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Use of stuffed toys in adult schema therapy

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Abstract

Schema therapy (ST) is an integrative psychotherapeutic approach designed to address complex behavioural, cognitive and emotional patterns contributing to the psychopathology of personality disorders. In ST, toys can symbolise different people in a person's life and their thoughts, emotions, and behaviours, aiding in the comprehension and processing of experiences. Moreover, toys can embody schema modes, helping patients better understand and manage different internal emotional states. They can be employed in various exercises to enhance self-awareness and understanding of others. They can simulate interactions among schema modes, assist in working with fairy tales and dreams, conduct chairwork, rescript distressing past events, practice communication, and work with therapeutic letters. The application of toys in ST presents numerous benefits. They can aid patients in externalising their inner emotions, coming into contact with them, processing them, and learning new adaptive behaviours. Toys can also introduce a creative and playful component to therapy, making it more engaging and enjoyable for patients.

INTRODUCTION

Schema therapy (ST) is an integrative psychotherapeutic approach, primarily focusing on the treatment of complex and chronic problems, including personality disorders, chronic depressive states, and complex trauma (Young *et al.* 2003; Koppers *et al.* 2021). This approach combines elements from various theoretical backgrounds and therapies, such as cognitive behav-

ioral therapy, psychoanalysis, psychodrama, gestalt therapy, and attachment theory (Gitelson *et al.* 1938; Lobbestael *et al.* 2012; Young *et al.* 2003). There is a growing body of research supporting the effectiveness of ST for a variety of psychological conditions, including personality disorders, eating disorders, post-traumatic stress disorder, obsessive compulsive disorder, chronic depression, and anxiety disorders (Giesen-Bloo *et al.*

2006; Peeters *et al.* 2022; Joshua *et al.* 2023; Leichsenring *et al.* 2024).

ST is based on the concept that everyone has schemas that are formed early in life and influenced by our experiences, and those schemas are present as patterns of thoughts, emotions, and behaviours (Young *et al.* 2003). These schemas can be either healthy or maladaptive.

Early maladaptive schemas can result in chronic psychological problems and can be challenging to alter (Louis & Louis 2015; van Tatenhove *et al.* 2023). ST employs various techniques to assist individuals in modifying their maladaptive schemas. These include cognitive restructuring, experiential techniques such as imagery rescripting, chairwork, history role-playing, therapeutic letters, dream work, and behavioural pattern changes (Arntz & Jacob 2012; Ociskova *et al.* 2022a). ST also emphasises the therapeutic relationship and limited reparenting, where the therapist provides a patient with a corrective emotional experience (Louis *et al.* 2021; Young *et al.* 2003).

The primary objective of ST is to guide patients towards fulfilling their emotional needs in a healthy manner that does not result in maladaptive behaviours or emotions (Artz & Shaw 2012; Koppers *et al.* 2021). Early maladaptive schemas are detrimental patterns which individuals develop when their emotional needs are frustrated during childhood (Lockwood & Shaw 2012), including the need for safe attachment, support, autonomy, self-expression, realistic limits, spontaneity and play, fairness and self-coherence (Young *et al.* 2003; Arntz *et al.* 2022). If not addressed, these schemas can influence individuals throughout their lives and lead to problematic coping methods and behaviours.

A central feature of ST is the idea of schema modes (Lobbestael *et al.* 2008; van Tatenhove *et al.* 2023). These are the predominant emotional states and coping responses triggered by situations in which people are oversensitive (Edwards 2022). Each maladaptive schema has a dominant set of modes. Modes are distinct parts of the self that are activated in different situations. For instance, patients might have a Vulnerable Child mode activated when they feel threatened or insecure when their abandonment, emotional deprivation, defectiveness or other similar schemas are activated.

Some techniques employed in ST involve using toys, which can assist patients in externalising their inner experiences and expressing their emotions and feelings (Arntz & Jacob 2012). Toys, particularly stuffed animals and dolls, can symbolise different people from the patient's past. Furthermore, toys may represent modes and can be utilised to enact interactions between modes, rescript distressing events, practice communication, and read therapeutic letters (Arntz & Jacob 2012).

Representing modes using toys could help patients better understand and work with different emotional states (Shaw 2020). For example, a patient might use a stuffed animal to represent a particular mode or

emotional state, such as anger or sadness. Toys can be used in therapy for both children and adults. Toys for children could provide a safe and familiar medium to express their emotions and experiences (Gitelson *et al.* 1938). For adults, toys can offer a playful and creative way to explore their inner world (Shaw 2020).

There is a literature gap on using toys and play in therapeutic settings, specifically using stuffed toys in adult schema therapy. This article will try to fill this gap. This narrative review overviews toys and plays in ST and adult psychotherapy. It incorporates information from professional texts as well as the clinical experiences of schema therapists. This review aims to provide a comprehensive perspective on this topic and to discuss the advantages and techniques of using toys and play in therapeutic strategies.

METHOD

This narrative review examined the texts of articles and books on ST that focus on using toys and play in therapeutic strategies. Texts on the application of play in adult psychotherapy were also examined. These texts were supplemented with the clinical experiences of schema therapists who employ these methods in their practice.

Searches were conducted in the PubMed, PsycINFO, and Google Scholar databases using the keywords "schema therapy," "toys," "play," "therapeutic strategies," and "adult psychotherapy." Articles and monographs that discussed using toys and games in ST or adult psychotherapy were selected. These texts were analysed and information about using toys and play in therapeutic strategies was extracted.

The clinical examples of schema therapists were gathered through interviews with therapists who employ these methods. Therapists were asked about their experiences using toys and games in ST, the advantages and disadvantages of this approach, and their techniques when working with patients.

