The Odyssey Approach: A Narrative-Metacognitive Framework for Psychotherapy Engagement

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Madeline Kay Nelson is the owner and clinician at The October Hour, PLLC. The therapeutic model described in this article was developed within this clinical and professional context. The author declares no other conflicts of interest.

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Abstract

Engagement remains a persistent challenge in psychotherapy, particularly among adolescents and emerging adults, who frequently present with ambivalence, low intrinsic motivation, and elevated rates of premature treatment termination. Although engagement is consistently associated with therapeutic outcomes, it is rarely embedded within intervention design. This paper introduces the Odyssey Approach, a conceptual integrative psychotherapy framework that structures engagement through coordinated narrative, metacognitive, relational, and experiential processes. The Odyssey Approach synthesizes cognitive–behavioral, psychodynamic, humanistic, narrative, and culturally informed perspectives within four core elements: the Constellation (collaborative case conceptualization), the Compass (metacognitive reflection and values-guided decision-making), the Map (visual externalization of life domains and relational patterns), and Storytelling (narrative meaning-making and perspective-taking). These elements are supported by immersive, metaphorically structured language designed to enhance accessibility and reflective participation. The model does not propose novel mechanisms of change, but rather a novel integration of established therapeutic processes. Therapeutic change is hypothesized to emerge through the interaction of therapeutic alliance, narrative identity formation, metacognitive regulation, emotional distancing, and contextual meaning-making within a coherent experiential framework. The Odyssey Approach is presented as a theoretical model intended to inform future research on psychotherapy engagement, clinical implementation, and integrative treatment design.

Keywords: integrative psychotherapy, client engagement, narrative therapy, therapeutic alliance, Mahi a Atua

The Odyssey Approach: A Metacognitive Framework for Psychotherapy Engagement

Introduction

Adolescence and emerging adulthood are critical periods of identity development, marked by changes in self-concept, emotional regulation, and social roles (Potterton et al., 2022). During this time, individuals navigate increasingly complex interpersonal, academic, and sociocultural expectations while consolidating a coherent sense of self (Luyckx et al., 2025; Meca et al., 2017). Identity formation is a dynamic process shaped by ongoing exploration and integration of experience, influenced by earlier relational patterns such as attachment and adversity (Sroufe, 2005). Contemporary digital and social environments further intensify self-evaluation and social comparison, contributing to psychological distress (Al-Furaih & Al-Awidi, 2021; Keles et al., 2020). Adaptive meaning-making and self-reflection are therefore central to psychological well-being and developmental progression (McAdams & McLean, 2013).

Although traditional therapeutic approaches are effective, engagement and sustained change remain variable in adolescents and emerging adults, particularly in the context of ambivalence and low intrinsic motivation (de Haan et al., 2013; Ryan & Deci, 2000). Existing youth-focused adaptations, including modular psychotherapy (Chorpita & Weisz, 2009) and motivational interviewing approaches (Miller & Rollnick, 2013), improve flexibility and engagement but vary in the extent to which they integrate experiential processes with identity development and sustained behavioral change.

The Odyssey Approach is an integrative, narrative-based therapeutic model designed to support identity development in adolescents and emerging adults. It synthesizes cognitive–behavioral, psychodynamic, humanistic, and narrative therapies into a structured yet flexible system for reflection, resilience, and adaptive decision-making. The model conceptualizes the

self as a dynamic interplay between the Astral Self (strengths, aspirations, potential) and the Veiled Self (vulnerabilities, unmet needs, and historically shaped patterns), integrating implicit and explicit self-representational processes with narrative-experiential identity construction (Greenwald et al., 2002; McAdams & McLean, 2013).

Core processes include the Constellation, Compass, and Map, which support self-awareness, integration, and goal-directed action. Storytelling externalizes experience and facilitates perspective-taking and reflective distancing, supporting cognitive flexibility and reinterpretation of experience (Jagatdeb et al., 2024).

Adolescents and emerging adults frequently present with internalizing and externalizing difficulties, including anxiety, depression, emotion dysregulation, identity confusion, and interpersonal distress (Costello & Angold, 2015; Merikangas et al., 2011). Given heightened developmental demands, psychotherapy in this population often extends beyond symptom reduction to include identity development, emotional integration, and self-regulation (McAdams & McLean, 2013; Weisz et al., 2017).

Despite the availability of evidence-based interventions, engagement and sustained behavioral change remain variable. Engagement is typically conceptualized as a process linked to adherence and outcomes and shaped by motivational processes such as autonomy and internalization (de Haan et al., 2013; Swift & Greenberg, 2012; Ryan & Deci, 2000). This underscores the need for approaches that integrate experiential engagement with cognitive-emotional integration and translation of insight into action.

