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REVIEW ARTICLE

# Integrating dream work into group schema therapy for individuals with borderline patients

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## Abstract

**INTRODUCTION:** Borderline personality disorder (BPD) is associated with significant difficulties in emotional regulation and a higher prevalence of nightmares, which increase emotional instability and decrease quality of life. Dreams represent valuable therapeutic material that can reveal internal conflicts and support self-awareness.

**OBJECTIVE:** This article explores dreamwork in group schema therapy (GST) aimed at the early maladaptive schemas (EMS) and modes. The ultimate goal of these approaches is to support the Healthy Adult mode in processing the emotional needs of patients with BPD.

**METHODS:** TThe article presents the theoretical foundations and therapeutic techniques, including imagery, dream rescripting, chairwork, and amplification of dream images. Case vignettes illustrate how dreamwork can help recognise and process a patient's internal conflicts and thus aid the therapy process.

**RESULTS:** Dreamwork in GST helps patients better understand their emotional needs and schemas. The increased awareness helps to modify dysfunctional behaviour and improve emotional stability. The group therapy format allows patients to share their experiences and receive support from others, which increases the feeling of belonging and security.
**DISCUSSION:** Dreamwork in GST creates a safe space for processing internal conflicts related to EMS and connections with real possibilities in the patient's life. Dreamwork also brings challenges, such as the risk of slipping into intellectualisation or being overwhelmed by strong emotions and unable to resolve impactful dreams. Dedicated courses and research are needed to warrant effective implementation and elaboration of these methods.
**CONCLUSION:** Dreamwork in GST might be an effective tool for promoting self-awareness, processing emotional conflicts, and strengthening the Healthy Adult and Kind Parent modes.

## INTRODUCTION

Borderline personality disorder (BPD) is a disorder characterised by significant problems with emotional regulation, interpersonal relationships, and self-esteem (Ociskova *et al.* 2023; Grambal *et al.* 2017; Kasalova *et al.* 2018). One of the less-discussed but highly relevant symptoms associated with BPD is sleep disturbances, especially nightmares, which have a significant impact on the quality of life of individuals with BPD (Vanek *et al.* 2021b, Winsper *et al.* 2017; van Trigt *et al.* 2022; Belohradova *et al.* 2023). Nightmares are vivid and frightening episodes during which there may be a sudden awakening, often from REM sleep, and these episodes result in difficulty falling back to sleep and affect daytime functioning (Pagel 2000; Vanek *et al.* 2021a). Patients with BPD suffer from a higher prevalence of nightmares compared to the general population (Ohayon *et al.* 1997; Vanek *et al.* 2021b). Distressing dreams can exacerbate all major BPD symptoms (Grillon *et al.* 1996; Orr *et al.* 1997), including next-day negative affect and suicidal ideation (Kaurin *et al.* 2022). Significant factors increasing the risk of distressing dreams and nightmares are exposure to trauma, use of psychotropic drugs, and comorbid psychiatric illness (Foral *et al.* 2011; Pagel 2000). Patients with BPD are significantly exposed to all of these risk factors (Westphal *et al.* 2013).

### *Psychological and psychotherapeutic understanding of dreams*

Dreamwork might be an effective tool for uncovering unconscious content and processing emotional conflicts in various psychotherapeutic approaches. Sigmund Freud (1910) believed dreams were the royal road to the unconscious and saw them as symbolic representations of repressed wishes and conflicts. In his psychoanalytic theory, Freud proposed that dreams reveal latent content hidden by ego censorship during the waking state. This view of dreams has become the basis for various psychodynamic approaches that continue to use dreams to understand the client's relationship patterns and emotional needs (Gabbard 2005). Unlike Freud, Carl Jung (1964) viewed dreams as a compensatory tool for conscious life. Jung emphasised their role in connecting the conscious and unconscious by implementing both subjective and objective interpretations – the characters in dreams might represent inner complexes and outer world events. Jungian dream work involves symbolic and archetypal analyses that can reveal deep emotional needs and conflicts.

Gestalt therapy encourages clients to imagine that individual parts of a dream represent various aspects of their personality, allowing them to explore unresolved conflicts and needs (Perls *et al.* 1992). In logotherapy, dream reflection is employed to assist clients in identifying existential themes and potential paths toward meaning. This process is often adapted to group therapy, where sharing and reflecting on dreams collectively may foster a shared search for meaning and mutual support (Lantz 1998). In cognitive behavioural therapy (CBT), dreams are analysed as a mirror of automatic thoughts and beliefs that can be reshaped to support healthier thought patterns (Beck 2011; Prasko *et al.* 2010; Vanek *et al.* 2020a). Several meta-analyses of studies show medium to high effect sizes for cognitive-experiential work with dreams (Spangler & Sim 2023). These theoretical insights into dream work show that dreams are not just passive expressions of the unconscious but can be active tools that support processing emotional conflicts (Vanek *et al.* 2020b).

