Addressing Heteronormative Assumptions: Working with Gender Schema in Schema Therapy

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This paper introduces the concept of gender schema and argues for its inclusion as a target of treatment in schema therapy intervention. The paper explores the origins of gender schema, using Bem's pioneering work in the 1980's as a platform from which to extrapolate the ways in which the hegemonic/patriarchal gender binary is internalised as gender schema. The paper introduces schema therapists to post-heteronormative discourse, which is not easily or readily available to most clinicians and is mainly absent within dominant psychology discourse. The project of incorporating gender schema into the schema therapy field might be considered within a broader practice and project of decolonising our discipline.

Keywords: schema therapy, gender schema, heteronormativity, gender binary

Several experiences prompted me to use schema therapy as the lens through which to look at gender and write this paper. Apart from times I have worked within specifically feminist organisations, very few workplaces and professional peers have seemed to consider how the patriarchal gender binary (man/woman) operates in cisgender and heterosexual people's lives and how heteronormative assumptions and gender roles may create harm for cisgender individuals, as well as gender diverse or gender non-conforming individuals. Some may assume that second-wave feminist ambitions for gender equality have largely been met in Western cultures. While there is broader acceptance of gender diverse identities, Western culture remains largely heteronormative. The patriarchal gender binary remains the dominant paradigm through which society and relationships are organised (Office for Women, 2023).

Further, it was as a participant in a workshop at the 2023 schema therapy conference in Melbourne where a presenter asked the audience, specifically the men in the room, how they respond when faced with a cis male client who espouses attitudes reflective of heteronormative attitudes at best, misogynistic attitudes at worst. I appreciate the courage displayed by a few individual men who responded. However, the majority of the responses indicated difficulty in grasping or addressing gender issues related to patriarchal gender norms from a schema therapy perspective. Apart from expressing disapproval of these attitudes in their clients, no one volunteered that they explore beliefs and assumptions about traditional gender roles, how they might have originated, are sustained, and what consequences may arise when those assumptions are questioned or challenged. This exploration could be a valuable clinical approach. While it is possible that participants, when confronted by these situations in their therapy rooms, would take that clinical path, the lack of explicitness suggests a gap in the schema therapy (and, I would argue, all therapy) landscape. I hope this paper starts a broader discussion within the schema therapy community regarding how gender schema may be identified, conceptualised, and addressed when gender schema emerges as part of a clinical presentation. Throughout this paper I aim to use gender inclusive language and use the prefix, cis which refers to individuals whose gender identity is aligned with the sex (male/female) they were assigned at birth.

Hertzmann and Newbigin (2023) optimistically suggest that at this time in history, we, as a [Western] society, have entered a post-heteronormative world. However, 2024 has not seen a decrease in incidences of violence against cis women (Counting Dead Women, n.d.) nor

Lesbian, Gay, Bisexual, Trans-sexual or Queer (LGBTQIA+) identifying people and those figures are worse for First Nations cis women and people of colour (Amnesty Internation, n.d.), so I am less optimistic. While there have been notable improvements for many LGBTQIA+ individuals in the Western world, for example in Australia same sex marriage became legal in 2017 and conversion therapy is now illegal in most states in Australia (Equality Australia, 2024), it is essential to remember that, in various parts of the world, being gay is still considered a crime punishable by death. Furthermore, hard-fought rights regarding access to reproductive justice, bodily autonomy, and equality for cis women and LGBTQIA+ individuals are currently facing debates and threats to repeal the progress that has been made. In Australia, we continue to grapple with alarmingly high rates of gender-based violence, even when compared to other OECD countries (UN Women, 2023).

LGBTQIA+ individuals often experience minority stress, leading to significantly higher rates of mental health issues and mortality compared to cis-gendered and heterosexual individuals (Australian Institute of Health and Welfare, 2023). Gender inequality remains deeply entrenched in our society. In the fields of psychology and psychiatry, the historical focus has predominantly centred on the LGBTQIA+ community, often pathologising non-heteronormative identities (Schudson, 2021; Cardoso et al., 2023), cis women (Ussher, 1991; Tseris, 2019), and other oppressed groups.

It is the purpose of this paper to address this heteronormative bias with the aim of increasing the inclusivity of the schema therapy space by dismantling the practice of prioritising and reinforcing heteronormative structures such as the patriarchal gender binary. Individual and societal change is driven by individuals who push for progress, and this change is at risk when heteronormativity is accepted as the norm. This paper aims not only to shed light on the issues with heteronormativity and the gender binary but also to propose ways in which schema therapy can help reshape perspectives in a therapeutic setting when dealing with what I will come to show as gender schemas.

In this paper, I will briefly provide an overview of the dominant psychological theories of gender and re-introduce gender schema theory, a theory introduced to psychology in the 1980's by Sandra Bem (Bem, 1981, 1982, 1983). I will use this theory to conceptualise gender schema through a schema therapy lens using research and discussions from psychoanalytic, sociological, social- psychological and philosophical literature.

There are many theories of gender. What I propose here is a theory that holds the promise of creating a way for schema therapists to work with what I will demonstrate is gender schema in the therapy space. This paper takes the position that we all hold schemas about gender but seeks to identify whether those schemas are adaptive or maladaptive, and whether gender schema is a helpful construct to bring into the therapy space.

Further, I hope for this paper to introduce to schema therapists' post-heteronormative discourse, which is not easily or readily available to most clinicians and is mainly absent within dominant psychology discourse. The exception to that is psychoanalysis which has a recent tradition of examining and questioning heteronormative assumptions and making attempts to conceptualise gender and sexuality through a diverse and intersectional lens and bring that into the therapy space (Chodorow, 1992; Mitchell, 1996; Hansell, 1998; Dimen, 2011; Butler, 1990; Orbach, 2016). This paper also reflects a nascent attempt at introducing a feminist and decolonising lens to schema therapy.

