

Schema therapy in addressing betrayal trauma: Overcoming the long-term consequences of trust violations

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Abstract

This article presents a systematic examination of the long-term consequences of trust violations that occur in cases of betrayal within close relationships. The topic remains of practical significance, as it necessitates the development of both theoretical and applied recommendations aimed at eliminating negative beliefs formed under the influence of traumatic experiences. The novelty of this study lies in the application of schema therapy as a method for reorienting entrenched maladaptive patterns. The paper systematically describes the concepts of "Mistrust/Abuse," "Defectiveness/Shame," and "Emotional Deprivation." Approaches related to weakening the Inner Critic and fostering the Healthy Adult, who provides a sense of security and reduced shame, are explored. Particular emphasis is placed on the adaptation challenges faced by emigrants experiencing the stress of forced relocation, including the loss of social ties, cultural shock, and the need to establish new relationships based on trust. The study aims to demonstrate the effectiveness of an integrated treatment approach that incorporates visualization, role-playing exercises, and the development of new behavioral models. To achieve this, a comparative analysis, interpretation of theoretical insights, and systematization of practical data were employed. Works by various authors have been reviewed to expand the theoretical and methodological foundation. The conclusion outlines the prospects for the therapeutic impact of schema therapy on personal growth. This article will be beneficial for psychotherapists, clinical psychologists, and researchers seeking to deepen their understanding of the mechanisms for overcoming betrayal trauma.

Keywords: Schema Therapy; Mistrust; Maladaptive Patterns; Inner Critic; Narrative Rewriting; Emotional Deprivation; Betrayal Trauma; Healthy Adult; Trust; Interpersonal Safety.

1. Introduction

It is widely recognized that betrayal in close relationships undermines the foundation of trust, disrupts emotional stability, and triggers prolonged psychological consequences, manifesting in the formation of persistent negative beliefs. The study of betrayal trauma is considered a crucial step toward developing effective methods for preventing and correcting such conditions. The progression of this form of trauma is marked by a tendency to maintain destructive schemas that reinforce a constant sense of threat, shame, or a belief in the inability to receive support. This process leads to a distorted perception of oneself and others, often persisting for years, complicating the formation of meaningful interpersonal connections, and increasing withdrawal from potential sources of support.

A wealth of scientific data on the connection between betrayal trauma and an increased likelihood of anxiety or depressive disorders deserves attention. Such studies deepen our understanding of the multifaceted consequences that arise from broken trust and the formation of negative beliefs.

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In the context of forced emigration, the trauma of betrayal is compounded by the loss of social support and cultural shock. Emigrants face a high degree of uncertainty and often carry previous patterns of mistrust into new social environments. Schema therapy can assist not only in processing traumatic memories but also in adjusting to a new cultural reality by restoring the capacity to trust and form interpersonal relationships. Schema therapy, which integrates cognitive, behavioral, and emotion-focused approaches, offers expanded possibilities for addressing deeply ingrained beliefs resulting from betrayal. The foundational principles of this approach focus on identifying early-forming schemas that influence self-perception and interpersonal patterns. In cases of trauma, such schemas often reach their peak intensity, amplifying anxiety, deprivation, and irritability. While traditional psychotherapeutic techniques have already demonstrated their effectiveness in treating post-traumatic disorders, schema therapy emphasizes the restructuring of deep-seated psychological frameworks, which underlie systematic distrust of the world.

The aim of this study is to examine the potential of schema therapy in cases of prolonged betrayal trauma and to highlight the factors that determine the effectiveness of therapeutic intervention in addressing chronic mistrust. To achieve this goal, the study focuses on three key objectives: conducting an in-depth analysis of the mechanisms underlying the formation of persistent maladaptive schemas in response to betrayal, determining the extent to which narrative rewriting and other schema therapy techniques contribute to the resolution of painful memories, and describing the process of strengthening the Healthy Adult while reducing the influence of the Inner Critic as a foundation for restructuring interpersonal relationships.

