

The river of life method in a schema therapy groups

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Abstract

Schema therapy is an integrative approach to treat patients with personality disorders and other complex psychological problems. Group schema therapy has been developed to enhance the effectiveness and efficiency of schema therapy by providing a supportive and stimulating environment for change. This article introduces the River of Life Method, a novel technique for facilitating group schema therapy, based on the metaphor of a river of life. The method helps patients to identify and modify their maladaptive schemas and modes in a nurturing process in the group. The article describes the theoretical background, the practical steps, and the clinical applications of the method. It also presents the patients' experience with the method, based on their feedback and self-reports. The results showed that the method was well received by both patients and therapists, and that it had positive effects on schema modes, psychological distress, and coping with adversities and hope for the future.

INTRODUCTION

The River of life is a metaphor used in various fields of human activity such as therapy, education or art (Walsh & Vaughan 1993). This metaphor represents a person's life as the flow of a river that changes according to various influences and events. The river of life metaphor can be used for reflective visualization, self-discovery and personal development (Morgan 2011). This article will focus on the River of Life as a narrative psychotherapy method in group therapy. Specifically, we will explore the River of life as a method that helps individuals tell specific stories through metaphors allowing them to heal emotionally and better understand the emotional needs necessary for healthy relationships.

Schema therapy is an integrative psychotherapy that combines theory and techniques from existing therapies, including cognitive behavioural therapy, psychoanalytic object relations theory, attachment theory, and gestalt therapy (Arntz & Jacob 2013). Schema therapy focuses on four main theoretical concepts: early maladaptive schemas, coping styles, modes, and basic emotional needs (Young *et al.* 2003; Bernstein & Clercx 2018). Early maladaptive schemas are defined as persistent patterns of thinking, feeling, and behaving that develop as a result of failing to meet basic emotional needs in early childhood. Coping styles are strategies people use to cope with schemas and suppress painful emotions. Conversely, modes represent temporary states of mind that reflect dominant schemas and coping mechanisms in a given situation (Lobbestael *et al.* 2008). Basic emotional needs are universal: safety, affection, autonomy/competence, self-expression, spontaneity/play, and realistic limits necessary for healthy psychological development (Young *et al.* 2003).

Schema therapists aim to help patients identify and change the schemas and patterns that prevent them from meeting their basic emotional needs and achieving happiness and content (Young *et al.* 2003). Schema therapists use various techniques to achieve this goal, such as cognitive restructuring, behavioural experiments, imagery rescripting, limited reparenting or chairwork, stuffed animal toys, and role-playing (Spinhoven *et al.* 2008; Lobbestael *et al.* 2012; Lockwood & Shaw 2012). Schema therapy can be applied individually or in groups (Wetzelaer *et al.* 2014).

Group therapy is effective in reducing symptoms and improving quality of life in patients with borderline personality disorder (Farrell *et al.* 2009; Arntz *et al.* 2022), chronic depression (Renner *et al.* 2016), and other mental disorders (Taylor *et al.* 2017). Group schema therapy has some specific advantages over individual schema therapy, similar to group psychotherapy in general (Ormont 2002; Yalom & Leszcz 2005). These benefits include the ability to create a safe and supportive environment for sharing and processing schemas and modes; the ability to provide patients

with Healthy adult and Kind parent models; the ability to offer patients direct feedback and validation from other group members; the possibility of allowing patients to try new ways of behaving and communicating in a safe group; the opportunity to strengthen the social skills and interpersonal relationships of patients; and the reduction of treatment costs (Farrell & Shaw 2012; Van Vreeswijk *et al.* 2012). According to Farrell & Shaw (2012), in group schema therapy, a group goes through four stages, which are as follows: (1) bonding and emotional regulation, (2) schema and mode change, (3) autonomy, and (4) termination. Specific interventions and techniques are used in each phase (Farrell *et al.* 2014). The effectiveness of schema groups is described in several publications. Renner *et al.* (2016) presented the results of a multi-case study investigating the efficacy of a schema therapy group for patients with chronic depression. Taylor *et al.* (2017) provided a systematic review of the evidence for the effectiveness of schema therapy in reducing dysfunctional schemas and symptoms in various adult mental disorders, including personality disorders. Arntz *et al.* (2022) presented the results of a randomized clinical trial comparing the effectiveness of a combined schema therapy group with individual therapy for patients with borderline personality disorder, showing that the combination was more advantageous than treatment as usual (TAU) and was effective for reducing the severity of borderline personality disorder. Combined individual and group therapy was also more effective than group therapy alone in improving quality of life and reducing self-harm and suicide attempts. However, the schema therapy group results did not differ significantly from TAU in these investigated indicators. Therefore, there is room for additional effective strategies that could be included in group therapy regimens.

Symbols and metaphors are as old as humanity (Lakoff & Johnson 1980). Since ancient times, people have used symbols and metaphors to communicate, learn, think, and express themselves. Symbols and metaphors are also part of many cultural traditions, religions, art forms and rituals (Turner 1991). In psychotherapy, symbols and metaphors began to be used as part of psychoanalysis at the beginning of the 20th century. Freud and Jung regarded symbols and metaphors as "keys" to the unconscious, uncovering the hidden meanings of dreams, fantasies, and behaviour (Freud 1913; Jung 1964). Later, symbols and metaphors became part of another psychotherapeutic school, such as Gestalt therapy (Perls *et al.* 1951), existential therapy (May *et al.* 1958), humanistic therapy (Rogers 1961) or transpersonal therapy (Walsh & Vaughan 1993). These schools of thought emphasized the importance of personal meaning, experience, and symbol formation in human development (Frankl 1963; Maslow 1970).

