

---

## РАЗВИТИЕ КОГНИТИВНОЙ ТЕРАПИИ ИЗВЕСТНЫМИ ПОСЛЕДОВАТЕЛЯМИ А.Т. БЕКА

---

### COGNITIVE THERAPY REFINEMENT BY A.T. BECK'S FAMOUS FOLLOWERS

# EMOTIONAL SCHEMA THERAPY

ROBERT L. LEAHY

American Institute for Cognitive Therapy, Weill-Cornell University Medical  
School, New York, NY USA

ORCID: 0000-0003-4226-5675,

e-mail: rleahyaict@gmail.com

Cognitive therapy has often been criticized as focusing exclusively on rational cognition rather than on the role of emotion in psychopathology. The Emotional Schema Therapy (EST) approach advances a model of how people think about and respond to their own emotions and those of others. Drawing on Beck's schema model, the metacognitive model of Adrian Wells, the Acceptance and Commitment Model (ACT), and social cognitive theory, the EST model suggests that beliefs about the duration, controllability, legitimacy, normalcy, shame and guilt about emotions result in problematic strategies for coping with emotion, such as suppression, avoidance, substance abuse, and rumination. I outline some of the main points of EST and the research supporting the model.

**Keywords:** Emotional schemas, cognitive therapy, emotion regulation, psychopathology.

**For citation:** Leahy R.L. Emotional schema therapy. *Konsul'tativnaya psikhologiya i psikhoterapiya = Counseling Psychology and Psychotherapy*, 2021. Vol. 29, no. 3, pp. 45–57. DOI: <https://doi.org/10.17759/cpp.2021290304> (In Russ., abstr. in Engl.)

# ТЕРАПИЯ ЭМОЦИОНАЛЬНЫХ СХЕМ

РОБЕРТ Л. ЛИХИ

Американский институт когнитивной терапии, Медицинский колледж Вейл Корнелл, Нью-Йорк, штат Нью-Йорк, Соединенные Штаты Америки  
ORCID: <https://orcid.org/0000-0003-4226-5675>,  
e-mail: rleahyaict@gmail.com

Когнитивную терапию часто критикуют за то, что она сосредотачивается исключительно на рациональном познании, а не на роли эмоций в психопатологии. Терапия эмоциональных схем (ТЭС) развивает модель, объясняющую, как человек размышляет о собственных эмоциях и эмоциях других людей и реагирует на эти эмоции. Основываясь на концепции схем Аарона Бека, метакогнитивной модели Эдриана Уэллса, теории принятия и ответственности (АСТ) и социально-когнитивной теории, модель ТЭС предполагает, что убеждения о длительности, контролируемости, легитимности, нормальности эмоций, чувстве стыда и вины за их переживание приводят к проблемным стратегиям совладания с эмоциями, таким как подавление, избегание, злоупотребление психоактивными веществами и руминациям. В статье описывается ряд ключевых положений ТЭС и приводятся исследования в обоснование данной модели.

**Ключевые слова:** эмоциональные схемы, когнитивная терапия, эмоциональная регуляция, психопатология.

**Для цитаты:** Лихи Р.Л. Терапия эмоциональных схем // Консультативная психология и психотерапия. 2021. Т. 29. № 3. С. 45—57. DOI: <https://doi.org/10.17759/cpp.2021290304>

Beck's cognitive therapy model has had a remarkable influence in the field of psychopathology and clinical treatment. Cognitive models have been advanced for almost every major disorder including major depression, bipolar disorder, generalized anxiety disorder, social phobia, PTSD, panic disorder, personality disorders and many others. A central tenet of the Beck model is that emotional problems arise because of distortions in thinking, including problematic automatic thoughts (e.g., mind reading, personalizing, catastrophizing, fortune-telling), maladaptive assumptions or rules (e.g., "If I don't do it perfectly, then I am a failure" or "I need the approval of everyone"), and problematic general beliefs about self or others schemas (unlovable, inadequate, special person, irresponsible) [3; 4; 5].

