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Schema Therapy: The Healthy Adult Meets Sherlock Holmes—An Enactivist and Embodied Cognition Perspective of Metaphor

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Abstract

Background: Schema therapy (ST) is a proven effective treatment in chronic psychopathology and has thus become a popular transdiagnostic treatment approach among practitioners in recent times. Nonetheless, ST is not free of theoretical criticisms, research gaps, and practical challenges. As a complex model with a multiplicity of components and subcomponents, ST can be challenging for therapists to learn, and for clients to use. **Purpose:** To present the Sherlock Holmes metaphor as a highly suitable therapist-generated enactive or embodied metaphor to explain to clients four key components and tasks: the therapeutic alliance; case conceptualization; the practice of mindfulness; and the role, functionality, and embodiment of the Healthy Adult (HA) mode. **Method:** Qualitative—literature review and vignette examples, using interpretative phenomenological analysis. **Results:** The psychological linkages between theory and practice are elucidated, and the therapeutic factors and mechanisms of change embedded in the use of enactive/embodied metaphor are unpacked. **Conclusion:** The Sherlock Holmes metaphor is an image schema that offers clients a vivid, powerful, and memorable anchor they can use to evoke and enact their HA mode, as a positive psychological intervention to achieve their goals. For psychotherapists, the Sherlock Holmes metaphor represents a parsimonious, creative, and flexible device, aligned with the integrative psychotherapy tradition, which they can blend into their own style and practice. The paper contributes to the multiple nuances of ST, responds to calls to understand the dynamics and signification of metaphor as action in psychotherapy, and illustrates how imagination supports the mental ability to respond to fictional characters.

Keywords

Schema Therapy, Healthy Adult, Sherlock Holmes, Embodied Cognition,

Enactive Metaphor, Therapeutic Alliance, Case Conceptualization, Mindfulness

1. Introduction

Schema-focused cognitive therapy, or schema therapy (Young et al., 2003) is an integrative psychotherapy spawned from Beck (1976)'s cognitive therapy. It has been found to be highly effective for treating chronic psychopathology, including chronic depression and personality disorders (Arntz et al., 2021), anxiety disorders, obsessive-compulsive disorder, and posttraumatic stress disorder (Peeters et al., 2022). Not surprisingly, ST has become increasingly popular in recent times among psychotherapists as a preferred transdiagnostic treatment approach (Masley et al., 2012). With a large and growing international community of schema therapists, there is ongoing research on the application of ST to more complex presentations such as severe eating disorders and complex trauma (Brockman et al., 2023).

ST integrates elements of previous therapies such as cognitive behavioral therapy (CBT), attachment theory, psychodynamic and experiential approaches, and Gestalt therapy into a unifying treatment approach (Rafaeli et al., 2014). While traditional forms of cognitive therapy focus mostly on the present, ST explores, and attempts to correct, the self-defeating patterns of thinking, feeling, and behavior (schemas) that originate in childhood and perpetually repeat over the lifetime (Bernstein, 2005). Hence, ST emphasizes the role of processing information that escapes mental consciousness (Edwards & Arntz, 2012). The goal of ST is to increase clients' psychological awareness and help them gain control over their thinking and behavior (Young et al., 2003). ST bridges psychotherapeutic and cultural traditions (Konopka et al., 2018).

ST draws heavily on attachment theory (Rafaeli et al., 2014); thus it has a strong focus on maladaptive psychological patterns or early maladaptive schemas (EMSs) developed through the adversity or traumatization of unmet basic childhood needs. EMSs are dimensional, varying in their degree of intensity, pervasiveness, and activation frequency (Martin & Young, 2010). ST relies strongly on the quality of the therapeutic relationship as a primary agent of change by using limited re-parenting; that is, the active and caring parent-like relationship that therapists create with their clients (Young et al., 2003). The ST model is comprised of four basic components: 1) Core emotional needs; 2) EMSs; 3) Coping styles or modes; 4) Child modes. The Healthy Adult (HA) mode is the adult-like component of clients, which is confident, capable, strong, well-functioning, and always able to answer the question: "How would a mature, compassionate, and psychologically minded person think, feel and act in this situation?" (Edwards, 2022: p. 4) The chief aim of ST is to help clients meet their core emotional needs through the development or strengthening of their HA

mode.

In clinical practice, 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). These are all designed to provide corrective emotional experiences to facilitate a deep level of core emotional growth and change (Simpson, 2018) that can be delivered using individual and/or group therapy formats (Farrell et al., 2014; Wibbelink et al., 2023). Comprehensive reviews of the ST model are provided by Brockman et al. (2023), Martin & Young (2010), and Young et al. (2003).

1.1. Research Gap

Despite its research evidence and popularity among practitioners, ST is not free of theoretical criticisms (Beckley, 2016; Pretzer, 2001), research gaps (Pilkington et al., 2023), and practical challenges (James, 2001). From an applied clinical perspective, this includes claims that ST lacks emphasis on the important role of mentalization (Spivak & Konichezky, 2022); is "a lengthy and complex treatment" (Andriopoulou, 2021: p. 474); and uses "complex and theoretical concepts" (Ahmadian et al., 2013: p. 132) that clients have difficulty remembering. Further, the multiplicity and opaqueness of the modes add greater complexity to an already multiplex model, which tends to confuse clients (Salicru, 2023). The use of simple terminology is important to deliver quality psychotherapy (Cougle, 2012), hence the need to use terms that are meaningful to clients (Edwards, 2022). To this end, creative and pictorial approaches have been used in an attempt to make ST more accessible and meaningful to clients. Bernstein (2021)'s iModes cards, for example, 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). Other examples include Roediger et al. (2018)'s use of the "theatre" metaphor to distinguish between visible or clear modes (frontstage) and less visible ones (backstage), and Salicru (2023)'s "octopus" metaphor, which offers clients a simple, pictorial, creative, powerful, and memorable image for them to use to develop and strengthen their HA mode.

1.2. Significance of the Study

This paper adds to the repertoire of strategies aimed at making ST a more parsimonious, memorable, and user-friendly model for clients, by using the Sherlock Holmes character as an enactive or embodied metaphor. This serves as an effective device for connecting clients to action words and promoting the embodiment of their HA mode and sense of self-agency. In doing so, the paper contributes to the multiple nuances of ST, responds to the call for studies to understand the dynamism and signification of metaphor as action in psychotherapy (Tseng, 2010), and illustrates how imagination supports the mental ability to re-

spond to fictional characters in novels (Barnes-Gutteridge, 1993).

1.3. Aims of the Study

This study aims to illustrate the use of the Sherlock Holmes metaphor to explain to clients, and for them to engage in, four critical processes/tasks of ST: 1) the therapeutic alliance; 2) case conceptualization (CC); 3) mindfulness practice; 4) enactment of the HA mode. The goal of the article is to offer psychotherapists using ST a way to effectively assist their clients with a well-known, meaningful, creative, and memorable image/idea (metaphor) to represent, embody, and enact the abovementioned four core therapeutic processes.

2. Method

A qualitative approach based on literature review and vignette examples, using interpretative phenomenological analysis (IPA), was selected for the study. IPA is a well-established qualitative approach suitable to investigate people's lived experiences, with a focus on participants' meaning making (Smith & Fieldsend, 2021). IPA has been used in psychotherapy to highlight the power of metaphor as a device to communicate and share experience, as well as to make sense of people's lives (Shinebourne & Smith, 2010). Phenomenological analysis with metaphor analysis uses theories of psychological threat and coping, needs, emotion, and embodied cognition (Andrews, 2019). As noted by Andrews (2019), this epistemological stance is consistent with the epistemology of embodied realism proposed by cognitive linguists (Johnson & Lakoff, 2002; Lakoff & Johnson, 1999). Taking a scientist-practitioner model stance, and a psychotherapy integration perspective, the paper draws on the literature relating to the use of metaphor in psychotherapy and ST, cognitive semantics (Lakoff, 1988; Lemmens, 2015), generative semantics (Lakoff, 1976), and enactivist or embodied approaches to cognition (Desai, 2022; Gallagher, 2017; Paolucci, 2020).