From Jung's emphasis on archetypes and Freud's theory of desire fulfilment to newer neuroscientific models (see Table 1 for details), dreams have captivated researchers for over a century (Mancia 2004; Desseilles *et al.* 2011). Unlike many of the earlier thoughts on the subject, current theories directly emphasise the functions of dreams in social connection, emotional control, and problem-solving, making them more practically oriented than the former ones. Still, the early psychotherapeutic concepts serve as an inspiration for some of the theoretical approaches and the practical handling of the dreamwork.

### *Models of dreamwork in group therapy*

Object relations theory and the concept of projective identification (Fairbairn 1963; Ogden 1996) explain how the dreamer uses the group to transfer and process difficult emotions. This mechanism allows the dreamer to cope with emotions they could not process autonomously. When shared in a group, dreams function not only as an intrapersonal statement but also as an interpersonal event that promotes therapeutic change. Ullman (1987) also emphasises safe and exploratory dream sharing, where the dreamer controls the entire


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**Tab. 1.** Main (neuro)psychological theories of dreaming

| Theory | Key Concepts |
|---|---|
| **Activation-Input Source-Neuromodulation Model or AIM Model** (Hobson *et al.*. 2000) | Dreams aren't particularly significant. They are the brain's attempt to interpret messages from various brain regions, such as those in charge of emotions and memories. When different life events are combined, one can experience surreal dreams. In neuroscientific terms, cortical regions synthesise brainstem-driven activation into narratives to produce dreams. |
| **Neurocognitive Theory** (Domhoff 1996) | Dreaming is an epiphenomenon associated with REM sleep, potentially lacking a distinct function. It is a state that seamlessly aligns with waking thoughts, is intimately linked to imagination, and arises through a top-down process facilitated by a subsystem within the default mode network. |
| **Memory Consolidation** (Walker & Stickgold 2010) | Sleep makes it easier for recently formed episodic memories to be incorporated into the associative structure of previously formed memories. Dreams may arise due to this memory consolidation process during REM sleep. |
| **Continuity Hypothesis** (Schredl & Hofmann 2003) | Dreams mirror waking life, influenced by various factors such as the emotional significance of events, their recency, the nature of experiences, and the dreamer's personality traits. The dream content also reflects the dreamer's waking thoughts and concerns. |
| **Dreams as Virtual Simulation and Predictions of Reality** (Hobson & Friston 2012) | Dreams maximise the brain's predictive functions by improving internal representations during REM sleep. They simplify things, incorporate memories, and replicate the real environment without using the senses. |
| **Adaptive Problem-Solving** (Ullman 1987) | Dreams provide symbolic solutions to current problems by fusing relevant aspects of past experiences. Additionally, the imagery in dreams influences the probability of waking up or staying asleep effectively. |
| **Hyper-Associativity/ NEXTUP** (Stickgold & Zadra 2021) | Dreams develop creativity and problem-solving skills by bringing disparate notions and ideas together. They investigate neuronal connections to reveal unusual possibilities. Dreams are essential for creativity and adaptation because of this hyper-associativity, which promotes memory, insight, and mental health. |
| **Reward Activation Model (Perogamvros & Schwartz** 2012) | Dreaming allows people to be exposed to and taught to react to emotionally charged situations by stimulating the reward system. Improving future performance and emotional regulation skills supports the development of adaptive behaviour. |
| **Dreaming as Imaginative Play** (Bulkeley 2019) | Dreaming is a virtual world where we explore and experiment, but it's less like rehearsal and more like an imaginative play as in childhood. |
| **Mood Regulation Theory** (Cartwright *et al.*. 2006) | Dreams are visual representations of the dreamer's mental models. They alter the dreamer's mental architecture by aligning their current emotional experiences with memories from the past. |
| **Selective Mood Regulation Theory** (Kramer & Glucksman 2006) | Dreams function as mood regulators by symbolically addressing and resolving an emotionally intense issue, thereby leading to an enhanced emotional state upon waking. |
| **Fear Extinction and the Affective Network Dysfunction (AND) Model** (Nielsen & Levin 2007) | The AND model posits that regular REM dreaming aids emotional integration and fear extinction by stripping fear-infused images of context. However, when this process fails, nightmares or recurrent dreams arise, causing fear-laden images to stay in short-term memory and reactivate with related cues. |
| **Emotional Processing Theory** (Hartmann 2010) | Dreams help with emotional control and problem-solving by contextualising and processing strong emotions.<br>Hartmann's position is similar to many contemporary views on the functions of dreaming that emphasise the potential emotional functions of dreams. |
| **Threat Simulation Theory (TST) and Social Simulation Theory (SST)** (Revonsuo 2000) | Dreams simulate social interactions, strengthening bonds and rehearsing social skills.<br>Dreams serve an evolutionary purpose by simulating threatening situations, thus allowing the rehearsal of behaviours essential for survival. Non-threatening dreams serve social adaptation purposes.<br>According to the Social Simulation Theory, people can practise mindreading, build relationships, and enhance social skills by simulating social interactions in their dreams. |
| **Empathy Theory of Dream** (Blagrove *et al.*. 2019) | Dream-sharing improves social ties. It promotes social collaboration and empathy, consistent with Social Simulation Theory. |
| **Combined Nature of Dreams** (Malinowski & Horton 2021) | Dreams' content and function vary depending on the time spent in sleep. Early night (first four hours of sleep) dreams are more closely related to waking life and reflect sleep-dependent episodic memory consolidation processes during non-REM sleep. Late-night (second four hours of sleep) dreams are more emotional, hyper-associative, and metaphorical than non-REM dreams. They may be related to emotional memory consolidation and/or regulation processes during REM sleep. |

