

ORIGINAL ARTICLE

Dreamwork in schema therapy: Practical steps and case vignettes

Jan PRASKO^{1,2,3,4}, Marie OCISKOVA^{1,2}, Ilona KRONE⁵, Julija GECAITE-STONCIENE⁶⁻⁷, Julius BURKAUSKAS^{6,7}, Frantisek HODNY¹, Jakub VANEK¹, Jozef VISNOVSKY¹, Samuel GENZOR⁸, Alicja JUSKIENE^{6,7}, Milos SLEPECKY³, Marta ZATKOVA³

¹Department of Psychiatry, Faculty of Medicine and Dentistry, Palacky University in Olomouc, Czech Republic, ²Jessenia Inc. Rehabilitation Hospital Beroun, Akeso Holding, MINDWALK, s.r.o., Czech Republic, ³Department of Psychological Sciences, Faculty of Social Sciences and Health Care, Constantine the Philosopher University in Nitra, Slovak Republic, ⁴Department of Psychotherapy, Institute for Postgraduate Training in Health Care, Prague, Czech Republic, ⁵Riga's Stradins University, Latvian Association of CBT, Latvia, ⁶Laboratory of Behavioral Medicine, Neuroscience Institute, Lithuanian University of Health Sciences, Kaunas, Lithuania, ⁷Department of Health Psychology, Faculty of Public Health, Lithuanian University of Health Sciences, Kaunas, Lithuania, ⁸Department of Respiratory Medicine, Faculty of Medicine and Dentistry, Palacky University Olomouc, Czech Republic.

Correspondence to: Prof. Dr. Jan Prasko, MD, Ph.D., Department of Psychiatry, Faculty of Medicine and Dentistry, Palacky University Olomouc, University Hospital, I. P. Pavlova 6, 77520 Olomouc, Czech Republic.
TEL: +420 603 414 930, E-MAIL: prasko.jan@seznam.cz

Submitted: 2023-07-28 *Accepted:* 2023-05-30 *Published online:* 2023-09-12

Key words: **Dreams; psychotherapy; schema therapy; rescript; imagery; chairwork; schema**

Abstract

Schema therapy is a therapeutic approach to identifying and changing early maladaptive schemas and schema modes that affect the client's emotions and behaviour. Dreamwork is an approach that helps clients explore and transform their schemas and modes in both dream and waking states and find new ways to cope with their problems and needs. Dreamwork involves collaboration between the client and the therapist, who jointly analyze, interpret and modify the dreams according to the goals of schema therapy. However, dreamwork is also limited, and it is not suitable for every client or dream. This article presents practical guidelines and examples for working with dreams in schema therapy. We first introduce the theoretical background of dreamwork in schema therapy. Then we describe the stages and techniques of dreamwork, such as questioning the dream, identifying schemas and modes, imagery rescripting, mode dialogue, and feedback. We also provide several case studies from our practice illustrating how we applied dreamwork with our clients. We summarize dreamwork's main benefits and challenges in schema therapy and suggest future research and development directions.

INTRODUCTION

Dreams are a fascinating phenomenon that has accompanied human existence since time immemorial. They reflect our inner experiences, emotions, desires, fears and conflicts (Leonard & Dawson 2022). Dreams can help us get to know ourselves, our needs and goals (Skrzypińska & Szmigielska 2018; Carcione *et al.* 2021). They can also show how our early maladaptive schemas limit us and prevent us from realizing our full potential.

According to Young (1990), early maladaptive schemas are deeply rooted patterns of thinking, feeling, and behaving that arise from unsatisfied basic emotional needs in childhood. Schemas activated by specific situations impact our perception of ourselves, others, and the world. Schemas manifest in different states of mind, so-called schema modes, which Young (2003) defines as momentary emotional and cognitive states that may result from activating one or more schemas.

Schema therapy is an integrative psychotherapy approach combining cognitive-behavioural therapy, psychoanalysis, gestalt therapy, and attachment theory. The therapy aims to treat complex and chronic personality problems, especially personality disorders, but also chronic depressive states and complex traumas (Young *et al.* 2003). Schema therapy identifies and changes early maladaptive schemas and their manifestations in schema modes combines cognitive and behavioural interventions (i.e., techniques such as cognitive restructuring and experimental methods), and experiential interventions (i.e. imagery rescripting, historical role-play, and chairwork), while putting a great emphasis on the therapeutic relationship in the form of limited reparenting as well (Farrell *et al.* 2014).

Working with dreams is one possible schema therapy method that allows access to the deep layers of the client's psyche. It can help clients uncover their early maladaptive schemas and their manifestations in maladaptive schema modes (Hill 2004; Arntz & Jacob 2013). Working with dreams can also help clients find new ways to solve problems and develop their Healthy adult mode (Belohradova *et al.* 2023). Dreamwork in schema therapy is not focused on the symbolic interpretation of dreams but on a client's emotional experience of the dream and its connection with their life (Hill 2004; Stickgold & Walker 2006).

In this article, we want to present practical possibilities for working with dreams in schema therapy and illustrate them in real-life examples. In the first part of the article, we present the overall knowledge of dreamwork in psychotherapy. The second part presents the theoretical framework of working with dreams, specifically in schema therapy. In the third part of the article, we will describe the stages of working with dreams in schema therapy and, most importantly, techniques suitable for the respective stages. These techniques include, for example, questioning the dream, identifying schemas and modes in the dream, imagina-

tion with rescript, mode dialogue, and feedback. In the fourth part of the article, we will present several case studies from our clinical practice that illustrate how we worked with our client's dreams in schema therapy. At the end of the article, we summarize the main findings and advantages of working with dreams in schema therapy and outline possible directions for further research and development.

We believe this article will contribute to a better understanding and application of dreamwork in schema therapy and encourage interest in this useful technique. Working with dreams offers us a unique opportunity to understand our clients better and to help them find a way to their healthy selves.

WORKING WITH DREAMS IN PSYCHOTHERAPY

Dreams are the subject of interest and research in various schools and directions of psychotherapy, which differ in how they understand and work with the function and meaning of dreams. In this section, we aim to provide a clear approach to dreams from the point of view of selected psychotherapeutic methods, including psychoanalysis, psychoanalytic psychotherapy, Jungian psychotherapy, gestalt therapy, dasein analysis and cognitive-behavioural therapy.

Psychoanalysis

Psychoanalysis is the first psychotherapeutic direction that systematically deals with interpreting dreams. The founder of psychoanalysis, Sigmund Freud (1856-1939), considered dreams the "royal road to the unconscious" because they reveal hidden wishes and conflicts suppressed by the censorship of the unconscious while awake. Freud distinguished between the manifest content of a dream, i.e. what a person remembers from a dream, and the latent content of a dream, i.e. what the dream means. Between the manifest and latent content of a dream, there are mechanisms of so-called dream work, which transform latent content into manifest content. These mechanisms are condensation (merging several elements into one), displacement (shifting meaning from one part to another), symbolization (representation of latent content with symbols) and secondary processing (editing the dream into a logical whole). Freud used the free association method to reveal the latent content of dreams. This method consists of the client communicating all the thoughts and memories that come to their mind in connection with the individual elements of the dream. The therapist then helps the client to find the common theme or meaning of these associations and interprets them as manifestations of unconscious desires and conflicts.

Psychoanalytic Psychotherapy

Psychoanalytic psychotherapy is derived from psychoanalysis but differs from it in some aspects. It is less intensive, less frequent and less long-term than psycho-

analysis. Psychoanalytic psychotherapy emphasizes the client's present situation more than their past and uses dreams as information about their unconscious processes (Freud 1900). However, it focuses more on dreams' affective and interpersonal aspects than their symbolic meaning (Davis & Hill 2001). Psychoanalytic psychotherapy respects the client's subjective experience of the dream and its interpretation (Fonagy *et al.* 2012). It similarly works with dreams to other materials from therapy, i.e., free associations, transference and countertransference.

