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Self Pity/Victim: A Surrender Schema Mode

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One of the psychological games described by Eric Berne (1964) is “Alcoholic” in which the addict draws others into two kinds of relationship with him/or her, as persecutor or rescuer. Stephen Karpman’s (1968) “drama triangle” extended this by describing three roles: persecutor, rescuer and victim. He pointed out how troubled individuals may switch from one role to another within the same relationship. In Berne’s game, then, the alcoholic is the victim whom others may either persecute or rescue. The point about the drama triangle is that none of these positions is an authentic way of relating. They are all, in the language of schema therapy, coping modes.

In mode terms, it is easy to see that the rescuer is a Compliant Surrenderer. Although the persecutor can be seen as a Bully and Attack mode, it is also an aspect of the Self-Aggrandizer that puts itself above others by being disdainful of them. When this expresses itself in self-righteous scolding, I like to call it a “Scolding



Overcontroller” (Edwards, 2012). But what about the victim? Self-pity has been widely described in the literature. In Karen Horney’s (1937, pp. 255-6) telling words, such patients present themselves as an “innocent martyr ... a living reproach.” Self pity is implicit in several other of Berne’s original games (e.g. ‘ain’t it awful,’ ‘wooden leg,’ ‘look how hard I’ve tried’) and in Transactional Analysis it is often subsumed under the broader title of “Poor me” (James, 1977). However, there is a remarkable absence in the schema therapy literature of a mode that captures this position. It is a coping mode in the surrender category, where the patient accepts all the EMS based beliefs, “I’m unlovable, I don’t fit in, I’m a failure etc.” But this does not open up the Vulnerable Child (VCh) to receive care. Instead, the therapist is pushed away by a barrage of complaints, or a sullen mood that says, “You don’t understand,” or a string of arguments

about why change is not possible - Eric Berne described this as the game, “Why don’t you Yes, but ...” I call it the Self-pity/Victim (SPV) mode (Edwards, 2012).

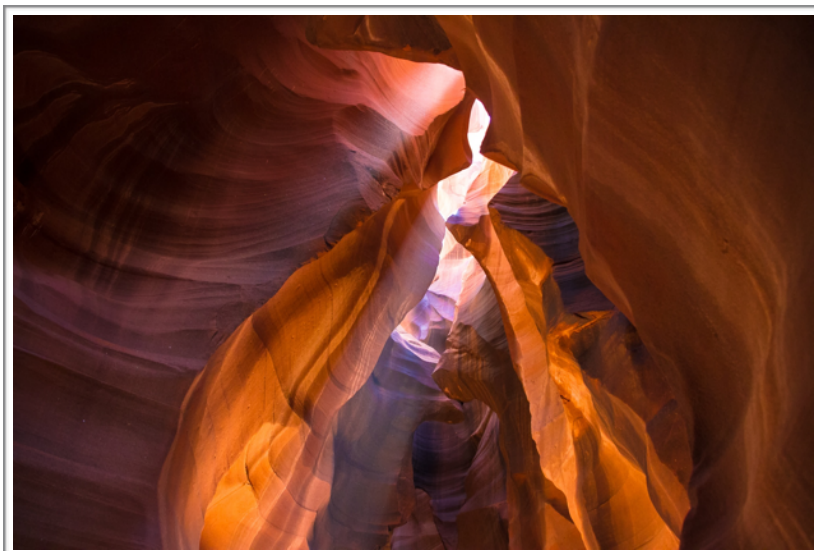
In his Cognitive Appraisal Therapy, Richard Wessler sees self-pity as a significant obstacle to healing. He developed this after recognizing the limitations of Ellis’s REBT, just as Young developed schema therapy to address what he saw as limitations of Beck’s cognitive therapy. Wessler, Hankin, and Stern (2001) write about the “help-rejecting complainer” (p. 81), “a litany of complaints about trivia” (p. 139) and a list of “If only”s (e.g. “If only I could have another chance”) as typical of this mode (p. 186). Self-pity is also an aspect of narcissistic pathology. O’Brien’s (1987) Multiphasic Narcissism Inventory has three factors. The first captures the narcissist’s exploitativeness and lack

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of empathy and reciprocity. The second captures the entitlement to control others (what I call Scolding Overcontroller). O’Brien calls the third the “narcissistically abused personality,” (p. 503) while it is referred as the “poor me’ narcissistic defense” by Waller and Campbell (2007, p. 261), in their schema based approach to eating disorders. It is characterized by a sense of martyrdom, striving to avoid criticism, and feeling unwilling to or resentful about being asked to undertake the tasks of therapy.