The Odyssey Approach aligns with adolescents' and emerging adults' responsiveness to narrative, metaphor, and imagination (McAdams, 2001), and incorporates evidence-based strategies associated with improved engagement in youth psychotherapy (Weisz et al., 2017). It

integrates narrative processes supporting identity construction (McAdams & McLean, 2013) with metacognitive processes that regulate interpretation and evaluation of experience (Flavell, 1979; Wells, 2000). These processes are operationalized through visual and metaphorical externalization tools that render abstract psychological processes experiential and modifiable within therapy.

Within this framework, therapeutic change is conceptualized as emerging from the interaction of meaning-making, reflective awareness, and experiential externalization. This paper introduces the Odyssey Approach as a conceptual integration framework rather than a validated treatment model. It synthesizes established mechanisms across cognitive, narrative, metacognitive, and relational domains into a unified experiential system emphasizing engagement and meaning-making. The model generates hypotheses regarding how structured narrative–metacognitive integration may enhance engagement and therapeutic coherence in adolescents and emerging adults, pending empirical evaluation.

The paper is structured as follows: it outlines the core elements (Constellation, Compass, Map, Storytelling), mechanisms of change, cultural and linguistic framing, clinical implications, and limitations and future directions.

The Odyssey Approach: Core Elements and Theoretical Integration

The Odyssey Approach is an integrative framework in which conceptual elements, narrative processes, and relational practices function together to support engagement, reflection, and adaptive change. Rather than separating theory from application, the model embeds cognitive–behavioral, psychodynamic, humanistic, narrative, developmental, and culturally grounded principles within four core elements: the Constellation, the Compass, the Map, and Storytelling. Each element operationalizes specific mechanisms of change while remaining

dynamically interconnected, allowing clients to engage with their experiences across the cognitive, emotional, relational, and narrative domains. These elements are not merely metaphorical but serve as externalization devices that translate abstract cognitive and relational processes (e.g., beliefs and memories represented by the "Map," or thought patterns explained by the "Compass") into manipulable formats, consistent with research on experiential learning and cognitive scaffolding (Bruner, 1990; McAdams & McLean, 2013; White & Epston, 1990; Zimmerman, 2013).

Constellation: Collaborative Case Conceptualization

Consistent with cognitive–behavioral and schema theory, the Constellation captures enduring belief systems that shape perception and behavior (Young et al., 2003). At the same time, it emphasizes relational patterns, reflecting psychodynamic and attachment perspectives, which highlight the role of early caregiving experiences in forming internal working models of the self and others (Bowlby, 1969; Mikulincer & Shaver, 2012). By integrating these domains, the Constellation aligns with contemporary integrative approaches (e.g., metacognitive and narrative–schema integrative models) that conceptualize psychological functioning as emerging from the interaction of cognition, relationship, and context.

Visual and metaphorical representation is used, which further draws on narrative and developmental theory. Externalizing complex psychological information into a constellation format supports meaning-making and self-reflection, particularly for adolescents and emerging adults (Blakemore & Mills, 2014), who demonstrate a greater responsiveness to visually and narratively structured forms of information processing compared to abstract, verbally mediated, and decontextualized modes of cognition (McAdams, 2001). Furthermore, this externalization reduces overidentification with symptom-based labeling frameworks typical of categorical

clinical formulations and instead promotes a strengths-informed, pattern-oriented understanding of the self.

Importantly, the Constellation is co-constructed and iteratively refined, reinforcing a collaborative therapeutic stance. In that way, this element may support engagement and alliance, both of which are consistently associated with improved outcomes across therapeutic modalities (Norcross & Lambert, 2019).

Furthermore, the Constellation incorporates multiple narrative identity descriptors used to facilitate reflection and self-understanding, which are introduced below. These constructs are not used as diagnostic or psychometrically validated trait measures but as reflective heuristics that support clients in recognizing recurring patterns of cognition, emotion, and relational behavior.

Personality. The Myers-Briggs Type Indicator (MBTI) offers a narrative framework for exploring perceived cognitive preferences consistent with Jungian-inspired typological approaches to personality meaning-making (Cohen et al., 2013; Myers & McCaulley, 1985). This measure is used as a narrative framework for understanding cognitive–affective preferences rather than as a psychometrically validated trait measure. While the MBTI simplifies complex cognitive functions, it offers a useful starting point for increasing self-awareness and establishing therapeutic rapport (Francis & Village, 2022). The incorporation of the MBTI-type narrative descriptors reflects their pragmatic utility in facilitating engagement and shared language in early therapeutic alliance formation, rather than their use as formal assessment tools.

Attachment Style. Patterns of attachment inform how clients approach relationships, including initiation, maintenance, and closure (Ainsworth et al., 2015). Here, attachment tendencies reflect beliefs about self-worth and relational expectations, which influence psychological functioning and well-being (Jamil et al., 2020; Sroufe, 2005). These relational

patterns also interact with broader meaning-making processes (e.g., attribution of interpersonal intent, interpretation of rejection or support as evidence of self-worth, and narrative integration of relational experiences into one's self-concept) that shape how individuals interpret interpersonal experiences (Park, 2016).