3. Literature Review

3.1. Metaphor—A Brief Background

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.); that is, "the phenomenon whereby we talk, and potentially, think about something in terms of something else" (Semino, 2008: p. 1), as "the symbolic representation of an idea or a concept in communication" (Paulson, 1996: p. 11). Metaphorical language is pervasive in both thought and everyday language (Lakoff & Johnson, 1980). According to research, on average, people use a metaphor every 20 words (Blue, 2019). Metaphor enables people to convey what would otherwise be impossible or difficult to express (Nerlich & Clarke, 2001), and is "not supposed to be interpreted literally" (Bellert, 1980: p. 25). Metaphor plays a critical role in learning, understanding, and organizing the world (Aragno, 2009). Similarly, metaphors are 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 in turn influences performance on attention, memory, and judgment tasks (Crawford, 2009). From a cognitive linguistics perspective, Modell (2003) defines metaphor "as a mapping or transfer of meaning between dissimilar domains" (p. 27), thus shifting from a source domain to a target domain, while generating novel re-combinations and perceptions that make imagination possible (Modell, 2003). The benefits of imagination in psychotherapy have been extensively documented (Barnes-Gutteridge, 1993; Enns, 2001; Jackson, 1990; Singer & Pope, 2012; Wright, 2020).

3.2. Metaphor in Psychotherapy

The following analogy from Hayes (2017) nicely reveals the importance of metaphor for psychotherapists, "Imagine a plumber without tools"…. "Psychotherapists without metaphors are like plumbers without tools" (p. vi). In psychotherapy, the use of metaphor is well documented in a range of therapeutic orientations (Angus & Rennie, 1989; Burns, 2007; Killick et al., 2016; Sims, 2003; Törneke, 2017; Witztum et al., 1988). In CBT, for example, the use of metaphor—along with 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, 2010), as well as to enhance "information processing in sessions and thereafter" (Otto, 2000: p. 166). Törneke (2017) notes that the use of metaphor is central to acceptance and commitment therapy (ACT) as well as dialectical behavior therapy. According to Modell (2009), "metaphor can be thought of as the currency of the emotional mind" (p. 6).

Some of the main benefits of using psychotherapeutic metaphors include that they make thoughts more vivid and fill communication with richer imagery (Shutova et al., 2013); enable explanation of abstract concepts easily in layperson terms (Leetz, 1997); are memorable, and have clinical impact and motivational properties (Martin et al., 1992); and offer alternative intervention strategies when direct communication is undesirable or ineffective, such as overcoming resistance or facilitating solutions (Paulson, 1996). Metaphor "facilitates both quick access to the client's experience, and…is a tool for altering that experience in ways that promote adaptation and positive self-regard" (Sims, 2003: pp. 531-532). Further, clinical metaphors can reframe the difficulty of the problem to be solved in a manner that means some solutions are more conceivable or convincing than others (Way, 2006). Moreover, metaphors can be used to represent images that can clarify or interpret experience. Metaphorical stories, for example, "can be used playfully to elaborate understandings and provide new healing narratives" (Finlay, 2015: p. 338). From a practitioner perspective, Prins (2015: p. 23) states, "In the therapy room, the use of metaphor can increase and enhance one's sense of embodiment, of being present to 'what is'".

According to Goatly (1997), metaphors have 13 potential functions, being to

1) fill lexical gaps; 2) explain abstract or new concepts in familiar terms; 3) reconceptualize and reassess experiences; 4) argue or persuade by analogy; 5) insinuate ideology (e.g., maintain or challenge value judgments, social realities, or power relations); 6) express and/or induce emotion; 7) serve as strategy; 8) cultivate intimacy or a sense of community: 9) tease, puzzle, or create a humorous or puzzling effect; 10) call for action; 11) construct a fictional, poetic, or mythic world or universe; 12) structure a text (e.g., organize a text or discourse); 13) enhance memorability, foregrounding, and information. In the main, this article focuses on the call for an action function for metaphor, as "the performative potential of metaphor" (Tseng, 2010: p. 117); that is, the use and functionality of enactive or embodied metaphor.

3.3. Enactive or Embodied Metaphor

The conceptualization of metaphor has changed over time, "it is now generally accepted that metaphor is fundamentally embodied and is not simply a figure of speech" (Modell, 2009: p. 6). Enactive or embodied metaphors, as the terms indicate, are those that can be enacted or embodied; that is, they can be put into action or brought into existence through action. In essence, "To enact a metaphor means to act it out. As in acting, this is an embodied process (Gallagher & Lindgren, 2015: p. 392)". Enactive metaphors are grounded in embodied cognition and entail more than simply combining two related concepts (Hellmann et al., 2013). The enactive approach is based on Maturana & Varela (1987)'s work and Varela et al. (1991)'s notion of "embodied mind" (p. 173), which views cognition as an embodied, lived process, based on self-organizing and recurrent sensorimotor patterns.

Embodiment "is based on the notion that the brain, body and environment are dynamically coupled and that they influence each other" (Lawley, 2017: p. 106) via sensorimotor and affective processes that shape the way perceiver-thinker subjects experience and consider their world and interactions with others (Gallagher & Bower, 2014). Therefore, embodiment transcends neurobiological interpretations of cognition. More specifically, embodiment "rests in the much broader idea that the body—including behaviors and properties such as facial expression, movement, prosody, gesture, and posture—influence, and at the same time are influenced, by the mind" (Tschacher & Bergomi, 2011: p. vii). Neuroscience research reveals that metaphors can be "embodied" (Casasanto & Gijssels, 2015: p. 327) when thoughts activate certain brain modality-specific systems as schematic representations of perceptual-motor experiences (Lakoff & Johnson, 1999). Lai et al. (2019) report various neuroimaging studies providing evidence for the involvement of the specific domain by demonstrating sensorimotor activations during the comprehension of metaphors. Hence, metaphors are grounded in sensorimotor systems (Desai, 2022). The following are some examples. Reading taste metaphors (e.g., "she's a sweet child") or tactile metaphors (e.g., "she had a rough week") activate sensory brain regions responsible

for taste and touch respectively (Citron & Goldberg, 2014; Lacey et al., 2012), and reading metaphors with action content (e.g., "grasp an idea" or "bend the rules") activates brain regions responsible for motor perception and planning (Boulenger et al., 2012; Desai et al., 2013).

Like pragmatic or action-oriented perspectives (Dewey, 1896), embodiment conceptualizes the brain as part of a larger cognitive system, including the body's nervous system and sensorimotor capabilities, which explains how body schema and the sensorimotor system work without explicit awareness (Gallagher, 2015). Lakoff & Johnson (1980, 1999), for example, highlight how we use linguistic metaphors to link abstract concepts with concrete, bodily experiences (e.g., "feeling warmth" to express affection). Hence, when a source domain links to schemata that have arisen from bodily experiences, they are called embodied schemata (Johnson, 2013); and the metaphor—embodied metaphor. From a cognitive linguistics perspective then, bodily experiences are seen as sources of meaning making, encoded and projected at the levels of grammar, semantics, and discourse (Tay, 2014). Enactive or embodied metaphors, therefore, transcend the limitations of language and traditional narrative approaches to psychotherapy (Panhofer et al., 2012). This is in line with Damasio (1994)'s somatic marker postulate that "the mind is embodied, in the full sense of the term, not just embrained" (p. 118), and Lakoff & Johnson (1999)'s assertion that language structures are built based on bodily experiences. From this perspective, metaphor is the currency of the mind (Modell, 2003).

As a result of the above, it is not surprising that 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 the therapist's perception, stance, and attitude (Berlin et al., 1991). Conceptualized as a technique that becomes part of the therapist's repertoire of interventions, therapist-generated metaphors "provide a tool to further guide and support clients in the pursuit of their goals" (Wagener, 2017: p. 153). Examples of therapist-generated metaphors used in psychotherapy and aimed at assisting clients to learn more about their cognitive processes, as provided by Killick et al. (2016) include "black-and-white thinking", "mind-reading", and "the malevolent parrot on the shoulder" (p. 1).