Liotti (2004) relates the confusing switches between drama triangle roles (victim, persecutor, rescuer) that characterize patients with disorganized attachment. This means we are particularly likely to encounter the SPV mode in personality disorders and complex trauma. It is, of course, common in addiction, as evidenced by Berne’s naming of the game “Alcoholic” (described above) and by the catch phrase from Alcoholics Anonymous, “Poor me, poor me ... pour me a drink.” This latter neatly captures the way the SPV mode legitimates a permission giving belief (“it’s alright to self-soothe by drinking when I’ve been treated so unfairly”) and undermines access to or strengthening of the Healthy Adult (HA). Because of its strong surrender quality, in some of its guises, the SPV could be mistaken for the VCh. However, Wessler et al (2001, p. 300) warn that trying to offer care to this mode is counterproductive: “caretaking fosters self-pity and anger ... by enhancing their sense of helplessness and distress.” It is a defining characteristic of this mode that it does not respond to reparenting. We have to bypass it to get to the VCh. I encountered this in a couple. He felt misunderstood and uncared for despite the fact that for years she had patiently listened to his expressions of distress. She was confused and frustrated. He was apparently vulnerable, but she felt shut out. It was only by unmasking and

empathically confronting his SPV mode that we could break through the impasse. Another patient was confused between the VCh and self-pity in a different way. Whenever she got close to the VCh, she shut down, saying, “I am just going into self-pity.” But this was the voice of her Punitive Parent disdaining her genuine feelings (a legacy of narcissistic parenting). It was hard work to undo this and help her accept her VCh feelings and so open up to the possibility of reparenting.



The literature on schema therapy gives remarkably little prominence to the SPV mode. There is nothing like it in the 22 modes listed by Lobbestael, van Vreeswijk, and Arntz (2007). Bernstein and van den Broeck's (2009) Schema Mode Observer Rating Scale (SMORS) does include a mode that “complains, whines, and demands in a

victimized, dissatisfied manner; expresses his dissatisfaction in an off-putting manner that masks his real feelings and needs.” This nicely captures the victim, complaining aspects of the SPV mode. They call it the Complaining Protector and comment on some overlap with the Angry Protector mode. However, calling it “Protector” suggests schema avoidance rather than schema surrender. In spite of it being on their rating scale, I could not find any reference to this mode in any of the recent published work from Bernstein's group.

I believe it is important to put the SPV mode more firmly on the schema mode map. Like many other coping modes, SPV is not easy to shift. There are payoffs from the externalization of blame characteristic of SPV: the patient is protected from feeling shame and self-criticism and enjoys a self-righteous satisfaction that has a self-aggrandising quality. But like all coping modes, SPV traps patients in endless cycles of dissatisfaction. It keeps them out of touch with their true needs with the result that they will never be met, and, despite the seeming vulnerability associated with this mode, while in it patients are not able to receive meaningful care, so reparenting is impossible. This mode firmly obstructs the two main pillars of change in schema therapy - the hostile, dependent helplessness prevents building the HA; the self-righteous resentment does not allow access to healing the VCh. So schema therapists need to be

able to recognize it, name it and, in due course, empathically confront it and help patients re-evaluate their investment in such a self-defeating way of coping.

References

From Wendy Behary, chair of the Brainstorming Committee:

Jeff Young joins me in acknowledging the efforts of Brainstorming Committee members Lissa Parsonnet and Chris Hayes in the development of this new E-Bulletin, and asked that I express his excitement and support for the launching this new endeavor

Self Pity/ Victim a Listserve Discussion

In May we are encouraging ISST members to discuss the topic of playing a "Victim"/ self pity as a coping mode via the ISST listserve.

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