

The Healthy Adult in Schema Therapy: Using the Octopus Metaphor

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Abstract

This conceptual paper presents the Healthy Adult mode in Schema Therapy using the octopus metaphor. As a relatively new form of integrative psychotherapy, Schema Therapy has in recent times become increasingly popular among psychotherapists, as a preferred transdiagnostic treatment approach. Schema Therapy, however, is not free from theoretical criticisms and practical challenges. The aim of this article is twofold. First, to offer clients a simple, pictorial, creative, powerful, and memorable metaphor that they can use to develop and strengthen their Healthy Adult mode as a positive psychological intervention to achieve their goals. Second, to present a parsimonious, creative, and flexible model, aligned with the integrative psychotherapy tradition, for psychotherapists to blend into their own style and practice. Drawing on relevant theoretical and empirical findings, and taking a scientist-practitioner stance, this article unpacks the therapeutic factors and mechanisms of change embedded in the use of metaphor, and how they can be integrated into Schema Therapy. The article elucidates the psychological linkages between theory and practice, and highlights the corresponding outcomes and benefits for clients. Thereby, it contributes to the multiple nuances and versions of Schema Therapy and integrative psychotherapy.

Keywords

Schema Therapy, Metaphor, Octopus, Integrative Psychotherapy, Transdiagnostic Treatment

1. Introduction

Schema Therapy (ST) or Schema-Focused Cognitive Therapy (Young, 1994; Young et al., 2003) is a relatively new integrative psychotherapy that has recently become increasingly popular among psychotherapists as a preferred transdiagnos-

tic treatment approach (Masley et al., 2012). ST spawned from Beck's (1976) cognitive therapy, and has been recognised as an effective and pragmatic type of psychotherapy that integrates previous therapies such as Cognitive Behavioral Therapy (CBT), Attachment Theory, Psychoanalytic Object Relations, Self-psychology, Relational Psychoanalysis, Social Constructivism, and Gestalt Therapy (Rafaeli et al., 2014). ST emphasises the role of processing information that escapes mental consciousness (Edwards & Arntz, 2012), and bridges psychotherapeutic and cultural traditions (Konopka et al., 2018). While ST was initially developed to treat individuals with chronic psychological problems (e.g., personality disorders) who were resistant to cognitive therapy, it has been applied to treat a range of other conditions, including: mood and anxiety disorders (Hawke & Provencher, 2011); social anxiety (Mairet et al., 2014); eating disorders (Pauwels et al., 2016); chronic depression (Renner et al., 2016); chronic pain (Voderholzer et al., 2014); PTSD (Grey et al., 2002); substance dependence (Shorey et al., 2014), and couples therapy (Simeone-DiFrancesco et al., 2015), thus, making ST a transdiagnostic treatment (Farrell et al., 2014).

The ST model comprises the following components. First, the model describes 18 early maladaptive schemas (EMs) that cluster around five domains or sets of emotional needs: (1) Disconnection and Rejection; (2) Impaired Autonomy and Performance; (3) Impaired Limits; (4) Other-Directedness; and (5) Over-Vigilance and Inhibition (Young et al., 2003). Second, the model includes four mode types (Healthy Adult, Child, Parent, and Coping), and coping modes are divided into three subcategories (Avoidant/Detached, Overcompensator, and Surrender), tending to follow each other in recognisable mode sequences or patterns. In clinical practice, in addition to the four coping modes, there are other concepts such as default modes, blended modes, mode suites and sequences (Edwards, 2022). Ostensibly, this adds further complexity to an already cumbersome model.

Theoretically, ST draws heavily on attachment theory (Bernstein, 2005; Flanagan et al., 2020; Rafaeli et al., 2014). Thus, it relies strongly on the quality of the therapeutic relationship as a primary agent of change by using limited re-parenting via the Healthy Adult (HA) mode. The HA represents the state of mind that embodies psychological health and maturity. Its function entails providing, within the reasonable limits of the therapeutic relationship, what clients missed from parents or caregivers in childhood (Young, 1994). Hence, the HA's orientation is to provide the capacity to make informed, realistic, and accurate decision-making in everyday life, as opposed to simplistic, distorted, unrealistic expectations or choices (Edwards, 2022). As a broad integrative model, ST makes extensive use of cognitive, experiential and action methods such as cognitive restructuring and education, emotion-focused techniques, behavioral pattern breaking, imagery, and chairwork dialogue (Kellogg & Young, 2006), which can be delivered using individual and/or group therapy formats (Farrell et al., 2014).