On Gender Theory and The Gender Binary

The assignment and categorisation of gender "is something human beings have created to make the world intelligible" (Olufemi, 2020, p. 50). For many people, their experience of gender represents and is experienced as an ontological truth. Gender is primarily accepted in cultural critical and intersectional feminist studies as a way in which Western and colonised societies

are organised. One is born and, depending on the visible anatomy, is assigned a gender that sets up expectations and roles around sexuality and desire. Butler (1990) calls this the heterosexual matrix, where one assignation "naturally" leads to the next. Gender is often introduced when we are in the womb, pre-verbally, before we have words to understand the way gender is enacted upon us. Mitchell (1996) describes the process of internalising that ontological truth as requiring a "prior fractioning and splitting of experience into socially constructed dichotomised gender categories" (p. 55).

Gender constitutes a prominent and influential facet of an individual's self-identity. However, Halberstam (2018), as well as other historians and critical theorists (Haraway, 1988; Grosfoguel, 2013), identify that the classification of gender arose:

> *...at a time when Europe was engaged in a large-scale imperial orientation toward classification, collection and expertise. Our current investments in the naming of all specificities of bodily form, gender permutations and desire emerge from this period…The fiction of a gendered and sexual identity… took hold and became the reigning narrative of being in the late twentieth-century life* (Halberstam, 2018, p. 7).

Subsequently, how society today constructs and perceives gender plays a pivotal role in shaping a person's outward appearance, preferences, pastimes, social connections, interpersonal behaviours, romantic involvements, and career choices. Given the pervasive impact of gender on one's life, many theories have been formulated to elucidate the development and distinction of gender. For a comprehensive overview of these theories, the reader is encouraged to consult Vanderlaan and Wong (2022). However, what is primarily accepted is that biological differences between the binary sexes (cis- man/woman) do not account for why cis men and cis women are often considered to be from different planets (Fine, 2010). People who are intersex disrupt the binary also with prevalence rates being approximately 1.7% of the world population (Office of the High Commissioner for Human Rights (n.d.), which is commensurate with the number of redheads in the world, 1-2% of the population (Flegr & Sýkorová, 2019; World Population Review, 2023). In a study examining gender identity in "normative" [cis-gendered] individuals, Joel et al. (2014) found that approximately 35% of participants reported fluidity in their gender identity. The authors "conclude that the current view of gender identity as binary and unitary does not reflect the experience of many [cis gender identifying] individuals" (Joel et al., 2014, p. 1).

Further, there is ample evidence to indicate that hegemonic patriarchal gender norms and strict adherence to those contribute to poorer health and mental health outcomes for those who adopt them. The concept of hegemonic masculinity, for example, has been the subject of extensive research and discussion in the fields of sociology, gender studies, and psychology. It refers to the dominant and socially accepted norms and expectations surrounding masculinity in a given culture or society. These norms often prescribe physical strength, emotional control, stoicism, and vulnerability suppression (especially in white, Western cultures). Hegemonic masculinity can impact various aspects of men's lives and the lives of those around them though the association between hegemonic patriarchal masculinity and mental health outcomes is complex and multifaceted. Some of the consequences of hegemonic masculinity for men reported on by Slegh et al. (2021) include men having far higher rates of suicide (Suicide Prevention Australia, n.d.), making up three-quarters of all suicides, not engaging in help-seeking behaviours, having challenges in personal relationships, and having higher rates of substance misuse as a coping strategy.

The evidence suggests that societal expectations and pressures placed on cis men to conform to rigid norms of masculinity have far-reaching consequences for their emotional well-being. As indicated above, emotional suppression, perceived stigma against help-seeking, strained relationships, identity crises, and a higher risk of suicidal ideation are among the mental health issues associated with this conformity. Addressing and challenging these norms

is essential to creating a society where cis men can freely express their emotions, seek help when needed, and ultimately enjoy better mental health outcomes. Further information and resources on assisting cis men and tackling harmful hegemonic masculinity can be found here: https://xyonline.net (Flood, n.d.).

Gender Schema Theory

A brief overview of different dominant psychological theories of gender includes psychoanalytic theory, which underscores the significance of a child identifying with their same-sex parent and learning to experience gender as a "restriction of possibility" (Ahmed, 2017, p. 7). This restriction, according to Butler (1995) and Hansell (1998), represents and is experienced as a loss "for homoerotic early attachments and gender-inconsistent traits, which must be renounced in childhood in our heterosexual-dominant culture" (Hansell, 1998, pp. 338-339). In contrast, social learning theory highlights the influence of explicit rewards and punishments for conforming to gender-appropriate behaviours, as well as the power of observational learning and modelling. Cognitive developmental theory, conversely, emphasises how children autonomously socialise themselves after firmly establishing their gender identities as either male or female (Miller, 2016).

Bem (1981) and others (Crane & Markus, 1982; Markus et al., 1982; Liben & Bigler, 2017; Starr & Zurbriggen, 2017) have identified and supported the presence of gender schema for gender binary socialised individuals. Emerging from second-wave feminist research in the 1970s and 1980s, Sandra Bem introduced the term "gender schema" to psychology in 1981. She aimed to demonstrate that "sex-typing", the process of categorising individuals, objects, activities, and roles as masculine or feminine, results from gender-based schema processing and a generalised readiness to process information based on gender. She focused on how an individual's self-concept aligns with gender schema, and she proposed that gender schematic processing partly arises from societal insistence on the hegemonic gender binary.