The concept of "schema" did not originate with Beck. Indeed, almost 90 years ago Bartlett [1] introduced this concept in the field

of perception and cognition, Piaget described schemas in the development of intelligence [27], and the field of information processing, memory and perception described how concepts can determine attention and recall of information. This was called “schematic processing” and precedes the Beck model of schemas. Both Beck and his colleagues [6] and Young [37] advanced “schema models” of personality in 1990, with both Beck and Young proposing that specific schemas underlie each of the personality disorders. In the 1990 book, *Cognitive Therapy of Personality Disorders* Beck and colleagues indicated that one can have schemas or concepts about many things — about the self, others, relationships, the physical world, etc. This is consistent with the earlier use of the concept of schemas as simply a concept through which information is processed.

One of the criticisms of cognitive therapy has been that it does not give enough emphasis to the role of emotion. All of us at some time experience a full range of “negative” emotions such as helplessness, hopelessness, anger, anxiety, sadness, envy, jealousy, boredom, and many other unpleasant experiences. However, not everyone develops major depression or an anxiety disorder. It is not simply the occurrence of an emotion, but rather how we interpret our emotions and our responses or coping strategies in dealing with our emotions. As I began to think about the role of cognition in emotion, it occurred to me that we may have cognitive biases in how we interpret an emotion and that these biases may result in problematic strategies in coping with an emotion [17; 18].

For example, someone going through a breakup in a relationship might experience sadness, anxiety, anger, sexual feelings, and even some relief and these emotional experiences may come and go like waves on a beach — sometimes intense, sometimes calm. What would be the cognitive response to these emotions that might be helpful? The person experiencing these various emotions might accept them, view them as normal, believe that these emotions make sense, not fear them, and believe that they will not last a long time. As a consequence, these beliefs about emotion would not lead to avoidance, suppression, the use of alcohol or drugs, or rumination. However, another person experiencing the same emotions might feel ashamed, believe that their emotions will last a long time, that others would not feel this way, that their emotions will go out of control, and that their emotions do not make sense. These

negative interpretations would lead to avoidance, suppression, misuse of drugs and alcohol and rumination. This is an example of the emotional schema model. We all have the same emotions but we may differ in our interpretation and coping strategies [20; 21].

This model draws on other cognitive behavioral models — in addition to the Beck cognitive model. For example, the emotional schema model draws on the metacognitive model of Wells [34], the Acceptance and Commitment Model of Hayes [12], the Dialectical Behavioural Model (DBT) model of Linehan [23], and on the Emotion Focused Model of Greenberg [11]. However, it differs from each of these models. The emotional schema model is a social cognitive model of emotion — that is, it is a cognitive model of how we interpret the emotions of self and others. The Metacognitive model is a model of how we interpret thoughts, not emotions, and does not have direct implications for interpreting the emotions of others. The ACT model and the DBT do not elaborate the cognitive content of our interpretations of emotions, although Linehan does discuss emotion myths in her work. And Greenberg's emotion focused therapy argues more for the experiential than the cognitive styles giving rise to and following emotional experience.

## **Theory of Emotion: Examining Emotional Schema Dimensions**

The Emotional Schema Therapy (EST) model proposes that each individual has a theory of the nature, causes, and control of emotion. In the original model I proposed that there are fourteen dimensions on which individuals evaluate and cope with their emotions [16; 17]. These include duration, need for control, shame/guilt, tolerance for mixed feeling, acceptance, normalcy, comprehensibility, blame, rumination, expression, validation, numbness, need for rationality, and relation to higher values. For example, a problematic set of negative emotional schemas about jealousy would be that these feelings will last indefinitely (duration), are out of control, that one feels ashamed or guilty about their feelings, they have difficulty tolerating mixed feelings toward the person they feel jealous, they do not accept their feelings, they believe it is not normal to feel jealous, their jealousy does

not make sense to them, they blame others for their feelings, they ruminate about their jealousy, they cannot express their feelings, they do not get validation for their emotions, they often feel numb, they believe that they should be rational and not emotional, and they do not believe that their jealousy is related to higher values (for example, higher values of monogamy and commitment). Their lack of acceptance and tolerance of their emotions leads to problematic strategies of coping such as blaming their partner, interrogating, spying on them and threatening them.

