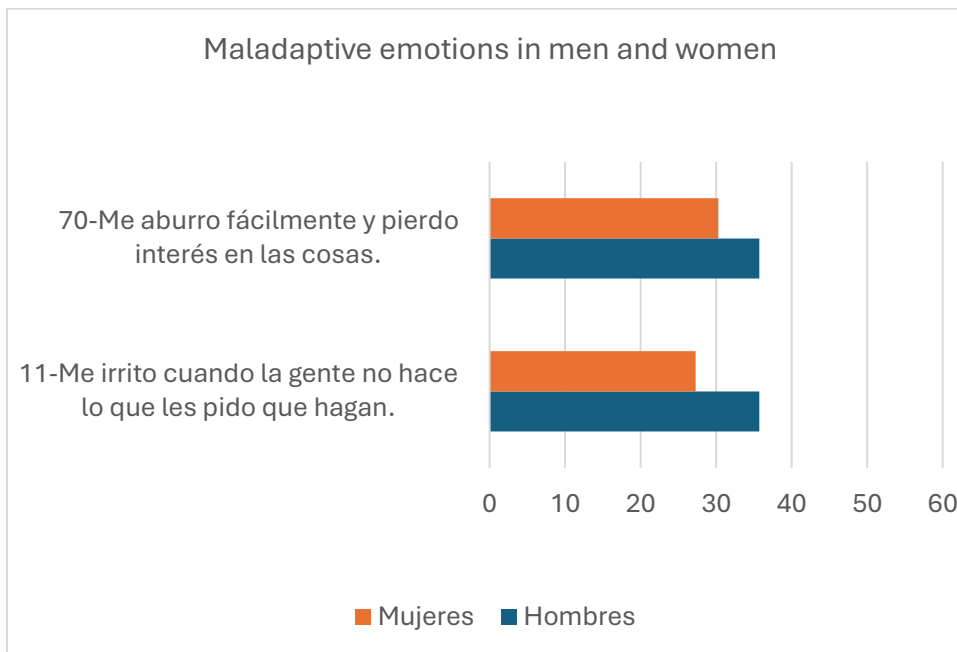
**Figure 13. Percentages of the four adaptive emotions, most frequently presented, in men and women.**



