

Resource Activation through Perspective Changes: Why Don't You Just Stand Up?

Eckhard Roediger

Institute for Schema Therapy, Frankfurt/M., Germany

Keywords

Therapy relationship · Perspective changes · Extension technique · Substitution technique · Standing up in the session · Seating positions · Vertical integration

Summary

Background: Emotional activation tends to fix the client in their current ego-syntonic attractor state. Mental perspective changes play a key role in the process of reappraisal. Changes in body posture and the positions of the client and therapist in the room probably support a shift into other, previously blocked, activation states and resources, achieving the vertical integration of multiple modalities. **Method:** Ten partly sequential steps inducing perspective changes and reappraisal, balancing emotional activation and disidentification are described. The context they derive from is outlined. **Results:** The demonstrated techniques may help the therapist to activate and modify emotional and behavior patterns without stressing the therapy relationship. **Conclusion:** These techniques could probably be conveyed to candidates early in psychotherapy training, independently of a theoretical framework.

© 2016 S. Karger GmbH, Freiburg

Schlüsselwörter

Beziehungsgestaltung · Perspektivwechsel · Extensionstechnik · Substitutionstechnik · Aufstehen · Sitzposition · Vertikale Integration

Zusammenfassung

Hintergrund: Im Zustand emotionaler Aktivierung sind die Patienten in ihrem ich-syntonen Störungsattraktor fixiert. Mentale Perspektivwechsel haben eine zentrale Bedeutung für kognitive Neubewertungen. Durch körperliche Perspektivwechsel könnten vermutlich der Wechsel in andere Aktivierungszustände und die Aktivierung latent vorhandener Ressourcen im Sinne einer vertikalen Integration verschiedener Modalitäten umfassend unterstützt werden. **Methode:** Zehn teilweise aufeinander aufbauende Techniken mit verschiedenen Arten von Perspektivwechseln zum kontrollierten Balancieren zwischen emotionaler Aktivierung und Desidentifikation sowie Neubewertung werden dargestellt. Der Kontext ihrer Herkunft wird umrissen. **Ergebnis:** Diese komplexen Techniken ermöglichen in sehr dynamischer Weise die Aktivierung und Modifikation von Erlebens- und Verhaltensmustern, ohne die therapeutische Beziehung zu belasten. **Schlussfolgerung:** Diese Techniken der Beziehungsgestaltung und Prozesssteuerung könnten vermutlich unabhängig vom Störungsmodell bereits in der Therapieausbildung vermittelt werden.

Introduction

The conventional approach in cognitive therapy is based on the client taking a critical stance toward their own beliefs and questioning the content on a rational level [Linden and Hautzinger,

2011]. Along with cognitive mental movements, this includes techniques such as time projection [Hoffmann, 2011]. So-called 3rd-wave therapies [Heidenreich and Michalak, 2013] shifted the focus from the *content* of the belief to its *function* and consequences, largely disregarding the truth of the content. This was called a «me-

ta-cognitive» [Teasdale, 1993], «observer» [Hanh, 1992], or «wise mind» perspective [Linehan, 1993] and was meant to help clients distance from their thoughts and make it easier to activate their latent resources. How can these mental movements be supported by body movements?

Except for in-vivo-exposure therapies or role play, therapists and clients rarely leave their chairs during sessions. But there are indicators that body posture changes induce mental changes [Sulz et al., 2005; Storch et al., 2006]. If memory retrieval is blocked, it often helps to take some physical steps. Ekman [1993] noted that changing a facial expression mechanically blocks the activation of inconsistent emotions. Mental perspective changes affect the level of emotional activation [Holmes et al., 2008]: A field perspective increases emotional activation, whereas an observer perspective reduces it. Depending on the way we relate emotionally to another person (e.g., by taking a more empathic, a more compassionate or a mentalizing stance), different cortical neural networks are activated [Singer, 2014]. How can we make use of these findings in a systematic way in our therapies?