Bem's Gender Schema Theory (Bem, 1981) offered a cognitive framework for understanding the development and organisation of gender identity. It extended previous gender development theories, emphasising the role of gender schemas, and it has been influential and generative in psychology (Liben & Bigler, 2017; Starr & Zurbriggen, 2021). Bem also introduced the Bem Sex Role Inventory (BSRI), which has been widely used for identifying gender-role orientation but has faced valid criticisms of whether or not it captures and measures gender schema, and in its omission of consideration of the variability of gender norms as they intersect with race, disability, and other marginalised identities (Liben & Bigler, 2017). Subsequently, various other instruments have been developed to measure gender (e.g., Joel et al., 2014) and gender schema. It is beyond this paper's scope to compare and evaluate measures that have the potential to identify gender schemas for schema therapy at this time. However, this should be a focus of future research.

Bem's theory identifies two elements: gender-aschematic and gender-schematic individuals. Gender schematic individuals vary in the rigidity with which they hold their gender schema. Those identified in research undertaken by Bem as having gender schema were shown to categorise, interpret, and remember information based on gender. Gender-schematic individuals are hypothesised to conform to traditional gender roles and stereotypes, reinforcing societal norms. In contrast, gender-aschematic individuals are more open to diverse gender-related behaviours and attributes, being less influenced by stereotypes (McCann, 2022; Morgenroth & Ryan, 2021). Gender schema theory also addresses gender development in children, suggesting that they actively seek, internalise, and imitate information about gender roles and stereotypes from their environment, contributing to the formation of their gender identity (Bem, 1983).

Using Bem's gender schema theory as a bridging theory, I will now argue for incorporating gender schema into the schema therapy frame.

Schema Therapy

Schema therapy is a transdiagnostic, comprehensive and integrative approach that combines elements of cognitive-behavioural, psychodynamic, and experiential therapies to address deep-seated emotional and behavioural patterns (Young et al., 2003). It was designed to address long-standing and pervasive psychological issues that standard CBT failed to ameliorate. Schema therapy is founded on the premise that many of our emotional and behavioural problems can be traced back to early life experiences, especially those involving unmet core emotional needs.

A schema, in the context of schema therapy, is a deeply ingrained and enduring pattern of thinking and feeling that is thought to develop in childhood and adolescence. Young et al. (2003) defines a schema as: *"a broad pervasive theme or pattern; comprised of memories, emotions, cognitions, and bodily sensations; regarding oneself and one's relationship with others; developed during childhood or adolescence; elaborated throughout one's lifetime and dysfunctional to a significant degree"* (Young, 2003, p. 7).

These schemas are formed due to early experiences and are essential in shaping one's self-concept and worldview. Schemas can be adaptive and healthy, but they can also become maladaptive if early needs are unmet or a person experiences repeated negative interactions and events. Schema therapy aims to identify and address these early maladaptive schemas (EMS), which underlie a wide range of emotional and psychological issues. The goal of schema therapy is to help individuals recognise and challenge these early maladaptive schemas and replace them with healthier, more adaptive beliefs and behaviours. This is accomplished through cognitive, emotional, and behavioural techniques and, centrally, the therapeutic relationship.

Schema therapy, in its current form, conceptualises schemas as forming in response to the child's needs being unmet or partially met. Pilkington, Younen, and Karantzas (2022) advise though that the [schema therapy] model is currently theoretical and that it is possible and necessary to consider other frameworks for schema development.

The universal needs, according to schema therapy, are "1. Secure attachments to others (including safety, stability, nurturance, and acceptance); 2. Autonomy, competence, and a sense of identity; 3. Freedom to express valid needs and emotions; 4. Spontaneity and Play; 5. Realistic limits and self-control"(Young et al., 2003, p. 10). More recently, Arntz et al. (2021) have introduced the need for self-coherence and fairness. However, there has not yet been discussion in the schema therapy literature of how the perception and acceptance of needs might be gendered and/or culturally informed and therefore reinforced along gendered lines. For example, cis girls may be discouraged, because they are cis girls, to express anger freely and cis boys may be deprived of nurturance because they are cis boys. While it is evident that these experiences may result in the development of schemas already existing within the schema therapy framework, they may also contribute to the development of gender schemas.

There is also limited research exploring gender differences in early maladaptive schemas though in a study examining early maladaptive schemas among alcohol dependent men and women Shorey et al. (2012) found that women scored significantly higher than men on 14 of the 18 early maladaptive schemas. In another study examining gender differences in treatment seeking opioid users, Shorey et al. (2013) again found that women scored significantly higher than men on a number of schema domains and individual schemas though the etiological factors that may be responsible for these gender differences are yet to be established.

When we consider the need for a sense of identity and self-coherence in the construction of gender schema (identity stemming not only from the family unit but also from where one fits more broadly in society), we can consider ways to account for how gender schema may become embedded despite families attempting to raise gender aschematic children. This is similarly how we might start to consider how race and internalised racism may occur despite a child being raised in a family where efforts are made to mitigate negative messages around racial identity. Mitchell illustrates this in his 1996 paper. Mitchell's paper begins with his reflection on how his memories of his mother and father were likely influenced by a desire to be more like a man and attribute "manly traits" (persistence in the face of challenges, to face them head on; to not flinch; belief in one's own resources and instincts) to his father despite his mother being the "passer-on" of such traits. This, he reflects, was primarily a function of the reality that his mother, being a woman, held a lower status in his family and society, something he wished to distance himself from. Mitchell (1996) states he "wanted to be like the men, not the women" (p. 147) but not like his father, whom he described as anxious and lacking in resilience and self-assuredness. Mitchell reflects that his fantasy of his father being the one to teach these lessons was necessary in order for him to adopt a masculine gender identity that aligned with "stereotypically masculine" patriarchal societal norms. Here, we can consider that what was internalised was gender schema, and according to Bem (1981), it was gender schema that impacted Mitchell's recollections.