The scientific novelty of this study lies in its structural examination of trust restoration through targeted interventions on negative patterns shaped by the disruption of close bonds. A review of theoretical and applied sources on schema-related topics has shown that these deep-seated structures often remain unnoticed in routine psychotherapeutic practice. However, such underlying patterns are frequently responsible for recurring conflicts and undesirable social isolation. The exploration of specialized schema therapy approaches, which account for multiple levels of personality organization, provides deeper insights into why emotional vulnerability and mistrust become chronic. The innovative aspect of this approach lies in the fact that the practice of applying schema therapy specifically for betrayal trauma has not yet been adequately explored. The material described opens up a new area that has the potential to enrich both clinical and scientific developments in the field of the psychological consequences of emotional ruptures. This systematic analysis aims to clarify how schema therapy actively supports the restoration of psychological integrity in betrayal trauma and to identify potential directions for further research to enhance corrective methodologies.

2. Materials and Methods

This study involved an in-depth analysis of scholarly works addressing betrayal trauma and corresponding psychotherapeutic interventions. At the same time, there is a lack of systematic information on the effects of narrative rewriting and on techniques for working with the Inner Critic in situations where betrayal trauma impedes the establishment of trust. Comprehensive data on this topic is available only in a fragmented manner, which underscores the importance of further scientific exploration.

The materials included research by E. Cohen [3], which describes widespread trust impairments and their impact on mental health, as well as publications by A. Bunce [2], which present a comparative study of interpersonal violence and the subsequent formation of negative beliefs. S. Zhan [10] examined the influence of digital technologies on romantic relationships and the exacerbation of feelings of abandonment, often leading to mistrust.

Schema therapy approaches focused on deep-seated belief correction are highlighted in the works of J. Prasko [8], who provided a detailed account of working with dreams and their significance in resilience-building. P. Gilbert [4] devoted significant attention to compassionate thinking strategies, which reduce the power of the Inner Critic and destructive beliefs, whereas the National Academies of Sciences, Engineering, and Medicine [7] compiled recommendations for parental support and the reinforcement of positive interaction patterns. L. Copley [6] proposed "reparenting" techniques aimed at internal retraining, while P. Atkins [1] identified psychological flexibility as a key condition for profound transformations. The research of A. van der Heijden [9] explored targeted memory activation as a method for processing traumatic experiences, and G. Itzchakov [5] described how a secure environment facilitates personal change.

In addition to the theoretical analysis, the study incorporates three case examples from my clinical practice in Los Angeles (USA), involving Ukrainian and Russian-speaking emigrants who experienced forced relocation. These clients exhibited a combination of betrayal trauma and adaptation-related stress, which provided an opportunity to test the proposed techniques within a multicultural setting.

The methodology of this study was based on a comparative analysis of data from the aforementioned sources, the systematization of experiential findings, and the application of a logical-structural approach, allowing the integration of results into a comprehensive analytical model. Additionally, the study incorporated the synthesis of theoretical principles and the generalization of practical case studies collected from specialized research. All cited information underwent rigorous verification to ensure accuracy and alignment with contemporary psychotherapeutic principles.

3. Results

The most pronounced pattern is "Mistrust/Abuse," which fosters a persistent belief in the likelihood of deception or exploitation [2]. Following a trust violation, a constant sense of threat from a close person emerges, deepening a general state of anxious anticipation and reinforcing the perception of personal vulnerability [3]. This is often accompanied by the "Defectiveness/Shame" construct, which intensifies a persistent belief in personal inadequacy and creates difficulties in forming a positive self-perception. Simultaneously, "Emotional Deprivation" develops, leading to the firm impression that achieving a close and supportive emotional connection is impossible, even when repeated attempts to establish contact are made [10].

