

## **Emotional Schema Therapy**

Robert L. Leahy

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2015, 384 pp., \$45 List Price (Hardcover)

Robert Leahy's *Emotional Schema Therapy* is an important book with implications for theory and practice that deserves a wide reading by cognitive-behavioral therapists as well as clinicians of other orientations.

Leahy sets out a meta-cognitive model of emotions. His central thesis is that people's beliefs about their emotional experience affect how they cope with painful feelings, which in turn determines how well they are able to adapt and function. Helping patients develop more constructive beliefs about emotions can lead to reduced suffering and a more satisfying life.

The book begins with a brief historical overview of attitudes towards emotion in culture and philosophy, making the point that beliefs about the value and utility of emotion have changed over time. He then reviews social-cognition and evolutionary models of emotions, as well as other therapy models, including schema therapy (Young, Klosko & Weishaar, 2003), metacognitive therapy (Wells, 2009), emotion-focused therapy (Greenberg & Watson, 2005), acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 2012), compassion-focused therapy (Gilbert, 2009) and dialectical behavior therapy (DBT; Linehan, 1993). Emotional schema therapy shares a number of assumptions with these approaches, including that painful emotions are inevitable in life, that emotions are important sources of information about biological needs, and that strategies to avoid experiencing negative emotion have negative consequences. What is unique about Leahy's model is the detailed examination of patients' beliefs about their emotions and the use of a variety of techniques to modify those beliefs.

Leahy identifies 14 dimensions of emotional schemas: duration, control, comprehensibility, consensus, guilt and shame, rationality, simplistic view of emotions, values, expression, validation, acceptance, blame, numbness and rumination. Patients who struggle with their emotions have negative beliefs in some or all of these areas: *i.e.* that negative emotions will last a long time, are out of control, cannot be understood by others, are unique to them, are bad or shameful, are irrational, that they should feel just one way about things, that their emotions do not reflect their values, that their emotions are unacceptable, that others are to blame for their emotions, that emotions should be coped with by avoidance or can be solved by worry and rumination. He reviews his own research, which finds that specific negative beliefs about emotions across these dimensions correlate with depression, anxiety, personality disorders, alcohol dependence, and marital dissatisfaction.

As good as these early chapters are, the book really takes off when Leahy begins to describe the clinical application of the model. He first lays out how to assess patients' emotional schemas and socialize them to the model. He then spends several chapters describing interventions for specific dimensions. His clinical examples are rich and complex, like the real patients we see in daily practice. He describes ways in which interventions from other therapy models, such as DBT, metacognitive therapy, and ACT, may be used to help modify patients' emotional schemas. And he provides a number of cognitive interventions that can be used to directly challenge negative beliefs about emotion. Particularly welcome is an entire chapter devoted to helping patients accept and cope with ambivalence.

One of the most important contributions of Leahy's model is the way he links patients' emotions with values and virtues. Values work is, of course, important in third wave models such as ACT (Hayes, *et al.*, 2012). However, values are generally evoked to help motivate patients to be willing to tolerate difficult feelings. Leahy goes one step further and suggests that people's negative emotions are expressions of their core values. For example, a patient who is grieving a breakup may be helped to understand that their sadness, rather than being a problem to be solved or a just feeling to be tolerated, actually reflects the positive value they place on relationships. In this way people may come to see that the emotions they struggle with can have a positive role in guiding them toward a rich and meaningful life.

In the final section of the book Leahy tackles two particularly difficult emotions: jealousy and envy. Because people often feel great shame about these feelings, Leahy suggests first validating them by linking them to their evolutionary basis in competition for parental favor (jealousy) and dominance hierarchies (envy). He presents a variety of techniques for helping people both accept their experiences of jealousy and envy and make more constructive choices about how to respond to these emotions.

Finally, Leahy takes a look at emotional schemas in relationships, devoting a chapter each to couples therapy and the therapeutic relationship. In both he describes how negative beliefs about other people's emotions can be problematic. Of particular value is his consideration of the ways that therapists' negative beliefs about their patients' emotions may interfere with therapy.

Leahy's work is integrative in the best sense of the word: wide ranging in its influences, explicit in acknowledging its commonalities and differences with other therapies, firmly grounded in cognitive-behavioral theory and empiricism, and yet ultimately original in its contributions. This is a book that cites Plato and Kohut, attachment theory and ACT, psychoanalytic concepts like transference and countertransference and existential/humanistic perspectives on meaning. Impressively, Leahy synthesizes all of this into a coherent theory of human emotion with clear clinical implications. Along the way, he demonstrates the continued relevance and power of cognitive models.

It is not clear whether emotional schema therapy will emerge as new "brand" of therapy or instead will have its greatest contribution in providing a way of thinking about people's relationship to their emotions and how to help them cope better that can be productively integrated into a variety of existing therapies. In his conclusion Leahy suggests both possibilities. As I read this book I found myself repeatedly reflecting on some of my own challenging cases and thinking about how emotional schema therapy could sharpen my conceptualizations and provide new ways to intervene. I suspect this is a book that I will return to again and again. It is also my belief that therapists from all theoretical orientations, whether psychoanalytic, traditional cognitive-behavioral, third wave, or humanistic, will find much of value in this excellent book.

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