Mitchell (1996) acknowledges that his account reflects the development of his gender as a "construction within a relational context" (p. 47). However, it is relational not only to his parents but to broader societal norms around gender and gender hierarchies.

Mitchell (1996) goes on to cite Butler (1990) who writes that "If [gender] is culturally constructed within existing power relations, then the postulation of a normative [gender] that 'before', 'outside', or 'beyond' power is a cultural impossibility" (p. 55). However, as schema therapists, we recognise that an individual's schema activation does not occur inside a vacuum. The schemas and their origins are not free of the relational and cultural context in which the child and subsequent adult find themselves. Gender schema, therefore, is an ongoing negotiation between what occurs in the individual's environment that might activate the gender schema in a way that results in unhelpful or helpful consequences. When considering the adaptiveness of gender schema, the question that needs to be asked is whether it is adaptive and functional for the individual, their relationships and, more broadly, the community. This is an especially important consideration as some gender schema may result in outcomes that are personally advantageous but cause harm to others. McCann (2022) utilises the term "rigid" to encapsulate Waling's (2019) idea that we should pay attention to a strict adherence to the gender binary. "Rigid" refers to certain ways of expressing femininity and masculinity (gender schema) that promote inflexible gender concepts. The focus here is not solely on enforcing boundaries of gender but also on the political and emotional attachments that sustain inflexible gender ideals. These attachments are rooted in the belief that specific forms of femininity/masculinity (gender schema) promise success, liberation, or social advancement. Examples can be found in the discourse surrounding the #tradwives phenomena (Love, 2020) and the misogynistic ideas espoused by Andrew Tate (Verma, 2023).

Considering the rigidity of gender schema helps us grasp how the inflexible expressions support a gendered system and foster a misguided optimism that some forms of femininity/masculinity, manifested through gender schema expression, will bring success, liberation, or social advancement. "Rigidity serves as a signifier to understand what is problematic about maintaining unchallenged and unchanging gender approaches" (McCann, 2022, p. 17).

The implication here is that gender schema is unconditional and able to be recruited by defences or what are called schema coping modes in schema therapy. Schema coping modes

act to ensure needs are met, even if those needs are around rigidly maintaining the gender schema (patriarchal gender binary) to satisfy the need for acceptance and belonging by others or self-coherence, for example. It is also worth considering that some conditional schema and schema coping modes may be gender-coded, something I wish to explore in future research.

An example of how gender schema might operate can be explored when considered alongside objectification theory (Fredrickson & Roberts, 1997). The integration of gender schema holds the promise of incorporating a more profound developmental and cognitive aspect to elucidate the origins of self-objectification and why some cis women may exhibit a higher susceptibility to self-objectification than others.

Objectification theory contends that due to the sexualised nature of Western culture and media and the prevalence of objectifying experiences for many cis women, they tend to internalise an objectified and sexualised self-perception, resulting in negative outcomes like depression (Fredrickson & Roberts, 1997). Although objectification theory has predominantly focused on adult cis women, its explanation of how cis women become socialised to adopt an observer's viewpoint aligns with a developmental framework. For example, the socialisation process that leads gradually to the internalisation of these ideas through objectification closely resembles Bem's (1983) account of how cis girls are socialised into femininity within Western-gendered society, creating an internalised gender schema that guides their information processing and decision-making about themselves and their surroundings.

Gender schema provides an additional layer of understanding regarding how individuals process objectifying stimuli differently. Cis girls with strong feminine gender-typed characteristics tend to find gender-related information more noticeable, making them more attuned to sexualising and objectifying media, as well as other cultural and interpersonal influences from peers and family. Consequently, they may consume more of this content, considering it highly relevant to their self-concept and gender identity. This, in turn, results in self-sexualisation and self-objectification more frequently than cis girls who do not strongly identify with traditional gender roles (and who may be gender aschematic or possess less rigid gender schema). It is essential to note that this behaviour is not driven by self-directed sexual desire or a desire to appeal to men but rather as an effort to conform to cultural definitions of femininity which, in gender-typed individuals, may enhance their self-esteem by aligning with these societal norms.

As a result, early experiences of sexualisation and objectification may become self-reinforcing, and cis girls who are socialised from an early age to adhere to traditional gender roles may continue to perpetuate these traits throughout their development. Butler (1990) refers to this as gender performativity. Olufemi (2020) argues that what Butler means by this is that gender might be best viewed as “a ritual that is made up of certain kinds of repetitive behaviours that sediment over time. When we repeat this behaviour, we create ourselves” (Olufemi, 2020, p. 53).

This reinforcement occurs through mechanisms such as the increased salience of gender-typed information, media choices, and self-assessment and regulation based on gender-typed behaviours. However, in line with the predictions of objectification theory, the initial and ongoing self-objectification may lead to negative outcomes over the course of a person's life, including higher rates of depression and disordered eating. Incorporating gender schema into a schema therapy conceptualisation and intervention is likely to be a beneficial clinical path when gender schema is prominent.