Love Language. Understanding preferred modes of receiving care and affection helps guide interpersonal communication and relational satisfaction (Anderson & Halbakken, 2020; Mostova et al., 2022).

Maladaptive Schemas. The Maladaptive Schema Scale identifies deeply held cognitive–emotional patterns, building on schema theory (Young et al., 2003) and integrating insights from attachment and trauma research (Buchanan et al., 2025). Schemas reveal recurring beliefs about the self, others, and the world, informing the client's worldview and emotional responses.

The Constellation synthesizes these reflective identity descriptors into a co-constructed case conceptualization, collaboratively reviewed and refined with the client. It is not intended to label, pathologize, or prescribe change; instead, it provides a visual and conceptual framework that captures the client's strengths, tendencies, and patterns. Each element is plotted as a "star," forming a constellation unique to the client. The visual metaphor reinforces individuality and supports reflection, offering a reference point for discussion and orientation without reducing the client to verbal labels.

Visual and narrative approaches to case conceptualization, including schematic mapping and metaphorical externalization, have been associated with enhanced insight, engagement, and cognitive integration, particularly among adolescents and emerging adults (Huibers et al., 2021; McAdams, 2001; Young et al., 2003). This approach is further conceptually aligned with relational models of knowledge found in Indigenous astronomical traditions (Whaanga et al.,

2020), where stars are understood not as isolated objects but as interconnected entities whose meaning emerges through pattern, relationship, and narrative context.

Typically, the Constellation includes six to seven stars, depending on assessment results, and is placed in a corner of the Map as a persistent reference. Once the Constellation resonates with the client, it informs the calibration of the Compass, guiding subsequent exploration of values, goals, and priorities within the Odyssey Approach.

Compass: Metacognition, Schema Activation, and Values-Based Choice

The Compass operationalizes cognitive and metacognitive processes, enabling clients to identify, evaluate, and respond to underlying belief systems (e.g., beliefs about one's capacity to cope under pressure, expectations of how others will respond in moments of vulnerability, and implicit assumptions about safety, responsibility, and relational trust) in real time. This concept is anchored in schema theory, with the Compass centering on the client's Core Design—an organizing belief that influences emotional and behavioral patterns across contexts, often linked with early schema development (Buchanan et al., 2025; Young et al., 2003).

Consistent with cognitive–behavioral principles, the Compass supports clients in examining evidence for and against maladaptive beliefs, fostering cognitive restructuring and flexible thinking (Beck, 2020). However, it extends traditional CBT by embedding these processes within a structured, experiential framework that integrates emotional awareness and personal meaning, consistent with research highlighting the role of metacognitive engagement in sustaining cognitive change (Huibers et al., 2021).

The Compass is structured as a four-quadrant reflective system (North, East, South, West) that organizes metacognitive inquiry into distinct but interconnected functions. North represents the identified Core Design, or dominant belief pattern, guiding current interpretation. East

involves examining evidence supporting this belief, while West involves exploring antecedents, contextual triggers, and relational or developmental conditions contributing to activation of the underlying need or belief. Finally, South reflects strengths, needs, values, and adaptive capacities that provide a counterbalance and directional guidance for change. Together, these quadrants operationalize cognitive restructuring as a spatially organized process rather than a purely verbal or abstract exercise.

To illustrate the Compass in practice, consider a client preparing for a class presentation who initially holds the Core Design, “I am not competent enough.” In the North quadrant, this belief is identified as the dominant interpretive frame shaping current anxiety and self-evaluation. In the East quadrant, the client identifies evidence consistent with this belief, such as recalling difficulties in past presentations or perceiving peers as more capable. In the South quadrant, the client accesses strengths and values related to growth and learning, which helps regulate emotional activation and interrupt spiraling. In the West quadrant, the client explores why the Core Design has become activated by asking, “Why do I need to feel that I am not competent enough?” This process helps uncover the underlying need or protective function being served by the belief.

Following this cycle, the Core Design shifts to an adaptive belief, “I am competent enough,” which is then re-entered in the North quadrant as the updated interpretive frame. In the East quadrant, the client gathers evidence supporting this adaptive belief, including successful preparation, prior effective presentations, and positive feedback. In the South quadrant, these experiences are consolidated through reconnection with strengths and values, reinforcing the adaptive self-concept. In the West quadrant, the client reflects on whether they still need to maintain the original belief and may conclude that the protective function it once served is no

longer necessary given the accumulated evidence, strengths, and values supporting the adaptive Core Design.

The Compass is conceptualized as a recursive system in which insights generated in East, South, and West are reintegrated into the North (Core Design), allowing the Core Design to be continuously revised, refined, or destabilized through iterative reflective cycles rather than treated as a fixed cognitive structure. This iterative structure is broadly consistent with Acceptance and Commitment Therapy (ACT), particularly processes related to cognitive defusion and values-based action (Hayes et al., 2012; Macri & Rogge, 2024).

