Restructuring Schemata From Family of Origin in Couple Therapy

Frank M. Dattilio, PhD

Harvard Medical School Boston, MA

The schemata that are often at the basis of resistance to change in couples who are experiencing dysfunction in their relationships are rooted in ingrained experiences from family of origin. The belief systems that underlie such experiences and are influenced by transgenerational dynamics often become galvanized as a result of early learning and the power of parental influence. This article focuses on some of the types of steadfast schemata that are transmitted from generation to generation and presents practical methods for restructuring them. The article also discusses the advantage of encouraging the members of a couple to be more tolerant of certain schemata in each other that may be less amenable to change.

Keywords: schemata; family of origin; couples; cognitive restructuring

The concept of schema was initially introduced in the cognitive-behavioral therapy literature decades ago through the early work of Aaron T. Beck (1976). Beck's work with depressed individuals addressed the basic negative beliefs that depressed individuals held about themselves, their world, and their future. Beck's cognitive therapy places a heavy emphasis on schemata (Beck, Rush, Shaw, & Emery, 1979). Several authors have proposed different versions of schema theory to account for the processing of information in one's life. The majority of these theories contend that individuals develop such knowledge structures through prolonged interactions with their environment (Dattilio, 2005b). Epstein, Schlesinger, and Dryden (1988) refer to an individual's schema as the "longstanding and relatively stable basic assumption that he or she holds about how the world works and his or her place in it" (p. 13).

Schemata are very important in the application of a cognitive-behavioral approach with couples, particularly when working with family of origin and long-standing structured beliefs. Schemata comprise the beliefs that individuals hold about themselves and about their intimate couple relationships and the manner in which relationships function. Schemata are stable, cognitive structures, not fleeting inferences or perceptions. Dealing with each partner's individual thoughts is central to working with couples in therapy. Although the conceptual model underlying cognitive-behavior couple therapy does not suggest that cognitive appraisal significantly influences a couple's behavioral interactions and emotional responses to each other (Epstein et al., 1988; Wright & Beck, 1993). Just as individuals maintain their own basic schemata about themselves (self-concept), their world, and their future, they also develop schemata about characteristics of close relationships in general as well as about their own relationships in particular.

An individual's schemata about a current relationship develop over the course of the relationship, although certain major events (e.g., an incident in which one's partner abandoned or abused him or her) may carry significant weight in determining them. The schemata that develop over time greatly affect the individual's general expectancies regarding the likelihood that his or her needs will be fulfilled within the couple relationship and shape his or her personal standards about the characteristics that the relationship should have. Schemata are often at the heart of couples' conflicts (Dattilio, 2005a). Schemata are typically patterns that individuals impose on reality or experience to help them explain it, mediate perception, and guide their responses (Young, Klosko, & Weishaar, 2003).

So often during the course of couple therapy, rigid schemata on the part of one or both spouses surface and interfere with progress in modifying negative interaction patterns within the relationship. Although some of these schemata have their origin in various experiences that occurred during the course of the present relationship, others are drawn from experiences that an individual had prior to the current relationship. For example, a man may hold the belief that his wife tends to cry easily during arguments and, therefore, anticipates that she will do this each time their arguments become heated. This may also be commensurate with his more ingrained global schemata about characteristics of women and emotions in general, based on his previous romantic relationships or what he has learned about women during the course of his life. Such schemata may interfere with an individual's objectivity and jade his or her perceptions of his or her partner.

Other schemata, however, may be ingrained because they are deeply rooted in experiences from one's family of origin, and these schemata pose a significant challenge in treatment. They are likely to be culturally based and imposed early in one's formative years, making them more resistant to change. Belief systems that hail from one's family of origin tend to be very strongly and consistently reinforced and have been internalized during an extremely vulnerable period of life (Dattilio, 2005b; 2006), typically developing when a child is most impressionable. Parents and other primary caretakers have a powerful influence on the development of children's belief systems, particularly when beliefs are conveyed in the context of strong cultural underpinnings. For example, the concept found among many Mediterranean cultures in past generations that females serve as homemakers and males as the primary breadwinners became a standard expectation of many as transgenerational values were taught by one generation to the next (McGoldrick, Giordano, & Garcia-Preto, 2005). Although this standard has shifted significantly with changes in contemporary societal norms, some individuals of both genders still maintain the schema that a female's role is more associated with domestic duties and responsibilities as opposed to being employed outside of the home. Similarly, traditional gender role beliefs tend to portray the female parent as being responsible for distributing affection in the household, whereas the male parent may be viewed as more of the disciplinarian. Clearly, such standards would cause significant conflict in many contemporary relationships, particularly if two spouses hold differing schemata. For many current couples in their later years who grew up during the post-World War II generation, however, traditional gender role expectations may still be shared and desired by both spouses.

Schemata, such as those mentioned, may be communicated from parents to children in a variety of ways, either directly via specific statements or more subtly through observations of interactions within the family. For example, in some families it has been a tradition passed down from generation to generation for a female to confide in her mother about her sexual activities, particularly during adolescence and early adulthood. Even if a mother has not directly told her daughter that she expects such disclosures, the daughter may easily infer that this is normal mother-daughter conversation based on her mother's matter-of-fact questions about her sexual behavior. Such exchanges commonly serve to forge a special bond between mother and daughter. When such communications extend into the daughter's adulthood, however, a spouse may

become offended that his wife has divulged to her mother what transpires in their bedroom. This discrepancy in the husband's and wife's schemata about boundaries and privacy can have a significant impact on the couple's relationship.

The pioneering family therapist Virginia Satir was insightful when she made the statement: "The parents are the architects of the family" (Satir, 1964). Satir's work emphasized how role expectations are passed down from one generation to the next. A couple therapist will miss important information if he or she fails to thoroughly explore the belief systems of both partners' families of origin during the course of assessment and treatment. Obtaining such information helps the therapist gain a better sense of how family-of-origin experiences may influence partners' respective thinking in their current relationship.