Symbols and metaphors are important in psychotherapy because they enable complex or unspoken human experiences to be expressed and understood

(Kopp 1995; Sapezinskiene *et al.* 2016). Symbols and metaphors can thus help patients overcome blocks or resistance in communication with therapists or within themselves (Watzlawick *et al.* 1974). At the same time, consciously engaging with symbols and metaphors can help a patient to understand their situation from a different perspective or on a different level (Bandler & Grinder 1975). Thus, symbols and metaphors can help the patient discover new possibilities or solutions to problems (de Shazer *et al.* 2021). Furthermore, they allow the patient to involve their whole personality in the therapeutic process (Greenberg *et al.* 1993). Metaphor typically acts as a bridge between a source domain which is more concrete or familiar, and a target domain, which is more abstract or less familiar (Stott *et al.* 2010). This is highly important for cognitive therapists because patients in distress often try to wrestle with abstract concepts, such as different thinking processes or behaviours that may be counterproductive despite the initial appeal (Stott *et al.* 2010). Thus, symbols and metaphors can help patients integrate their cognitive, emotional, physical and spiritual aspects (Wilber 2000). Finally, symbols and metaphors stimulate creativity and imagination while promoting positive change and growth (Epstein 1997).

Using symbols, metaphors, and symbolic toys during sessions can fulfil emotional needs such as spontaneity and play. Play is regarded as a powerful tool, particularly for individuals who have experienced abuse or emotional deprivation. Through play, these patients can gradually break through mistrust and fear, providing a safe environment to engage in positive experiences. Furthermore, play helps individuals develop essential skills for their mental and psychological well-being, including problem-solving, communication, and creativity. As therapists, it is crucial to demonstrate enthusiasm while incorporating storytelling and leading playful exercises. These approaches can captivate our patients' emotions and enhance their enjoyment of the therapeutic process (Shaw 2020). By demonstrating enthusiasm, we create a positive and engaging atmosphere that motivates and inspires our patients. When we show genuine excitement about their progress and the therapeutic journey, it instils hope and encourages them to participate actively.

Moreover, storytelling is a powerful tool in therapy. We create relatable and meaningful connections for our patients by sharing narratives and using characters. This allows them to engage more deeply and personally with the therapeutic content, facilitating their healing and growth.

Visualizing the River of Life allows patients to create a symbolic image of their life and its course. This image may include various aspects of the patient's life, such as their background, family, relationships, events, emotions, needs, schemas, modes, or coping styles. Helping patients visualize their River of life may enable them to express and understand their life story and its

meaning. The exercise itself can be done individually or in a group. In this article, we focus on the group form of this method. Group visualization of the River of Life takes place using the following steps: introduction and motivation; the creation of the River of Life; sharing the River of Life; and reflection and closure (Morgan 2011). Overall, visualizations of the River of Life are frequently interesting because they combine elements of different psychotherapeutic approaches and use symbols and metaphors for working with patients.

DESCRIPTION OF THE RIVER OF LIFE METHOD

The River of Life psychotherapy method is included in a six-month hospitalization scheme of the therapeutic program lasting six weeks in the psychotherapeutic department, University Hospital Olomouc and is conducted regularly. The River method is intended to help patients:

- to tell and understand their life story and its meaning;
- to identify and explore their emotions and needs in relationships;
- to identify and modify their early maladaptive schemas and modes;
- to understand other people more, mentalize their emotional states, way of thinking and behavioural responses;
- To strengthen their healthy modes by practising "kind parent", "healthy adult", and "happy child" by fulfilling their basic emotional needs and establishing meaningful relationships with others.

Which Patient is Suitable for the River of Life Technique?

The River of Life method is suitable for difficult patients suffering from neuroses, and full personality disorders, especially those with borderline personality disorder, chronic depression, generalized anxiety disorder or obsessive-compulsive disorder. However, it can be used with patients with most diagnostic labels, except for acutely psychotic patients. Our experience is mainly with patients with borderline personality disorder or chronic depression who were sent to the psychotherapy department because outpatient treatment was ineffective and there was a need for an intensive program.

The Timing of the River of Life

Our schema therapy group took place in the psychotherapy inpatient department at a hospital. The program lasts six weeks. During this time, the program includes 48 sessions that last 90 minutes each. Patients have nine sessions in one week on average. Generally, the River of Life is introduced in the third week, typically in the 17th group. This is when patients already understand their modes and basic needs, have completed psychoeducation, and have worked with the Vulnerable Child, Critic, Overcompensator, Angry Child, and Detached Protector modes. They are also accustomed

to chairwork and have completed automatic thought records with cognitive restructuring and a series of art therapy and psychodrama exercises.

The daily program of the inpatient psychotherapy department begins with a warm-up, which lasts 15 minutes. Patients move and exercise on the particular theme of Pirates, Cavemen, Indians, and more. While the story is being practised, modes move. Different movement formations are invented. Each morning, there is a community group meeting, which includes 24 patients and lasts 90 Minutes. During the community meeting, patients go through psychoeducation and play various games aimed at teaching patients to understand weekly topics. The River of Life is introduced in this group in the third week of the program's start. After the community group, a psychotherapeutic group (90 minutes with 12 patients) takes place. Here we typically discuss various topics and intensely practice them. The River of Life takes place once a day for six working days in a large group. It is intended especially for patients to connect relationships between childhood events, realize their connections with the current situation and help each other to heal their Vulnerable Child mode.

The River of Life usually takes place once a day for six working days in a large group. It is intended especially for patients to understand relationships between childhood events, realize their connections with their current situation and help each other heal their inner Vulnerable Child.

Arrangement of the River of Life

The group is ideally led by two therapists, preferably a man and a woman, but it is possible to have one therapist as well. The work format varies: first, it is individual work, then continued in groups of three, and finally, with everyone in a large group. Patients either work alone (using imagination and recording on forms) or in a subgroup, where one is always the Protagonist. In contrast, the second person assumes the role of the Healthy Adult, and the third is the Kind Parent. They alternate playing these roles in each block. In our understanding, Healthy Adult represents rationality, the ability to solve problems, understand the reasons, and analyze the situation. We separated the components of compassion, empathy, validating emotions, caring and supporting as a separate mode, calling it Kind Parent. Our clients greatly appreciate this "split" of the traditional Healthy Adult mode, as it better allows them to see that emotional support is needed in addition to rational explanations and problem-solving.

