

Positive Psychology and Spirituality in Counselling and Psychotherapy

edited by

Christian R. Bellehumeur
Christopher Kam
Judith Malette
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POSITIVE PSYCHOLOGY AND SPIRITUALITY
IN COUNSELLING AND PSYCHOTHERAPY

CONFLICT, ETHICS, AND SPIRITUALITY

12

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Martin Blais

Judith Malette

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Introduction to *Positive Psychology and Spirituality* in *Counselling and Psychotherapy*

Christian R. Bellehumeur

The origins of this book date back to an international conference held at Saint Paul University in March 2016 on the theme: *Positive Psychology and Spirituality*. The main organizers (the first and third co-editors of this book) were delighted to receive professor and clinical psychologist, Kenneth Pargament, as a keynote speaker. This renowned expert in the psychology of religion and spirituality (see Chapter 4), confirmed our growing sense of the importance of the nuanced integration of both fields: positive psychology and spirituality. In a sense, many notions that have inspired the humanist school of psychotherapy from Carl Rogers (i.e. authenticity, unconditional positive regard and acceptance) are rooted in pastoral counselling and Christian spirituality (Tisdale, 1990; cf. John 8:32, Romans 15:7, Hebrews 5:2; see Schmid, 2005, p. 79). This is important to note, since the humanistic school is considered a major influence on positive psychology (Shankland, 2019). Apparently, it seems like some spiritual and religious concepts (e.g. caring for the poor, compassion) have been transformed over the years into more secular (and humanistic) terms (e.g. “empathy”) and eventually have adopted more scholarly vernacular (as well as an empirical tone, e.g. “altruism”). Yet, the underlying ideas of caring for those suffering remain essential for the evolving word choice. So, why is there a need to propose a book combining positive psychology and spirituality?

The various chapters of this book attempt to deepen our understanding of the unique contributions of both positive psychology and spirituality to the field of psychotherapy and mental health. They aim to discuss the distinct yet complementary contributions from both domains. Emerging from our international conference in March 2016, a French-speaking book was first published, through *Presses de l'Université Laval* (2019, co-edited by the first and third co-authors of this current book). The present book is in continuity with the French book for an English-speaking audience. As this book is being reviewed, recent surveys show that the mental health of many people has been more affected than before as we (hopefully) move out of the pandemic on a global scale and

into a new world with a much greater sensitivity to mental and spiritual health.

This book has multiple voices singing in the choir of integration. The editors have conducted this symphony of twelve scholars and/or clinicians to the melodic blending of positive psychology and spirituality. Each chapter explores this integration and complexity with uniqueness in integrative insight. The twelve authors come from various universities in Canada (Quebec and Ontario) and abroad (Vietnam). They also come from different ethnic and/or cultural backgrounds (Poland, China, the Middle East, French and English Canada, etc.). This speaks to the broad intercultural diversity highlighted in many chapters.

Overall, this book seeks to provide a contemporary overview of some recent contributions from researchers and professionals who are interested in studying the impact of positive psychology and spirituality/religion in the field of psychotherapy and counselling. Here, there is critical analysis from multiple angles of integration that results in balancing various important factors of consideration. The book invites readers to enjoy the complexity of the relationship between positive psychology and spirituality in the context of psychotherapy and creates the space for important professional dialogue. Healthy spirituality and/or traditional religion tend(s) to embrace both the positive and the negative of humankind. With this line of thinking, this book aims to deepen our empirical and theoretically-based understanding of various issues pertaining to being human (i.e. spirituality) with positive psychology within the context of psychotherapy and counselling. We include works that offer different perspectives from the psychological, spiritual, anthropological as well as both contemporary and ancient philosophical dimensions. There are several selected topics explored with academic rigour. This book is divided in three sections. Here, we provide a brief description of the nine chapters of this book, along with the concluding chapter (Chapter 10).

In the first part, we present theoretical reflections on various themes. Four chapters, based on multiple frameworks, are included:

Chapter 1 (by Christian R. Bellehumeur and Judith Malette) proposes an integration of four main concepts of positive psychology (such as virtues, psychological well-being, meaning and flow) and associated concepts of “True Pleasure” understood from the lens of Father Yvon Saint-Arnaud. Saint-Arnaud is considered one of the pioneers of pastoral counselling in French Canada. The main goal of this chapter is to propose

parallels which can be drawn between these four main concepts of positive psychology: virtues, well-being, meaning and flow, with Yvon Saint-Arnaud's (2002) concept of true pleasure. This chapter is divided into four sections. The first will focus on the definition and types of true pleasure according to Saint-Arnaud (2002). The second, third and fourth sections will further expand on this notion of true pleasure with regard to the above mentioned positive psychology concepts. We will conclude with some thoughts on true pleasure as a source of healing which echoes resilience (Wong's fourth pillar of positive psychology 2.0).

Chapter 2 (by Christian R. Bellehumeur) addresses the following questions: (1) In times of suffering and distress (such as the COVID-19 pandemic), how can we take better care of ourselves while fostering global well-being? (2) In times of compulsory confinement, how can we optimize our awareness of our interdependence with others and improve the quality of our relationships? In order to answer these two questions, this chapter pursues two main goals. The first is to present the essence of these four psychological frameworks: (1) Positive Psychology (first and second waves); (2) Mindfulness; (3) Ecopsychology and (4) Transpersonal Psychology. The second objective draws some parallels between these four psychological frameworks, highlighting some of their similarities and differences. The author explores how positive psychology and mindfulness can both shed light on the first question ("How does one take good care of oneself?") by focusing on their similarities: they both can foster well-being and improve the quality of interpersonal relationships (Shankland & André, 2014). The other two frameworks, ecopsychology and transpersonal psychology, are explored to answer the second question ("How does one optimize awareness of our interdependence with others?") through the terms 'connection' and 'nonduality' (Davis, 2011).

Chapter 3 (by Andrzej K. Jastrzębski) presents a rich integration between ancient and classical understandings of truth, goodness, and beauty (e.g. Aristotle, 1925) with contemporary empirical research, modern day concepts and operationalizations. Here, we look at the ancient values of the human being (truth, goodness and beauty) as they appear in classical metaphysics. The ancient understanding of these three virtues were outlined as a priori understandings based on observation. Today we already have significant empirical research (*a posteriori*) that demonstrates how these concepts function and shape human life.

This chapter attempts to explore a potential bridge between the philosophically and religiously-oriented conceptualization of truth, goodness, and beauty and their contemporary operationalizations in psychology. In particular, the research of beauty has become the potential path to arrive at two other ends: goodness and truth.

Chapter 4 (by Christian R. Bellehumeur and Stéphanie Larrue) revisits concepts and models of spirituality of two well-established researchers in the field of psychology of religion and spirituality, both of whom are also clinical psychologists: Paul Wong (2010) and Kenneth Pargament (2007). This chapter focuses on how both authors conceive spiritual processes as being dynamic: namely Pargament's spiritual processes (i.e. discovery, conservation and transformation) and Wong's ABCDE pathway. The authors will then present some commonalities between these two models of spirituality through these two respective pathways (or processes) of the human psyche. Furthermore, given the importance of interdisciplinary and intercultural dimensions in counselling and psychotherapy, one step further will be taken to briefly examine Wong's and Pargament's distinct views of spirituality through the lens of a third framework, which comes originally from the fields of both philosophy and anthropology: Gilbert Durand's (2016) *Anthropological Structures of the Imaginary* (ASI). Bellehumeur (2014) has previously presented this framework as being relevant for the field of counselling, psychotherapy and spirituality.

The second part is devoted to empirical research. Three chapters present various findings from diverse ethnic and/or cultural samples.

Chapter 5 (by Winnie P.W. Yeung and Christian R. Bellehumeur) integrates Wong's (2011) second wave positive psychology's nature of the dialectic ("Yin-Yang" concept) with an empirical study of Second Generation Chinese Canadians (SGCC) in the context of dual identities. The first section of this chapter presents the distinction between first wave positive psychology from the second wave, followed by a brief overview of Durand's (1999, 2016) theory on the *Anthropological Structures of the Imaginary* (ASI) and its links to dialectical balance. The second section presents a brief overview of the methods and main findings of Yeung's (2018) doctoral dissertation, collected using the *Anthropological Test of the Nine Elements* (AT.9) and semi-structured interview analysis. Because SGCC have to navigate between western and eastern cultures, particularly the Canadian mainstream culture and their Chinese culture of origin (of their parents), the authors argue

that both second wave positive psychology and Durand's theory of the ASI are relevant in helping to understand the dialectical dimension of well-being.

Chapter 6 (by Wala'a Farahat, Judith Malette, and Cynthia Bilodeau) present an empirical study, based on the Master's thesis: Second-Generation Arab Immigrants and Differentiation (Farahat & Rovers, 2017). This chapter introduces second wave positive psychology (PP 2.0, Wong, 2011) as a possible avenue for addressing cultural differences often encountered in therapy. The authors discuss how positive psychology 2.0 principles (such as mature wellbeing, dialectical processes, eastern influences of wellbeing, and character strengths and virtues) help to understand the differentiation of self for second-generation Arab immigrants (living in Canada). For example, the authors found that although the concept of differentiation may be universal, the items used to assess an individual's differentiation may differ. They also point to the importance of understanding what constitutes healthy differentiation which may differ according to a given culture. In sum, the data collected from this research was further analyzed through PP 2.0 to explore more culturally-relevant approaches to psychotherapy. Here, the importance of self-reflection, informed curiosity, storytelling and thickening narratives to deepen the understanding of clients' cultural context and meaning making are discussed.

Chapter 7 (by Thanh Tu Nguyen, Judith Malette, and Thanh Vi Trinh) explores, through a case study, the notion of resilience through the lens of art therapy in relation to experiences of child sexual abuse and ethical issues in Vietnam. Here, art therapy (Malchiodi, 2020) is seen as a meaningful approach to allow survivors to have a creative, safe and free space to express their feelings and make new choices to heal in their lives. The authors first outline the nature of art therapy followed by its application to child sexual abuse. Following this, a case study is presented to support the claim that when a child living with sexual abuse is heard, understood and respected in the therapeutic process, resilience gradually can emerge. Further recommendations on ethical issues need to be taken into consideration to protect the child's integrity and family.

The third part is divided in three distinct chapters which all present several professional considerations on different themes.

Chapter 8 (by Leila Osman and Christian R. Bellehumeur) discusses the effects of the therapist's mindfulness on the therapy process. It does

so by exploring the potential benefits and challenges of the therapist's mindfulness practice. Since its emergence in the West, mindfulness has become regarded as a valuable and effective therapeutic tool. Westernized by Jon Kabat-Zinn (2013), mindfulness's foundations stretch back to ancient Buddhism. The authors will first explore the foundations of mindfulness, followed by the shifts and transformations it has undergone while taking shape as a popular therapeutic tool. In contemporary research, the effect of mindfulness as a therapeutic tool has been well researched. However, the exploration of the effects of the therapists' use of mindfulness, particularly on clinical and relational aspects of therapy, has been less documented. The goal of the current research was twofold: to illustrate the possible benefits and potential challenges of the therapist's use of mindfulness practice on therapy, and to explore therapeutic outcomes and limitations. The possible implications for psychotherapy and therapeutic practice are discussed as well as future areas of research.

Chapter 9 (by Alexandre Brien, Cynthia Bilodeau, and Reginald Savard) discuss the nature of self-compassion (Neff, 2003) and highlight how its benefits can transfer over to the clinical supervision process for psychotherapy. Supervision is one of the most effective ways for developing skills in counsellors and psychotherapists in training. However, the effectiveness relies largely on the supervisee's commitment to the process and openness in sharing their experience, doubts and questions with supervisors. When shame and anxiety are in the learning context, this can be particularly difficult. To prevent this, encouraging supervisees to have self-compassion can positively contribute to the supervision process and support one's development as a therapist. There is ample support for the benefits of self-compassion in the training of counsellors and psychotherapists. In this chapter, the authors attempt to translate this knowledge into the context of clinical supervision to assist in facilitating the learning and professional development of supervisees. Here, it is argued that supervisors can model, attend to the supervisory alliance, and transform one's self-awareness and critical self-talk into the development of self-compassion.

To conclude the book, *chapter 10* (by Christian B. Bellehumeur) proposes a brief reflection on the overall topic of the integration of positive psychology and spirituality based on scientific findings in the current context of climate change. Firstly, he points to the fact that climate change carries a mix of empirical evidence and uncertainty as to how and

when it will exactly occur. Secondly, climate change is seen as an emerging global issue impacting other complex issues, requiring a multidisciplinary approach. Thirdly, he highlights the relevance of Pope Francis' (2015) notion of integral ecology and suggests that this book's nine chapters may embrace it. Fourthly, the author suggests that climate change calls upon a new way to envision the world, such as the spirituality of paradox (Tickerhoof, 2002). Lastly, because our relationship with nature may have become somewhat paradoxical, the author proposes to refer to humans as symbolic beings (Durand's notion of *homo symbolicus*, already briefly discussed in chapters 4 and 5) in order to envision ways to cope and adapt with the current climate crisis.

References

- Aristotle (1925). *The Nicomachean ethics: Book II*. (W. D. Ross, Trans.). The Internet Classics Archive. <http://classics.mit.edu/Aristotle/nicomachaen.2.ii.html> (Original work published ca. 350 B.C.E.).
- Bellehumeur, C.R. (2014). Proposition de deux approches pour la recherche en counseling, psychothérapie et spiritualité: l'herméneutique de Paul Ricœur et l'anthropologie de Gilbert Durand. *Counselling and Spirituality*, 33(2), 107-135.
- Bellehumeur, C.R., & Malette, J. (Eds.). (2019) *Psychologie positive et spiritualité en psychothérapie: fondements, recherches et applications*. Québec: Presses de l'Université Laval.
- Davis, J.V. (2011). Ecopsychology, transpersonal psychology, and nonduality. *International Journal of Transpersonal Studies*, 30, 89-100.
- Durand, G. (1999). *The anthropological structures of the imaginary*. Brisbane, Australia: Boombana.
- Durand, G. (2016). *Les structures anthropologiques de l'imaginaire: Introduction à l'archétypologie générale* (12th Edition). Paris: Dunod. doi: 10.3917/dunod.duran.2016.01
- Farahat, W., & Rovers, M. (2017). *Second-generation Arab immigrants and differentiation* [Unpublished Master thesis]. Saint Paul University. https://ruor.uottawa.ca/bitstream/10393/36210/1/Farahat_Walaa_2017_thesis.pdf
- Francis. (2015, May 24). *Encyclical letter LAUDATO SI' of the holy father Francis on care for our common home*. The Holy See http://w2.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si.html
- Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness* (2nd ed.). New York: Bantam Books Trade Paperback.
- Malchiodi, C.A. (2020). *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process*. New York: Guilford Press.

- Neff, K.D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85-101. doi: 10.1080/15298860309032
- Pargament, K.I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: Guilford Press.
- Saint-Arnaud, Y. (2002). *La guérison par le plaisir*. Ottawa: Université Saint-Paul, Novalis.
- Schmid, P.F. (2005). La rencontre interpersonnelle dans le contexte social et théologique de la koinonia. Du rapport entre pastorale et counselling. *Approche Centrée sur la Personne. Pratique et recherche*, 1(1), 73-94.
- Shankland, R. (2019). *La psychologie positive*. Paris: Dunod.
- Shankland, R. & André, C. (2014). Pleine conscience et psychologie positive: incompatibilité ou complémentarité? *Revue québécoise de psychologie*, 35(2), 1-25.
- Tickerhoof, B. (2002). *Paradox: the spiritual path to transformation*. Waterford, CT: Twenty-Third Publications.
- Tisdale, J. (1990). Humanistic Psychotherapy Assumptions and Christian Counseling. *Journal of Religion and Health*, 29(3), 175-191.
- Wong, P.T.P. (2010). Meaning therapy: An integrative and positive existential psychotherapy. *Journal of Contemporary Psychotherapy*, 40(2), 85-99.
- Wong, P.T.P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology*, 52(2), 69-81.
- Yeung, W.P.W. (2018). *Imaginary, spirituality and subjective well-being of second-generation Chinese Canadians: Exploring the lived experience of well-being in a bicultural environment* [Unpublished Doctoral dissertation]. Saint Paul University.