Some of the most notable work in family-of-origin theory was first conducted by psychiatrist and family therapist Murray Bowen in the 1970s and 1980s (Bowen, 1966, 1978; Kerr & Bowen, 1988). Bowen's theory posits that transgenerational trends in family and relationship functioning reflect orderly and predictable relationship processes that connect the functioning of family members across generations. This may include beliefs, values, and emotions that are transferred from one generation to the next (Kerr & Bowen, 1988; Miller, Anderson, & Kaulana Keala, 2004).

Bowen specifically contended that, "Much of the generational transmission appears to be based on prolonged association" (Kerr & Bowen, 1988, p. 315). By this, Bowen meant that the strength of the transmission often depends on the intensity and length of family relationships. According to Bowen, "Most of it seems to be linked to the deep inclination of human beings to imitate one another" (Kerr & Bowen, 1988, p. 315). In this respect, adult children may tend to imitate their parents' interaction within their own marriages and current families. Bowen also cautioned that mere exposure to individual and family functioning does not adequately explain the intergenerational transmission process, however, emphasizing that the actual transmission process was often inconsistent and occurred at an emotional level (Larson & Wilson, 1998). This idea pertains to affect displays without any conscious acknowledgment of underlying thought. The transmission process involves level of "differentiation" and patterns of functioning that are transmitted from parents to their offspring via what Bowen termed the family projection process (Kerr & Bowen, 1988). By differentiation, Bowen is referring both to the individual's ability to function autonomously from others and to his or her ability to separate cognition from emotion (i.e., to be able to think logically without undue interference from emotional states such as anxiety). Bowen hypothesized that the degree to which parents and a child have failed to develop a balance between emotional attachment and autonomy on the child's part as the child grows up influences how well the offspring functions throughout his or her life. This influence was said to express itself not only through the adult child's individual functioning but also in the functioning of his or her family of procreation, having a particularly clear role in dysfunction within the person's spousal relationship (Bowen, 1978).

Neither Bowen nor his colleagues, however, addressed any of the specific cognitions in detail that developed as a result of transgenerational family fusion. The specific manner in which a child incorporates certain family belief systems is not merely a matter of imitation but is more likely due to a deeply ingrained process of internalization, which is refined over years of exposure to family-of-origin experiences that incorporate basic beliefs. For example, the accumulation and expenditure of money is often a point of contention within many couples, based on the partners' experiences acquired from their families of origin. Some families believe that money is something that should be saved and spent only when absolutely necessary. In this respect, strong ethics and values center on living a frugal life and saving for the future. On the other hand, other families may view money as a tool and as something that should be spent in the here and now. In those families, the expenditure of money is not seen as negative, and there may be less accountability as to how it should be spent. When two spouses have been raised in families that were very different in their philosophies with regard to finances, serious conflict may ensue. An individual who came from a family of origin that stressed the need to save money may feel secure in knowing that certain monies are set aside and may have that sense of security shaken if a partner places a different value on its use. On the other hand, a partner who comes from a family of origin that stressed a "you can't take it with you" philosophy may feel stifled by a fiscally conservative spouse. The situation may be compounded when the couple's parents still have a significant influence on how they should spend money in their marriage.

Interestingly, however, very little has been mentioned in the professional literature regarding specific cognitions and the role that transgenerational schemata have on the cognitive process of offspring, particularly on their marital relationship patterns. Until recently, family schemata and how they are transmitted intergenerationally have been given limited attention in the literature on cognitive factors in family relations (Dattilio, 2001, 2005b, 2006; Dattilio & Epstein, 2003; Dattilio, Epstein, & Baucom, 1998).

Transgenerational schemata may be positive or negative in content, and they may exist on either a conscious or subconscious level. Clinicians' common experience that schemata are particularly difficult to change when they have negative content and are associated with negative emotion is consistent with basic cognitive psychology research findings (Baldwin, 1992, 2005). In addition, negative schemata are difficult to change when they have gathered momentum over time, being reinforced repeatedly by life experiences. Furthermore, it is more difficult to modify schemata that are actually not within one's conscious awareness. For example, if we consider the schema of a young woman who allows herself to be subjected to partner abuse because she believes that she is obligated to tolerate negative behavior from her spouse as part of being married, an inquiry into her history may uncover a schema that was shaped by the influence of her family of origin. Perhaps her own parents modeled this type of relationship pattern regarding spousal roles, which had a profound effect on her subliminal belief system. It would not be hard to see how this woman would develop such a schema about marital obligations in light of repeated exposure to the role models in her family of origin (Dattilio, 2006).

Clearly, a greater emphasis needs to be placed on examining couples' schemata that likely are derived from families of origin, particularly those concerning the manner in which relationships should function intellectually, emotionally, and behaviorally. This is particularly important because such schemata involve broad standards that individuals hold regarding their intimate relationships and that commonly contribute to conflict in their relationships. These schemata constitute risk factors for conflict particularly because many of them are not articulated clearly in an individual's mind but rather exist as vague concepts of what is or should be (Beck, 1988; Epstein & Baucom, 2002). When schemata about oneself and one's relationships are ingrained at an early age, they have great potential to operate at a subconscious level and are easily transferred across generations. Schwebel and Fine (1994) liken such cognitions to "computer software" in that they help family members function in the family setting, shaping their perceptions, thoughts, reactions, feelings, and behavior and guiding them through the "challenge" of family life (p. 56). When such a schema is pervasive in a family, the members who have internalized it operate according to its tenets without consciously thinking about them.

Tilden and Dattilio (2005) distinguish two major categories of schemata: (1) the vulnerable core schema, or what Hoffart (1999) refers to as a split schema of self, or a "wound" in the memory; and (2) the protective coping schema, or what Hoffart refers to as protective belt of associated schemata around the split schema of self. The *split schema of self* refers to those aspects of past experience that are painful and avoided. Welburn, Dagg, Coristine, and Pontefract (2000) also differentiate between schemata according to their place in a hierarchical organization in which some are determined to have principal importance due to their connection to basic needs, such as safety and attachment, and others are more peripheral but are related to the principal schemata, such as being accepted or acknowledged by others.

