

What Are Your Modes?

By Olivia Thrift, PsyD

To answer this question, you need to first understand what we, as schema therapists, mean when we talk about modes. To help explain this I want to introduce you to Laura (Laura is fictitious to ensure my clients confidentiality)...

When I asked Laura early on in our work what brought her to therapy and how I could help she said she just knew she was feeling very unhappy, but she didn't really know why. She told me she had a loving partner, a good job, some close friends and felt confused as to why she wasn't feeling more content. In fact, she was very invalidating of her struggle - telling me she just needs to get over herself and people have it far worse than her. I of course wanted to better understand why Laura was feeling unhappy as I knew if we looked beneath the surface a little, we were likely to make better sense of what was going on for her.

Laura and I spent a few sessions exploring different aspects of her life. She told me how she often felt very lonely despite having good connections in her life, including a loving relationship with her partner Ben. She pushed herself relentlessly at work (often getting in before all her colleagues despite having gone for a gym session before work), was sensitive to any signs of criticism from her boss and co-workers and in the little time she did have in the evenings (as she would often get home very late from the office) she usually found herself mindlessly watching television whilst drinking her favourite glass of wine (or three). When I asked her how she speaks to herself she was at first a little confused as she had never really taken time to consider this. She started to get curious about this and began to notice how much pressure she put on herself to keep on top of everything (her work, household chores, making time for her family and friends) and also how harsh and unforgiving she could be when she didn't live up to her unrelenting expectations. This way of living had been the norm for Laura now for many years and it was starting to take a toll. In reality it had been taking a toll for a very long time it's just that Laura had only just started to recognise that something was wrong when her mood started to change - nowadays she often felt very heavy and low and anxiety was making it hard for her to relax and get good quality sleep.

As we got further into our work together, I asked Laura what life had been like for her growing up. She told me she had a 'normal' childhood and relatively uneventful adolescence. She explained she was an only child and that both her parents had been very high achievers and travelled a lot with their work. They loved their daughter and really wanted the best for her, and they thought this meant sending her to the top school in the area, hiring the top nanny and ensuring she was actively involved in multiple extra-curricular activities. They wanted Laura to go to Oxbridge like they had so she could go on to get a good job and have a successful career, which she largely had accomplished but she hadn't expected this to come with a feeling of emptiness and loneliness. What Laura didn't remember so much of was fun happy family time, or her parents noticing that she was withdrawing a little in the six months that she was being bullied when she was 13 years old or being reassured when she was anxious come exam time. Laura remembered that nothing 'bad' really happened to her but, as none of us usually do, she didn't remember the absence of what didn't happen that should have happened. This is sometimes referred to as Childhood Emotional Neglect or CEN and Dr Jonice Webb has written two great books on this topic which I encouraged Laura to read. It was quite a painful read for her but also radically changed her understanding of the unmet needs in her childhood.

What Is A Mode?

When we have unmet emotional needs in our childhood, we are often left with a part of us still feeling like a lonely vulnerable child even when we have landed in adulthood. In schema therapy we call this the Vulnerable Child Mode. A mode is simply a part of our self - human beings are multi-faceted and modes help us understand these different parts. In schema therapy we seek to explore and understand our own individual modes to help us make better sense of ourselves and our thoughts, feelings, reactions, difficulties, relationship dynamics etc.

So, through our work together Laura and I came to understand that she had a strong Vulnerable Lonely Child Mode (feeling empty and alone) which we can see came about because her most important emotional needs generally were not met. Laura also had an Inferior Child Mode, a subtype of the Vulnerable Child mode, in which she easily experiences feelings of humiliation and inferiority related to childhood experiences of bullying and competitiveness amongst peers at school.

There are child modes that Laura didn't develop, she didn't have a Dependent Child Mode, an Angry Child Mode, an Impulsive Child Mode or Undisciplined Child Mode. Sadly, however Laura also didn't develop a particularly strong Happy/Contented Child Mode, so she struggled to feel loved, contented, connected, fulfilled and self-confident.

As well as Child Modes, schema therapists also refer to Parent Modes. Parent modes refer to the internalized voice of the parent (although sometimes the internalised voice can be from grandparents, siblings, peers or teachers). Laura had developed a very strong Demanding Parent Mode: she continually pushed and pressurised herself to meet excessively high standards. Through therapy she also came to realise how strong her Critical Parent Mode was and learnt to soften the harsh, critical, and unforgiving way in which she had been talking to herself.

The third category of modes that Laura and I explored were her coping modes. These are ways we have learnt to protect ourselves and survive in the early environment in which we were raised (including home and school life). There are many different coping modes that people can develop but for Laura she had come to rely heavily on her Detached Self-Soother mode. The function of this mode is to shut off emotions by engaging in activities that will somehow soothe, stimulate or distract from feeling. These behaviours are usually undertaken in an addictive or compulsive way, and can include workaholism (as was the case for Laura), gambling, watching television (Laura would sometimes spend hours in front of the television at night), dangerous sports, promiscuous sex, drug abuse or excessive drinking (which Laura was heading for).

The final mode I want to discuss is referred to as the Healthy Adult Mode. This was the part of Laura that could form friendships and relationships, take responsibility for her choices and actions and problem solve. This is also a part that Laura and I strengthened in our work together so that in a more balanced way she could pursue fulfilment in her work as well as her intimate and social relationships.

As well as developing an understanding of her modes, which greatly helped with Laura's self-awareness and self-understanding, she also (through the process of in-depth therapy) was able to soften her parent and coping modes and comfort her Child Modes. Of course, Laura's modes will likely be different to yours (although there may be overlap) as we all have a unique personality and thus a unique set of schema modes. As a Psychologist I love this way of understanding ourselves,

moving away from diagnostic labels and instead developing a rich, attuned and nuanced picture of who we are which then allows us to work towards the version of our self we want to become.

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