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Case Report

Archetypal processing: the subjugation schema: A Case Report

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Abstract

Introduction: This study presents a case example examining how the subjugation schema can be transformed through the integration of Schema Therapy and Jungian psychotherapeutic approaches.

Case Presentation: In this case, experiential techniques were used to explore the unconscious images and symbols related to the complaints of a 35-year-old male client who struggled with acting independently against his father's authority.

Conclusion: The findings highlight the effects of this technique on the subjugation schema and demonstrate the therapeutic benefits of integrating Jungian archetypes, symbols, and unconscious processes in schema processing.

Keywords

schema therapy, Jungian therapy, archetypes, metaphor, subjugation schema

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Introduction

Schema Therapy is a psychotherapeutic approach aimed at understanding and modifying cognitive, emotional, and behavioral patterns rooted in early life experiences.[1] Developed by Jeffrey Young, this model explains how early maladaptive schemas become enduring patterns in an individual's life and impact their functionality. The subjugation schema is characterized by the tendency to prioritize others' needs and expectations over one's own, often at the expense of personal desires and autonomy. This schema is typically reinforced by authoritarian or controlling parental figures, limiting an individual's self-perception and undermining their sense of self-efficacy.[2]

Archetypal Processing, as introduced by Serdar Atik (2021), can be regarded as a framework that extends beyond classical Jungian active imagination. While the purpose of Jung's active imagination is to allow unconscious contents to emerge spontaneously through symbols and to engage the individual in dialogue with them, Archetypal Processing does not merely release this process but incorporates structured stages aimed at the transformation of schematic patterns. The process can be delineated in three dimensions: (1) Archetypal activation – facilitating the client's encounter with collective and personal symbolic images related to the schema; (2) Imaginal interaction and transformation – opening new domains of meaning through guiding yet liberating interventions in the client's relationship with the symbol; (3) Schematic restructuring – linking and transforming the symbolic material in relation to the client's existing schemas. This approach integrates the free-associative nature of Jungian theory, grounded in the dynamics of the collective unconscious and the persona–shadow interplay, with the goal-directed and reconstructive structure of Schema Therapy. Thus, it enables not only the emergence of images but also their transformative processing within the clinical context. According to the author, symbols are seen as powerful tools that can assist in reintegration and can be used within various therapeutic traditions, including cognitive behavioral, EMDR, psychodynamic approaches, and schema therapy. According to this approach, symbolic work offers an effective method, particularly for treating the effects of negative life events on the individual, strengthening the ego, and supporting the healthy adult mode. What a symbol conveys is merely a concept. What is 'present' in the mind is always a universality that exists within concrete things.[3] In this context, the author's work is exemplified through a case study. In this study, a case example will be presented in which symbols and images were used to help a client restructure their inner world to overcome the subjugation schema. The client is a 35-year-old married man with one child. He works in a private business owned by his father. Informed consent was obtained from the client. Since childhood, he has lived under the shadow of his father's authority. When faced with making a choice, he struggles with decision-making and exhibits hesitant behaviors, particularly in the presence of authority figures. This case study was conducted in accordance with professional ethical standards, with informed consent obtained from the client. All potentially identifying information was anonymized, and confidentiality protocols were strictly observed. The clinical process was also regularly reviewed through supervision and peer consultation to ensure ethical compliance.

Case Presentation

First Two Sessions

During this phase, the client's presenting complaint, symptoms, life history, family dynamics, and childhood experiences were explored in detail. It was found that the client's father was a strict, controlling, and critical parent, while his mother was warm and supportive. The client is an only child and has been striving to meet his father's expectations since childhood. When attempting to make independent decisions, he reported experiencing intense guilt and anxiety. After collecting the client's history, the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth Edition Disorders (SCID-5) was conducted, and it was observed that the client did not meet the diagnostic criteria for any psychiatric disorder. The Beck Depression Inventory (BDI) score was 9, and the Beck Anxiety Inventory (BAI) score was 14. Additionally, the Young Schema Questionnaire-Short Form (YSQ-SF) was administered. The results indicated that the client's subjugation schema scored 24, the failure schema scored 19, and the dependence/incompetence schema scored 18. The client's clinical formulation is organized around the submissiveness schema. The predominant coping modes are surrender and avoidance, which manifest as passive compliance in interpersonal relationships and withdrawal from intense affective experiences. Early experiences with a highly authoritarian father reinforced the schemas of defectiveness and failure, thereby contributing to a fragile sense of self-worth. Consequently, the client adopted submissive strategies from an early age, suppressing personal needs and avoiding conflict as a central coping style within interpersonal contexts. This pattern suggests that the client's defensive mechanisms are structured around passive compliance and withdrawal, while the attachment style appears to be characterized by dependency and accommodation in relation to authority figures.