Maintaining Gender Schema: Performing and Policing Gender

Morgenroth and Ryan (2021) put forward a framework from which the perpetuation and impacts of the disruption of the gender/sex binary can be understood. In essence, they argue that when the heteronormative gender binary (gender schema) is disrupted, efforts are spent

attempting to re-align the binary to alleviate anxiety or minimise perceived internal and external threats (schema activation). Those efforts may be intrapsychic, where an inner critic, for example, may police the performance of gender through shaming statements and self-directed reprimands, or external, where an individual or group may push against changes to legislation, such as allowing people to change their gender on their birth certificates or, at worst, harm those who desire to live a life outside the gender binary and heteronormative matrix.

I hypothesise that the presence of gender policing, in oneself or others, signals the presence of gender schema. To illustrate this, Butler, in an interview available on YouTube (Stef. Trans, n.d.), tells the story of a young man who walked with a swish of his hips in what could be described as feminine, and as he got older, 16 or 17 years old, that swish became more pronounced, and he started to be harassed by the boys in the town, and they fought with him, and they killed him. Butler asks the question, "Why would someone be killed for the way they walk? Why would that walk be so upsetting to those other boys that they must negate this person? They must stop that walk, no matter what?". Butler goes on to suggest that what occurs in this situation is the provocation of deep fear and anxiety that pertains to gender norms. She asks us, the viewer, to consider what the relation is between complying with gender norms and coercion. I put forward the argument that the relation is a gender schema. In the same vein, Halberstam (2018), at the time a self-described masculine female (now a trans-man), argues that "ambiguous gender, when and where it does appear, is inevitably transformed into deviance" (p. 20) and describes a personal experience of having security called by cis women when Halberstam was using the women's bathroom at an international airport. The security guard, on arrival and due to the sound of Halberstam's (female-sounding) voice from behind the bathroom door, realised the error that had been made and moved on. While these represent perhaps more extreme forms of gender policing and imposition of gender norms from those who comfortably occupy heteronormative spaces onto the bodies of those who do not, there are seemingly more subtle forms of gender policing that will, from a needs model perspective, resonate for the schema therapist. In her writings on happiness, Ahern (2017) illustrates the ways in which the heteronormative path may be subtly encouraged by family and society more generally. An illustration of this can be found in a clip by BBC Stories (n.d.) based on the work of Frisch (1977), where children were dressed in clothes read as clothes for a cis girl or cis boy, and adults were instructed to play with them. The adults in the clip tended to play with the children in highly gendered ways. When they believed the child was a cis boy, they would show the child toys for boys, such as trucks, and when the adults believed they were playing with a cis girl, they would show the child dolls to play with. According to Ahern (2017), for some children, walking the "right heteronormative path" results in approval and a relief of pressure felt when the "wrong" action is taken up. Further, it is not unheard of that a parent will state, "I just want my child to be happy"; that implies there is a direction that can be taken by the child in regard to gender and sexuality that will inevitably lead to unhappiness. Ahern (2017) goes on to state:

> *Not being boy enough meant being hurt, damaged by other boys who were boy enough. To want happiness is to want to avoid a certain kind of future for the child. Avoidance, too, can be directive. Wanting happiness can mean wanting the child to be in line to avoid the costs of not being in line. You want a boy to be a boy because not being a boy might be difficult for a boy. Boying here is about inclusion, friendship, participation, approval. Boying here is about avoiding the costs of not being included. To want happiness for a child can mean to want to straighten the child out. Maybe, sometimes too, a boy might "self-boy", realising that he might have more friends and enjoy himself more if he does the same things other boys do….No wonder then that in some parental responses to a child coming out, this unhappiness is expressed not so much as being unhappy about the*

> *child being queer [or deciding not to marry or have children] but as being unhappy about the child being unhappy* (p. 51).

This experience also highlights the ways in which the child's gender schema may be formed in part in an effort to make the parents happy. Certainly, for the schema therapist, we can see the ways in which enmeshment, or approval-seeking schema, may emerge as a result of these kinds of experiences, but so too are there messages about gender and the requirement to internalise the "right kind" of gender schema. For the interested reader, Ahern (2017) eloquently goes on to discuss the ways race and culture intersect with gender and the gender policing experience. She highlights that one can "kill joy in others just by not being made happy by the right things" (p. 53), whether that is not playing the right sports or wanting to play with the right toys in the right way.

Olufemi (2020) writes that it is "the violence [policing of gender] that defines our experience of the world, not our biological makeup" (p. 54). Here, I do not believe Olufemi is referring to violence that is only ever overt or physical. It is in the subtle and not-so-subtle messages that approve of some gender rituals over others that shapes experience and informs gender schema. They go on to state, "The pressure to 'do' gender correctly is so embedded in our social lives that it is hard to conceive of a world without it" (p. 55).

Policing gender is also not something that is the domain of older generations who have not grown up with the same post-heteronormative images, stories, and discourses as younger people. Olufemi (2020) reports on statistics, for example, that "In the Americas, 80 per cent of the trans women killed as a result of gendered violence are 35 years of age or younger. Gender harms us all." (Olufemi, 2020, p. 53).

For schema therapists, there may be a temptation to want to identify what gender schema is adaptive and what is maladaptive. This is understandable, given that there is an emphasis in schema therapy on categorising schemas into adaptive or positive and healthy or maladaptive categories. Bem's gender schema theory (Bem, 1981) and research, as previously stated, identified individuals who were gender aschematic and who were gender schematic. Bem demonstrated that "sex-typing", the process of categorising individuals, objects, activities, and roles as masculine or feminine, results from gender-based schema processing and for those who were identified as gender schematic, a generalised readiness to process information based on patriarchal and gender binary norms. Given this paper's argument that heteronormativity and the patriarchal gender binary create problems for individuals and society, having gender schema is potentially maladaptive though the rigidity with which the gender schema is held and might be more detrimental. It is in that vein that I will attempt a nascent working definition of gender schema.