Jungian Psychotherapy

Jungian psychotherapy is based on the ideas of the Swiss psychiatrist Carl Gustav Jung (1875-1961), who was originally a student of Freud but later went his own way. Jung saw dreams as a way for the unconscious to communicate with the conscious. He distinguished between the "personal unconscious", which contains the forgotten or repressed experiences of the individual, and the "collective unconscious", which contains archetypes, universal symbols and motives common to all humanity. Jung believed that dreams have a compensatory function, i.e., they balance the one-sidedness of consciousness and strive to achieve psychological balance. He also believed dreams have a progressive function derived from individuation in personality development and integration. Jung used the method of amplification to work with dreams. This method involves the client looking for parallels among the elements of the dream and myths, fairy tales, religion and art. The therapist then helps the client find the meaning of the dream in the context of their life and their individuation process.

Daseinanalysis

Daseinanalysis is a direction of existential psychotherapy based on Martin Heidegger's philosophy (1889-1976). It deals with the question of a human being (Dasein) and its possibilities and limitations. Daseinanalysis considers dreams manifestations of a person's essential way of being. Dreams show how a person understands and relates to their world. Dreams also show how one faces existential themes such as death, loneliness, freedom and meaning. Daseinanalysis uses the method of phenomenological dialogue to work with dreams. This method consists of the therapist trying to understand the client's dream from their perspective and exploring its meaning in relation to their essential situation.

Gestalt Therapy

Gestalt therapy sees dreams as existential messages that we send to ourselves. These messages are actively explored to translate the dream content into the client's real life. Gestalt therapy does not emphasize the symbolic interpretation of dreams but the client's emotional experience of the dream and its connection

with their life (Hill 2004). Gestalt therapy uses different techniques for working with dreams, such as the "Take the role" method, where the client plays other characters or objects from their dream and expresses their feelings and attitudes. This way, the client can discover different aspects of their personality and become aware of their needs and conflicts. Another technique is "Dialogue between two elements", where the client conducts a conversation between two parts of the dream or between a part of it and a part of themselves. In this way, the client can explore the relationships between the various elements of the dream and find new problem-solving possibilities (Perls *et al.* 1951). Gestalt therapy considers dreams to be a valuable source of information about the client and their situation. Working with dreams can help clients increase their self-awareness, understand their emotions and needs, reduce anxiety and stress, and promote creativity and personal growth (Brownell 2010).

Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is based on the premise that many psychological problems are caused by irrational or distorted thoughts and learned maladaptive responses (Cervena *et al.* 2005). CBT uses various techniques to identify and change these thoughts and reactions to help clients improve their well-being and quality of life (Beck *et al.* 1979). It may also deal with dreams as one of the sources of information about the client's problems or as a means of solving them. CBT is not usually concerned with the symbolic interpretation of dreams but rather with their function and impact on the client (Vanek *et al.* 2020). For example, CBT can help a client understand what is happening in their dreams, how they feel during the dream and after waking up, how the dreams relate to their waking state, and how they can change their thoughts and behaviours in response to the dreams (Hill *et al.* 2011; Belohradova *et al.* 2023). CBT also deals specifically with nightmares, which frequently manifest anxiety, stress or trauma (Vanek *et al.* 2021). It uses techniques such as imaginal exposure, dream rescripting or relaxation to reduce the frequency and intensity of nightmares and improve sleep quality (Krakow & Zadra 2010). CBT can also help the client use dreams as a source of motivation, inspiration or creativity (Edwards *et al.* 2013). CBT that is oriented towards working with dreams in addition to regular (further referred to as Dream CBT) has several goals (Spoomaker & van den Bout 2006):

- Increase awareness of dreams and their connection to waking life
- Improve the ability to remember and recount dreams
- Change negative attitudes towards dreams
- Change negative content or emotions in dreams
- Increase positive content or feelings in dreams
- Use dreams for personal growth and development
- Become aware of the core schemas and conditioned beliefs beneath the dream content.

- Increase awareness of dreams and their connections with the waking state.
- Change negative attitudes towards dreaming and strengthen the positive aspects of dreams.
- Improve the ability to remember and communicate dreams.
- Use dreams as a source of self-discovery, creativity and personal growth.
- Understand their dreams and how they relate to their problems or needs.
- Help clients change their dreams to be more positive, satisfying or problem-solving.
- Help clients transfer their dream experiences into the waking state and use them to improve their lives.

Dream CBT is based on several principles:

- Dreams are a product of the brain and reflect its current state and needs.
- Our experiences, memories, emotions, beliefs and expectations influence dreams.
- Dreams have different levels of meaning: literal (what happened in the dream), symbolic (what it means to us), and functional (how it helps or harms us).
- Dreams communicate between our conscious and unconscious, providing important information about our psychological state and potential.
- Dreams are malleable and can be changed by our will or intervention.

Dream CBT uses different methods to work with dreams, for example:

- Dream recording: the client writes down their dreams in as much detail and as soon as possible after waking up.
- Dream analysis: with the therapist, the client examines the content, structure, emotions and theme of their dreams and searches for their meaning and connection with the client's life.
- Dream imagery rescripting: the client imagines changing the course or end of their unpleasant or disturbing dreams to be more acceptable or satisfying.
- Lucid dreaming: the client learns to realize they are in a dream and to control its course according to their wishes.
- The imagination of the waking state: the client imagines that they are living their dreams in the waking state and tries out different responses or solutions to problems.
- Waking state action: the client tries to apply their dream experiences to their daily life.

Dream CBT is supported by many empirical studies that demonstrate its effectiveness and benefits for clients. For example:

Schredl *et al.* (2000) compared the effects of Dream CBT and pharmacotherapy on nightmares in 168 patients with posttraumatic stress disorder (PTSD). The results showed that dream CBT was as effective as

pharmacotherapy in reducing the frequency and intensity of nightmares and improving sleep quality. In addition, dream CBT had other positive effects on reducing anxiety, depression, and symptoms of PTSD.

Similarly, Margolies *et al.* (2013) studied the effect of CBT on insomnia with adjunctive imagery rehearsal therapy (IRT) for 40 combat veterans. At posttreatment, veterans who participated in CBT-I/IRT reported improved subjectively and objectively measured sleep, a reduction in PTSD symptom severity and PTSD-related nighttime symptoms, and a reduction in depression and distressed mood compared to the waitlist control group.

A recent systematic review and network meta-analysis (Zhang *et al.* 2022) on 29 randomized clinical trials of efficacy and acceptability of psychotherapeutic and pharmacological interventions on trauma-related nightmares also showed that image rehearsal therapy was the most promising psychotherapeutic approach.

A study by Spoomaker and van den Bout (2006) tested the effects of Dream CBT on lucid dreaming in 23 patients who had experienced chronic nightmares. The results showed that Dream CBT increased the frequency of lucid dreams and decreased the frequency of nightmares. In addition, CBT for dreams also improved patients' subjective well-being and ability to influence the course of dreams.

Holzinger *et al.* (2015) investigated the effect of CBT dreams on creativity in 40 students who had experienced frequent nightmares. The results showed that Dream CBT improved students' creativity in divergent thinking, associative thinking, and imagination. Dream CBT also increased students' self-esteem and ability to cope with problems.

Studies indicate that Dream CBT is an effective and safe method for treating various problems related to dreams and sleep and promoting personal development and creativity.

WORKING WITH DREAMS IN SCHEMA THERAPY

Working with dreams in schema therapy is based on the assumption that dreams reflect activated early maladaptive schemas and the corresponding modes (Young *et al.* 2003). Dreams can thus provide valuable insight into what is going on in the client's subconscious and their emotional states. Dream analysis reveals that dreams have a remarkable ability to reshape and merge past and present memories in a meaningful way (Stickgold & Walker 2006). Through dreaming, new realities are consolidated, resulting in a whole greater than its parts. These findings emphasize the significant influence of dreams on memory, indicating that dreams act as a mechanism for reorganizing both conscious and unconscious aspects of our experiences. Dreams also can reveal the client's hidden conflicts, needs and desires (Hill *et al.* 2004). In schema therapy, the interpretation of dreams is customized to each indi-

vidual client, focusing on understanding their unique experiences rather than fitting them into preconceived theories. This approach recognizes the importance of incorporating dream analysis into schema therapy, which enhances the therapeutic process and promotes personal growth and change.