In sum, metaphor operates as a schema that represents a structural map of knowledge, and acts as a vehicle in a topic domain or "metaphor-based schema" (Allbritton et al., 1995: p. 612). This metaphorical schema shapes emotional experiences and cognitive understanding (Owen, 1991), and "image schemas are permanent properties of embodied experience" (Gibbs Jr. et al., 2004: p. 1193). The terms "enactive" and "embodied" do not designate such metaphors as being different per se, but denote a different kind of engagement with metaphor itself (Gallagher & Lindgren, 2015); that is, one that has a generative semantic (Lakoff, 1976) or performative utterance (Austin, 1962; White, 2002), and "has the verbal

energy or force …—as doing something" (Tseng, 2010: p. 124) that leads to action.

3.4. The Importance of Embodiment or Enactment in Psychotherapy

For clients to bring about positive change in their lives, understanding, on its own, is not enough. The "enactment of health promoting actions" (Wampold, 2015: p. 270) is ultimately necessary. Hence, clients need to embody and enact concepts and process to turn them into action. The use of the Sherlock Holmes metaphor brings parsimony and clarity to a complex model by transferring meaning between its different processes and components, while generating new perceptions using clients' imagination (Modell, 2003). As noted by Gordon (1985), as opposed to fantasy, imagination "involves the interaction of both conscious and unconscious processes; it carries emotional urgency as well as cognitive qualities such as thought and memory" (p. 11). From this perspective, along with the view that metaphors in psychotherapy are achieved through collaborative practices and participatory action—and that their meanings are created in the interaction as part of joint construction of a new reality (Rucinska & Reijmers, 2015)—the suitability of the Sherlock Holmes character for the purposes outlined thus far is presented next.

3.5. Sherlock Holmes

The fictional detective character Sherlock Holmes (see **Figure 1**) was created by

Figure 1. Sherlock Holmes. Credit: OSTILL Stock photo ID: 178366909.

British author and physician Arthur Conan Doyle (1859-1930). Holmes first appeared in the 1887 novel A Study in Scarlet (Doyle, 2001), and is arguably the world's most famous literary detective (Sutherland, 2014). In fact, "few characters in literature are more universally recognised than Sherlock Holmes" (O'Brien, 2013: p. ix). For over 130 years, the stories of Sherlock Holmes, and his partner Dr John Watson, have been capturing the hearts and minds of many (McLaughlin, 2013). During that period, the character of Sherlock Holmes has been immortalized via films, billboards, TV shows, and numerous publications (Christopher, 2012; Doyle, 2007, 2011, 2022; Redmond, 2009; Redmond & Andriacco, 2016; Riccardi, 2011; Thomson, 2014; Tracy, 1977; Wexler, 2020).

Recognized as a science-oriented consulting detective, Holmes is known for his mastery in observation, deduction, logical reasoning, and forensic science, which he uses to investigate cases (Doyle, 2022). His unique appeal is based on his astonishing ability to make the most extraordinary deductions from the most banal facts using the scientific method (O'Brien, 2013). In this way, and using the concept of the "brain attic"—an expression to represent the information chosen to store in the mind and how to organize knowledge—Holmes emerges as a scientific ambassador to the masses (Konnikova, 2013). In doing so, he epitomizes what has been described as the neuroscience of 'elementary' thinking (Ramsland, 2013). Holmes's brain is what helps him defeat criminals and villains, and his main weapons are his observational skills and ability to deduce (Redmond, 2009). In fact, "Holmes' observational skills can be described as extraordinary; he sees and observes everything" (Olsson, 2022: p. 9). Not surprisingly, Holmes has been recognized as "literature's most celebrated reasoner" (Goel & Waechter, 2017: p. 218), and described as "a hero that symbolises and brings hope to humanity" with a unique "ability to use logical thinking to solve crimes that seemed impossible to solve and therefore states that almost nothing is impossible" (Olsson, 2022: p. 1). In addition to his intelligence, Holmes has been attributed with having wisdom (Dakin, 2021; Thompson, 2017).

Wisdom is a debated multidimensional construct that includes various aspects of intelligence, but is much more than simply intelligence, and has been defined differently by researchers. According to Glück (2020), for example, "wisdom integrates the ability to think about complex issues in a complex way with certain personality facets such as openness to experience and empathy with others" (Glück, 2020: p. 1140). Wisdom has also been defined "as an expert knowledge system concerning the fundamental pragmatics of life"…"a cognitive and motivational metaheuristic (pragmatic) that organizes and orchestrates knowledge toward human excellence" (Baltes & Staudinger, 2000: p. 122). Further, wisdom entails action or behavior that is well motivated toward achieving altruistic outcomes by creatively solving problems in a way that integrates prior knowledge, experience, virtue, and wit (Zhang et al., 2023). Despite the many definitions of wisdom, most emphasize cognition, meaning, and emotion, while highlighting that it is a developmental process that entails self-regulation, compassion, moral

action, and social justice (Aldwin, 2009). Sternberg (2021)'s WICS (wisdom-intelligence-creativity-synthesized) meta-intelligence model integrates the interplay between creative, analytical, practical, and wisdom-based intellectual approaches to problem solving. In sum, wisdom relates to the mastery of balancing human existence by embracing contradictions of life and drawing insights from them; namely, discerning between good and bad, positivity and negativity, dependency and independence, certainty and doubt, control and lack of control, strength and weakness. Thus, wisdom "is conceived of as the perfect integration of mind and character for the greater good" (Staudinger & Glück, 2011: p. 221).

In the context of psychotherapy, Freud (1909) was arguably the first to use the Sherlock Holmes metaphor when explaining, in his correspondence with Carl Jung, how the role of psychoanalyst evolved in working with resistant patients into a "clever detective who uncovers forgotten crimes and hidden truths, helping the patient take responsibility for his or her disowned actions" (Newirth, 2015: p. 309). Holmes's attributes as described above embody the HA mode in that this mode represents the part of ourselves that is confident, capable, strong, well-functioning, and always able to answer the question, "How would a mature, compassionate, and psychologically minded person think, feel and act in this situation?" (Edwards, 2022: p. 4) From this perspective, as noted by Edwards (2022), the HA mode is equivalent to what Carl Rogers referred to as a "fully functioning person" (Rogers, 1962: p. 21), Maslow's concepts of "self-actualization" and "self-transcendence" (Tekke, 2019: p. 1704), the pragmatism of the traditional concept of "wisdom" (Baltes & Staudinger, 2000: p. 122), and the notion of "connecting the wise self, the spiritual self" (Kristeller & Jordan, 2018: p. 1). The creativity component of wisdom is well captured in Haeyen (2019)'s work on strengthening the HA self in art therapy by asserting that "creativity can be regarded as the ability of the Healthy Adult to be flexible and to find different solutions to a problem" (p. 1).

Based on the foregoing review, the character of Sherlock Holmes becomes a highly versatile therapist-generated metaphor to clearly and simply illustrate four critical processes or tasks that make psychotherapy effective for clients: 1) Building a strong therapeutic alliance or collaborative relationship between client and therapist; 2) Collaboratively developing a CC; 3) Clients' practice of mindfulness, dual awareness, self-observation, or metacognition; 4) Clients' enactment of their HA mode.

3.6. The Therapeutic Alliance: Sherlock Holmes and Dr Watson

The terms "therapeutic alliance", "helping alliance", and "working alliance" (Horvath & Luborsky, 1993: p. 561)—henceforth, the alliance—relate to the "emergent quality of partnership and mutual collaboration between therapist and client" (Horvath et al., 2011: p. 11). More specifically, the alliance has three interactive key elements: 1) Collaboration between therapist and client; 2)

Agreement on therapeutic goals; 3) Agreement about the tasks of psychotherapy, "in the context of an affective bond or positive attachment" (Constantino et al., 2002: p. 86). As pointed out by Bordin (1994), the development of the alliance can vary, be achieved swiftly, and nurtured over a long period, depending on the stage of treatment and therapeutic modality. The alliance has consistently been found to be a significant predictor of outcome in psychotherapy, regardless of the therapeutic modality used (Baier et al., 2020; Elvins & Green, 2008; Martin et al., 2000). In fact, a meta-analytic synthesis "indicates the alliance–outcome relation accounts for about 8% of the variability of treatment outcomes" (Flückiger et al., 2018: p. 327).