Processes consistent with ACT are also reflected in the emphasis on observing internal experiences without immediate reactivity and making choices aligned with values rather than automatic cognitive patterns (Hayes et al., 2012; Macri & Rogge, 2024). By distinguishing between the Veiled Self and the Astral Self, clients learn to differentiate behavior driven by conditioned patterns from intentional, value-consistent action (Hayes et al., 2012; Macri & Rogge, 2024). This supports psychological flexibility by strengthening the capacity to act in accordance with long-term goals even in the presence of difficult thoughts or emotions (Hayes et al., 2012; Macri & Rogge, 2024).

Beyond its alignment with ACT, the distinction between the Veiled Self and the Astral Self reflects both psychodynamic and humanistic influences. The Veiled Self represents internalized patterns shaped by past relational experiences, while the Astral Self reflects emerging capacities for agency, growth, and intentional action (Rogers, 1961; Ryan & Deci, 2000). Increasing awareness of these dynamics parallels psychodynamic processes of making implicit patterns explicit, as well as a humanistic emphasis on self-actualization and autonomy (Rogers, 1961; Shedler, 2010).

Additionally, the Compass incorporates elements of mindfulness and self-distancing practices. By encouraging clients to observe rather than immediately react to thoughts, it may reduce cognitive fusion and support emotional regulation, processes associated with improved psychological flexibility (Chambers et al., 2009; Kross & Ayduk, 2011). Furthermore, through repeated use, the Compass supports a gradual shift from automatic, schema-driven responses toward deliberate, value-aligned decision-making. This foundation for its use in this way is the idea that metacognitive awareness alone may be insufficient unless paired with structured opportunities for value-guided action (Hayes et al., 2012; Macri & Rogge, 2024; Zimmerman, 2013), positioning the Compass as a bridge between insight and behavioral change.

Map: Visualizing Life Domains and Relational Patterns

The Map serves as a structured visual and narrative representation of the client's life, organizing experiences, challenges, and growth across key domains. It is typically presented as a one-page, double-sided tool within an oceanic metaphor chosen for its familiarity as a navigational map and its ability to visually differentiate multiple life domains. Within this framework, domains are depicted as islands situated within a broader experiential landscape, with the ocean representing the client's ongoing life experience and the connections between domains. The two-sided format includes "light" and "dark" versions of the Map, allowing for parallel exploration of adaptive and vulnerable aspects of functioning, respectively. This design supports both differentiation and integration of self-experience within a single, coherent framework.

The Map is typically organized into four primary domains—Social, Health, Trade, and Spirit. These domains were selected to reflect broad and commonly recognized areas of human functioning across developmental and clinical contexts, providing coverage of interpersonal

(Social), physical and emotional well-being (Health), achievement and role-based functioning (Trade), and meaning-making and values-based engagement (Spirit). The Social Island encompasses interpersonal relationships and relational dynamics; the Health Island includes physical, emotional, and behavioral well-being; the Trade Island captures academic, vocational, and achievement-related pursuits; and the Spirit Island reflects meaning, values, spirituality, or connection to purpose. While these domains provide structure, they remain flexible, allowing clients to define and organize experiences in ways that are personally and culturally meaningful.

Clients interact with the Map through visual and symbolic representation, using metaphorical elements such as obstacles, pathways, or transitions to depict lived experiences. This process draws on psychodynamic and humanistic traditions that utilize projection and symbolic expression processes to facilitate insight (Armstrong & Kaser-Boyd, 2004), as well as narrative approaches that emphasize the organization of experience into coherent interpretive structures (Bruner, 1990). For example, a client might represent relational growth on the Social Island as a cluster of trees, or loneliness as an empty clearing of land.

Clients actively engage with the Map by annotating and visually representing experiences using metaphor (e.g., boulders to indicate obstacles, bridges to reflect transitions, or boats to symbolize movement and agency). This process draws on projective and expressive techniques that facilitate apperception, allowing clients to attribute meaning to ambiguous stimuli and access implicit patterns, relational dynamics, and aspects of the self-concept that may be less accessible through purely verbal reflection (Garrett, 2014). Such visual and narrative externalization has been associated with increased insight and engagement, particularly among adolescents and emerging adults (Blakemore & Mills, 2014).

The distinction between the light and dark sides of the Map reflects both schema-based and developmental perspectives. The dark map highlights areas in which the Veiled Self is more active, including maladaptive patterns, unresolved experiences, or relational difficulties. In contrast, the light map emphasizes the Astral Self, illustrating strengths, adaptive behaviors, and areas of growth. Engaging with both sides supports the integration of conflicting self-states, a process central to identity development during adolescence and emerging adulthood (Blakemore & Mills, 2014; Kroger et al., 2010).