**Figure 14. Percentages of adaptive emotions, from 4th to 8th place in frequency, presented in men and women.**

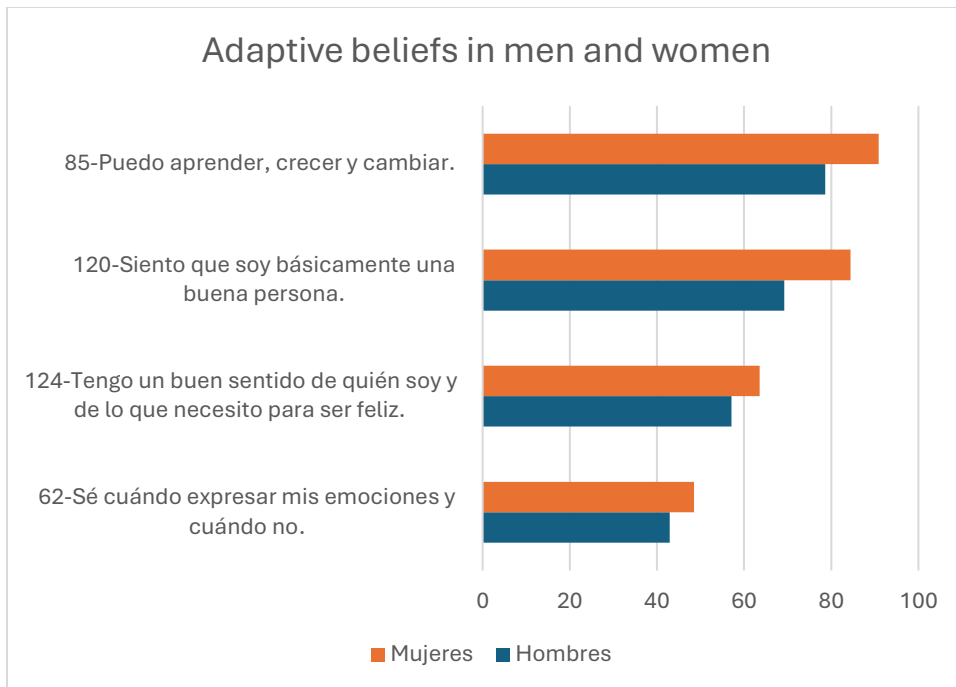


**Figure 15. Percentages of adaptive emotions, from 9th to 12th place in frequency, presented in men and women.**

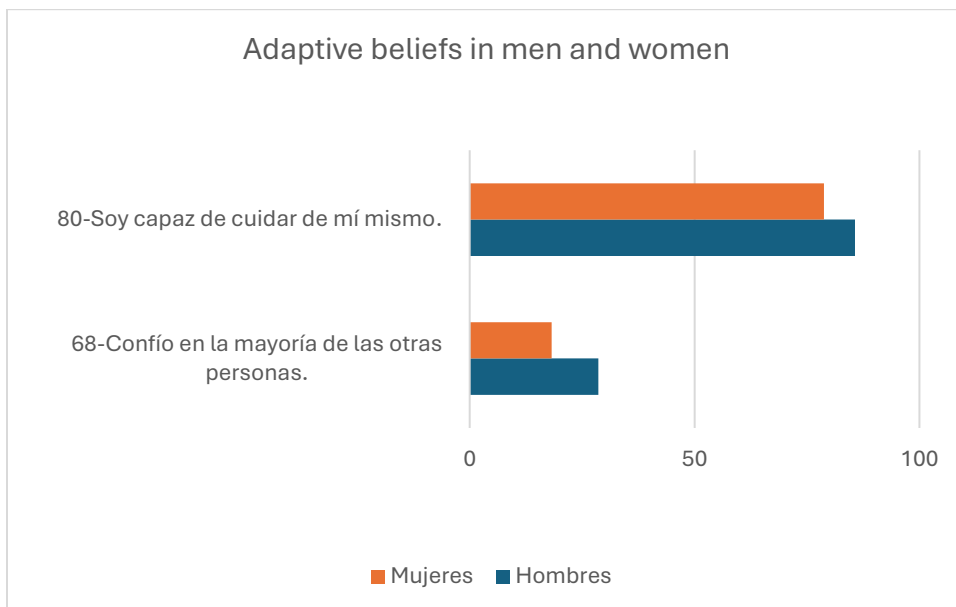


**Figure 16. Maladaptive emotions in which men obtained, proportionally, higher frequencies.**

As illustrated in the Figure s, in the majority of maladaptive emotions, women exhibited a higher frequency of occurrence than men, with the exception of the emotions of being easily bored and losing interest in things, and irritated when people do not comply with requests. In these instances, men demonstrated a higher frequency of occurrence.