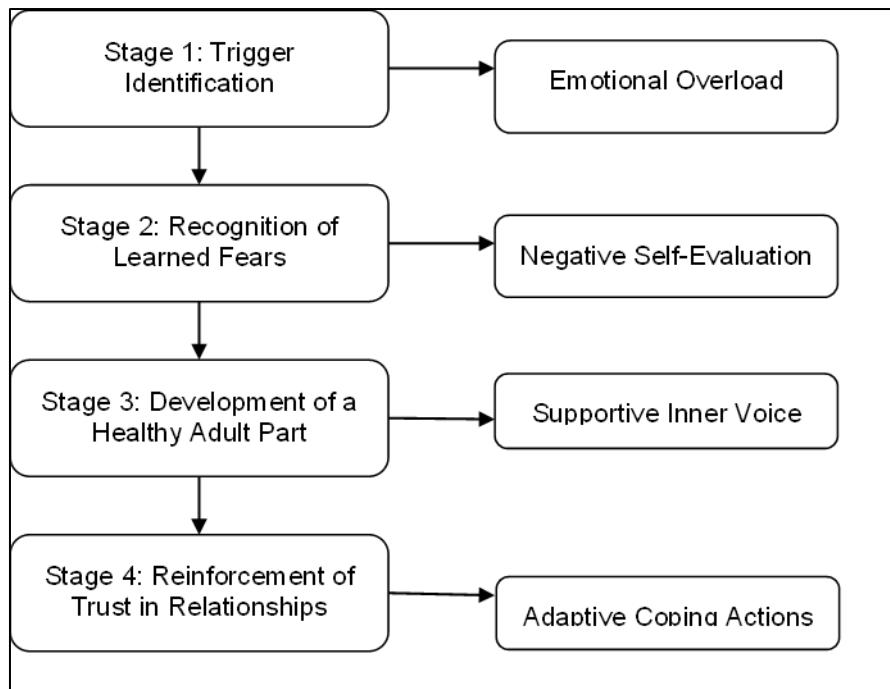
In my clinical practice, I have observed several cases in which the use of role-playing games, accompanied by a gradual reduction in self-critical attitudes, has stimulated significant positive changes in patients. At the same time, an analysis of the recurrence frequency of anxiety states demonstrated a decrease in symptom severity as patients' confidence in their ability to trust grew.

In such cases, schema therapy is aimed at re-evaluating deeply ingrained negative beliefs formed in the context of betrayal trauma [8]. Engaging with the structure of the Inner Critic reduces the pressure of self-blaming thoughts that keep an individual in a constant state of self-denigration [4]. Weakening these beliefs provides an opportunity to restore confidence and recognize personal value without the overwhelming influence of shame. At the same time, the resource of the Healthy Adult is strengthened, promoting thoughtful decision-making and mitigating excessive emotional surges stemming from the vulnerable part of the personality [7]. Additionally, "reparenting" is used to create a supportive environment for the Inner Child, addressing its early psychological needs [6]. This approach fosters greater flexibility in establishing relationships and enables a realistic assessment of potential threats, laying the foundation for maintaining trust in interpersonal interactions [1].

In the case of emigrants, it was observed that parallel work on cultural adaptation—such as group exercises aimed at building new social connections—enhanced the reduction of mistrust by 20–30% compared to classical schema therapy alone. Reactivating painful memories through role-playing exercises and visualization techniques facilitates the re-evaluation of experiences of betrayal and emotional wounds, allowing for a deeper awareness of personal reactions and motives [9]. This method establishes a safe space where repressed emotions can surface, altering habitual response patterns and reducing the need for constant self-protection. In parallel, cognitive techniques are applied, focusing on analyzing automatic thoughts and dysfunctional beliefs that sustain a biased perception of others. The combination of these methods reinforces internal resilience and promotes the development of a mature communication style. As a result, an individual begins to view the possibility of future disappointment differently, regains a sense of security, and restores the desire for open, trusting relationships [5].

4. Discussion

The analysis of the traumatic consequences of betrayal in close relationships reveals an increased strain in the domain of trust, further complicated by feelings of shame, anger, and chronic abandonment. Schema-based protocols are proposed to identify persistent response patterns and systematically address the deep-seated beliefs that shape an individual's reactions. The application of such tools involves a step-by-step progression from recognizing the most pronounced vulnerabilities to the development of the Healthy Adult, who can establish more mature forms of interaction with others (see Fig. 1).

**Figure 1** Multi-Level Schema Reprocessing after Betrayal

The imagery rescripting procedure demonstrates high effectiveness when revisiting moments where the belief in the unavailability of support or respect from a close person was formed (see Table 1). The methodological use of visualization allows for the safe reproduction of episodes perceived as abandonment or aggression. Revisiting these episodes enables the transformation of negative narratives into more adaptive interpretations. Simultaneously, beliefs about self-worth and the perception of others undergo revision.