Theoretical Underpinnings

Experiences are stored in neural networks integrating various modalities in a «vertically integrating» way [Siegel, 1999] and can be re-activated by different forms of stimulation. When working with sexually traumatized clients, we know that stimulating 1 channel (e.g., using a specific body posture) might trigger the entire «fear network» [Foa and Kozak, 1986]. Similarly exposure to a picture of a glass of beer can induce a heavy craving for alcohol [Böning, 1996]. Clients react with «experiential avoidance» [Hayes et al., 1996], which finds an expression in their sitting position in therapy: leaning back, arms crossed, avoiding eye contact with the therapist and talking in the third person about irrelevant issues. According to Millon [1990], the therapeutic effect is based on integrating emotional activation and a self-reflective level of functioning. Schema therapy [Young et al., 2003; Arntz and Jacob, 2013] uses imagery work and chair dialogues to induce perspective changes. How can this work be improved and intensified on a technical level?

According to the attractor model deriving from physics, our mental experiences are stored in specific neural patterns, laying tracks for future reactions [Grawe, 2004]. These «traits» tend to stabilize themselves in so-called autopoietic systems. Young called these persisting reaction tendencies traits deriving from early childhood experience «schemas» [Young et al., 2003]. Once one is in a schema-driven state, inconsistent information and possible resources deriving from other neural networks are actively blocked, making that state a «life trap» [Young et al., 2003]. It takes intensive external stimuli to destabilize the state and make it change. Could changing positions, including by standing up together, help to induce the desired changes by helping clients to distance from their current state in a process that Teasdale [1993] called disidentification? A reduced level of emotional activation will help the client to regain flexibility by incorporating inconsistent information

into a more functional behavior. Allen Schore [2003] compared the 3 steps of distancing, re-appraising, and initiating a better solution with shifting gear in a car.

A persistent and emotionally supportive presence on the part of the therapist helps the client to tolerate the unstable transitory state between the old and the new behavioral attractor. Sitting or standing next to the client meets their need for safety and helps them to engage in this state; this has been practiced by Gestalt or psychodrama therapists for many years [Perls, 1973; Moreno, 1959]. Can contemporary cognitive therapy make use of these technical resources, too?

Method

Ten partly sequential technical steps are used in schema therapy to forcefully induce attractor state changes, but may be applied to any therapy working with «parts of the self»:

- 1) Changing body postures and gestures
- 2) The therapist «splitting up» into 2 parts
- 3) Sitting beside the client
- 4) Therapist and client closing their eyes and focusing inwards
- 5) Standing up side by side
- 6) Changing language from the first person to the third person
- 7) Looking at the scene with another person's eyes (extension technique)
- 8) Replacing the client with another person (substitution technique)
- 9) The therapist serving as a role model (self-disclosing feelings and acting)
- 10) Vertically integrating all experiential modalities

All techniques can be applied individually in order to create a more vivid atmosphere in the therapy room.

1) Changing Body Postures and Gestures

The typical body posture and gestures of a person in an avoidant emotional state have been described above. Mirroring this behavior and gently asking the client to change it in order to be more open supports an emotional activation. If the client avoids eye contact, he or she is asked to try it and watch the upcoming emotional changes mindfully. The body posture should be open, with the legs one beside the other and with the hands flat on them. Distracting reactions such as finger-tipping should be addressed and stopped. Blocking all these «little escapes» leads to a serious increase in emotional tension and is used by various therapists to activate blocked emotional patterns [e.g., Perls, 1973; Davanloo, 1995; Nissen and Sturm, 2014]. If basic emotions (such as fear or anger) break through, the situation can be immediately stabilized if the therapist changes his or her position, sitting close beside the client on an additional chair and keeping the therapy relationship on track as the «good therapist», while the triggering «bad therapist» remains on an empty chair. Now the client is asked to perceive and verbalize the activated emotions supported by the «friendly therapist» at their side.