In ST, the therapeutic relationship has two distinct features: the use of empathic confrontation; and limited re-parenting. Empathic confrontation (or empathic reality testing) entails expressing understanding to clients of the reasons why they perpetuate their schemas, while simultaneously confronting the need for change. Limited re-parenting means providing clients what they need emotionally, and that they missed from their parents/caregivers in childhood, while respecting the boundaries of the therapeutic relationship (Young, 1994).

The collaborative working partnership between Sherlock Holmes and Dr Watson in the metaphor epitomizes, in a general way, the alliance. Hence, emphasizing this collaborative working relationship between client and therapist becomes a highly effective metaphorical device for introducing the alliance to clients. This is in line with the assertion that metaphors are important interventions for collaborative therapists, who use them to explore clients' experiences and facilitate change (Anderson, 1997; Antoine, 2017). As noted by Stine (2005), "the use of metaphor as a conceptual and clinical tool in the treatment situation can enhance the therapeutic alliance and strengthen the effectiveness of therapeutic communication" (p. 531). An important task in this collaborative working relationship between client and therapist includes developing a CC.

3.7. Case Conceptualization and the Sherlock Holmes Metaphor

Green & Balfour (2020) state that "skilful assessment and an accurate, collaboratively developed case conceptualisation form the foundation of effective Schema Therapy" (p. 19). The importance of CC cannot be overstated as "there appears to be a link between high-quality case conceptualization and therapy outcomes" (Padesky, 2020: p. 392). This relates to the "common factors" of psychotherapy, which are estimated to collectively explain at least 70% of total variance in therapy outcomes (Wampold, 2001). CC, sometimes called case formulation, "is the therapist's collective understanding of the client's problems viewed through a particular theoretical orientation…supported by a body of research and practice that links a set of co-occurring symptoms to a diagnosis and, ultimately, a treatment plan" (John & Segal, 2015: p. 1). Sperry & Sperry (2020) define CC as "a method and clinical strategy for obtaining and organizing information about a client, understanding and explaining the client's situation and maladaptive pat-

terns, guiding and focusing treatment, anticipating challenges and roadblocks, and preparing for successful termination" (p. 4).

As a core psychotherapy skill (Eells, 2022), CC links assessment information and treatment planning, as diagnosis itself does not focus on the underlying causes of a client's problems (Sim et al., 2005). This is important because most clients present with comorbidities (Gazzillo et al., 2021). Hence, the main assumption underlying CC is that diagnosis alone is insufficient for successful mental health treatment and outcomes. CC aims to identify the idiosyncratic aspects of a client's presentation (e.g., personal strengths and individualized contributing factors) to enable the therapist selection of the best-suited interventions, and a more personalized treatment approach (Macneil et al., 2012).

Fassbinder et al. (2019) highlight that "Case formulation is an integral part of Schema Therapy (ST)…this case formulation guides the whole treatment process" (p. 77). This initial phase involves developing a strong meaningful relationship with a client to understand them as an individual, not just their symptoms. In ST, the assessment interview has similarities to a standard clinical interview. A distinction, however, is a focus on discovering a client's unmet emotional and relational needs, as well as the onset and current expressions of their schemas, coping strategies, and modes (Fassbinder et al., 2019). This enables the therapist a specific expression of limited re-parenting, which is a distinct feature of ST (Green & Balfour, 2020). Conducting a CC in ST has been recognized as a critical competency that guides treatment (Green & Balfour, 2020). When based on schema modes, a CC provides clients "a metacognitive understanding of their problems and how they link to early childhood experiences" (Brockman et al., 2023: p. ix). According to Hoffart (2012), the goals of CC in ST include to develop a treatment plan; establish a joint understanding between client and therapist; enable clients to create reflective distance by becoming more aware of their childhood memories, emotions, bodily sensations, cognitions, and associated coping strategies; develop clients' self-compassion to reduce or eliminate their self-criticism, self-contempt, self-blame, or self-hate; initiate socialization to ST and mapping of resources; instigate clients' hope; strengthen the bond (secure emotional attachment) between client and therapist; and generate a problem list, while qualifying their duration and intensity. Once this list is completed, the connections between problems are explored during a problem integration phase.

In 2018, the International Society of Schema Therapy introduced the Schema Therapy Case Conceptualization Form (STCCF), which needs to be submitted completed by practitioners, as part of the ST certification process. An Instruction Guide elaborating on the type of information or analysis in each section, and an example of a completed STCCF are included with the form to provide specific guidance on how to complete it (Sterie, 2019). The STCCF is very comprehensive and includes 11 sections (e.g., "Major Life Problems & Symptoms", "Childhood & Adolescent Origins of Current Problems"), some of which con-

tain up to five subsections (e.g., "Life Problem/Symptom", "Specific Early Core Unmet Needs").

Various ST practitioners have presented creative and practical ways to establish the alliance with individual clients (Davies, 2021), adolescents (Van Wijk, 2021), couples (Holt & Perris, 2021), and transgender and gender nonconforming people (Kavros, 2021). Davies (2021), for example, states, "To engage the client in the assessment process and recruit them as a detective" (p. 7). Ostensibly, this approach fits perfectly with the notion of using the collaborative working partnership between the Sherlock Holmes and Dr Watson characters as a metaphorical device to explain to clients how to establish their CC. To effectively develop a CC requires clients to pay careful attention (to notice)—in real time—to elements of their thinking, emotions, and actions they did not notice before, to generate self-awareness and insight. This entails the practice of mindfulness.

3.8. Mindfulness and the Sherlock Holmes Metaphor

Mindfulness, and its current scholarship, derives from Buddhist discourse, meditative tradition, and practices (Quaglia et al., 2015). The scientific literature proposes mindfulness as beneficial for the symptomatic reduction of multiple medical and psychological conditions (Segall, 2005). Hence, mindfulness is recurrently used as an umbrella term to denote multiple characteristics, practices, and processes (Gibson, 2019), and has been proposed as a common factor across all schools of psychotherapy and a "core psychotherapy process" (Martin, 1997: p. 291).

Mindfulness is generally defined as "the ability to bring one's attention to experiences occurring in the present moment, with complete acceptance and without judgment" (Konichezky et al., 2022: p. 332). Other definitions refer to "a state of consciousness" (Brown & Ryan, 2003: p. 821); "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003: p. 145); "the awareness that arises out of intentionally attending in an open and discerning way to whatever is arising in the present moment" (Shapiro, 2009: p. 555); "a deliberate and nonjudgmental attention to the present moment" (Lang, 2013: p. 409); "to wake up, to recognize what is happening in the present moment" (Germer et al., 2013: p. 4); and "a state of psychological freedom that occurs when attention remains quiet and limber, without attachment to any particular point of view" (Martin, 1997: p. 291).

An alternative way to fully understand mindfulness and its benefits is by highlighting its absence or opposite state; that is, mindlessness (Di Nucci, 2013; Langer & Piper, 1987); mind wandering (Parker et al., 2015); automatic thought (Folkes, 1985); without conscious attention (Langer et al., 1978); or brainlessness (Eisenberg, 1986). From this perspective, mindlessness is an inactive state of mind (e.g., daydreaming, driving on automatic pilot, or eating while watching

television). Brown & Ryan (2003) offer the following examples to illustrate mindlessness: rushing doing activities without being attentive to them; spilling or breaking things because of inattention, carelessness, or thinking of something else; forgetting people's names as soon as one has heard them; finding oneself preoccupied with the past or the future; and failing to notice subtle feelings of physical discomfort or tension.

Mindfulness is closely related to, interdependent of, and sometimes used more or less interchangeably with, or as a synonym of, terms such as self-regulation of attention (Bishop et al., 2004), metacognition (Nelson, 1996; Wells, 2005), meta consciousness (Schooler, 2002), consciousness (Brown & Ryan, 2003; Rosenthal, 2000), presence (Parker et al., 2015; Phelan, 2010), self-observation (Beitman & Soth, 2006; Johnson & White, 1971; Nelson, 1977), dual perspective (Strijbos & Jongepier, 2018), and interoception (Fissler et al., 2016; Lima-Araujo et al., 2022; Todd & Aspell, 2022).