Dream research suggests that dreams may not solely rely on conscious memory but also draw from unconscious memories. Implicit memory, also known as non-declarative or unconscious memory, includes memories that we are not consciously aware of but significantly affect our experiences (Wren 2001; Ociskova et al. 2022). Studies on amnesiacs further support the idea that dreams tap into implicit emotional memory, involving the retention of emotionally conditioned relationships that cannot be intentionally recalled or reported. Working with dreams in schema therapy uses various methods to explore and change the content of and emotions in dreams, such as the method of "taking a role", "dialogue between two modes", and "dream reconstruction" (Arntz & Jacob 2013).

The Relationship between Dreams, Early Maladaptive Schemas and Schema Modes

Schema therapy is an approach to psychotherapy that focuses on identifying and changing early maladaptive schemas that are formed in childhood and influence our thinking, feeling, and behaviour in adulthood. Early maladaptive schemas are defined as a pervasive self-defeating or dysfunctional theme or pattern of memories, emotions, and physical sensations initiated during childhood or adolescence and further shaped throughout life (Young et al. 2003). Early maladaptive schemas arise from unsatisfied basic emotional needs in childhood and affect how a person perceives themselves, others, and the world (Arntz & Jacob 2013).

Schema therapy also works with the concept of schema modes, which are states in which activated schemas manifest (Young et al. 2003). Schema modes can result from activating a single schema or a group of schemas (Arntz & Jacob 2013). The original Schema therapy model was based on 16 schema modes, of which 14 were considered maladaptive schema modes and next to them, there were two functional modes called "Healthy adult" and "Happy child" (Young et al. 2003). Nevertheless, the schema model continues to be improved based on new empirical research and clinical applications of Schema therapy in various contexts (Arntz et al. 2021).

In Schema therapy, dreams are explored to access valuable insights into the client's subconscious mind. Dreams manifest the subconscious that processes and integrates experiences from waking life (Hill et al. 2004). They also reflect the personality structure and internal conflicts of an individual. Therefore, the content of dreams can thus provide valuable insight into what is going on in the client's subconscious and emotional

state. Moreover, they can also reveal the client's hidden conflicts, needs, and desires.

Methods of Dream Analysis in Schema Therapy

Several methods are used to analyze dreams in schema therapy. Here we describe the basic strategies:

- (a) bridge method
- (b) dialogue method
- (c) dream rescripting

We describe each method and then illustrate it with one case of a dream related to anxiety.

The "bridge method" involves the therapist helping the client find a connection between the dream and their current life. The therapist asks questions such as: "What does this dream remind you of?", "How do you feel in the dream?", "When was the last time you felt this way?", "What is the main problem in the dream?", "How does this problem relate to your life?". The goal is to identify early maladaptive schemas and the modes activated in sleep and waking.

Therapist: Hello, Emily. Today we could focus on one of your dreams that you mentioned bothers you and appears repeatedly. Can you describe it?

Emily: I often feel locked in a house or a cave and cannot escape. I'm trying to find some way out, but it's like a maze. I feel desperate and helpless.

Therapist: That sounds like a nightmare. For how long have you had dreams like this?

Emily: Since puberty. But lately, they are more frequent and intense.

Therapist: And how do you feel in the morning when you wake up from such a dream?

Emily: I am scared, sad and tired. I feel like I have no freedom or joy in life.

Therapist: I see. Nightmares are very unpleasant and can affect your day and your mood. Would you like to take more control of them?

Emily: Yes, I would really like to.

Therapist: In that case, I would like to offer you a technique called the bridge method. It is a way to connect your dream with your past and present and find its deeper meaning and connection to your schemas. Would you be interested?

Emily: Yes, I would be interested.

Therapist: OK. So, let's start. First, please recall your dream again as you described it to me. Close your eyes and imagine you are locked in that house or cave.

Emily: OK.

Therapist: Now tell me how you feel in the dream. What emotions does it evoke in you?

Emily: I feel fear, panic, despair, helplessness, loneliness...

Therapist: And what do you think about that dream? What thoughts are going through in your mind?

Emily: I think I am trapped and will never get out. That I am doomed to suffer and be alone, and no one will come to help. It is my fault.

Therapist: And what are you doing in that dream? How are you behaving?

Emily: I'm trying to look for an exit or a window. I run around the house and try different doors or hallways. But I can't find a way out anywhere. Sometimes I scream or cry.

Therapist: Thank you for your description. Now we will try to find a bridge between your dream and your past. Remember a situation or event from your childhood or youth that could relate to your dream. Something that made you feel similar... Do you have anything in mind?

Emily: Well... I thought of something. When I was little, my father used to lock me in the basement when I was naughty. It was terribly dark and cold there, and I was worried, and I never knew when they would let me out of there.

Therapist: That's sad and scary. How did you feel when you were locked in the basement?

Emily: I felt the same as in the dream. Fear, panic, despair, helplessness, loneliness... I thought I was trapped and that I would never get out. That I was doomed to suffer and be alone. That no one would come to help. That it was my fault.

Therapist: This could be the bridge between your dream and your past. As if your painful childhood experience influenced the dream. The nightmare seems like a metaphor for your basement experience. Your feelings, thoughts and behaviour in the dream are similar to when you were a child.

Emily: That makes sense.

Therapist: Yes, that makes sense. And now, we will try to find a bridge between your dream and the present. Remember a situation or event from your current life that could relate to your dream. Something that makes you feel, think, or behave similarly to the dream.

Emily: I can't think of anything...

Therapist: You said that lately, the scary dreams are more frequent... what else is going on lately?

Emily: ... I have already thought of it, but it might be stupid.

Therapist: Can you tell me what you think about it?

Emily: Well... my partner... He wants to marry me, but I have my doubts. He is domineering and sometimes arrogant. He often tells me what to do and how to behave, and he doesn't respect my opinions or feelings. I feel like he is controlling me, and I have no freedom.

Therapist: That's very annoying and frustrating. How do you feel about that relationship?

Emily: Just like in the dream. Fear, helplessness, loneliness... I think that I am trapped and that I will never get out. That I am doomed to submit and be alone. No one is coming to help me, and it is my fault.

Therapist: Hmm... It looks like a bridge between your dream and your present. Your dream may be influenced by what is happening in your relationship, and a nightmare can be a metaphor for that relationship. And your feelings, thoughts and behaviour in that dream are similar to what you experience with him.

Emily: That makes sense.

Therapist: Yes, that makes sense. And now, we will try to find a bridge between your dream and your future. Try to imagine how you would like your dream to be different. How would you like to change the content and meaning of your nightmare so that it is more acceptable and pleasant for you? What would you like to feel, think or do in a dream?

Emily: I would like to find a way out. I want to be single.

The "dialogue method" involves the therapist helping the client communicate with different characters or symbols (Ociskova et al. 2022).

Continuation with Emily:

Therapist: So, imagine how you would like to change the dream to improve it. That's a good start. And now, I would like to offer you one more technique, the dialogue method. It is a way to communicate with the various aspects of your dream and discover their message and function. Would you be interested?

Emily: Yes, I would.

Therapist: Great. So, let's start. First, please choose a character or object from your dream with which you want to have a dialogue. It can be anything that raises some emotions or questions in you. For example, your partner, a house, a cave, a door, a window...

Emily: Well... I want to talk to that house.

Therapist: OK, you're choosing a house as your dialogue partner. Now please imagine that the house is alive and you can talk to it like a human. Close your eyes and imagine you are in your dream and standing in that house. Now ask it a question. Anything you want to know from it?

Emily: Well... I would ask... why did it lock me in?

Therapist: Good question. And what do you think the house would answer you?

Emily: Well... maybe it would tell me... because I want to protect you.

Therapist: Ah, so it wants to protect you. And what would you say to it?

Emily: Well... I would tell it... to protect me from what?

Therapist: And what would the house say to you?

Emily: Well... maybe it would tell me... I want to protect you from the world. From the people who hurt you, from your father and your partner.