Despite its research evidence and popularity among practitioners, ST is not free of theoretical criticisms (Beckley, 2016; Pretzer, 2001), practical challenges (James, 2001), and research gaps (Pilkington et al., 2022). First, as pointed out by James (2001) and James et al. (2004), the concept of “schema”, which is central in ST, is often unclear and confused with related concepts in the literature (e.g., schemata, deep structures, core beliefs, core structures, tacit knowledge core beliefs, self-referent beliefs). According to Beckley (2016), for example, the term “schema” better encapsulates emotional depth, as opposed to a term like “core belief”, which fails to capture the potency of the client’s experience. Unsurprisingly, in practice, the term schema can be difficult to grasp by clients. Second, ST was initially developed to treat borderline personality disorder (BPD). By the mid-1990s, however, as the ST model evolved to treat a wider range of clinical presentations, such as narcissistic personality disorder (Young & Flanagan, 1998) and eating disorders (Waller et al., 2007), the 10 modes initially proposed expanded to 18 clinical impressions, reflecting a cross-cultural taxonomy of modes (Arntz et al., 2021); thus, adding greater complexity to an already multiplex model.

More recently, Yalcin et al. (2022) have presented research evidence that the emotional inhibition schema is better conceptualised as two separate constructs, fear of losing control and emotional constriction, and that the punitiveness schema constitutes two distinct constructs: punitiveness (self) and punitiveness (others). Third, the blending of modes is common in ST (Edwards, 2022). The term “blended modes” denotes the way features of more than one mode may arise simultaneously (Young et al., 2003). In addition to this dynamic blurriness of modes, Kellogg and Young (2006), for example, introduce the term “mode flipping” (p. 453). Further, Edwards (2022) uses the term “mode suites” (p. 3), as an extension of the blended modes concept, to refer to the sets of modes with overlapping or similar features. A further criticism of ST is that it does not emphasize the important role of mentalization (Spivak & Konichezky, 2022). Given the above criticisms, and even though most ST-related concepts tend to resonate well with clients (Beckley, 2016), ST has been referred to as “a lengthy and complex treatment” (Andriopoulou, 2021: p. 474).

In clinical practice, finding meaningful terminology that clients can easily understand and relate to is imperative. As pointed out by Edwards (2022), therapists should use terms that are meaningful to their clients, as opposed to using formal nomenclature from the literature. Further, use of parsimony in psychotherapy is highly desirable. In fact, parsimony has already been claimed to deliver quality therapy (Cogle, 2012). Fortunately, the truly integrative nature and capacity, and inherent flexibility of ST have afforded multiple authors and practitioners to develop many nuances and resources of the model to make it more accessible to both psychotherapists and their clients. Examples of this include the multitude of process flowchart-like diagrams used by clinicians to conceptualise clients’ case formulations and mode maps, as well as the so called “flash-cards” used for clients to follow protocols between sessions, which are exchanged

around the global community of ST practitioners. For the most part, these aids use logical sequencing or a linear type of thinking. Other resources are more abstract, less logical, and take a more creative and pictorial approach. One example is Bernstein's (2018) iModes cards, which use cartoons to depict 16 qualities of the HA mode, as a pictorially-based method of assessing clients' emotional states, operating on the principle of "amplification through simplification" (McCloud, 1993: p. 30). Another example is Roediger et al.'s (2018) use of the "theatre" analogy, according to which the "therapist as stage director must learn to change the script and direct the mode actors" (p. 109), as well as use of the terms "frontstage" and "backstage" of a theatre as a metaphor to distinguish between visible or clear modes (frontstage) and less visible ones (backstage).

This paper addresses the above-mentioned complexity and opaqueness of the ST model by conceptualizing the HA mode using the octopus metaphor as a useful device to simplify the complexity of the ST model. The main purpose of this is to facilitate clients' agency in psychotherapy, a key concept and "important indicator of positive psychological functioning across psychotherapeutic traditions" (Williams & Levitt, 2007: p. 66). More specifically, the model uses the octopus as a metaphor to represent the HA mode, arguably the protagonist or most central character in ST, as this is the mode psychotherapists aim to develop, build, and strengthen in clients to be able to moderate, nurture, or heal the other modes.