The patients paint or draw their Rivers on pre-printed drawings or glue collages. They may get six pictures, one for each stage of life. In individual sessions, only one section of life is addressed. An alternative way is to draw the entire River on a large piece of wrapping paper and then discuss the sections of life

in individual sessions. The River represents their life as it flows. The patient draws all the good events and obstacles in a given period. The patient makes notes in the table they receive for each period in which specific resources, obstacles and (un)fulfilled needs are noted. Each River of life is divided into six sections corresponding to defined periods of the individual's life, including birth and preschool age, school age up to puberty, puberty and adolescence, adulthood, the present and the dream perspective of the future. In each block, participants work individually, then in small groups of three, where they insert life experiences into printed river outlines. They draw or write resources into the River as tributaries, which are events that strengthened them in a given period. Still, they also insert stones, logs or other obstacles that represent events that, in a given period, led to a threat or failure to fulfil their needs (Broder 2004). Then they show each other all the sections of their River in turn and try to appreciate the resources and treat/heal the pain that occurred during a given period. One of the three members in the small group is the Protagonist who describes the events, and the other two are Helpers, one in the role of Kind Parent and the other as a Healthy Adult. On each section of the River, the three subgroups members take turns playing all roles.

Participants drew symbols or events into their rivers that were important to them or influenced their lives in a significant way. For example, stones can symbolize stereotypes or discrimination that hurt them or hinder them on their way. Conversely, bridges or ships can symbolize support or help from other people.

Patients receive a–printed form for each stage of their lives, in which they write resources, obstacles and (un) fulfilled needs: the six most important resources, the six most important obstacles they encountered in that period, and an unspecified amount of unfulfilled needs in the given period.

The patients are divided into subgroups of threes after filling in the form relating to the given section of their River. There they show each other all the areas of their River in turn and try to appreciate the resources and treat/heal the pain that occurred during a given period.

Each trio alternately plays the role of the Protagonist, whose River is being worked on and who gets into modes during the presentation, including one of the two helpers: Kind Parent and Healthy Adult. Each trio chooses plush toys to represent individual modes. Helpers, with the support of a plush Kind Parent or Healthy Adult, validate the protagonist's emotions and express empathy, appreciation and support by consistently remaining on his side to feel safe, understood and accepted. The Protagonist has the task of sharing their River with the helpers, describing to them their experiences, feelings, thoughts, or behaviour associated with the period; showing them the modes activated in that period; talking about fulfilled or

unfulfilled needs during the period; and showing them their resources, obstacles, tailwinds, and symbols or metaphors for the period. The Protagonist describes the behavioural, cognitive and emotional patterns or modes they adopted during this period, especially from their childhood, and they take in hand-stuffed animals representing these modes. Helpers speak for the Kind Parent and Healthy Adult modes, and their stuffed animals can also touch the Protagonist's toys representing their modes in the various events described. The most common form is stroking and hugging a stuffed animal representing the Wounded Child, but expelling a stuffed animal representing the Punitive or Demanding Critic mode. The Protagonist can ask the Helpers for advice or assistance regarding something that was bothering them or that they wanted to change during this period. The Helpers can then offer the Protagonist their Healthy Adult or Kind Parent perspective: they tell them what they see from their Healthy Adult or Kind Parent perspective and try to meet the need and appreciate the Protagonist for overcoming obstacles, or they try to help the Protagonist find new meaning or hope for the future etc.

Each Protagonist gets 20 minutes. Then the roles change, so each patient gets to play the Protagonist, Kind Parent, and Healthy Adult in a single session.

Sections of the River of Life as Symbols of Life Periods

Work with this method is divided into six *blocks*, or areas of life, each of which lasts 90 minutes. The River of Life is a designated daily single large group 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: 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 arrangement of work in individual parts of life is similar:

- The therapist specifies the part of the River and the corresponding life period, giving examples of typical sources and obstacles (5 minutes).
- The therapist guides patients' imagination by encouraging memories from the given section/period of life (5 minutes).
- The patients individually record in pre-printed forms their resources, obstacles, tailwinds, and need(s) that were filled or not filled in the given period (10 minutes).
- In groups of three, patients share, reinforce, or try to heal what happened in the given life period (3 x 20 minutes).

- Ultimately, the participants are helped to reflect in a big group (10 minutes).

Necessary Tools for the River of Life

To guide the River of Life, it is required to have various tools ready, including:

- Six drawings or a quarter of white paper for each participant. They can be blank papers on which the participant draws individual river sections, or the River's contours can be pre-printed. An alternative way is a sheet of flipcharts on which the patient outlines their River from the source to the sea;
- crayons, markers, or other drawing implements;
- scissors, glue, magazines, or other materials for creating a collage;
- flashcards or paper for writing, or sticky notes;
- music or other means to create a calm atmosphere;
- printed recording sheets containing columns for *inflows* (sources), obstacles, and needs in particular periods.

Detailed Descriptions of Individual Sessions

In the first block of the River method, participants learn about the topic and goal of art therapy and receive materials for creating the River of Life, including record forms for individual sections, outlines of individual sections (six drawings) or just blank outlines or flip-chart paper, crayons, paints, scissors, glue, magazines with pictures, and sticky notes. After creating a river with individual sections, the group travels on. In the following text, we describe each life section in more detail.

Section 1: Mountain-Lake and a Small Stream – Birth and Early Childhood (Preschool)

In this section, patients focus on their first years of life, from birth to the beginning of school. This period is crucial for forming early, sometimes maladaptive schemas and fulfilling basic emotional needs for safety, affection, recognition, and autonomy (Young *et al.* 2003). The first patterns of relationships with parents/caregivers and peers are also formed during this period.

The therapist introduces this section by briefly describing the typical resources and obstacles during this period of life. For example, *resources* can be the sensitivity and care of parents or caregivers, a stable family environment, toys or books that have stimulated the child's development, positive interactions with peers or siblings etc. *Barriers* can include lack of attention or affection from parents or caregivers, child abuse or neglect, an unstable family environment, traumatic events such as accidents or illnesses, bullying, or isolation from peers or siblings (Herman *et al.* 1989).