Therapist: Really? That's an interesting answer. That house suggests that it connects with your past and the present and symbolizes your need for safety and protection from what hurts or threatens you. And what would you say to it?

Emily: But I don't feel safe here when I am in you. It feels more like a cage.

Therapist: OK, you're telling the house you don't feel safe with it. And what would the house say to you?

Emily: Well... maybe it would tell me... why not? I protect you. I love you.

Therapist: Ah, the house tells you it protects and loves you. And what would you say to it?

Emily: Well... I would tell it... But you also imprison, isolate me and give me no choice. You make me not want to be here with you.

Therapist: OK. That's another interesting answer. That house shows you that it connects with your schema of submission and dependence and symbolizes your conflict between the need for security and freedom. And what would you say to it?

Emily: I was hoping you could give me enough space, and I also want your respect.

Therapist: Absolutely. So, tell the house you want it to give you more space and respect. And what would the house say to you?

Emily: Well... maybe it would tell me... But I'm afraid of losing you. Someone will hurt you or take you away. You will be unhappy.

Therapist: Ah, so the house is telling you it's worried about you. And what would you say to it?

Emily: Well... I would tell it... But you don't trust me. You don't believe that I can take care of myself.

Therapist: OK. This is another important answer, and that house suggests to you that it has some connection to your sense of inadequacy, the schema of failure and is a symbol of your low self-confidence and self-esteem. And what would you say to it?

Emily: I was hoping you could recognize my abilities and qualities. That you would be interested in what I want, that you would appreciate me.

Therapist: OK, tell it you want to recognize your abilities and qualities. And what would the house say to you?

Emily: Well... maybe it would tell me... But I don't know what skills and qualities you have. You never show them to me or open yourself to me.

Therapist: The house tells you it doesn't know your abilities and qualities. And what would you say to it?

Emily: Well... I would tell it... But I do not remember you asking me. It bothers me that you don't care about me and think you know everything better.

Therapist: That's another interesting answer. That house shows you that it has some connection to your emotional deprivation schema and symbolizes your need to be seen, heard and appreciated. And what would you say to it?

Emily: Could you listen to me?

Therapist: OK, you're telling it you want it to listen. And what would the house say to you?

Emily: Well... maybe it would tell me... But I do listen to you. I can hear you. I understand you.

Therapist: Ah, so the house is telling you it's listening. And what would you say to it?

Emily: Well... I would tell it... But you don't listen to me. You can't hear me. You do not understand me. You just listen to your needs and interests.

Therapist: This is another important answer, and that house shows you that it is connected to your defectiveness/shame schema and is a symbol of your need to be taken seriously and respected. And what would you say to him?

Emily: I want you to treat me as an equal partner.

Therapist: OK, tell him you want him to treat you as an equal partner. What would the house say to you?

Emily: Well... maybe it would tell me... but I treat you as an equal partner, and I respect and love you and only want the best for you.

Therapist: The house says that it treats you as an equal partner. And what would you tell it?

Emily: Well... I would tell it... You don't act like an equal partner, and you don't take me seriously. You just want to dictate and control me.

Therapist: OK. That house shows you that it has some connection to your dependence schema and symbolizes your need to be independent and confident. As for now, we can thank the house for its willingness to talk to you and say goodbye.

Emily: OK... thank you, House, that we could talk and goodbye.

Therapist: Thank you for your dialogue. Open your eyes and come back to the present moment. How do you feel now?

Emily: I feel a little tired but also curious and surprised.

Therapist: What did surprise you?

Emily: I was surprised how much my dream is connected to my life. How it showed me my problems and needs.

Therapist: Yes, that is a very valuable finding. What do you take away from this work with a dream?

Emily: I understand I had a despotic father who punished me and was uninterested in me. And I'm worried that my partner will behave the same way. Therefore, I will try to talk more openly with him about my feelings and then see how he reacts.

Therapist: That is a very brave and healthy decision. I'm glad you realized this and want to improve your situation. I also believe it will have a good effect on your relationship and your dreams. You were incredibly creative and brave in this exploration, and I liked it.

"Dream rescripting" is a technique used to treat nightmares. The goal is to change the content and meaning of the nightmare so that it is less frightening and more reassuring for the patient. This method involves the therapist helping the client relive the dream in their imagery and explore their feelings, thoughts and reactions. The therapist asks questions like: "What is happening in the dream?", "How do you feel?", "What are you thinking?", "What do you need the most in the dream?", "What would you like to happen in the dream?", "How would you like to feel in the dream?", "What would you like to do?", "How would you like to behave in the dream?", "What would happen if you did this?". The goal is to help clients become aware of their needs and desires, suppressed or ignored in the dream and the waking state. This intervention involves the therapist assisting the client in imagining how to change the course or end the dream to make it more satisfying and positive. The goal is to help the client find new possibilities and solutions for their problems and needs in the dream and the waking state.

Continuation with Emily in the next session:

Therapist: Hello, Emily. In the last session, we looked at one of your dreams where you were locked in a house and couldn't escape. We used the bridge and dialogue methods to connect your dream with your past, present and future. How do you feel after this dream work?

Emily: I feel better. I feel like I understood what my dream told me, and I realized what I wanted to change.

Therapist: That's great. I'm glad you realized this and want to improve your situation. And today, we can focus on dream rescripting. It is an opportunity to relive your dream in your imagination and explore your feelings, thoughts and emotions. Would you be interested?

Emily: Yes, I would.

Therapist: OK. So, let's start. First, please recall your dream again as you described it to me. Close your eyes and imagine that you are locked in that house again. Tell me what's going on. What do you see? How do you feel?

Emily: I see an old house with many rooms and corridors. I hear the silence and the wind. I feel fear and helplessness.

Therapist: And what are you doing in your dream? How are you behaving?

Emily: I'm trying to find an exit or a window, and I run around the house and try different doors or hallways. But I can't find a way out.

Therapist: And what are you thinking in your dream? What's on your mind?

Emily: I think I am trapped and will never get out. That I am doomed to suffer and be alone, and no one will come to help. It is my fault.

Therapist: You are doing great, Emily. Now we will try to change your dream to make it more acceptable. We will work with dream rescripting. Try to imagine that you can do something differently in your dream. Something that would help you feel better or find a solution. What would you like to do?

Emily: I don't know. I feel like giving up.

Therapist: OK, so imagine that you would like to find an ally or a helper in your dream. Now please imagine that you can do it. In your dream, you will come across someone on your side who wants to help you. Who could it be? Someone from your life or someone completely new?

Emily: Well... I would like him to be my therapist.

Therapist: You choose me as your ally or helper in your dream. I'm grateful that you trust me. Now, please imagine that I am in that house with you, and I came here to see you and to offer you my help. What would you say to me?

Emily: Well... I would tell you... I'm glad you're here. I need your help. I can't get out.

Therapist: And what would I say to you?

Emily: Well... maybe you could tell me... I'm glad you told me. I'm here for you. We can do it together.

Therapist: And how would you feel if I told you that?

Emily: I would feel better, and I would feel like I'm not alone. I have someone who understands and supports me.

Therapist: That's nice. And what would we do next? How would we try to find a way out?

Emily: We would try different doors or corridors together.

Therapist: OK, so we would try different doors or corridors together. Please imagine us doing that and walking around the house looking for an exit. Now please tell me how you feel.

Emily: I feel better because I have hope.

Therapist: That's good. And what do you think?

Emily: I think we might find a way out. Maybe we can escape.

Therapist: That's good too. And what do we do?

Emily: We do what you suggest. You show me where to go, and you advise me what we should do.

Therapist: Ah, so we do what I suggest. And what would you like to do? How would you like to decide?

Emily: Well... I want to make the decision myself, and I would like to have some influence on what is happening.

Therapist: Oh, so you would like to make your own decisions. This is a very important and healthy desire. Now please imagine that I will allow you to do so, and I will give you space and respect and let you make your own decisions. Now tell me, what would you do?

Emily: Well... I would look at some doors and try to open them.

Therapist: And what would happen if you did?

Emily: Well... maybe they would open, and there would be an exit behind them.