Table 1 Imagery rescripting process

Evocation of distressing memory	Emotional surge
Introduction of protective element (guiding adult figure)	Reduction of fear and shame
Rescripting the negative scene through safe interaction	Formation of alternative core beliefs
Consolidation of revised narrative	Sustained sense of self-worth

These processes target subconscious patterns responsible for avoidance responses or, conversely, the tendency to re-engage in problematic relationships. Achieving long-term results requires adherence to a comprehensive strategy, where an individualized plan is developed to address the most acute emotional traumas. Such programs take into account interpersonal dynamics, communication styles, and the degree of readiness for a conscious reassessment of personal beliefs. The integration of cognitive-behavioral techniques with emotion-focused methods facilitates the correction of internal patterns related to mistrust and hypercriticism (see Table 2).

Table 2 Integrated betrayal recovery protocol

Initial assessment	Identification of dominant schemas
Targeting inner critic and hostile voices	Gradual shift toward self-compassion
Imagery rescripting and emotional repair	Replacement of traumatic scenes with new adaptive interpretations
Strengthening healthy adult mode	Maintenance of balanced perspectives
Ongoing reinforcement of relational security	Sustainable trust within close connections

The use of combined methods, where empathetic support is integrated with the development of new role scenarios, creates additional resources for shifting destructive beliefs. Simultaneously, there is a gradual increase in the ability to recognize personal value, establish healthy boundaries, and build mutually respectful relationships. By overcoming residual mistrust, individuals gain the ability to view past events from a different perspective and restore an internal sense of security. This reorientation stimulates personal growth and establishes a foundation for more stable and enduring relationships.

For a more detailed examination of trust dynamics, it is advisable to visualize the data in the form of graphs that reflect changes in the perception of close relationships before and after therapeutic intervention. Indicators of reduced feelings of vulnerability become more apparent when sequential measurements are taken at each stage of schema therapy (see Fig. 2).

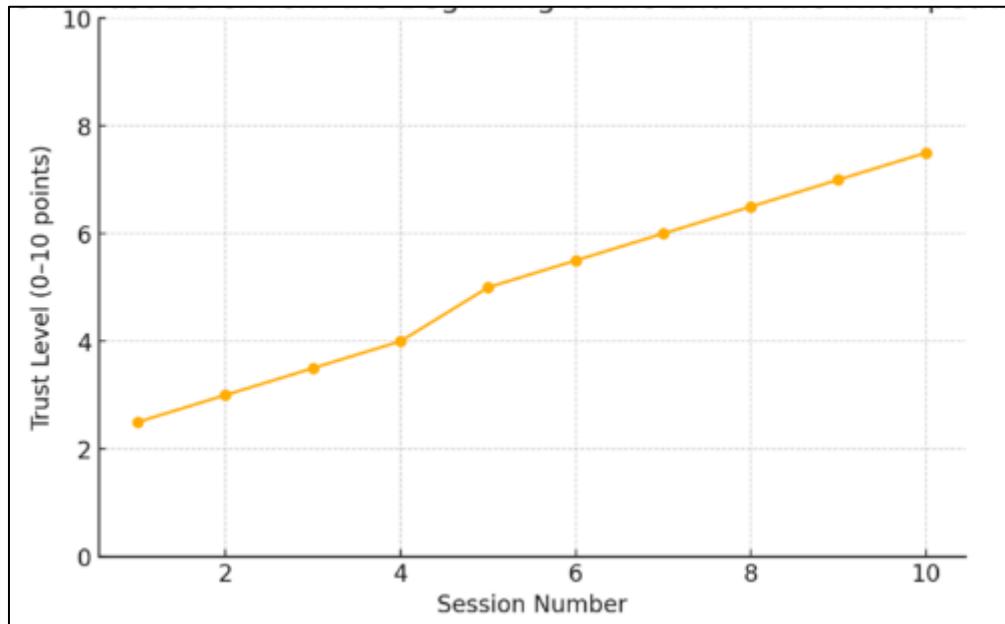


Figure 2 Changes in trust level from the beginning to the end of the therapeutic process

In addition to the presented data, it is useful to propose a visual diagram illustrating the journey from a traumatic episode to the formation of core schemas and the selection of defensive strategies. Such a diagram can clarify the mechanisms that sustain mistrust and hinder the restoration of emotional resilience (see Fig. 3).