The EST model attempts to normalize difficult emotions such as jealousy, envy, anger, and anxiety. Drawing on evolutionary theory where we can see that many of the emotions that we have evolved because they were adaptive, the EST model assists patients in recognizing that emotions are universal and often reflect a set of values that many people cherish. There is a distinction between the emotion and the behavior, indicating that it may not be the emotion that is the main problem, but rather the behavior that follows from the emotion (blaming, interrogating, etc.). Each of the 14 dimensions of emotional schemas are addressed in treatment. Duration: indicating that emotions are temporary and come and go; Control: indicating that emotions can be modified by using a variety of techniques including acceptance, distraction, imagery, goal oriented behavior, mindfulness, and cognitive restructuring; Shame or Guilt: indicating that emotions are universal, part of the human condition, and that having an emotion is not immoral, unless it leads to unethical behavior; Tolerance of Mixed Feelings: indicating that ambivalence is simply richness and complexity of experience and is more realistic than seeing things in black and white terms; Acceptance: indicating that accepting and incorporating a wide range of emotions allows us to give up struggling with ourselves; Normalcy: indicating that our emotions are part of human nature and that all emotions are universal — even the ones we do not enjoy; Comprehensibility: indicating that our emotions make sense if we realize that evolution has predisposed us to respond with certain emotions and that our socialization and our biases in thinking lead us to have the emotions that we have; Blame: rather than blame others for our emotions, we can recognize that our emotions are our experiences to deal with and that blaming other people will not help us live with

the feelings that we have; Rumination: our attempts to over-think and dwell on our emotions, rather than accept them for the present moment, only continues us in a self-defeating pattern and keeps us stuck on a feeling; Expression: recognizes that there are problematic styles of expressing our feelings (such as endless complaining) but that expressing and sharing feelings is a key part of emotional experience; Validation: recognizes that we can get validation and understanding from others and we can also validate and find the truth in our own feelings; Numbness: recognizes that attempts to become numb — to have no feelings — is simply emotional and experiential avoidance and that this only makes it more difficult for us to tolerate and live with the feelings that we have; Need for Rationality: this can take the form of being anti-emotional, leading to the incorrect belief that life needs to be rational — rather than complete with emotions and experience; Higher Values: recognizes that our emotions may be related to higher values that we aspire to such as commitment, excellence, fairness, and kindness.

## **Emotional Perfectionism**

The EST model proposes that three dimensions of perfectionism underly difficulties in coping with the inevitable emotions of life. These include Existential Perfectionism — the belief that one's life should be fulfilling, easy, happy and excellent at all times; Emotional Perfectionism — the belief that one should have pleasant emotions, little or no frustration, and that unpleasant emotions should be avoided at all costs; and Pure Mind — the belief that one's mind, consciousness, thoughts and emotions should be clear, always in one direction (either positive or negative), that there should be no ambivalence, and that everything should make sense. These perfectionistic beliefs are contrasted with the existential model proposed by EST which argues that life is filled with frustration, disappointment, confusion, and even disillusionment and that expectations of perfectionism will only result in intolerance and fear of emotions. Rather than view life in black and white terms, the EST model views emotional experience as a kaleidoscope of ever-changing, often confusing, and contradictory experiences that all add up to a complete life.