Clinical experience suggests that vulnerable core schemata have mostly been established during the early years of an individual's life as a consequence of adult caretakers' failure to validate and confirm the child's feelings and experiences, particularly those associated with his or her core needs, such as attachment (Bowlby, 1982; Snyder & Schneider, 2002). Such a vulnerable core schema may also be established through traumatic events in adult life (Jind, 2000). To protect and help oneself as much as possible, an individual carrying a core vulnerability schema will be in need of a protective coping schema, or strategies to deal with critical and difficult life situations and events that trigger the vulnerable schema. The use of coping strategies, however, may be maladaptive and cause unwanted consequences. An example of this circumstance follows in the case of André and Iva, whose respective schemata from their families of origin heavily shaped their beliefs about love and intimacy and the need to protect themselves from ongoing vulnerability. Their schemata caused significant dissension in their relationship as conflicts arose between the partners' needs and preferences.

CASE VIGNETTE¹

André and Iva were in their mid-70s. André, a Romanian-born child with five siblings, worked as a laborer in a steel mill for 40 years. His wife, Iva, was born in the United States to a Polish family and served mostly as a homemaker for the majority of her married life. André and Iva had three grown children. Their middle child, Rosie, recently died of a brain tumor, which was devastating to André and Iva. The couple sought treatment with a psychologist on the advice of their parish priest because they were struggling with the grieving process over the loss of their daughter but had also been experiencing marital problems prior to her death. This preexisting tension only exacerbated the impact of the recent loss of their middle child.

Much of what André and Iva had argued about during their 48-year marriage concerned styles of management in their life together. They differed significantly over issues of how money should be spent and how to discipline their children. For example, André believed that money should be saved and that only "essentials" should be purchased. Iva, on the other hand, believed that money was there to be spent and maintained an attitude of "It's [money] no good after you're dead." André also believed in physical discipline, whereas Iva was against physical punishment altogether. This difference usually played itself out by Iva ignoring André's opinions and doing what she felt was best. André would subsequently seek refuge in his sports activities, such as golf. In addition, one of Iva's frequent complaints had to do with the fact that André seemed to be more in love with sports than he was with her and would only show affection to her in the bedroom, particularly when he wanted to have sexual relations. Their problems with intimacy became more intense, however, once the children had reached adulthood and moved out of the house. Iva believed that the majority of intimacy should occur outside of the bedroom by showing each other kindness and courtesy. This would then serve as a prelude to physical intimacy later, such as hugging or caressing and sometimes sexual relations. André believed that affection only consisted of physical contact, which always occurred behind closed doors. He also equated love with sex.

When André and Iva's daughter became ill with a brain tumor, they had difficulty comforting each other. André retreated into his sports activity, playing golf and bowling in a weekly league. Iva escorted her daughter to chemotherapy treatments and tended to her grandchildren and other family members. Because the daughter, Rosie, was a single parent, Iva also helped out by babysitting Rosie's children, tending to meals, and other needs. She would often accuse André of being selfish and removed from the situation, insinuating that he did not care, and André would often retort by saying that Iva just liked to make things worse because of her need to be a "Drama Queen." Iva also described André as being condescending to her when she would not show any desire to have sexual relations. The point of crisis in the couple's relationship came the night when André and Iva buried their daughter. It had been a long day with the viewing in the early morning, the funeral, and then the family gathering at the home subsequent to the funeral. That evening, André had approached Iva upon retiring for the evening with the prospect of being sexually intimate. Iva was absolutely appalled. She just could not believe that André wanted to have sexual relations on the same day that they had buried their daughter and were still in the grieving process. He reported that she "barked" at him, "How selfish and callous you are," and that she became so disgusted that she refused to sleep in the same room with him. André was at a loss as to why Iva would perceive his overtures as being selfish because he viewed his suggestion of sex as a means of comforting each other after experiencing such a horrible loss. This event appeared to be the straw that broke the camel's back for Iva, as she subsequently withdrew from André almost completely. At this point, André decided to speak to their parish priest, who referred the couple for marital therapy.

The initial phase of therapy involved gathering background information about the years that André and Iva spent together. We talked about how they met and what attracted them to each other. We also focused on the pervasive issues in the marriage, such as conflicts of opinion as to how money was spent, disciplining of the children, making important decisions, and the significance of emotional and sexual intimacy.

A considerable amount of attention was also placed on understanding the belief systems that each spouse had been exposed to during childhood and how such beliefs served to shape their respective schemata about sexual relations, love, and intimacy. More important, we explored André and Iva's schemata regarding emotional comforting and how each perceived the other's needs for comfort. What was particularly intriguing about this case was that the couple had been married for so many years that their schemata were likely to be extremely ingrained. Yet, something needed to change because they had arrived at a juncture in life at which their relationship was in serious jeopardy if they continued in the same pattern.

André and Iva were seen conjointly in therapy. I decided to assess them together rather than interview them separately because it was important for each to hear the history taken on the other. André talked first about his family of origin, stating that his parents were both Romanian and immigrated to the United States when he was very young. Andre's mother was said to be of Gypsy blood and had a strong influence on the family dynamics. The family was always very close-knit, and, in fact, for many years they all slept in one large bed in their two-room apartment. André was too young to recall whether he was exposed to any sexual intimacy between his parents, or other family members for that matter, but he recalled that the only time his parents appeared to display any physical affection for each other was at night when they would embrace. Otherwise, they seemed to be disengaged during the daytime hours. André was close to his mother and described her as somewhat the matriarch of the family. His father was the breadwinner, and, when it came down to "brass tacks," as André called it, "Dad had the final say about everything." In essence then, Andre's mother was the matriarch only until his father disliked something. Then father would step in and take charge, and mother would acquiesce. The family never had much money, so there was not much to argue about in that arena. It was understood, however, that any extra money that they had accumulated from time to time was to be saved. His parents shared this belief, which André adopted and brought to his marriage with Iva. Andre's father was also a foundry worker, and his mother embroidered and made beautiful tablecloths to earn extra income.