The practice of mindfulness entails decreasing one's identification with the perceived sense of self that is subjectively experienced through stillness or meditation in the form of thoughts and bodily internal sensations, or interoception (Cayoun & Shires, 2020), arising and passing during conscious awareness (Grabovac et al., 2011). According to Bishop et al. (2004), mindfulness or "self-regulation of attention" (p. 232) is a mental training that requires sustained attention to reduce cognitive vulnerability to reactive modes of mind that cause stress or emotional distress or maintain psychopathology. Self-regulation relates to "the ability to control one's own cognition, emotion, and behavior so as to direct behavior toward internal or external goals" (Tang & Posner, 2015: p. 82). This concept is in line with Germer et al. (2013)'s view that by attending to what is happening in the moment, mindfulness allows individuals to be less reactive in the way they relate to their experiences (positive, negative, or neutral), thus reducing their overall level of suffering and increasing their overall sense of well-being. Self-regulation of attention, continue the authors, involves curiosity, non-striving, and acceptance. Recently, self-regulation of attention has been proposed as unifying theories of mindfulness (Turcotte et al., 2023).

Holmes's style and techniques of focusing on oneself and the environment epitomize the mindful and attentive thinking process as an intellectual capability that can be learned through practice and persistence. Pausing, reflecting, and distancing are critical to this process of keen observation. Hence, Holmes's attentive capacity of thought captures what Konnikova (2012) refers to as "the very thing that cognitive psychologists mean when they say mindfulness" (p. 1). Further, Konnikova (2013) emphasizes Holmes's habits of mind, such as attention, focused engagement, open-mindedness, and imagination, as accounting for his extraordinary ability to solve cases. In fact, Konnikova (2017) claims that "Holmes's espousal of mindfulness came more than a century before the concept became ubiquitous" (p. 333). Overall, as noted by Robertson (2012), Holmes's enhanced perceptual and cognitive capacity enable him to effectively focus his

attention on relevant goal-directed data while ignoring irrelevant and distracting noise, and prioritize important information related to challenging cases, with a mindset on continual active observation. This makes his character a remarkably apt metaphor for the HA mode.

3.9. The Healthy Adult: Using the Sherlock Holmes Metaphor

The HA mode represents the state of mind that embodies psychological health and maturity. As noted by Edwards (2022), 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. From this perspective, the HA performs an "executive" or parental function to the self (Martin & Young, 2010: p. 329). This includes monitoring adept adult functions such as taking responsibility, working, parenting, and committing. Further, the HA mode pursues and manages healthy, enjoyable, pleasurable, and adult activities such as health maintenance or self-care, athletic activities, sex, and intellectual, aesthetic, and cultural interests (Young et al., 2003). Finally, the HA mode orchestrates or moderates the dysfunctionality of all other modes (Martin & Young, 2010).

4. Results and Discussion: Vignettes

The three vignettes that follow are presented assembled with their corresponding discussions to facilitate readability. They constitute the psychoeducation treatment phase in ST (Arntz et al., 2017), and illustrate how to use the Sherlock Holmes metaphor to accomplish the abovementioned critical processes/tasks of psychotherapy with clients. The vignettes entail adapted transcripts used with the same client, a 38-year-old male. The transcripts are transdiagnostic protocols that can be adjusted to suit the context and therapist's style.

To begin, it is important to ascertain clients' expectations of the therapeutic process, and whether they are familiar with the character of Sherlock Holmes, to ensure this metaphor will be meaningful to them. Based on my experience, most clients acknowledge their familiarity with the fictional character. This is not surprising given the enduring transcultural popularity of the Sherlock Holmes character, including in China (Ping, 2005) and Japan (Morimoto, 2017). This "global hybridity" (McCaw, 2020: p. 233) is consistent with the claim that "Sherlock Holmes requires no introduction" and that "the words themselves, possess a sort of iconic power—they call forth the character", which has become "the archetype of the detective as eccentric genius" (Harris-Peyton, 2019: p. 1). Vignette 1 illustrates this.

4.1. Vignette 1

This is a typical first session script.

Therapist (T): *Sometimes, when clients first come to psychotherapy, they expect me to give them advice on how to solve their problem(s). This is a reasona-*

ble expectation, as they see me as an expert, and I really appreciate this trust. But this is not exactly the case.

Client (C): *Do you mean you aren't you going to tell me what I should do?*

T: "*Give a man a fish, you feed him for a day; teach a man to fish and you feed him for a lifetime*". *Perhaps you have heard this proverb before…*

C: *Yes, I have. I see where you're getting at now* [smiling].

T: *Good! Let me explain and clarify further. Having said this, the expectation of me providing information or offering advice is not unrealistic. In fact, in some instances,*

I will provide you with general information and share resources about mental health for you to better understand and address your difficulties. This is part of what we—psychologists—call "*psychoeducation*". *And, occasionally, I may also offer suggestions or even direct advice. Generally, however, unlike medical doctors who give direct advice and prescribe medication to their patients, psychologists do not use the medical model. Instead, we used the biopsychosocial model, which entails working in a more collaborative way with our clients. From this perspective, how about if we establish a common understanding about how we are going to work together?*

C: *Sure!*

T: *Great! Have you heard about Sherlock Holmes?*

C: *Yes! He's a detective.*

T: *That's right. And is he a good detective?*

C: *Well, one of the best—if not the best, from what I have heard.*

T: *Right! And Holmes had a partner, do you remember his name?*

C: *Yes, Dr Watson.*

T: *Exactly! So, here is the idea I propose. You're going to be like Sherlock Holmes (adopting Sherlock Holmes's mindset) and I'm going to be Dr Watson. So, you collect clues and information (evidence), and bring it to me here in the lab. Then, together we'll generate hypotheses, do the required investigation by putting the evidence together and testing these hypotheses, and we'll eventually solve your case. What do you think?*

C: *Sounds interesting!* [smiling].

Discussion—Vignette 1

Thus far, the therapist has accomplished the following. First, he checked and clarified the client's expectations of psychotherapy by using a proverb ("*Give a man a fish…*"). The use of adages, aphorisms, and proverbs in psychotherapy has already been acknowledged as acting as a heuristic cognitive structure that serves as a shortcut for educating, assessing situations, persuading, supporting emotional self-regulation, encouraging affirmations, and influencing action (Yager & Kay, 2023). In this case, the proverb is highly suitable as a psychoeducation device to make the distinction between the medical and the biopsychosocial models. Making this distinction conveyed to the client that psychotherapy emphasizes holism (the importance of individuality, sense of self, environmental

influence, values development, actualization), and is intended to be a client-centered experiential approach (Stinckens et al., 2002) where the therapist aims to understand clients as individuals in all their uniqueness (Levitt & Brodley, 2005). Further, the use of the proverb ("*Give a man a fish*…") indicates the existence of a directive-nondirective continuum (Bozarth et al., 2002). From the nondirective end of the continuum, the therapist communicated that he sees his role as one of empowering the client by educating and facilitating the activation of the client's inner resources ("*Teach a man to fish*"). Nonetheless, from the directive end of the continuum, the therapist stated that he is prepared to offer suggestions, occasionally, or even direct advice if required ("*me providing information or offering advice is not unrealistic*"). Both are consistent with the notion of limited re-parenting in ST, which takes different forms depending on clients' wide range of needs (e.g., early connection, joy, autonomy, adequate limits), and may involve warmth and nurturance, playfulness, firmness, confrontation, self-disclosure, and setting of limits, among others (Young et al., 2003).

Next, the therapist communicated that psychotherapy is goal-directed behavior related to the client's growth and development, as well as the importance of the client–therapist relationship (alliance). The latter was reinforced by highlighting the partnership between Holmes and Watson. To this end, the therapist explicitly established a common understanding about how the two were going to work together by introducing the Sherlock Holmes metaphor. More specifically, the therapist communicated simultaneously the importance of the alliance and CC by evoking the collaborative working partnership between Holmes and Dr Watson.