RESULTS

Play therapy

Play therapy, a therapeutic approach traced back to the 1930s has likely been practised for centuries, if not millennia. In the 1930s, psychiatrists observed that children revealed more about themselves during play than when they answered questions focused on their problems (Gitelson *et al.* 1938). Play therapy is currently employed with children and adults as it facilitates the creation of a safe atmosphere that allows for the modelling of inner speech and the dialogue of different parts of oneself or interaction with others. It has become particularly significant when working with clients with borderline personality disorder, whom some evidence showed that they were significantly inclined towards soft toys, which they seemingly used as a substitute

for the safety and closeness they often lacked in childhood (Louis & Louis 2015). Playing with a toy enables them to attach themselves to transitory objects, open up more easily and exhibit greater courage. Toys serve as a conduit for expressing emotions that might have otherwise been suppressed. Therapeutic play with stuffed animals provides a means to embrace childlike behaviour, bypass the tendency to hide behind formal expressions and discuss inner contents that would have otherwise been avoided (Shaw 2020). The primary goal of playing with stuffed animals and toys in ST is the healthy development of the individual to strengthen the mode of the Playful and Creative Happy Child and the mode of the Kind Parent or the Healthy Adult (Prasko *et al.* 2020).

Working with stuffed animals assists the client in sorting through complex feelings and using play to communicate spontaneously at their level and pace without feeling interrogated or pressured (Shaw 2020). The client may feel in control of how much they reveal about themselves. Play therapy is where schema therapists allow clients to play during the session rather than merely sit and discuss their problems. Play therapy with stuffed animals can address internal processes, such as speaking for individual modes or dialogues between modes and external processes, where the stuffed animals represent the client and others with whom they interact. The client can assist the puppets in telling a story about their family or work situation, from which the therapist gains more insight into the client's family or work dynamics (White & Epston 1990). It enables clients to settle into a more comfortable situation where they tend to be more willing to express themselves than in a traditional therapy setting. In addition to playfulness, play therapy also introduces humour and spontaneity into the therapy. Another important aspect is that clients can feel in control of how much they reveal about themselves (Farrell *et al.* 2012).

The cliché of the Inner child suggests a painful inward journey to revisit the long-buried foundation of the childhood selves (Lobbestael *et al.* 2012). The challenge lies therein. If the childhood is painful, conflicted, or constricted, surrounded by constant reminders, a strong Critical, Demanding, or Punishing mode arises, making it difficult to break free from inner criticism (Louis & Louis 2015). Being assertive, thoughtful, resilient, and constructive while also capable of standing up against exploitation paves the way to a Healthy Adult (Prasko *et al.* 2020).

There is an opportunity to develop a new client-therapist relationship that will inevitably leverage the client's primary relationships and offer them a chance to create something new. One can learn about the inner world of the Vulnerable Child by interacting in the therapeutic environment. The same environment can provoke a myriad of different reactions. Many schema therapists have a dedicated shelf of toys in their office, resembling a toy store. For instance, in our department,

we bring stuffed toys to group sessions, which usually spark interest and a desire to play with them from the outset. However, not everyone sees it that way. Clients who are unhappy or aloof will hesitate to engage in toy play as they struggle to develop needed spontaneity: "Why do we have to play with this? I'm bored. It's awkward and childish!"

Clients often show the therapist aspects of themselves that are misunderstood in the family environment, work, or school. For example, a borderline client whose family believes that she always causes conflicts and misbehaves with those around her will play tenderly and lovingly with a cloth doll and even be gentle and kind to the therapist. Another example could be a client with significant social anxiety who avoided contact with others and dropped out of college because he could not communicate with his classmates and professors. Suddenly, he becomes rough and talkative when he comes into contact with the cuddly Detached Protector. The basic premise is that therapy sessions are like a dream, a game that illuminates a gateway into the client's mind (Prasko *et al.* 2024).

Along with the continuity and regularity of the encounter, the therapist needs to tolerate all kinds of content as long as it is played, spoken, symbolised, and not performed in real life. It is fascinating that many clients who come to us with behavioural problems quickly lose these symptoms because they "play them out" instead of acting them out in real-life situations (Lockwood & Shaw 2012; Ociskova *et al.* 2022b).

Some clients initially exhibit reluctance towards working with stuffed animals or other toys. They might express sentiments such as, "I'm not a little kid! I have serious problems, and I have no time to play! I would feel like a fool," deeming it unworthy of an adult. They may harbour suspicions that they will be subjected to the revelation of something secret, that the play will infer traits hidden from the therapist, that it may lead to a humiliating confrontation, and that they will be manipulated by the play and have no control over it.

Apart from that, strong negative emotions may arise during the play, be it disgust, helplessness, sadness, or anxiety. This "backlash" often occurs when clients face important but difficult conflicts. However, as soon as it is possible to name and tolerate them during the therapeutic contact, the client experiences significant relief.

Play therapy assists the client in the following ways (Lockwood & Shaw 2012; Shaw 2020):

- Gaining a deeper understanding of how their inner world works and the different modes that influence how they think, feel, and act,
- Striving for more balanced emotional, cognitive, and behavioural responses from the Kind Parent and Healthy Adult modes,
- Taking greater responsibility for their behaviour and developing more effective strategies,
- Creating innovative and novel solutions to problems,
- Fostering respect and acceptance of self and others,

- Learning to experience and articulate emotions,
- Cultivating empathy and respect for the thoughts and feelings of others.

Play therapy assists clients in working through challenging emotions. It enables them to feel acknowledged and seen, allowing them to discover improved behaviours, potentially alter behaviours, or rehearse more adaptive behaviours (Lockwood & Shaw 2012).