PART I

Theoretical Reflections:
Contributions from Multiple Frameworks

Chapter 1

Drawing Parallels between Key Concepts of Positive Psychology (Virtues, Psychological Well-being, Meaning and Flow) and Yvon Saint-Arnaud's Ideas on True Pleasure

Christian R. Bellehumeur & Judith Malette

Introduction

Aristotle (ca. 350 B.C.E./1925) first proposed happiness as an outcome of being and acting in the most virtuous way and the telos, the ultimate goal and meaning of life. Peterson and Seligman (2004) have since modernized the notion of virtue. They claimed their new repertory of virtues and character strengths (the so-called Values-In-Action (VIA) approach) was a positive and complementary alternative to the DSM-IV-TR (now the DSM-5), which focuses on psychopathology. In line with the popularity of the VIA approach, studies on well-being¹ have soared, linking this concept to various aspects of people's lives². Furthermore, two other concepts, meaning (Wong, 2011) and flow (Csikszentmihalyi, 1990), have been identified as key concepts with regards to fostering both happiness and well-being (Seligman, 2011).

By choosing to focus on the positive aspects of human existence (such as virtues, personal strengths, psychological well-being, flow, meaning or purpose), positive psychology brings to the fore areas essential to human happiness too long left fallow since the beginnings of scientific psychology (Seligman & Csikszentmihalyi, 2000). Wong (2009, 2010) further developed positive psychology and coined the term second wave positive

¹ Namely, subjective well-being (Diener, 1984) and psychological well-being (Ryff, 1989) which will be defined further in this chapter.

² For example, subjective well-being is linked to culture (Diener & Suh, 2000; Oishi & Diener, 2001), to job outcomes (Diener et al., 2002), to quality of life (Diener & Diener, 1995) as well as to personality (Diener & Lucas, 1999). Psychological well-being is linked to various factors (such as personality, experiences in family life, work and other community activities, physical health and biological regulation (Ryff, 2014).

psychology (or PP 2.0). The four pillars of PP 2.0 are: virtue, well-being, meaning, and resilience (Wong, 2011).

The main goal of this chapter is to propose parallels which can be drawn between these four main concepts of PP – virtues, well-being, meaning and flow, with Yvon Saint-Arnaud (2002)’s concept of true pleasure. This chapter is divided into four sections. The first section will focus on the definition and types of true pleasure according to Saint-Arnaud (2002). The second, third and fourth sections will further expand on this notion of true pleasure with regards to the above mentioned positive psychology concepts. We will conclude with some thoughts on true pleasure as a source of healing which echoes resilience, Wong’s fourth pillar of PP 2.0.

1. The concept of true pleasure according to Yvon Saint-Arnaud

At the core of Saint-Arnaud’s ideas on pleasure are the notions of existential truth, scientific rigour, phenomenological authenticity and clinical integrity. Yvon Saint-Arnaud³ (1918-2009) was influenced by the philosophy of Aristotle when developing an original definition of pleasure. In his major work of over 650 pages, *La guérison par le plaisir [Healing through pleasure]* (2002), we can find many ideas on true pleasure. Saint-Arnaud (2002) provides a psychological definition of the term “pleasure”:

Pleasure is: a *feeling*, the meaning of which can only come from knowing the subject; an *affective state* inseparable from a certain organic movement; an *‘emotional attention’* which is first defined as an *act*: that of perceiving and feeling what is happening within us under the effect of pleasure, and secondly as a *state*, that is to say as an experience which extends into us. This aspect of extension results especially from the fact that the person can constantly bathe in this pleasure by repeating it to oneself. (Saint-Arnaud, 2002, p. 376, our translation)

Two initial questions are at the origin of his book, *Healing through Pleasure* (Saint-Arnaud, 2002): *Do human pleasures cause detectable*

³ Yvon Saint-Arnaud was an oblate priest, professor and psychologist. He can be considered among the pioneers in the field of pastoral counselling in North America (Bellehumeur, 2019). Lecturer and host of personal development seminars much appreciated in French Canada as well as in Europe (Belgium and France), he has published works such as *L'accueil intégral de l'autre* (1984) and *La relation d'aide pastorale* (1996). Those titles recognize the influence of the humanist approach, echoed by positive psychology (Shankland, 2014).

reactions throughout the body? If so, could these pleasures be healing? To answer these questions, Saint-Arnaud first relied on an original definition of pleasure borrowed from American neuro-psycho-immunologist Candace Pert (1997), in order to integrate pleasure into everyday life and to prevent and cure many common diseases. Based on data from neuro-physiology and neurochemistry, and drawing upon ideas from philosophical, social and theological sciences⁴, she demonstrated that pleasures touching the heart, body and mind can promote physical, mental and spiritual health. Her book thus shows the relevance of considering pleasure in the therapeutic treatment of diseases such as depression, cancer, asthma and heart disease⁵.

Furthermore, we are entitled to ask what pleasures we are talking about. And this is undoubtedly Yvon Saint-Arnaud's most original contribution: he offers a profound and rich reflection on the nature of true and authentic pleasure which refers, amongst others, to the ability to "enjoy the Good". The fundamental intuition of Saint-Arnaud (2002) is that the intelligence and the will lead to the Divine (to God, the Ultimate Being or the recognition of a transcendent dimension). Intelligence has its pleasures, the greatest of which are Truth, Goodness and Beauty. The pleasure of the will (in its capacity to enjoy the greatest Good also leads to the Divine. The closer someone comes to the Divine, the more their intelligence and free will are put to use. Both represent places of deliberation and appreciation of the finite or infinite value of Good⁶ (Saint-Arnaud, 2002). Saint-Arnaud uses an original way of describing two types of pleasures which he names: convex pleasure and concave pleasure. In our opinion, sensory pleasure, dependent on a genetically regulated threshold (Rashid & Csillik, 2011, p. 488), echoes the notion of "convex" pleasure proposed by Saint-Arnaud (2002) to describe ephemeral pleasures; to hint at a curved surface that cannot hold back the pleasant sensations

⁴ Father Saint-Arnaud's book presents studies from many researchers interested in the "psychosomatic" aspect of healing, each in their field of expertise – molecular biology, psychoneuroimmunology, cardiology, education, behaviorism, and so forth – and their works are almost all cited, recognized, and integrated (i.e. those of Norman Cousins, Mihaly Csikszentmihalyi, Daniel Goleman, Dean Ornish, and Candace Pert to name a few).

⁵ There are indeed according to the author, communication networks inside the body which cause the effects of pleasure, taking different paths to reach the nervous, endocrine and immune systems, to be felt on the body's organs (Saint-Arnaud, 2002, p. 81).

⁶ What is considered good for the human person will be developed later in this chapter. In summary, this is related to living one's life according to one's Fundamental Value which will also be discussed later in this chapter.

experienced for a long time. Saint-Arnaud was not in favour of “fun therapy” (in French, “rigolothérapie”) because it was experienced as a superficial tool, sometimes rather disconnected from deep values⁷.

On the other hand, Yvon Saint-Arnaud (2002) suggests the existence of “concave” pleasures, referring to the hollow part of the surface curved within. This refers to pleasures that we can better contain. These lasting pleasures are intellectual or spiritual in nature, closer to those felt when a person engages in meaningful activities, which require some effort and practice. One can then become fully absorbed by them at first and completely committed to them in the long term (Rashid & Csillik, 2011, p. 488).

Regarding the experience of pleasure, Saint-Arnaud (2002) makes two important clarifications, the first concerning the meaning of the phenomenon of pleasure, the second, the meaning of the terms experience and experimentation. With regards to the phenomenon of pleasure, he specifies that pleasure consists in the experience of a euphoria simultaneously lived at the physical, psychological and spiritual levels. This delicious⁸ euphoria comes from a harmonious correspondence between who we are as people and what we savour as being good for us. We are in a state of true pleasure when what we enjoy and the way we live that enjoyment both promote our quality as human beings. With regards to the meaning of the terms experience and experimentation⁹, he pointed out that the term most often used seemed to be that of “experience”. In everyday language, it designates the experience, felt consciously or not by a person, of a particular physical, psychological or spiritual event. For Saint-Arnaud (2002), it is possible to scientifically link good and pleasure thanks to the observation of Candace Pert:

Whenever we act in a way that is better for us, we are rewarded with a flood of pleasure. As our survival requires more and more intelligence and learning, it follows that intelligence and learning are “good”

⁷ Speaking of value, Saint-Arnaud (2002) coined the term “the good most yearned for” (GMYF) (in French, *Le-Bien-le-Plus-Recherché*, or BLPR), also called Fundamental Value (FV) by Morin (2016). The FV, borrowed from Aristotle, is a superior or ultimate good preferred by the individual to any other good (Morin, 2001) by the person and is one’s own particular way of being turned towards the Absolute or the Supreme Good. This will be further discussed in this chapter.

⁸ Saint-Arnaud often uses the term “delicious” in reference to the notion of will which is a faculty capable to “taste” (authentic) pleasures (Belzile, 2019).

⁹ The term “experimentation” used especially in the scientific field, defines the programming and then the rigorous application of a set of controlled conditions to verify whether a given experimental design will produce certain expected effects.

for us as a species and are rewarded with pleasure. Endorphins act ... as a reward for survival-oriented driving, that is, intelligent driving. (Saint-Arnaud, 2002, p. 400)

According to Saint-Arnaud, Candace Pert provides the essential benchmarks for the possible success of our inquiry into healing by pleasure. For there to be truly human pleasure, we must acknowledge: 1- The fundamental connection between our learning behaviour, intelligence and the good in accordance with our human nature; 2- The characteristic link between human good and pleasure; 3- The psycho-neuro-physiological repercussions (e.g. endorphins) of intelligent human behavior on pleasure. Table I describes eight main types of pleasure identified by Saint-Arnaud (2002).

Table I: Different types of pleasure (Saint-Arnaud, 2002).

Types of pleasure	Definitions and associated domains of research
Pleasure of knowing	Genuine spiritual pleasures arise from activity that rewards our intelligence; the most intense pleasure is experienced upon uncovering the hidden meaning of beings and things, their invisible nature or mystery. Such is the pleasure linked to artistic, philosophical, and scientific discovery. One can perceive how such pleasure arouses rapture capable of projecting the person into the timeless, inexhaustible delight of a moment of eternity.
Pleasure of loving	Ten common findings: (1) mutual appreciation: making each other feel it is worthwhile to exist; (2) self-forgetting (<i>"sortie de soi"</i>): love between two or more people requires a certain amount of it; (3) spontaneity: the unique pleasure of spontaneous play and creativity; (4) the sense of security brought about and constantly renewed by the daily promise of lasting love; (5) fertility, spiritual as well as physical, seems to best illustrate the bliss of true love; (6) creativity: love inspires us to create something new, original, and unique; here, we are the author of something; (7) friendship: the purest jewel when lived in a true spirit of giving; (8) energy: love fills us with this alongside joy, courage and generosity; (9) intimacy: the intense desire to be close to one another requires the mutual transparency necessary for authentic love; (10) commitment: it is almost impossible to experience a real romantic encounter, even a temporary one, without experiencing total commitment through caring actively for one another.
Pleasure of creativity	This pleasure relates to our own dignity. Because we are free, we are responsible for our conduct. This gives us creative freedom, the scope of which is immeasurable and enables enjoyment which hardly has any limits. Self-determination pushes human beings to create situations which enhance our lives through extra-

Types of pleasure	Definitions and associated domains of research
	<p>ordinary experiences. Such experiences are expressed through our ability to engage in various activities: (1) challenging ourselves to grow using our actual talents; (2) doing so in a way that facilitates a greater inner balance which in turn opens opportunities for even greater self-expression. This enables us to experience ever more intense, even ecstatic pleasure (i.e. "flow"), as the challenge of using our skills in a way that nurtures and balances can bring about increasingly deeper levels of personal satisfaction.</p>
<p>Pleasure of true relaxation</p>	<p>A well-adjusted dose of tension, or stress, is essential for optimal functioning. For example, biofeedback can help us find the right balance between tension and relaxation. The particular pleasure of relaxation seems to come from the harmony it promotes within the continual interaction between the physical and the spiritual, as well as between the elements proper to the collaboration of all our systems with each other, as relaxation promotes well-being. The experience of laughter shows the tonic and relaxing effects. The beauty of nature is an inexhaustible source of pleasure; that delight comes from the extraordinary quality of harmony that emerges from nature. Meditation and prayer can also promote relaxation.</p>
<p>Pleasure of self-esteem</p>	<p>To experience pleasure, one must know how to appreciate oneself as human, because this type of pleasure involves the enjoyment of our human dignity. Pleasure is above all a festive explosion of the rapture that one feels about one's human powers: linked to learning and understanding, as well as exercising the superior human values of truth, kindness, justice, beauty, love, loyalty, respect, invention, generosity, altruism and freedom. No one can appreciate themselves without being proud of their demonstrable skills and everything else that can make them lovable. To feel proud of our growth potential and to value ourselves is to take pleasure in our humanity.</p>
<p>Pleasure of interpersonal relationships</p>	<p>Five aspects of human growth: (1) the success of interpersonal relationships is first rooted in the very experience of pregnancy and early childhood (and later in school age). This early relationship constitutes the strain of visceral pleasure related to the very phenomenon of interpersonal relationships. (2) the millennia history of the gender difference in interpersonal relationships: one of the keys to happiness is found in the pleasure and mystery of the differences which spark the joys of revelation: of the new, the unexpected, the unpredictable, thus thwarting the boredom of routine. Such pleasure may only increase by way of astonishment, admiration and mutual appreciation. (3) the impact of the unique potential of all human-to-human exchanges: the uniqueness of any person is not primarily sexual, but individual. There</p>

Types of pleasure	Definitions and associated domains of research
	<p>is pleasure through curiosity upon meeting anyone new, stimulated by this new presence which is unexplored and hidden. If novelty is the spice of life, this one can sometimes bring us immense happiness. (4) sharing, welcoming, understanding and supporting one another allows us to gradually experience the feeling of our own self worth in the eyes of that person. (5) friendliness, that is to say the pleasure of positive relationships within society, leads to fulfillment for everyone.</p>
<p>Pleasure of being in touch with the Self</p>	<p>There is a level of depth known as the Self (Assagioli, 1993) which contains the higher values. The Self is defined as the part of ourselves which perceives, feels, desires and delights in the supreme and transcendent values. The human being has a fundamental will to transcend the limitations of his personality by uniting with someone or something bigger and higher. This transcendental aspect is particularly expressed through altruism. Through the awakening of the Self, the person is no longer satisfied with actualizing his latent potential only for personal gain, but rather increasingly wishes to manifest the transcendent and its transpersonal possibilities. Self-realisation comes through knowing how to properly embody, respect and espouse universal values: beauty, goodness, truth, justice, unity, fraternity, peace, generosity, introspection, contemplation, giving meaning to our existence, etc. It is by becoming aware of and adopting all these values that a person awakens his transpersonal Self, freeing himself to experience truly rewarding pleasures. The transpersonal Self is the best, most true and most beautiful part of oneself.</p>
<p>Pleasure of freedom</p>	<p>The experience of freedom is the feeling of power and control over one's own life. This experience gives us intense satisfaction. The impression of autonomy and freedom is crucial for the flow experience. Contact with nature is often felt as an experience of freedom, precisely because it releases stress and tensions from modern life. We can taste freedom whenever we feel delivered from our physical limits (illness, ailments), various slaveries (money, power), weaknesses (impulsivity, laziness), trauma (fears, emotional blockages), and dependencies (food, alcohol, gambling), etc. Harmonious self-control is a prerequisite to any possible form of true pleasure. It is the intelligence which demands truth as it seeks the way to true happiness. As soon as intelligence has this knowledge, it informs the will about the measure, nature and sustainability of well-being and enjoyment offered by the different kinds of goods accessible to humans.</p>

To better understand Saint-Arnaud's ideas on pleasure, the next sections will explore their links with these main concepts of PP: virtues, well-being, meaning and flow.

2. True pleasure relies on virtues as the fundamental value

According to Saint-Arnaud, the experience of true pleasure lies in the pursuit and experience of the higher good as claimed by Aristotle. He refers to the BLPR, “Le Bien le Plus Recherché”; in English, “the good mostly yearned for” (GMYF), or the fundamental value coined by Morin (2001, 2016). In his conception of true pleasure, Yvon Saint-Arnaud (2002) often refers to values: “our values are what give us the will to live ... and authentic pleasure is always linked to values” (p. 222). Why is that? Pleasure and values “are inseparable, because the two are defined in reference to the Good, meaning what is good for the human person ... The more such or such value embodies goodness, the more its enjoyment is a source of more intense pleasure” (p. 57). Elsewhere in his book, he adds: “pleasure is essentially the enjoyment of what we find good for us” (Saint-Arnaud, 2002, p. 222).