process. This model involves stages in which the group first listens to the dreamer. Group members share their associations with the dream, and finally, the dreamer responds to the feedback and offers further insights. This creates a safe environment for exploring personal emotions and symbolism, which promotes integration and enhances the therapeutic effect (Taylor 1992; 1998).

Another method, "Listening to the Dreamer", was created by Michael Schredl (Malinowski & Horton 2021). It consists of several stages: the dreamer shares the dream; the group asks the dreamer the first set of questions about the dream to explore more details; the group asks the dreamer a second set of questions to make associations between waking life and the dream; the dreamer is asked to identify action and emotion patterns in the dream; the dreamer is invited to relate explored patterns to sequences in waking life; the dreamer comments on whether they would like to think and act differently in the dream; and the process ends by asking the dreamer to consider whether the insights from the group work could be applied to waking life, and what kind of cognitive and behavioural changes they want to implement (Edwards *et al.* 2015; Malinowski & Horton 2021).

Other models, such as the psychodrama method of dream image integration, use dramatization of dream scenes to allow the dreamer to directly experience and process individual parts of the dream (Wolk 1996). This approach allows for a deeper understanding of emotional themes and their connection to waking life.

*Group schema therapy in the treatment of BPD and dream work*

Schema therapy is an effective approach to the treatment of borderline personality disorder and offers the possibility of working in a group context (Farrell *et al.* 2009; Assmann *et al.* 2024). Group schema therapy (GST) provides a unique dynamic where participants support each other, share experiences, and learn to recognise and process their maladaptive schemas and modes. Dreamwork within a group has significant potential, as it provides a space where patients can share their dreams and explore their meaning together, activating interpersonal processing and emotional support (Hill & Rochlen 2002; Wolk 1996; Prasko *et al.* 2024a). To better understand how to integrate dreamwork into GST effectively, we must familiarise ourselves with the different models and approaches that facilitate this process.

*Specific approaches to working with nightmares*

Barry Krakow developed an approach called Imagery Rehearsal Therapy (IRT) that focuses on disturbing dreams and posttraumatic nightmares (Krakow & Zadra 2006). This model combines education and cognitive restructuring to help clients understand nightmares as a learned sleep disorder. Clients are guided to reevaluate their dreams, find their original function, and change them into new, more positive dreams. This process involves detailed work with visual imagery and purposeful rewriting of dream scenes, which clients practice repeatedly. The subsequent practice of these new dream scenes strengthens the client's dormant imagery system, which has a therapeutic effect. IRT avoids re-experiencing disturbing dreams, which might be contraindicated for clients with recent trauma. This approach is particularly suitable for those who suffer from recurrent nightmares and need a safe method that allows them to process dream material without causing undue stress.

*Group adaptation of Hill's cognitive-experiential model*

Clara Hill's cognitive-experiential model (Wonnell 2004) has been adapted for group therapy. This model is based on the gradual exploration and interpretation of dreams through specific steps: first, the dream is narrated to the dreamer, and then the group members share their associations using the phrase "If this were my dream…". This technique helps the dreamer maintain control over the interpretation of their dream and choose which cues from group members are most beneficial to them. The approach also includes a deep exploration phase, which allows the dreamer and the group to explore the themes and symbolism of the dream in greater depth. Sharing dreams in a group helps participants gain insight and strengthen their ability to recognise typical patterns in their thinking (Wonnell 2004). However, if you look at dreamwork in general, in modern psychological approaches, the major shift is from dream interpretation to dream exploring (Ellis 2019; Malinowski & Horton 2021).

## DREAMS IN THE CONTEXT OF A GST

*Dreams in GST and its benefits*

In GST, dreams can be a valuable tool for uncovering and working with early maladaptive schemas (EMS) and schema modes. Patients can openly discuss their dreams and gain new perspectives on their problems. The group format creates an atmosphere of trust and collective learning. Sharing dreams in a group allows patients to explore their content with the support of the therapist and group members. The group provides feedback and offers similarities, which enhance the process of self-knowledge and acceptance. Interaction in GST allows for a better understanding of how maladaptive modes affect interpersonal interactions and learning how to accept and better manage one's emotions and behaviour (Farrell *et al.* 2014; Kantor *et al.* 2022).