Therapist: And how would you feel if that happened?

Emily: I would feel great, and I would feel like I was able to find a way out. I would be out and happy.

Therapist: That's amazing. Now please imagine that it is happening. Please open the door, and there is an exit behind it. You are outside in the sun and fresh air. How do you feel now?

Emily: I feel wonderful. I feel that I have overcome my fear and helplessness. I managed my dream.

Therapist: That's great. I'm glad you made it. And now we could end our imagination. You could say goodbye to me in the imagery.

Emily: OK... thank you for your help. Goodbye.

Therapist: Thank you for your brave work. Open your eyes and come back to the present moment. How do you feel now?

Emily: I feel good. I feel like I've accomplished something.

Therapist: How did you feel when you decided for yourself?

Emily: I felt confident and competent. I feel like I have control over my life.

Therapist: That's great. And what do you think? How could you use this ability in real life? In what situations would you like to decide for yourself?

Emily: Well... for example, in my relationship with my partner. I want to tell him what I want and don't want and let him know I am an equal partner, not a subordinate object.

Therapist: That is a very brave and healthy decision. I'm glad you realized this and want to change your relationship for the better, and I believe it will have a good effect on your relationship and your dreams.

Dream rescripting is done as follows (Schmid *et al.* 2021; Albanese *et al.* 2022):

- The patient chooses one of the most frequent or disturbing nightmares they want to change.
- The patient recalls the nightmare as they usually experience it and describes it to the therapist.
- The therapist will help the patient identify the critical point in the nightmare where they feel most threatened or helpless.
- The therapist suggests that the patient imagine returning to the critical point of the nightmare and that they can change it to make it more acceptable and pleasant. The therapist encourages the patient to be creative and active in the transcript and to imagine new scenes, characters or actions to help them manage the situation and achieve a positive outcome.
- The patient imagines a new version of the nightmare according to their wishes and describes it to the therapist.
- The therapist praises the patient for their successful rescription and helps them process their feelings and thoughts associated with the new version of the nightmare.
- The patient repeats a new version of the nightmare at home every day before going to bed and continues this for several weeks.

Dream rescripting effectively treats nightmares in individuals with posttraumatic stress disorder (PTSD) and those experiencing idiopathic nightmares. Dream rescripting reduces the frequency and distress associ-

ated with nightmares and improves patients' sleep quality and psychological well-being (Albanese et al. 2022; Schmid et al. 2021).

Therapist: Hello, Mr. Novak. Today we would like to address one of your nightmares that is bothering you. Can you describe it?

Client: I often feel like I'm running away from some attackers in the woods. They're the same people who mugged me a few years ago. I try to escape them, but they catch up with me. I feel fear and helplessness.

Therapist: That sounds like a very scary dream. For how long have you had dreams like this?

Client: For about two years now. Ever since it happened.

Therapist: And how do you feel in the morning when you wake up from such a dream?

Client: I am exhausted, nervous and sad. I have a feeling that it could happen again at any time.

Therapist: I see. Nightmares are very unpleasant and can affect your day and your mood. Would you like to get rid of them?

Client: Yes, I would very much like to.

Therapist: In that case, I would like to offer you an imagery rescripting technique. It is a way of changing the content and meaning of your nightmare so that it is less frightening and more pleasant to you. Would you be interested?

Client: Yes, I am.

Therapist: Great. So let's start. First, please recall your dream again as you described it to me. Close your eyes and imagine you are back in the forest and running away from attackers.

Client: OK.

Therapist: Now tell me, which moment of the dream is the worst for you? When do you feel most threatened or helpless, like a fish?

Client: Probably when I get close to them and see their faces. They are full of hatred and malice; I know they want to hurt me.

Therapist: This is the critical point of your nightmare. Now imagine going back to that point and having the ability to change your dream to make it more acceptable and enjoyable for you. You can think of anything to help you manage the situation and achieve a positive outcome. Be creative and active. What would you do?

Client: Well... I might imagine that I have a knife or a gun and can defend myself.

Therapist: OK, that's a good start. And what would you do with that knife or gun?

Client: Well... I might threaten them or shoot them.

Therapist: And how would the attackers react to that?

Client: Well... maybe they would have been scared.

Therapist: OK, imagine the attackers ran away when you shot them. And what would you do then?

Client: Well... I might feel relieved and safe. Maybe I could find some help or a way out of the woods.

Therapist: That sounds like a better ending to your dream. How do you feel now when you imagine it?

Client: I feel better. I think that I managed the situation and that I defended myself.

Therapist: That's great. Congratulations on your successful transcript. How do your feelings and thoughts associated with the new version of your nightmare differ from the original ones?

Client: Well... I felt terrible at first and felt like I was a victim and had no control. Now I feel stronger and more confident and like I have some control.

Therapist: That is a very important distinction. By changing the content and meaning of your nightmare, you have also changed your relationship with it. You have realized that you can influence your dreams and your feelings. And that's the first step to getting rid of nightmares.

Client: Really?

Therapist: Yes, indeed. Studies show that imaginal rewriting is an effective way to treat nightmares in both PTSD patients and those with idiopathic nightmares. Rewriting in the imagination reduces the frequency and distress associated with nightmares and improves patients' sleep quality and psychological well-being.

Client: That's good news.

Therapist: Yes, that's good news. And now I would like to give you one piece of advice on maintaining this progress. I recommend that you repeat a new version of your dream at home every day before bed for several weeks, which will make you remember it and strengthen its effect.

Client: And how should I do it?

Therapist: It's simple. Just close your eyes again and imagine a new version of your dream as you created it today. You can also write it down or record it on a cellphone. It is important that you remind yourself of it regularly and with a positive attitude.

Client: OK, I'll try.

Therapist: Excellent. I'm glad you're willing to work on your dreams, and I believe it will have a good effect on your sleep and mood. Do you have any questions or comments about today's session?

Through the analysis of dreams in schema therapy, a therapist can employ a range of other interventions aimed at assisting the client in altering their early maladaptive schemas and schema modes while fostering the development of Healthy adult and Happy child modes. The following two other interventions are inspired by Hill's model (2004):

- *Dream reconstruction:* This intervention involves the therapist helping the client imagine how they could change some aspects of the dream to match their actual situation better. The therapist asks questions such as: "What is unrealistic or distorted in the dream?", "How could you adapt the dream to your reality?", "How would this affect your feelings and thoughts in the dream?", "How would this affect your schemas and modes?". The goal is to help the client become aware of their cognitive distortions and inconsistencies in the dream and in the waking state.
- *Dream experimentation:* This intervention involves the therapist helping the client experiment with the dream in the imagination and explore its effects on their feelings, thoughts, and behaviour. The therapist asks questions such as: "What would you like to try in the dream?", "What would happen if you did this?", "How would you feel?", "What would you think?", "How would it affect your schemas and modes?". The

goal is to help clients explore their fears, desires, and resources in the dream and waking state.

Examples of Clients' Dreams and Their Processing in The Light of The Schema Therapy

The following examples illustrate how the methods of dream analysis can be used in schema therapy:

The client, a 35-year-old woman with chronic depression and low self-esteem, has trouble forming intimate relationships and often feels lonely and unwanted. Her early maladaptive schemas are abandonment/instability, defectiveness/shame, social isolation/alienation, mistrust/abuse and dependence/incompetence. Her frequent schema mode is abandoned child, humiliated child, lonely child, and abused child. She also has a weak Healthy adult mode.

The client recounts her dream: "I dream that I am on the beach with a man. I don't know who he is, but he's someone I know. It's a nice day, and I feel happy. But then he says he has to go and disappears. I am left alone on the beach and start crying. Then other men appear and start laughing and insulting me. They tell me I'm ugly and fat, and nobody wants me. I'm trying to run away, but I can't."

The therapist uses the "bridge" method and asks the client: "What does this dream remind you of?" The client answers: "It reminds me of how I felt as a child. My parents divorced when I was five, and I stayed with my mother. She was often away, and I was home alone. Then she started dating different men, and I thought she would leave me completely. I was bullied at school because of my appearance and lack of friends."

