

Three kinds of emotional deprivation psychology essay



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Yuki has relationship difficulties because of her Emotional Deprivation schema where she feels emotionally deprived, lonely, bitter, and depressed. Clients with such schema do not get enough affection and warmth or deep emotions expressed. They do not ask significant others for what they need emotionally, not expressing a desire for love or comfort, and do not expect emotional support.

There are three kinds of Emotional Deprivation. Deprivation of nurturance is when there one feels there is no one there to hold them, pay attention to them and give them physical affection. Deprivation of empathy makes people feel that no one is there to listen or try to understand who they are and how they feel. Lastly, deprivation of protection is when one feels there is no one there to protect and guide them (David, 1993). Yuki clearly feels deprived of nurturance and empathy.

Etiology

Schemas are developed from early days when the young person fail to attain their foundation needs, suffered distress or mistreatment by a very overbearing or offensive parent, or when the young person obtained “ too much of a good thing like being overprotected, overindulged or given excessive freedom and autonomy” (David, 1993).

Yuki developed her schema due to her early childhood experiences of not getting her core needs such as affection, empathy and care met by her parents. Her parents were cold and negligent, leading her to have the belief that the world is a cold place and no one is there for her. As a result of the

inadequacy in her parents' parenting, this caused her to develop low self-esteem as well.

Once this childhood pattern is established one tends to repeat it over and over. Freud termed this as 'repetition compulsion', which refers to the universal tendency of individuals to repeat in their lives distressing or even painful situations without realising they are doing so, or even understanding they are bringing about the recurrence and repeating in their current situations the worst times from the past (David, 1993). People then create in their adult lives conditions remarkably similar to those that were destructive in childhood. In Yuki's case, she rejects emotionally demonstrative partners and marries an emotionally depriving man and re-experiences the emotional deprivation alike to her childhood again.

The schema is maintained through selective attention to information that confirms the schemas and selective inattention to information that disconfirms the schemas in addition to self-defeating behaviours. People with defective schemas tend to be drawn to partners who trigger their core schemas and that maladaptive partner selection is another strong mechanism through which schemas are maintained (David, 1993). Yuki's schema is thus maintained in her marriage with her emotionally depriving husband.

There are three broad coping styles, which ultimately reinforce the schemata through avoiding experiencing painful emotions associated with schema activation. Schema surrender is when the person does everything to keep the schema going (Young & Gary, 2003). An example is someone who has a

defectiveness schema staying in a relationship with someone who criticizes them. They are surrendering to the schema, they are staying in the situation but allowing themselves to be criticised thus enhancing the schema.

Schema avoidance is avoiding the schema either by avoiding situations that trigger the schema (Young & Gary, 2003). A person with a mistrust schema may avoid making friendships because of the fear of being hurt or taken advantage of. This action only tends to reinforce the belief when others distance themselves.

Schema overcompensation is an excessive attempt to fight the schema by trying to do the opposite of what the schema would tell you to do (Young & Gary, 2003). If someone has a subjugation schema, they might rebel against the people who are subjugating them. If the overcompensation is too extreme it ultimately backfires and reinforces the schema. In Yuki's case, she is clearly using schema surrender as her coping style by marrying an emotionally deprived husband, recreating her childhood situation.

Cultural Influences play a part in the development of the schema too in Yuki's case too as the Japanese have a generally low level of expression (Niedenthal, Paula , Silvia , & Francois , 2006). They believe that in not showing their emotions outrightly to others and are likely to inhibit their feelings. Therefore, Yuki had a higher risk of developing the schema because of cultural influences.

Recommended Treatment

Characterological clients have chronic difficulties in their relationships with significant others or in their work. They do not have significant Axis 1 symptoms or have so many of them that traditional cognitive behavioral therapy is difficult to apply to them.

Young (1990, 1999) developed schema-focused cognitive therapy (schema therapy) for chronic characterological clients who have a number of psychological attributes that distinguish them from straightforward Axis 1 cases which were not being adequately helped by traditional cognitive-behavioral techniques. Schema therapy is founded as an integrative approach to treatment that combines the best aspects of cognitive-behavioral, interpersonal and psychoanalytic therapies. It expands on CBT by placing much greater emphasis on exploring the childhood and adolescent origins of psychological problems, on emotive techniques, on the therapist-patient relationship and on maladaptive coping styles (Young, Klosko & Weishaar, 2003).

CBT assumes that clients will comply with treatment protocol and are motivated to reduce symptoms, build skills and solve their current problems. However for many characterological clients, their motivations and approaches to therapy are complicated and they are often unwilling or unable to comply with the necessary treatment procedures. They may demonstrate great reluctance to learn self-control strategies and are more interested to obtain consolation from the therapist than to learn strategies for helping themselves (Young et al., 2003).