2) *The Therapist «Splitting Up» into 2 Parts*

A case vignette: A client is angry because the therapist starts the session with a delay of 10 min. The therapist picks up the angry expression on the client's face, saying, «I have the impression that you're a bit angry right now. This is OK for me and I don't want to justify myself, but I would like to support you to perceive and express this anger.» Then, the therapist stands up and takes a seat on an additional chair beside the client, saying in a calm and supportive voice, «Now let's express the anger toward this unreliable therapist over there. Don't be nice to him. He needs to get some straightforward feedback about what he's doing to clients!» The empty chair that the client can address symbolizes the «bad therapist»; it is a physical representation that makes the expression of the anger much easier than in a face-to-face confrontation that could threaten the client's attachment to the therapist. Splitting up the therapist allows the safe expression of the anger while the therapeutic alliance is kept up by the «good therapist» sitting beside the client.

To increase procedural activation with an inhibited client, the therapist might contribute with a self-disclosure movement by splitting themselves up, using 2 chairs placed side by side. They shift from their original chair to the additional chair, saying, «I'm talking now as the angry part of the therapist. If you're talking to me this way, I don't want to work with you anymore.» If the client becomes activated (with fear or anger), the therapist picks up the original chair in order to sit down again close to the client as described above, exploring the emotions induced by the «angry therapist» more deeply. The therapist takes the same position if the client comes into the session with anger towards a third person, who is «placed» on an empty chair in front of the client-therapist duo. The therapist might support the expression of the anger by «feeding them a line» and offering a stronger wording for the emotion. Once the emotion is expressed sufficiently, the therapist pushes the «pause button» and asks the client to stand up with them and watch the situation «like a film» from an observer perspective (this case vignette is continued in step 6).

3) *Sitting beside the Client*

Sitting beside an avoidant client generally helps them to access their hidden basic emotions. A face-to-face position re-activates experiences of dyadic interactions such as being questioned, examined, or accused. Sitting or walking beside one another is presumably related to positive interactions, such as walking and talking with friends. Withdrawn male clients, in particular, can be spoken to in a soft and warm voice, creating a comforting atmosphere. Some adolescents open up this way much more easily if we ask them to close their eyes. This works because the client does not see the therapist, so the voice is coming «out of the blue». Therapist: «I would like to sit beside you to get more in touch with your emotional part. Is that OK for you? Thank you! So tell me...What are you thinking about when you lie in bed alone at night before you fall asleep?» Or: «Imagine that a camera team will come tomorrow to make a movie about your perfect day. How does that day start?» Or the other way round: «What's the worst thing that could hap-

pen to you?» The lack of a person in front of the client makes it easier for them to get in touch with their inner world and express it. If the therapist sits a little behind the client, almost out of their sight, they can talk almost right into the client's ear in a very intimate way, like an «internal voice», making access to the client's inner world much easier.

4) *Therapist and Client Closing Their Eyes and Focusing Inwards*

Even when the therapist and the client are sitting face to face, closing the eyes helps the client to reduce external triggers and get in touch with their inner activations. Because people (like children) do not like to be looked at while their eyes are closed, the therapist as well as the client should close their eyes. This makes it easier for the therapist to enter the client's inner scene and ask clarifying questions. Basic emotions as well as related bodily sensations [Damasio, 2000] can be perceived more clearly, core beliefs pop up due to the lack of corrective external perceptions, and associations come more easily. The psychodynamic idea of free association as well as the felt-sense in the focusing-oriented approach [Gendlin, 1997] also work in this way.

5) *Standing Up Side by Side*

Standing up together side by side and looking down on the now empty chairs creates a joint perspective or joint referencing [Siegel, 1999]. Taking an observer's perspective helps the client to shift from an intensified emotional experience on the process level into a self-reflective or mentalizing level. «Floating above the chairs» naturally flattens the emotional activation, which Teasdale [1993] called «disidentification». Standing side by side maintains the working alliance, supported by expressions such as, «How can we both deal with the problem now?» On the process level, the client tends to be trapped in their current state and potential resources are not accessible. The downward-looking position helps them to retrieve the blocked resources from other neural circuits. Body movements, such as taking some steps and changing their position in the room, can induce some flexibility in the client's mental movements too (fig. 1).