The therapist then facilitates a visualization with the patients, encouraging them to remember this period of their lives. As an example, the visualization may look like this:

Tab. 1. Example of a Completed Recording Sheet for "Birth to Preschool Age"

Resources	Obstacles	The wind at your back	Needs
My mother read me fairy tales and played with me.	Dad was often gone and yelled at us angrily when he came home.	Grandma gave me sweets and told me about her life.	I wanted to be loved and recognized; I missed that from my father.
I had a teddy bear that I carried everywhere.	I once fell down the stairs and broke my arm. It was very painful, and I couldn't play with other children for a long time afterwards.	I had a friend from the next house with whom we went for walks and built sheds.	I wanted to be safe and protected, which didn't work when Dad came in drunk, hitting Mom and yelling.
I went to kindergarten, where I learned new things and met new people.	Some children in kindergarten were making fun of me and laughing at me. I felt lonely and sad.	I had a favourite teacher who helped me and praised me.	I wanted to be part of a group and have friends, and I alternated between success and failure. I was afraid of bullying.

Close your eyes and relax. Imagine being a young child and experiencing something that greatly influenced or shaped you. What is it? Where does it take place? Who is with you? What's happening? How do you feel? How do you react? What do you remember? Imagine you are a small child in your home. Look around and remember as many details as possible about this place. What was it like there? What did it smell like there? How did it sound there? Who was there with you? How did you feel? What did you like to do? What didn't you like? How did you communicate with others? How did you show your emotions? How did you react to what was happening around you? Let different events from your life run through your head. Let these memories go through your mind, and try to experience them as much as possible.

After the visualization period, the patients individually record on pre-printed sheets the sources, obstacles, winds at their back, and needs that were or were not sufficiently fulfilled during that period. An example of a recording sheet is shown in Table 1.

The patients then split into groups of three and shared their recording sheets (records). One of them plays the Protagonist, who describes their resources, obstacles, winds at their back, and needs in this period

of life. They show stuffed animals based on the modes they are in. The other member plays the Kind Parent, who listens to the Protagonist with empathy, appreciation, and support, expressing these dynamics with a stuffed animal. The second helper may be included as an alternative, which plays the Wholesome Adult who uses a stuffed animal to provide a rational perspective, advice, or help to the Protagonist. After 20 minutes, the roles change, so everyone plays the Protagonist once, the Kind Parent once, and the Healthy Adult once.

At the end of this section, patients return to the big group and reflect on their experience with this method. They can share their feelings, thoughts, or insights about this period. They might also express gratitude or appreciation to others for their help or support.

Section 2: The Brook Grows Into a Stream – School Age up to Puberty

In this section, patients focus on their childhood from the beginning of school to puberty. This period is important for developing social skills, gaining new knowledge and abilities, and forming identity and self-esteem (Erikson 1968). Relationships with peers, siblings or teachers also strengthen during this period, and the first romantic experiences may occur.

Tab. 2. Example of a Completed Recording Sheet for "School Age up to Puberty"

Resources	Obstacles	The wind at your back	Needs
I was good at maths and physics, and I liked logic puzzles.	I had problems with Czech and literature and couldn't write excellent essays.	A great maths teacher gave me lots of interesting assignments and encouraged me.	I wanted to be smart and capable, which I was good at and suffered from. I tried a lot...
I had friends with whom we went cycling, fishing, or visiting the cinema.	Some boys in my class called me names and poked me in the hallways. I felt humiliated and angry.	I had an older brother who helped me defend myself and advised me on how to deal with bullies.	I wanted to be respected and have friends, and I was good at that outside of school but not at school.
I was a member of the scout troop, where we did various activities and trips into nature.	My Dad left my Mom when I was ten years old. It was a big disappointment and sadness for me, but also a relief.	I had a scout leader who was like a second father to me and supported me in difficult times.	I wanted to be loved and have a family, but that didn't work when my parents fought and my father drank. Then after the divorce, the family fell apart.

The therapist introduces this section by briefly describing the typical resources and obstacles during this period of life. For example, resources can be good grades in school, success in sports or art, positive evaluations from teachers or parents, friendships with peers or siblings, etcetera. Barriers can include poor grades in school, failure in sports or art, negative evaluations from teachers or parents, conflicts with peers or siblings, bullying or isolation at school, low self-esteem or self-criticism, and more. *The wind at your back* can be a new friend, success in sports, a nice vacation, or similar.

The therapist then facilitates another visualization with the patients, encouraging them to remember this period. An example:

Close your eyes and relax. Think about everything that happened at school and in your life outside of school. You can imagine that you are a kid in your elementary school. Look around and remember as many details as possible about this place. What was it like there? What did it smell like in there? How did it sound there? Who was there with you? How did you feel? What did you like to do? What didn't you like? How did you learn new things? How did you collaborate with others? How did you show your emotions? How did you react to what was happening around you? Try to remember the most important events of this period. Let these memories go through your mind, and allow yourself to experience them emotionally.

After following the visualization, the patients individually record on their pre-printed sheets their sources, obstacles, winds at their backs, and needs that they did or did not sufficiently fulfil during this period. Table 2 shows an example of a completed recording sheet.

The patients then split up into groups of three and shared their records. One of them plays the Protagonist, who describes their resources, obstacles, winds at their back, and needs in this period of life. With a stuffed animal on their lap, they talked about which modes were emerging. The second patient plays the Kind Parent, holding a stuffed animal and listening to the Protagonist with empathy, appreciation, and support. They express empathy and support verbally and can

touch the Protagonist's stuffed animal with the help of their stuffed animal. The third patient plays the Healthy Adult, providing the Protagonist with a rational perspective, advice, or support. After 20 minutes, the roles change, so everyone plays the Protagonist, the Kind Parent, and the Healthy Adult at least once.

At the end of this section, patients return to the big group and reflect on their experience with this method. They can share their feelings, thoughts, or insights about this period, and they might also express gratitude or appreciation to others for their help or support.

Section 3: A Wild River With Rapids and Waterfalls – Puberty and Adolescence

In this section, patients focus on their adolescence from puberty to the end of high school. This period is characterized by rapid physical and psychological changes, searching for identity and meaning in life, experimenting with different roles and values, forming intimate and sexual relationships, and becoming independent from parents (Erikson 1968). The first signs of psychological problems or disorders, such as depression, anxiety, eating disorders, or addictions, may also appear during this period.