Taking a psychotherapy integration approach and drawing on extant literature relating to the use of metaphor in psychotherapy and ST, the focus of this article is to offer psychotherapists using ST a way to assist their clients with a simple, pictorial, meaningful, creative, and memorable way to enact their HA by using the octopus metaphor. Theoretical linkages are to Bandura's (2006) agentic theory, attachment theory (Bowlby, 1969; Ainsworth, 1989), object relations theory (Fairbairn, 1954; Klein, 1996; Winnicott, 1971), and self-psychology (Kohut, 1971, 1977). In doing so, the paper also responds to the call for using cross-fertilization of psychotherapy and other fields (Lampropoulos, 2001), and contributes to the multiple nuances and versions of the ST model that have emerged, and keep emerging, from practitioners.

2. Metaphor

2.1. Origin and Definitions

Etymologically, the word "metaphor" derives from Greek metaphora, "a transfer", specifically, transfer of the sense of one word to a different word. It is literally "a carrying over" from metapherein "to transfer, carry over; change, alter; to use a word in a strange sense", from meta "over, across" (Online Etymology Dictionary, 2023). A metaphor is an expression "that describes a person or object by referring to something that is considered to have similar characteristics to that person or object" (Cambridge Dictionary, n. d.). According to Semino (2008), a metaphor is "the phenomenon whereby we talk, and potentially, think about

something in terms of something else” (p. 1). Thus, “a metaphor is the symbolic representation of an idea or a concept in communication” (Paulson, 1996: p. 11). The use of metaphor is pervasive both in thought and everyday language (Lakoff & Johnson, 1980). For most people, metaphor is a figure of speech in which one thing is compared to another by saying that one is the other (e.g., s/he is a tiger). Metaphorical language enables people to convey what would otherwise be impossible or difficult to express (Nerlich & Clarke, 2001).

From a conceptual metaphor theory (CMT, Lakoff, 1993; Lakoff & Johnson, 1980, 1999) perspective, metaphors are a fundamental part of human thought, not just an aspect of language or an ornamental language device, but rather a conceptual mechanism for structuring, restructuring, and creating reality (Gibbs, 2011). Given that thought is mostly unconscious, and abstract concepts are largely metaphorical, metaphors are more than linguistic or literary devices (Lakoff & Johnson, 1999). They play a critical role in learning and cognitively understanding and organizing the world (Aragno, 2009). The focus of metaphor is not in language, rather in how one mental domain is conceptualized in terms of another. Hence, metaphor provides cross-domain mappings whereby everyday abstract concepts such as state, time, change, causation, and purpose also turn out to be metaphorical (Lakoff, 1993). Similarly, metaphoric language is often used to describe emotional experiences, as well as to capture links between affect and physical domains (e.g., spatial position, brightness, musical pitch, and size), which influence performance on attention, memory, and judgment tasks (Crawford, 2009).

2.2. Role, Benefits, and Types of Metaphors in Psychotherapy

In psychotherapy, the use of metaphor is extensive and found across therapeutic orientations (Angus & Rennie, 1989; Burns, 2007; Evans, 1988; Killick et al., 2016; Kopp, 2013; Sims, 2003; Törneke, 2017; Wickman et al., 1999; Witztum et al., 1988). Some of the main benefits of using psychotherapeutic metaphors include that they enable explanation of abstract concepts easily in layperson terms (Leetz, 1997), are memorable, and have clinical impact and motivational properties (Martin et al., 1992). Metaphors also offer alternative intervention strategies when direct communication is undesirable or ineffective, such as overcoming resistance or facilitating solutions (Paulson, 1996). In CBT, the use of metaphor, along with the use of story, anecdote, and analogy, has been cited as an effective device to transfer knowledge, access and change unconscious or tacit levels of cognitive representations (Blenkiron, 2005, 2010; Gonçalves & Craine, 1990), and enhance “information processing in sessions and thereafter” (Otto, 2000: p. 166). As useful linguistic mechanisms in psychotherapy (Witztum et al., 1988), metaphors are a means to facilitate constructive behavior change (Lenrow, 1966), and an effective conceptual and clinical strategy to strengthen therapeutic communication and the therapeutic alliance (Stine, 2005).