6) *Changing Language from the First Person to the Third Person*

While on the lower process level, we ask the client to use the first-person perspective to increase their emotional participation, on the upper reflective level we talk in the third person about the people on the (empty) chairs to make disidentification easier and decrease the client's emotional activation even more. When talking in the third person, it is hard to remain identified with one's emotions. This has the same effect as video or screen techniques used in trauma therapy [Reddemann, 2004]. Continuing the example, the therapist might say, «What did the therapist do that hurt the client so much?» or «How did the client express these feelings?» or «How will the therapist probably react?» The need to justify oneself or to take a self-assertive stance is usually less strong when «floating above» the chairs, making it easier to step into somebody else's shoes (or to mentalize; [Fonagy et al., 2002]). Looking at a situation

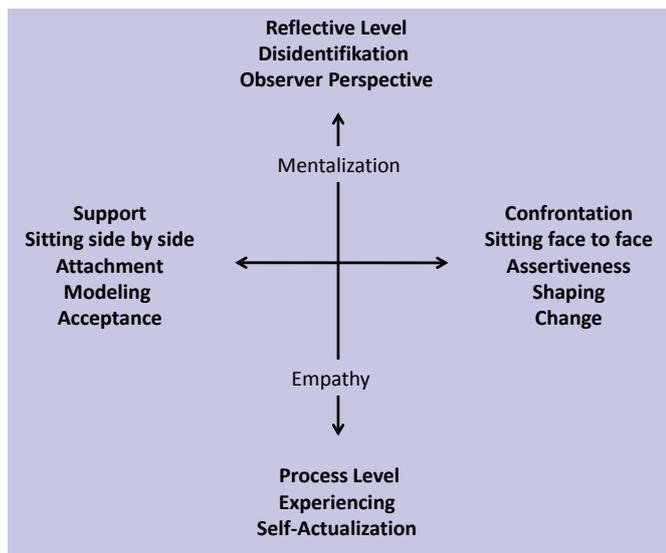


Fig. 1. Dimensions of the therapy process.

from an observer's perspective is an important step in developing compassion for another person and changing from an assertiveness-oriented attitude to a more attachment-focused one.

7) *Looking at the Scene with Another Person's Eyes (Extension Technique)*

Looking at the scene through another person's eyes (an extension technique) supports the client's re-appraisal (or «shifting gears»). The therapist asks, «Do you have a close friend who knows you well enough to help us? What's his or her name?» and then addresses the client in a slightly different voice, saying, «Would you, (name of the person, for example Mary), come into this room in order to help us?» Calling the client by the name of their friend in a very concrete way, as in a role play, helps to activate the neural circuits representing the friend in the client's brain: «Thank you, Mary, for coming to help us. Your friend Thomas is very angry about his therapist, who made him wait, and Thomas slipped into a rage. Do you know of other times when he became very angry? Can you show him how to manage his anger in a more successful way?» If clients lack socially competent friends, fantasy figures like Dumbledore or Gandalf, or somebody with a «wise mind», may be invited in. Surprisingly, many clients have these mental resources available, and this procedure helps in retrieving them.

8) *Replacing the Client with Another Person (Substitution Technique)*

A substitution technique may help if a client remains emotionally blocked. Compassion for the «person on the client chair» can be increased by replacing that person with the client's own child (or another loved child). This maneuver helps to unblock the constructive anger needed for self-assertive behavior, especially with sexually abused clients who hate themselves for not fighting the offender [Roediger, 2016], and works best if you can use the client's own child. So in a trauma therapy the therapist might say, «Ima-

gine the man doesn't do that to little (name of the client) but to (name of the child). Can you see him doing that? What do you feel right now? What would you like to do or say, driven by this feeling?» The more clearly the client pictures the offender abusing their child, the more their biologically entrenched attachment or care system will be activated [Panksepp, 1998]. In the next step, the client can be asked about the difference between their own child and the client as a child, and why their child deserved better treatment than they received (interpersonal discrimination; [Hartmann et al., 2015]). Often, the perspective change and the functional anger expression change the client's beliefs without further cognitive interventions [Fliegel, 2011].