We conduct ST both individually and in groups. Although group ST is theoretically consistent with individual ST, and most individual interventions can be adapted for group use, the group offers additional creative opportunities (Farrell & Shaw 2012). Group ST strategically employs the therapeutic factors of the group modality as described by Yalom (Yalom & Leszcz 2005). The group appears to catalyse the therapeutic effects of ST in patients with borderline personality disorder (Dickhaut & Arntz 2014; Farrell *et al.* 2009).

An advantage of working with emotions in a group setting is that the presence of more people in the therapeutic space can amplify the effect. Like individual ST, emotional material can be explored and used to map painful experiences associated with the patient's schema modes, but with the added advantage that group members can learn from each other's experiences (Ociskova *et al.* 2022b). Trauma processing work, such as rewriting experiences, can also be conducted in groups, and group members can provide a different kind of support than therapists. Sometimes, observing other group members working with emotion-focused techniques will trigger emotional reactions that activate the Vulnerable Child modes of the observing members (Farrell *et al.* 2009). Learning by imitation is a beneficial experience for patients with avoidant traits who often remain in the Detached Protector mode. It is also helpful for patients with perfectionism traits in the Overcompensator mode. To keep this overview concise, we have focused on several experiential strategy techniques that can be used in individual and group ST.

THE ART OF STORYTELLING

Working with plush toys allows clients to experience the emotions associated with each mode. It can be particularly helpful in relaxing the Vulnerable Child mode because plush toys evoke childhood memories and simultaneously increase feelings of security through their shape and softness (Lockwood & Shaw 2012).

There are two ways to conduct mode work and imagery rescripting via toy play during the group ST. The therapist can work with the individual in a group or use the whole group. It is essential to ensure a sense of safety when working with painful childhood experiences, which is especially true when rescripting traumatic events (Vrbova *et al.* 2010). Plush toys can assist in rewriting an old event and prompt a valuable

rescripting through mini-drama games with stuffed animals.

In individuals with borderline personality disorder, we can sometimes encounter negative and rejecting attitudes at the beginning. Therefore, preparation and sufficient time devoted to feelings of safety before using the soft toy intervention are important (Farrell *et al.* 2012). To increase safety, we can use a therapeutic story that we bring to the group or individual therapy from the outside. Such a story can pave the way for clients who, based on an example, can empathise with and see unmet needs, enter their childlike modes, and experience the protection of a Kind Parent or Healthy Adult. This approach gradually paves the way for patients to consider how helpless children can be and how dependent they are on the Good Parent to fulfil their basic needs, including a sense of safety and predictability, acceptance and appreciation. Through the story played with soft toys, patients are encouraged to think about what messages the child would take away from the story, as well as about themselves, what they take away from the child's experience, and their worth and the normality of the needs that adults in the story world meet (Shaw 2020). Clients are then encouraged to think about their Vulnerable Child and their needs similarly and to transfer their compassion for the child in the role play to their Vulnerable Child.

The therapist tells the group the story of Tonik and the cellar.

Therapist: Tonik is five years old. He lives in a huge old house with shutters creaking in the wind, a giant attic and a big old cellar. It's early evening, dark outside, cold in the large living room, and Dad has ordered Tonik to bring wood from the cellar to the fireplace. "I'm scared", says Tonik. The cellar is deep in the large house. The stairs to it are high and made of stone. From the large central cellar room with wood and a light bulb, you can see other dark entrances without doors and side rooms without light. "Daddy, Daddy, I'll go and wash the dishes, and I'll wash them for a whole month," Tonik begs. Dad gets angry. "How can such a big boy be afraid to go to the basement? Go down there immediately; otherwise, I'll punish you," he says menacingly, handing Tonik a firewood basket. Tonik walks down the grand, creaky staircase to the ground floor. He is afraid someone might be hiding under the stairs or behind some doors and running towards him. He hardly even breathes so as not to be heard. Then he opens the door and enters the deep stone staircase to the cellar. He turns on the light, which does not shine directly on the stairs but is reflected from the central room around the corner. It's dim on the stairs; it's cold. Tonik's heart is in his throat; he slowly walks down the stairs. He enters the central room. At its end is stacked wood. Tonik's eyes examine the entrances to the other rooms next door. He has already stopped thinking; he feels dizzy, loading wood into the basket. Fear paralyses him; he feels how mechanical his hands are, and he acts like a robot. He does not look at the firewood. He turns his head towards the dark entrances to the other rooms. He says loudly: "I will hit them with this box if anyone approaches me. I will bang them on the head... I'm not afraid; I am not afraid at all. I know how to hit well..." Then

there is complete silence. For a while, Tonik cannot even move. There is a single light bulb high up in the vault overhead. With a full basket, he walks past the dark entrances stiffly and sprints up the stairs. He quickly runs up the stairs, forgetting to turn off the light, and runs up the large wooden staircase, still feeling that someone might jump him. He runs through the great hall and into the living room, putting the basket by the fireplace. Dad looks at him and snorts contemptuously. "Why are you such a sissy?...? Are you even my child? Now go back and turn off all the lights. Man up! And when you're done, go to sleep." Tonik goes to bed limply. He is sorry; he feels like he let his dad down and is a coward. When he gets to the room, he gets very angry with himself. He slaps himself relieved. When he finally shuffles to his bed, he imagines he is a great hero who secretly saves people from criminals without anyone knowing it is him. The next day, he tells his four-year-old sister, Anicka, what a hero will be like when he grows up. Anicka listens enthusiastically and then says she will be a great heroine, even greater than Tonik. They argue about who will be the greater hero until they fight, and Tonik hits Anicka. Mother hears the screams, enters the children's room, and starts shouting at them to stop immediately. Dad gets angry and beats Tonik, then tells the crying Anicka that she is a princess, takes her to the kitchen, and gives her chocolate. Mum says to Tonik: "You deserved it; she is little." and leaves.