The centrality of values can be summed up in one unique core value, which expresses an individual’s self and deepest identity. Saint-Arnaud’s (1988) clinical and phenomenological observations led him to state that individuals yearn for an ultimate Fundamental Value, constituting the focal point where all other values and aspects of the psyche converge within the person. The Fundamental Value is considered to be basic, universal and transpersonal in nature. It is a dominant good that integrates, as a core value, all other goods and best expresses the person’s psycho-spiritual identity (Morin, 2003, p. 95).

In the next section, we will explore how Saint-Arnaud’s concept of Fundamental Value echoes Aristotle’s notion of virtue and practical wisdom. For Aristotle (ca. 350 B.C.E./1925), a moral virtue is defined as a disposition to behave in the right manner when faced with extremes of deficiency and excess (these extremes are called vices). Moral virtues are thought to constitute excellence in character and to be primarily learned through practice (and habits) rather than through reasoning and instruction¹⁰. In summary, a virtue refers to the idea of an action which is perfectly executed or performed (Aristotle, ca. 350 B.C.E./1925).

¹⁰ Furthermore, Aristotle (ca. 350 B.C.E./1925) uses the term ‘*phronesis*’ (or ‘*prudence*’) to determine the appropriate or acceptable dose of fear versus being intrepid in a given situation. This is an example of the different ways one can examine any given situation as they attempt to determine the best possible action to carry out. *Phronesis* relies on the repeated experience of past decisions, which has led to the creation of habits, good or bad. It is these habits which constitute one’s acquired character.

According to Aristotle (ca. 350 B.C.E./1925), everything in nature has a *telos*, or end goal. The goal of any person is to be virtuous. In order to be so, one must act morally. This requires not only that they demonstrate their moral virtues but that they also possess the intellectual virtue of prudence, or practical wisdom (Schwartz & Sharpe, 2006). This refers to Aristotle's Doctrine of the Mean or "right middle", because for each situation one must know how to adjust its position between the extremes¹¹.

In order to explain his vision of virtue, Aristotle (ca. 350 B.C.E./1925) proposes a table of virtues that are not intended as a set of exact rules to follow but rather general guidelines. According to him, a virtuous person is one who would demonstrate all the possible virtues, not as distinct qualities, but by drawing upon them as needed in different aspects of his life. In this sense, Aristotle's table¹² presents only a rough approximation of his conceptualization of virtues, and suggests that individuals will vary in how closely their virtues lie in the mean or closer to the extremes (vice) (Aristotle, ca. 350 B.C.E./1925). In sum, the idea that there are two opposites for every virtue emphasizes the importance of moderation. A virtue is achieved by finding a middle ground and not by aiming for an extreme. However, it can be a struggle to identify exactly where this middle ground lies. Aristotle (ca. 350 B.C.E./1925) argues that a truly virtuous person, through constant practice, will eventually and naturally become inclined to behave appropriately, and will have no need for rules. This is possible because of practical wisdom, which will soon be discussed.

The ideas of higher Good and core value have been studied in positive psychology (PP). In the PP framework, virtues have been a major object of study (Peterson & Seligman, 2004). The concept of "virtue" echoes

¹¹ According to Aristotle (ca. 350 B.C.E./1925), in some situations you have to be more fearful, whereas in others you have to be more fearless. For example, if an unknown person insults you on the sidewalk, it is better to continue your way out of fear of an altercation, because choosing to reply back with a fight would be considered silly and intrepid. But if someone physically threatens a loved one, it would be courageous (and normal) to get up and dare to defend that person, even if there are violent blows, because freezing in fear is not appropriate in this particular context. The brave human being always chooses the appropriate answer; sometimes he (or she) is fearful, sometimes he (or she) is fearless. "The virtuous act" could be translated as "the appropriate act".

¹² For example, courage is the mean between fear and confidence; a mean between two extremes (excess such as rashness and deficiency such as cowardice). The mean of temperance is between self-indulgence (excess) and insensibility (deficiency). Other examples are proposed for virtues such as liberality, magnificence, magnanimity, pride (proper ambition), patience (good temper), truthfulness, wittiness, friendliness, modesty, and righteous indignation (see Aristotle (ca. 350 B.C.E./1925).

the idea of moral excellence. It is valued as an important principle or foundation of good moral being (Seligman & Peterson, 2004). Bringing the ancient concept of 'virtue' in the modern era of contemporary psychology, Seligman and Peterson (2004) have proposed a classification of 6 virtues (Wisdom and Knowledge, Courage, Humanity, Justice, Temperance, Transcendence), with corresponding strengths to assess one's character strength signature (Seligman & Peterson, 2004), defined as the (usually) five most dominant character strengths that makes one particular individual unique. However, according to Kristjansson (2010), the problem of cultivating signature character strengths has been considered one of the main flaws of Peterson and Seligman's approach, because simply insisting on developing one to five character strengths that are already present and which the individual is already best at, and to strengthen those (Seligman, 2002) even at the expense of others, assumes that all strengths are independent from one another (Kristjansson, 2010).

Therefore, this may unwittingly produce individuals with certain character strengths but without character and virtue as generally understood. For example, some people accumulate knowledge but lack kindness, making them arrogant and disrespectful. A virtuous person typically possesses all virtues in various degrees (Fowers, 2008). The disposition to act virtuously requires a sound understanding of how to best act at the proper time and place, as well as showing consideration for others in a given context.

This criticism is supported by Schwartz and Sharpe (2006) "with the Aristotelian view that virtues are interdependent, that happiness (*eudaimonia*) requires all of the virtues, and that more of a virtue is not always better than less" (p. 377). Specifically, according to Schwartz and Sharpe (2006, p. 382-383), the Aristotelian perspective differs from Peterson and Seligman's (2004) perspective on "strengths and virtues" in three important ways: 1) Strengths and virtues should be understood as integrated, not independent, 2) People should strive for the mean with respect to each virtue, that more of a virtue is not always better, and 3) there is a master virtue, namely practical wisdom, essential for orchestrating the other virtues into an effective and happy life. Schwartz and Sharpe (2006) argue that the Aristotelian virtue of practical wisdom must come into play as a master virtue in order to solve problems of specificity, relevance, and conflict which can always arise whenever character strengths are translated into behaviour in real life situations. This is also observed in Saint-Arnaud's ideas on pleasure in relation to the Fundamental Value

and the transpersonal self. A great devotee of psychosynthesis, Saint-Arnaud argues that we have a "Center"¹³ (which Assagioli called the transpersonal Self) which selects a specific core value, namely a deep and fundamental value made exactly for each of us and which is the secret to our global health. This fundamental value tends towards an infinite good through which all our conflicts could find an answer. It is in the name of this quality that all tensions can be ordered and subordinated. This opens us to deep pleasure on earth, which prepares us for the joy of heaven. Joy therefore requires the learning of concave pleasure.

In sum, we can argue that Saint-Arnaud's concept of fundamental value, inspired by Aristotle, is one of the keys to understanding true pleasure. This is consistent with the relevant criticism of Schwartz and Sharpe (2006) regarding Peterson and Seligman's (2004) Values In Action (VIA) model. Because the Fundamental Value, just like Aristotle's concept of practical wisdom, has an integrative potential or capability; "it is a dominant good that integrates, as a core Value, all other goods and best expresses the person's psycho-spiritual identity; it has a unifying effect on all aspects of one's personality, and it has a transpersonal or universal quality" (Morin, 2003, p. 95).

Aside from linking pleasure with the Fundamental Value, the higher good and the notion of virtue, Saint-Arnaud (2002) states that genuine spiritual pleasure arises from the activity of intelligence. Artistic, philosophical and scientific discoveries are the ultimate pleasures of intelligence. These pleasures provide indescribable satisfaction. Furthermore, pleasure that becomes more and more durable occurs in the person who develops a particular attitude related to it, which is a way of being towards someone or something; it is a psychological disposition, a state of mind, favourable or unfavourable (Saint-Arnaud, 2002). For Saint-Arnaud (2002), "there is a deep connection between the attitudes-habits and the values dear to each person" (p. 56, our translation).

In a few words, the "good" experienced as authentic pleasure echoes that which is favourable to the health and development of the human being: knowledge, altruism, friendship, love, interpersonal relationships, self-esteem, relaxation, food, music, dance, art, creation, sexuality or meditation and prayer. This is provided that these promote harmony in the body, heart and soul. For example, it is not enough to surround

¹³ For more details on other concepts related to transpersonal psychology and psychosynthesis, see chapter 2 (by Bellehumeur) of this book.

yourself with beauty; it is important to appreciate it. Note that appreciating and savouring the present moment are themes studied in positive psychology. In order to experience true pleasure, these three dimensions (heart, body and soul) must necessarily be engaged. Otherwise, it would be better to speak of some sort of ephemeral sensations which are more of the order of excitement or escape. Saint-Arnaud (2002) adds that the more a given value embodies the good, the more its enjoyment is a source of intense true pleasure; therefore, the more it carries healing power.

3. True pleasure, will and well-being

According to Saint-Arnaud (2002), the experience of true pleasure requires the act of will (Assagioli, 1993) to foster psycho-spiritual well-being. This is because the will occupies a central place in the proper functioning of human beings. The will can direct, operate and regularize various personal functions, dynamics and conflicts; it is directly related to the concept of the personal self ('I', 'me'). In fact, the will is continuously at the service of the 'I'. The will involves, amongst other functions, conscious choices and the control of impulses (Assagioli, 1993). One of Freud's great contributions has been to expose the futility of the Victorian "force of will" (May, 1969); such a conception of the will can only atrophy other very rich aspects of the human being such as affectivity, creativity, and imagination, etc. (Saint-Arnaud, 2002). However, these findings seem to have led the modern human being to the opposite excess, to the abdication of his will (Assagioli, 1993).

Four qualities characterize the will when it is used to its full potential: strong, skillful, good and transpersonal (Assagioli, 1993). The will is also characterized by active and passive elements. The active element harmonizes the various forces of the personality to materialize them into external actions; this element seems to correspond to the forceful will, which is linked to firmness. This is the most familiar aspect of the act of will, and the seat of its power and energy. This strength of will, capable of taking charge of all areas of personal life, can develop through practice and exercise.

The passive element does not judge, but observes and notes. It corresponds to the skillful will which seems to develop all human potentials: the ability to achieve results with the minimum expenditure of energy; this depends on intelligence and aspirations. It is the more effective and satisfying role of the will since it is then the conductor (maestro, or

orchestral leader) who does not dominate his musicians but puts himself at the service of music. This aspect of the will is linked to goodness and guiding one's actions towards joy; it produces an internal harmony, satisfaction, and leads to altruism, i.e., a source of fulfillment (Ferrucci, 1982, p. 53-54). Finally, the will is also active at the transpersonal level and leads to the unification between the will of the "I", related to the centre of consciousness, with the transpersonal Self. It is through will that the individual moves from determinism to self-determination. The transpersonal will aims to realize all the possibilities of the human being, and especially the transcendent possibilities. "The Self, by its transpersonal will, is the main seeker of the Fundamental Value, while the [personal self, or the] 'I' reflection of the Self directs and adjusts the personality towards the higher aspirations of the Self, and, in particular, to the Fundamental Value which is the synthesis of all its values" (Morin, 2001, p. 157; our translation).

Saint-Arnaud (2002) has rehabilitated the meaning and function of pleasure in connection with the central role of the will. He grasped and deepened the fact that the will is not first and foremost about choosing, commanding or executing; it is about: "first a complacency, a pleasure, a preference; in short, that it is first and foremost a boundless taste for good things [values] that cannot cheat or disappoint us, and through which we can experience the most wonderful and invigorating, and least ephemeral pleasures." (Assagioli, 1993, p. 7, our translation). Finally, for Saint-Arnaud (2002), true pleasure¹⁴ has to do with something (a value, a good) to be enjoyed. In French, he often used the adjective *delicious*. Yvon Saint-Arnaud¹⁵ knew how to savour beauty, truth and goodness in those around him.

True pleasure leads to well-being, which can be either subjective or psychological. Subjective well-being has been defined by Diener (1984) and his collaborators (Diener & Lucas, 1999) as follows: tripartite, combining frequent occurrences of positive affects with infrequent occurrences of negative affects, so as to achieve life satisfaction. Ryff (1989, 2014)

¹⁴ A false pleasure could be, for example, smoking a cigarette. Although it may be pleasant for the smoker, it is not good for one's health.

¹⁵ Yvon Saint-Arnaud always seemed to enjoy life through authentic pleasures. If by chance you walked past his office while he was talking to someone, it was not uncommon to hear his contagious laughter crossing the door while still respecting discretion. This is what the first co-author of this chapter witnessed and heard from other students. Such co-author had the privilege of studying under Saint-Arnaud: a three-year training course in psychosynthesis, from 1998 to 2000.

counters with a multidimensional assessment of psychological well-being linked to autonomy, environmental mastery, personal growth, positive relations with others, life purpose, and self-acceptance. Saint-Arnaud (2002), inspired by Aristotle's *Eudaimonia*, is closer to Ryff's concept of psychological well-being. He would argue that pleasure is more than mere positive emotions and life satisfaction as described by Diener's notion of subjective well-being, which is closer to *Hedonia*. However, given the complexity of the concept of true pleasure, we could also infer that Saint-Arnaud (2002) considered both types of well-being as important, which echoes Lecomte's (2012) point of view as well.

4. True pleasure: as a source of meaning and flow

According to Saint-Arnaud (2002), true pleasure can be seen as a source of meaning and flow¹⁶. Morin (2003) describes how: "Human beings ... are inherently immersed and situated in a world that becomes meaningful to them" (p. 257). She further writes: "(...) values give meaning and purpose to life, a person's will-to-meaning is fulfilled through the actualization of values" (Croteau, 1994, p. 14, cited in Morin, 2003, p. 260).

Living life with a sense of purpose brings peace of mind and harmony. According to Wong (1998), there are at least eight main sources of meaning: (1) positive emotions and happiness; (2) self-acceptance; (3) intimacy; (4) self-transcendence and surpassing oneself; (5) religion and spirituality; (6) achievement (self-realization); (7) justice, equity, fair treatment; (8) relationships.

Furthermore, Saint-Arnaud specifies that to have a positive impact on health, all pleasures must be authentic, and thus meaningful (Dumoulin, 2003). True pleasure is experienced in our body, heart, mind, and soul; it harmonizes us, of which neither distractions nor excesses do. This harmonization function is very important: the more pleasures are deeply in line with human development, the more they are a source of harmony, have a healing power, and create healthy feelings in all aspects of our being, either alone or in the company of others. According to Saint-Arnaud (2002), harmony is a true pleasure unto itself (Saint-Arnaud, 2002).

¹⁶ According to Csíkszentmihályi (1996), a flow state (also known as being in the zone), is the mental state in which an individual performing a given activity is fully immersed in a feeling of energized focus while being fully involved in the process of the activity and enjoying it.

Furthermore, true pleasure implies balance (Saint-Arnaud, 2002, p. 398). It is linked to homeostasis of the human organism as described by Morin (2003): “[The] principle [homeostasis] explains a system’s tendency to find equilibrium (to go back to the initial state of balance or to find a new state of balance) and to ‘maintain an internal environment constant’” (Ausloos, 1985, p. 4) (Morin, 2003, p. 99 and p. 107). This echoes another relevant theme of positive psychology (Martin-Krumm & Tarquinio, 2011): harmonious passion (Vallerand et al., 2003)¹⁷.

Finally, for pleasure to be deeply human, it must necessarily promote the steadfast need of surpassing oneself as required by life:

It is the hierarchy of values that allows us to prioritize our pleasures despite their obvious differences and particular qualities. A person may seem to prefer the pleasure of alcohol, for example, to that of friendship. But this properly subjective preference can never cause alcohol to become a good superior to friendship. Objectively, friendship has within itself a clearly superior quality corresponding to what can fulfill a human being, particularly in its aspects related to intelligence and free will. It constitutes a good which better respects and promotes the conditions of personal fulfillment. ... the deeper our values, the more our pleasures are able to fulfill us (body and soul)... The more deeply our pleasures conform to our development as human beings, the more these pleasures will have a healing power as they best promote harmony in the relationship between body and spirit. (Saint-Arnaud, 2002, pp. 57-58, our translation).