9) *The Therapist Serving as a Role Model*

Model-learning is a key element in developing new skills [Perry, 2011]. Floating above the chairs together opens up a creative space, enabling behavioral experiments in a playful way. As in other everyday learning situations, the therapist is able to make suggestions about how to do things better without being perceived as too dominant by the client. The client is asked how they like the suggestion and is invited to give it a try in their own words. The therapist can comment on an «eye level», offering further suggestions (modeling and shaping). So, in a fear-free atmosphere, the baton is passed back and forth several times until the client finds the best solution. Their fear of failure, derived from earlier learning experiences, fades. A good balance between the contributions of the therapist and the client's activities allows the client to feel that they are the co-author of the story and increases their sense of self-efficacy [Bandura, 1977].

10) *Vertically Integrating All Experiential Modalities*

While in Step 4 we try to induce an intensive experience of the stressful situation, in the last steps we try to induce a vivid experience of the changed thoughts, emotions, body sensations, sense of power, body posture, and mood compared to the starting point according to the felt shift in focusing [Gendlin, 1997]. The client's awareness of the induced changes (so-called discrimination; [Petermann, 2011]) might help to better connect the involved modalities into a functional neural network [Siegel, 1999]. Once this complex experience is generated on the standing-up level, the client should try to keep it while sitting down again and use it in a role play to train effective social behavior (e.g., with the therapist or another person represented by an empty chair; [Hautzinger, 2011]). In this way, the client finally arrives on the process or chair level again and is ready to continue with regular cognitive behavior therapy. The whole mental movement is shown in figure 2.

Following the process described here, the client's access to functional neural patterns is related to their body posture. Standing up, taking some steps, and changing positions, as learned in the therapy session, can help the client outside the therapy room by allowing them to access these mental resources whenever they find that they are once again caught in what Young et al. [2003] called «life traps». In this way, initiating a mental change by changing body posture can support behavior change.

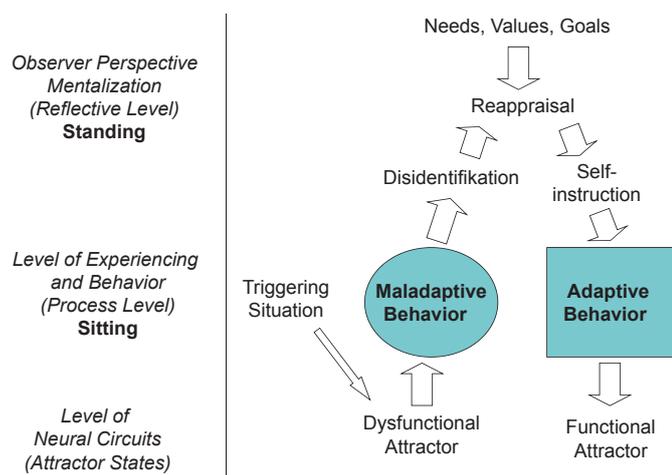


Fig. 2. Process levels of perspective change.

Results

Systematically changing physical positions and perspectives can support mental movements. This approach is driven by the aim of consistently creating the best possible conditions to induce the desired mental activation, including as many modalities as possible. The expected gains are as follows:

- Separating the process level (on the chairs) from the reflective level (while standing up) opens up a wide range of possible emotional activations. In a metaphor: the therapist can drive the elevator up and down;
- this allows intensive emotional activations under secure conditions because interrupting the process by «pushing the pause button» and changing to the «safer» self-reflective level is always possible;
- «splitting up» allows the therapist to express their own experience (so-called counter transference) in a safe and controllable way because, after sitting beside the client, they are no longer the target of the client’s anger;
- working on 2 levels helps in managing the interplay between an emotionally challenging activation on the process level and maintaining the working alliance on the observer level (rupture and repair; [Safran and Muran, 2000];
- on the reflective level, the client can experience various perspectives in a playful way and anticipate possible outcomes;
- changing perspectives in a multisensory and physical way supports «stepping into somebody else’s shoes» mentally (mental-ization; [Fonagy et al., 2002]);

References

Andersen T: The reflecting team: dialogue and meta-dialogue in clinical work. *Fam Proc* 1987;26:415–428.
 Arntz A, Jacob G: *Schema Therapy in Practice: An Introductory Guide to the Schema Mode Approach*. Oxford, Wiley-Blackwell, 2013.