The Map also functions as a tool for pattern recognition and self-regulatory support. By externalizing abstract experiences into a structured and interactive format, it may enhance cognitive flexibility and reflective capacity (Diamond, 2013). The Map also scaffolds planning, monitoring, and reflective adjustment over time, consistent with self-regulation frameworks (Zimmerman, 2013). The placement of the Constellation within the Map further reinforces continuity across sessions, linking case conceptualization with ongoing reflection and decision-making. This continuity aligns with psychodynamic notions of repetition and thematic coherence, as well as narrative approaches that emphasize the organization of experience into coherent meaning structures (Bruner, 1990).

Overall, the Map provides a structured yet flexible platform for integrating cognitive, emotional, and relational information. By situating abstract experiences within a concrete and manipulable framework, it supports insight and application, contributing to a more coherent, differentiated, and actionable understanding of lived experience. In this way, the Map extends beyond representation, functioning as an active mechanism for integrating self-perception across domains and supporting the development of a coherent and flexible identity.

Storytelling: Narrative as a Mechanism of Change

Storytelling is one of the central mechanisms through which the Odyssey Approach operationalizes reflection, insight, and adaptive growth (Angus & McLeod, 2004). The storytelling structure was influenced in part by Māori approaches to narrative and healing, including Mahi a Atua, a framework grounded in active engagement with cultural, spiritual, and ancestral knowledge (Kopua et al., 2020). Often translated as "work or practice of the gods," Mahi a Atua emphasizes the interconnection between personal experience, cultural narratives, and relational context (Kopua et al., 2020). Within the Odyssey Approach, this influence is used at a conceptual level to support storytelling as a reflective and participatory practice, in which clients engage with metaphor, myth, and narrative to generate personal meaning rather than receiving prescriptive interpretations.

Within the Odyssey Approach, third-person narration is emphasized as a tool for cognitive distancing, reflection, and memory integration, consistent with research on self-distancing and narrative reconstruction (Kross & Ayduk, 2011; St Jacques, 2024). By externalizing experiences into story form, clients engage with both their Veiled Self—patterns of vulnerability, past conditioning, or maladaptive responses—and their Astral Self—aspirations, agency, and adaptive capacities. Shifting perspective in this manner may support the reinterpretation and integration of autobiographical experiences while creating psychological space for reflection (St Jacques, 2024). This process may facilitate insight, encourage experimentation with alternative responses, and support integration without confrontation or judgment.

Stories such as the Greek myth of the Split Humans and the Māori creation narrative of Rangi and Papa are used alongside other cross-cultural narrative and mythic traditions as archetypal frameworks for meaning-making. Story selection is guided by thematic resonance

with common human relational and developmental experiences, rather than reliance on prior cultural familiarity or specific cultural knowledge. Accordingly, clients are not expected to know these narratives in advance; instead, stories are introduced and co-explored within therapy as shared narrative stimuli that support reflection and symbolic interpretation.

For example, a therapist may draw on the story of The Boy Who Cried Wolf when working with a client struggling with patterns of relational trust and repeated dishonesty. The client may initially focus on the consequences of deception; however, upon reflection on the boy's initial isolation while tending sheep alone outside the village, they may also reframe the behavior in terms of unmet relational needs such as loneliness and desire for connection. This process allows the client to externalize their experience, explore alternative meanings, and develop greater awareness of underlying relational patterns.

This illustrates how stories function as reflective mirrors rather than prescriptive lessons. Clients are invited to discover meaning in ways that resonate with their lived experiences, fostering insight, self-determination, and agency. Through this process, storytelling becomes both reflective and action-oriented, supporting the integration of experience, adaptive cognition, and relational skill development.

In these ways, Storytelling functions as a mechanism through which the Odyssey Approach facilitates meaning-making, emotional processing, and identity development. Grounded in narrative psychology, this element of the model operates on the premise that individuals construct identity through the stories they tell about themselves and their experiences (Blakemore & Mills, 2014; McAdams & McLean, 2013). Furthermore, it aligns with narrative therapy principles, which emphasize the re-authoring of personal narratives to support alternative meanings and adaptive identities (White & Epston, 1990). Storytelling also reflects research on

self-distancing, demonstrating that adopting a third-person perspective enhances emotional regulation and reflective insight (Kross & Ayduk, 2011).

The Odyssey Approach extends these principles through the intentional use of myth, metaphor, and culturally grounded narratives. Stories are not used to prescribe solutions but to create a reflective space in which clients generate their own meanings. This approach is informed in part by Mahi a Atua, which emphasizes relational, cultural, and ancestral contexts as integral to understanding experience (Kopua et al., 2020). Nonetheless, the mechanisms described here are conceptualized at the level of general narrative processes rather than as culturally specific therapeutic practices.

By engaging with narrative at both the personal and symbolic levels, clients integrate cognitive, emotional, and relational insights. Storytelling thus serves as a bridge between reflection and action, supporting the development of a coherent identity, increased agency, and adaptive behavioral change. This positions narrative not only as a reflective process but as a primary mechanism through which cognitive, emotional, and relational change are consolidated.