*Dream imagery as a diagnostic and therapeutic tool*

Working with dreams in schema therapy has proven to be a useful diagnostic and therapeutic tool, especially for patients experiencing difficulties with traditional therapeutic techniques. The content of dreams


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often reflects long-term autobiographical memories of adverse events that may be difficult for patients to access in the waking state (Valli *et al.* 2008; Lafrenière *et al.* 2018). Through work with dream imagery in GST, patients can gradually gain safer access to and processing of their emotional experiences. This work supports EMS processing and contributes to emotional stability and therapeutic change.

*Dreamwork strategies in GST*

GST includes well-established schema therapeutic techniques such as dream rescripting and imaginative processing. Imaginative rescripting and chairwork are key experiential techniques used in schema therapy to explore and process EMS and modes. Through these methods, patients can safely express and experience their emotions and transform their experiences towards emotional stability and self-confidence (Young *et al.* 2003; Arntz & Jacob 2013; Prasko *et al.* 2024b). When applied to dreams, these methods allow patients to re-experience and reframe conflicting or traumatic dream images from the perspective of a Healthy Adult Mode. This supports their personal growth, resilience, and the fulfilment of basic needs (Roediger *et al.* 2018).

*Schemas and modes in dreams*

Dreams in GST can help map specific EMSs and schema modes that influence a patient's waking experiences and behaviour. Therapists can help patients explore different characters of the dream as expressions of modes during therapy and use chairwork to explore them. For example, the Vulnerable Child mode may appear as an image of an abandoned person or a helpless, threatened protagonist. This may reflect the patient's unmet emotional needs in childhood (Young *et al.* 2003). The Demanding Critic mode may appear as a figure criticising or rejecting the patient in dreams. This reflects the excessive self-criticism that the patient experiences during the day (Kantor *et al.* 2022). Punishing Critic, Detached Protector, or Bully-Attack modes may appear as persecutors or attackers. Dream characters can help reveal and understand internal dialogue and its influence on emotional experience. Simard *et al.* (2021) developed a dream coding system focused on EMSs and modes. Different EMSs appear in dreams depending on whether the self or another expresses them. Dreams can provide deeper insight into the EMSs that shape the patient's relationship to self and others.

## DREAMWORK STRATEGIES IN GST

*Providing psychoeducation*

The first step in dreamwork in a GST setting is to educate patients about the basic concepts of the therapy, including basic emotional needs, early maladaptive schemas (EMS), and schema modes, and how these can manifest in dreams. This step is crucial in establishing a foundation for patients to understand how their dreams may reflect deeper unconscious patterns of behaviour and emotional content, such as critical voices or feelings of loneliness and vulnerability (Young *et al.* 2003). Education occurs in a group setting, where members reflect on their dreams and learn to recognise parallels and differences in their experiences and responses. Such sharing promotes mutual support and empathy and creates a safe environment for deeper self-knowledge and a better understanding of others (Farrell *et al.* 2014).

*Imagery and dream rescripting*

One of the key techniques in working with dreams is the imagery and rescripting of dream material. This technique involves the therapist guiding the patient to re-enter the dream scene and reframe its key conflicting elements in a safe group setting. This process allows patients to practice emotional experiences with the group's support and strengthen their Healthy Adult mode. During imagery, group members actively contribute feedback and support, which increases the sense of acceptance and belonging. Dream rescripting aims to strengthen the ability to manage difficult emotions and process traumatic memories, providing patients with new ways to face challenges (Roediger *et al.* 2018).

*Chairwork and role-playing in group work with dreams*

Chairwork is another experiential technique in GST that contributes to elaborating dream material. This approach involves a dialogue between the patient's modes, such as Vulnerable Child, Demanding Critic, Healthy Adult, and others that appeared in the dream. During GST, the patient can repeat the dream scene, empathising with individual characters or modes of experience on different chairs. Other group members can join the exercise, portraying specific modes or characters from the dream (Josek *et al.* 2023). Patients thus experience the dream more intensely and become more aware of and resolve their internal conflicts. Group chairwork provides a safe environment for experimenting with new ways of managing emotions and responding to internal criticism, contributing to developing self-regulation skills (Farrell *et al.* 2014).

*Dream imagery and image amplification*

Dream imagery and dream imagery amplification allow patients to deepen their understanding of the symbolic meanings in dreams and bring them into conscious experience. The therapist guides the patient back into the dream scene and encourages them to focus on images that evoke strong emotions, such as characters, places, or feelings in the dream. The amplification of these images aims to explore their meaning and relationship to the patient's EMS and schema modes. This process, enriched by feedback from other group members, can deepen the patients´ ability to reflect on their inner conflicts (Kantor *et al.* 2022). Group

atmosphere plays a central role in integrating the acquired experiences by enabling sharing and strengthening a sense of belonging.