The therapist identifies early maladaptive schema and schema modes that are activated in both a dream and waking state: abandonment/instability (an abandoned child), defectiveness/shame (humiliated child), social isolation/alienation (a lonely child), and mistrust/abuse (abused child) schema. The therapist helps the client realize her needs and desires, suppressed or ignored in the dream and the waking state. The therapist will also support the client in developing a Healthy adult mode that would help her protect herself from abandonment, shaming, isolation and abuse.

The client, a 40-year-old man with narcissistic personality disorder, has problems with empathy, self-criticism and anger management. His early maladaptive schemas are defectiveness/shame, failure, mistrust/abuse, and entitlement/grandiosity. His frequent schema modes are Punitive parent, Demanding parent, Abused child, and Self-aggrandizer. He also has a weak Healthy adult mode.

The client says, "I dream of presenting my project at a work meeting. Everyone listens to me and admires me. But then my boss comes in and starts criticizing me and telling me I'm incompetent and stupid. I get angry and start swearing. But then all my colleagues took his side and told me I was selfish and a bully. I felt betrayed and helpless."

The therapist uses the "dialogue" method and asks the client: "Can you imagine that you are in the dream again? What would you like to say to your boss?" The client replies: "I'd like to tell him that he's an idiot and doesn't know anything about my job,

and I want to show him that I am better than him." The therapist asks: "And what would you like to say to your colleagues?" The client answers: "I would like to tell them that they are traitors and sociopaths, and I'd like to fire them all."

The therapist identifies early maladaptive schemas and schema modes that are activated both in the dream and the waking state: defectiveness/shame (abused child), failure (abused child), mistrust/abuse (punitive parent), entitlement/grandiosity (self-aggrandizer). The therapist will help the client become aware of his feelings of shame, failure, mistrust and excessive demands caused by criticism and rejection in the dream and the waking state. The therapist will also help the client recognize his aggressive and manipulative behaviour driven by the coping mode of Self-aggrandizer.

The client, a 25-year-old man, has problems in his intimate relationship with his girlfriend and is afraid of rejection and loss of love. His early maladaptive schemas are abandonment/instability, defectiveness/shame, and emotional deprivation. His frequent schema modes are abandoned child, embarrassed child, and subservient adult. He also has a weak, healthy adult mode.

The client recounts his dream: "I dream that I am in bed with my girlfriend. We have sex, and I feel good. But then she says she has to go and doesn't love me anymore. I try to stop her and beg her to stay. But she will leave, and I will be left alone and sad."

The therapist uses the "imagery" method and asks the client: "Can you imagine that you are in the dream again? How do you feel?" The client responds: "I feel disappointed and abandoned, and I feel like someone has ripped my heart out."

The therapist asks, "What are you thinking?"

The client responds, "I think I am inadequate and undeserving of love. I don't think I'll ever find anyone to love me."

The therapist identifies early maladaptive schemas and schema modes that are activated in both dream and waking states: abandonment/instability (Abandoned child), defectiveness/shame (humiliated child), and emotional deprivation (compliant surrender mode). The therapist will help the client to become aware of his feelings of fear, sadness and shame, which are caused by the departure of his girlfriend in the dream and the waking state. The therapist will also help the client recognize his negative thoughts about himself and his girlfriend, which are motivated by his early maladaptive schemas.

The therapist then uses the dream scenario change intervention and asks the client, "What would you like to happen in the dream? How would you like to behave in the dream? How would you like to feel in the dream?" The client answers: "I would like my girlfriend to stay with me and tell me she loves me. I want to hug and kiss her. I want to feel happy and loved."

The therapist will help the client visualize this alternative dream scenario in their imagination and experience his feelings, thoughts and reactions. The therapist asks questions like: "How do you feel now?", "What are you thinking now?", "How would this affect your schemas and modes?". The goal is to help the client find new possibilities and solutions for his problems and needs in the dream and the waking state. The therapist will also support the client in developing a healthy adult mode that

would help him protect himself from abandonment, shame, and emotional deprivation.

Therapist: Today I would like to work with you on your dream in which your girlfriend left you. I think this dream reflects your early maladaptive schemas of abandonment/instability, defectiveness/shame, and emotional deprivation. These patterns lead you to feel insecure and unhappy in your relationship. What do you think about it?

Client: Well, you're right. I am afraid that she will leave me, and I feel that I am not good enough for her and that she will find someone better.

Therapist: And how do you treat her when you have these feelings?

Client: I try to do everything she wants. I give her gifts. I go with her wherever she wants. I give her compliments. But she sometimes doesn't appreciate it and tells me I'm too clingy or mean.

Therapist: And how do you feel when she tells you that?

Client: I feel even worse. I feel weak and like I'm a nuisance to her.

Therapist: So, you feel abandoned and ashamed.

Client: Yes.

Therapist: And what would you like from her?

Client: I would like her to love and respect me. I want her to tell me that I'm important to her and that she won't leave me.

Therapist: These are your needs for love and recognition.

Client: Yes.

Therapist: And do you think these needs are justified?

Client: Well...I don't know. Maybe they are too high or unrealistic.

Therapist: Why do you think that?

Client: Because I never got love and appreciation from my parents. They were always cold and critical and told me I was stupid and worthless.

Therapist: You grew up in an environment where your basic emotional needs were unmet.

Client: Yes.

Therapist: And how did it affect your view of yourself and others?

Client: Well...I think I'm inadequate and undeserving of love. And I think others will always let me down or leave me.

Therapist: You have early maladaptive schemas of abandonment/instability, defectiveness/shame, and emotional deprivation. And these schemas lead you to identify with different schema modes that affect your relationship with your girlfriend.

Client: What schema modes?

Therapist: Well, for example, when you feel abandoned and ashamed, you identify with the abandoned child or the humiliated child. These modes are full of fear, sadness and anger. When you try to do everything for your girlfriend, you identify with a compliant surrender mode. This mode is full of submission, sacrifice and dependence.

Client: Yeah.

Therapist: And what do you think is your Healthy adult mode?

Client: Healthy adult mode?

Therapist: Yes. A Healthy adult mode can care for the person and others. It can help to express your own needs and feelings and listen to the needs and feelings of others. It is the one who can set boundaries and respect the boundaries of others. It is the one who can solve problems and find compromises.

Client: Well...that sounds good. But I don't know if I have such a mode.

Therapist: I think you have. But it is weak and suppressed by your early maladaptive schemas and modes. And I would like to help you strengthen and develop it.

Client: And how would you like to help me?

Therapist: I would like to use the chairwork technique with you. Chairwork is a technique that uses two or more chairs in which you alternately sit and identify with different aspects of your personality or with other characters in your life. Chairwork will help you explore and change your schemas and modes and develop Healthy adult and Happy child modes.

Client: And how does it work?

Therapist: Well, for example, we could start by imagining your girlfriend in one chair and you sitting in the other chair across from her. And then, you would tell her what you wanted to say in the dream or the waking state. And then you would switch chairs and answer like her. And then, together, we would analyze your feelings, thoughts and reactions.

Client: That sounds interesting. But also a little bit strange.

Therapist: I understand it might be uncomfortable or awkward initially. It is your choice. But this is a very useful technique to help you better understand yourself and your girlfriend. And I will always be with you, supporting and protecting you.

Client: Well... OK. Let's try it.

Therapist: Great. So please imagine that your girlfriend is sitting on this chair. And you're sitting in this chair across from her. And tell her what you wanted to say in the dream or the waking state.

Client: (sits on the chair opposite the imagined girlfriend) Please don't leave. I love you, and I need you. You're everything to me.

Therapist: OK. Now please switch chairs and answer like her.

Client: (sits on the chair and introduces to the girlfriend) I'm sorry, but I can't do it anymore. I do not love you, and I need space. You are very clingy and mean.

Therapist: OK. Now go back to your original chair and tell me how you feel.

Client: (returns to his original chair) I feel terrible. I feel betrayed and abandoned. I feel like someone ripped my heart out.

Therapist: And what do you think?

Client: I think I am inadequate and undeserving of love. I don't think I'll ever find someone to love me.