Mechanisms of Change

As outlined, the Odyssey Approach proposes to facilitate therapeutic change through the coordinated interaction of cognitive, emotional, relational, narrative, and metacognitive processes. Rather than relying on a single mechanism, the model conceptualizes change as emerging from the dynamic interplay of its core elements. The Constellation, Compass, Map, Storytelling, and an immersive language framework function synergistically to support insight, promote emotional regulation, strengthen relational understanding, and support the translation of reflection into intentional action. The role of immersive language is further elaborated in the

Language System subsection, where its function as a cross-cutting facilitator of engagement and meaning-making is described in detail.

Mechanisms of change within the Odyssey Approach are hierarchically organized. The primary mechanisms are the therapeutic alliance and narrative identity formation, which provide the relational and meaning-making foundations for change (Bourke et al., 2021). Secondary mechanisms include metacognitive regulation (operationalized through the Compass) and emotional distancing (facilitated through Storytelling), which support reflective awareness and cognitive–emotional flexibility. Meanwhile, structural elements, including the Map and the Constellation, function as organizational scaffolds that externalize experience and support pattern recognition. Beyond those, cross-cutting facilitators, such as immersive language and cultural/contextual framing, enhance engagement and interpretive depth, but are not proposed as independent mechanisms of change.

Taken together, it can be said that therapeutic change within the Odyssey Approach is not driven by any single intervention, but by the integration of multiple mechanisms operating across levels of experience. By structuring engagement, reflection, and action within a cohesive and accessible framework, the model offers a means of translating complex psychological processes into lived experience. This integrative organization may be particularly relevant for adolescents and emerging adults, as well as clients who experience low engagement or ambivalence in verbally abstract psychotherapeutic approaches, highlighting the importance of accessibility and experiential coherence as active ingredients in psychotherapy. Herein, the two primary mechanisms of change, two secondary mechanisms, and cross-cutting facilitators are explored in detail.

Therapeutic Alliance

The therapeutic alliance is a core mechanism of change, with robust evidence linking this alliance to improved engagement and reduced dropout across therapeutic modalities (Bourke et al., 2021; Flückiger et al., 2018; Hauber et al., 2020; Sijercic et al., 2021). Within the Odyssey Approach, the client–therapist relationship functions as a relational base that supports the exploration of difficult experiences and the development of reflective capacity. The therapist models reflective practice, normalizes the interplay of the Veiled and the Astral Selves, and supports ethical, autonomous decision-making.

Narrative Identity Formation

Storytelling lies at the heart of the Odyssey Approach, functioning as a primary vehicle for narrative identity development and reflective insight (Adler, 2012; Singer et al., 2013), consistent with narrative psychotherapy traditions (Angus & McLeod, 2004). Through myth, legend, and personal narrative, clients externalize experience, translating their internal states into structured, interpretable forms. This process enables the examination of cognitive, emotional, and behavioral patterns from a psychologically distanced perspective, supporting insight and more flexible meaning-making. Clients are also supported in reframing past experiences, identifying strengths, and constructing adaptive self-narratives that evolve over time.

Perspective-taking is a key component, allowing the exploration of multiple viewpoints within a narrative context and supporting empathy and cognitive flexibility (e.g., viewing a conflict from both one's own and another person's perspective in a relational story). This imaginative engagement expands perceived behavioral possibilities and supports adaptive responding to real-world challenges.

The Odyssey Approach draws conceptual inspiration from narrative healing traditions, including Māori frameworks such as Mahi a Atua, which emphasize storytelling as a relational and meaning-making practice embedded within cultural knowledge systems (Kopua et al., 2020). It uses narrative—whether drawn from mythic, cultural, or contemporary fictional sources—as a symbolic medium for reflection and identity exploration. The therapeutic value of storytelling arises from engagement with narrative meaning and perspective-taking processes rather than the literal status or cultural origin of the story.

Narrative processing is further supported through imaginative visualization techniques, such as representing obstacles or achievements within the Map. This integration of storytelling and visualization strengthens experiential learning and supports the ongoing construction and consolidation of identity over time, facilitating the translation of insight into more stable self-narratives and adaptive action.

Metacognitive Regulation

Metacognitive regulation is a secondary mechanism of change in the Odyssey Approach. Clients engage with their Core Design through the Compass, identifying maladaptive schemas and cognitive distortions that influence their behavior. This process mirrors cognitive–behavioral interventions, such as thought records or schema work, but extends them through experiential and imaginative components, allowing clients to examine the validity and functional utility of their beliefs in real time.

For example, a client who identifies a Core Design of “I am not enough” uses the Compass to locate supporting evidence (East), identify strengths and adaptive capacities (South), and explore antecedents and contextual triggers (West). This process enables cognitive

restructuring in vivo, particularly when integrated with contrasting perspectives from the light map, supporting flexible thinking and reducing overgeneralization and catastrophizing.

Repeated engagement strengthens metacognitive awareness and self-monitoring. Over time, clients become more able to recognize when the Veiled Self is shaping interpretation and behavior, creating opportunities for more intentional, value-consistent responding.