*The importance of group dynamics in working with dreams*

GST offers patients a unique opportunity to see their dreams in a broader context and understand their meaning through conversation with others. This process promotes mutual self-knowledge and provides new tools for processing emotions and changing maladaptive patterns. The group acts as a safe mirror, allowing patients to see their problems from different perspectives and find more adaptive ways to respond to internal and external conflicts. Such an environment strengthens a sense of acceptance and supports patients on their journey to self-knowledge and personal growth (Farrell *et al.* 2014; Roediger *et al.* 2018).

*Experiential techniques and their limits*

Experiential techniques such as imagery rescripting and chairwork are effective but can be emotionally demanding for some patients. Mao *et al.* (2022) found that clients from more conservative cultures may have difficulty confronting their emotions when these emotions concern close people such as parents. Intense guilt, shame, and emotional overload related to moral defence may occur (Fairbairn 1954). This concept explains that individuals often prefer to blame themselves rather than accept that they have been the victim of abuse by significant others.

## EXAMPLES OF DREAMWORK IN GST

Dreamwork in a GST setting also allows patients to understand how their inner conflicts resonate with other group members. Sharing dream experiences creates strong bonds between group members. This sense of belonging will enable patients to understand their behavioural patterns better. This motivates them to engage in therapy actively. The following examples illustrate different approaches that help patients process their emotional needs and patterns through dreamwork.

*Example 1: Dream interpretation with the Critic*

The patient shares with the GST a dream in which a strong figure criticises him, and he feels helpless and unable to defend himself. This figure symbolises his Harsh Critic mode. The therapist guides the patient to re-experience the dream scene in his imagination and helps him identify which people in the patient's life were the source of overwhelming criticism. The other members actively participate by acting out the dream scenes and taking on the Harsh Critic and the Vulnerable Child roles. This approach enables the patient to safely experience and process his emotions and process them using the Healthy Adult and Kind Parent modes. The other members contribute with their observations and provide feedback.

The patients and two therapists sit in a circle. The atmosphere is supportive and safe. Jan brings his dream to the group.

**Therapist:** Jan, you mentioned a recurring dream that has profoundly affected you. Can you share it with us?

**Jan:** Yes, I can try. I am standing in a dark forest. Suddenly, a huge figure appears in front of me. It is standing above me. I feel completely weak and helpless. I am scared. The figure starts to press on me. It crushes me. I can't move or breathe... then I always wake up screaming.

**Therapist:** Thank you for sharing your dream with us, Jan. Please try to express your thoughts now. Feel free to express whatever comes to mind. Let your thoughts flow naturally. Who or what do you feel this giant figure represents? Do you have any idea who or what it could be?

**Jan:** I don't know, it crushes me... Maybe it's my father. He often criticised me or put me down. I felt like he was always pressing on me, not physically, but mentally.

**Therapist:** That's what you thought. It could be important. Group, how do you feel about this? Do you see any elements in Jan's dream that could refer to some modes?

**Vladka:** Yes, it reminds me of how often I feel that voice inside me that is constantly criticising me and pushing me. I think Jan's dream is an excellent example of how strongly critical voices from the past can influence us.

**Katy:** I feel like the huge person stands for all the forces that bring us down. Maybe it's the Demanding Critic who is never satisfied.

**Therapist:** Excellent. Jan, do you hear others talking about their experiences? What is it like to know someone else is going through something similar?

**Jan:** It's strange but also comforting. I always thought I was alone.

**Therapist:** Now I'd like to invite you to re-experience your dream, but this time with your Healthy Adult present. The others will help us. Could someone play the giant Critic? Would anyone like to volunteer for this role?

Group member Paul volunteers to be the Critic.

**Therapist:** Okay, Jan, what would your Healthy Adult say to that figure if he had the power to speak?

**Jan:** (with support from the therapist and the group, more strongly and confidently) No! Back off! You won't crush me anymore! I have the right to be myself! I won't be pushed around all the time!

**Therapist:** That was very powerful, Jan. Group; how do you feel about what just happened?

**Lucy:** That was great to hear. I feel like I should tell that to my Inner Critic as well.

**Therapist:** John, what did you take away from this experience?

**Jan:** I feel like I have hope that I can stop the pressure. That I can be strong, too.

**Therapist:** Thank you for sharing these experiences with us. Group, thank you for your support. This is a good example of how to work together for change and how we can work with dreams and their symbolism.