Iva, on the other hand, described her family of origin as very loving. Her father was strict and her mother very compliant, but she could stand up for herself when necessary. The family was the primary focus at home. Iva's father was a postal worker and worked from 7 a.m. to 3 p.m., Monday through Friday. Her mother worked in a silk mill and helped supplement the family's limited income. The family was not wealthy by any means, but there was always sufficient money, and Iva's parents were not afraid to spend what they had. Iva recalled her parents being openly affectionate in the house. She stated, "We could always get a hug from each other when we needed it." Consequently, affection was never a major issue, and there was plenty to go around. Iva described the atmosphere in her family of origin as being more relaxed than her impressions of what had existed in André's family. It was also her strong belief that affection between spouses was something that was not restricted to the bedroom but was displayed during the course of the day as well. This was Iva's primary complaint about André in that she reported that he seemed not to be interested in bothering with her until it was time to have sexual relations behind closed doors. Consequently, Iva often stated, "I feel like a cheap whore, and the only time he can show me affection is when he wants to have sex."

As I began to work with this couple and delve into their families of origin, it became very clear to me that André had some experiences while growing up that suggested to him that any affection shown outside of the bedroom was disgraceful. He recalled that on one occasion he and his siblings were encouraging his parents to kiss during their anniversary, but his father made it very clear to them that it was not proper to display affection in public, that it was only something to be done privately. André remembers being ashamed of his feelings and also deprived in some respects. At the same time, he believed that what he was taught by his father was correct etiquette. Consequently, he grew up with the belief that public displays of affection are disrespectful and not proper. In many respects, André grew up shielding many of his emotions and felt that this helped him to be successful in his life in that he had always maintained a level head and never lost control emotionally. Unfortunately, this schema about the experiencing and expression of emotion completely clashed with his wife's beliefs about love and affection, and on many occasions Iva felt starved for affection, as André did when he was a child, but she dealt with it much differently than he had learned to do. Iva's sense of deprivation caused her to become angry and to compensate for feeling deprived by shopping and spending money. This would often rile André because of his strong beliefs about what he considered the unnecessary expenditure of money. Consequently, the partners' conflicting beliefs about emotion/affection and proper use of money were two areas in which tension repeatedly surfaced in the relationship, and it was clear that each person's schemata in these areas had their roots in family-of-origin experiences.

Initially much of my work with this couple was psychoeducational. Helping them become aware of each other's life experiences and how these shaped their schemata was a very important step in increasing their understanding that they came from very different family environments. Although this did not necessarily diminish any of the frustration that each spouse experienced, currently it was important for them was to understand that during the vulnerable and impressionable periods during childhood, their belief systems about proper roles in couple relationships became ingrained. The second step in therapy was to have both of them acknowledge that some change was needed, which would mean that each of them would have to depart to some degree from the beliefs that had been developed in their family of origin. Iva seemed to be much more amenable to this than André, particularly because he felt that to change his belief system was to call his parents liars and to ridicule them. As in many cases of couple therapy, more of my restructuring work focused on the schemata of one partner: In this case it was André because his beliefs were more ingrained. The work with André also set a role model for my work with Iva and the groundwork for her to think about how she would go about restructuring her own beliefs. It is important to maintain a balance when addressing both spouses so that one spouse does not feel as though the therapist is biased toward one or the other. Because it is important to start with one spouse and spend sufficient time focusing on his or her cognitions, I often remind both of them that I will eventually address the other person in the same fashion. I often caution them not to construe this as being picked on but to consider it as a mode of educating both of them about cognition and behavior.

On several occasions during the course of treatment, I asked André to consider some modifications that he could make to his beliefs about the appropriate expression of love and intimacy. We talked about how his parents likely fashioned their lifestyle around their specific beliefs and that it apparently worked adequately for them. We also discussed how people differ in their personal needs and that being successful in a relationship requires some flexibility. I began to encourage André to think about how much he would be willing to depart from his initial belief system in order to take into account the fact that Iva's needs for overt affection were different from his. I explained that in order to have a relationship that was satisfying to her as well as to him might require some efforts on his part to address her needs. He agreed that because Iva did need some display of affection outside of the bedroom it was something that he could consider, although he stated that each time he attempted to do this, she would aggravate him by spending money unnecessarily and he would recoil and feel as though he wanted to deprive her of any affection because of her "frivolous" spending money in order to take André's different beliefs about finances into account, while at the same time not restricting her spending so much that she would feel deprived. We also discussed how some of her spending might involve passive-aggressive behaviors on her part.

Much of my work with the couple involved a step-by-step modification of the rigid beliefs that contributed to their marital conflicts as well as construction of behavioral change agreements in which they would experiment with new interactions that were consistent with a more flexible approach to meeting each other's needs. We also addressed the issue of acceptance, respecting the fact that it was unrealistic for either partner to expect the other to completely change longstanding beliefs. Therefore, each had to think about how much he or she could accept about the other's beliefs and what was gained by being in a relationship with the other person in spite of their differences. The result was that both partners were willing to work on modifying their thinking sufficiently to make a significant difference in the relationship.