Now go into groups of three and think about the modes that might have appeared in Tonik's experience from the beginning when his dad sends him to the cellar, along his journey, loading firewood, running up the stairs, during his father's comment, during his second trip when he switched off all lights, when going to the bedroom and when lying down in bed, during the story with Anicka and then during the mother's and father's reaction to their fight. Tonik's unmet needs and what modes of experience he could get into. You have 12 minutes to do it.

Patients discuss in small groups.

Therapist: The stuffed animals represent the different modes of Tonik's experience. Put them on your lap. Which group wants to start with the things you realised.... Yes...your group was the first to sign up...Try, Vlad, to say one mode you agreed on in the group and choose a stuffed animal that could represent it. Now, tell us about what each stuffed animal experiences in the parts of Tony's story with Daddy and in the cellar. I will name the parts of the story and try to speak up; when you feel that the mode representing your stuffed animal appears in Tonik, it will appear.

This story is an example of childhood situations where a child's needs were unmet, and patterns and trends developed. Children, with their parents, siblings, classmates, or in a group, can initiate a series of such situations. Working in a group with modes on the introduced story helps to empathise with the child and to be more natural in determining modes, but also to be aware of situations in childhood when one's own emotional needs were not met or were directly threatened, as was the case in the story above.

However, it does not have to be emotional, physical, or sexual abuse, but also experiences where excessive demands were placed on the child, hurt by inappropriate criticism, or left alone to deal with intense feel-

ings before they had sufficient internal resources to do so. In such situations, the fight, flight or freeze response occurs. However, using stories helps group participants discuss children and their needs, promoting self-knowledge.

APPROACHES TO WORKING WITH STUFFED TOYS

Toys, especially stuffed animals, can represent individual modes in ST. Patients can better understand and work with different emotional states by using toys to represent modes.

There are many different techniques for using toys in ST. Some common methods include:

- **Replaying interactions between modes** involves using toys to represent different modes and acting out scenarios where the modes interact. For example, a patient might use two stuffed animals to represent their Vulnerable Child and Angry Parent modes. The patient could then enact a scenario where the Vulnerable Child mode expresses their needs, and the Angry Parent mode responds with anger or criticism.
- **Chair work** involves using toys to represent different modes and placing them on different chairs. The patient then moves from chair to chair and speaks from the perspective of each mode. This can help patients identify and challenge their maladaptive modes and strengthen their Healthy Adult mode. In another approach to chair work with toys, the patient sits in one chair and imagines another person or part of themselves represented by a stuffed toy sitting in another. The patient then establishes a dialogue with this imaginary person or part of themselves.
- **Rescripting painful events** involves using toys to represent different modes and reimagining a traumatic or upsetting event from the past. The patient can use the toys to change the event's outcome, express their feelings, or receive support and validation from their Healthy Adult mode or the therapist.
- **Practising communication** involves using toys to represent different modes and practising how to communicate effectively in various situations. Patients might use a toy to symbolise someone they must confront or communicate with more effectively. For example, a patient might use a stuffed animal to represent their Healthy Adult mode and another to represent a person they want to talk to. The patient could then practice expressing their needs, setting boundaries, or resolving conflicts with the other person.
- **Reading therapeutic letters** involves using toys to represent different modes and reading letters that the patient or the therapist has written to them. The letters can address the patient's schemas, modes, needs, and goals. The patient can use the toys to respond to the letters, to express their emotions, or to ask questions.

- **Building the Inner House** (Loose et al. 2020): "The 'Inner House' is a method used in ST where patients, in small groups of three, construct a three-level home out of cardboard boxes with an open front wall, similar to a dollhouse. One patient from the group becomes the Protagonist. On the home's ground floor, they place symbols representing important people and events from childhood and adolescence. These symbols can be small stuffed animals, dolls, or various objects. On the first floor, they place symbols representing their inner attitudes and early maladaptive schemas. On the second floor, they create a scene representing a problematic situation in the patient's life. One mode is placed on an elevated throne, while the others are arranged on the third floor as the patient perceives the interaction between them. After constructing the entire Inner House, during which the patient talks about the people, situations, and schemas, a second patient becomes their 'healer', taking a stuffed toy representing the Healthy Adult into their hands. A third becomes the 'helper', taking a stuffed toy representing the Kind Parent into their hands. The Healthy Adult and Kind Parent figures then go through the Protagonist's Inner House from the ground floor, gradually discussing and healing each situation.
- **Discussing the River of Life** (Prasko et al. 2024): "The 'River of Life' is a metaphor used in various fields such as therapy, education, and art (Walsh & Vaughan 1993). This metaphor represents a person's life as the flow of a river that changes due to various influences and events. The "River of Life" metaphor can be used for reflective visualisation, self-discovery, and personal development (Morgan 2011). Prasko et al. (2024) developed this method in ST and the narrative context in ST groups.

Work with this method is divided into six blocks, or areas of life, each of which lasts 90 minutes. The "River of Life" is designated for a single large group to work on daily for six days. The life sections include.

- Section 1: Mountain lake and a small stream – Birth and early childhood to preschool
- Section 2: The brook grows into a stream – School age up to puberty
- Section 3: A wild river with rapids and waterfalls – Puberty and adolescence
- Section 4: A large, wide river with gorges and dams – Adulthood
- Section 5: The Sea – The present
- Section 6: A sailboat at sea – Dreams about the future

The patients then split into groups of three and shared their recording sheets. One of them plays the Protagonist, who describes their resources, obstacles, and needs in this period of life. They show a plush toy based on their modes, representing themselves (Prasko et al. 2024). The other member plays the Kind Parent, who

listens to the Protagonist with empathy, appreciation, and support, expressing these dynamics with a plush toy representing the Kind Parent. The third member plays the Healthy Adult, who uses a plush toy to give the Protagonist a rational perspective, advice, or help. After 20 minutes, the roles change, so everyone plays the Protagonist once, the Kind Parent once, and the Healthy Adult once.