Emotional Distancing

The Odyssey Approach may support emotional regulation and integration through narrative, reflection, and structured visualization. Storytelling, whether personal, mythic, or culturally derived, creates psychological distance that allows clients to engage with intense emotional material without becoming overwhelmed.

Third-person narrative facilitates such emotional distancing by enabling the observation of emotional patterns, such as anger, fear, sadness, or shame, from a reflective standpoint. This distancing, combined with structured reflection through the Compass and the Map, supports emotional insight and may reduce maladaptive reactivity while increasing self-compassion. Furthermore, engaging with multiple narrative perspectives distant from oneself, including mythic narratives such as the separation of Rangi and Papa or personal narratives reframed through the Astral Self, fosters empathy, perspective-taking, and affective flexibility. These capacities are closely associated with resilience and adaptive interpersonal functioning.

Cultural/Contextual Framing

The Odyssey Approach incorporates cultural and contextual awareness as an interpretive layer that shapes meaning-making. It draws on Indigenous and cross-cultural narrative traditions,

which have been proposed to influence psychological processes through relational and meaning-based pathways (Durie et al., 2009; Gone, 2013).

Rather than functioning as a mechanism of change, cultural framing is conceptualized as a contextual influence that may shape how experiences are interpreted within therapy. These narrative influences are situated within a broader tradition of storytelling in psychotherapy, including narrative therapy (Angus & McLeod, 2004; White & Epston, 1990) and myth-based approaches to meaning-making (Bruner, 1990).

Māori narrative frameworks such as Mahi a Atua are included as conceptual inspiration for understanding storytelling as relational and contextually embedded (Kopua et al., 2020). However, the Odyssey Approach does not claim equivalence with these frameworks, and their inclusion is intended to reflect thematic resonance rather than replication.

Language System

A defining feature of the Odyssey Approach is its intentional use of recontextualizing language to operationalize psychological processes within a narrative and experiential framework. Immersive language functions as a facilitative scaffolding system that supports engagement, cognitive accessibility, and reflective meaning-making, but is not proposed as an independent mechanism of change. Rather, it enhances core therapeutic processes by shaping how experiences are interpreted, organized, and communicated. This approach is consistent with constructivist and narrative traditions in psychotherapy that emphasize the role of language and metaphor in the construction of psychological meaning and therapeutic engagement (Angus & McLeod, 2004; Bruner, 1990; White & Epston, 1990).

Within the Odyssey Approach, clients are referred to as Voyagers, reflecting the developmental and exploratory nature of identity formation during adolescence and emerging

adulthood. Practitioners are conceptualized as Guides, emphasizing a collaborative role that supports reflection and growth, while therapeutic goals are framed as Quests, situating change within a meaningful, values-oriented trajectory rather than symptom reduction alone (Johnston, 2024).

The self is similarly reframed as a multidimensional and evolving system. The model distinguishes between adaptive (Astral Self) and vulnerable (Veiled Self) aspects of experience, consistent with integrative perspectives that emphasize complexity, multiplicity, and contextual variation in self-organization (Fonagy et al., 2016; McAdams & McLean, 2013). Psychological experiences are therefore understood as part of an ongoing process of navigation rather than pathology, supporting flexible and non-stigmatizing engagement with internal experience.

This linguistic framework translates established clinical constructs into experiential categories that may be more accessible and personally meaningful (e.g., maladaptive core beliefs, attachment insecurity, and cognitive distortions are reframed through concepts such as the Veiled Self, relational patterns, and Compass quadrants). Research suggests that the language used to structure experience can influence emotional engagement, therapeutic alliance, and openness to change (Bruner, 1990; Levitt et al., 2016; Norcross & Wampold, 2011). Accordingly, embedding psychological constructs within a coherent metaphorical framework may enhance narrative coherence and reduce the psychological distance between insight and action.

Importantly, this use of immersive language is not intended as a superficial rebranding of established constructs, but as a translational strategy designed to increase accessibility, engagement, and emotional resonance while maintaining theoretical fidelity. This distinction is particularly relevant for adolescent and emerging adult populations, where metaphorical and narrative language may align with developmental capacities for abstraction and imagination

while reducing resistance associated with clinical terminology (Blakemore & Mills, 2014). Given the consistent association between engagement and treatment outcomes, this translational function may represent an important contribution to integrative psychotherapy practice (Norcross & Lambert, 2019).

Integration of Mechanisms

Ultimately, the Odyssey Approach establishes a dynamic interplay of cognitive, emotional, relational, and narrative mechanisms, situated within a cultural and ethical framework. Each component strengthens the others: cognitive reflection informs narrative reframing, narrative insight supports emotional processing, relational dynamics shape adaptive responding, while cultural framing situates interpretation within broader contexts of meaning.