The therapist introduces this section by briefly describing the typical resources and obstacles during this period of life. For example, resources can be discovering new interests or talents, finding meaning or purpose in life, engaging in social or volunteer activities, creating strong friendships or partnerships, etcetera. Obstacles can be, for example, dissatisfaction with one's body or appearance, conflicts with parents or authorities, pressure from peers or society for certain behaviour or performance, loss of meaning or hope in life, and experiencing psychological difficulties or crises.

The therapist then facilitates another visualization with the patients, encouraging them to remember this period. The visualization goes something like this:

Close your eyes and relax. Imagine you are a teenager in your high school. Look around and remember as many details as possible about this place. What was

Tab. 3. Example of a Completed Recording Sheet for "Puberty and Adolescence"

Resources	Obstacles	The wind at your back	Needs
I was passionate about music and was learning to play the guitar.	I had acne problems and felt ugly and unwanted.	I had a great band that we played with at various events and had fun.	I wanted to be attractive and have self-esteem but couldn't feel that way.
I was looking for the meaning of life in ecology and nature conservation.	I had conflicts with my parents, who did not understand my views and wanted something different from me.	I had friends who shared my values and supported me in my activities.	I wanted to be authentic and have freedom.
I fell in love with my classmate and had beautiful moments with her.	I was afraid of intimacy and sex, and I didn't know how to behave or what to do.	I had an older friend who gave me some advice and encouraged me.	I wanted to be loved and have intimacy, which worked for me for a short time and then was lost.

it like there? What did it smell like? How did it sound there? Who was there with you? How did you feel? What did you like to do? What didn't you like? How did you search for your identity and meaning in life? How did you experiment with different roles and values? How did you establish intimate and sexual relationships? How did you become independent from your parents? Try to remember the most important events of this period. Let these memories go through your mind, and try to experience them as much as possible.

After the visualization, the patients individually record on pre-printed sheets the sources, obstacles, winds at their backs, and needs that they did or did not sufficiently fulfil during this period. An example of a completed record from this section is Table 3.

The patients then split into groups of three and shared their records with others. One of them is the Protagonist, who describes their resources, obstacles, winds at their back, and needs with a stuffed animal in their hand during this period of life. The other patient plays the Kind Parent, who listens to the Protagonist with empathy, appreciation, and support, expressing their help with a stuffed animal. The third plays the Healthy Adult, who provides a rational perspective, advice, or help to the Protagonist through the mouth of their stuffed animal. After 20 minutes, the roles change, so everyone gets to play the Protagonist, Kind Parent, and Healthy Adult once.

At the end of this section, patients return to the big group and reflect on their experience with this method. They can share their feelings, thoughts, or insights about this period, and they might also express gratitude or appreciation to others for their help or support.

Section 4: A Large, Wide River With Gorges and Dams – Adulthood

In this section, patients focus on their adult life after the end of high school. This period is associated with several life changes and challenges, such as study or work, family or partnership, children or grandchildren issues, and ageing or illness (Erikson 1968). During this period, the long-term consequences of schemas

and modes on psychological and physical health, relationships, and satisfaction are also manifested (Young et al. 2003).

A therapist introduces this section by briefly describing the typical resources and obstacles during this period of life. For example, resources can be achieving personal or professional goals, creating a harmonious family or partnership, gaining experience or wisdom, engaging in social or volunteer activities, etcetera. Obstacles can be, for example, dissatisfaction with one's life or career, divorce or loss of a partner, conflicts with children or grandchildren, ageing or illness, or experiencing psychological difficulties or crises.

The therapist then facilitates a visualization with the patients, encouraging them to remember this period of their lives. The imagery can be evoked with something like:

Close your eyes and relax. Walk through your adulthood to the present in your mind. How did you achieve your goals or dreams? How did you form your family or partnership? How have you handled changes or challenges in your life? How did you take care of your health and well-being? Let these memories go through your mind, and try to experience them as much as possible.

Also: Imagine experiencing something that greatly influenced or shaped you. What is it? Where does it take place? Who is with you? What's happening? How do you feel? How do you react? What do you remember? How do you feel? What are you experiencing? What are your needs?

After the visualization period, the patients individually record their resources, obstacles, winds at their back on pre-printed sheets, and needs they did or would not sufficiently fulfil. See Table 4 for an example completed recording sheet.

The patients then split up into groups of three and shared their records. One of them plays the Protagonist, who, with a stuffed animal in their hand, describes their resources, obstacles, winds at their back, and needs during this period. The other plays the Kind Parent, who, with a stuffed animal in hand,

Tab. 4. Example of a Completed Recording Sheet for "Adulthood"

Resources	Obstacles	The wind at your back	Needs
I was successful at work and progressed to higher positions.	I had little time for my family and hobbies and felt burnt and tired.	I had good colleagues who helped me and supported me at work.	I wanted to be recognized and have a meaningful job, which I was able to do most of the time.
I found a wonderful partner, and we have three children together.	I had problems with communication and intimacy with my partner, and eventually, we divorced.	I had a good therapist who helped me process the divorce and find a new balance.	I wanted to be loved and have a harmonious relationship, and I succeeded for a while, but then it went wrong.
I was interested in different things and learning new skills.	I had a heart attack and had to change my lifestyle and limit some activities.	I had a group of friends who shared my interests and supported me in my recovery.	I wanted to be healthy and enjoy life, which was fine for most of my adulthood, but it has been worse lately.

Tab. 5. Example of a Completed Recording Sheet for "Present"

Resources	Obstacles	The wind at your back	Needs
I am satisfied with my job, and I have a good salary.	I have problems with my partner, and we are considering a divorce.	I have a good friend who listens to me and gives me advice.	I want to be happy and have a harmonious relationship with someone who would love me, which is not happening.
I am physically healthy and exercise regularly.	I have depression and anxiety and take medication.	I have a good psychiatrist who helps me with my mental problems.	I want to be calm and confident.
I am interested in different things and learning new skills.	I feel like my life has no meaning or purpose.	I have friends who share my interests and support me in my activities.	I want to feel meaning and enjoy life.

listens to the Protagonist with empathy, appreciation, and support. The third plays the Healthy Adult, who provides a rational perspective, advice, or assistance to the Protagonist. After 20 minutes, members change roles, so everyone plays the Protagonist, the Kind Parent, and the Healthy Adult once.