Metaphor “facilitates both quick access to the client’s experience, and, ...a tool

for altering that experience in ways that promote adaptation and positive self-regard” (Sims, 2003: pp. 531-532). According to Wagener (2017), by acting as mirrors of clients’ inner images of self, life, others, and the world around them, metaphors best capture their symptoms, presenting problems, feelings, thoughts, and beliefs. Metaphors have also been described as devices that organize emotional experience (Crawford, 2009; Lakoff & Johnson, 1980), and “their use in cognitive restructuring can help maximise the effect of therapy information” (Hu et al., 2018: p. 414). Not surprisingly, metaphor has been referred to as the most important therapeutic tool available to psychotherapists (Törneke, 2017), “the language of change” (Muran & DiGiuseppe, 1990: p. 69) that enhances therapist-client communication (Eynon, 2001), and shapes the psychotherapeutic process by structuring therapists’ perception, stance, and attitude (Berlin et al., 1991). Metaphors can be client-centred or generated, or therapist-centred or generated (Tay, 2016).

Client-generated metaphors represent tacit, deep, metaphoric knowledge that can be directly accessed, explored, and ultimately transformed by clients (Kopp & Craw, 1998). They are in line with “non-directive” approaches to psychotherapy (Rogers, 1952). Clients’ metaphors offer opportunities for them to communicate nuances related to their therapeutic experience that are difficult to express in literal language (Malkomsen et al., 2021).

Therapist-generated metaphors “provide a tool to further guide and support clients in the pursuit of their goals” (Wagener, 2017: p. 153), and are conceptualised as a technique that becomes part of the therapist’s repertoire of interventions. While these metaphors can be spontaneously elicited and managed by therapists, they can also be part of a stock or standard selection of metaphors prepared and mapped beforehand by therapists. Such metaphors are built into a corresponding set of standard focused themes or concepts, and are prescriptively used by therapists when appropriate situations emerge during the process of psychotherapy (Blenkiron, 2010). From this perspective, like any other therapeutic intervention, therapists take responsibility for using the most suitable and effective metaphors (Tay, 2016).

Conventional metaphors are those deeply entrenched “in everyday use by ordinary people for everyday purposes” (Kövecses, 2010: p. 33), for example, “Life is a journey” or “It’s better if we both go separate ways”. Unconventional metaphors, on the other hand, are those “originally created and used in specific circumstances to rhetorically and creatively express particular meanings as in poetry, literature, specific moments of everyday life but also psychotherapy” (Kövecses, 2010: p. 33). For example, “We could go the same way, but you take your own transportation”, which represents an unconventional variation of the conventional metaphor. Unconventional metaphors are significantly correlated to “emotional-cognitive integration, reflective processes and moments of therapeutic engagement based on the quality of such regulation” (Gelo & Mergenthaler, 2012: p. 159).

Given that metaphor functions as a schema that represents a structural map of knowledge, acting as a vehicle in a topic domain or “metaphor-based schema” (Allbritton et al., 1995: p. 612), and that metaphorical schema shapes emotional experiences and cognitive understanding (Owen, 1991), its use is well suited in ST.

3. The Octopus

The octopus (See **Figure 1**) is a highly intelligent creature that senses and learns the complexity of its surroundings swiftly, and solves problems idiosyncratically and creatively (Adams & Burbeck, 2012). As one of the world’s most highly evolved invertebrates, with a large brain, elaborate sense organs and complex behavior, octopuses have eight highly flexible arms that enable them to reach and grasp, as well as many other behaviors such as swimming, walking, digging and grooming (Hanlon & Messenger, 2018). The octopus’s large eyes are well adapted to actively scan its environment, allowing the organism to discriminate objects easily (Hanke & Kelber, 2020). Given their soft body, comprising a hydrostatic and articulated skeleton, its arms have large degrees of freedom to execute any given action (Niven, 2011). Along with this rich behavioral repertoire, the octopus’s large nervous system contests that of many mammals, allowing it to display advanced cognitive abilities (Gutnick et al., 2020). This enables them to generate amazingly efficient adaptive behaviors with elegance and ease: a capability that has been referred to as “embodied intelligence” (Hochner, 2012: p. 887).



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Figure 1. The octopus.

Finally, and perhaps more astonishingly, recent behavioral and neurophysiological research points to evidence that octopuses are sentient beings that are able to experience emotions such as pain (Crook, 2021; de Waal & Andrews, 2022). The above qualities make the octopus the ideal metaphor to symbolize the HA mode, as the container of positive schemas (Roediger et al., 2021) that play a fundamental role in discerning how to change aspects of personality functioning (Roediger et al., 2018).