Bamelis L, Bloo J, Bernstein D, Arntz A: Effectiveness Studies; in van Vreeswijk M, Broersen J, Nardort M (eds): *The Wiley-Blackwell Handbook of Schema Therapy*. West Sussex, Wiley-Blackwell, 2012, pp 495–510.

Bandura A: Self-efficacy: toward a unifying theory of behavioral change. *Psychol Rev* 1977;84:191–215.
 Böning J: Warum muß es ein «Suchtgedächtnis» geben? *Klinische Empirie und neurobiologische Argumente. Sucht* 1996;40:244–252.

- the standing-up position as a «reflecting team» [Andersen, 1987] allows the therapist to make suggestions based on their experience in a non-dominant way, and the client can try this role. The locus of control [Rotter, 1966] can shift smoothly between both of them as they gently «pass the baton» back and forth.

Conclusion

The face-to-face position in therapy is based on tradition and requires challenging mental movements between inconsistent motivational states (e.g., the client confronting the therapist with their anger while depending on the therapist emotionally). These ambivalences can be made visible in the therapy room and untied by splitting them up onto different chairs and changing between them. Taking an external position also allows the therapist to introduce their own emotions and ambivalences into the process in an easy-to-control manner and to find a flexible balance between supporting or stabilizing the client and inducing change (fig. 1).

In schema therapy, opening up the formerly fixed sitting positions induces remarkable changes with minimal effort [for an overview of the empirical evidence, see Bamelis et al., 2012]. However, all the techniques described here could be used in a conventional cognitive behavioral therapy setting without explicitly using the schema therapy model, as they are broadly based on commonsense psychology. This raises the question of whether these techniques can be taught in regular cognitive behavioral therapy training as part of the «technical tool box». The hands-on nature of the technique makes the training easier, although empirical data supporting that assertion has yet to be provided.

Comparing these techniques with other therapeutic confrontation procedures is similar to comparing karate with tai chi. Both are self-defense techniques, but changing positions and perspectives flexibly «brings flesh to the bones», appears less wearying, can be joyful, and allows a place in therapy for a good sense of humor. Taken together, this prevents the client and the therapist becoming tired or «getting stuck».

Disclosure Statement

The author is the president of the International Society of Schema Therapy (ISST) and receives refunds for personal expenses. He is the director of the Frankfurt Schema Therapy Institute (Germany) and offers schema therapy training.