## **Goals of Emotional Schema Therapy**

The EST approach involves a number of steps in treatment. This includes evaluating the patient's typical beliefs about their emotion using the Leahy Emotional Schema Scale II [19]; identifying problematic strategies of coping with emotions such as suppression, avoidance, blaming, rumination, substance abuse; examining each of the problematic beliefs and coping strategies used and using experiential, behavioral and cognitive techniques to modify or replace these beliefs and strategies with more helpful strategies. For example, the person who feels ashamed of their feelings of jealousy can examine their beliefs that others do not feel jealous or that jealousy is shameful. The therapist can help the patient normalize their jealous feelings; recognize the universal nature of jealousy; identify problematic coping strategies such as interrogating their partner or accusing them; distinguish between feeling jealous and acting on jealousy; assist in accepting the feeling without acting on their jealousy; problem solve with their partner what is acceptable and not acceptable behavior for each of them; and build a strong external source of support and meaning outside the relationship.

Similarly, an emotional schema model can be applied to how we respond to the emotions of others. For example, in our work we have found that certain beliefs and responses to the emotions of intimate partners are related to greater conflict and unhappiness in couples [22]. Individuals indicate greater unhappiness in their relationships when they report that their partner blames them for their feelings, believes that their feelings do not make sense, that others do not feel this way, and that they should stop expressing these feelings. In contrast, individuals report greater satisfaction in their intimate relationships when they feel validated and when they claim that their partner encourages them to express their feelings, accept their feelings, normalize their feelings, and view their emotions as understandable.

## **Research on Emotional Schemas**

Research on the emotional schema model has provided considerable support for the role of emotion beliefs in psychopathology. Emotional

schemas are associated with depression, anxiety, dispositional mindfulness, psychological flexibility, risk taking, suicidal risk, trauma, borderline personality, and other factors [2; 17; 31; 32; 35].

In a retrospective study of the factors predictive of borderline personality, the emotional schemas of validation and self-compassion completely mediated the prediction of borderline personality, given early childhood experience [36]. In other words, the individual may experience neglect, indifference, or punishment during childhood, but if they currently believe that they are validated and they direct self-compassion toward themselves then they are far less likely to be borderline personality. Women experiencing infertility reported more guilt over emotion, they believed that their emotions were incomprehensible, invalidated by others, would last a long time, that they should only feel one way and not have mixed feelings, and they tended to ruminate about their emotions [13]. In a study of the risk factors for alexithymia, emotional schemas mediated the risk factors of child abuse and trauma for alexithymia [9]. Emotional schemas were related to irritable bowel syndrome [10]. Beliefs about emotions were related to problematic coping strategies such as avoidance and rumination [33]. OCD symptoms are correlated with the emotional schemas or guilt and uncontrollability) [15]. Emotional schemas were related to symptoms of PTSD in high school students who were the survivors of an earthquake [24].

Individual and group therapy applications of emotional schema therapy have been found effective for generalized anxiety disorder, social anxiety, trauma, and anti-social behavior [8; 14; 26; 28]. In a study of depressed high school student's emotional schema therapy was effective in significantly reducing depression [7]. Shahsavani et al (2020) found that emotional schema therapy was effective in reducing migraine headache [29]. Morvaridi, et al (2019) found that emotional schema therapy improved emotion regulation and reduced social anxiety in women [25]. Emotional schema therapy reduced self-mutilation and parasuicidal behavior in military soldiers [30].

## **Conclusion**

A modern cognitive model need not be limited to the list of automatic thoughts, assumptions and schemas originally proposed by Beck. An



expanded cognitive model might recognize that individuals have beliefs about many things, including the nature of their emotions, their causes, and the strategies for emotion regulation. Furthermore, an expanded cognitive model might also recognize that these biases and strategies may have significant relevance for how we view the emotions of others and how — if at all — we can support people with emotional difficulties.