4. Discussion

The representation of the HA mode using the octopus is an unconventional therapist-generated metaphor. Its fundamental idea is to implant a powerful image, new operating system, mental software, or commanding centre, for clients to be able to see previously unseen possibilities for action. Thus, it develops the clients' capacity for hope, psychological flexibility, agency, and self-direction. From this perspective, the symbolism of the octopus becomes a particularly creative, easy, and useful way of explaining to clients how they can perceive, and deal with, the obstacles that are keeping them from achieving their goals. As noted by Haeyen (2019), "creativity can be regarded as the ability of the Healthy Adult to be flexible and to find different solutions to a problem" (p. 1). Next, some brief examples illustrate how therapists could introduce and use the octopus metaphor with clients.

4.1. Introducing the Octopus to Clients

To begin, it is important to ascertain whether clients are familiar with the octopus's attributes, and whether the metaphor is likely to be meaningful to them. Most clients tend to respond positively, acknowledging what they know about the octopus's unique abilities.

Therapist: *Imagine your HA is like an octopus. You may have heard that octopuses are highly intelligent creatures.*

Client: *Yes, I have heard this before.*

If the client is unfamiliar with such attributes, the therapist may proceed explaining them to the client. Next, the therapist appeals to and connects some of the octopus's attentive qualities to the client's HA capacity for mindfulness, ability to notice, or self-observation. This is a useful second step, as the activation of self-observation is "a core psychotherapy process" (Beitman & Soth, 2006: p. 383) and a common factor found in all psychotherapy orientations (Horowitz, 2002).

Therapist: *Great! The octopus is like your HA, the part of you that is always aware and notices everything, or*

Therapist: *Like the octopus's big eyes that scan the environment, your HA is always mindful or attentive to what's happening inside and around you.*

Further, the therapist alludes to the HA's ability to be grounded by symbolically linking the octopus's existence in the watery world to the HA being grounded in

the client's psyche, as well as its ability to move quietly.

Therapist: *The octopus dwells at the bottom of the ocean, yet is very mobile and a silent traveller that can move quietly.*

From here, the therapist could choose to symbolically compare some of the octopus's attributes to a range of clients' HA capabilities (e.g., mental agility or flexibility, ability to learn, multitask, managing different modes simultaneously, emotional stability, and adaptability to new and challenging situations).

Therapist: *The octopus is highly intelligent and able to learn quickly the complex tasks. In a similar way, your HA is very flexible and agile, a quick thinker, and gifted reasoner. Rarely gets upset at things, and it always adapts and adjusts as needed to make your life easier.*

4.2. Vignette Examples

The following vignettes exemplify three clients' responses.

Vignette 1 (44-year-old male): *Last week, while talking to my wife, suddenly my octopus saved me. First, it helped me to pause and notice my initial impulsive old reaction coming up. This gave me a little time and perspective. Then, I was able respond in a very different way than I used to. Instead of becoming defensive, I was able to invite more feedback, ask clarifying questions, and initiate an adult conversation. I did it with that sense of openness and curiosity, as we often talk about. I was so proud of myself!*

Vignette 2 (33-year-old female): *The octopus has been very friendly and caring with me! Since we have been talking about it, it has appeared unexpectedly several times during my interactions. It reminded me to mentally pause and be present, notice my mode at the time, and come up with a useful adult-like response.*

Vignette 3 (23-year-old male): *It was amazing. In the middle of a conversation with my mother, my octopus stepped in. It calmed me down, and gave me the right words to respond. After the interaction, I felt so reassured!*

In the above examples, the octopus metaphor becomes a performative utterance or speech act that not only describes a reality, but also changes the reality that it is describing (Austin, 1975). As noted by Sedgwick (2003), performative utterances go beyond speech, are aesthetic, bodily, affective, and can be transformative by creating an instant change of personal status. Similarly, promissory performatives describe the world as it might be in the future. This performative perspective is also in line with Bandura's (2006) agentic theory of human development, adaptation, and change, which advocates the "emergence of advanced symbolizing capacity" (p. 164) that enables clients to transcend the forces of their direct environment and life circumstances, by affording them the power to shape the course of their lives. In this way, from a schema mode perspective, clients are able to focus on correcting dysfunctional schemas from childhood by allowing them to develop or shift protectives, and replace their internalized parental modes (e.g., demanding, rejecting, or punitive) with healthier and more

adaptive ways. In a nutshell, the octopus metaphor enables clients to achieve the ultimate aim of ST, to develop and strengthen the HA. Thereby, the metaphor of the octopus functionally fulfills the role of four main types of therapeutic metaphors, as identified in the literature (Cirillo & Crider, 1995): (1) makes a strong point using a comparison; (2) reconciles incompatible interests in a single designation having multiple meanings; (3) shifts perspective on a topic using terminology borrowed from another domain; and (4) exposes or uncovers something new by combining topics.