Third-Seventh Sessions

The schema formulation was shared with the client, and the scale results were reviewed. Psychoeducation was provided on the schemas with high scores. Through guided discovery questions, the impact of the subjugation, failure, and dependence/incompetence schemas on the client's life was explored in depth. Using the downward arrow technique and guided discovery questions, the schemas influencing the client's current difficulties continued to be identified. The client's automatic thoughts and core beliefs underlying his difficulty in acting independently were uncovered. Although the client started to develop alternative perspectives during sessions, he reported that when interacting with his father outside of therapy, he reverted to previous thought and behavior patterns. As feedback, he noted that the insights gained during sessions were meaningful and useful but that he struggled to feel their impact in daily life. When encouraged to express his emotions through imagery during the session, the client described tall, barren, and jagged mountains covered with snow, which provided insight into his internal emotional landscape.

Eighth to twelfth sessions

During these sessions, the client's subjugation schema was addressed using experiential techniques. Due to the strong emotional bond with his father, the client was observed to struggle significantly throughout this process. He avoided direct confrontation and exhibited resistance. In the following session, the part of the client resisting experiential techniques was explored using the chair technique. The client was also provided with information about the archetypal processing of schemas, a method that has been applied across various therapeutic modalities and integrated into Schema Therapy. He expressed openness to trying this approach, and a follow-up session was scheduled.

Thirteenth Session Dialogue

Therapist: Now, close your eyes... Now, recall those challenging moments in your life. Bring to mind the scene from last week when you were sitting across from your father at work... What are the emotions and bodily sensations you experience? As you observe your surroundings with these feelings and bodily sensations, imagine yourself on a journey in nature. There are trees around you, the sound of the wind, and the scent of nature. As you walk through this environment, notice how the schema you carry inside takes shape. How does nature appear to you? What stands out? ... Now, imagine walking through nature with these emotions and the schema they represent. What images does nature bring to you? Just observe the images your mind freely shapes. What do you see? What is present here?

Client: I don't know... It feels like there is something big in front of me, but I can't quite make out what it is...

Therapist: Hmm... Yes...

Client: I was able to move forward a little. I'm among the trees... I see a river... There are big trees around it...

Therapist: I wonder what it would be like to see what you see through your eyes. Can you help me? What's happening? What kind of river is it?

Client: I don't know... It's just flowing... The water is clear... It looks like drinking water... (Laughs) I wanted to drink it.

Therapist: I'm curious about the riverbed...

Client: What do you mean? Like, its size?

Therapist: Would you like to describe it in more detail?

Client: It's a clean river, but it's kind of shallow... I mean, it's not like the Amazon River... It's probably not even deep enough to reach a man's height... And there's this huge rock in the middle of it...

Therapist: A rock... Would you like to talk about it? Its color, shape, or position?

Client: Well, it's right in the middle... It sort of splits the river in two... I don't know, it seems to slow down the water...

Therapist: How does the presence of the rock make you feel? What do you think about it?

Client: I don't know... I hadn't thought about it that way, but the rock is blocking the water, after all... At the same time, it also seems to be guiding it...

In this session, the symbolic interpretation was not left solely to the client's free associations; rather, it was conducted within a consistent clinical framework. The stone in front of the flowing river was linked to the behavioral manifestations of the client's submissiveness schema. Socratic questioning at the beginning of the session revealed that the surrender mode was predominantly active. Accordingly, the client's passive and compliant stance in front of the symbolic obstacle was understood as a reflection of the submissive patterns frequently displayed in interpersonal relationships. The interpretive process combined both the schema mode model and the associative logic of Jungian symbolic typology, thereby conceptualizing the symbol as an objectified representation of the client's inner conflict. Furthermore, the client's coping styles were observed through their interaction with the symbol, allowing for an integration of both schematic tendencies and symbolic processes in a coherent manner.