## REFERENCES

1. Bartlett F.C. *Remembering: An experimental and social study*. Cambridge: Cambridge University, 1932. 332 p.
2. Batmaz S., et al. Metacognitions and emotional schemas: a new cognitive perspective for the distinction between unipolar and bipolar depression. *Comprehensive Psychiatry*. 2014. Vol. 55 (7), pp. 1546—1555.
3. Beck A.T. *Cognitive therapy and the emotional disorders*. New York: International Universities Press, 1976. 356 p.
4. Beck A.T. *Cognitive therapy of depression*. New York: Guilford Press, 1979. 425 p.
5. Beck A.T., et al. *Anxiety disorders and phobias : a cognitive perspective*. Cambridge: MA, Basic Books, 2005. 384 p.
6. Beck A.T., Freeman A. *Cognitive therapy of personality disorders*. New York: Guilford Press, 1990. 506 p.
7. Boket E., Bahrami M., Kolyaie L., Hosseini S.A. The effect of assertiveness skills training on reduction of verbal victimization of high school students. *International journal of humanities and cultural studies*, 2016. Vol. 8, pp. 690—699.
8. Daneshmandi S., et al. The effectiveness of emotional schema therapy on emotional schemas of female victims of child abuse and neglect. *Journal of Shahid Sadoughi University of Medical Sciences*, 2014. Vol. 22 (5), pp. 1481—1494.
9. Edwards E.R., Micek A., Mottarella K., et al. Emotion ideology mediates effects of risk factors on alexithymia development. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 2017. Vol. 35 (3), pp. 254—277.
10. Erfan A., Noorbala A.A., Karbasi Amel S., et al. The Effectiveness of Emotional Schema Therapy on the Emotional Schemas and Emotional Regulation in Irritable Bowel Syndrome: Single Subject Design. *Advanced biomedical research*, 2018. Vol. 7, p. 72. DOI: 10.4103/abr.abr\_113\_16
11. Greenberg L.S., Elliott R. Emotion-focused therapy. *Comprehensive handbook of psychotherapy: Integrative/eclectic*, 2002. Vol. 4, pp. 213—240.
12. Hayes S.C., et al. *Acceptance and commitment therapy: The process and practice of mindful change*. New York: Guilford Press, 2011. 402 p.
13. Kargol L.V., Zemlianykh M.K. Emotional and Behavioral Components of Infertility-Related Stress Experienced by Infertile Women. *Pediatrician*. 2021. Vol. 12 (3). (in press)
14. Khaleghi M., et al. Emotional Schema Therapy for Generalized Anxiety Disorder: A Single-Subject Design. *International Journal of Cognitive Therapy*, 2017. Vol. 10 (4), pp. 269—282.