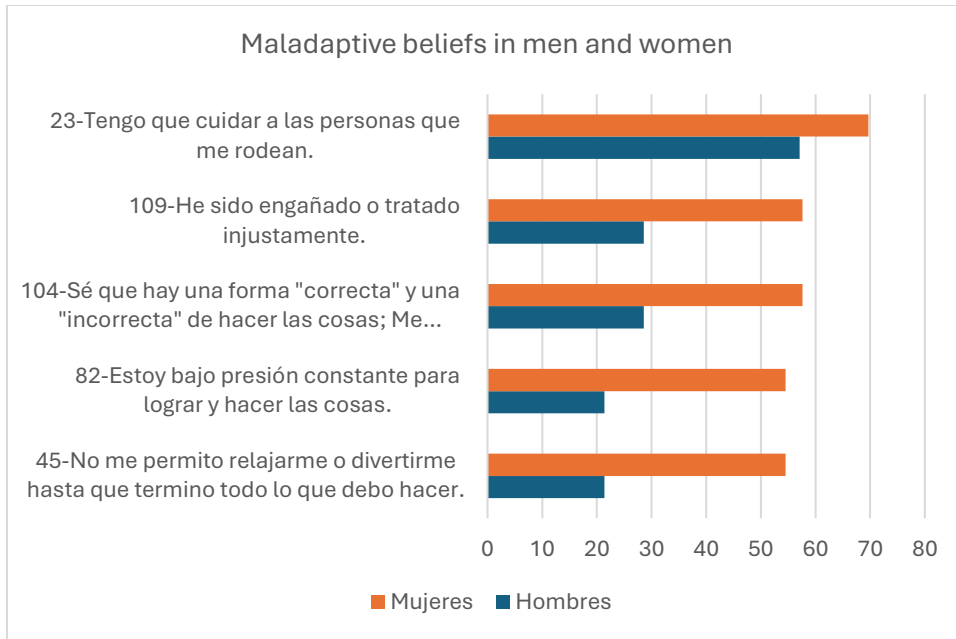


**Figure 17. Percentages of the four adaptive beliefs, most frequently presented, in men and women.**

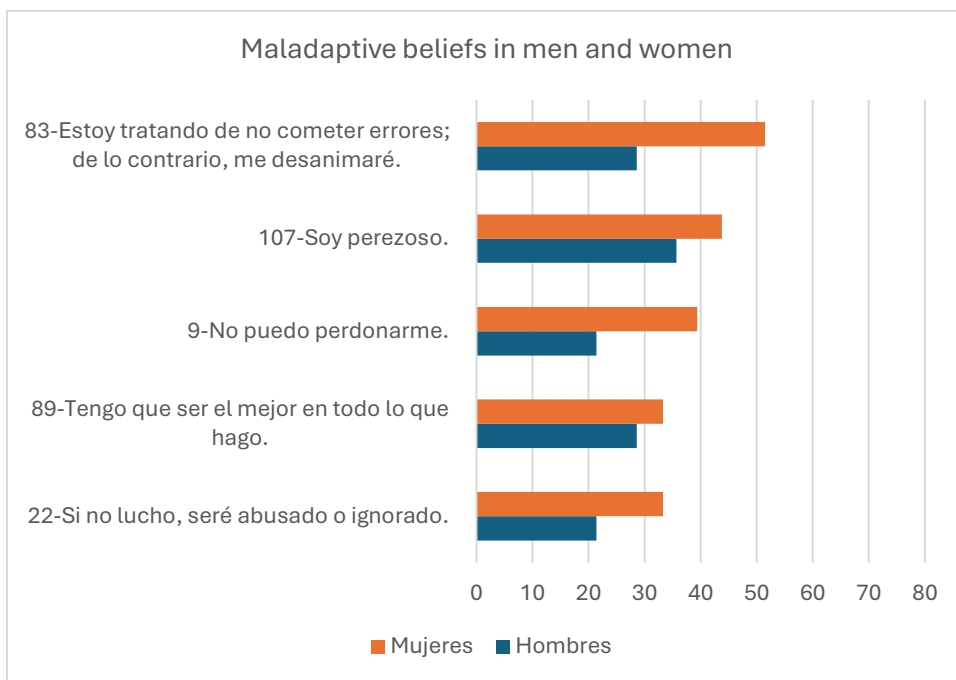


**Figure 18. Adaptive beliefs in which men obtained, proportionally, higher frequencies.**

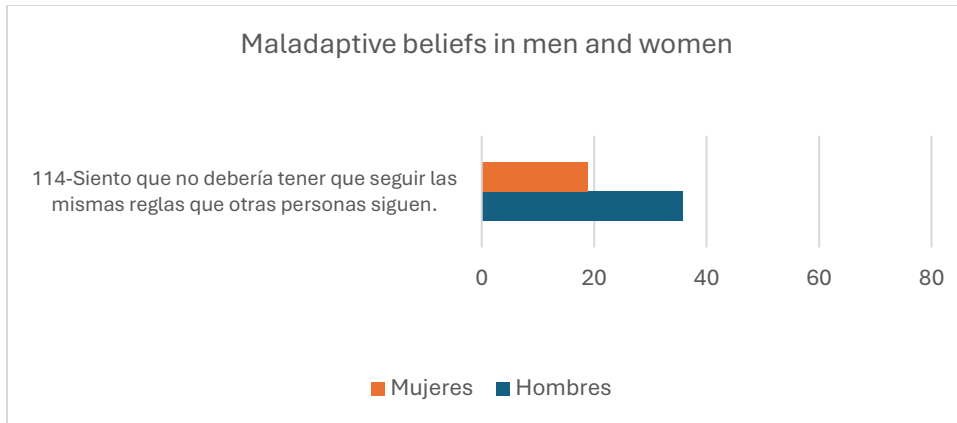
It was found that in the majority of adaptive beliefs, women exhibited a higher frequency of responses than men. However, there were two exceptions to this trend: the belief that one can care for oneself and the belief that one can trust the majority of people. In these two instances, men demonstrated a higher frequency of responses.