In this way, plush toys serve as tangible representations of the different modes, facilitating communication and understanding within the group. They provide a safe and playful medium for patients to explore and express their inner experiences, promoting self-discovery and personal growth.

- **Transitional Objects:** Toys can also serve as transitional objects in ST. A transitional object is an object that provides comfort and a sense of safety, especially in times of stress or change. For a child, a transitional object might be a favourite stuffed animal or blanket. A transitional object for an adult in therapy might be a toy representing a positive mode or a comforting memory. By holding or looking at this toy during therapy, the patient can feel a sense of safety, acceptance, and appreciation, which can help them to open up and engage more fully in the therapeutic process.

Stuffed Animals as Representatives of Schema Modes

Stuffed animals can represent different schema modes, including various self-activated parts in diverse situations (Prasko et al. 2020). For instance, a patient might have a Vulnerable Child mode activated when they feel threatened or insecure. Using stuffed animals to symbolise these modes, patients can better understand and work more effectively with different emotional states. Schema therapists can use toys to explore different schema modes instead of chair work using conversations with toys to appreciate their "voices", aetiology, purpose and functions.

Stuffed animals can be employed to replay interactions between modes. A patient might use one stuffed animal to represent a Vulnerable Child and another to represent a Critic Parent Mode, another Perfectionistic Overcontroller, Detached Protector, etc. The patient could then re-enact the interaction between schema modes and explore how the modes influence each other.

Additionally, stuffed animals can be used to rescript painful events. Patients might use a stuffed animal to represent themselves in the past and replay a traumatic event, allowing them to explore their emotions and feelings associated with the event and work on processing them.

Toys can also be used to practise communication and for reading therapy letters. For example, a patient might write a letter to their Critic and then read it to a stuffed animal representing this mode. This would allow them to express their feelings and thoughts in a safe environment. Toys can also teach assertiveness, facilitate communication with important people, and practise

communication skills. For instance, a patient might use a toy to represent someone they must confront or communicate with more effectively.

Addressing the Schema Modes

Addressing schema modes is a technique used in ST that allows patients to better understand and work with different parts of themselves. This technique involves the therapist or patient addressing a certain mode and then communicating with it. For example, a therapist might say, "Can I talk to a Vulnerable Child?" and then continue chatting in that mode.

A Vulnerable Child

Suppose the patient is in the Vulnerable Child mode. In that case, the therapist can help them clarify their experience with the help of a stuffed animal, with which the patient often empathises and can express their experience more openly than if they had to speak directly for themselves. Addressing the Vulnerable Child mode through a substitute object helps the patient to better understand this emotional state. It is also beneficial for the therapist to speak to the stuffed animal as a representation of the Vulnerable Child and thereby demonstrate limited reparenting, which the patient can often accept more naturally than if the therapist were to speak directly to them.

Therapist: Hi, how are you feeling today?

Client: I'm sad.

Therapist: Can you tell me more about why you are sad?

Client: Well, I feel like I let my friend down.

Therapist: And what happened?

Client: We were supposed to meet, but I forgot and didn't go there.

Therapist: How do you feel now that you're talking about it?

Client: I feel guilty, and I feel like I'm bad.

Therapist: Choose a stuffed animal to represent that (points to a pile of stuffed animals on a shelf). Which mode will it be?

Client: This is my Vulnerable Child (selects a small lion).

Therapist: Speak for him, what he is going through...

Client: I'm so sorry I didn't come. I'm ashamed about it. I'm afraid he won't understand me and will get angry. And he will be right. It's my fault.

Therapist: You say it nicely. What emotions come up?

Client: I'm sad. And I feel regret. And also helplessness. I do not know what to do.

Therapist: Can I talk to your stuffed animal like your Vulnerable Child?

Client: Yes.

Therapist: Hello, little lioness. I hear you feel guilty and feel like you're bad. You are sorry you missed the meeting; you are sad and helpless. What else are you going through?

Client (as a vulnerable child): Well, I'm afraid I've done something wrong, and my friend will be upset.

Therapist: I understand you very well. What would you need the most?

Client (as a vulnerable child): For someone to understand me and not be angry with me.

Therapist: I understand you. It happens that a person forgets an important thing. What else would you need?

Client (as a vulnerable child): Hearing that I'm not bad...

Therapist: You're not bad. You didn't do it on purpose. You are a good girl. Do you think your friend will understand if you tell him everything?

Client: He could. I'll try it...

In this conversation, the therapist uses a stuffed animal to represent the client's Vulnerable Child. This can be a useful tool for therapists and clients to better understand and work through their feelings. A stuffed animal can provide a safe environment for the client to express her feelings and emotions.

The Importance of the Happy Child

The importance of spontaneity and play in child development has been well documented, as have the benefits of inducing and reinforcing the Happy or Satisfied Child mode in the adult (summarised in Lockwood & Shaw 2012). Play and creativity facilitate healthy emotional development and provide early information about social interactions. In patients with borderline personality disorder, spontaneity and play were not always fulfilled. They were often absent in their family environment. Through play, it is possible to target emotional schema inhibition or emotional avoidance/overcompensation, as well as mistrust/abuse and social isolation/alienation. Play experiences with soft toys can be a safe way to initially engage patients who have a strong mistrust/abuse schema and are unable to connect with their Vulnerable Child Mode.