- Damasio AR: Ich fühle, also bin ich. München, List, 2000.
- Davanloo H: Der Schlüssel zum Unbewußten. Die intensive psychodynamische Kurzzeittherapie. Stuttgart, Klett-Cotta, 1995.
- Ekman P: Facial expression and emotion. *Am Psychol* 1993;48:384–392.
- Fliegel S: Selbstverbalisation und Selbstinstruktion; in Linden M, Hautzinger M (eds): Verhaltenstherapiemanual. Heidelberg, Springer, 2011, pp 269–274.
- Foa EB, Kozak MJ: Emotional processing of fear: Exposure to corrective information. *Psychol Bull* 1986;99:20–35.
- Fonagy P, Gergely G, Jurist E, Target M: Affect Regulation, Mentalization, and the Development of the Self. New York, NY, Other Press, 2002.
- Gendlin ET: Focusing-orientierte Psychotherapie. Ein Handbuch der erlebnisbezogenen Methode. München, Klett-Cotta, 1997.
- Grawe K: Neuropsychotherapie. Göttingen, Hogrefe, 2004.
- Hanh TN: Peace Is every Step: The Path of Mindfulness in Everyday Life. New York, NY, Bantam Books, 1992.
- Hartmann J, Lange D, Victor D: Interpersonale Diskriminationsübungen; in Linden M, Hautzinger M (eds): Verhaltenstherapiemanual, ed 8. Heidelberg, Springer, 2015.
- Hautzinger M: Verhaltensübungen – Rollenspiele; in Linden M, Hautzinger M (eds): Verhaltenstherapiemanual. Heidelberg, Springer, 2011, pp 335–338.
- Hayes SC, Wilson KG, Gifford GV, et al: Experiential avoidance and behavioural disorders: A functional dimensional approach to diagnosis and treatment. *J Consult Clin Psychol* 1996;64:1152–1168.
- Heidenreich T, Michalak J: Die «dritte Welle» der Verhaltenstherapie. Grundlagen und Praxis. Weinheim, Betz, 2013.
- Hoffmann N: Zeitprojektion; in Linden M, Hautzinger M (eds): Verhaltenstherapiemanual. Heidelberg, Springer, 2011, pp 349–352.
- Holmes EA, Coughtry AE, Connor A: Looking at or through rose-tinted glasses? Imagery perspective and positive mood. *Emotion* 2008;8:875–879.
- Linden M, Hautzinger M (eds): Verhaltenstherapiemanual. Heidelberg, Springer, 2011.
- Linehan MM: Cognitive-Behavioral Treatment of Borderline Personality Disorder. New York, NY, Guilford Press, 1993.
- Millon TH: Towards a New Personology. An Evolutionary Model. New York, NY, Wiley, 1990.
- Moreno JL: Gruppenpsychotherapie und Psychodrama. Stuttgart, Thieme, 1959.
- Nissen L, Sturm M: Schematherapeutische Strategien bei chronischer Emotionsvermeidung. *Zum Konzept des «emotionalen Resonanzraumes»*. *Verhaltensther Verhaltensmed* 2014;25:270–286.
- Panksepp J: Affective Neuroscience. The Foundations of Human and Animal Emotions. New York, NY, Oxford University Press, 1998.
- Perls FS: The Gestalt Approach & Eye Witness to Therapy. Palo Alto, CA, Science and Behaviour Books, 1973.
- Perry M: Modelldarbietung; in Linden M, Hautzinger M (eds): Verhaltenstherapiemanual. Heidelberg, Springer, 2011, pp 227–232.
- Petermann U: Diskriminationstraining; in Linden M, Hautzinger M (eds): Verhaltenstherapiemanual. Heidelberg, Springer, 2011, pp 113–116.
- Reddemann L: Psychodynamisch Imaginative Traumatherapie. Stuttgart, Pfeiffer bei Klett-Cotta, 2004.
- Roediger E: Schematherapie – Grundlagen, Modell und Praxis. Stuttgart, Schattauer, 2016.
- Rotter JB: Generalized expectancies for internal versus external control of reinforcement. *Psychol Monogr* 1966; 80:1–28.
- Safran JD, Muran JC: Negotiating the Therapeutic Alliance: a Relational Treatment Guide. New York, NY, Guilford Press, 2000.
- Schore AN: Affect Dysregulation and Disorders of the Self. New York, NY, Norton, 2003.
- Siegel DJ: The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are. New York, NY, Guilford Press, 1999.
- Singer T: Das ReSource Projekt. Vortrag auf DGPPN-Kongress am 27. November 2014.
- Storch M, Cantieni B, Hüther G, Tschacher W: Embodiment. Die Wechselwirkung von Körper und Psyche verstehen und nutzen. Bern, Huber, 2006.
- Sulz SKD, Schrenker L, Schrick C (eds): Die Psychotherapie entdeckt den Körper. Oder: Keine Psychotherapie ohne Körperarbeit? München, CIP-Medien, 2005.
- Teasdale JD: Emotion and two kinds of meaning: cognitive therapy and applied cognitive science. *Behav Res Ther* 1993;31:339–354.
- Young JE, Klosko JS, Weishaar ME: Schema Therapy. A Practitioner's Guide. New York, NY, Guilford Press, 2003.