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*Example 2: Dreams of the Vulnerable Child and support of the Healthy Adult mode*

Another common type of dreamwork in GST is working with the Vulnerable Child mode, which brings up feelings of fear and helplessness. For example, the patient has a dream in which she experienced abandonment or was lost in an unfamiliar or dangerous environment. Such a dream often reflects loneliness and helplessness associated with unmet childhood needs. The therapist encourages the patient to in the imagination return to this scene and relive her feelings, this time with support and guidance. Other group members may be supporting figures, such as a caregiver or a protective element, allowing the patient to experience a sense of acceptance and safety. The group's work helps the patient formulate a response from the Healthy Adult mode, which provides care and protection to the Vulnerable Child. This process strengthens the patient's ability to cope with emotionally challenging situations and creates an internal source of strength and support. Group sharing reinforces the sense of belonging and shows the patient that their vulnerability can be accepted by themselves and those around them, contributing to a sense of safety and acceptance (Roediger *et al.* 2018).

A group room where patients sit in a circle. The atmosphere is calm. Patient Anna shares her dream.

**Anna:** The dream was terrifying. I was in a huge, dark house. It was dark everywhere, and I felt completely alone. I knew there was no one there to help me. I was afraid that something terrible would happen. Someone would come and hurt me or kill me. I desperately wanted to get out. I found a door. I opened it. Suddenly, I fell into a deep shaft. I woke up scared and suffocating. I often dream about it, and it's still as bad as when it was the first time.

**Therapist:** Thank you, Anna, for sharing this dream with us. How do you feel now?

**Anna:** I still feel afraid. It is as if I am still trapped there.

**Therapist:** Group members, what comes to mind when you listen to Annas´s dream? What feelings or thoughts does it evoke in you?

**Lucy:** I feel that loneliness you're talking about, Anna. It reminds me of when I felt lost and had no one to turn to.

**Paul:** It makes me think of the Vulnerable Child. That loneliness and fear remind me of how a part of me feels and needs protection but doesn't know who to get in.

**Therapist:** Anna, you can hear you're not alone in how you feel. Could you please return to that scene? Imagine that you're in that dark house again. But this time, with the support of a Healthy Adult who makes you feel safe. Who could portray a protective figure of the Kind Parent who would help Anna?

Group member John raises his hand and sits down as the Kind Parent.

**Therapist:** Anna, close your eyes and imagine you are in that house. What is it like now, with someone big, strong, and kind standing beside you, protecting and supporting you?

**Anna:** (with eyes closed, voice shaking): It's different… I feel less alone. I am safe and protected. I felt as if someone was hugging me and protecting me from the danger I was in.

**Jan:** (playing the Kind Parent): Anna, I'm here with you. I won't let anyone hurt you. Together, we'll find a safe way out.

**Therapist:** Excellent. What would your Healthy Adult say to little Anna, who is scared?

**Anna:** (with confidence) You're not alone, little Anna. There's always someone to help you. Together, we can get through this.

**Therapist:** That was wonderful. What are the others going through? How does this moment make you feel?

**Lucy:** I feel so relieved and know I should seek the Kind Parent to help me when I am afraid.

**Therapist:** Anna, how are you feeling now?

**Anna:** (with a smile and tears in her eyes) I feel like I have found something I was missing. A security that I have never felt before, and now it is here with me.

**Therapist:** That's a big step, Anna. Thank you for guiding us through this new dream. Group, thank you for your support. This exercise shows us that even in moments of loneliness, we can find support in ourselves and others.

*Example 3: Dream images as representations of conflicts between modes*

Some dreams may reflect an internal conflict between the patient's modes, such as avoidance and overcompensation. The patient may have a dream in which she tries to avoid problems and isolate herself. At the same time, in another part of the dream, she acts impulsively and aggressively to control the situation. The therapist helps the patient identify the different modes in those parts and explore how those conflicts manifest in her daily life. Other group members can play the roles of these modes, allowing the patient to see their internal dynamics from the outside. This procedure promotes an understanding of internal processes and helps the patient find a balance between opposing parts of themselves. Working together in a group allows the patient to explore more adaptive strategies for managing conflicts, leading to better self-regulation and emotional stability (Farrell *et al.* 2014).

Therapist: Eva, you mentioned that you had a dream where you were trying to achieve something. However, it ended up being criticised and exhausted. Can you tell us more about that?

**Eva:** Yes. In the dream, I was trying to show a woman that everything I do is good. I tried to prove to her that I was successful and doing well at work. But she kept criticising me, saying that I wasn't good enough. Suddenly, she turned into my boss and started attacking me even more. She said that I was doing everything wrong. In the dream, I kept getting smaller and smaller. I felt terrible.