This harmonization as a result of true pleasure is also seen in the context of flow, which is another well established concept of positive psychology. Csikszentmihalyi (1990) is an important researcher in the field of optimal experience. He discovered that the pleasure of reading and the pleasure of music come at the top of all the activities deemed most enjoyable by thousands of participants tested in North America as well as in Europe, South America and Asia (Saint-Arnaud, 2002). This leads us to the most important question asked by Yvon Saint-Arnaud: “Does spiritual pleasure embodied in humans serve them as effective cerebral self-stimulation? Could it be that spiritual pleasure is within us

¹⁷ Passion is defined as a strong inclination toward an activity that people like, that they find important, and in which they invest time and energy. Two types of passions are proposed: obsessive and harmonious. Obsessive passion (OP) refers to the controlling internalization of an activity into one’s identity that creates an internal pressure to engage in the activity that the person likes. Harmonious passion (HP) refers to an autonomous internalization that leads individuals to choose to engage in the activity that they like. HP promotes healthy adaptation whereas OP thwarts it by causing negative affect and rigid persistence (Vallerand et al., 2003).

the most effective stimulator of enjoyment?” Saint-Arnaud (2002) tries to answer these questions with the conclusions of Csikszentmihalyi’s research:

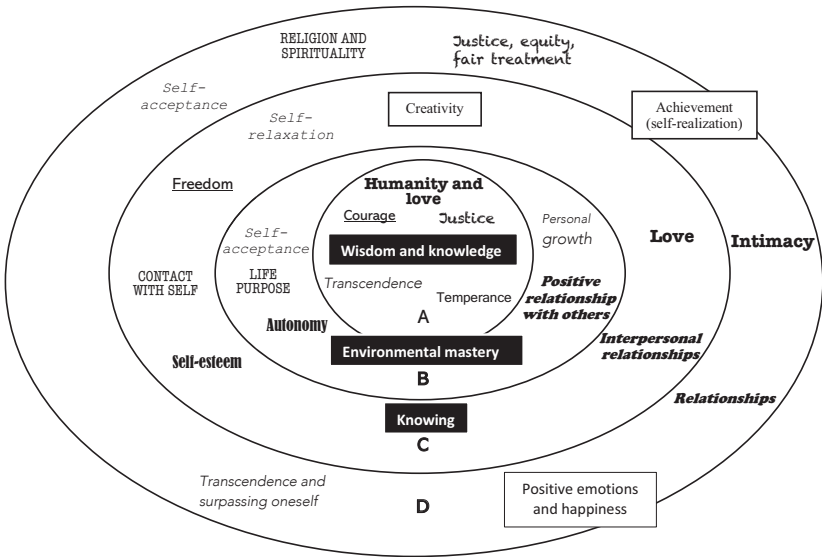
The subjects of investigation describe as enjoyment par excellence (flow) what they feel while they are living at their best, psychically, psychologically, spiritually. [...] These states of pleasure are found only in activities rich in challenges great enough to draw the best out of people’s skills and creative tastes. It is through these creative activities that women and men reach a state or feeling of optimal pleasure or flow. It’s the state of being that we all experience whenever we are totally absorbed by something engaging and fascinating (Saint-Arnaud, 2002, p. 417; our translation).

The links between flow and pleasant activities can be especially seen in the area of creativity, such as the pleasure of the arts. Piaget (1952) had found that the pleasure of ‘being the cause of...’, that is to say of creating, was for children one of the important stages of their sensorimotor development. Finally, there are several creative experiences that can provide true pleasures; yet, for Saint-Arnaud (2002), the ultimate pleasures are spiritual.

Conclusion: Drawing parallels between Saint-Arnaud’s concept of true pleasure and key concepts of PP

We have discussed in this chapter how Saint-Arnaud’s concept of true pleasure resonates with concepts of positive psychology such as virtues, well-being and meaning (along with flow). To sum up our reflections, figure 1 below (made of four concentric circles) presents most of the possible, complete or partial, parallels which can be drawn between the six virtues (Peterson & Seligman, 2004 [situated at the centre; see circle A]), the six dimensions of Ryff’s (1989) psychological well-being (see the second circle B from the centre), the eight types of true pleasure (Saint-Arnaud, 2002 [see the third circle C from the centre]) and the eight sources of meaning (Wong, 1998 [see the peripheral circle D]). Although the various relationships among these concepts remain approximate, one can see some similarities or parallels between some of them.

Figure 1 represents the various perspectives of these four different psychological approaches. Here, there are different categories of pleasure which each portray a particular set of concepts. For example, there is one category that refers to the *pleasure of knowing* (by Saint-Arnaud, see circle C), which consists of the virtue of knowledge and wisdom. There



- A : Six virtues (Peterson & Seligman, 2004)
B : Six dimensions of psychological well-being (Ryff, 1989)
C : Eight types of pleasure (Saint-Arnaud, 2002)
D : Eight sources of meaning (Wong, 1998)

Figure 1: Parallels between four psychological approaches (Peterson & Seligman; Ryff; Saint-Arnaud; Wong).

is another type of category that refers to the pleasure of love, which is related to the virtues of humanity and love along with the source of meaning related to intimacy. Still, there is the category of the pleasure of creativity, which enables self-realization and is a source of meaning. Then, we have the pleasure of self-relaxation which relates to the category of self-acceptance (seen as a dimension of well-being) and is also related to a source of meaning. Next, there is the pleasure of self-esteem which is a category that echoes theme of autonomy (another dimension of well-being). Pleasures derived from interpersonal relationships is another category that involves the themes of positive relationships with others (another dimension of well-being), along with the source of meaning in relationships. Then, there is the pleasure of contact with the Self, which is a category which refers to life purpose, and is a source of meaning through self-transcendence (along with religion and spirituality). Lastly,

there is the category of the pleasure of freedom which often requires the virtue of courage.

In Figure 1, we admit that there are probably some relationships that have not been covered. One last point worth mentioning is about justice, which is seen both as a virtue and a source of meaning. As Jean-Paul II (2002) has aptly suggested: there is no peace without justice. From this we infer that the pleasure of peace and harmony (self-relaxation) is easier to attain in a context of justice and equity.

We conclude with the idea of true pleasure being a source of healing which echoes resilience, Wong's fourth pillar of PP 2.o. Healing and resilience can be considered as closely related to each other if we take into account the emerging concept of post-traumatic growth, which relates inadvertently to resilience and the human ability to heal. According to Saint-Arnaud (2002), healing is not done by wallowing in our sufferings or our weaknesses, but by igniting the hope of change with the help of our strengths. Only by focusing on our strengths, along with pleasure and success through small victories, may we heal from our wounds. It is a quest for the absolute, and our Fundamental Value is a reflection of it that underpins growth and human development. This Most Desired Good, or Fundamental Value, plays a unifying role for the whole person. Since there is always a fundamental value behind any suffering (Saint-Arnaud, 2002) and since everyone is a sacred story, becoming aware of this Fundamental Value can heal something in us because feeling valuable re-centres and uplifts us. By contrast, convex or superficial pleasure can neither heal nor fulfill anyone; seeking thrills destroys pleasure between people.

We grow upwards, rising to higher values that are less and less perishable and ephemeral. The embodiment of these values is through the experience of true pleasure, the essence of which is to enjoy what is uplifting (Saint-Arnaud, 2002). The most highly pleasurable values influence the body and can bring healing. The joys of the will are the things that restore us the most. The greatest pleasures are spiritual and / or religious (Belzile, 2019). According to Saint-Arnaud (2002), when a therapist listens to his or her client, he or she should try to understand: "What is the Good which most attracts him or her and which, by "feeling it", would allow him or her to live his or her greatest happiness?"

In an interview with Dumoulin (2003), Yvon Saint-Arnaud explains how to give ourselves the opportunity to experience authentic pleasures in our every day life:

First you have to be able to identify what you like; we are often not very aware of it – especially under high stress. With the people who consult me, I sometimes start by talking about food: “What do you like to eat?” Do you take the time to taste what you like? I ask them to bring me objects, pictures or pieces of music that they like and we talk about it together. I explore their ability to “feel”. I ask them: “What do you feel when looking at this picture, listening to this music? How would you describe this feeling? Where does it lodge in your body? In most cases, this exploration is not self-evident: people are not very sensitive to the way pleasure is embodied in their body and mind. The idea is therefore to learn to “savour internally”. I also prescribe “pleasant exercises”, like doing 20 minutes of drawing every day, at home. There is often resistance, especially among people who believe they are incapable of drawing anything nice or pleasant, but I make it clear that it is not a question of assessing their talents. Then we look at these drawings during our sessions; we interpret them together. Pleasure is part of this work of interpretation, because people often tend to joke about their creations – and humour is an incomparable source of pleasure. But people also rediscover, very simply, the natural pleasure of freely drawing, blurring, letting go... To put pleasure in your program, you obviously have to find renewable sources that depend on things that are constantly present around you. So it's not about going to buy something every time you want to, that is best! I often recommend contemplating sunsets, or walks in the park. ... [Laughing at yourself] is an essential element of emotional balance, and the loss of a sense of humour is an indication of clinical depression. Until we can get someone to laugh a little about themselves, we can hardly hope they are getting better.

In sum, true pleasure refers to the Fundamental Value as it relates to the importance of welcoming the authentic pleasure of living in the present moment. True pleasure is born of our ability to recognize and question our desires and needs in relation to the absolute, and to feel the presence of the infinite, and from our natural tendency to turn towards the absolute, which is the only one capable of responding to the depth of our humanity (Saint-Arnaud, 2002). Usually, living with positive feelings or emotions seems to make better sense, giving the impression of being in good health. “It is the fruitfulness of the “force of habit” which makes it possible to foster and deepen, within the organism, an ever increasing sensitivity to the beneficial repercussions of spiritual pleasure on the body” (Saint-Arnaud, 2002, p. 55). True pleasure is a healing force. It is the “combined effect of our values and their impact on all of our health systems. ... Human pleasure as such results from the vital reciprocity between our spiritual values and the biological interactions triggered by these values” (Saint-Arnaud, 2002, p. 81).

Lastly, we have also mentioned the importance of will (along with its four optimal aspects: strong, skillful, good and transpersonal), which echoes our freedom to practice various positive psychology interventions (Bellehumeur, 2019). We can say from the writings of Yvon Saint-Arnaud (Dumoulin, 2003; Béliveau, 2001) and from his scientific contribution (Saint-Arnaud, 2002) that he was already in spirit applying in his clinical practice and demonstrating through his research, years beforehand, the relevance of the empirically demonstrated interventions of positive psychology.

References

- Aristotle (1925). *The Nicomachean ethics: Book II*. (W.D. Ross, Trans.). The Internet Classics Archive. <http://classics.mit.edu/Aristotle/nicomachaen.2.ii.html> (Original work published ca. 350 B.C.E.).
- Assagioli, R. (1993). *L'acte de volonté*. Montréal, QC: Centre de Psychosynthèse de Montréal Inc.
- Ausloos, G. (1985). Vers un fonctionnement systémique de l'institution. *Thérapie familiale*, 6(3), 235-242.
- Béliveau, C. (2001). Une vision du counselling pastoral. Entrevue avec Yvon Saint-Arnaud. *Science pastorales*, 20(2), 321-331.
- Bellehumeur, C.R. (2019). Psychologie positive et psychothérapie positive: un bilan synthèse des contributions majeures (chapitre 2). In C.R. Bellehumeur, & J. Malette (Eds.), *Psychologie positive et spiritualité en psychothérapie: Fondements, Recherches et Applications* (pp. 41-69). Québec: Presses de l'Université Laval.
- Belzile, A. (2019). Faire surgir la soif... pour mieux guérir. In C.R. Bellehumeur, & J. Malette (Eds.), *Psychologie positive et spiritualité en psychothérapie: Fondements, Recherches et Applications* (pp. 233-259). Québec: Presses de l'Université Laval.
- Croteau, J. (1994). *Précis de psychologie phénoménologico-existentielle: initiation à son approche, à sa méthode, à ses techniques d'analyse*. Non-published Research Manual. Ottawa: Université d'Ottawa.
- Csikszentmihályi, M. (1990). *Flow: The psychology of optimal experience*. New York, NY: Harper and Row.
- Csikszentmihályi, M. (1996). *Creativity: flow and the psychology of discovery and invention*. New York: Harper Perennial.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95(3), 542-575.
- Diener, E., & Diener, C. (1995). The wealth of nations revisited: Income and quality of life. *Social Indicators Research*, 36, 275-286.
- Diener, E., & Lucas, R. (1999). Personality, and subjective well-being. In D. Kahneman, E. Diener, & N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 213-229). New York: Russell Sage Foundation.

- Diener, E., Nickerson, C., Lucas, R. E., & Sandvik, E. (2002). Dispositional affect and job outcomes. *Social Indicators Research*, 59, 229-259.
- Diener, E., & Suh, E.M. (Eds.). (2000). *Culture and subjective well-being*. Cambridge, MA: MIT Press.
- Dumoulin, L. (2003, September 9). *La prescription santé d'Yvon Saint-Arnaud: le plaisir*. Passeportsanté.net. http://www.passeportsante.net/fr/Actualites/Entrevues/Fiche.aspx?doc=saint_arnaud_y_20030915
- Ferrucci, P. (1982). *La psychosynthèse*. Paris: Retz.
- Fowers, B.J. (2008). From continence to virtue: Recovering goodness, character unity, and character types for positive psychology. *Theory & Psychology*, 18(5), 629-653.
- Jean-Paul II (2002, January 1). *Pas de paix sans justice, pas de justice sans pardon* [Message pour la Paix]. Célébration de la Journée mondiale de la Paix, Cité du Vatican. <https://fr.zenit.org/articles/pas-de-paix-sans-justice-pas-de-justice-sans-pardon-message-pour-la-paix/>
- Kristjansson, K. (2010). Positive psychology, happiness, and virtue: The troublesome conceptual issues. *Review of General Psychology*, 14(4), 296-310.
- Lecomte, J. (2012). *Qu'est-ce que la psychologie positive?* Psychologie Positive. <https://www.psychologie-positive.net>
- Martin-Krumm, C., & Tarquinio, C. (2011). *Traité de psychologie positive. Fondements théoriques et implications pratiques*. Bruxelles: De Boeck.
- May, R. (1969). *Love and will*. New York, NY: Norton.
- Morin, M.-L. (2001). *Pour une écoute en profondeur. La valeur fondamentale*. Montréal: Médiaspaul.
- Morin, M.-L. (2003). Fundamental values and systems approach. In A. Meier (Ed.), *In search of healing. Collected papers from the annual conference of the society for pastoral counselling research* (pp. 92-116). Ottawa, ON: The Society for Pastoral Counselling Research.
- Morin, M.-L. (2016). Religious and spiritual values central to personality and behaviour. *Open Theology*, 2, 436-456. DOI 10.1515/opth-2016-0036
- Oishi, S., & Diener, E. (2001). Goals, culture, and subjective well-being. *Personality and Social Psychology Bulletin*, 27, 1674-1682.
- Pert, C. (1997). *Molecules of emotions*. New York, NY: Scribner.
- Peterson, C., & Seligman, M. (2004). *Character strengths and virtues: A handbook and classification*. New York: Oxford University Press.
- Piaget, J. (1952). *The origins of intelligence in children* (M. Cook, Trans.). New York: International Universities Press.
- Rashid, T., & Csillik, A. (2011). Applications cliniques de la psychologie positive: la psychothérapie positive. In C. Martin-Krumm, & C. Tarquinio (Eds.), *Traité de psychologie positive. Fondements théoriques et implications pratiques* (pp. 481-493). Bruxelles: De Boeck.
- Ryff, C.D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081.
- Ryff, C.D. (2014). Psychological well-being revisited: Advances in science and practice. *Psychother Psychosom*, 83(1), 10-28. doi: 10.1159/000353263.
- Saint-Arnaud, Y. (1984). *L'accueil intégral de l'autre*. Bruxelles: Éditions IFOR.

- Saint-Arnaud, Y. (1988). (Director of research). Masters Thesis Seminars on Psychosynthesis. Institute of Pastoral Counselling, Ottawa, ON: Saint Paul University.
- Saint-Arnaud, Y. (1993). Préface. In R. Assagioli, *L'acte de volonté*. Montréal: Centre de Psychosynthèse de Montréal.
- Saint-Arnaud, Y. (1996). *La relation d'aide pastorale*. Bruxelles: Éditions Groupe de Recherche et de Développement de la Relation Interpersonnelle.
- Saint-Arnaud, Y. (2002). *La guérison par le plaisir*. Ottawa: Université Saint-Paul, Novalis.
- Schwartz, B., & Sharpe, K.E. (2006). Practical wisdom: Aristotle meets positive psychology. *Journal of Happiness Studies*, 7, 377-395.
- Seligman, M.E.P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Free Press.
- Seligman, M.E.P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York: Free Press.
- Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14.
- Shankland, R. (2014). *La psychologie positive*. Paris: Dunod.
- Vallerand, R.J., Blanchard, C.M., Mageau, G.A., Koestner, R., Ratelle, C., Léonard, M., & Gagné, M. (2003). Les passions de l'âme: On obsessive and harmonious passion. *Journal of Personality and Social Psychology*, 85, 756-767.
- Wong, P.T.P. (1998). Implicit theories of meaningful life and the development of the Personal Meaning Profile (PMP). In P.T.P. Wong, & P. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 111-140). Mahwah, NJ: Erlbaum.
- Wong, P.T.P. (2009). Existential positive psychology. In S. Lopez (Ed.), *Encyclopedia of positive psychology* (pp. 361-368). Oxford: Wiley Blackwell.
- Wong, P.T.P. (2010). Meaning therapy: An integrative and positive existential psychotherapy. *Journal of Contemporary Psychotherapy*, 40(2), 85-99.
- Wong, P.T.P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology*, 52(2), 69-81.