On one occasion, the issue resurfaced about how Iva was appalled that André had wanted to have sexual relations on the night they buried their daughter. I had Iva listen closely to André tell her for the first time what it meant to him to lose their daughter. André did something that he did not normally do, which was to sob profusely when talking about the loss. In some respects, he even felt responsible for her death, even though he had nothing to do with causing her illness. He stated that on the night of her burial he was so worn out and defenseless that he felt like a little child, and he needed caressing and holding more than actual intercourse. Not surprisingly, Iva had misunderstood him because of André's typically limited communication about his feelings. She had assumed that because he wanted to be intimate he was primarily motivated by sexual arousal and automatically wanted intercourse. Once Iva began to listen to André, she started to feel bad about the fact that he had needed much of the same thing that she needed at that time but that she had misperceived his desires and overtures. This challenged a schema that Iva had developed over the years that André had such a high sex drive that it took precedence over any needs that he might have for emotional intimacy and over his consideration of her needs. Iva shifted in her interpretation of what he had needed that night and no longer viewed it as a selfish act but rather as his way of seeking comfort, attempting to make some type of sense out of the loss of their child, and healing. It was at this point that André and Iva began to realize that because of their early life experiences, they had grossly misunderstood each other.

Therapy went on to address communication skills for expressing feelings and listening to one's partner empathically as well quid pro quo agreements to exchange behaviors that each other desired, which were extremely helpful in increasing the couple's emotional intimacy. We also continued monitoring their interpretations (i.e., attributions) of each other's behaviors. The couple kept in mind the need to monitor their own thinking and ways that they could slightly deviate their beliefs from those they learned in their families of origin in order to accommodate the needs that they had in their present relationship. Ironically, this milestone came 48 years after this couple had gotten together and lived a full life, raising three children. At the conclusion of therapy, they both remarked that it was a pity that they had never learned to address these issues decades before, because they might have enjoyed a more fruitful relationship earlier. With many couples, work must be done to modify each person's schemata from their family of origin in order to reduce their linear view of their relationship problems as due to their partner's shortcomings rather than based on contributions from both parties. In addition, the next case vignette illustrates how partners' *current* relationships with their families of origin, as well as the schemata formed while growing up in those families, can continue to influence their relationship schemata.

CASE VIGNETTE²

May and Paul were a couple in their early 40s, married 17 years. They had two daughters, ages 8 and 12 at the time when they presented for treatment. This couple came to therapy reporting marital distress over the fact that Paul, for the first time in the marriage, had an affair with another woman. May apparently heard Paul talking to a woman on his cell phone, confronted him, and he admitted to having an affair with a woman from work. May was crushed by this news and claimed that it shook her to the core. As Paul openly divulged the details of the affair to May, he admitted that he was uncertain as to whether or not he still loved May and wanted to remain in the marriage. He admitted that he was very confused about what to do. May was devastated and felt panicked that she needed to save her marriage however she could. Paul was torn about whether he should stay or leave, because he still maintained strong feelings for the woman with whom he had the affair.

During their initial assessment session, May and Paul both indicated that they had experienced difficulty in communicating with each other during the past 6 years. They admitted that they argued at times but for the most part were civil to each other. They agreed that they did not always see eye-to-eye. May believed that Paul's anger toward her had accumulated over time and that he had become involved outside of their marriage because he was angry with her for not showing him enough attention. Paul confirmed that May's inference about the cause of his affair was accurate. May admitted that she had not paid much attention to Paul in recent years because he had become more distant from her as he became more involved with his job, sports, poker games, and so forth. As a result, May turned her attention to their children. She admitted that she became enmeshed with the children, which contributed to the couple's drifting farther apart. Paul stated that he had been saying for 2 years prior to the affair that things were not working out in the relationship, and he contended that all through his married life he tried to meet his wife's needs. He also noted that he worked long hours by necessity at both a full-time and a part-time job, whereas May worked part-time from Monday to Wednesday each week and had time off during the summer months.

When asked how they met, they said that they met through friends. Paul was always candid and said what was on his mind, and May was attracted to him because he was "handsome," had "backbone," and "stood up for himself." Paul stated that he was attracted to May because she was pretty and sweet natured. Paul noted that she did have a temper at times and would yell and that she usually did not express her emotions unless she was angry. The two dated for 7 years before marrying and did not live together until after the wedding. Once married, they got along well for many years.

During the course of treatment, we began to address some of the core issues that had eventually led to deterioration in the couple's relationship. Paul believed that their problems had been caused by May's enmeshment with the children. May agreed that she had become overly involved with the children but that she did this not only to cope with Paul's absence from home but also because of her own beliefs about what constitutes being a "good mother." Upon further discussion, it was revealed that Paul believed that May's mother was a big part of their problem and that she had never cared for him. He also stated that her mother had a "strong grip" on May and often told her what to do. May admitted that her mother interfered with her life and could easily induce guilt in her, which caused her to defer to her mother and to feel bad about herself. These dynamics would later be addressed in more detail as I questioned May further.

Because May was open about issues with regard to her family of origin, I decided that we would discuss this dynamic involving her mother in a conjoint session with Paul. May described how all her mother had to do was grimace in response to something that May said, and this would trigger self-inflicted guilt. May's typical automatic thought was, "I have to do what my mother wants me to do or she'll reject me, and this will make me a bad daughter." This automatic thought stemmed from the schema, "I will crumble if I don't do what she wants because my selfesteem is too low for me to rely on my own judgment." Upon further probing, it was uncovered that May's mother facilitated an unhealthy dependency on her because she was estranged from May's father. While May's parents were married for many years, her father "did his own thing" and her mother compensated by becoming overly involved in May's life. This developed a schema for May regarding what men do in their marriages, which then sensitized her to any independent activities on her own husband's part. May was able to see that this created conflict for her and her marriage because her mother ended up resenting the closeness that May had with Paul-something that her mother never had in her own marriage. May's mother heavily endorsed May's overinvolvement with the children as well, instilling the belief that "a good mother gives all of her time to her children." Her mother also intimated that women cannot rely on their husbands, and therefore women must invest their energies elsewhere, such as in hobbies or in their children. May admitted that she felt trapped between what her mother wanted and what her husband desired and took refuge in spending more time with her children. Paul admitted that he had the extramarital affair for many reasons, the biggest of which was to seek attention that he felt he was not getting from his wife. Each time Paul approached May about the lack of attention she showed him, May would shrug him off, and he felt that she had abandoned him. When delving more into May's family of origin, it was discovered that her mother was raised by a mother (May's maternal grandmother) who was very harsh. May's maternal grandmother was very cruel to her daughter, often calling her "ugly" and even telling her that she looked like a "monkey." In reality, May's mother was very attractive, and her own mother was probably envious of her physical beauty. Consequently, May's mother grew up with a very negative self-image and fortified her own self-esteem by becoming enmeshed with her own daughter. This also helped her deal with the emptiness in her own marriage. May reported that her mother had told her many times, "If my child doesn't need me, I'm nothing in life. Therefore, my children need to be dependent on me. If not, I might as well just jump off of a bridge." This belief caused May to feel guilty about pulling away from her mother when she felt controlled by her. This is why May was so attuned to her mother's image of her life and why, as she stated earlier, a mere grimace by her mother was enough of a visual cue to evoke guilt in her.