A Working Definition of Gender Schema for Schema Therapists

A gender schema is a cognitive framework that consists of a network of associations and beliefs about gender that organise and guide an individual's perception of self and others. Some key aspects of the gender schema concept:

- It is a mental structure or framework that shapes how we process information related to gender.
- It contains interrelated gender associations, expectations, and stereotypes that affect how we categorise and respond to gender cues.
- The gender schema gets established early through socialisation and experience. Children learn the cultural meanings and stereotypes associated with males and females.
- The schema provides guidelines for gender-appropriate behaviour, attributes, and roles. It creates a gendered lens through which we filter information.

- Individuals differ in the strength and flexibility of their gender schemas. Rigid gender schemas strictly conform to traditional binaries and stereotypes. Flexible schemas allow more latitude.
- Strong traditional gender schemas lead people to process information in a stereotypical manner and evaluate others based on gendered assumptions.
- Gender schemas influence self-perceptions. People evaluate their own competence and abilities through the lens of their internalised gender expectations.

In summary, a gender schema is a mental framework of gendered associations and stereotypes that shape how we perceive, evaluate, and behave related to gender, both in ourselves and others.

What can Schema Therapy Offer?

The schema therapy model and specifically the therapeutic relationship as embodied in limited reparenting can create the safety required, relationally, in order for individuals to explore parts of themselves, parts that contain gender schema, otherwise disavowed or significantly defended against (Howell, 2013; Bromberg, 2003; Bromberg, 2013). This is especially so for working with men who perpetuate gender-based violence – something I wish to take up in future discussions.

In the next section of this paper, a possible gender schema mode model for the schema therapy community's consideration is provided.

Gender Schema Conceptualisations for Schema Therapy.

Healthy Adult

The healthy adult is the term used in schema therapy to represent the self at best which is able to accommodate flexible and multiple gender states, in self and others, and recognise gender as a social construct where rigid binary examples of gender are recognised as constructed. The healthy adult is able to recognise the social and political imperative for individuals and society to be organised according to gender and can remain intelligible to self even if not intelligible to others. The healthy adult mode does not 'police' gender in others in regard to enforcing rigid binary gender norms.

Critic Modes

Critic modes may represent an internal 'policing' mode that is critical, shaming and guilt-inducing and espouses rigid messages directed at the self around enforcing the gender binary. They also often will contain culturally and socially dominant messages around gender and gender roles. They may be critical of and feel the need to 'police' others in order to enforce rigid binary gender norms.

Coping Modes

Coping modes recruit gender schema. Coping modes may be conceptualised as performing patriarchal/hegemonic gender (masculinity or femininity) as an overcompensation to gender schema or another maladaptive schema. Coping modes may also contain and perform subversive gender roles in response to gender schema activation. It is important to note here that subverting masculinity and femininity is not in and of itself always a response to gender schema.

Olufemi (2020) highlights the point I wish to caution the reader about when considering the recruitment of gender by coping modes. Olufemi cautions that "rejecting femininity, [or masculinity for that matter] does not equal liberation. Women are not oppressed because of the existence of makeup and high heels…; these are merely by-products of a sexist society. This kind of thinking stems from the kind of feminism that argues that women can escape sexist

oppression by ‘de-gendering’ or refusing traditional femininity. While this approach opens our eyes to the fact that femininity is a construct that serves male dominance, opting for gender neutrality often means adopting a universal masculinity. Baggy shirts and suits do not equal liberation either.” (pp. 61-62), nor do they necessarily represent an absence of gender schema.

Vulnerable Child Modes

Vulnerable child modes contain gender schema. In line with Bem’s (1981) research, individuals can be aschematic for gender, and gender schema may be context-specific, that is, in relation to desire and may be more likely to be present in cis gendered heterosexual relationships. It is also useful to consider the presence (though felt absence) of an abandoned child "not-me" gendered self-state, which represents cut off from or disavowed gender parts of self (Hansell, 1998; see Bromberg, 2003; Bromberg, 2013; for more on ‘not-me’ self-states).

Conclusion

Mitchell rightly asks the reader (therapist) to consider their programmatic intent when it comes to gender and, for that matter, sexuality. What schemas get reproduced (for the clinician and client) and reinforced when the clinician does not question heteronormative and heterophilic (a term coined by Schwartz, 1993) assumptions? What message do they convey to the cis man and cis woman when they fail to examine or question gender schema that may encode man=superior; woman/non-binary/trans=inferior, for example?

By not naming gender schema, we potentially collude with the patriarchal gender binary system. By naming it, therapists assist the individual in becoming conscious of the ways in which the schema is perpetrating potentially unhelpful and unhealthy ways of being in the individual's life and the broader community. This is also useful for those who wish to be allies to the LGBTQIA+ community. By bringing gender schema into the therapy field, we have the potential to give people tools to understand themselves better and to become more aware of the ways in which societal pressures and power operate. Of course, these pressures and the impact of power shift when they intersect with other oppressed identities. However, the point I wish to emphasise is that it is not enough to not intend to replicate or collude with sexist or discriminatory attitudes.

What I hope for by writing this paper and putting forward this theoretical mode of gender schema is for those who work in the schema therapy space to become curious, or remain so, about the possibility that gender schema may be operating. I also hope that we, as therapists, continue to hold the conceptualisation in mind, listening out for ways gender schema may contribute to a society that can feel unwelcome to those sitting outside the gender binary norms and at worst, contribute to the ongoing manifestation of patriarchal and colonial hierarchies, that both have the potential to harm the possessors of the rigidly adhered to gender schema or that seek to violently impose, control or destroy those bodies existing on the gender diverse and gender non-conforming rungs of the gender hierarchy.