Chapter 2

The Complementary Contributions of Positive Psychology, Mindfulness, Ecopsychology and Transpersonal Psychology in Promoting Global Well-being and Improving the Quality of Relationships

Christian R. Bellehumeur

Introduction

In this imposed period of confinement due to the COVID-19 pandemic, several Canadian astronauts from NASA (e.g. David Saint-Jacques, Chris Hadfield) whom have experienced being confined in space have shared in the media their rich and meaningful perspectives (Barnerjee, 2020; Carbasse, 2020). In sum, they all pointed out the importance of being attentive, taking care of oneself, finding a meaningful and healthy daily routine, having the capacity to let go, and understanding how interdependent we are in the world. In a sense, these wise advices from experienced astronauts set the stage to explore links between four conceptual frameworks featured in this chapter. For example, the idea of interdependence is at the heart of ecopsychology; taking care of oneself is a constant concern of positive psychology; becoming more aware of what is happening in the present moment is central to mindfulness; being able to see beyond our personal self is a characteristic of transpersonal psychology. Furthermore, it seems to us that these ideas generate two basic psychological questions: (1) In times of suffering and distress, how can we take better care of ourselves and foster global well-being? (2) In times of compulsory confinement, how can we optimize our awareness of our interdependence with others, and improve the quality of our relationships? In order to answer these two existential questions, this chapter pursues two main goals. The first objective is to briefly present the essence of these four psychological frameworks: (1) positive psychology (PP); (2) mindfulness; (3) ecopsychology and (4) transpersonal psychology.

The second objective is to draw a few parallels between these four psychological frameworks, highlighting some of their similarities and differences. We will explore how positive psychology and mindfulness can both shed light on the first question (how one takes good care of oneself?) by focusing on two of their similarities: both frameworks can foster well-being and improve the quality of interpersonal relationships (Shankland & André, 2014). We will also highlight how the other two frameworks, ecopsychology and transpersonal psychology, can enlighten the second question (how to optimize awareness of our interdependence with others?) through the terms “connection” and “nonduality” at the core of their premises (Davis, 2011).

1. Overview of four psychological frameworks

1.1. *Positive Psychology (PP)*

Positive psychology is defined as: “the study of the conditions and processes that contribute to the development or optimal functioning of individuals, groups and institutions” (Gable & Haidt, 2011, p. 31, author’s translation; Peterson, 2008). By choosing to focus on the positive aspects of human existence (e.g. drawing upon our personal strengths, developing our abilities, enhancing our psychological well-being, living a more meaningful life, thriving in the here and now, enjoying relationships and outdoor activities), PP opts for what is essential to human happiness instead of focusing on problem areas (Seligman & Csikszentmihalyi, 2000). The three pillars proposed by Seligman and Csikszentmihalyi (2000) regarding PP are positive emotions, personal strengths (and virtues) and positive social institutions. Hence it is a positive psychotherapeutic approach based on three components of happiness: experiencing positive emotions, making commitments and leading a meaningful existence (Rashid & Csillik, 2011). PP focuses on “doing” by aiming to modify the content and increasing the frequency of positive experiences: what Wong (2011) calls the first wave of PP.

For Second Wave Positive Psychology (or PP 2.0), there are four pillars (Wong, 2011): virtues, giving life meaning or a purpose, resilience and (psychological) well-being. It does not solely focus on drawing out the positive, but considers both the positive and negative aspects of human experience (Wong, 2011) by incorporating the dialectical principles of

Yin and Yang (Lomas & Ivtzan 2016; Wong, 2011) in order to achieve balance regardless of internal and external circumstances. By exploring both their existential anxieties and higher aspirations, PP 2.0 seeks to bring out the best in people despite their struggles. As a pluralistic approach combining the ideas and wisdom of East and West, PP 2.0 looks to enhance people's overall well-being (within their cultural context) while nurturing individual and social virtues. In sum, PP 2.0 fully recognizes the potential for growth out of any crisis, such as the current COVID-19 pandemic.

As illustrated by the above definitions, positive psychology is a relatively recent development (Seligman & Csikszentmihalyi, 2000). However, PP's very short history is based on a very long past (Peterson, 2006). Its objective is to counterbalance a century's worth of research focused on treating dysfunctions and pathologies by focusing instead on finding ways of optimizing human existence (Gable & Haidt, 2011). Positive psychology therefore seeks to focus on the healthier side of human behaviour, not unlike proponents of humanistic psychology: who focus on what is "healthy" (James, 1902) or "optimal" (Rogers, 1959) functioning. However, unlike the humanist movement, positive psychology – as a science of "happiness" (Bouffard & Lapierre, 1997) – relies firmly on current research standards predominantly based on quantitative and experimental methodologies.

Based on earlier works in positive psychology, Seligman (2002) subdivided the determinants of well-being into three essentials: life must be enjoyable, meaningful, and worth getting fully involved in. Seligman (2011) later expanded his model by distinguishing two other aspects that were previously absorbed respectively by life involvement (drawing out a sense of accomplishment) and giving life meaning (drawing out interpersonal relationships) (Baumeister & Leary, 1995). Indeed, studies have shown that "optimal" experiences which generate greater well-being are those which either involve loved ones or generate a sense of competence and control in various settings and circumstances (Csikszentmihalyi, 1990). In essence, mobilizing one's skills in a meaningful way contributes to the overall well-being of the individual.

Various interventions of positive psychology have been empirically demonstrated (Bellehumeur, 2019) to effectively helping people to take care of themselves, notably by helping and encouraging them to enjoy the here and now, to be grateful, to give their life meaning, to cultivate optimism and to take part in wilderness or outdoor activities.

1.2. *Ecopsychology*

Ecopsychology¹ topics include emotional responses to nature; the human impacts of environmental issues such as natural disasters and climate change; and the transpersonal aspects of environmental identification, attachment and concern (Clayton et al., 2017). Since ecopsychology focuses on the relationships between psychology and ecology (Roszak, 1992), it aims to integrate both in a synthesis of all that concerns the unitary relationship between human beings and nature. Its thesis implies that while the psyche is influenced by the family and sociocultural environment, it is primarily connected to the planet we inhabit and to which we owe our existence (Roszak, 1992). This means questioning the way we define ourselves as a species as well as rethinking our relationship with nature in light of the constitutive interdependencies that underpin all life on earth – including our own. This is an awareness that is needed to establish a society that supports life.

At the heart of ecopsychology is the notion pertaining to:

“the existence of an ontological link between humans and nature understood as ‘living’, or Earth in the broad sense. The deterioration of this link, characteristic of Western modernity, is understood on the one hand as one of the roots of the current ecological situation and, on the other hand, as one of the origins of mental disorders such as depression or addictions” (Koller, 2017, p. 21, free translation).

According to Davis (2011), the aim of ecopsychology is twofold: *to care for people and to restore or take care of the planet*, hence the priority given to transforming our view of nature (Koller, 2017). A central premise is that while the human mind (i.e. our “psyche”) is affected, fashioned, influenced and modulated by contemporary society, its underlying structure was shaped by the natural environment (Roszak, 1992). To wit, ecopsychology is notably based on Wilson’s (1984) hypothesis of “biophilia”, according to which human beings are (most often) moved by an innate instinct or visceral need to connect emotionally with nature.

“[Ecopsychology advocates]... that the fundamental questions (origins, growth, suffering, healing) depend on the link between humans and nature.... [And that the predominant environmental

¹ This movement emerged in the United States in the 1970s, in response to growing concerns regarding ecological health and diversity (Koller, 2017), bringing together researchers from various disciplines such as psychology, ecology and philosophy. It consolidated in the 1990s (Roszak, 1992).

questions] (source, consequences and solutions of the deterioration of nature) are ... rooted in the psyche, the images of oneself and of nature, ..." (Davis, 2011, p. 2).

Thus, Nisbet et al. (2009) proposed a conceptual relationship to nature ("Nature Relatedness") based on a better appreciation and understanding of our interconnection with all other living things on earth and focusing on three priorities: internally identifying ourselves to nature, taking an external perspective to guide our actions as they impact other life forms, and personally experiencing nature (physically connecting with and being fascinated by it). Furthermore, reconnecting with nature includes discovering its healing potential, experiencing grief and despair caused by environmental destruction, ecotherapy, psycho-emotional bonding with nature as a way of guiding environmental action, and cultivating environmentally responsible lifestyles².

According to Davis (2011), a substantial and rapidly growing body of psychological research points to the mental health benefits of experiences in nature (Bellehumeur & Sundaram, 2015). Research settings include a broad range of personal encounters with nature such as extended wilderness trips, nearby natural landscapes (e.g., city parks and gardens), plants within built environments, and immersion into images of nature. Most of the research has focused on relaxation and restoration and its cognitive benefits (Chalquist, 2009; Hartig et al., 1991; Kaplan, 1995; Ulrich et al., 1991). More recently, research on nature related experiences has demonstrated improvements in socially adjusted behaviour (Weinstein et al., 2009), a better sense of vitality (Ryan & Deci, 2001), and greater happiness (Zelinski & Nisbet, 2014; White et al., 2019).

According to Van Gordon et al. (2018), there is a growing body of research demonstrating that mere exposure to nature is good for our health and well-being. Such research also demonstrates health benefits associated with feeling more connected to nature (Bellehumeur & Sundaram, 2015). Nature connectedness also impacts our emotional responses, beliefs, attitudes, and behaviour towards nature (Nisbet et al., 2009; Zelinski & Nisbet, 2014). In addition to helping us feel good and function well, such a connection is also linked to greater life satisfaction, lower anxiety, meaningfulness, creativity, and ecologically responsible

² A number of methods have been used by ecopsychologists to awaken and develop this connection including sensory-based educational and counseling techniques (Cohen, 1993), wilderness passage rites (Davis, 2005; Foster and Little, 1988, 1997), and psychotherapeutic practices (Cahalan, 1995; Swanson, 1995).

behaviour. Research has also shown that mindfulness mediates the relationship between nature connectedness and well-being.

People with a strong connection to nature are more likely to spend time in nature, and thus experience the wider benefits of exposure to nature for their physical, psychological, and spiritual well-being. A recent examination of these benefits shows how nature brings balance to our emotional regulating system as well as to the nervous system's control over bodily functions and organs, including the heart. This suggests that nature can contribute to fostering two different dimensions of happiness, namely joy and calm (Bellehumeur & Sundaram, 2015; Sundaram, 2014). In sum, nature offers a space to rest physically, psychologically and spiritually, a space where our senses can open fully without having to filter or multitask. Lastly, nature can make us more aware of the present moment (Van Gordon et al., 2018).

1.3. *Mindfulness*

In the late 1990s, the founders of positive psychology tried to tie together different areas of research in psychology which had hitherto been developed in isolation (Shankland, 2014). Thus, in light of the findings of numerous studies showing the links between mindfulness and psychological well-being (for a review, see Brown & Ryan, 2003; Brown et al., 2007), mindfulness became an integral part of PP. That being said, such inclusion of mindfulness within PP is not void of controversy³.

Mindfulness can be defined as a state of consciousness developed by regularly and intentionally focusing on the experience of the here and now, without judgment (Kabat-Zinn, 2003). Various types of exercises from practices of Buddhist aim to develop new attitudes and skills for the purpose of augmenting the frequency and enhancing the quality of focus on the immediate experience of everyday life (André, 2011). The practice of mindfulness focuses on increasing our awareness of internal stimuli (thoughts, emotions, physical sensations) and external stimuli (physical and social environment), and on observing all of these perceptual events with an attitude of openness and curiosity and without judgment or impulsive responses (Shankland & André, 2014). In other words, mindfulness refers to an individual's mental capacity to focus on the direct and immediate perception of whatever is happening to and around

³ Kashdan & Ciarrochi (2013) notably do not consider the foundations of mindfulness and those of positive psychology as being compatible (Shankland & André, 2014).

him (or her), while being consciously receptive and open towards everything that emerges in the mind from one moment to the other, instead of falling back upon impulsive responses governed by filters and cognitive biases (Shankland & André, 2014).

Over the past three decades, mindfulness meditation⁴ has emerged as a subject of scientific study; medicine, psychology, psychiatry and neuroscience have studied the effects of this practice on people's lives. Such practice tends to counter the problems created by our North American lifestyle: more is always being asked of us making us more restless, and forcing us to deal with an ever growing number of stressful situations. Mindfulness meditation requires that we allow ourselves time to catch our breath, and that we adopt a mode of "being", rather than "doing" from dawn to dusk (Shankland & André, 2014). It is about stopping to observe what is going on inside of us (e.g. the quality of breathing, bodily aches, pains and other sensations, or the constant flow of both positive and negative thoughts and feelings) and around us (e.g. soothing or irritating sounds and smells, the bustling and agitation all around us). Such observation is done without seeking to attain a specific state of mind. We are talking about non-judgment, a challenge for the human mind which naturally finds it difficult to forgo passing judgment on whatever is going on. However, the attitude sought is one of welcoming whatever turns up, without either rejecting it or trying to hang on to it.

Usually, the meditative practice encourages the practitioner to merely observe his/her fleeting thoughts, without trying to control them so as to remain focused on the present moment and thus avoid being carried away by such thoughts – or at least whenever that happens, to become aware of such diversions so as to return to the present moment being experienced (i.e. breathing and heart rhythms, bodily sensations, the current emotional state and so forth) (Shankland & André, 2014).

⁴ The term "meditation" is often wrongly assimilated to a set of religious beliefs, adherence to which is by no means required. Rather, it is intended to increase our awareness of whatever is immediately going on within us and all around us, without judgment. Hence it is now being offered within secular settings, as demonstrated by the many such programs developed in the medical field (Mindfulness-Based Stress Reduction, Kabat-Zinn, 1990), the therapeutic domain (Mindfulness-Based Cognitive Therapy, Segal et al., 2002); Mindfulness Based Relapse Prevention (Bowen et al., 2010), the academic world (Mindfulness in Schools Project, Huppert & Johnson, 2010; Mindfulness Based Coping with University Life, Lynch et al., 2011) and the business world (Chaskalson, 2013).

Because of the state of relaxation that often occurs whenever one stops and listens to one's feelings and sensations, meditation is wrongly assumed as being a form of relaxation. The goal is actually to increase one's (i.e. conscious) awareness of and to objectively look at one's life as it is being experienced, as opposed to tuning it out. In sum, meditation is about forsaking forcefulness and willingness to act upon in order to let be; it is about coming to terms with life as it is, with its burden of internal (thoughts, emotions, sensations) and external (human and environmental) circumstances (Shankland & André, 2014). As mindfulness can expand our awareness of our own life as it happens, transpersonal psychology is interested in exploring different states of consciousness.

1.4. *Transpersonal Psychology*

According to Davis (2011), transpersonal psychology – that which some call a fourth school in psychology – stands at the crossroads of psychology and spirituality. It builds upon other psychological perspectives, generally considered useful but incomplete and too narrowly focused. Hence it adopts a broader approach encompassing various cultural and spiritual views and accumulated wisdom regarding psychopathology, mental health, and various states of consciousness. Transpersonal psychology is by no means a set of beliefs or religious dogma, but an attempt to bring in a full range of human knowledge and experiences into the narrower discourse of psychology.

Transpersonal psychology focuses on exploring and understanding self-transcendence and mystical states of consciousness within a psychological framework (Davis, 1999). Transpersonal psychology shares the views of other psychological approaches with regards to how the human sense of a separate self emerges from one's personal history, complete with a sense of autonomy and separation from its surroundings. The transpersonal approach goes further, however, by exploring states of being which transcend such self-identification. Self-transcendence refers to states of consciousness which expand our understanding of who we are beyond the usual boundaries, identifications, and reflections of our basic personality, and awaken us to a fundamental connection, harmony or unity with others and the universe (Walsh & Vaughan, 1993). Bynum (1997), in line with many other attempts at defining transpersonal psychology, places “unitive conscious experiences” at the center of the field (p. 301). Lajoie and Shapiro (1992) define transpersonal psychology as being devoted “to the study of humanity's highest potential, and to

the exploration, understanding, and attainment of unitive, spiritual, and transcendent states of consciousness” (p. 91).