At this stage, it is observed that the client expresses the subjugation schema through images and symbols. The function and meaning of the schema are explored through guided discovery questions, integrating the symbolic representations with the schema itself. Given sufficient time, many clients naturally establish and make sense of the connections between their presenting complaints and symbols.

Therapist: Many thoughts come to mind about this rock being here... And many more about it not being here. I sense a difference between the two... You are experiencing and living through the situation where the rock stands in the middle of the river. But when you imagine it not being there, you are making predictions...

Client: I don't know. It just feels like it's supposed to stay there. Or rather, it seems like nothing would happen to that rock, no matter what happens to the river. It's massive... (Silence) The rock blocks the water, but at the same time, it also guides it. It seems like it has a purpose... But actually, it also disrupts the speed and direction of the flow. I don't know, doctor... A part of me wants to move the rock aside, just let it sit somewhere else... And another part of me wants to increase the river's flow so it washes it away...

Therapist: What do you think you need right now?

Client: A little change... And I think I need to start with this rock. Moving it aside a bit wouldn't be so bad... Right now, increasing the river's flow feels too far from where I am...

Therapist: You and I have all the authority here... We can do whatever you want, however you want... They say that, in the end, people don't regret what they did—they regret what they didn't do...

The client proposed different coping strategies regarding the rock, yet at this stage, he decided that the option he felt ready for was moving the rock aside. Throughout this process,

The therapist aligned with the client's pace, adapting interventions to match his rate of progress.

Therapist: Yes... What's happening now? I'm curious... How does the river look in its new state? What kind of changes do you notice... its surroundings...?

Client: This feels good... The water is flowing freely and powerfully now... It's not scattering in different directions... I feel good... This is better... I feel like jumping in and swimming along the river (laughs).

After processing the images and symbols, the client was guided to their safe space. The current issue discussed at the beginning of the session was then re-evaluated to integrate

insights gained during the experiential work.

Therapist: We had paused the scene where you were sitting across from your father and said we would return to it. Now, as you revisit this scene, what do you feel? What do you feel like doing?

Client: Well, doctor... I'm looking into his eyes. Normally, I would look down... It's like he wants me to look away. His eyes got bigger (laughs). Honestly, I feel like I don't care that much. I just said, "I'm taking the kids to the movies tonight"... I stood up and walked out.

Therapist: What's happening? How is your father reacting? He just saw you behave differently...

Client: Well, doctor, he's grumbling now... saying, "Then who's going to do it?" and all that... but nothing much is really happening. And now, I'm already outside... Walking to my car... What a relief!

Through imagery, the relationships between the client's distressing emotions and dysfunctional coping strategies were identified and analyzed. The client discovered alternative coping strategies through these images, which in turn enhanced his confidence in his ability to manage current triggers more effectively.

Therapist: Yes... Throughout the session, you mentioned many images... And now, you look quite different—much better. What has changed inside you, in your mind? Would you like to share what's happening? The rock, the river, or anything else... What meanings might they have in your life?

Client: My father... What can I say, doctor... Everything is so clear, so obvious now. His expectations, always telling me what I should do... And I just accepted it, as if I had no choice, as if he had to be right in the center of my life... Just like that rock—I thought it could never be moved. But, well... turns out you just give it a little push from the side, and there it goes (laughs).

Following the therapeutic work, the client reported that he was able to express his decisions more clearly regarding his father. He also noted that when in the same environment as his father, his breathing felt more relaxed. In subsequent experiential technique applications, the client was able to directly confront his father and express his anger and resentment. During this process, he decided to move to a different neighborhood with his family instead of continuing to live in the same residential complex as his father.

The therapy process was concluded after 18 sessions, with a follow-up session scheduled one month later. During the follow-up session, the client stated that he chose to continue working at his father's business of his own free will, citing its profitability as the reason for his decision. Compared to the previous period, he reported feeling less exhausted and being able to refuse tasks he did not want to undertake. Additionally, he observed that his father now communicated with him in a more respectful and considerate manner.

In the evaluation process, the Young Schema Questionnaire-Short Form (YSQ-SF) was administered again. The follow-up assessment showed a subjugation schema score of 12, a failure schema score of 10, and a dependence/incompetence schema score of 9, indicating a significant reduction in maladaptive schema activation. Since no standardized cut-off scores exist for the YSQ-SF in the literature, the evaluation in this single case study relied on the absolute reduction in schema scores. The decrease observed between pre- and post-treatment scores was interpreted in line with clinical observations and the client's behavioral changes throughout the therapeutic process. Accordingly, the results are considered to reflect clinically meaningful change at the individual level, rather than statistical significance.