At the end of this section, patients return to the big group and reflect on their experience with this method. They can share their feelings, thoughts, or insights about this period, and they also might express gratitude or appreciation to others for their help or support.

Section 5: The Sea – The Present

In this section, patients focus on their current life and what they are experiencing. This period is important for becoming aware of one's current patterns and modes that affect one's perception of self, others, and the world. This period also allows patients to change or improve their life and fulfil their needs and goals.

The therapist introduces this section by briefly describing the typical resources and obstacles during this period of life. For example, resources can be satisfaction with one's life or career, good relationships with family or partner, a healthy lifestyle or well-being, involvement in activities that give meaning or joy, etcetera. Barriers can include dissatisfaction with one's life or career, conflicts with family or partner, health problems or stress, experiencing psychological difficulties or crises, or similar.

The therapist then facilitates another visualization with the patients, encouraging them to become aware of their current state. Useful imagery is evoked with something like:

Close your eyes and relax. Imagine that you are an adult in your current home. Look around and remember as many details as possible about this place. What does it look like there? How does it smell? How does it sound there? Who is there with you? How do you feel? What do you like to do? What don't you like? Who are the important people in today's life? Try to remember them. What is important to you about them? What would you want from them?

Also: Now imagine that you are in a group with other people. Look around and remember as many details as possible about this place. How does it look here? How does it smell here? What do you hear? Who is here with you? How do you feel? What are you doing right now? What would you like to do? How do you perceive yourself? How do you perceive others? How do you perceive your life? Let these thoughts go through your head, and try to be aware of them as much as possible.

After visualization, the patients individually record on pre-printed sheets their perceived sources, obstacles, winds at their back, and needs that they did or would or would not sufficiently fulfil during this period. Table 5 is an example completed recording sheet.

Then the patients are divided into groups of threes and share their records with stuffed animals in hand. One plays the Protagonist, who describes their resources, obstacles, winds at their back, and needs during this period. The other patient plays the Kind Parent, who listens to the Protagonist with empathy, appreciation, and support. The third plays the Wholesome Adult, who provides a rational perspective, advice, or assistance to the Protagonist. They all have stuffed animals in their hands through which they can communicate. After 20 minutes, they switch roles, so everyone plays the protagonist, the Kind Parent, and the Healthy Adult once.

At the end of this section, patients return to the big group and reflect on their experience with this method. They can share their feelings, thoughts, or insights about this period, and they might also express gratitude or appreciation to others for their help or support.

Section 6: A Sailboat at Sea – Dreams About the Future

In this section, patients focus on their dreams about the future and what they want to achieve or experience. This period is important for formulating visions or goals, planning concrete steps or strategies to fulfil them, and finding motivation or inspiration to realize them (Snyder et al. 1991). This period is also an opportunity to change or improve one's patterns and modes and to fulfil one's needs and desires.

Tab. 6. Example of a Completed Record Sheet for "Future"

Resources (The wind at your back)	Obstacles	Needs	Goals
Love and support from family and friends	Fear of failure and rejection	Recognition and self-confidence	Write a book
Good health and vitality	Health problems and stress	Body and soul care	Be fit and happy
Education and experience	Lack of time and money	Development and creativity	Change work for the better
Optimism a humor	Negative thoughts and mood	Joy and laughter	Travel around the world

The therapist introduces this section by briefly describing the typical resources and obstacles during this period of life. For example, resources can be optimism or hope for the future. The future is yet to come. One can imagine or visualize how we might fulfil our goals and values in the future, but we can also imagine the obstacles that might appear. Patients are instructed that their future is like a sailboat at sea:

You are the captain and in charge of the direction and speed of your voyage. What matters is what helps you sail (positive events and qualities, good relationships, experiences) and what hinders you (external and internal obstacles await you). You can sail to the islands that symbolize your dreams and desires if you have clear goals, values, free will, and perseverance. These give you strength and hope. If the headwind is strong, it is necessary to cruise against it, which is not easy, but at the same time, it is to be appreciated. Still, we'll face subjects full of possibilities and uncertainty in the future. What would you like? How would you like to live, work, and interact with loved ones?

The therapist then facilitates a visualization:

Imagine you are by the sea. You walk along the beach and see people sunbathing. Children are playing. It's beautiful weather. You wear your shoes and walk along the beach on the wet sand. Waves splash against your ankles. Ahead of you is a white city. You see a pier and a large sailboat by it. The captain motions for you to go on. You step on board. Your loved ones are sitting there in armchairs. The captain goes to the helm, and you set sail on the blue sea. The wind picks up, and the sailboat is sure to set off. She is safe in his hands. The captain beckons you to take the helm. You get scared, but then you boldly take the wheel with your hands. You are guiding a sailboat, for sure. You are at peace. You're heading to the island you've always wanted to visit. Try to imagine your future now. What would you like most? In your relationships? In their functioning? At school, work, or home? What are the dreams you want to achieve?

Then the participants complete their recording sheets. The record's columns are embedded into a silhouette of a sailboat. In the printed picture of the bark, the participants write about the winds at their back (positive events and qualities, their sources) and what might be the *headwinds* – the obstacles that

await them. They then write down what is important to steering into the future (their goals and values) and what island they wish to reach, representing their dreams and aspirations. Table 6 is an example "future" completed record sheet.

Finally, the participants are helped to jointly evaluate the entire River of Life process and exchange feedback. The therapist thanks them for participating and encourages them to continue using the River of Life for self-discovery and personal development. The therapist also informs the patient or group about the next step in the therapy plan and answers any questions. The therapist might use the following text:

This was the last step of the River of Life method. In future sessions, we'll continue to work with your schemas and modes using other methods and techniques. Feel free to ask us if you have any questions or concerns about this method or the next therapy step.

THE PATIENTS' VIEW

This next portion contains reflections of patients who experienced the River of Life method in their group therapy program.

Lucie

How did I experience it? What emotions appeared? What needs did I identify?