In addition, CBT assumes that clients can access their cognitions and emotions and observe their thoughts and feelings and report them to the therapist. However, clients with characterological problems are often unable to do so and seem out of touch with their cognitions or emotions or even engage in cognitive and affective avoidance. They block disturbing thoughts and looking deeply into their negative feelings as well as avoid many of the behaviors and situations that are essential to their progress. Avoidance has developed as an instrumental response and a habitual and exceedingly difficult to change strategy for coping with negative affect. Thus, through imagery techniques, suppressed emotions can be uncovered (Young et al., 2003).

CBT also assumes that clients can change their problematic cognitions and behaviors through practices as empirical analysis, logical disclosure, experimentation, gradual steps and repetition. However, for characterological clients, this is often not the case as their distorted thoughts and self-defeating behaviors are extremely resistant to modification solely through cognitive-behavioral techniques. Hence, experiential work and interpersonal techniques are required to access the cognitions of the patients and highlight how their schemas affect their relationships (Young et al., 2003).

Characterological clients are psychologically rigid and lack the psychological flexibility and are much less responsive to CBT techniques. Their characterological problems are ego-syntonic where their self-destructive patterns seem to be so much a part of who they are that they cannot imagine altering them as their problems central to their sense of identity.

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Because interpersonal issues are the core problem, the therapeutic relationship is one of the best areas for assessing and treating these clients (Young et al., 2003).

Schema therapy is dissimilar to psychodynamic therapy in that it very much consists of structured and directive techniques. In psychodynamic therapy, the counsellor “ passively dictates that a client’s feelings and behaviours toward another person are akin to that towards a parent figure” (David, 1993). Conversely in schema therapy, the counsellor emphasizes that “ these cognitions and behaviours are maladaptive or dysfunctional and uses imagery work to dynamically work against the maladaptive schemas” (David, 1993).

The difference from CBT is that, schema therapists explore childhood experiences of clients and utilize the therapeutic relationship as the medium to drive change directly by making up for deficits in the childhood parenting while the therapeutic relationship in CBT only serves as a supportive environment for change (David, 1993).

Schema therapy starts with the “ assessment” phase which involves education about the treatment to clients, and engaging clients in discovering their early distorted schemas and the possible event causes. The “ change” phase enables clients to compile facts on the truth of their schemas and challenge the schema.

To start off, CBT techniques will be employed and Yuki is first asked to recognize a current maladaptive cognition, which is the fear of showing her feelings. Next, she will identify her schema, which is Emotional Deprivation.
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The third step is reality testing which challenges the truth of the schema and can be put into this way for her, " Just because my partner does not show his care for me does not mean that he does not love me." Finally, the last step is behavioural instruction to her, such as, " I will open up myself to others and show concern for them first if I want them to care for me."

Next, Schema Therapy taps into the client-practitioner relationship via three ways. The therapist will first be looked upon as a role model by the client and learns from the therapist's healthy schemas. Next, the therapist offers " limited re-parenting" to clients what they lacked in childhood. The client learns to accept the limitations of the therapist and to tolerate some deprivation, while appreciating the nurturing the therapist does provide. Thirdly, empathic confrontation is given by showing empathy for the patient's maladaptive schemas as they are experienced toward the therapist, but also pointing out that these schemas are distorted or dysfunctional. These are done through experiential work to help patients recognize that their emotional needs were not met in childhood and connect feelings in the therapy relationship with early memories of deprivation and to work on those memories experientially (Young et al., 2003).

The use of imagery techniques allows clients to reach out to the " Lonely Child" present in them and relate it to their current issues. Imagery lets them convey their resentment and hurt to their depriving parent and reveal their unfulfilled emotional needs and what they hoped the ideal parent would have done for them. The therapist then engage in " limited re-parenting", exchanging roles with the client and coming into the imagery of the " Lonely Child" while the client comes into the imagery as the " Healthy Adult" to <https://assignbuster.com/three-kinds-of-emotional-deprivation-psychology-essay/>

console and lend a helping hand to the “ Lonely Child”. The therapist offers a partial remedy to their emotional deficit by soothing their feelings of deprivation through the provision of an affectionate and compassionate environment. The therapy relationship is also seen as an example where clients can relate to their relationships with others (Young et al., 2003).

The therapy will achieve in helping Yuki to become aware of her emotional needs and that her emotional needs are normal and right as it may be innate to her to have her emotional needs unmet. In addition, it will teach her to communicate feelings of deficit in a proper way instead of overacting or keeping to herself and alter her overstated cognition that others are behaving indifferently toward her. It does not mean that when others are not able to give her their full attention, they are not concerned about her. She will stop keeping away from intimacy, reacting with undue fury to the slightest deficit in the care she receives and alienating from others when she feels uncared for.

Last but not least, it is recommended that Yuki and her husband engage in couple therapy to learn approaches for relating efficiently and increasing constructive exchanges in their relationship. They are persuaded to put in great efforts to increase thoughtful acts toward each other to pick up the emotional climate of their marriage. In addition, her husband should be educated on her schema problem so as to help her overcome it and encourage her to express her feelings and her emotional needs.