Ethics Approval

Ethical committee approval was not required for single case reports.

Reporting Guidelines

This case is reported in accordance with the CARE guidelines.

Discussion

During this study, symbols were reprocessed, transformed, and reshaped into new imagery. The therapeutic processing of these symbols allowed for progress in the treatment process. The findings of this study suggest that archetypal processing has the potential to deepen the therapeutic process in resistant cases. For clients who struggle with emotional regulation, this approach provides an opportunity to work within their window of tolerance. Various symbolic tools can be utilized in therapy, including figures (e.g., human figures, animals, natural objects), dreams and imagery, drawings, collages, and photographs. According to Jung, an image is not the psychic reflection of an external object, but an inner system of images connected to unconscious fantasy activity; even though these images may suddenly appear like a vision or hallucination, they do not have the characteristic of replacing reality. They do not replace reality, are separate from sensory reality, and do not carry a pathological quality. According to Spermon and colleagues, using symbols such as dream images, drawings, collages, and photographs can aid the process of expression where words fall short. The discovery of symbols can initiate the process of expressing a person's experience through holistic descriptions.[4] According to the author, if the client's active modes and dominant schemas have been previously identified through Schema Therapy scales, interpreting the emerging symbols becomes much easier and more accurate. For example, if a client with a strong emotional deprivation schema sees a dark, empty room during imagery, this can be considered a symbolic expression of an inner experience at an archetypal level. Interpreting these symbols through the language of schemas contributes both to the client's self-understanding and to directing the therapeutic intervention toward the correct target.

While the therapeutic potential of symbolic tools and archetypal imagery is considerable, their limitations in resistant clients should not be overlooked. Intensive imagery work carries the risk of retraumatization, particularly when clients prematurely engage with traumatic memories. In addition, the therapist's countertransference processes may influence the interpretation of symbols, underscoring the need for continuous clinical awareness and supervision. Thus, the use of these techniques should be evaluated with a balanced and critical perspective, taking into account both therapeutic benefits and potential risks.

The archetypal processing approach used in this study presents

promising findings within a specific clinical sample; however, its generalizability to different cultural and clinical contexts is limited. The results may have been influenced by factors such as participants' personal belief systems, cultural backgrounds, and the researcher's theoretical orientation. In addition, the measurement methods employed carry certain limitations in objectively assessing participants' experiences. Therefore, caution should be exercised when generalizing these findings, and future research should include larger and more diverse samples across different age groups, clinical conditions, and cultural settings, utilizing longitudinal and mixed-method designs to strengthen the validity of the approach.

Limitations

The limitation of this article is that the psychotherapeutic benefit suggested in this case report was not measured in large patient groups and was not compared with therapeutic methods that have been proven to be effective.

Conclusion

This study examined how Archetypal Processing facilitates transformation in the treatment of the subjugation schema within the therapeutic process. This case study provides the following contributions:

1. Integration of Schema Therapy and the Jungian approach, deepening the therapeutic process.
2. Case-based evidence supporting the clinical applications of Archetypal Processing.
3. Demonstration of how working with unconscious imagery can be utilized in resistant cases.
4. Establishing a theoretical foundation for future controlled studies.

Ethics Declarations
Written informed consent was obtained from the patient for publication of this case report and accompanying data. Ethical committee approval was not required for single case reports.

Animal and Human Rights Statement
All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent
Written informed consent was obtained from the patient for publication of this case report. The patient's identity has been protected.

Data Availability
The datasets used and/or analyzed during the current study are not publicly available due to patient privacy reasons but are available from the corresponding author on reasonable request.

Conflict of interest
The authors declare that there is no conflict of interest.

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Scientific Responsibility Statement
The authors declare that they are responsible for the article's scientific content, including study design, data collection, analysis and interpretation, writing, and some of the main line, or all of the preparation and scientific review of the contents, and approval of the final version of the article.

Abbreviations:
BAI: Beck Anxiety Inventory
BDI: Beck Depression Inventory
SCID-5: Structured Clinical Interview for DSM-5 Disorders
YSQ-SF: Young Schema Questionnaire–Short Form

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