May indicated that her father was 68 years old and still worked full-time, resulting in his continued avoidance of May's mother. This meant chronic pressure on May to meet both her mother's emotional needs and those of her own children. Because she experienced Paul's withdrawal into his work as a police officer and other activities as abandonment similar to her father's abandonment of her mother, she withdrew farther from him, creating a cycle of mutual withdrawal in the couple's relationship. Now, as May's marriage suffered with an infidelity, Paul, unlike May's father, agreed that he wanted to address the serious issues in his marriage.

As we began to move forward and address these issues and attempt to repair the relationship, May's mother placed increasing pressure on her, saying that, "Paul is not good for you, and you should leave him." May countered by stating that she was in love with Paul and still wanted to be married to him and did not want to break up the family. When May was asked specifically about her belief about why she was unable to stand on her own feet and have faith in her own judgment, she stated that she was at a loss to explain it and was simply programmed to believe that her own opinion was not worth much. She believed that she needed to rely on her mother for endorsement, which, at the same time, crippled her. Part of restructuring May's dependency schema from her family of origin was to help fortify her belief in herself by using self-statements such as, "I am smart enough to make my own decisions, even though I may make mistakes at times." It became clear very quickly that making mistakes was deadly in May's mind, and therefore if she made a mistake, she predicted that she was doomed to be a complete failure. With this in mind, I assigned several tasks for May to make small decisions for herself, many of which were successful. For example, the refrigerator in May's kitchen died and needed to be replaced. May always consulted her mother about where the best deal was to purchase new appliances. Ordinarily, May would wait for her mother to drive her to the appliance store, and most times May's mother would literally select the item for her. This time, however, May handled the entire selection of the purchase herself, without even consulting her mother. This helped May to feel good about herself. It also served to embolden her to begin to make other decisions for herself. There were times when she made decisions, using her own judgment, and did make mistakes. I attempted to guide May in processing these mistakes, helping her to realize that she cannot always make the best of decisions, that a normal part of life involves making errors, and that often the negative consequences of such errors are learning experiences. Over time, we focused on May using systematic problem-solving skills to make better decisions in order to feel better about herself. This helped her gradually extricate herself from her mother, who expressed frustration and dissatisfaction with May's disengagement from their long-term enmeshment. May was very firm, based on some assertiveness training that we did in treatment, and was able to confront her mother. She suggested that her mother consider entering into her own therapy in order to deal with her issues from her own family of origin as well as her marital issues.

Consequently, as treatment progressed, May was able to modify her dysfunctional schema from her family of origin about not relying on her own judgment. She also reduced her adherence to her schema that she must spend as much time as possible with her children, rather than taking time to nurture herself and her marriage. May adopted a new view that her children need some time away from her as well, and she also needed time to nurture her relationship with her husband. Helping May address her schemata while in Paul's presence was also very powerful in validating the revised views and increased his understanding of her internal struggle.

At this point, I then turned the focus onto Paul, who obviously made a very serious decision when he chose to step outside of the relationship and become involved in an extramarital affair. One of the reasons that I chose to focus initially on May in this case was because it was the less threatening aspect of dealing with the extramarital affair. Sometimes, in the process of working with couples, if an affair is addressed too early in treatment, it may cause the offending spouse to back out of therapy. Furthermore, I tend to help the spouses take a broad view of the underlying dynamics of the relationship that provided the context for the affair rather than focusing solely on the acts of infidelity. I began to address some of Paul's schemata about his relationship with May and some of the schemata that he brought from his family of origin. In gathering some background information, I learned that Paul was the middle of three children born to parents who were alcoholics and had both been involved in numerous extramarital affairs during the course of Paul's upbringing. Paul always resented his parents' behaviors, and all of the children knew quite well that their parents had been unfaithful to each other. Paul also resented the presence of alcohol in the household and, consequently, never drank much himself. It is interesting, however, that, despite the fact he resented his parents' behavior, he chose to be unfaithful in his own marriage when he felt neglected and angry with May.

In uncovering some of the schemata that Paul developed from his family of origin, I brought one to his attention that was a subtler schema of "taking care of yourself." What was instilled during his upbringing was that when one is in need or hurting, one has to soothe himself or herself rather than seek comfort from someone else. In this respect, self-reliance became of paramount importance in Paul's family, and if you wanted something for yourself, you needed to take it regardless of the consequences. This schema was unearthed after much dialogue, during which I also guided Paul in coming to the realization that this schema was essentially how he had learned to operate in his life. Consequently, when we reviewed some of the specific steps that contributed to Paul making the decision to become involved in an extramarital affair, it became clear that in Paul's mind anger gives people license to act in whatever way they feel necessary in order to fulfill their own needs. Thus, when he felt neglected by May and angry about it, Paul ended up repeating the pattern of both of his parents: to fulfill his needs outside of the marriage if they were not being met at home.