When the therapist states "*You're going to be like Sherlock*", this appoints the client, as it were, to the role of detective-in-charge (main protagonist or adaptable hero) of the case at hand to be solved. Here the therapist's intention is two-fold: 1) to promote the client's ownership of the therapeutic process by putting him in charge of the case; 2) to offer hope to the client. As Olsson (2022) put it when referring to Holmes, his "mystery stories can be seen as a hero that symbolises and brings hope to humanity" (p. 2). Clients' hope has been identified as a form of empowerment (Chamodraka et al., 2017), one of four key common factors that account for client change across psychotherapeutic modalities—especially early in the psychotherapeutic process (Larsen & Stege, 2010)—and a predictor of outcome in psychotherapy (Bartholomew et al., 2021). The concept of adopting the "Sherlock Holmes mindset" has been used by Butcher (2022). From this perspective, designating the client the role of Sherlock Holmes becomes an empowering and "hope-inspiring therapeutic strategy" (Chamodraka et al., 2017: p. 232) to influence the nature and strength of the client's hope, by stating "we'll eventually solve your case".

4.2. Vignette 2

This vignette is a continuation of the above with the same client. Typically, this

conversation takes place during the second session, in which the therapist debriefs regarding the results of the YSQ-S3 questionnaire that the client completed between sessions. The script illustrates how the therapist introduces the concept of mindfulness (typically, before the end of the session) by proposing to the client to work on the relevant elevated schemas highlighted in the client's profile, as way to start working together in solving their case.

T: *I'm glad you said at our previous session you found the idea of being like Sherlock Holmes interesting. As you may recall, Sherlock Holmes has very good observational skills. He's always looking for clues by being aware and noticing things others don't notice.*

C: *Yes! That's why he uses his magnifying glass!*

T: *Right, you got it! Tell me, are you familiar with the concept of mindfulness?*

C: *Yes, I have heard about mindful meditation.*

T: *Yes, there is a type of meditation called mindful meditation. There are different ways to explain mindfulness. Let me explain how I propose we use it in our work. Consider the following. Most of us tend to go on automatic pilot most of the time. This, of course, has an important advantage. It frees us up from engaging in many complex tasks. For example, you can drive your car for quite a long time without being consciously aware that you're pressing the brakes or watching the rear mirror, and simultaneously diverting our attention elsewhere while driving (e.g., thinking, listening to music, or talking to someone while in the driver's seat). So, operating on automatic pilot has an adaptive function.*

But this is not always the case. Given that being on automatic pilot describes a state of mind in which we act without conscious intention or awareness of the present-moment, your awareness is clouded. So, the effects of automatic pilot can be harmful. For example, we use it to process all our emotional experiences and underlaying negative thoughts or core beliefs (that is, our schemas). As you probably have noticed, often our thinking mind engages in self-judging, self-criticizing, or self-blaming aspects of ourselves and/or our internal and external experiences and behaviors.

That's why, when on autopilot, it is easy to go into a negative mood after the other, or to spiral into depression or anxiety, without knowing exactly what got you there. What happens is that you "fused" or "overly identified" with your negative thoughts/beliefs (the voice in your head or "self-talk") and emotions. If you identify with the voice in your head, you become the voice in your head. You are not the voice in your head. You are the one who is aware of the voice in your head!

Mindfulness is about turning off your autopilot and being present, aware, and in the moment. It is about noticing or observing with an open and curious mind these negative thoughts/beliefs and emotions in real time—as they are happening or being activated. Imagine your mind working like a camera, as it were—filming or capturing what is happening (your thoughts and emotions) in real time in a neutral way; just noticing or observing yourself (self-observation)

without judgment or criticism. When you are in this state of mind, you are mindful. As a result, you will be able to "distance" yourself from your thoughts or emotions, and realize that you are not your thoughts or emotions. In fact, you will be able to realize that you are the observer or the awareness that is noticing your self-talk. At that very moment, you will start to notice that two things happen.

First, let me give you a simplified version of what we know about mindfulness and meditation from neuroscience research. When you engage in these practices, you begin to de-activate old mechanisms of action in your brain, which have been maintaining old learnings and conditioning (your schemas). In other words, you start breaking the conditioning that has been there for a long time. This mechanism of action takes place within groups of brain cells, neurons, or neural networks, in your brain. The practice of mindfulness and meditation blocks or de-activates these neural networks, which condition your mind. In more technical terms, this mechanism is the beginning of what is called neuroplasticity—the reorganization of the neural networks in your brain. Neuroplasticity relates to the rewiring of your brain, thus enabling the brain to function in a different way to how it previously did. Of course, it takes some time and practice. We will be discussing all this more in future sessions. Please, let me reassure you that I'm not expecting you to digest all this today. For most people, absorbing and practicing all this takes some time. And with time, it gets easier! Much easier!

The second thing you will be likely to notice when you practice mindfulness is that your negative emotions will diffuse. At the very least, they will lose the strong grip they have been having on you. This is because, as we also know from research, mindfulness enhances emotional regulation, reduces stress, and provides cognitive or mental clarity. Being mindful is being in a state of heightened involvement and "wakefulness"—like being awakened or beginning to awaken, so to speak. As a result of this awakening, you will feel liberated from your negative thoughts/beliefs and emotions (schemas). Further, you will start noticing things about yourself that you didn't notice before. You will also feel less emotional pain and suffering (e.g., low mood, depression, or anxiety). You will feel calmer, more at peace, and more in control. There is a popular quote by Lao Tzu, a Chinese philosopher, which captures this nicely: "If you are depressed you are living in the past. If you are anxious you are living in the future. If you are at peace you are living in the present."

There is something else I would like to share with you, based on many of my clients' experiences and my own experience. By practicing mindfulness, over time, you will also start noticing positive changes in the ways you react to situations in your life and other people. This will happen because you will no longer be trapped in your conditioned mind. In fact, you will be the observer of your own mind. You will no longer be used by your mind. You will be using your mind! It's not that difficult, believe me! And all this relates to what I meant by

adopting a Sherlock Homes mindset.

At this point, I realize that I have been talking quite a bit and given you a lot of information. Please don't panic! As I said, I'm not expecting you to digest all this now, especially if these concepts are new to you. We'll be reviewing all this, along with your mindfulness practice, in the sessions to come. Do you have any questions so far?

Discussion—Vignette 2

This vignette's script incorporates ideas on mindfulness adopted from Crane (2017) and Tolle (2004). Ostensibly, the script could be customized according to the therapist's own preferences and style. As alluded to earlier, this vignette illustrates in a generic way what follows the debriefing of the YSQ-S3 report, as a way to guide the client on how to start noticing their schemas when they become activated. Later, this is extended to modes. In the script, the therapist begins the conversation by demonstrating to the client that he remembers what the client told him during the previous session (founding the idea of being like Sherlock Holmes interesting), while providing continuity to that previous conversation. Next, the therapist appeals to Holmes's observational skills by searching for clues, being aware, and noticing things that can easily go unnoticed. Clearly, this resonates with the client who responds by making the link between mindfulness and Holmes's magnifying glass. From this point, the therapist engages in an intense psychoeducation phase. This includes explaining mindfulness in contrast with being on automatic pilot, and the experience of becoming fused or overly identified with negative thoughts/beliefs (the voice in your head or "self-talk") and emotions by drawing on transdiagnostic principles of ACT (Glass, 2022) and the well-known metaphor "the voice in your head" (Gawdat, 2022; Tolle, 2004). The therapist emphasizes the notion of noticing without judgment or criticism, or self-observation capacity, which has been acknowledged as a core process in psychotherapy (Beitman & Soth, 2006), and a common factor found in most psychotherapeutic orientations (Horowitz, 2002).