From attachment theory (Bowlby, 1969, 1988) and object relations theory (Fairbairn, 1954; Klein, 1996; Winnicott, 1971) perspectives, the mechanisms of action of the octopus metaphor symbolizing the HA mode can be explained as follows. Attachment theory (Bowlby, 1969, 1988; Ainsworth 1989) proposes that to survive, humans form close emotional bonds via early contact relationship with their primary caregivers. Such early-life emotional bonds that facilitate the development and maintenance of mental representations of the self and others (internal working models), which in turn assist individuals to understand and predict their environment, deploy survival-promoting behaviors such as proximity to establish a psychological sense of safety or secure attachment later in life (Pietromonaco & Barrett, 2000). According to this proposition, the development of attachments can be truncated by conditions that distort, limit, or impair an infant's behavior, or conditions that disrupt caregiver responsiveness.

Various longitudinal studies report that a secure attachment or supportive caregiver relationships at infancy predict favorable outcomes in adulthood (Sroufe et al., 1999, 2005). In fact, children who have experienced secure early attachment have healthier levels of self-esteem and self-efficacy, and enjoy more trusting relationships and well-regulated friendships with their peers, when compared with children who had insecure early attachments (Rosenblum et al., 2009). Hence, for the child, the role of the attachment figure is to promote a sense of emotional security and psychological wellbeing (Bowlby, 1988). Attachment keeps individuals emotionally connected, in time and space, to key relational figures, and internal working models provide mental representations of themselves in relation to attachment figures. When individuals are deprived of quality attachment by an attachment figure, due to a protracted separation between child and critical caregivers, they seek ways to compensate for such a loss of relationship by searching for a stronger and wiser substitute or surrogate attachment figure (Cicirelli, 1991). Such experience is a core function for adults who become drawn or attached to, or captivated by, an object of attachment that symbolizes a primary caregiver. An example of this is the role of place attachment in religious life, where a coping approach of symbolic attachment leads adults to acquire religious beliefs or standpoints by which they identify a bond with God, or other biblical or religious characters, as a symbolic attachment (Counted & Watts, 2017). This is in line with Phelps and Woolley's (1994) proposition that adults do not necessarily grow out of beliefs on supernatural

entities, events, or magical thinking, but rather may continue to use them in the absence of other inner resources and when the benefits of doing so counterbalance the costs of not doing so. From this perspective, the octopus becomes the symbolic representation of the HA, as an “overseeing mode” (Bamber, 2004: p. 427) and surrogate attachment figure for clients to believe in, which emerges during psychotherapy.

From an object relations theory perspective (Fairbairn, 1954; Klein, 1996) humans are object-seeking beings. The terms “object” and “self” usually refer to a person, part of a person, or a symbol that represents the whole or part of a person that the subject relates to (Winnicott, 1971). Hence, the state of being well object-related is equivalent to that of secure attachment. From the object relations viewpoint, play is as an important activity during both childhood and adulthood, and central to an individual’s growth. More specifically, “Potential space is the general term Winnicott employed to refer to an intermediate area of experiencing that lies between fantasy and reality” (Ogden, 1985: p. 129). According to Winnicott (1971), it is within this potential space (which is neither fantasy nor reality) that imagination develops, creativity is possible, and symbols originate. Similarly, in this space, transitional objects and play can exist, and meaningful communication is enabled. Further, Winnicott (1971) asserted that it is in potential space that meanings and self are continually being created and re-created, and “it is only in being creative that the individual discovers the self” (p. 54). “Creativity is paramount to the therapeutic process” (Carson & Becker, 2004: p. 111), and imagination, playfulness, and creativity play an important role in coping with or healing trauma (Rubinstein & Lahad, 2022). The relevance of this relates directly to the recent findings of Pilkington et al.’s (2022) Delphi consensus study aimed to establish consensus among ST clinicians and researchers on the priority areas for future ST research, in which 43 clinicians and 13 researchers participated as a panel of experts in ST. Under the fourth theme of the study (“Schema Therapy effectiveness and mechanisms of change”), the panel of experts rated “The effectiveness of Schema Therapy for complex trauma” (p. 7), as the highest research priority with an 89% response rate. Moreover, according to Winnicott (1971), a good enough environment that enables the interplay between the inner world and external reality fosters growth and facilitates the development of self. In fact, the representation of an object (in this case the octopus) doesn’t necessarily need to correspond to its real physical or psychological characteristics (e.g., the caregiver). Recent advances in the neuroscience of episodic memory (Svrakic & Zorumski, 2021) provide a framework that explains the above-outlined mechanism of change from an object relations theory perspective via a model of mind development linked with potential neural mechanisms.