I also acknowledge that for many therapists, this way of thinking or using gender schema as a lens through which to understand and work with unhelpful and unhealthy behaviours for clients and the community more broadly may mean needing to do our own work on our own gender schema, often and especially, having grown up in a culture that values heteronormativity. It is also important to acknowledge that psychology as a discipline is built from colonial and patriarchal practices which have historically striven to normalise and reinforce the gender binary and heteronormativity. I see the work presented here in this paper as not only being fruitful for the people we treat but as a broader practice and project of decolonising our discipline.

Future Directions

There is much to do to bring gender schema into the schema therapy frame. Identifying and establishing psychometric tools that might best capture gender schema is one priority. In future papers, I wish to put forward case studies illustrating the ways in which this work can be performed, and research into the effectiveness of schema therapy as an intervention that can modify gender schema and result in a reduction of oppressive attitudes and behaviours is another priority, especially in the gender-based violence treatment space. Further research into the way gender schema may contribute to and intersect with other schemas will also be a valuable pursuit.

I am also hoping, if nothing more, that this paper assists in creating a space where discussion can begin to take place around how, as schema therapists, we might address the issues of gender inequality, gender-based violence, and rigid adherence to the patriarchal gender binary.

References

Ahern, S. (2017). *Living a feminist life*. Duke University Press.

Amnesty International, (n.d.). *LGBTI rights.* Retrieved from: https://www.amnesty.org/en/what-we-do/discrimination/lgbti-rights/

Arntz, A., Rijkeboer, M., Chan, E., Fassbinder, E., Karaosmanoglu, A., Lee, C. W., & Panzeri, M. (2021). Towards a reformulated theory underlying schema therapy: Position paper of an international working group. *Cognitive Therapy and Research, 45.* 1007-1020.

Office for Women. (2023). *Status of women report card.* Australian Government, Department of the Prime Minister and Cabinet. https://www.pmc.gov.au/resources/status-women-report-card-2023#:~:text=Australia%20is%20ranked%2043rd%20for,28.3%25%20were%20born%20overseas.

Australian Institute of Health and Welfare. (2023). *LGBTQIA+ Australians: suicidal thoughts and behaviours and self-harm.* Australian Government. https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicidal-and-self-harming-thoughts-and-behaviours#

BBC Stories. (n.d.). *Girls toys vs boys toys: the experiement*. BBC Stories. Retrieved Oct 29, 2023, from https://www.youtube.com/watch?v=nWu44AqF0iI

Bem, S. (1981). Gender schema theory: A cognitive account of sex typing. *Psychological Review, 88,* 354-364.

Bem, S. L. (1982). Gender Schema Theory and Self-schema theory compared: A comment on Markus, Crane, Bernstein and Siladi's "Self-Schemas and Gender". *Journal of Personality and Social Psychology, 43,* 1192-1194.

Bem, S. L. (1983). Gender schema theory and its implications for child development: Raising gender-aschematic children in a gender-schematic society. *The Journal of Women in Culture and Society, 8,* 598-616.

Bromberg, P. M. (2003). One need not be a house to be haunted: On enactment, dissociation, and the dread of "not-me" – A case study. *Psychanalytic Dialogues, 13.* 689-709.

Bromberg, P. M. (2013). Minding the dissociative gap. *Contemporary Psychanalysis, 46,* 19-31.

Butler, J. (1990). *Gender trouble*. Routledge.

Butler, J. (1995). Melancholy gender-refused identification. *Psychoanalytic Dialogues, 5,* 165-180.

Cardoso, B. L. A., Paim, K., Catelan, R. F., & Liebross, E. H. (2023). Minority stress and the inner critic/oppressive sociocultural schema mode among sexual and gender minorities. *Current Psychology*, *42*(23), 19991–19999. https://doi.org/10.1007/s12144-022-03086-y

Chodorow, N. J. (1992). Heterosexuality as a compromise formation: reflections on the psychoanalytic theory of sexual development. *Psychoanalytic Contemporary Thought*, *15,* 267-304.

Counting Dead Women. (n.d.). *Destroy the joint*. Retrieved from: https://www.facebook.com/p/Counting-Dead-Women-Australia-100063733051461/

Crane, M., & Markus, H. (1982). Gender identity: The benefits of a self-schema approach. *Journal of Personality and Social Psychology, 43,* 1195-1197.

Dimen, M. (2011). *With culture in mind: Psychanalytic stories*. Routledge.

Equality Australia. (2024). *Community welcomes passing of LGBTQA conversion ban in NSW.* Retrieved from: https://equalityaustralia.org.au/community-welcomes-passing-of-lgbtqa-conversion-ban-in-nsw/

Fine, C. (2010). *Delusions of gender: the real science behind sex differences*. Icon Books.

Flegr, J., & Sýkorová, K. (2019). Skin fairness is a better predictor for impaired physical and mental health than hair redness. *Scientific Reports*, *9*, 1-13. https://doi.org/10.1038/s41598-019-54662-5

Flood, M. (n.d.). xyonline. https://xyonline.net

Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21,* 173-206.

Frisch, H. L. (1977). Sex stereotypes in adult-infant play. *Child Development*, *48*(4), 1671–1675. https://doi.org/10.2307/1128533

Grosfoguel, R. (2013). The structure of knowledge in westernised universities: Epistemic racism/sexism and the Four genocides/epistemicides of the Long 16th Century. *Human Architecture: Journal of Sociology and Self Knowledge. 1,* 73-90.