I cried a lot, especially when I realized my childhood experiences. When I arrived at the party, no one praised me. They often criticized me. When something wasn't perfect, Mom ruined the scene, and Dad didn't play with me. It all came back to me. It was nice that Helena and Ludka listened to me, were interested, and asked what I was going through. They told me I was entitled to my parents' praise and interest. It was hard for me to be criticized, so they showed me a Kind parent. When they praised me for everything I could do and was good at, at that moment, I believed them and cried again. I am touched that someone is so nice to me. When I was playing the Helper, it was very good for me when Helena was moved, even if she cried. I was proud of myself for helping her. Then it was very nice when Helena acted as a kind parent to Ludka. I could see how nice they were. Helena told him that he had a right to be angry with his parents and that he had a right to be taken care of. I cried again because it was about me, too.

What did it give me? What did I understand?

I realized that I don't take care of myself very much, and it makes me feel good when someone takes care of me and is nice to me. Also, I can empathize and help others, but not myself. It also dawned on me how my adolescent rebellion and anorexia nervosa were probably because I wanted them to be afraid and interested in me. This was partially successful, but at the same time, they began to control and blame me. That's why now I have difficulties in relationships with men and authorities. I'm still afraid that if I approach them, they will reject me because my parents think I'm not good. My whole life was connected a lot, so I was afraid to have any dreams or goals.

What do I take away from this for my present and future life?

I don't know. It went fast. But I feel more empowered to fight for my needs. We are still to serve and strive for the Father's praise. They don't appreciate it, anyway. Also, for him to like me, I also serve my boyfriend, I try like crazy, and then I'm offended when he doesn't say anything about it. Then I blow up at him, and then I apologize to him. It was the same in childhood. When I tried to help my sister, she took it for granted, and I always got angry. I no longer want to serve anyone and seek their favour. I know that I enjoy culture, theatre, and classical music. I want to devote myself to them instead of serving them. Allowing myself more things that make me happy. I'm so glad to help everyone, but it has its limits and can't be at my expense. I feel like I have a right to it now. And strength. As I steered the ship in my imagination, that's how I felt. That's how I want to show up in my life, where it feels good for me.

Lenka

How did I experience it? What emotions appeared? What needs did I identify?

It was very important and useful for me. I felt part of a group and that others understood and helped me. It was like being in a family. Various emotions appeared: gratitude, joy, enthusiasm, relief, fear, sadness, and disappointment. It was like going through different stages of a relationship. I identified various needs: the need for support, acceptance, and belonging, but also the need for independence, self-esteem, or self-realization. Some needs were met, others were not. It was interesting to see how those needs changed over time and how they influenced my decisions and behaviour.

What did it give me? What did I understand?

It gave me a better understanding of why I have dependent personality disorder and why I have depression and anxiety. I understood it resulted from my lack of love and support in childhood and adolescence, and I also understood that this resulted from my adaptive and submissive behaviour towards others. I became

aware of my patterns and fads and how they affect my life. For example, I realized I have an abandonment schema and a compliant child mode. I often feel lonely or threatened and need someone to give me love and protection. This is related to the fact that my parents were indifferent or absent and often left me alone or with younger siblings. This also affected my other relationships with men or female friends. I usually get attached to someone who doesn't give me what I need. Or I was afraid to say my needs or feelings or to say "no" to something that bothered me.

What do I take away from this for my present and future life?

I take away more confidence and self-esteem from it. I want to respect myself more and take care of my needs. I also want to find someone who will give me love and support while respecting my independence and individuality. I also want to find a job that will be fun and fulfilling. I also want to fulfil some dream or goal in life; for example, I would like to visit an exotic country or learn a foreign language, and I now feel I have the right and the power to do so. I imagined we crossed a bridge as we sailed along the River of Life.

Robert

How did I experience it? What emotions appeared? What needs did I identify?

It was very uncomfortable for me. I would not say I like talking about my life with strangers. I think it's a private matter, and no one cares. Plus, I thought it was pointless and stupid. Why should I draw a river? What is it supposed to give me? I felt embarrassed and angry. I wanted to leave and leave them alone. But the therapist told me it was important to my treatment and that I should try to open up. So I did, but only because I wanted to show that I was better than others, had an interesting and successful life, and deserved respect and admiration. These are my needs.

What did it give me? What did I understand?

It did me no good. I just wasted my time and energy. I understood that others are weak and miserable. They have sad and boring lives. They keep complaining and crying about their problems. They have no ambition or self-confidence. They depend on what others think of them. I do not. I know what I want and how to get it. I am not afraid to take risks and fight for my interests. I can command respect and admiration. I am strong and independent.

What do I take away from this for my present and future life?

I don't get anything out of it. It is irrelevant and meaningless to me. Only one thing is important for my current life and the future: myself, my goals, my achievements, and my needs. No one will stop me or advise me. I determine the direction of my sailboat,

and no one can change it for me. I will choose the island I want to sail to, and no one will take it away from me.

Tamara

How did I experience it? What emotions appeared? What needs did I identify?

It was very intense and chaotic for me. Talking about my life brought up many emotions: sadness, anger, fear, joy, enthusiasm, regret . . . everything was mixed, and I didn't know what I felt. My life was full of changes and conflicts. Many times I felt abandoned and betrayed by people I loved or admired. Many times I also left or betrayed people who loved or admired me. I could not find balance or stability in my relationships or within myself. I identified the need to be loved and accepted as I am, be myself, and not be influenced or manipulated by others.

What did it give me? What did I understand?

It allowed me to see my life and find meaning and connections. I understood that I have a problem regulating emotions and identity. I often react impulsively and destructively to situations I perceive as threatening or rejecting. I often change my opinions about myself and others according to my current mood or circumstances. I tend to idealize or demonize the people in my life with no room for a middle ground.

What do I take away from this for my present and future life?

I take away hope and motivation to change. I want to learn to better recognize and express my emotions without suppressing or venting them on myself or others. I want to learn to communicate better with my loved ones and build intimate and stable relationships without fear of abandonment or loss of identity. I want to learn to know myself better and find my true essence without conforming or being different from others. I want to learn how to steer my sailboat better according to my goals and values without submitting to or defying authority or pressure from the environment. I want to choose an island where I will be happy with myself and with others.