Consider a Voyager reflecting on a history of relational conflict. They might first identify maladaptive beliefs, such as “I am not heard,” and explore supporting evidence through the Compass. Storytelling allows them to examine the experience from multiple perspectives, gaining insight into patterns of interaction and personal response. Here, the use of Mahi a Atua-informed storytelling aims to provide a culturally grounded lens, ancestral wisdom, and relational responsibilities that may inform possible courses of action. Cultural framing is not proposed as a universal mechanism of change, but as a contextual meaning system that may modulate the engagement with therapy and the interpretation of experiences.

Finally, the Voyager integrates these insights into practical strategies for future relationships, with support from the Guide in collaboratively refining, adapting, or extending the strategies generated within the process. This may include both client-generated solutions and therapist-guided suggestions, depending on the clinical context and the needs of the individual. This multi-layered process engages the cognitive, emotional, relational, and contextual

dimensions simultaneously, supporting the development of adaptive functioning, self-efficacy, and agency. In particular, by integrating narrative, reflection, and contextual meaning-making, the Odyssey Approach is proposed to support sustained personal growth. Taken together, these mechanisms are presented as a conceptual, integrative model intended to generate hypotheses regarding therapeutic process rather than to assert established causal pathways.

Practical Implementation and Clinical Implications

The Odyssey Approach contributes to the integrative psychotherapy literature by conceptualizing engagement as a mechanism of change rather than merely a precondition for treatment. Although alliance, motivation, and participation are widely recognized as important therapeutic factors (Flückiger et al., 2018; Norcross & Wampold, 2011; Norcross & Lambert, 2019), they are rarely operationalized within the intervention itself despite evidence linking engagement and therapeutic relationship processes to outcomes and dropout rates (de Haan et al., 2013; Hauber et al., 2020; Sijercic et al., 2021). By embedding engagement within visual, narrative, and metacognitive processes, the Odyssey Approach positions accessibility, meaning-making, and agency as central therapeutic functions.

Implementation involves the coordinated use of the Map, Compass, Constellation, and Storytelling processes, with the Guide facilitating reflection, pattern recognition, and collaborative formulation. The model is intended for application across developmental stages and clinical contexts, with particular relevance for adolescents and emerging adults, for whom narrative and identity-focused approaches may enhance engagement (Blakemore & Mills, 2014; McAdams, 2001). Overall, the Odyssey Approach translates integrative psychological principles into an experiential framework designed to promote self-compassion, agency, resilience, and narrative coherence.

Limitations

Several limitations warrant consideration. First, the Odyssey Approach remains a preliminary conceptual framework and has not yet been subjected to empirical evaluation. Consequently, claims regarding effectiveness are theoretical and intended to generate hypotheses rather than provide evidence of clinical efficacy.

Second, some components of the Constellation incorporate typological and reflective frameworks, including the MBTI and relational preference models such as “love languages.” These are used as non-diagnostic narrative heuristics rather than psychometric instruments; however, their inclusion may be viewed as lacking empirical rigor and may require refinement or replacement with validated alternatives in future iterations.

Third, the model’s emphasis on metaphorical and narrative processes may not align with all clients’ cognitive styles, cultural contexts, or treatment preferences. Although such approaches may enhance engagement and meaning-making for some individuals, others may prefer more concrete or symptom-focused interventions.

Finally, the integration of culturally informed narrative influences requires ongoing ethical reflection and contextual sensitivity. The Odyssey Approach does not claim equivalence with Indigenous frameworks, but draws inspiration from broader traditions of storytelling and meaning-making. Their responsible application requires careful attention to context, therapist positioning, and client cultural identity.

Overall, the Odyssey Approach does not propose novel mechanisms of change, but rather a novel integration and organization of established therapeutic processes intended to enhance engagement, coherence, and accessibility.

Future Directions

Future research should evaluate the feasibility, acceptability, and effectiveness of the Odyssey Approach across diverse clinical populations, particularly adolescents and emerging adults. Studies should examine both outcomes and proposed mechanisms of change, including narrative identity development, metacognitive awareness, emotional distancing, and relational functioning. Longitudinal, controlled, and process-oriented designs may help clarify how these mechanisms operate over time and identify moderating factors such as developmental stage, cognitive style, and cultural context. Future work should also examine cultural adaptability and the potential of digital and hybrid formats to enhance accessibility and scalability.

Conclusion

The Odyssey Approach is an integrative, metacognitive-based framework that synthesizes cognitive-behavioral, psychodynamic, humanistic, narrative, and culturally grounded principles within a coherent experiential model. By organizing therapeutic work through visual, narrative, and reflective processes, it seeks to enhance engagement, meaning-making, and adaptive self-development among adolescents and emerging adults.

Its primary contribution lies not in proposing new mechanisms of change, but in offering a structured integration of established therapeutic principles that operationalizes engagement as an intentional component of treatment design. Continued empirical evaluation, cultural adaptation, and theoretical refinement will be necessary to establish its clinical utility. If supported by future research, the Odyssey Approach may offer a promising framework for enhancing accessibility, coherence, and engagement within integrative psychotherapy.

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