15. Khosravani V., Ardestani S.m.S., Mohammadzadeh A., et al. The Emotional Schemas and Obsessive-Compulsive Disorder Dimensions in People with Obsessive-Compulsive Disorder. *International Journal of Cognitive Therapy*, 2020. Vol.13 (1), pp. 341—357.
16. Leahy R.L. A model of emotional schemas. *Cognitive and Behavioral Practice*, 2002. Vol. 9, pp. 177—190.
17. Leahy R.L. Resistance: An emotional schema therapy (EST) approach. In Simos G. (ed.) *Cognitive behavior therapy: A guide for the practicing clinician*. London: Routledge, 2009, pp. 187—204.
18. Leahy R.L. Emotional schema therapy: A bridge over troubled waters. In Herbert J., Forman E. (ed.) *Acceptance and mindfulness in cognitive behavior therapy: Understanding and applying the new therapies*. New York, Wiley, 2011, pp. 109—131.
19. Leahy R.L. Emotional Schema Scale II. Unpublished scale, American Institute for Cognitive Therapy, 2012.
20. Leahy R.L. Emotional schema therapy. New York: Guilford Publications, 2015. 384 p.
21. Leahy R.L. Emotional Schema Therapy: Distinctive Features. London: Routledge, 2018. 176 p.
22. Leahy R.L., Kaplan D. Emotional schemas and relationship adjustment. Paper presented at the annual meeting of the Association for Advancement of Behavior Therapy. New Orleans, LA, 2004. 54 p.
23. Linehan M. Cognitive-behavioral treatment of borderline personality disorder. New York: Guilford Press, 1993. 558 p.
24. Mazloom M., Yaghubi H., Mohammadkhani S. Post-traumatic stress symptom, metacognition, emotional schema and emotion regulation: A structural equation model. *Personality and Individual Difference*, 2016. Vol. 88, pp. 94—98.
25. Morvaridi M., Mashhadi A., Shamloo Z., et al. The Effectiveness of Group Emotional Schema Therapy on Emotional Regulation and Social Anxiety Symptoms. *International Journal of Cognitive Therapy*, 2018. Vol. 12, pp. 16—24. DOI: 10.1007/s41811-018-0037-6
26. Naderi Y., et al. Effectiveness of emotional schema therapy on cognitive emotion regulation strategies of combat-related post traumatic stress disorder veterans. *Iranian Journal of War and Public Health*, 2015. Vol. 7 (3), pp. 147—155.
27. Piaget J. Genetic epistemology. Trans. E. Duckworth. New York: Columbia University Press, 1970. 159 p.
28. Rezaei M., Ghadampur E., Kazemi R. Effectiveness of emotional schema therapy on rumination and severity of depression in patients with major depressive disorder. *Journal of Clinical Psychology*, 2016. Vol. 7 (4), pp. 45—58.
29. Shahsavani S., Mashhadi A., Bigdeli I. The Effect of Group Emotional Schema Therapy on Cognitive Emotion Strategies in Women with Migraine Headaches: a Pilot Study. *International J Cogn Ther*, 2020. Vol. 13, pp. 328—340.
30. Shahtoori G.K, Rahnejat A.M, Dabaghi P., et al. Effectiveness of Emotional Schema Therapy on Improvement in Cognitive-Emotion Regulation in Attempting to Self-Mutilation Soldiers. *J Mil Med*, 2020. Vol. 22 (9), pp. 956—968.
31. Silberstein L.R., et al. Mindfulness, psychological flexibility and emotional schemas. *International Journal of Cognitive Therapy*, 2012. Vol. 5 (4), pp. 406—419.

32. Tirch D.D., et al. Emotional schemas, psychological flexibility, and anxiety: The role of flexible response patterns to anxious arousal. *International Journal of Cognitive Therapy*, 2012. Vol. 5 (4), pp. 380—391.
33. Trincas R., Bilotta E., Mancini F. Specific Beliefs about Emotions Are Associated with Different Emotion-Regulation Strategies. *Scientific Research Publishing*, 2016. Vol. 7, pp. 1682—1699.
34. Wells A. *Metacognitive Therapy for Anxiety and Depression*. New York, Guilford, 2008. 316 p.
35. Wenze S., et al. Longitudinal assessment of emotional schemas in bipolar outpatients. *American psychiatric association*. San Francisco, 2003.
36. Westphal M., et al. Self-compassion and emotional invalidation mediate the effects of parental indifference on psychopathology. *Psychiatry Research*, 2016. Vol. 242, pp. 186—191.
37. Young J. E. *Cognitive therapy for personality disorders: A schema-focused approach*. Sarasota, FL: Professional Resource Exchange, 1990. 96 p.