In a sense, just as ecopsychology is a branch of the broader field of environmental psychology, Assagioli’s psychosynthesis is part of a trend within transpersonal psychology, especially as it applies to psychotherapy (Walsh & Vaughan, 1993). We call upon psychosynthesis to distinguish the personal self from the transpersonal self (Lavoie, 2006). A disciple of Assagioli, Ferrucci (1982), described different characteristics of these two kinds of selves (see table I).

Table I: Summary of the main differences between personal self and transpersonal self.

<p>The «I», or personal or conscious Self:</p>	<p>1) Exists within the center of one’s consciousness; 2) perceives everything within the reach of consciousness; 3) is also aware of itself as being and aware; 4) is the immediate focal point of our self-awareness; 5) is the seat of one’s will: it organizes the elements within the field of consciousness for the purpose of informing its actions. Based on its values, the «I» actively intervenes «to orchestrate the various functions or energies of the personality, to establish commitments and to stimulate action in the interior world» (Assagioli, 1983; Brown, 1983).</p>
<p>The superior or transpersonal self:</p>	<p>1) Encompasses the “I”. The personal «I» is therefore itself only a manifestation of the higher Self; 2) “In reality, the Self is one. What we call the ordinary Self is that small part of the deep Self that the awaken consciousness is capable of grasping at some point” (Hardy, 1987); 3) exists in a different – yet by no means metaphysical – sphere of reality beyond our psychophysical conditions, as described by people who have experienced it directly (Assagioli, 1983); 4) Assagioli (1983) refers to the higher Self as the permanent, deep and true center of being; 5) it is manifested through: intuition, recognition of our purpose in life, innate recognition of truth, a sense of unity with all beings, the ability to feel a deep inner silence, liberation, intense love without limits and without conditions, profound gratitude, great mystery and great wonder, and transcending our experience of space and time (Ferrucci, 1982), complete with paroxysmal, mystical, enlightenment and ecstatic experiences.</p>

Furthermore, the personal self experiences itself as being multidimensional yet incomplete. It lives within the limits of space and time and perceives one’s personality and environment in structured forms (i.e. ways it can grasp and understand). The personal self is interested in achieving pleasurable goals like making money, having a successful career, or

getting married (while avoiding pain). It tends to accumulate things (e.g. property, recognition, titles), typically feels dissatisfied, and tends to control everything. The Self (the 'I', or personal self) must eventually learn to "submit" to the liberating action of the transpersonal Self.

The transpersonal Self is primarily concerned with unity and harmony. It lives outside of time and believes in eternity. The transpersonal self perceives its reality as formless and unstructured. Here, one is more interested in ways of being in tune with life instead of trying to control it (it is about the process rather than the outcome or destination). It tends to share with others instead of taking from them. The Self is primarily expressed through its willingness to serve and fulfill one's personal (i.e. life giving and/or enhancing) mission. Its attitude is one of openness and surrender to whatever life will offer or ask of him or her; there is a sense of one's own selfish will letting go (Assagioli, 1983; Lavoie, 2006).

In sum, the overview of the main premises of these four psychological frameworks allows us to see that they focus on different aspects of human nature. In a nutshell, PP focuses on the positive side of life while PP 2.0 considers the dark and light aspects of life as well. Ecopsychology values the innate link between humans and nature. Mindfulness focuses on awareness of the present moment. Transpersonal psychology recognizes a transpersonal dimension of the self. In the following sections, we will describe some similarities between these frameworks: first, PP and mindfulness, then Mindfulness and nature (ecopsychology) and finally, between ecopsychology and transpersonal psychology.

2. Drawing parallels between these multiple frameworks

2.1. *Some similarities and differences between Positive Psychology and Mindfulness*

In order to see whether the practices of PP and mindfulness are compatible or complementary, we will first present the fundamental attitudes related to these practices. We will then identify some similar effects of these two practices and present conditions which may be necessary to ensure the compatibility of them.

As presented earlier when describing positive psychology and mindfulness, one can notice two postures which may seem contradictory. Firstly, let us summarize briefly the foundations of positive psychology: (1) it modifies the content and frequency of one's experiences; (2) it

proposes practice exercises in order to change one's state towards improving well-being; (3) it gives meaning to one's life; (4) it reduces negative affect; (5) it increases one's satisfaction with living and (6), it improves relationships (Shankland & André, 2014). Secondly, the foundations of mindfulness practices are different in many ways, and can be summarized as the following: (1) it changes the relationship to the experience of the moment; (2) meditative practice embraces what is happening in the moment; (3) it is about observing with curiosity and interest; (4) to recognize what is; (5) to accept what is; and (6) to open up to oneself and others with kindness and compassion (Shankland & André, 2014).

Furthermore, in PP, individuals attempt to increase their well-being through exercises that help them identify the positive in their daily life, find a purpose to life and improve the quality of their relationships. Positive psychology claims that beyond the biological and environmental determinants, everyone has the opportunity to act on their own to be happier (Sin & Lyubomirsky, 2009). When practicing PP exercises, one aims to foster positive emotions and reduce negative ones (e.g., Seligman et al., 2005). The individual thus pursues an explicit goal of well-being. This refers to the mode of "doing", which looks to modify what is being experienced in order to improve outcomes.

Conversely, instructors of mindfulness programs tell participants right away that it is important to start by giving up all expectations of immediate results from meditation, in terms of well-being. The purpose of such practices is to improve the state of presence to oneself and to others, to increase one's lucidity, which neither necessarily nor immediately leads to a state of well-being. This refers to the mode of "being" which welcomes what is happening in the here and now. Mindfulness practice involves accepting what is present and exploring it with curiosity and interest. Accepting does not mean resignation, but rather becoming aware of what is, without judgment. A storm is neither "good" or "bad" per se, it simply is. For example, when dealing with chronic pain, it is necessary to modify the relationship to pain as it is more important to accept what we are currently powerless to change, rather than to try to fight it or to avoid the sensory, emotional and cognitive experience (Bellehumeur & Carignan, 2021). This is because avoidance strategies are more likely to maintain and prolong suffering (Monestès et al., 2007). This posture is based on the premise that the fight against pain (coping) is sometimes counterproductive because by deliberately seeking to reduce pain, focusing efforts on this objective

tends to amplify it⁵ (Shankland & André, 2014). To attain this type of attitude of acceptance, it is important to resist our natural propensity to strive for goals or problem solving. The “letting go” allows the welcoming of any experience, without fighting against it or seeking to anticipate the next step.

In summary, one could say that interventions in positive psychology aim to change the content and frequency of experiences while mindfulness practice focuses on changing our relationship to these experiences⁶. It is about being with our thoughts and emotions without considering what they constitute or represent to us. They are just there at the moment and may change in the next one as well. The paradox of mindfulness practice is that unlike experiential avoidance (Hayes et al., 1996), experiential acceptance increases well-being (Ciarrochi et al., 2011), even if that experience is not wanted. This observation appears counterproductive in a western culture which cultivates the belief that only by controlling a situation may we effectively change things.

In the following section, we will see some similarities in the consequences of practicing PP and mindfulness. Despite the very different principles on which these two forms of practice are based, their long-term social and societal goals are not that far apart. Indeed, both of these practices are part of a health promotion approach⁷, although mindfulness was first offered to clinical populations (Kabat-Zinn, 1990). Table II presents the effects of these two forms of practice on well-being, based on how the World Health Organization (WHO, 2020) has defined health as a state of complete physical, mental and social well-being.

As health promotion approaches, positive psychology and mindfulness practices generate positive consequences for mental, physical and social well-being. Moreover, research in positive psychology and mindfulness has evolved in a compartmentalized manner. However, each of these approaches creates avenues for understanding the mechanisms of useful practical applications to foster the promotion of physical, mental and social health.

⁵ It is for this reason that acceptance therapies (Acceptance and Commitment Therapy (Hayes et al., 1999)) have been adapted for people experiencing chronic pain (Dahl, Wilson, & Nilsson, 2004).

⁶ This change in attitude can be done in particular by distancing oneself from one's thoughts and emotions – what's called “de-fusion” (Forman et al., 2012) or “decentralization” (Fresco et al., 2007).

⁷ Promotion can be defined as the process enabling people to improve their own health by giving them greater control over it through better knowledge and helping them develop personal and collective skills (Hosman & Jané-Llopis, 1999).

Table II⁸: Summary of the effects of positive psychology and mindfulness in regards to mental, physical and social well-being.

Types of well-being	Description and relevant examples of studies related to positive psychology (PP) and mindfulness(MF)	
Mental Well-being	Mental well-being is commonly defined as either subjective well-being (Diener et al., 1991) or psychological well-being (Ryff, 1989). Diener et al. (1991) have shown that the amount of time spent experiencing positive affects is more important for lasting well-being than the intensity of the positive affects experienced. PP and MF interventions seek to develop attitudes and skills that promote emotional stability not provided by momentary euphoria. «Optimal» well-being can result from the simultaneous impact of these two approaches (Lecomte, 2007).	
	Positive Psychology (PP)	Mindfulness (MF)
	There are positive correlations between traits such as optimism, gratitude or the ability to forgive and subjective and psychological well-being (Brown, 2003; Carver et al., 2010; Emmons & McCullough, 2003).	MF practice cultivates a form of sustainable well-being akin to psychological well-being. MF practice is shown to improve subjective and psychological well-being (Brown & Ryan, 2003; Brown et al., 2007) and to reduce anxiety (e.g., Hayes et al., 1999) and eating disorders (e.g., Kristeller & Wolever, 2011).
Physical Well-being	Positive Psychology (PP)	Mindfulness (MF)
	Positive correlations between optimism and improvements to the general health and quality of life of patients with serious illnesses such as cancer (e.g. Scheier & Carver, 1985). Keeping a Gratitude Journal (Emmons & McCullough, 2003) also resulted in beneficial effects by reducing common physical symptoms such as migraines, nausea, acne and coughing in students. This effect is mainly explained by its impact on heart frequency and regularity as well as on sleep quality (e.g. Wood et al., 2009). Individuals naturally inclined to forgive are healthier than those who do not (Witvliet & McCullough, 2007).	A higher degree of full consciousness is correlated with better general health conditions regardless of their lifestyle (Murphy et al., 2012). For patients with physical illnesses, quality of life improves along with the level of mindfulness (e.g., Roth & Robbins, 2004); MF improves pain management (Kabat-Zinn, 1982). The effects of mindfulness on physical health are largely linked to better regulation of stress, which improves the mental health of individuals (Bohlmeijer et al., 2010) as well as immune functioning (Davidson et al., 2003), and even slows down cell aging (Jacobs et al., 2011).

⁸ Most of the content of this table has been partly adapted and translated from Skankland & André (2014).

Types of well-being	Description and relevant examples of studies related to positive psychology (PP) and mindfulness(MF)	
Social Well-being	Social well-being refers to the quality of established relationships and to the ability to create and maintain constructive relationships. Well-being is correlated with better quality of established relationships (Diener & Seligman, 2002), greater generosity (e.g., Isen, 1970), a more cooperative conduct (e.g. Barsade et al., 2000) and socially adjusted behaviour (Myers, 1993).	
	Positive Psychology (PP)	Mindfulness (MF)
	Social well-being is linked to the fact that positive emotions generate greater vitality, greater confidence in others, and less hostility (e.g. Cowan et al., 1998), along with a tendency to communicate more (Cunningham, 1988). An increased involvement in associations for social, educational or health purposes (e.g., Krueger et al., 2001; Thoits & Hewitt, 2001), helping others in line with one's personal values, in turn increases well-being by causing a sort of upward spiral towards wellness.	MF is linked to self-decentralization (Dambrun & Ricard, 2011) and a caring attention to others (Van Doesum et al., 2013). These result from two basic skills acquired through mindfulness practice: being able to observe without judgment (taking into account the different dimensions of the situation, including others' perspective), then acting accordingly (in a deliberate and thoughtful manner, instead of reacting on impulse). Such is linked to greater activation of cognitive networks linked to compassion.

Beyond using mindfulness as a simple “tool” to foster the development of well-being, the development of this approach can be particularly effective in managing personal difficulties and challenges in relationships and one's life in general. Positive psychology would therefore benefit from taking interest in this practice as part of its research work and field interventions (Kashdan & Ciarrochi, 2013). Conversely, the field of mindfulness can draw inspiration from the conceptualizations and models proposed by several decades of scientific research on well-being (e.g., Van Doesum et al., 2013).

Furthermore, mindfulness practice appears to favour the three aforementioned determinants of well-being through various mechanisms. First, the “pleasure” dimension described by Seligman (2002) is enhanced by mindfulness practice through greater attention toward the here and now, allowing you to better savour the moment (Bryant & Veroff, 2007) and therefore to derive more pleasure from it. In addition, the practice of non-judgment proposed within the practice of mindfulness aims to

encourage an open mind whenever looking at an experience as it is happening. This attitude helps to counteract the phenomenon of hedonic adaptation which is considered one of the main obstacles to maintaining well-being over time.

Another way of understanding the effects of mindfulness on well-being relates to openness to novelty (Jha et al., 2007) and accepting the experience. This helps lower anxious anticipation in response to life events in favour of a more welcoming approach to the discovery of new experiences. The opening of this mental space to all experiences lessens apprehension (Kang et al., 2013) and improves cognitive flexibility (Moore & Malinowski, 2009), which guarantees more adapted responses to various situations. Finally, the improved regulation of emotions and behaviours that flow from a greater awareness of the moment (John & Gross, 2004) also promotes well-being, particularly by improving the quality of relationships.

2.2. *Reciprocal influences between Mindfulness and Ecopsychology*

As we previously mentioned, ecopsychology explores humans' psychological interdependence with the rest of nature and its implications for identity, health and well-being. This notion of interdependence echoes interconnectedness which has become an established term in meditation literature. It implies that any given phenomenon is connected to all other phenomena. Perhaps the best way of appreciating how the principle of interconnectedness relates to our lives as human beings is through our connection with nature⁹. However, while the notion of interconnectedness helps to depict the symbiotic relationship that exists between humans and nature, it implies that one discrete and separately existing entity (e.g., a human being) is connected to another discrete and separately existing entity (e.g., nature). In other words, implicit within the meaning of the term interconnectedness is the assumption that while closely interrelated, phenomena are also separate from one another.

According to Van Gordon et al. (2018), from a relative standpoint, it is both possible and necessary to distinguish humans from nature, and one phenomenon from another. However, because it is not possible to

⁹ When we breathe in, we breathe in the out-breath (i.e. oxygen) of plants, shrubs, and trees, and vice-versa. The oxygen we breathe we share with animals and birds. When we drink water, we drink the clouds, rivers and oceans. When we eat a meal, we eat vegetables and fruits that have grown out of the earth (Van Gordon et al., 2018).

identify the “self” of a given phenomenon, separation between one thing and another cannot truly exist. This is because as soon as we attempt to identify the origins of self or something, we inevitably have to direct our search outwards to acknowledge the presence of other phenomena. In other words, while searching for the self of something, we find everything else that exists except the inherently existing self that was the original target of our investigation. An effective search for self will always yield the truth that in one thing exists all things yet in no thing does there intrinsically exist anything. We inter-exist with nature (and all other phenomena) to the extent that it is impossible to assign boundaries. Our minds and bodies are embedded within the natural world to such an extent that when we breathe in, nature breathes in with us, and when we breathe out, nature also breathes out. We are of the nature of nature; it exists in us and we exist in it. In this paper, we explore our connection with nature and focus on how nature can be used to enhance mindfulness practice, foster well-being, and cultivate insight into the self, reality, and the present moment more generally.

Established Western models of health tend to view people as separate from their environment, with health being a function of the individual¹⁰. However, some scientists have argued that our body, senses, and emotions are continually interacting with the natural environment via two-way chemical and electromagnetic interactions. This implies that as nature changes, our relationship with nature changes and that a rigid concept of self hinders our ability to communicate with, and derive benefits from, nature. The biomedical model of medicine is based on a deviation from “normal” within the individual.

There is something soothing, but also energizing, about spending time in nature. Such experience appears common to most human beings, regardless of their cultural background and meditation practices (or lack thereof). However, Van Gordon et al. (2018) propose that meditative awareness can be used to enhance the restorative and balancing qualities of nature, and that spending time in nature can in turn enhance meditative awareness. This appears to be consistent with the view of numerous spiritual adepts (from Christian to Buddhist spiritualities) who choose to retreat to nature to develop and sharpen their contemplative skills.