More important, when Paul would reflect on his parents' relationships, he would recall that neither of them knew how to show affection toward the other, so they both sought it elsewhere. Paul admitted that his behaviors were irresponsible and that he was uncomfortable with the fact that he had hurt May. According to Paul, the trigger for his behavior was the sense of neglect that he felt when May turned her attention to the children. Interestingly, Paul also stated that he felt nurtured as if he was a child himself while he was involved in the affair with the other woman, a realization that introduced the concept that his feeling of neglect was derived more from his family of origin than from his current family.

This created a segue for me to redirect some of Paul's anger toward May to his parents, where much of it belonged. Paul was resistant to the shift in understanding because he claimed that since he and his siblings had become adults, his parents had ceased their infidelity and consumed much less alcohol. In other words, the sins of their past had not been acknowledged much in recent years, and Paul felt guilty focusing on their past negative behavior when they clearly had made efforts to lead more healthy lives. Paul admitted, however, that he still took umbrage about the lack of nurturance that he received during his upbringing and that he was still very angry with his parents. At this point, I suggested to Paul that perhaps he might want to consider some family-of-origin sessions with his parents to address these issues in the interest of self-development and of helping his relationship with May.

As therapy unfolded, some of the schemata that Paul was able to identify involved the belief that one cannot talk openly about resentments, which he realized was dysfunctional in many ways. This was less of a conscious thought than a subconscious belief. Once Paul was able to embrace this schema and understand that it had negative consequences in any relationship, he learned that it was something that needed to be addressed more overtly. Therefore, the notion of "letting sleeping dogs lie," needed to be restructured to a theme more like, "sometimes dogs need to be woken up." This became a symbolic mantra for him each time he felt inclined to avoid thinking about and expressing sources of distress. We also went on to discuss some of his feelings about the destructive behavior that his parents engaged in and how it was not necessarily the option that he had to adopt for himself. Another of Paul's schemata maintained that "sometimes you need to hit people over the head with something to wake them up," which is what he felt he was doing through the extramarital affair. In essence, he stated that the plan had worked and that he got May's attention quickly, although we talked about the merits of such destructiveness and how there are other ways to make oneself heard without causing so much injury.

In addition, we focused on Paul's tendency to respond to unmet needs in a narcissistic manner, which he had difficulty admitting to but which certainly played a role in his venturing outside of the marriage. We were able to connect this pattern with the loss of fulfillment that he experienced during his early upbringing and with the family-of-origin schema that everyone in the family was expected to rely on themselves for fulfillment. This was something that Paul had continued to do into his adulthood, and for the first time he was able to begin to look at this coping style in a critical fashion. Finally, Paul gradually took responsibility for his infidelity as the marital therapy progressed. I was reluctant to focus on his personal responsibility too soon because I did not want to scare him away, but eventually everyone who breaks the trust in an intimate relationship needs to take responsibility for the choices that he or she made and their consequences.

In sum, marital therapy sessions included a major focus on helping May and Paul build intimacy into their relationship through the sharing of activities and the exploring of their relationship as well as each other's needs. As the treatment progressed, we centered on what had contributed to Paul's decision to become involved with another woman and on efforts to revitalize his marriage while modifying his problematic coping responses to unfulfilled needs.

Much of this couple's success in building a stronger bond was due to May's renewed personal strength and her ability to balance her life and place more emphasis on nurturing her relationship with Paul. This also served as a role model for Paul to do the same and confront some of his anger from the past. This case is a good example of how restructuring what once were very ingrained schemata that emanated from both spouses' families of origin effectively helped them to move forward with their lives.

CONCLUSIONS

The two preceding case examples offer brief illustrations of the importance of identifying schemata from partners' families of origin and addressing the possible roles that they play in current relationship dysfunction. It is strongly suggested, however, that the process of restructuring schemata be tempered with some mutual acceptance of long-standing schemata so that the potential for change is rooted in a realistic perspective. This is an extremely important point because it is unreasonable to expect that major schemata, such as the ones discussed in both of these vignettes, are going to change completely. Many of these family-of-origin schemata form the basic fabric of an individual's cognitive structures that organize his or her understanding of the world, and sometimes the best that can be done is to modify them slightly. The modification, however, may be sufficient that the person's partner will be able to accept living with the remaining belief system that is less likely to change. For example, in the second case vignette, involving May and Paul, Paul was reared in a very difficult environment in which some of what he missed in his upbringing will never be reclaimed. In other words, there will always be a degree of narcissism and self-centeredness in Paul. May admitted, however, that she was willing to accept this because, as she stated it, "Paul is Paul," and "I love him for his shortcomings, as well as the good things about him." May went on to say, "I certainly see a lot more good things about him than bad, and this makes it palatable for me to live with." Acceptance is something that may come later in the therapeutic process with couples, especially if they see some initial changes in other areas. The fact that Paul was making an effort to change his pattern of withdrawing and focusing on his own needs was important to May, and in turn Paul appreciated May's efforts to pay more attention to their relationship rather than remaining enmeshed with the children. An advantage of the therapist's efforts to restructure one partner's schemata in the presence of the other, and vice versa, is that each person is able to observe how difficult it is for the other person to consider and enact change in core schemata. As with May and Paul, the mere fact that a serious attempt to change is being made can be enough for the other partner to be flexible enough to accept that which really cannot change.

Rigidity in adherence to schemata is sometimes more pronounced when they are based in broad cultural belief systems that extend beyond schemata of the individual family of origin. Thus, if a schema is modeled and reinforced within a family's cultural reference group (e.g., religion, ethnic culture), considering the possibility of modifying it may seem paramount to violating societal norms, core religious tenets, and so forth. For example, certain cultures hold such strong views concerning male and female gender roles that they can be regarded as inviolable standards. In intercultural marriages, this is an area that must be understood and accepted if the relationship is going to survive. Therefore, partners' mutual sensitivity to cultural differences is extremely important, and yet it is not always an issue that is anticipated by young couples who fall in love. After years of marriage, these differences can surface and create significant tension in the relationship.