In group ST, stuffed animals representing the Happy Child often induce joyful feelings or balance the painful work of healing the Vulnerable Child. The example exercise we used in a group was "visiting a toy store" (Shaw 2020). In this technique, patients are encouraged to imagine their little selves. An individual in therapy sits with their eyes closed. The therapist guides them through the description.

The five senses are used in traditional imagination to fully engage them in the experience. Patients are instructed to notice what it is like to travel on a bus, the view from the window, and the songs they sing together as they eagerly wait to arrive at their designated destination. Once they arrive, they are told they can see a big toy store with many different toys from the window. They have time to explore the entire building. They also said that the group facilitator had won the lottery and that they could buy anything they wanted in the toy shop.

The picture is imagined as vividly as possible. When the imagery exercise is complete, patients open their eyes. They are asked to describe their experience and which toys they chose. Using Happy Child Imagery is a good way to deal with a group stuck or needing an influence change. This must be done with considerable

enthusiasm, and some therapists, with their schema of emotional inhibition, may struggle with this exercise.

Interaction between Two Schema Modes

Interaction between two schema modes is a technique used in ST that allows patients to explore interactions between different parts of themselves (Young *et al.* 2003). This technique involves the therapist or patient addressing two modes and replaying their interaction. For instance, a therapist might address the modes of Vulnerable Child and Critic and then enact the interaction between the two.

The interaction between the two schema modes can help patients better understand the thought patterns, emotions, and behaviours associated with different parts of the self (Arntz & Jacob 2012). For example, a patient might explore the interaction between a Vulnerable Child and a Critic and see how these modes affect their emotional state and behaviour. The interaction between the two modes can also help patients identify and change maladaptive patterns of thought, emotion, and behaviour (van Vreeswijk *et al.* 2014).

Multi-Mode Interaction

Multimodal interaction is a technique employed in ST that enables patients to explore the interactions between more than two parts of themselves. This technique can facilitate a better understanding of their internal dialogues and interactions among different modes, thereby altering maladaptive thought, emotion, and behaviour patterns. It involves the therapist or patient addressing more than two modes and replaying the interaction between them. For instance, by addressing the Vulnerable Child, Punitive or Demanding Critic, Perfectionistic Overcontroller, and Detached Protector modes, a therapist can assist the patient in discovering their typical pattern. The Healthy Adult or Kind Parent can then alter the maladaptive repetition. If different toys represent this pattern, a patient can also visually comprehend what is happening with the individual modes. Using toys in the dialogues of various modes and their change introduces a playful element, often bringing fun while allowing for a deeper understanding and change (Farrell *et al.* 2012).

Therapist: Hi, how are you feeling today?

Client: I'm sad.

Therapist: Can you tell me more about why you are sad?

Client: I criticised my friend for not making the expected purchase and was not listening to his reasons. He got angry and refused to talk to me.

Therapist: How do you feel now that you're talking about it?

Client: I feel guilty, and I feel like I'm evil.

Therapist: Can we use stuffed animals to represent different modes and explore their interactions?

Client: Yes.

Therapist: Great. If more modes appear, please choose different stuffed animals such as Vulnerable Child, Critic, Overcompensator, Detached Protector, or other animals.

Client: I will choose a stuffed lion as the Vulnerable Child, a stuffed wolf as the Critic, a stuffed horse as the Overcompensator, and a stuffed giraffe as the Detached Defender.

Therapist: OK. Can you please give a direct speech for each mode?

Client (lion as Vulnerable Child): I feel betrayed and abandoned.

Client (wolf as Critic): I'm telling you you're bad and should be better.

Client (horse as Overcompensator): I try to do everything perfectly to avoid criticism.

Client (Mole as Detached protector): I'm trying to distract myself from what happened.

Therapist: Can we add Healthy Adult or Kind Parent to the conversation?

Client: Yes.

Therapist: Great. Choose them.

Client: I will choose a stuffed panda as the Healthy Adult and a stuffed dog with glasses as the Kind Parent.

Therapist: How might these help change your distress? Can you please give a direct speech for each mode?

Client (Dog as Kind Parent): I hear you feel guilty and bad. I want to tell you that it's OK to make a mistake. We are all human and make mistakes sometimes. It is important to learn from them and try to correct them. I am here for you, and I support you.

Client (panda as a Healthy Adult): I could suggest a solution. You could apologise to your friend for not asking why he did not make the purchase and directly criticising him. You could openly describe what you were going through and offer a constructive solution, for example, whether he wants to go on a big car shopping trip with you that you can do together.

In this example, the therapist uses stuffed animals to represent the client's various modes and explores their interactions. The client chooses the individual modes herself, and the therapist invites her to have a direct speech for each mode. This can be a useful tool for both therapist and client to better understand and work to change maladaptive patterns of thought, emotion, and behaviour. Stuffed animals can provide a visual representation of different modes and help the client better understand the interactions between them.

Fighting Critical Mode

Work with toys can be developed to support the patient in confronting their critical modes, such as Punitive or Demanding Critic. The patient selects from the toys to symbolise the Critic, the Vulnerable Child, the Healthy Adult, or the Kind Parent. Initially, the patient directly speaks for the maladaptive mode, then employs the Healthy Adult to confront it, communicates with the Vulnerable Child, and finally addresses the Vulnerable Child from the perspective of the Kind Parent mode. The patient can choose several stuffed animals to act as their protectors. These protectors initially shield themselves from the Critic through verbal and behavioural responses. They then behave kindly towards the

patient's Vulnerable Child, who initially expresses their needs.

Therapist: Hi, how are you feeling today?