Next, the therapist proceeds to explain the mechanism of action and benefits of mindfulness using various modalities to ensure the client fully retains this information. In the first instance, the therapist introduces the concept of neuroplasticity as a way to provide scientific evidence and corroborate the evidence-based nature of mindfulness and meditation, as well as their practical benefits, which are extensively documented in the literature (Garrison et al., 2015; Hölzel et al., 2010; Killingsworth & Gilbert, 2010; Lazar et al., 2005; Luders et al., 2013). Similarly, the therapist highlights the main benefits of practicing mindfulness (e.g., emotional regulation, stress reduction, and cognitive/mental clarity or wakefulness), also as reported in the literature (Bishop et al., 2004; Britton et al., 2014; Kabat-Zinn, 2003). The therapist also uses another proverb—a well-known Lao Tzu adage that is also quoted in the literature (Hazan & Haber, 2017). Moreover, the therapist keeps reinforcing the benefits of mindfulness, this time using anecdotal evidence from clients' testimonials and his own experience, as a

form of self-disclosure. The therapist's purpose in using self-disclosure is to further strengthen the alliance, as well as to keep providing hope to the client. In this case, he also uses a form of reassurance and encouraging optimism, and a more colloquial or conversational tone (e.g., "*It's not that difficult, believe me!*"), as a way to compensate for the potentially perceived lecturing nature of "psychoeducation speech" at hand. This is consistent with using conceptual pillars and conversational practices in the building of empathy in psychotherapy (Buchholz et al., 2017). Similarly, therapist self-disclosure "can be an effective tool for strengthening the therapeutic bond and facilitating client change" and "can be a powerful intervention" (Goldfried et al., 2003: p. 555). Further, Knox & Hill (2003) assert that "the beneficial impact of therapist self-disclosures may arise from clients' sense of therapists becoming more real and more human" (p. 534).

Finally, the therapist brings his "mini-lecture" to an end by acknowledging he has been talking quite a bit and provided a lot of information, while reassuring the client (e.g., "Please don't panic! I'm not expecting you to digest all this now") and welcoming questions.

4.3. Vignette 3

In this third and last vignette, the therapist explicitly connects the character of Sherlock Holmes to the HA. The script is used once the therapist has introduced the HA (e.g., during the third session).

T: *As you can see your HA is a flexible and agile observer, and wise reasoner. Just like Sherlock Holmes!*

C: *Yes, I see!*

T: *Great! So, as you can see, your HA—like Sherlock Holmes—in addition to noticing and making decisions, is also proactive and takes the right action So, we could say he's wise.*

C: *Wise … uhm …*

T: [following a short pause] *I'm wondering what's coming up for you right now…*

C: *Well, it looks like there could be light at the end of the tunnel!*

Discussion—Vignette 3

In this short vignette, the therapist connects the HA to Sherlock Holmes. In doing so, he accomplishes three critical therapeutic tasks: 1) Exploring the client's metaphorical world by eliciting their existing metaphors; 2) Evoking the enactment of wisdom; 3) Continuing to provide hope to motivate and ignite action.

The first therapeutic task (exploring the client's metaphorical world) is critical since metaphors are representative of mutual cognitive environments (Sperber & Wilson, 1986), and are a way to create common ground (Ritchie, 2004), which to be effective should be coherent without generating conflicting views (Lakoff & Johnson, 1980). Hence, it is important for the therapist to understand the client's

reservoir of existing relevant metaphors, and their levels, to prevent a breakdown in common ground and keep building a strong alliance. To this end, the therapist adopts principles of Ahrens (2010)'s conceptual mapping model: "a method to determine the underlying reasons for the source-target domain pairings of a conceptual metaphor" (p. 187). This includes using the metaphorical concept of communication "as sending idea-objects in language containers" (Lakoff, 2014: p. 1), and checking that the client found the "same object in-side" (p. 1). Thereby, the therapist can establish a frame—"a complex schema, a mental structure that organizes knowledge" (Lakoff, 2014: p. 2)—with specific elements or "semantic roles" (p. 2). In this case, these semantic roles are the client's seeing frame (e.g., the act of seeing, things seen, viewpoint, degree of clarity). When the client says, "*I see*!," he is metaphorically confirming that he understands the meaning of what the therapist has communicated by using what Lakoff (2014) refers to as a "special case conceptual metaphor": "understanding is seeing" (p. 1).

The therapist accomplishes the second therapeutic task (evoking the enactment of wisdom) by stating, "*your HA…is also proactive and takes the right action. So, we could say he's wise*," referring to the HA. Evoking wisdom is vital, as it has been identified as playing "an important role in effective therapy", as well as "a valuable out-come acquired by the client in successful therapy" (Hanna & Ottens, 1995: p. 195); "a classical source of human strength" and "behavioral maturity" (Kramer, 2000: p. 83); and "recently, it has been demonstrated that wisdom positively predicted well-being" (Puchalska-Wasyl, 2023: p. 1059). When the therapist states, "*your HA…is also proactive and takes the right action*," he also introduces an orientation metaphor and a performative metaphor (Tseng, 2010), as a call for action. In so doing, the therapist activates the semantic roles of the client's orientation frame ('right side/correct movement') and the performance/doing frame ("action"). As noted by Deriu (2020), "performing is a mode of behavior that may characterize any activity" (p. 2). Further, by making the above statement, the therapist taps into a primary metaphor—a circuit that maps "primitive neural schemas onto other primitive neural schemas" (Lakoff, 2014: p. 6). This happens when a pair of neural schemas is regularly activated simultaneously as a result of real-world experience. In this case, it was the "upward" orientation of "coming up", and is "proactive and takes the right action". More on this next.

The third therapeutic task (continuing to provide hope to motivate and ignite action) begins when the therapist states, "*I'm wondering what's coming up for you right now*." In this instance, hope is evoked by the therapist using an orientational metaphor ("coming up"), instead of, for example, asking the client, "*What are you thinking or how are you feeling*?" In supporting the embodied character of "up/down" conceptual metaphors, Schubert (2005) explains that "power is metaphorically described as a vertical dimension in physical space" (p. 1) and "metaphorically, power equals up" (p. 1). In a similar vein, control is

"up", and lack of control is "down" (Lakoff & Johnson, 1980). Hence, "most up and down metaphors convey emotionally positive and negative information, respectively" (Santana & De Vega, 2011: p. 1). By using this upward orientational metaphor, therefore, the therapist continues to use a hope-focused practice (Larsen & Stege, 2010) or an empowerment hope-inspiring strategy (Chamodraka et al., 2017). The importance of the instillation of hope and raising of expectations to actively engage clients in psychotherapy cannot be overstated, as this has been identified as one of the top common factors that cut across a range of therapies in equivalence of effectiveness (Lampropoulos, 2001). In addition to showing a spatial orientation, such metaphors also have "the embodied character of up/down conceptual metaphors" (Santana & De Vega, 2011: p. 1). According to Lakoff & Johnson (1980), metaphorical notions such as more, good, happiness, virtue, consciousness, health, wealth, and power, are mapped onto the "up" pole of the vertical dimension. Conversely, opposite notions such as less, sadness, unconsciousness, bad, and illness, are mapped onto the "down" pole of the vertical dimension. Similarly, Kövecses (2010) notes that while the "upward" orientation denotes a positive evaluation, downward orientation involves a negative one.

Hope is also an emotion metaphor, which is "embodied in different manners in various parts of the body" (Khatin-Zadeh et al., 2023: p. 1), along with its orientation and movement elements (the future aspect of hope denotes forward or upper movement). This is in line with Averill & Sundararajan (2005)'s view of hope as a common theme that individuals use to overcome obstacles because it is "uplifting" (p. 128), and Khatin-Zadeh et al. (2023)'s view that hope is "metaphorically embodied as upper space (or upward movement)" (p. 1). Hope has also been defined as "the perception that one's goals can be attained" and "the belief that one can find pathways to desired goals and become motivated to use those pathways" (Snyder et al., 2002: p. 257). Further, emotions provide the meaning that precedes action. This is eloquently articulated in Edwards (2014)'s assertion that "emotions themselves are replete with meaning. They may have organized systems of expression in the limbic system, but these are mobilized in response to the meaning of events: danger, disappointment, loss" (p. 11). In this case, this applies to the positive emotion of hope. Hope, in fact, has been conceptualized as an emotion that leads to action. Averill et al. (1990), for example, assert that hope is an emotion akin to love and anger that influences thinking and behavior. Lazarus (1999) describes hope as "an emotion and a vital coping resource against despair" (p. 653). This is consistent with Averill & Sundararajan (2005)'s assertion that "narratives of hope in which novelty predominates tend to emphasize coping (actions taken to effect a change in circumstances)" (p. 128).