## ЛИТЕРАТУРА

1. *Bartlett F.C.* Remembering: An experimental and social study. Cambridge: Cambridge University, 1932. 332 p.
2. *Batmaz S., et al.* Metacognitions and emotional schemas: a new cognitive perspective for the distinction between unipolar and bipolar depression // *Comprehensive Psychiatry*. 2014. Vol. 55(7). P. 1546—1555.
3. *Beck A.T.* Cognitive therapy and the emotional disorders. New York: International Universities Press, 1976. 356 p.
4. *Beck A.T.* Cognitive therapy of depression. New York: Guilford Press, 1979. 425 p.
5. *Beck A.T., et al.* Anxiety disorders and phobias : a cognitive perspective. Cambridge: MA, Basic Books, 2005. 384 p.
6. *Beck A.T., Freeman A.* Cognitive therapy of personality disorders. New York: Guilford Press, 1990. 506 p.
7. *Boket E., Bahrami M., Kolyaie L., Hosseini S.A.* The effect of assertiveness skills training on reduction of verbal victimization of high school students // *International journal of humanities and cultural studies*. 2016. Vol. 8. P. 690—699.
8. *Daneshmandi S., et al.* The effectiveness of emotional schema therapy on emotional schemas of female victims of child abuse and neglect // *Journal of Shahid Sadoughi University of Medical Sciences*. 2014. Vol. 22(5). P. 1481—1494.
9. *Edwards E.R., Micek A., Mottarella K., et al.* Emotion ideology mediates effects of risk factors on alexithymia development // *Journal of Rational-Emotive & Cognitive-Behavior Therapy*. 2017. Vol. 35(3). P. 254—277.
10. *Erfan A., Noorbala A.A., Karbasi Amel S., et al.* The Effectiveness of Emotional Schema Therapy on the Emotional Schemas and Emotional Regulation in Irritable Bowel Syndrome: Single Subject Design // *Advanced biomedical research*. 2018. Vol. 7. P. 72. DOI: 10.4103/abr.abr\_113\_16
11. *Greenberg L.S., Elliott R.* Emotion-focused therapy // *Comprehensive handbook of psychotherapy: Integrative/eclectic*. 2002. Vol. 4. P. 213—240.
12. *Hayes S.C., et al.* Acceptance and commitment therapy: The process and practice of mindful change. New York: Guilford Press, 2011. 402 p.

13. Kargol LV., Zemlianykh M.K. Emotional and Behavioral Components of Infertility-Related Stress Experienced by Infertile Women // *Pediatrician*. 2021. Vol. 12(3). (in press)
14. Khaleghi M., et al. Emotional Schema Therapy for Generalized Anxiety Disorder: A Single-Subject Design // *International Journal of Cognitive Therapy*. 2017. Vol. 10(4). P. 269—282.
15. Khosravani V., Ardestani S.m.S., Mohammadzadeh A., et al. The Emotional Schemas and Obsessive-Compulsive Disorder Dimensions in People with Obsessive-Compulsive Disorder // *International Journal of Cognitive Therapy*. 2020. Vol.13(1). P. 341—357.
16. Leahy R.L. A model of emotional schemas // *Cognitive and Behavioral Practice*. 2002. Vol. 9. P. 177—190.
17. Leahy R.L. Resistance: An emotional schema therapy (EST) approach // *Cognitive behavior therapy: A guide for the practicing clinician* / In Simos G.(ed.). London: Routledge, 2009. P. 187—204.
18. Leahy R.L. Emotional schema therapy: A bridge over troubled waters. Acceptance and mindfulness in cognitive behavior therapy: Understanding and applying the new therapies / In Herbert J., Forman E. (ed.). New York, Wiley, 2011. P. 109—131.
19. Leahy R.L. Emotional Schema Scale II. Unpublished scale, American Institute for Cognitive Therapy, 2012.
20. Leahy R.L. Emotional schema therapy. New York: Guilford Publications, 2015. 384 p.
21. Leahy R.L. Emotional Schema Therapy: Distinctive Features. London: Routledge, 2018. 176 p.
22. Leahy R.L., Kaplan D. Emotional schemas and relationship adjustment. Paper presented at the annual meeting of the Association for Advancement of Behavior Therapy. New Orleans, LA, 2004. 54 p.
23. Linehan M. Cognitive-behavioral treatment of borderline personality disorder. New York: Guilford Press, 1993. 558 p.
24. Mazloom M., Yaghubi H., Mohammadkhani S. Post-traumatic stress symptom, metacognition, emotional schema and emotion regulation: A structural equation model // *Personality and Individual Difference*. 2016. Vol. 88. P. 94—98.
25. Morvaridi M., Mashhadi A., Shamloo Z., et al. The Effectiveness of Group Emotional Schema Therapy on Emotional Regulation and Social Anxiety Symptoms // *International Journal of Cognitive Therapy*. 2018. Vol. 12. P. 16—24. DOI: 10.1007/s41811-018-0037-6
26. Naderi Y., et al. Effectiveness of emotional schema therapy on cognitive emotion regulation strategies of combat-related post traumatic stress disorder veterans // *Iranian Journal of War and Public Health*. 2015. Vol. 7(3). P. 147—155.
27. Piaget J. Genetic epistemology. Trans. E. Duckworth. New York: Columbia University Press, 1970. 159 p.
28. Rezaei M., Ghadampur E., Kazemi R. Effectiveness of emotional schema therapy on rumination and severity of depression in patients with major depressive disorder // *Journal of Clinical Psychology*. 2016. Vol. 7 (4). P. 45—58.
29. Shahsavani S., Mashhadi A., Bigdeli I. The Effect of Group Emotional Schema Therapy on Cognitive Emotion Strategies in Women with Migraine Headaches: a Pilot Study // *International J Cogn Ther*. 2020. Vol. 13. P. 328—340.