**Figure 19. Percentages of the five maladaptive beliefs, most frequently presented, in men and women.**

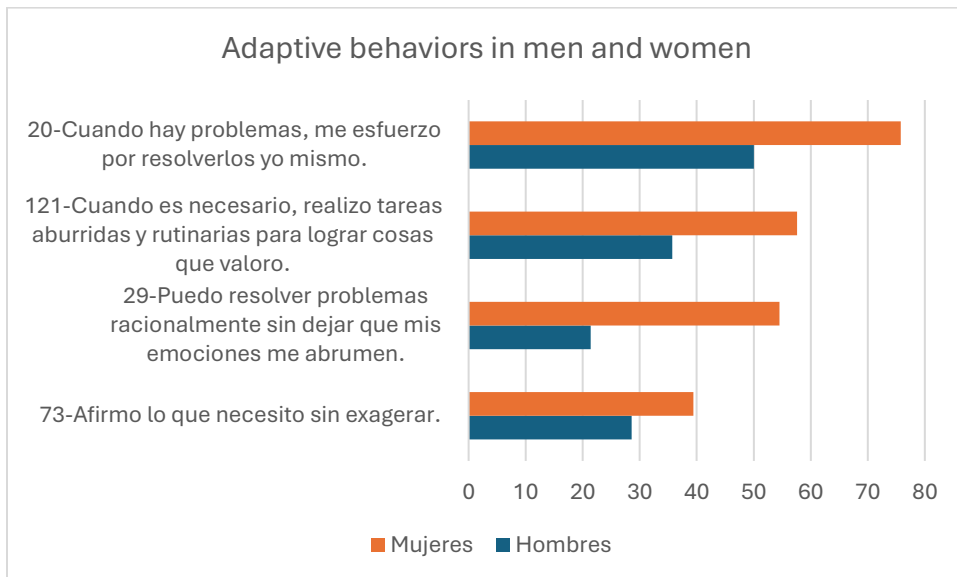


**Figure 20. Percentages of maladaptive beliefs, from 6th to 10th place in frequency, presented in men and women.**

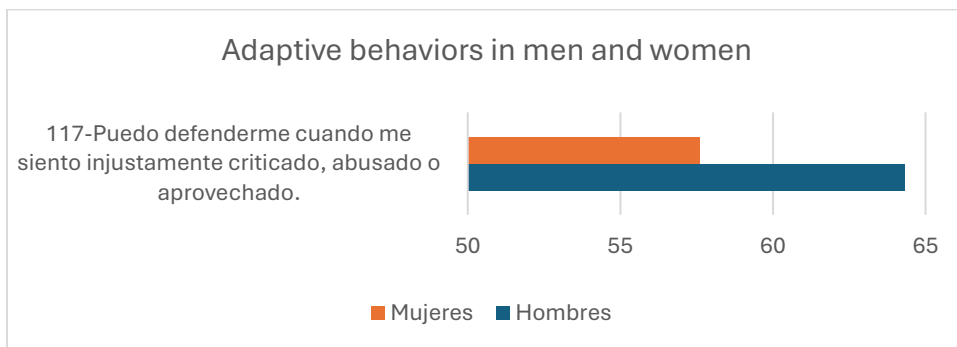


**Figure 21. Maladaptive belief in which men obtained, proportionally, a higher frequency.**

It can be observed that in the majority of maladaptive beliefs, women exhibited a higher frequency of endorsement than men, with the exception of the belief that one is not obliged to adhere to the same rules as others, which was more prevalent among men.



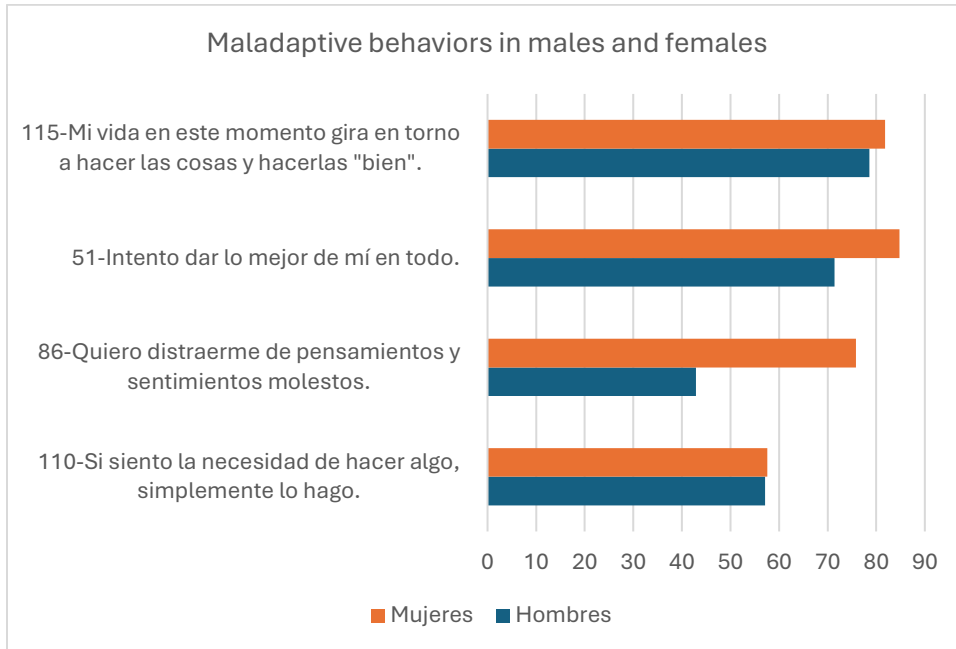
**Figure 22. Percentages of the five most frequently occurring adaptive behaviors in men and women.**