From a self-psychology perspective (Kohut, 1971, 1977), self-object refers to another person or object that serves to fulfill functions that individuals cannot perform for themselves, and remains important to self-maintenance and en-

hancement throughout the lifecycle. According to Kohut (1977), self-objects can be “idealizing” (an object who is admired, identified with, and whose strength can be shared), and “twinship” (a best friend or companion of one’s heart). The symbol of the octopus fulfills both types of self-object functions.

In clinical practice, the octopus metaphor is best introduced in the form of a narrative, “a fundamental form of human knowing that has particular relevance for the domain of psychotherapy” (Terrell & Lyddon, 1996: p. 27), and later incorporated in the use of mental imagery (Brown, 1969; Horowitz, 1968; Shapiro, 1970), and imagery rescripting (ImRs, Arntz & Weertman, 1999, Arntz, 2011; Mancini & Mancini, 2018), which are widely used in ST. According to Beck (1970), “induced fantasies helped to pinpoint patients’ problems and to reduce affect” (p. 3), and “by modifying the patient’s fantasies, or the underlying ideational systems, it is possible to damp down unpleasant affect, such as anxiety, depression, or hostility” (p. 3). From this perspective, imagery associating the octopus metaphor and the clients’ HA is bound to help clients meet their emotional needs, which, by nurturing and protecting the vulnerable child mode and moderating or setting limits on dysfunctional modes (Pilkington et al., 2022), are the ultimate goals of ST.

5. Strengths, Limitations, and Future Recommendations

This paper has several strengths, including the fact that it draws on a strong body of empirical and theoretical findings across the relevant literatures. As a conceptual paper, which does not report data, it focuses on proposing new relationships among constructs and their applicability. The model presented converges with multiple therapeutic schools or modalities, and presents one figure that provides readers with a clear depiction of the author’s view of the proposed model. The adage that “a picture is worth a thousand words” is highly relevant here. This integrative approach is very likely to appeal to psychotherapists using ST and other orientations. Given the parsimonious nature of the model, testing its application requires minimal preparation for practitioners, and poses minimal risks for clients. The qualitative, anecdotal, and ethnographic nature of this paper, however, poses some limitations. This includes the fact that the model presented has not been empirically verified; thus, lacking generalizability. Hence, recommendations for future research include conducting a comprehensive pilot case study, comprising process and outcome data, to better inform clinical practice. As noted by Leon et al. (2011), pilot studies are an important initial step to explore novel interventions and their applications, inform feasibility, and uncover modifications needed in the planning and design of a larger efficacy trial.

6. Conclusion

This paper has presented a new metaphor-inspired and parsimonious conceptualization of the HA mode in ST by using the octopus metaphor, which contributes to the multiple nuances and versions of the ST model. Drawing on relevant

theoretical and empirical findings, and taking a scientist-practitioner stance, the article has unpacked the therapeutic factors and mechanisms of change embedded in the use of metaphor, and how they can be integrated into ST and other modalities. Using a psychotherapy integration approach, this model offers a creative and flexible way for psychotherapists, to integrate easily into their own style and orientation, to assist their clients to use a simple, powerful, and memorable metaphor to enable them to develop and strengthen their HA mode, as a positive psychological intervention to achieve their goals. Despite the lack of empirical evidence for the model's generalizability, its testability in clinical practice requires minimal preparation for practitioners and poses low risks for clients.

Author Contributions

The author confirms being the sole contributor of this work and has approved it for publication.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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