30. *Shahtoori G.K., Rahnejat A.M., Dabaghi P., et al.* Effectiveness of Emotional Schema Therapy on Improvement in Cognitive-Emotion Regulation in Attempting to Self-Mutilation Soldiers // *J Mil Med.* 2020. Vol. 22 (9). P. 956—968.
31. *Silberstein L.R., et al.* Mindfulness, psychological flexibility and emotional schemas // *International Journal of Cognitive Therapy.* 2012. Vol. 5(4). P. 406—419.
32. *Tirch D.D., et al.* Emotional schemas, psychological flexibility, and anxiety: The role of flexible response patterns to anxious arousal // *International Journal of Cognitive Therapy.* 2012. Vol. 5(4). P. 380—391.
33. *Trincas R., Bilotta E., Mancini F.* Specific Beliefs about Emotions Are Associated with Different Emotion-Regulation Strategies // *Scientific Research Publishing.* 2016. Vol. 7. P. 1682—1699.
34. *Wells A.* *Metacognitive Therapy for Anxiety and Depression.* New York, Guilford, 2008. 316 p.
35. *Wenze S., et al.* Longitudinal assessment of emotional schemas in bipolar outpatients. American psychiatric association. San Francisco, 2003.
36. *Westphal M., et al.* Self-compassion and emotional invalidation mediate the effects of parental indifference on psychopathology // *Psychiatry Research.* 2016. Vol. 242. P. 186—191.
37. *Young J.E.* *Cognitive therapy for personality disorders: A schema-focused approach.* Sarasota, FL: Professional Resource Exchange, 1990. 96 p.

#### ***Information about the authors***

*Robert L. Leahy*, B.A., M.S., Ph.D., is Director of the American Institute for Cognitive Therapy (NYC), and Clinical Professor of Psychology in Psychiatry at Weill-Cornell University Medical School. He has received the Aaron T. Beck award for outstanding contributions in cognitive therapy, ORCID: <https://orcid.org/0000-0003-4226-5675>, e-mail: rleahyaict@gmail.com

#### ***Информация об авторах***

*Роберт Л. Лихи*, В.А., М.С., Ph.D., директор Американского института когнитивной терапии (Нью-Йорк) и клинический профессор психологии факультета психиатрии Медицинского колледжа Вейлл Корнелл. Он получил премию Аарона Т. Бека за выдающийся вклад в когнитивную терапию, ORCID: <https://orcid.org/0000-0003-4226-5675>, e-mail: rleahyaict@gmail.com

Получена 09.09.2021

Received 09.09.2021

Принята в печать 16.09.2021

Accepted 16.09.2021