Interestingly, in this case, the client confirms to the therapist that he has achieved the intended goal by responding in turn with a metaphor ("*it looks like there could be light at the end of the tunnel!*"). Thus, using Lakoff (2014)'s locu-

tion that he [the client] found the "same object" (p. 1) that was inside the container used by the therapist (hope). While its origins are unclear, when talking about the "light at the end of the tunnel", people refer "to the end of the difficult or unpleasant situation that you are in at the moment" (Collins Dictionary, 2023: para. 2). Hence, by suggesting that a difficult or unpleasant situation (darkens) could be or will be replaced by light (brighter future), this metaphor represents hope. Hope, then, "creates the urge to draw on one's own capabilities and inventiveness to turn things around" (Fredrickson, 2013: p. 4). Thus, hope serves as an empowering strategy (force) for the client to face and overcome their current adversity by navigating the journey ahead with determination and resilience.

4.4. Metaphor Cascades and Super-Metaphor

Finally, I discuss the notions of "metaphor cascades" and "super-metaphor" (Lakoff, 2013). Metaphor cascades are "pre-existing packages of hierarchically organized primary and general metaphors that occur together" (David et al., 2016: p. 214). This rests on the assumptions that frame semantics are bundles of coherent roles, which relate dynamically to each other (Fillmore 1976), and that conceptual metaphors are bundles of mappings across frames that occur within domains (Lakoff & Johnson, 1980). According to Lakoff (2014), cascades occur via the brain mechanism of neural binding, which entails activating brain circuits representing existing ideas (e.g., Sherlock Holmes, wisdom, being wise) and binding the relevant parts together (e.g., making decisions, taking the right action, light at the end of the tunnel, hope). These linkages between diverse brain regions connected to the body, continues Lakoff (2014), allow multiple realms of embodied experience to give meaning to linguistic or gesture forms instantly and effortlessly. This is an unparallel benefit of using metaphor.

"A super-metaphor is something that has what's called a cascade of other deeper metaphors supporting it. That cascade is fixed in your brain and it's hard to get rid of it" ((Lakoff, 2013) 8:25). This pervasiveness results from the reinforcement of deeper metaphors, which have been learned through experience. To illustrate this, Lakoff (2012) uses the metaphor of the "fiscal cliff" (p. 1), as a super-metaphor that is difficult to replace because it is so ingrained within us that no others metaphor works in the same way. From a cognitive linguistics perspective, Lakoff (2012) explains this mechanism of action as follows. The "fiscal cliff" is not just a neutral metaphor that combines two words ("fiscal" and "cliff"); rather, it is a metaphor that is processed and understood via a highly integrated more general conceptual cascade of deeper metaphors. This cascade connects neural circuit coordinates and connects other neural circuits in multiple parts of the brain. This mechanism of action happens automatically beyond our conscious awareness, as 98% of our thoughts are unconscious (Lakoff, 2012). The human brain is a physical system governed by the principle of conservation of energy; thus, it is more efficient for the brain to use a neatly integrated cascade of neural metaphor circuits.

More specifically, continues Lakoff (2012), the "fiscal cliff" metaphor activates and cascades metaphors that evoke connotations such as the economy is falling, layoffs at work, increasing unemployment, difficulty paying bills, danger, calamity, disaster, dying, the end. In a nutshell, then, it could be said that the fiscal cliff metaphor is associated with danger, falling, and death. Such associations are reinforced via experience. In a similar way, for example, we learn universally that "more is up and less is down" by having witnessed since early childhood our parents pouring water or milk into a glass and noticing the level of water or milk going up. This "up and down" correlation registers respectively in two different parts of the brain, and we learn to connect them via a neural circuit. In turn, this "more is up" neural circuit, for example, enables us to use it to make sense of other similar events or experiences (e.g., the GDP or stock market graph going up or down).

Having established the above, my main thesis is this: used repeatedly with clients over time, eventually, the Sherlock Holmes metaphor is bound to become a positive super-metaphor capable of activating and integrating "more than one cognitive/embodied domain at the same time" (Colston, 2023: p. 1). As discussed earlier, metaphor is grounded in embodied representations or sensory-motor experience (Lakoff & Johnson, 1980), which via neural binding creates a blend (Lakoff, 2014) that relates to "the entire body, involving emotions, desires, dreams, thought processes and intuitions" (Freire, 1996: p. 329). Therefore, the Sherlock Holmes metaphor is likely to have the power to ignite the embodiment of clients' hope and wisdom, to be able to make wise decisions, be proactive, and take the right actions to solve their case by moving forward toward the achievement of their goals. This should not come as a surprise. After all, everybody knows that Sherlock Holmes can solve the most unsolvable cases, thereby becoming the hero that brings hope to all our clients.

5. Limitations and Future Recommendations

As a conceptual work, this paper proposes new relationships among constructs and their applications, thus offering a rich and in-depth approach to investigating the outcomes of psychotherapy. Like most qualitative studies, however, by not reporting empirically collected quantitative data, it poses several challenges and limitations. Perhaps the main limitation is, as in many qualitative studies, the anecdotal and ethnographic nature of the paper. This includes that the perspective and approach presented have been governed by the idiosyncratic interest of the author, and the ideas presented have not been empirically verified; thus, they lack generalizability. Recommendations for future research include conducting a comprehensive pilot case study comprised of process and outcome data, to better inform clinical practice. Further, a quantitative method could be incorporated to provide a more balanced, complete, and useful picture of how clients benefit from using this approach. In sum, further exploring the use of metaphor in ST appears a fruitful testing ground.

6. Clinical Utility and Practical Implications

This paper has several strengths, including the fact that it draws on a strong body of empirical and theoretical findings across the relevant literature and converges with multiple therapeutic schools or modalities. This integrative approach is likely to appeal to psychotherapists using ST and other orientations. More specifically, the present study has the following ten practical implications for psychotherapists:

1) Metaphor is the essence of thought.

2) Metaphorical thought is deeper than language. It has the power to transfer knowledge, and access and change unconscious or tacit levels of cognitive representations.

3) In psychotherapy, metaphors are co-created through collaborative practice and participatory action, and their meanings emerge in the interaction between client and therapist, as a co-construction of a new reality.

4) Metaphors operate as schemas that represent structural maps of knowledge, and act as vehicles in topic domains or metaphor-based schemas.

5) These metaphor-based schemas shape emotional experiences and cognitive understanding, which are properties of embodied experience—a force that carries energy conducive to action.

6) This embodiment of clients' emotions (e.g., hope) is grounded in sensory-motor experience that relates to the entire body, involving emotions, desires, dreams thought processes and intuitions. Thus, this approach mobilizes clients towards concrete action.

7) Metaphors serve as good devices for connecting to action words, through which a client's sense of meaning, emotions, and agency can be ignited.

8) Metaphors, then, allow multiple realms of embodied experience to give meaning to linguistic or gesture forms instantly and effortlessly.

9) The Sherlock Holmes metaphor is a memorable and useful device to explain to clients, and for them to engage in, four critical processes in ST: the therapeutic alliance; CC; mindfulness practice; and enactment of the HA mode.

10) The Sherlock Holmes metaphor shapes the therapy process by organizing the way problems are conceptualized and discussed; processing information in sessions; having solutions be seen as effective; and having clinical impact thereafter. Hence, it could be conceptualized as a super-metaphor.

Testing application of the above requires minimal preparation for practitioners and poses minimal risk for clients, yet the potential benefits are not a small shift. As Rodgers & Elliott (2014) would put it, the Sherlock Holmes metaphor deserves "a place of equal honour at the banquet of psychotherapy outcome research" (p. 573).

7. Conclusion

This paper makes an empirically based theoretical contribution to the investigation of the use of metaphor in ST, and to psychotherapy in general. To this end,

the paper presents a new metaphor-inspired conceptualization of the HA mode in ST by using the character of Sherlock Holme, as an enactive or embodied metaphor. Based on experimental cognition research, this metaphor can influence how clients enact their HA to achieve positive change in their lives. Integrating this metaphor in the ST model offers rich and vivid imagery that integrates the common factors and mechanisms of change that make psychotherapy effective. By incorporating the Sherlock Holmes metaphor in the ST model, this paper creatively contributes to its flexible nature as a truly integrative approach.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

Authors' Contributions

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

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Conflicts of Interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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