¹⁰ The biopsychosocial model is arguably more encompassing due to advocating mind-body interconnectedness where psychological, biological, and social factors play a significant role in well-being. However, we may yet find a “mind-body-nature” or “biopsychophysiology” model of well-being that acknowledges the role of biological, psychological, and natural environment factors.

Although there is a connection between humans and nature, we would like to reiterate that it is difficult to draw a separation between these two phenomena because humans are of nature¹¹. The nature of mindfulness is such that it stimulates the meditation practitioner to not only become aware of happenings in the body, mind and environment, but to investigate and extract wisdom from the natural and man-made features encountered. For example, many human beings appear to have difficulty accepting and working with some of the natural laws of existence. One such natural law is impermanence, which means that as a rule, everything will one day cease to exist and that as part of moving towards death, phenomena are in a constant state of change, like waves on the ocean.

There are different types of symbiotic relationships, but the cultivation of mindfulness and nature connectedness can help to ensure that the symbiotic relationship we create with nature is one that is mutually beneficial, rather than mutually destructive. Let us now explore briefly the relationships between ecopsychology and transpersonal psychology.

2.3. *Integration of Ecopsychology and Transpersonal Psychology*

Davis (1998) reports on various relevant themes illustrating the presence of transpersonal experiences related to nature¹². Overall, it seems that both the adventure element and the wilderness setting play a role in evoking transpersonal experiences, and that one of the primary reasons people engage in wilderness experiences is to seek transpersonal experiences (Brown, 1989; Davis, 2011). For instance, Stringer and McAvoy (1992), using naturalistic inquiry methods, found that spiritual experiences are common in wilderness adventure activities.

Furthermore, writing about ecologists' views of a transpersonal self, Wilber (1996) values the notion of deep Self that embraces all of nature, to be treated with the same reverence you would extend to your own being (Wilber, 1996, p. 204). Conceiving of nature as a broader and more

¹¹ From Koller (2017), according to an ecospiritualist guru, there is no such thing as human relations with nature; it's a "kōan". This returns us to a subtle kind of utilitarianism at the expense of nature. We use nature as teacher, healer, sanctuary, temple, or parent. Nature is these things; that is not the problem. The problem with this view is that these are not all what nature is.

¹² This includes research on experiences of ecstasy or summits (Maslow, 1962, 1970), experiences of adventure in wilderness (cf. Kaplan & Talbot, 1983; Talbot & Kaplan, 1986), or in connection with flow (Csikszentmihalyi, 1990). Davis (1998, 2011, 2013) emphasizes the transpersonal dimension of ecopsychology.

inclusive self may be a necessary step in developing our views of the human-nature relationship. However, this broader self is not the final understanding. What is needed is an articulation of a transpersonal view that goes beyond the nature-as-self view without invalidating it. Such a transpersonal view recognizes that both human and nature are expressions of the same ground. An understanding of unitive, nondual states, and practices for developing this understanding, are the foundations for an effective integration of transpersonal psychology and ecopsychology.

From an ecopsychological perspective, Greenway (1995) pointed to dualism as “perhaps the source of our pervasive sense of being disconnected” from the natural world (p. 131). He suggested that such dualism is also at the root of our culture’s domination, exploitation, and destruction of our habitat, “the very basis of our survival as a species” (p. 131). In response to this, Davis (2011) proposes that the notion of nonduality is at the heart of the parallels between ecopsychology and transpersonal psychology. Nonduality refers to the sense of separate individuality (e.g. the locus, structure, nature, and consciousness of self identity) being metabolized or dissolved into the flow of experience. Self identity becomes integrated into a qualitatively higher (or deeper) perspective in which individual identity and the contents of experience are differentiated but not split or separated. The world does not melt away, perception gains greater clarity and richness, and actions flow more harmoniously. At the same time, the self is no longer experienced as separate or ultimately autonomous. Instead, an expanded, more open, and more inclusive view of the world becomes foreground (Davis, 2011, p. 93).

According to Davis (2011), the term *nonduality* captures the understanding of unitive states, an expanded and deeper sense of self and self-transcendence. In transcending a sense of separate self, one realizes a nondual relationship with “being”. It is not awareness or consciousness which is transcended, only the limits of a self which is grounded in separation, narcissism, and defenses (the so-called *ego* in many spiritual traditions) or personal self (described earlier in regard to psychosynthesis). Nonduality does not mean a loss of consciousness but rather a heightened consciousness in which particulars (objects, persons, and relationships) can be perceived with greater clarity, as the conditioning and cognitive limitations of the ego-based separate self are dissolved, integrated, and transcended. This echoes the notion of transpersonal self (described earlier).

This view of nonduality is at the core of the relationship between transpersonal psychology and ecopsychology. Ecopsychology is based on the recognition of a fundamental nonduality between humans and nature

and on the insight that the failure to experience, value, and act from this nonduality creates suffering for both humans and the environment. Nonduality and unitive states of consciousness are also at the foundation of transpersonal psychology.

Conclusion

This chapter had two main goals. The first objective was to present a brief overview of four psychological frameworks: (1) Positive Psychology; (2) Mindfulness; (3) Ecopsychology; (4) Transpersonal Psychology. The second objective proposed some parallels between these four psychological frameworks, highlighting some of their similarities and differences. We have explored how positive psychology and mindfulness can be considered complementary, despite their different fundamental premises; they both can foster well-being and improve the quality of interpersonal relationships (Shankland & André, 2014).

In sum, both practices of PP and mindfulness can be complementary under some conditions (Shankland & André, 2014). Positive psychology has shown that happiness is not something that happens to us. However, we can choose to modify our attitudes and behaviours to nurture our well-being (Lyubomirsky, 2008). Mindfulness helps increase our ability to make these choices by becoming aware and deliberately leaving aside some of our impulsive responses. In that sense, these two approaches could be considered complementary.

Furthermore, recent work in positive psychology has focused on the study of the determinants of well-being that refer to an “engaged or committed” and “meaningful” life as described by Seligman (2002). This specific orientation would be closer to the aims of mindfulness practice which are less about the pursuit of positive emotions per se, and more about dealing effectively with negative emotions. Lastly, connections between positive psychology and mindfulness could become more prominent if experimental research (notably in positive psychology) could shed light on the mechanisms involved in nurturing well-being, leading to a better analysis of the processes involved in mindfulness programs. Meanwhile, mindfulness practice may be one of the best approaches to developing an attitude towards life which facilitates the experience of lasting happiness, without the latter being actively sought after or coerced.

We have also presented how ecopsychology views the relationship between human beings and nature as a deeply bonded and reciprocal

communion. The denial of this bond is a source of suffering both for the physical environment and for the human psyche. Also, the realization of the connection between humans and nature is healing for both. This leads us to the importance of considering the self in relation to nature, in light of which the reciprocal influence of mindfulness and ecopsychology was explored, along with the possibility of integrating ecopsychology and transpersonal psychology, mainly via the notion of nonduality (Davis, 2011).

In virtually all descriptions provided by the world's spiritual traditions, nonduality is seen not as an end unto itself, but as a way of orienting our interactions beyond self-interest. Some ecopsychologists and ecologists have pointed to this as a call for environmental action (Davis, 2011). Fox (1995) refers to this as being inclined to care for the unfolding of the world in all its aspects; Wilber (1996) speaks in terms of demonstrating spontaneous environmental ethics. One who understands and has integrated the teachings of nonduality does not hesitate to act on behalf of all that exists. Conflicts between one's own interests and the interests of the whole are transcended. The wisdom of the whole guides one's actions in a way that is optimal for the whole. Nonduality prompts compassionate and skillful action in the service of the environment (Davis, 2011).

The notion of nonduality neither devalues nor rejects either the natural world or human culture. From this view, spiritual realization does not need to isolate nature from humans. Regardless of what extent is used to distinguish these (and at times this is a useful distinction), they can still be seen as manifestations of the same absolute mysterious ground of "being". None of the dimensions of nonduality means *leaving* the world. Regardless of whether the physical world (including the natural world) or spirit is privileged, both of these views maintain a problematic duality. With the understanding of nonduality presented here, one can embrace both nature and human as manifestations of "being" (Davis, 2011).

Finally, this chapter has explored diverse conceptual frameworks that seem to integrate both the 'doing' mode from positive psychology and ecopsychology (the latter related to actively pursuing a relationship with nature), and the 'being' mode from mindfulness and transpersonal psychology (respectively via the personal self, referring to the "doing" mode) and transpersonal self (referring to the "being" mode). In sum, if the notion of self is embedded in nature, and if nonduality is the way to integrate ecopsychology in transpersonal psychology, this is shown via the embedding of both selves as one – the personal self and the transpersonal self – as we are one with nature.

Let us conclude by referring to some key points of the perspective offered by some Canadian astronauts we briefly referred to in the introduction. Positive psychology and mindfulness can help us to be more attentive to and take care of ourselves in times of crisis, distress and suffering. Ecopsychology and transpersonal psychology, by embracing the importance of connection and nonduality, can help us better understand how interdependent we are on our planet and how we need to collaborate together by transcending our personal selves to be at the service of one another.

References

- André, C. (2011). *Méditer jour après jour. 25 leçons de pleine conscience*. Paris: L'Iconoclaste.
- Assagioli, R. (1983). *Psychosynthèse, principes et techniques*, Paris: ÉPI.
- Barnerjee, S. (2020, March 26th). *Petits trucs d'astronautes pour survivre au confinement*. Le Soleil numérique. <https://www.lesoleil.com/actualite/covid-19/petits-trucs-dastronautes-pour-survivre-au-confinement-cd47d45050fdd-5a7b1b4f685f3753ebf>
- Barsade, S.G., Ward, A.J., Turner, J.D.F., & Sonnenfeld, J.A. (2000). To your heart's content: a model of affective diversity in top management teams. *Administrative Science Quarterly*, 45, 802-836.
- Baumeister, R.F., & Leary, M.R. (1995). The need to belong: desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529.
- Bellehumeur, C.R. (2019). Psychologie positive et psychothérapie positive: un bilan synthèse des contributions majeures (chapitre 2). In C.R. Bellehumeur, & J. Malette (Eds.), *Psychologie positive et spiritualité en psychothérapie: Fondements, Recherches et Applications* (pp. 41-69). Québec: Presses de l'Université Laval.
- Bellehumeur, C.R., & Carignan, L.-M. (2021). Resilience, spirituality, and the imaginary in the context of chronic pain. In B. Maisha, S. Massicotte, & M. Morin (Eds.), *Fostering resilience before, during, and after experiences of trauma. Insights to inform practice across the lifetime* (pp. 71-94). New York, NY: Routledge.
- Bellehumeur, C.R., & Sundaram, L. (2015). Spiritual but not religious: Some contemporary influences and their impact on health. In E.C. Roberts (Ed.), *Spirituality: Global practices, societal attitudes and effects on health* (pp. 231-252). Hauppauge, NY: Nova Science Publishers Inc.
- Bohlmeijer, E., Prenger, R., Taal, E., & Cuijpers, P. (2010). The effects of mindfulness-based stress reduction therapy on mental health of adults with a chronic medical disease: A meta-analysis. *Journal of Psychosomatic Research*, 68, 539-544.
- Bouffard, L., & Lapierre, S. (1997). La mesure du bonheur. *Revue québécoise de psychologie*, 18, 273-316.

- Bowen, S.W., Chawla, N., & Marlatt, G.A. (2010). *Mindfulness-based relapse prevention for Addictive behaviors: a clinician's guide*. New York, NY: Guilford Press.
- Brown, M. (1989). Transpersonal psychology: Facilitating transformation in outdoor experiential education. *Journal of Experiential Education*, 12, 14-21.
- Brown, M.Y. (1983). *The Unfolding Self: Psychosynthesis and Counselling*. Psychosynthesis Press.
- Brown, K.W., & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84, 822-848.
- Brown, K.W., Ryan, R.M., & Cresswell, J.D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*, 18, 211-237.
- Brown, R.P. (2003). Measuring individual differences in the tendency to forgive: Construct validity and links with depression. *Personality & Social Psychology Bulletin*, 29, 759-771.
- Bryant, F.B., & Veroff, J. (2007). *Savouring. A new model of positive experience*. Mahwah, NJ: Erlbaum.
- Bynum, E. (1997). A Brief Overview of Transpersonal Psychology. *The Humanistic Psychologist*, 20(2-3), 301-306.
- Cahalan, W. (1995). The earth is our real body: Cultivating ecological groundedness in gestalt therapy. *The Gestalt Journal*, 18(1), 87-113.
- Carbasse, M. (2020, March 21). *David Saint-Jacques: «Il n'y a rien de plus important que ce que vous faites maintenant»*. L'actualité. <https://lactualite.com/sante-et-science/david-saint-jacques-il-ny-a-rien-de-plus-important-que-ce-que-vous-faites-maintenant/>
- Carver, C.S., Scheier M.F., & Segerstrom, S.C. (2010). Optimism. *Clinical Psychology Review*, 30, 879-889.
- Chalquist, C. (2009). A look at the ecotherapy research evidence. *Ecopsychology*, 1(2), 64-74.
- Chaskalson, M. (2013). *Méditer au travail: pour concilier sérénité et efficacité*. Paris: Les Arènes.
- Ciarrochi, J., Kashdan, T.B., Leeson, P., Heaven, P., & Jordan, C. (2011). On being aware and accepting: a one-year longitudinal study into adolescent well-being. *Journal of Adolescence*, 34, 695-703.
- Clayton, S., Manning, C.M., Krygman, K., & Speiser, M. (2017). *Mental health and our changing climate: Impacts, implications, and guidance*. Washington, D.C.: American Psychological Association and ecoAmerica.
- Cohen, M.J. (1993). Integrated ecology: The process of counseling with nature. *The Humanistic Psychologist*, 21(3), 277-295.
- Cowan, G., Neighbors, C., DeLaMoreaux, J., & Behnke, C. (1998). Women's hostility toward women. *Psychology of Women Quarterly*, 22, 267-284.
- Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York, NY: Harper & Row.
- Cunningham, M.R. (1988). Does happiness mean friendliness? Induced mood and heterosexual self-disclosure. *Personality and Social Psychology Bulletin*, 14, 283-297.
- Dahl, J., Wilson, K., & Nilsson, A. (2004). Acceptance and commitment therapy and the treatment of persons at risk for long-term disability resulting

- from stress and pain symptoms: A preliminary randomized trial. *Behavior Therapy*, 35, 785-801.
- Dambrun, M., & Ricard, M. (2011). Self-centeredness and selflessness: A theory of self-based psychological functioning and its consequences for happiness. *Review of General Psychology*, 15, 138-157.
- Davidson, R.J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S.F., Urbanowski, F., Harrington, A., Bonus, K., & Sheridan, J.F. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, 65, 564-570.
- Davis, J. (1998). The transpersonal dimensions of ecopsychology: Nature, nonduality, and spiritual practice. *The Humanistic Psychologist*, 26(1-3), 60-100.
- Davis, J. (1999). *The Diamond Approach: An introduction to the teachings of A. H. Almaas*. Boston, MA: Shambhala.
- Davis, J. (2005). Wilderness rites of passage. In B. Taylor (Ed.), *Encyclopedia of Religion and Nature* (Vol. 2). London, UK: Thoemmes Continuum International.
- Davis, J.V. (2011). Ecopsychology, transpersonal psychology, and nonduality. *International Journal of Transpersonal Studies*, 30, 89-100.
- Davis, J.V. (2013). Ecopsychology's niche: Why the transpersonal matters to ecopsychology. *Ecopsychology*, 5(4), 215-216.
- Diener, E., Sandvik, E., & Pavot, W. (1991). Happiness is the frequency, not the intensity, of positive versus negative affect. In F. Strack, M. Argyle, & N. Schwarz (Eds.), *Subjective well-being: an interdisciplinary perspective* (pp. 119-139). Oxford, England: Pergamon Press.
- Diener, E., & Seligman, M.E.P. (2002). Very happy people. *Psychological Science*, 13, 81-84.
- Emmons, R.A., & McCullough, M.E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology*, 84, 377-389.
- Ferrucci, P. (1982). *La psychosynthèse*. Paris, France: Retz.
- Forman, E.M., Herbert, J.D., Juarascio, A.S., Yeomans, J.D., Zebell, J.A., Goetter, E.M., & Moitra, E. (2012). The Drexel Defusion Scale: A new measure of experiential distancing. *Journal of Contextual Behavioral Science*, 1, 55-65.
- Foster, S., & Little, M. (1988). *The book of the vision quest*. New York, NY: Prentice Hall.
- Foster, S., & Little, M. (1997). *The roaring of the sacred river: The wilderness quest for vision and self-healing*. Big Pine, CA: Lost Borders.
- Fox, W. (1995). *Toward a transpersonal ecology: Developing new foundations for environmentalism*. Albany, NY: State University of New York Press.
- Fresco, D.M., Segal, Z.V., Buis, T., & Kennedy, S. (2007). Relationship of posttreatment decentering and cognitive reactivity to relapse in major depression. *Journal of Consulting and Clinical Psychology*, 75, 447-455.
- Gable, S.L. & Haidt, J. (2011). Qu'est-ce que la psychologie positive (et pourquoi)? In C. Martin-Krumm & C. Tarquinio (Eds.), *Traité de Psychologie Positive. Fondements théoriques et implications pratiques* (pp. 29-40). Bruxelles: De Boeck.
- Greenway, R. (1995). The wilderness effect and ecopsychology. In T. Roszak, M. Gomes, & A. Kanner (Eds.), *Ecopsychology: Restoring the earth, healing the mind* (pp. 122-135). San Francisco, CA: Sierra Club.