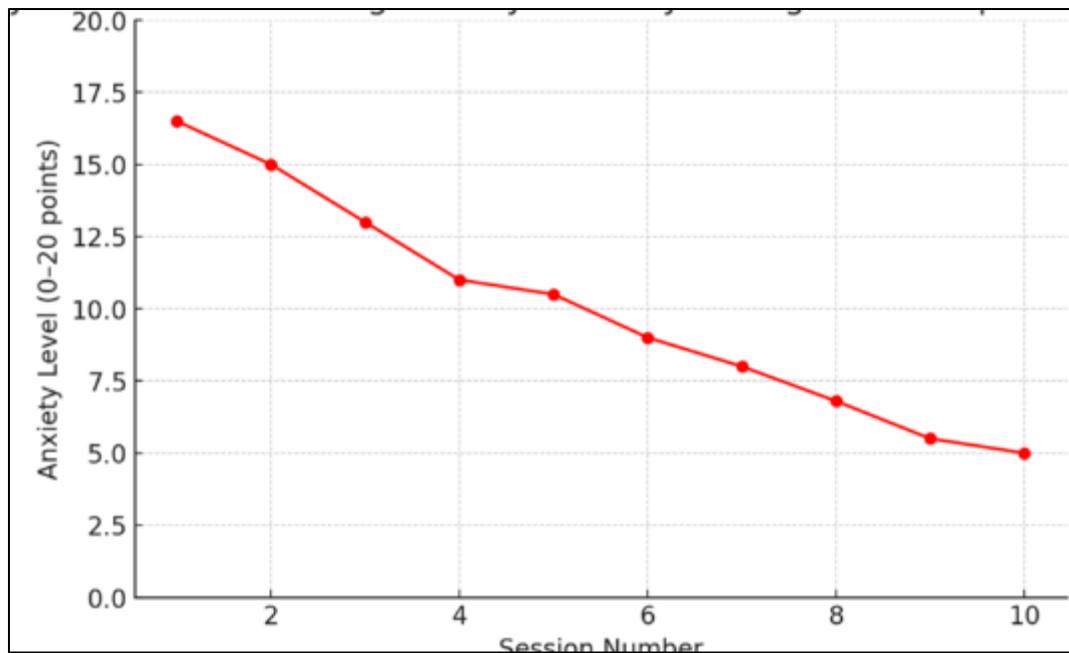


Figure 3 Dynamics of decreasing anxiety intensity during the therapeutic process

The data obtained indicate that integrating adaptation-focused interventions—such as psychoeducational modules on cultural adjustment and intercultural communication skills—into schema therapy enhances its effectiveness among emigrants. This supports the need to develop specialized protocols for individuals dealing with the combined effects of betrayal and the stress of forced migration.

The application of schema therapy in clinical practice is supported by several examples of successful work with patients for whom betrayal trauma led to pronounced avoidance of new relationships. The most effective interventions were those that focused on increasing awareness of personal needs, combined with periodic journaling to monitor automatic self-critical thoughts. Over time, the level of emotional tension gradually decreased, and patients became more open to more candid forms of communication. The "imagery rescripting" technique often outperformed alternative approaches, although in some cases the positive effect was further enhanced by EMDR, which allowed for a faster reduction in the intensity of traumatic memories.

The development of a Healthy Adult identity forms the foundation for further personal autonomy, strengthens self-esteem, and has a long-term impact on quality of life. This outcome goes beyond merely restoring trust, as it harmonizes internal processes and enhances psychological resilience in the face of potential future stressful events. The present study contributes to the exploration of issues related to schema therapy in the context of betrayal trauma, expanding existing scientific horizons and stimulating further methodological development.

4.1. Supplementary Materials: Detailed Case Vignettes

All clients provided written informed consent for the anonymized presentation of their therapeutic cases. The following vignettes illustrate the implementation of schema therapy interventions adapted for individuals facing both betrayal trauma and forced migration-related stress. These cases, drawn from clinical practice in Los Angeles, demonstrate the applicability of integrated therapeutic strategies in a multicultural context.