Therapist: And what schemas and modes are activated?

Client: Abandonment/instability, defectiveness/shame and emotional deprivation. The abandoned child, the humiliated child, and the compliant surrender mode.

Therapist: Yes, exactly. And what would you like from her?

Client: I would like her to love and respect me. I want her to tell me that I'm important to her and that she won't leave me.

Therapist: And what would you like from yourself?

Client: From myself? I don't know.

Therapist: Well...what would you like to do or say in your dream or waking state? How would you like to act or feel?

Client: Well...I would like to be confident and independent. I want to tell her that I love and care for her. But at the same time, I want to tell her that I have my own needs and feelings and want her to respect them. I want to tell her I want an equal relationship where we help and support each other.

Therapist: And would you like to develop this mode?

Client: Well...yes. But I do not know how.

Therapist: I'll help you with that. I want to use another chair-work technique with you. This time I would like you to imagine your healthy adult mode in one chair and your abandoned child mode in the other chair. And then, you would alternately sit on both chairs and communicate between them.

Client: What can I say?

Therapist: For example, you could start by sitting in the Abandoned child's chair and expressing his feelings and needs. And then, you would sit in the chair of a healthy adult and respond to them like a kind and caring parent. And then, you would go back to the abandoned child's chair and respond to what you heard. And so on.

Client: That does not sound very easy.

Therapist: Don't worry. I will help and guide you. The point is to create an internal dialogue between your modes and learn to recognize and integrate them better.

Client: All right. Let's try it.

Therapist: Great. So please imagine that your abandoned child mode is sitting on this chair. And you are sitting in this chair across from him. And tell him what you feel and what you need.

Client: (sits on the abandoned child's chair) I feel alone and unwanted and need love and appreciation.

Therapist: OK. Now please switch chairs and answer him from your healthy adult mode.

Client: (sits in a healthy adult's chair) I hear you feel alone and unwanted. I want to tell you that I love and appreciate you. You are important and precious to me.

Therapist: OK. Now go back to your original chair and tell me how you feel.

Client: (returns to his original chair) I feel a little better, warmer, and calmer.

Therapist: And what do you think?

Client: I think it's nice to hear those words. I believe it is possible to receive love and appreciation.

Therapist: And what schemas and modes are activated?

Client: Maybe an abandoned child and a healthy adult.

Therapist: Yes, exactly. And would you like to continue this dialogue?

Client: Yes, I would.

Therapist: OK. So please imagine again that your Abandoned child mode is sitting on this chair. And you are sitting on this chair across from him. And tell him what you feel and what you need.

Client: (sits on the abandoned child's chair) I still feel a little insecure and sad and need a sense of security and stability.

Therapist: OK. Now please switch chairs and answer him in your healthy adult mode.

Client: (sits in a healthy adult's chair) I hear you feel insecure and sad. I want to tell you that I protect and support you. You are strong and capable to me.

Therapist: OK. Now go back to your original chair and tell me how you feel.

Client: (returns to his original chair) I feel better, more confident, and content.

Therapist: And what do you think?

Client: I think it's nice to hear those words. I believe it is possible to have a sense of security and stability.

Therapist: And what schemas and modes are activated?

Client: I guess abandonment/instability schema, abandoned child mode and Healthy adult.

Therapist: Yes, exactly. And would you like to continue this dialogue?

Client: Yes, I would.

Therapist: OK. So, please imagine again that your Abandoned child mode is sitting on this chair. And you are sitting in this chair across from him. And tell him what you feel and what you need.

Client: (sits on the Abandoned child's chair) I still feel lonely and unhappy and need joy and happiness.

Therapist: OK. Now please switch chairs and answer him in Healthy adult mode.

Client: (sits in a Healthy adult's chair) I hear you feel lonely and unhappy. I want to tell you that I had a good time with you. After all, you have some good friends and a therapist who is on your side and understands you. You can still enjoy meeting others even if you feel lonely and abandoned.

Therapist: OK. Now go back to your original chair and tell me how you feel.

Client: (returns to his original chair) I feel better and more cheerful.

Therapist: And what do you think?

Client: I think it's nice to hear those words. I think it is possible to have joy and happiness.

Therapist: And what schemas and modes are activated?

Client: Abandonment/instability (an Abandoned child) and Healthy adult.

Therapist: Yes, exactly. And would you like to continue this dialogue?

Client: No, I think that's enough.

Therapist: OK. So, you have just created an internal dialogue between your Abandoned child and your Healthy adult. How do you feel now?

Client: I feel good. I feel like I've shown myself love and appreciation. I feel like I've given myself a sense of security and stability. I feel like I gave myself joy and happiness.

Therapist: That's great. And what do you think now?

Client: I think I am good enough, and I deserve love. I think finding someone who will love and respect me is possible.

Therapist: That's great. And what schemas and modes are activated now?

Client: Healthy adult and Happy child.

Therapist: Yes, exactly. And how would you like to use this dialogue in your life?

Client: Well...I want to use it when feeling abandoned, ashamed, or deprived. I use it for love, recognition, security, or happiness.

Therapist: That's great. And how would you like to use this dialogue in your relationship with your girlfriend?

Client: Well...I would like to use it whenever we have a disagreement or conflict. I want to use it to express my needs, feelings, or boundaries. I would use it to listen to her needs, feelings, or boundaries.

Therapist: That's great. And do you think you can do it?

Client: Well...I don't know. It might be hard. It may take a lot of practice and courage.

Therapist: I understand it may not be easy. But trust me, it is possible. And I will help you with that. We will practice this

dialogue together and solve your problems and needs in your relationship. And together, we will strengthen your Healthy adult and Happy child modes.

Client: Thank you. I appreciate your help and support.

Therapist: You're welcome. I'm glad you're willing to work on yourself and your relationship. You are very brave and motivated.

Client: Thank you.

Therapist: So, that's the end of our session today. How do you feel now?

Client: I feel good. I feel hopeful.

Therapist: That's great. And what do you think now?

Client: I think working with dreams in schema therapy is an interesting and useful technique. It helps me explore and change my early maladaptive schemas and schema modes. It allows me to change my view of myself, others and the world. It helps me find new possibilities and solutions for my problems and needs.

Therapist: That's great. And what would you like to do before the next session?

Client: Well...I would like to write down my dreams and analyze them according to the methods you showed me. I would also like to replay the dialogue between my abandoned child and my healthy adult. And I would also like to use this dialogue in my relationship with my girlfriend.

Therapist: That's great. These are very good assignments; I am sure they will help you progress in your therapy. So, see you next week then?

Client: Yes, see you next week.

Therapist: OK. So, have a nice day and good luck.

Client: Thank you. You too.

Advantages and Limitations of Working with Dreams in Schema Therapy

Working with dreams in schema therapy has several pros and cons. The benefits of dream work include:

- It provides access to subconscious processes that are often difficult to access in the waking state.
- Dreams reflect activated early maladaptive schemas and the schema modes, key elements in schema therapy.
- They allow the client to experience and express feelings, thoughts and needs that are suppressed or ignored in the waking state.
- They offer the client the opportunity to change their view of themselves, others and the world and to find new possibilities and solutions.
- They support the client's creativity and imagination and allow them to experiment with their behaviour and reactions in dreams and the waking state. Working with dreams can strengthen the therapeutic relationship and collaboration between the client and therapist.

Working with dreams in schema therapy also has some disadvantages:

- Dreams are often vague, symbolic and ambiguous and require interpretation, which may be subjective or distorted.

- Dreams are influenced by many factors, such as physiological processes, cultural context, random stimuli, or memory fragments, that may not be relevant to the client's problem or goal.
- Dreams can trigger strong emotions or trauma that can be difficult to manage or process both in the dream and the waking state.
- Dreams can be influenced by the therapeutic process or expectations of the client or therapist, which can lead to self-fulfilling prophecies or distortions.