Kristýna

How did I experience it? What emotions appeared? What needs did I identify?

It was very difficult and painful for me. Talking about my life reminded me of many traumatic experiences from the past and present: the abuse, the violence, the bullying . . . it all came back to me like a nightmare. I felt helpless and worthless. I thought it was my fault and that I deserved it. I thought no one could like "trash" like me. I thought it could never improve and had no future or purpose. I identified the need to be protected and recognized for my value as a human being.

What did it give me? What did I understand?

It allowed me to express my pain and suffering in front of people who listened to me with understanding and compassion. I understood that my trauma was not my fault or destiny, and I have a right to justice and forgiveness for what was done to me and the right to be loved.

What do I take away from this for my present and future life?

I take from its faith and courage to change. I want to learn to manage my emotions better and let them flow freely without suppressing or expressing them through self-harm or suicidal attempts. I want to learn to communicate better with my loved ones and build safe and harmonious relationships without fear of abandonment or abuse. I want to learn to know myself better and find my inner strength and abilities without underestimating or overestimating myself. I want to learn to better steer my sailboat according to my goals and values without giving up or overdoing it. I want to choose an island where I will be happy with myself and with others.

DISCUSSION

The advantage of the River method is the gradual processing of the course of life in such a way that the patient begins to associate individual experiences with their early maladaptive schemas and understands better why in situations that are similar to earlier painful situations, they more often get into painful or angry child modes or use maladaptive coping strategies. Patients can also deduce which experiences their Inner Critic mode is associated with in all its variants. Another advantage is that they directly experience reparenting from their fellow patients. They often perceive that others are interested in them, care for them, and want to help them. The River also often strengthens patients' capacity for compassion, belonging with others, and a natural desire to help, which no longer needs to be driven by over-compensation to make others like them, but is connected to grounded experiences of human participation. Each participant can also learn to better understand other people's emotions and behaviour in the context of their whole life, allowing them to understand people outside of therapy better.

There are also several disadvantages to the River method. Cooperation in groups of three patients does not have to be deep, and patients may escape from difficult emotions into the Detached Protector role. Also, some patients will have had similar painful experiences playing the Protagonist. In that case, they may feel so affected by their own emotions that they cannot help someone else playing the Protagonist, resulting in feeling helpless, guilty, or dissociating. It is, therefore, important for therapists to be in constant contact with the whole group, walking around subgroups and noticing what is happening while listening to the work

Tab. 7. Benefits and Limits of the River of Life Psychotherapy Method

Advantages	Limits
It helps participants examine their life and find meaning and connections in it.	It may be uncomfortable or difficult for some involved to talk about their lives with strangers.
It supports participants in recognizing and expressing their emotions, needs, and values.	It can evoke strong or negative emotions that may be difficult for some involved to handle
It allows participants to share their stories with others and build trusting and supportive relationships with them.	It can lead to comparing oneself to others or troubling feelings of inferiority or superiority.
It stimulates participants to act creatively and imaginatively in drawing and discussing their River.	It may be difficult or frustrating for some participants to draw or imagine their River of Life.
It motivates participants to change and develop by showing them their strengths, resources, and possibilities.	It can be demotivating or depressing for some involved by showing them their weaknesses, obstacles, or limitations.

of individual subgroups – similar to when parents have multiple children they need to rear at once. Overall, the River method has advantages and limitations, summarized in Table 7.

Let us compare the River of Life method with other methods of schema therapy or different psychotherapeutic approaches. We can classify the River among expressive, creative, and experiential therapies that use various art forms, play, or nature-as-communication. Similar methods include:

- imagery: a technique that uses imagination as a tool to change schemas and modes;
- fairy tale therapy: a procedure that uses fairy tales as a means of expressing and solving problems;
- dramatherapy: a method that uses theatre techniques as a means of experiencing and transforming emotions; and
- art therapy: a method using drawing to express emotion and stimulation creativity.

These methods stimulate creativity and allow participants to loosen up and play something other than the Withdrawn Defender role. Participants can develop the ability to understand themselves and others through artistic activity. These methods also help patients overcome blocks or resistance that prevents change. We assume that metaphors help the patient transform the meaning to further his/her goals and help journey towards a more adaptive view of self, others and the world (Stott *et al.* 2010). Furthermore, the increasing alliance is one important predictor of outcome (Horvath & Bedi 2002).

There is limited empirical information regarding the effectiveness of this method and whether it can enhance the effect of a larger group therapy program. It would be appropriate to compare the groups for which River of Life would be done with the groups using different methods. However, we see additional research possibilities, including the investigation of the following:

- the effectiveness and safety of the River of Life method on different groups of patients (e.g., by diagnosis, age, gender, etc.);

- the long-term effects of the River method on changing patterns, modes and cognitions in patients;
- the satisfaction and experience of patients and therapists with the River method; and
- Combine the River method with more-formal schema therapy or different psychotherapeutic approaches where feasible.

CONCLUSIONS

In this article, we discussed the River of Life method as an original and innovative method of schema therapy that expands the possibilities of psychotherapeutic work with patients. Using symbols and metaphors, the technique allows patients to express and process their life experiences, emotions, and needs. The method also often fulfils patients' basic emotional needs and strengthens their self-esteem, self-acceptance, and personal development. The process can also conduce the development of social and communication skills and improve empathy between patients in a group. However, the River method also has some disadvantages, such as a relatively high demand for time, space, and materials; the potential of evoking strong unmanageable emotions or resistance in some patients or the difficulty of interpreting symbols and patient metaphors is significant. The River may not be suitable for all types of patients or problems. Therefore, it is important to consider the indications and contraindications of the River method carefully and to respect patients' individual needs and preferences.

We think the River of Life method warrants further investigation inside the domain of schema therapy or closely related psychotherapeutic approaches. We glimpsed opportunities to investigate: its effectiveness on different groups of patients; its long-term effects on changing patient patterns and modes; patients' satisfaction and experiences with the River method; and the possibility of combining the River with other methods.

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