Client: I'm sad.

Therapist: Can you tell me more about why you are sad?

Client: My Critic keeps telling me I'm bad and should be better.

Therapist: How do you feel now that you're talking about it?

Client: I feel guilty, and I feel like I'm bad.

Therapist: Can we use toys to represent different modes and explore their interactions?

Client: Yes.

Therapist: Great. Please choose a Vulnerable Child, Critic, Healthy Adult, or Kind Parent toy.

Client: I will choose a teddy bear as the Vulnerable Child, a plush lion as the Critic, a plush panda as the Healthy Adult, and a plush dog as the Kind Parent.

Therapist: Great. What do these modes of yours say separately? Can you please give a direct speech for each mode?

Client (as a Vulnerable Child): I feel betrayed and abandoned.

Client (as Critic): I'm telling you that you're bad and should be better.

Therapist: Can we add Healthy Adult or Kind Parent to the conversation?

Client: Yes.

Therapist: Great. How could these modes help you? Can you please give a direct speech for each mode?

Client (as Kind Parent): I hear you feel guilty and bad. I want to tell you that your feelings are valid and that it's OK to feel this way sometimes. But I don't think you're bad. You just don't get it right sometimes. You do a lot for others, and you're good at it. It doesn't matter that it doesn't always work. I am here for you, and I support you. Together, we can find ways to cope with this feeling.

Client (as a Healthy Adult): You have already learned some coping methods for guilt and badness. The fact that they appear occasionally is normal. Still, it is important to face them so they are not excessive and do not destroy you. As you deepen your understanding of why these feelings occur and learn to talk to others better about what happened and how you feel, they will come less often.

Therapist: How do you feel now?

Client: Very nice. I feel pretty good about myself.

Therapist: I'm very happy. I liked what you said as a Healthy Adult and Kind Parent.

Rescripting with Stuffed Animals

Rescripting with stuffed animals is a technique utilised in ST that enables patients to explore and process painful events from their past (Farrell *et al.* 2012). This technique involves the patient using a stuffed animal to symbolise themselves in the past and rescripting the traumatic event. For instance, a patient might use a teddy bear to represent themselves as a small child and rescript an abusive event.

Playing with stuffed animals provides a window into the past when the client was still a child, often bringing to light long-repressed memories. It also enables the

client to fully experience limited reparenting, in which the therapist empathises with them, accepts them, appreciates them, and encourages them.

Through rescripting painful events, the patient can change the event's outcome by imagining what they want to see happen instead (Prasko *et al.* 2020). For example, a patient who experienced bullying as a child might use toys to modify the bullying scenario. The patient could then imagine standing up for themselves or receiving support from others.

Rescripting with stuffed animals can aid patients to better understand their emotions and feelings associated with painful past events. This technique allows patients to safely explore their emotions and feelings and work on processing them. Rescripting with stuffed animals can also assist patients in changing their perspective on the past and developing new, healthier ways of thinking, feeling, and behaving (Prasko *et al.* 2024).

Assertiveness Skills Training with Stuffed Animals

Assertiveness with stuffed animals enhances development of assertive communication skills. This technique involves the patient using a stuffed animal to symbolise themselves or another person and acting out assertive communication. For instance, a patient might use a teddy bear to represent themselves and a second stuffed animal to represent their boss. The patient could then replay the assertive communication between themselves and their boss.

Communication involves using toys to represent different individuals or parts of oneself and then establishing dialogues with these representations. This can assist patients in improving their communication skills and learning to express themselves more effectively (Prasko *et al.* 2024).

Assertiveness with stuffed animals can aid patients in developing assertive communication skills in a safe environment. The patients can explore different ways of assertive communication and to work on their development. Assertiveness with stuffed animals can also assist patients in gaining a better understanding of their emotions and working on processing them and their feelings associated with assertive communication.

A Fairy Tale with Stuffed Animals

A "Toy Story" explores and processes their emotions and feelings through a story (Farrell *et al.* 2012). This technique involves the patient selecting a story to enact and then using a stuffed animal to represent the different characters in the story. For instance, a patient might choose the story of "Little Red Riding Hood".

Choosing a fairy tale is a crucial step. Patients should select a fairy tale that resonates with their emotions and feelings. For example, a patient who feels threatened or insecure might choose the fairy tale 'Little Red Riding Hood', who encountered a wolf in the forest. The

patient should also choose a fairy tale they like and are familiar with.

After selecting a fairy tale, the patient should enact it using stuffed animals. The patient should use a different stuffed animal to represent other characters in the fairy tale and act out the plot. During the playback, the patient should explore their emotions and feelings associated with the various characters and events in the fairy tale.

During the playback of the story, the patient should determine which modes are active for the different characters. For example, a patient might decide that the wolf in the 'Little Red Riding Hood' story represents the Critical Mode and the grandmother means the Kind Parent. The patient should also determine which modes are active while playing the story.

After playing the fairy tale, the patient should discuss the meanings of the various characters and events in the fairy tale with the therapist. The patient should explore how the story's different characters and events relate to their emotions and feelings. For example, a patient might discuss how the wolf in the 'Little Red Riding Hood' story represents their Critical Mode and how they feel when this mode is active.

The Story of the Stuffed Animal and Narrative Change

The Stuffed Animal Story and Narrative Change technique is utilised in ST, allowing patients to explore and modify their narratives. This method involves the patient crafting a scenario for a stuffed animal story and enacting that scenario using a stuffed animal. For instance, a patient might create a narrative about a teddy bear encountering a wolf in the forest.