Halberstam, J. (2018). *Female masculinity* (20th anniversary ed., with a new preface). Duke University Press.

Hansell, J. H. (1998). Gender anxiety, gender melancholia, gender perversion. *Psychoanalytic Dialogues, 8,* 337-351.

Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, *14,* 575-599.

Hertzmann, L., & Newbign, J. (2023). *Psychoanalysis and homosexuality: A contemporary introduction*. Routledge.

Howell, E. F. (2013). *The dissociative mind*. Routledge.

Joel, D., Tarrasch, R., Berman, Z., Mukamel, M., & Ziv, E. (2014). Queering gender: Studying gender identity in 'normative' individuals. *Psychology and Sexuality,* 5, 291-321, DOI: 10.1080/19419899.2013.830640

Liben, L. S., & Bigler, R. S. (2017). Understanding and undermining the development of gender dichotomies: The legacy of Sandra Lipsitz Bem. *Sex Roles, 76,* 544-555.

Love, N. S. (2020). Shield Maidens, Fashy Femmes, and TradWives: Feminism, patriarchy, and right wing populism. *Frontiers in Sociology, 5*: 619572. doi: 10.3389/fsoc.2020.619572

Markus, H., Crane, M., Bernstein, S., & Siladi, M. (1982). Self-schemas and gender. *Journal of Personality and Social Psychology, 42,* 38-50.

McCann, H. (2022). Is there anything "toxic" about femininity? The rigid femininities that keep us locked in. *Psychology and Sexuality, 1*, 9-22.

Miller, C. F. (2016). Gender development, Theories of. In N. A. Naples, *The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies.* Wiley and Sons.
Mitchell, S. A. (1996). Gender and sexual orientation in the age of postmodernism: The plight of the perplexed clinician. *Gender and Psychoanalysis, 1,* 45-73.
Morgenroth, T., & Ryan, M. K. (2021). The effects of gender trouble: An integrative theoretical framework of the perpetuation and disruption of the gender/sex binary. *Perspectives on Psychological Science, 16,* 1113-1142.
Office of the High Commissioner for Human Rights (n.d.). *Intersex people.* United Nations. Retrieved from: https://www.ohchr.org/en/sexual-orientation-and-gender-identity/intersex-people#:~:text=Experts%20estimate%20that%20up%20to,as%20heterosexual%20(sexual%20orientation).
Olufemi, L. (2020). *Feminism, Interrupted: Disrupting Power*. Pluto Press.
Orbach, S. (2016). *Fat is a feminist issue*. Random House.
Pilkington, P. D., Younan, R., & Karantzas, G. C. (2022). Identifying the research priorities for schema therapy: A Delphi consensus study. *Clinical Psychology and Psychotherapy*, *30*(2), 344–356. https://doi.org/10.1002/cpp.2800
Schudson, Z. C. (2021). Psychology's stewardship of gender/sex. *Perspectives in Psychological Sciences, 16.* 1105-1112.
Schwartz, D. (1993). Heterophilia – The love that dare not speak its aim: A commentary on Trop and Stolorow's "Defense analysis in self psychology: A developmental view". *Psychanalytic Dialogues, 3,* 643-652.
Shorey, R. C., Anderson, S. E., & Stuart, G. L. (2012). Gender differences in early maladaptive schemas in a treatment-seeking sample of alcohol-dependent adults. *Substance Use & Misuse*, *47*, 108–116. https://doi.org/10.3109/10826084.2011.629706
Shorey, R. C., Stuart, G. L., & Anderson, S. (2013). Do gender differences in depression remain after controlling for early maladaptive schemas? An examination in a sample of opioid dependent treatment seeking adults. *Clinical Psychology & Psychotherapy/Clinical Psychology and Psychotherapy*, *20*, 401–410. https://doi.org/10.1002/cpp.1772
Slegh, H., Spielberg, W., & Ragonese, C. (2021). Masculinities and male trauma: Making the connections. Washington, DC: Promundo-US.
Starr, C. R., & Zurbriggen, E. L. (2017). Sandra Bem's Gender Schema Theory after 34 years: A review of its reach and impact. Sex Roles, 76, 566-578.
Stef. Trans. (n.d.). *Judith Butler*. Retrieved Oct 29, 2023 from https://www.youtube.com/watch?v=DLnv322X4tY
Suicide Prevention Australia. (n.d.). *Stats and Facts* [Web page]. Suicide Prevention Australia. https://www.suicidepreventionaust.org/news/statsandfacts#male
Tseris, E. (2019). *Trauma, women's mental health, and social justice*. Routledge.
UN Women. (2023). *Global Database on violence against women.* https://evaw-global-database.unwomen.org/en/countries/oceania/australia
Ussher, J. (1991). *Women's madness: Misogyny or mental illness.* Harvester Wheatsheaf.
Vanderlaan, D. P., & Wong, W. I. (2022). *Gender and sexuality development*. Springer.
Verma, R. K., & Khurana, N. V. (2023). Healthy masculinities and the wellbeing of young men and boys. *BMJ, 380.* doi:10.1136/bmj.p385
Waling, A. (2019). Problematising 'toxic' and 'healthy' masculinity for addressing gender. *Australian Feminist Studies, 34,* 362-375.

World Population Review. (2023). *Percentage of redheads by country.* https://worldpopulationreview.com/country-rankings/percentage-of-redheads-by-country

Young, J., Klosko, J. S., & Weishaar, M. E. (2003). *Schema Therapy: A practitioner's guide*. Guilford Press.

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