CONCLUSIONS

In this article, we focused on working with dreams in schema therapy. Schema therapy is a therapeutic approach that uses various techniques to identify and change early maladaptive schemas and schema modes, develop Healthy adult and Happy child modes and thus learn to recognize and fulfil basic core needs. Dreamwork is a technique based on the assumption that dreams reflect the client's activated schemas and modes. Therefore, dreams offer valuable insight into the client's subconscious and emotional state. Dreams can also reveal hidden conflicts, needs and desires experienced by the client. Working with dreams in schema therapy is aimed at helping the client become aware of their schemas and modes in dreams and wakefulness and to find new possibilities and solutions for changing them. The above-described approaches help the client to identify and change their patterns and modes in both sleep and wakefulness. The presented techniques help the client find new ways and solutions for their problems and need in dreams and wakefulness. They help the client to develop a Healthy adult mode that would help them protect themselves from the negative emotions and thoughts triggered by their early maladaptive schemas and modes.

Engagement in dream work enables clients to undergo transformative shifts in their self-perception, interpersonal perceptions, and worldview. This process empowers them to explore novel avenues and discover solutions to addressing their challenges and fulfilling their needs. Working with dreams requires cooperation between the client and the therapist, who together analyze, interpret, and modify the dreams according to the goals of schema therapy. However, working with dreams also has limitations, which must be considered.

REFERENCES

- 1 Albanese M, Liotti M, Cornacchia L, Mancini F (2022). Nightmare Rescripting: Using Imagery Techniques to Treat Sleep Disturbances in Posttraumatic Stress Disorder. *Front Psychiatry*. **13**: 866144.
- 2 Arntz A & Jacob G (2013). Schema therapy in practice: An introductory guide to the schema mode approach. Wiley Blackwell, 280 p.
- 3 Arntz A, Rijkeboer M, Chan E, Fassbinder E, Karaosmanoglu A, Lee CW, Panzeri M (2021). Towards a reformulated theory underlying schema therapy: Position paper of an international workgroup. *Cogn Ther Res*. **45**: 1007–1020.

- 4 Beck AT, Rush A, Shaw B, Emery G (1979). *Cognitive Therapy of Depression*. New York: The Guilford Press.
- 5 Belohradova K, Prasko J, Vanek J, Ociskova M, Genzor S, Bocek J (2023). Nightmares in borderline personality disorder - narrative review. *Neuro Endocrinol Lett.* **44**(3): 164–174.
- 6 Brownell P (2010). *Gestalt therapy: A Guide to Contemporary Practice*. Springer Publishing Company, ISBN 978-0826104540, 288 p.
- 7 Carcione A, Santonastaso M, Sferruzza F, Riccardi I (2021). Esoteric power, useless, useful: considerations about dreams in cognitive-behavioural therapy. *Res Psychother.* **24**(2): 543.
- 8 Cervena K, Matousek M, Prasko J, Brunovsky M, Paskova B (2005). Sleep disturbances in patients treated for panic disorder. *Sleep Med.* **6**(2): 149–153.
- 9 Davis TL & Hill CE (2001). Dream interpretation from a spiritual perspective. In: L. Vande Creek & T. L. Jackson, editors. *Innovations in Clinical Practice: A Source Book*, Vol. 19, pp. 79–94, Professional Resource Press/Professional Resource Exchange.
- 10 Edwards CL, Ruby PM, Malinowski JE, Bennett PD, Blagrove MT (2013). Dreaming and insight. *Front Psychol.* **4**: 979.
- 11 Farrell JM, Reiss N, Shaw IA (2014). *The schema therapy clinician's guide: A complete resource for building and delivering individual, group and integrated schema mode treatment programs*. Wiley Blackwell, ISBN 978-1118509173, 352 p.
- 12 Fonagy P, Kächele H, Krause R, Jones E, Perron R, Clarkin JF, Gerber A (2012). *An Open-Door Review of Outcome Studies in Psychoanalysis*. 3rd ed. International Psychoanalytical Association.
- 13 Freud S (1953). *The Interpretation of Dreams*. Standard Edition, 4-5. London 1900: Hogarth Press.
- 14 Hill CE, editor (2004). *Dream work in therapy: Facilitating Exploration, Insight, and Action*. American Psychological Association, Washington, DC, 304 p.
- 15 Hill CE, Kelley FA, Davis TL, Crook R, Maldonado L, Turkson M, et al. (2011). Predictors of outcome of dream interpretation sessions: volunteer client characteristics, dream characteristics, and type of interpretation. *Dreaming.* **11**: 53–72.
- 16 Holzinger B, Klösch G, Saletu B (2015). Studies with lucid dreaming as add-on therapy to Gestalt therapy. *Acta Neurol Scand.* **131**(6): 355–363.
- 17 Krakow B & Zadra A (2010). Imagery rehearsal therapy: Principles and practice. *Sleep Med Clin.* **5**(2): 289–298.
- 18 Leonard L & Dawson D (2022). Client experiences and understandings of dreams in contemporary Australian psychological practice: An IPA study. *Dreaming*. Advanced online publication, <https://doi.org/10.1037/drm0000228>.
- 19 Margolies SO, Rybarczyk B, Vrana SR, Leszczyszyn DJ, Lynch J (2013). Efficacy of a cognitive-behavioural treatment for insomnia and nightmares in Afghanistan and Iraq veterans with PTSD. *J Clin Psychol.* **69**(10): 1026–1042.
- 20 Ociskova M, Prasko J, Gecaitė-Stonciene J, Abeltina M, Kotian M, Slepecky M, Hodny F, Vanek J, Krone I, Zatkova M, Sollar T, Burkauskas J, Juskiene A (2022). Chairwork in cognitive behavioral therapy and schema therapy: Options in practice. *Act Nerv Super Rediviva.* **64**(4): 124–141.
- 21 Perls FS, Hefferline RE, Goodman P (1951). *Gestalt Therapy: Excitement and Growth in the Human Personality*. Dell, New York.
- 22 Schmid C, Hansen K, Kröner-Borowik T, Steil R (2021). Imagery rescripting and imaginal exposure in nightmare disorder compared to positive imagery: a randomized controlled trial. *Psychother Psychosom.* **90**(5): 328–340.
- 23 Schredl M, Bohusch C, Kahl J, Mader A, Somesan A (2000). The use of dreams in psychotherapy: a survey of psychotherapists in private practice. *J Psychother Pract Res.* *Spring.* **9**(2): 81–87.
- 24 Skrzypińska D & Szmigielska B (2018). Dreams in cognitive-behavioural therapy. *Cogn Behav Ther Clin Appl.* **6**: 97–115.
- 25 Spoormaker VI & van den Bout J (2006). Lucid dreaming treatment for nightmares: a pilot study. *Psychother Psychosom.* **75**(6): 389–394.
- 26 Stickgold R & Walker M (2006). To sleep, perchance to gain creative insight? *Trends Cogn Sci.* **8**: 191–192.
- 27 Vanek J, Prasko J, Ociskova M, Hodny F, Holubova M, Minarikova K, Slepecky M, Nesnidal V (2021). Insomnia in Patients with Borderline Personality Disorder. *Nat Sci Sleep.* **13**: 239–250.
- 28 Vanek J, Prasko J, Ociskova M, Holubova M, Minarikova K, Kamaradova-Koncelikova D, Kantor K, Nesnidal V (2020). Nightmares and their treatment. *Neuro Endocrinol Lett.* **41**(2): 86–101.
- 29 Wren K (2001, October 12). How the brain turns reality into dreams. MSNBC.com. Retrieved from http://www.msnbc.msn.com/id/3077505/ns/technology_and_science-science/
- 30 Young JE (1990). *Cognitive therapy for personality disorders: A schema-focused approach*. Sarasota, FL: Professional Resource Exchange, Inc.
- 31 Young JE, Klosko JS, Weishaar ME (2003). *Schema Therapy: A Practitioner's Guide*. New York: Guilford Press.
- 32 Zhang Y, Ren R, Vitiello MV, Yang L, Zhang H, Shi Y, Sanford LD, Tang X (2022). Efficacy and acceptability of psychotherapeutic and pharmacological interventions for trauma-related nightmares: A systematic review and network meta-analysis. *Neurosci Biobehav Rev.* **139**: 104717.