Creating a script is crucial to the technique and narrative change. The patient should construct a scenario for the stuffed animal story that resonates with their emotions and feelings. The scenario should encompass various characters, events, and emotions pertinent to the patient's narrative. Upon crafting the scenario, the patient should enact the original stuffed animal story using the stuffed animal. During the playback, the patient should explore their emotions and feelings associated with the diverse characters and events in the story.

After replaying the original narrative, the patient should rewrite the script to incorporate new, healthier ways of thinking, feeling, and behaving. The patient could replay the rewritten story and explore their feelings during this latest rendition.

Toys can also be used to enact narratives from the past and future. For example, a patient might use toys to rescript a traumatic childhood event or envision a future scenario in which they successfully communicate their viewpoint.

Stuffed Animal Theatre

Stuffed Animal Theatre is a technique employed in ST, that serves patients to explore and process their emotions and feelings through a theatrical perfor-

mance. This method involves the patient crafting a script for a theatre performance, with various characters in the performance represented by stuffed animals. For instance, a patient might create a script about family conflict, using a teddy bear to represent the father, a stuffed cat for the mother, and a stuffed rabbit for the child.

Creating a stuffed animal theatre scenario is a significant step in this technique. The patient should construct a scenario that resonates with their emotions and feelings, incorporating different characters, events, and emotions related to their narrative.

Following creating the script, the patient plays the theatre performance using stuffed animals. Different stuffed animals should represent other characters in the play, acting out the plot. During the playback, the patient explores their emotions and feelings associated with the various characters and events in the performance.

Plush Theatre provides a safe environment for patients to explore – and subsequently better understand – their emotions and feelings and work on processing them. Additionally, Plush Theatre can assist patients in changing their perspective on the past and developing new, healthier ways of thinking, feeling, and behaving.

DISCUSSION

The use of toys in Schema Therapy (ST) presents a novel and creative approach to psychotherapy. This method is particularly effective in addressing complex behavioural, cognitive, and emotional patterns that contribute to the psychopathology of personality disorders.

Evidence shows that early maladaptive schemas are associated with insecure attachment (Karantzas *et al.* 2023). Toys symbolise childhood needs for a secure base and haven while exploring the world. Thus, soft toys in psychotherapy can help to increase safety, which is necessary for being in touch with Inner Child mode. The effectiveness of schema therapy has been proved in several mental disorders: personality disorders, severe depression, anxiety disorders, PTSD and others (Renner *et al.* 2013). Along with safety, increasing the ability to joy and play during the psychotherapy process is crucial in decreasing symptoms of these disorders (Lockwood & Shaw 2012), and toys may help to develop spontaneity and playfulness.

Toys in ST may serve as symbolic representations of people in a person's life, including their thoughts, emotions, and behaviours. This symbolism aids in comprehending and processing experiences, providing a tangible means for patients to externalise their inner emotional experiences. This can lead to a better understanding of their experiences and the development of new adaptive behaviours.

Moreover, toys can embody modes or distinct emotional states, helping patients better understand and manage these states. This can be particularly beneficial

in assisting patients in navigating complex emotional landscapes and fostering self-awareness.

Their application in various exercises further demonstrates the universal use of toys in ST. These include simulating interactions between modes, working with fairy tales and dreams, conducting chair work, rewriting distressing past events, practising communication, and working with therapeutic letters. Each of these exercises offers unique benefits and can be tailored to the individual needs of the patient.

Creative techniques like stuffed animal rescripting, assertiveness training with toys, and storytelling, and that with toys enable clients to explore and process traumatic memories, develop assertive communication skills, and view their emotional experiences from new perspectives. For instance, stuffed animal rescripting helps clients revise and alter past traumas' narratives, aiding in emotional healing. Using a toy to practice new communication/assertiveness skills offers a chance to enter the Healthy Adult mode in a safe and relaxed environment. Moreover, stuffed animal theatre allows clients to express complex emotions and narratives. It helps them effectively pass through coping modes and not hear inner critic voices.

One of the key benefits of using toys in ST is introducing a creative and playful component to therapy. This can make therapy more engaging and enjoyable for patients, potentially increasing their motivation and adherence to treatment. In addition, the integration of toys serves as a therapeutic bridge to the Happy child mode, the activation and strengthening of which is one of the aims of Schema Therapy. Playfulness in a healing way allows clients to revisit past traumas in a therapeutically safe and supportive environment. Through such play-based interventions, ST goes beyond traditional therapeutic methods, offering a deeply engaging, exciting and multifaceted therapeutic experience.

CONCLUSION

The innovative use of toys in Schema Therapy (ST) enhances and revolutionises the therapeutic process. ST transcends traditional therapeutic methods by providing a tangible, interactive medium for patients to express and process their emotions. This approach allows for a more nuanced exploration of the patient's inner world, making therapy more engaging and effective.

The use of toys in ST is not merely a tool; it is a testament to the evolving nature of therapeutic practices. It demonstrates the field's ability to adapt and incorporate unconventional tools to facilitate healing and growth. This adaptability is crucial in a field where one-size-fits-all approaches often fall short. Each patient is unique, and using toys in ST allows for a personalised approach that respects and addresses this uniqueness.

Moreover, using toys in ST holds significant promise for enhancing therapeutic outcomes and promoting

mental health. By helping patients identify and modify maladaptive schemas, toys pave the way for healthier cognitive and emotional patterns. They provide a safe space for patients to explore their emotions and feelings and to work on processing them.

In the future, further research should explore the specific mechanisms toys contribute to therapeutic outcomes. This could lead to developing more effective strategies to use toys in ST and ultimately improve patient care quality.

In conclusion, the use of toys in adult Schema Therapy is an (innovative), innovative, and effective approach to address the complex needs of individuals with personality disorders. It is a promising avenue for future research and might significantly contribute to contemporary psychotherapy development.

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