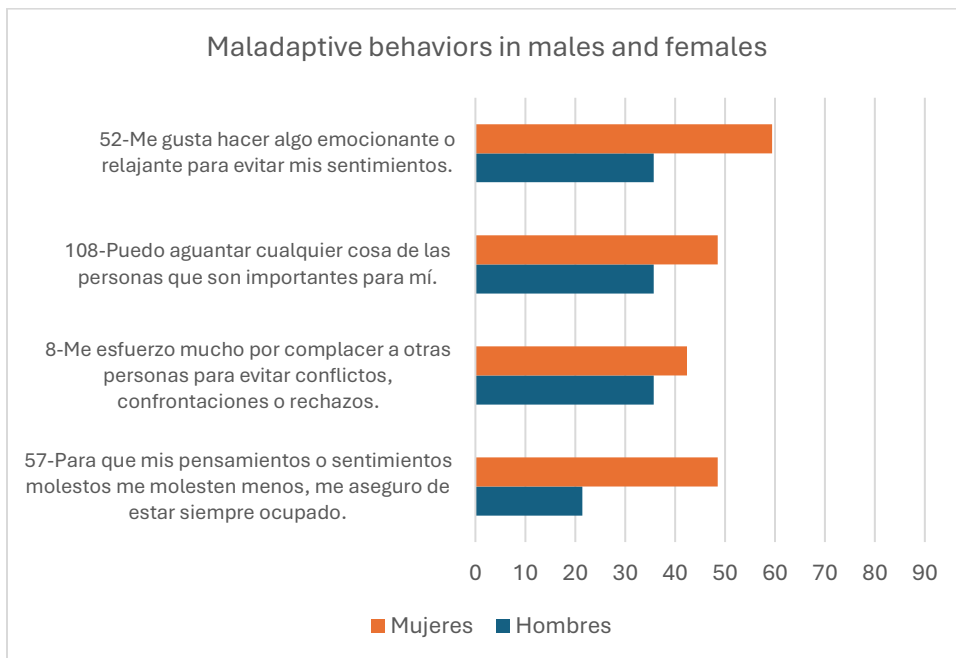
**Figure 23. Adaptive behavior in which men obtained, proportionally, a higher frequency.**



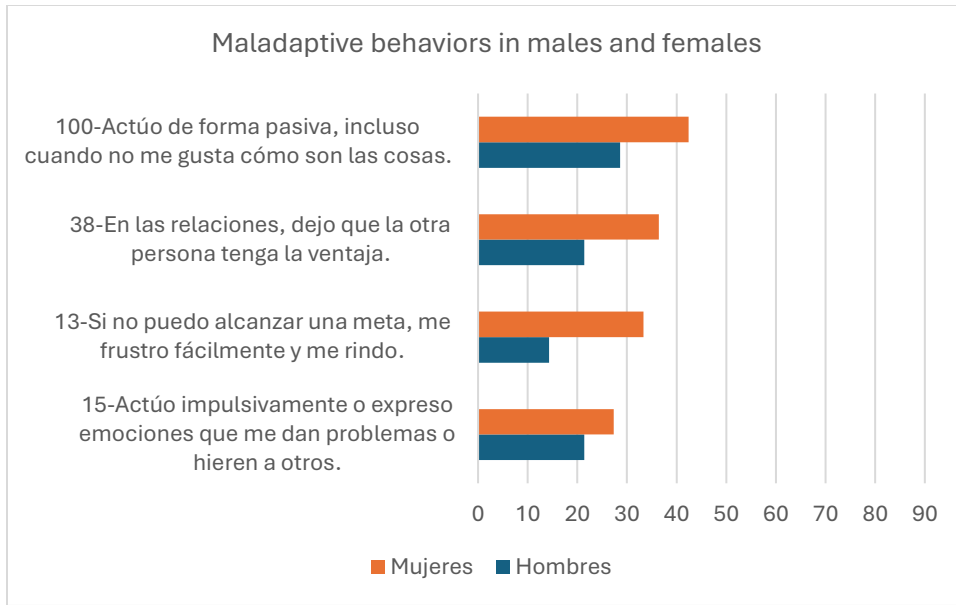
The findings indicate that, with the exception of defending oneself when subjected to unfair criticism, abuse or exploitation, women exhibited a greater propensity for adaptive behaviors than men.



