

negative predictions, writing down what they predict will happen if they express their emotions, and what actually happens. Patients role-play interchanges with significant others in imagery and with the therapist, and then carry them out for homework assignments. They compare the actual results with the predicted ones.

The therapist both models and encourages appropriate emotional expression. Group therapy can help many patients with this schema become more comfortable expressing their emotions to others.

Special Problems with This Schema

When people have been emotionally inhibited for virtually their entire lives, it is hard for them to begin acting differently. Expressing emotion feels so foreign to patients who have this schema—it is so contrary to what feels like their true nature—that they experience great difficulty doing it. Mode work can help patients access the healthy side of them that wants to battle the schema and express emotions more openly.

Unrelenting Standards/Hypercriticalness

Typical Presentation of the Schema

Patients with this schema present as perfectionistic and driven. They believe that they must continually strive to meet extremely high standards. These standards are internalized; therefore, unlike the Approval-Seeking/Recognition-Seeking schema, patients with the Unrelenting Standards schema do not as readily alter their expectations or behaviors based on the reactions of others. These patients strive to meet standards primarily because they “should,” not because they want to win the approval of other people. Even if no one were ever to know, most of these patients would still strive to meet the standards. Patients often have both the Unrelenting Standards and Approval-Seeking/Recognition-Seeking schemas, in which case they seek both to meet very high standards and to win external approval. Unrelenting Standards, Approval-Seeking/Recognition-Seeking, and Entitlement are the most readily observable schemas in the narcissistic personality (although Emotional Deprivation and Defectiveness schemas often underlie these compensatory schemas). We discuss this further in Chapter 10 on treating narcissistic patients.

The most typical emotion experienced by patients with the Unrelenting Standards schema is *pressure*. This pressure is relentless. Because perfection is impossible, the person must perpetually try harder. Beneath all the exertion, patients feel intense anxiety about failing—and failing means getting a “95” rather than a “100.” Another common feeling is hypercriticalness, both of themselves and of others. Most of these patients also

feel a great deal of time pressure: There is so much to do and so little time. A common result is exhaustion.

It is difficult to have unrelenting standards, and it is often difficult to be with someone who has unrelenting standards. (As one of our patients said about his wife, who has unrelenting standards: “This is no good, and that’s no good. Nothing’s ever any good.”) Another common feeling in patients with this schema is irritability, usually because not enough is getting done quickly enough or well enough. Yet another common feeling is competitiveness. Most patients who are classified as “type A”—that is, as demonstrating a chronic sense of time pressure, hostility, and competitiveness (Suinn, 1977)—have this schema.

Often, patients with the Unrelenting Standards schema are workaholics, working incessantly within the particular realms to which they apply their standards. The realms can be varied: school, work, appearance, home, athletic performance, health, ethics or adherence to rules, and artistic performance are some possibilities. In their perfectionism, these patients often display inordinate attention to detail and often underestimate how much better their performance is relative to the norm. They have rigid rules in many areas of life, such as unrealistically high ethical, cultural, or religious standards. There is almost always an all-or-nothing quality to their thinking: Patients believe that either they have met the standard exactly or they have failed. They rarely take pleasure from success, because they are already focused on the next task that must be accomplished perfectly.

Patients with this schema do not usually view their standards as perfectionistic. Their standards feel normal. They are just doing what is expected of them. In order to qualify as having a maladaptive schema, the patient must have some significant impairment related to the schema. This could be a lack of pleasure in life, health problems, low self-esteem, unsatisfying intimate or work relationships, or some other form of dysfunction.

Goals of Treatment

The basic goal of treatment is to help patients reduce their unrelenting standards and hypercriticalness. The goal is twofold: to get patients to try to accomplish less, and to accomplish it less perfectly. Successfully treated patients have more of a balance in their lives between accomplishment and pleasure. They play, as well as work, and do not worry so much about “wasting time” and feeling guilty about it. They take the time to connect emotionally to significant others and are able to allow something to be imperfect and still consider it worthwhile. Less critical of themselves and others, they are less demanding and more accepting of human imperfection, and are less rigid about rules. They come to realize that their unre-