**Therapist:** That must have been hard, Eva. How did you feel when you were being criticised? You said it was terrible…

**Eva:** I was desperate and helpless. And then I decided to run away. But when I was running, I fell into a swamp. I tried to crawl out. When I managed to do so, I was covered in mud. I lay there

exhausted. Suddenly, I noticed eyes all around me. They were staring at me from the darkness.
**Therapist:** Thank you for telling us about your dream. It must have been scary… Don't worry, we'll make it better. Group, what do you think about that dream? How does it make you feel?
**Lucy:** It reminds me of trying to prove to my parents that I'm good enough. They always bring me down. The transformation from a woman, maybe Eva's mother, to a boss seems symbolic of how it spills over from personal life into work.
**Jan:** I feel desperate and want to run away. I feel like those eyes may represent the fear of being judged or watched by others. Always doing something wrong…
**Therapist:** Those are important insights. Eva, can you hear how others are relating to your story? Let's try a psychodrama exercise. Group members will play different roles in your dream. Who would like to play the role of Eva, the critical woman and Eva's boss?
Marie volunteers as the mother/boss, and Lucy as Eva.
**Therapist:** Great. Let's try a scene where Eva talks about her achievements and is criticised. Marie, mother/boss, what do you say to Eva as the Tough Critic?
**Marie** (as mother/boss): That's not good enough, Eva. You need to try harder. You're always lagging and messing up everything.
**Therapist:** Eva, what do you feel when you listen to this?
**Lucy:** (as Eva): I feel lost. I can't take it. I just want to run away.
**Therapist:** Let's move on to when Eva falls into the swamp. Group, who could play the Healthy Adult who helps Eva?
Paul steps into the role of the Healthy Adult.
**Paul** (as the Healthy Adult): Eva, I know you feel exhausted and muddy. You've done a lot and deserve praise. Together, we can get through this.
**Therapist:** Eva, how does that make you feel when you hear that?
**Eva:** (with a slight smile and tears in her eyes): I feel better. And like I don´t have to prove my worth.
**Therapist:** That's important. Group, what did you take away from this scene?
**Lucy:** I don't have to exercise so much. I can look to myself for support because I'm doing enough. I am enough.
**Therapist:** Thank you all for your willingness to get involved. Eva, you've taken a big step. I want to thank the group for their support and sharing. This dream and its processing show us that the path to self-acceptance and support can be found even in difficult moments.

*Example 4: Shared dream rescripting with group support*

A GST may include shared dream rescripting, in which the patient's dream is replayed and reworked with the participation of the entire group. For example, a patient recalls a dream in which they face danger or abandonment. Group members take on the roles of characters from the dream or the modes the patient enters. They help the patient create alternative scenarios that bring a sense of safety and acceptance.

This type of work allows the patient to see their dream in a new light and experience it with the support of others. The group provides alternative perspectives and inspiration. This enriches the patient's ability to cope with adverse situations and develop a Healthy Adult mode that protects and supports the Vulnerable Child even in stressful moments. Shared rescripting thus expands the patient's repertoire of responses and helps strengthen their emotional resilience.

The therapist begins the session. The patient, Jane, is about to share her dream.
**Jane:** I had a bad dream over the weekend. I was dreaming about being in a dense forest. It was dark. I got lost in it. It was scary. I was afraid that some animal ambush and eat me. I was all alone there. I didn't know how to get out. I felt desperate. I knew that no one would come to help me. With every step I took, I felt more lost.
**Therapist:** It was a difficult dream. Thank you for sharing your dream with us. How do you feel now?
**Jane:** I still feel scared. And hopeless. Like I'm still trapped in that forest.
**Therapist:** I understand. Group, what does Jane's dream evoke in you? What feelings or thoughts come to mind when you listen to it?
**Paul:** I feel something like that sometimes. I don't know how to move forward. Like I'm lost and directionless.
**Judy:** It makes me feel like I need someone to show me the way, even though I don't want to admit it to myself.
**Therapist:** Thank you for your insights, Judy. Jane, can you sense that you are not alone in your feelings? Let´s rescript this dream and try to bring new elements into your dream scene. Group, you'll gradually join in and offer Jane help. Jane, close your eyes and imagine you're in that forest again, please. What do you feel?
**Jane:** (with eyes closed, quietly): I feel fear and hopelessness. There's no way out.
**Therapist:** Now imagine that individual group members are starting to come into that forest. Which member wants to go and offer Jane help?
Judy signs in and comes as a support.
**Judy:** Jane, I can see that you are lost. I am here to help you find your way. Let's look together.
**Therapist:** Jane, how does it feel to see someone coming?
**Jane:** (with a slight hint of relief): It's different… I´m not completely alone anymore. I feel like I have some hope.
**Therapist:** Is there another group member who would like to come and lend a helping hand?
Marie comes in and says kindly.
**Marie:** I am here to give you support. Together, we´ll find a way out of this place. I am here to support you.
**Therapist:** Jane, you have more support around you now. How do you feel when you hear the words of those who have come?
**Jane:** (with emotion) I feel like I have people around me who want to help me. It's like a light has come on in my head. It's not so dark anymore.
**Therapist:** That´s nice. Group, let´s help it by creating a symbolic connection to show Jane that she is not alone and can rely on others. Jane, imagine that all the group members are standing around you. They are protecting you and offering a way out. What would you like to say to the new version of the dream?
**Jane:** (with relief) Thank you for being here. I know that I´m not alone. I can count on your help.