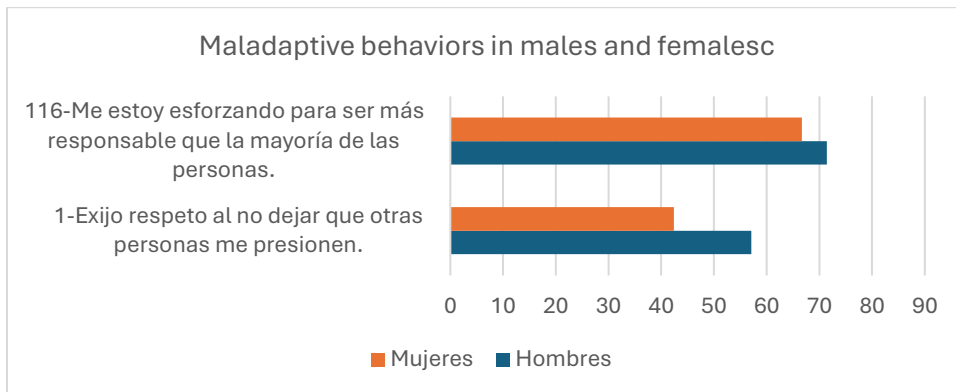
**Figure 24. Percentages of the four maladaptive behaviors, most frequently presented, in men and women.**



**Figure 25. Percentages of maladaptive behaviors, from 5th to 8th place in frequency, presented in men and women.**



**Figure 26. Percentages of maladaptive behaviors, from 9th to 12th place in frequency, presented in men and women.**



**Figure 27. Maladaptive behaviors in which men obtained, proportionally, a higher frequency.**

Furthermore, it can be observed that in the majority of maladaptive behaviors, women exhibited a higher frequency than men, with the exception of behaviors aimed at assuming greater responsibility and demanding respect through resistance to external pressure. In these instances, men demonstrated a higher frequency.

## CONCLUSIONS

The findings of the present study indicate that, in the population under investigation, males tend to experience less emotional distress than females, which may be attributed to their higher degree of adaptive emotions. In schema therapy, the aforementioned adaptive emotions emerge when the most fundamental needs for emotional connection have been fulfilled.

However, within the category of adaptive emotions, women report greater feelings of connectedness in their social interactions. This may be attributed to their higher frequencies of adaptive behaviors and beliefs, which facilitate their sense of belonging and acceptance among others.

In terms of maladaptive emotions, women exhibited significantly higher frequencies in items such as feelings of loneliness, distance, exclusion and lack of love, in comparison to male subjects, who, in contrast, demonstrated higher frequencies in maladaptive emotions associated with a lack of boundaries and an inability to tolerate frustration.

Women demonstrate a higher frequency of adaptive beliefs, including self-assessment as a good person and the capacity for learning, growth, and change. In contrast, men exhibit a greater sense of self-reliance and a tendency to place greater trust in others.

The studied population of women exhibited markedly higher frequencies of maladaptive beliefs related to excessive self-demand, self-punishment, distrust, and the perception of having been treated unfairly. In contrast, the male subjects demonstrated higher frequencies in the dysfunctional belief of not having to adhere to the rules that others follow.

Women were more likely to engage in adaptive behaviors that enabled them to solve problems independently, without being unduly influenced by their emotions. They were also more likely to undertake boring or routine tasks in order to achieve long-term goals and meet their needs. In contrast, men were more frequently observed to engage in adaptive behaviors in order to defend themselves when they were unfairly criticized, abused or taken advantage of.

The female subjects exhibited higher scores in maladaptive behaviors, with the first and second most frequent behaviors related to self-demand and the third and fourth most frequent behaviors related to avoidant behavior and impulsivity, respectively. These findings contrast with the frequencies observed in male subjects. Men were more likely to engage in behaviors such as striving to be more responsible than the majority of individuals and demanding respect through the refusal to allow others to exert pressure upon them.

It can be concluded that the emotional dimension is a significant factor in the decision to seek psychological care, which is consistent with the observation that a greater number of women are seeking such care.

Although women experience higher levels of emotional distress, they engage in a greater number of healthy adult behaviors and have higher levels of self-demand, which may contribute to the emergence of symptoms of affective dysregulation.

It can be assumed that if there is a high degree of demand in women, greater attention and psychological resources are allocated to meeting these standards. However, this may result in a limitation of attention and resources available for parenting activities, which play a definitive role in the healthy development of the personality.

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