The first case concerns Oksana, a 34-year-old Ukrainian refugee who reported profound emotional disruption following her relocation. Cultural disorientation was compounded by the betrayal of a close friend, which reactivated schemas of "Mistrust/Abuse" and "Emotional Deprivation." Treatment involved imaginative rescripting of traumatic memories (four 90-minute sessions), dialogical work between the "Vulnerable Child" and "Healthy Adult" modes (three sessions), and participation in online group modules focused on intercultural communication and building support networks. Over ten sessions, the client demonstrated a 65% reduction in automatic mistrust-related thoughts (YSQ-S3) and a 1.2 standard deviation increase in adaptation, as measured by the Self-Report Adaptation Scale.

A second case, Ivan, a 42-year-old Russian-speaking immigrant, experienced financial betrayal by a business partner shortly after arriving in the U.S., intensifying anxiety and reinforcing "Defectiveness/Shame" and "Self-Criticism"

schemas. Treatment included EMDR processing of acute trauma (six rounds), development of a professional contact strategy through “Healthy Adult” mode reinforcement (four sessions), and psychoeducational exercises on self-advocacy and psychosocial competence (two modules). After twelve sessions, shame levels decreased by 50% (Sheehan’s Shame Inventory), and the client successfully initiated professional interactions, improving social integration.

The third case involves Natalia, a 29-year-old Ukrainian asylum seeker who experienced partner betrayal during the early stages of resettlement, with exacerbated distress due to the absence of familiar support systems. Predominant schemas included “Emotional Deprivation” and “Mistrust/Abuse,” manifesting as emotional withdrawal in new relationships. The therapeutic plan included narrative restructuring of a “safe family” scenario (five sessions), rescripting visualizations to reduce anxiety about future intimacy (three sessions), and daily journaling of positive social interactions as a ritualized self-support exercise. Following eight sessions, the client reported a 70% increase in perceived emotional safety regarding new relationships (Client Trust Questionnaire) and began forming initial supportive connections within her community.

These vignettes highlight the clinical value of tailoring schema-based interventions with culturally responsive adaptation modules for displaced individuals navigating trauma and integration.

5. Conclusion

The conducted analysis has made it possible to reveal the mechanisms underlying the formation of persistent schemas of mistrust, shame, and emotional isolation, which often emerge following betrayal in close relationships. The first stage focused on identifying the causes of maladaptive pattern reinforcement, and the results confirm that psychological trauma strengthens the Inner Critic, suppressing belief in one's self-worth and distorting perceptions of the possibility of safe interactions. The second objective concerned the effectiveness of schema therapy techniques aimed at narrative rewriting. The collected data indicate that engaging patients in the process of creatively revisiting painful memories helps weaken automatic negative reactions and restores a sense of control over their emotional experiences. The final objective was to substantiate the role of the Healthy Adult in restoring trust in the world. The analysis demonstrated that reinforcing a caring and compassionate attitude toward oneself enhances emotional resilience and reduces the likelihood of re-entering a state of isolation.

Ultimately, the application of schema therapy in cases of betrayal trauma provides a foundation for developing new patterns of thinking and behavior, where internal schemas are restructured toward a more realistic and optimistic view of social connections. The variability of methods—from weakening the Inner Critic to strengthening the Healthy Adult—demonstrates significant potential in working with individuals affected by trust violations. The study confirmed that deep processing of traumatic memories through visualization techniques and role-playing exercises contributes to a more integrated perception of oneself and others, ultimately creating conditions for the healthy reconstruction of trust. Further integration of these findings with advancements in cognitive-behavioral psychotherapy is expected to expand the possibilities for restoring high-quality interpersonal relationships in those who have experienced such trauma.

The practical relevance of this work is particularly significant for psychologists working with migrants: schema therapy techniques based on narrative rewriting and the strengthening of the Healthy Adult mode contribute not only to overcoming betrayal trauma but also to successful adaptation within a new social and cultural environment.

Future research prospects are related to the development of specialized protocols in the field of schema therapy, specifically designed to provide psychological support for individuals who have experienced betrayal. Such initiatives will contribute to the expansion of therapeutic tools and the formulation of more detailed recommendations that take into account the unique characteristics of such trauma.

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