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**Therapist:** That is powerful, Jane. Group, what did you take away from this rescripting?
**Paul:** When we share our fears and help each other, finding a way out of any dark place is possible.
**Therapist:** Thank you all for your support. When we share our feelings and accept help, we can find a way out of even the most difficult situations.

## DISCUSSION

Working with dreams in GST is an effective tool for deepening self-knowledge, processing unconscious conflicts, and satisfying patients' basic emotional needs. It allows patients to see into their inner world in a way that conventional conversational therapy often does not allow so deep. Dream material provides valuable insights that help identify and reinterpret early maladaptive schemas and patterns, contributing to positive behaviour changes and emotional stability.

*The importance of working with dreams in GST*

One of the most important aspects of dream work is that dreams reveal hidden parts of the patient's personality. Dream images and symbols can depict unconscious conflicts and deep emotional needs that remain hidden during conscious thought. The group dynamics in GST further encourage mutual learning and sharing of experiences. This allows patients to understand not only their dreams but also the dreams of others and to find common elements that strengthen a sense of belonging. This process is essential for enhancing the Healthy Adult mode. Through group support, patients learn how to manage internal conflicts better, respond to critical voices with greater empathy and patience, and accept their vulnerable parts that need care and understanding (Young *et al.* 2003; Farrell *et al.* 2014). Group therapy thus becomes a space where it is possible to safely explore and transform dream content into therapeutically valuable insights and tools.

*Support for Healthy Adult mode*

Working with dreams in group therapy helps patients strengthen the Healthy Adult mode, a key element in managing critical and dysfunctional modes, such as the Critical Parent and the Vulnerable Child. Patients learn to recognise these modes in dream images and respond to them with greater empathy and patience. Sharing dream experiences in a group gives patients a valuable experience: realising they are not alone in their struggles with emotional difficulties and internal conflicts. This experience contributes to the development of the ability to accept their vulnerabilities and provide them with care and understanding, which is essential for long-term change (Roediger *et al.* 2018).

*Limits and challenges of working with dreams*

Although dream work in therapy has many benefits, it also presents its specific limitations and challenges. One of the main problems is the risk of intellectualising the dream material and thus strengthening the Detached Protector mode (Leigh & Reiser 1982; Zhang & Guo 2017). This leads to avoidance of more profound emotional experiences, and their EMS is not changing on an emotional level. Therapists should be able to recognise the tendency to intellectualise and encourage patients not only to focus on a cognitive analysis of dreams but also to explore their emotions and bodily sensations associated with dream images. Therapists must create a supportive environment where patients can share their intimate dream experiences (Kantor *et al.* 2022). Another challenge in dreamwork is processing the intense emotions that dream scenes can evoke, especially regarding recurring dreams associated with traumatic experiences. Therapists need to guide the patient and the group so that they do not become overwhelmed by too intense emotions. Therefore, self-harm and suicidality have to be assessed and managed at the beginning of treatment and carefully monitored during the therapy (Spangler & Sim 2023). A high degree of sensitivity and skills in leading group dynamics from the therapist is needed. The therapist must be able to manage the process so that all members feel safe and supported when working with challenging emotional material.

*Therapist skills and training*

The effectiveness of dream work in GST depends heavily on the skills and experience of the therapist. Therapists should receive specialised training focusing on dream work and its integration into schema therapy techniques. Therapists can use professional literature and hone their skills if specialised training is unavailable through supervision and practice. Fundamental techniques are imagery rescripting, guided imagery, and techniques for promoting group safety.

*Research perspectives*

Despite strong theoretical and clinical support for the importance of dream work, clinical research is needed to evaluate the effectiveness of dream work with different models. Comparing different approaches could provide therapists with valuable information about appropriate methods for various types of clients and dreams. Research should also examine the individual components of therapeutic strategies to optimise their integration into practice.

## CONCLUSION

Dreamwork in group schema therapy (GST) for borderline personality disorder (BPD) effectively addresses emotional regulation challenges by uncovering unconscious conflicts and transforming early maladaptive schemas (EMS). Techniques such as dream rescripting and imagery foster emotional stability and empower patients through the Healthy Adult mode. The group dynamic enhances this process by offering mutual

support, reducing isolation, and promoting shared insights. While dreamwork can evoke intense emotions, skilled therapists are essential to guide patients and prevent intellectualisation or emotional overwhelm. Future research should explore the efficacy of specific techniques and their broader applications. GST demonstrates significant potential in fostering resilience and self-awareness in individuals with BPD.

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