Family-of-origin schemata can take many forms and manifest in different ways in the current relationship. This is why it is important to identify the schemata that may have taken root in a client's childhood as we attempt to understand the dynamics of present issues and what underlies those dynamics and possible solutions.

Notes

- 1. This case has been completely disguised to protect the true identity of the individuals discussed.
- 2. This case has been completely disguised to protect the true identity of the individuals discussed.

References

- Baldwin, M. W. (1992). Relational schemas and the processing of social information. *Psychological Bulletin*, *112*, 461-484.
- Baldwin, M. W. (2005). Interpersonal cognition. New York: Guilford.
- Beck, A. T. (1976). Cognitive therapy and the emotional disorders. New York: International Universities Press.
- Beck, A. T. (1988). Love is never enough. New York: Harper Collins.
- Beck, A. T., Rush, J. A., Shaw, B. F., & Emery, G. (1979). Cognitive therapy of depression. New York: Guilford.
- Bowen, M. (1966). The use of family therapy in clinical practice. Comprehensive Psychiatry, 7, 345-374.

Bowen, M. (1978). Family therapy in clinical practice. New York: Aronson.

- Bowlby, J. (1982). Attachment and loss: Vol. 1. Attachment. London: Hogarth Press.
- Dattilio, F. M. (2001). Cognitive-behavior family therapy: Contemporary myths and misconceptions. Contemporary Family Therapy, 23, 3-18.
- Dattilio, F. M. (2005a). The critical component of cognitive restructuring in couples therapy: A case study. Australian and New Zealand Journal of Family Therapy, 26(2), 73-78.
- Dattilio, F. M. (2005b). The restructuring of family schemas: A cognitive-behavioral perspective. Journal of Marital and Family Therapy, 31, 15-30.
- Dattilio, F. M. (2006). A cognitive-behavioral approach to reconstructing intergenerational family schemas. Contemporary Family Therapy, 28, 191–200.
- Dattilio, F. M., & Epstein, N. B. (2003). Cognitive-behavioral couple and family therapy. In T. L. Sexton, G. R. Weeks, & M. S. Robbins (Eds.), Handbook of family therapy (pp. 147–173). New York: Brunner-Routledge.
- Dattilio, F. M., Epstein, N. B., & Baucom, D. H. (1998). Introduction to cognitive-behavior therapy with couples and family. In F. M. Dattilio (Ed.), Case studies in couple and family therapy: Systemic and cognitive perspectives (pp. 1-36). New York: Guilford.
- Epstein, N. B., & Baucom, D. H. (2002). Enhanced cognitive-behavior therapy for couples: A contextual approach. Washington, DC: American Psychological Association.
- Epstein, N., Schlesinger, S., & Dryden, W. (1988). Concepts and methods of cognitive-behavior family treatment. In N. Epstein, S. Schlesinger, & W. Dryden (Eds.), Cognitive-behavior therapy with families (pp. 5-48). New York: Brunner/Mazel.
- Hoffart, A. (1999). From emotion through cognitions towards schema positions: A schema model applied to psychiatric problems and psychotherapy. In E. D. Axelsen & E. Hartmann (Eds.), *Roads to change* working factors in psychotherapy (pp. 148–163). Oslo: Cappelen Akademisk Forlag.

Jind, L. (2000). Can the perception of traumatic events result in cognitive schema changes? A critical review of the empirical literature. *Nordisk Psykologi*, 52, 115–134.

Kerr, M. E., & Bowen, M. (1988). Family evaluation. New York: Norton.

- Larson, J. H., & Wilson, S. N. (1998). Family of origin influences on young adult career decision problems: A test of Bowenian theory. American Journal of Family Therapy, 26, 39-53.
- McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). Ethnicity and family therapy (3rd ed.). New York: Guilford.
- Miller, R. B., Anderson, S., & Kaulana Keala, D. (2004). Is Bowen theory valid? A review of basic research. Journal of Marital and Family Therapy, 30, 453-466.

Satir, V. (1964). Conjoint family therapy. Palo Alto, CA: Science and Behavioral Books.

- Schwebel, A. I., & Fine, M. A. (1994). Understanding and helping families: A cognitive-behavioral approach. Hillsdale, NJ: Erlbaum.
- Snyder, D. K., & Schneider, W. J. (2002). Affective reconstruction: A pluralistic, developmental approach. In A. S. Gurman & N. S. Jacobson (Eds.), *Clinical handbook of couple therapy* (3rd ed., pp. 151–179). New York: Guilford.
- Tilden, T., & Dattilio, F. M. (2005). Vulnerability schemas of individuals in couples relationships: A cognitive perspective. *Contemporary Family Therapy*, *27*, 367–382.
- Welburn, K. R., Dagg, P., Coristine, M., & Pontefract, A. (2000). Schematic change as a result of an intensive group-therapy day treatment program. *Psychotherapy*, 37, 189–195.
- Wright, J. H., & Beck, A. T. (1993). Family cognitive therapy with inpatients. In J. H. Wright, M. E. Thase, A. T. Beck, & J. W. Ludgate (Eds.), Cognitive therapy with inpatients (pp. 176-190). New York: Guilford.
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). Schema therapy: A practitioner's guide. New York: Guilford.

Acknowledgments. Portions of this article were drawn from a symposium presented at the VI Latin American Congress of Cognitive Therapy in 2006 in Buenos Aires, Argentina.

Offprints. Requests for offprints should be directed to Frank M. Dattilio, PhD, 1251 S. Cedar Crest Blvd., Suite 304-D, Allentown, PA 18103. E-mail: frankdattilio@cs.net

Copyright of Journal of Cognitive Psychotherapy is the property of Springer Publishing Company, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.