- Hardy, J. (1987). *A Psychology with a Soul: Psychosynthesis in Evolutionary Context*. London, UK: Routledge & Kegan Paul, Ltd.
- Hartig, T., Mang, M., & Evans, G. (1991). Restorative effects of natural environment experience. *Environment and Behavior*, 23(1), 3-26.
- Hayes, S.C., Strosahl, K., & Wilson, K.G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York, NY: Guilford Press.
- Hayes, S.C., Wilson, K.G., Gifford, E.V., Follette, V.M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, 64, 1152-1168.
- Hosman, C., & Jané-Llopis, E. (1999). Political challenges 2: mental health. In *The evidence of health promotion effectiveness: Shaping public health in a new Europe* (pp. 29-41). Bruxelles: ECSC-EC-EAEC.
- Huppert, F.A., & Johnson, D.M. (2010). A controlled trial of mindfulness training in schools: The importance of practice for an impact on well-being. *The Journal of Positive Psychology*, 5, 264-274.
- Isen, A.M. (1970). Success, failure, attention and reaction to others: The warm glow of success. *Journal of Personality and Social Psychology*, 15, 294-301.
- Jacobs, T.L., Epel, E.S., Lin, J., Blackburn, E.H., Wolkowitz, O.M., Bridwell, D.A., Zanesco, A.P., Aichele, S.R., Sahdra, B.K., MacLean, K.A., King, B.G., Shaver, P.R., Rosenberg, E.L., Ferrer, E., Wallace, B.A., & Saron, C.D. (2011). Intensive meditation training, immune cell telomerase activity, and psychological mediators. *Psychoneuroendocrinology*, 36, 664-681.
- James, W. (1902). *The varieties of religious experience: A study in human nature*. New York, NY: Longmans, Green & Co.
- Jha, A.P., Krompinger, J., & Baime, M.J. (2007). Mindfulness training modifies subsystems of attention. *Cognitive, Affective, & Behavioral Neuroscience*, 7, 109-119.
- John, O.P., & Gross, J.J. (2004). Healthy and unhealthy emotion regulation: Personality processes, individual differences, and lifespan development. *Journal of Personality*, 72, 1301-1334.
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: theoretical considerations preliminary results. *General Hospital Psychiatry*, 4, 33-47.
- Kabat-Zinn, J. (1990). *Full catastrophe living: using the wisdom of your body and mind to face stress, pain and illness*. London: Piatkus.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10, 144-156.
- Kang, Y., Gruber, J., & Gray, J.R. (2013). Mindfulness and de-automatization. *Emotion Review*, 5, 192-201.
- Kaplan, S. (1995). The restorative benefits of nature: Toward an integrative framework. *Journal of Environmental Psychology*, 15(3), 169-182.
- Kaplan, S., & Talbot, J. (1983). Psychological benefits of a wilderness experience. In I. Altman & J. Wohlwill (Eds.), *Behavior and the natural environment* (pp. 163-203). New York, NY: Plenum Press.

- Kashdan T.B., & Ciarrochi, J. (Eds.) (2013). *Mindfulness, acceptance and positive psychology*. Oakland, CA: Context Press.
- Koller, S. (2017). Soigner l'esprit et guérir la terre: quand l'écologie et la psychologie s'entrecroisent. *Psychoscope*, 3, 21-23.
- Kristeller, J.L., & Wolever, R.Q. (2011). Mindfulness-based eating awareness training for treating binge eating disorder: The conceptual foundation. *Eating Disorders: The Journal of Treatment & Prevention*, 19, 49-61.
- Krueger, R.F., Hicks, B.M., & McGue, M. (2001). Altruism and antisocial behavior: Independent tendencies, unique personality correlates, distinct etiologies. *Psychological Science*, 12, 397-402.
- Lajoie, D., & Shapiro, S. (1992). Definitions of transpersonal psychology: The first twenty-three years. *Journal of Transpersonal Psychology*, 24(1), 79-98.
- Lavoie, L.-C. (2006). Psychothérapie et spiritualité: de l'opposition au dialogue interactif. *Reflets*, 12(1), 48-73. doi: 10.7202/013438ar
- Lecomte, J. (2007). *Donner un sens à sa vie*. Paris: Odile Jacob.
- Lomas, T. & Itzvan, I. (2016). Second wave positive psychology: Exploring the positive-negative dialectics of well-being. *Journal of Happiness Studies*, 17(4), 1753-1768.
- Lynch, S., Gander, M.-L., Kohls, N., Kudielka, B., & Walach, H. (2011). Mindfulness-based coping with university life: A non-randomized wait-list-controlled pilot evaluation. *Stress and Health*, 27, 365-375.
- Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York, NY: Penguin Press.
- Maslow, A.H. (1962). *Toward a psychology of being*. Princeton: D. Van Nostrand Company.
- Maslow, A.H. (1970). *Religions, values, and peak experiences*. New York: Penguin.
- Monestès, J.L., Vuille, P. & Serra, E. (2007). Thérapie de pleine conscience, thérapie d'acceptation et d'engagement et douleur chronique. *Douleurs*, 18, 73-79.
- Moore, A., & Malinowski, P. (2009). Meditation, mindfulness and cognitive flexibility. *Consciousness & Cognition*, 18, 176-186.
- Murphy, M.J., Mermelstein, L.C., Edwards, K.M., & Gidycz, C.A. (2012). The benefits of dispositional mindfulness in physical health: A longitudinal study of female college students. *Journal of American College Health*, 60, 341-348.
- Myers, D.G. (1993). *Social psychology* (4th edition). New York, NY: McGraw-Hill Book Company.
- Nisbet, E.K.L., Zelenski, J.M., & Murphy, S.A. (2009). The nature relatedness scale: linking individuals' connection with nature to environmental concern and behavior. *Environ. Behav.* 41, 715-740. doi: 10.1177/0013916508318748
- Peterson, C. (2006). *A primer in Positive Psychology*. New York: Oxford University Press.
- Peterson, C. (2008, May 16). *What is positive psychology, and what is it not?* *Psychology Today*. <https://www.psychologytoday.com/intl/blog/the-good-life/200805/what-is-positive-psychology-and-what-is-it-not>
- Rashid, T., & Csillik, A. (2011). Applications cliniques de la psychologie positive: la psychothérapie positive. In C. Martin-Krumm & C. Tarquinio (Eds.), *Traité de psychologie positive. Fondements théoriques et implications pratiques* (pp. 481-493). Bruxelles: De Boeck.

- Rogers, C. (1959). A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science. (Vol. 3): Formulations of the person and the social context*. New York, NY: McGraw Hill.
- Roszak, T. (1992). *The voice of the earth: An exploration of ecopsychology*. New York, NY: Simon & Schuster.
- Roth, B., & Robbins, D. (2004). Mindfulness-based stress reduction health-related quality of life: Findings from a bilingual inner-city patient population. *Psychosomatic Medicine*, 66, 113-123.
- Ryan, R.M., & Deci, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudemonic well-being. In S. Fiske (Ed.), *Annual review of psychology* (pp. 141-166). Palo Alto, CA: Annual Reviews, Inc.
- Ryff, C.D. (1989). Happiness is everything, or is it – explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069-1081.
- Scheier, M.F., & Carver, C.S. (1985). Optimism, coping, and health: Assessment and implication of generalized outcome expectancies. *Health Psychology*, 4, 219-247.
- Segal, Z.V., Williams, J.M.G., & Teasdale, J.D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York, NY: Guilford.
- Seligman, M.E.P. (2002). *Authentic happiness*. New York, NY: Free Press.
- Seligman, M.E.P. (2011). *Flourish*. New York, NY: Simon & Schuster.
- Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 35, 5-14.
- Seligman, M.E.P., Steen, T., Park, N., & Peterson, C. (2005). Positive psychology progress. *American Psychologist*, 60, 410-421.
- Shankland, R. (2014). *Psychologie positive*. Paris: Dunod.
- Shankland, R. & André, C. (2014). Pleine conscience et psychologie positive: incompatibilité ou complémentarité? *Revue québécoise de psychologie*, 35(2), 157-178.
- Sin, N.L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of Clinical Psychology*, 65, 467-487.
- Stringer, L., & McAvoy, L. (1992). The need for something different: Spirituality and wilderness adventure. *Journal of Experiential Education*, 15(1), 13-20.
- Sundaram, L. (2014). Let's take it outside. Nature as a dynamic partner in the therapeutic relationship. *Counselling and Spirituality*, 33(1), 51-69.
- Swanson, J. (1995). The call for gestalt's contribution to ecopsychology: Figuring in the environmental field. *The Gestalt Journal*, 18(1), 47-85.
- Talbot, J., & Kaplan, S. (1986). Perspectives on wilderness: Re-examining the values of extended wilderness experiences. *Journal of Environmental Psychology*, 6(3), 177-188.
- Thoits, P.A., & Hewitt, L.N. (2001). Volunteer work and well-being. *Journal of Health and Social Behavior*, 42, 115-131.
- Ulrich, R., Simons, R., Losito, B., Fiorito, E., Miles, M., & Zelson, M. (1991). Stress recovery during exposure to natural and urban environments. *Journal of Environmental Psychology*, 11, 201-230.

- Van Doesum, N.J., Van Lange, D.A.W., & Van Lange, P.A.M. (2013). Social mindfulness: Skill and will to navigate the social world. *Journal of Personality and Social Psychology*, 105, 86-103.
- Van Gordon, W., Shonin, E., & Richardson, M. (2018). Mindfulness and nature. *Mindfulness*, Advance Online Publication, 9, 1655-1658. doi: 10.1007/s1267-018-0883-6
- Walsh, R., & Vaughan, F. (Eds.) (1993). *Paths beyond ego: The transpersonal vision*. New York, NY: Tarcher/Putnam.
- Weinstein, N., Przybylski, A. & Ryan, R. (2009). Can nature make us more caring? Effects of immersion in nature on intrinsic aspirations and generosity. *Personality and Social Psychology Bulletin*, 35(10), 1315-1329.
- WHO (2020). *WHO Constitution. Basic Documents, Forty-ninth Edition*. World Health Organization. https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf
- White, P.M., Alcock, I., Grellier, J., Wheeler, B.W., Hartig, T., Warber, S.L., Bone, A., Depledge, M.H. & Fleming, L.E. (2019). Spending at least 120 minutes a week in nature is associated with good health and well-being. *Scientific Reports*, 9, 7730. doi: 10.1038/s41598-019-44097-3
- Wilber, K. (1996). *A brief history of everything*. Boston, MA: Shambhala.
- Wilson, E.O. (1984). *Biophilia*. Cambridge, MA: Harvard University Press.
- Witvliet, C.O., & McCullough, M.E. (2007). Forgiveness and health: A review and theoretical exploration of emotion pathways. In S.G. Post (Ed.), *Altruism and health: perspectives from empirical research* (pp. 259-276). New York, NY: Oxford University Press.
- Wood, A.M., Joseph, S., Lloyd, J., & Atkins, S. (2009). Gratitude influences sleep through the mechanism of pre-sleep cognitions. *Journal of Psychosomatic Research*, 66, 43-48.
- Wong, P.T.P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology/Psychologie Canadienne*, 52, 69-81.
- Zelenski, J.M., & Nisbet, E. (2014). Happiness and feeling connected: The distinct role of nature relatedness. *Environment and Behavior*, 46(1), 3-23.

Chapter 3

The Relation between Truth, Goodness, and Beauty as an Anthropological Foundation for Spirituality. Building a Bridge between Ancient Conceptualizations and Contemporary Operationalisations

Andrzej K. Jastrzębski

Introduction

In the last years, spirituality has attracted increasing interest and has become a topic of many academic discussions. It has come a long way from its original Christian understanding to its modern clinical applications. As a consequence, the concept of spirituality has gone from having a theological foundation to one infused with psychological characteristics. Yet there are some voices (e.g. Koenig, 2008; Sheldrake, 2005) suggesting that in our contemporary approach to spirituality, we should not totally abandon all the religious dimensions of its conceptualization if we do not want to make it another purely psychological marker or trait. Therefore we propose to look at some of the foundations of spirituality that come from religious and philosophical backgrounds (*a priori*) and pertain to the classical ends of the human being: truth, goodness and beauty. We will attempt to examine a potential bridge between the philosophically and religiously-oriented conceptualization of these ends and their contemporary psychological operationalizations. To achieve this task, we will elaborate on the understanding and application of the three classical ends of the human being, as developed in Western philosophy since the time of Plato and Socrates. The ancient understanding of these three ends was developed as an *a priori* reasoning based on empirical observations (ontology). Today we already have significant empirical research (*a posteriori*) that demonstrates how these concepts function and shape human life. However, this research mentions the *a priori* foundations rather briefly.

Although religious views of spirituality have certainly had a significant impact on the psychological development of humans over the last millennia,

religion and, to some extent, spirituality seem to have had less influence on human life. However, in the postmodern era, religion and spirituality are reentering the sphere of everyday human life and influencing our understanding of beauty, both artistically and morally. In most world religions, there is also a strong presence of the concept of *glory*, a sacred understanding of beauty. No doubt, over the millennia, religions have become the inspiration for many well-known masterpieces of architecture, art, music and painting. These beautiful works are a significant part of beauty's heritage to us all. Based on this evidence, we can work with the conviction that the experience of beauty involves a dimension of the human mind that may be likened to spirituality (Diessner et al., 2008).

Today, operating from relativistic or individualistic points of view, people tend to reject any a priori arguments regarding what they ought to do ("what is good?") or what they should believe ("what is true?"). As never before, we are left without any stable frame of reference. Nonetheless, there seems to be hope coming from recent psychological research on beauty. Modern people tend to acknowledge things that are beautiful. Although in former philosophical debate, beauty carried less weight than its counterparts, goodness and truth, in contemporary research, reflecting on beauty has emerged as the point of departure and the key approach to reach the two other ends: goodness and truth.

To contend with this situation, integrating both a priori and a posteriori approaches is necessary in order to meet the expectations of our contemporaries. In other words, we have to combine intellectual argumentation with lived experience. Our hope is to build this kind of bridge.

1. *A priori* concepts

1.1. *Being and transcendentals*

Since time immemorial, truth, beauty, and goodness have had and continue to have influence over human ways of thinking, meaning making processes, and reflections on the purpose of life (Plato, ca. 375 B.C.E./1984). Philosophers and theologians have frequently used these concepts to define the foundations of human life and of humanity's deepest desires. Throughout the course of Western history, philosophers have underlined the importance of beauty (e.g. Aristotle, ca. 350 B.C.E./2002; Aquinas, ca. 1260/1947; Ficino, ca. 1484/1964; Kant, ca. 1790/1987; Hegel, ca. 1835/1993).

In classical metaphysics, there is a fourfold distinction of the transcendentals that describe all beings universally: being, truth, good and

beauty. The transcendentals doctrine as articulated by Thomas Aquinas (ca. 1256/1952) is suited to conform to every being. When a being conforms to the human cognitive faculty, the being becomes truth; when the being conforms to the human appetitive faculty, the being becomes goodness. For Aquinas ‘being in general’ becomes the subject of metaphysics of which God the principle is subject. Finally, he relates ‘being in general’ to God, which leads him to present the transcendentals in association with the divine names: God is Truth and Goodness. In this manner, he integrates the Platonic and Aristotelian traditions of reflection on ‘being’, ‘true’, and ‘good’. Moreover, the transcendentals ‘being’ and ‘good’ serve as the foundational principles of theoretical and practical reason (Aquinas, ca. 1260/1947).

In *De Veritate* (Aquinas, ca. 1256/1952) Aquinas presents his analysis of the concept of truth. According to him, there is a moment of conformity between the intellect and the “thing” (a metaphysical term). This conformity is transcendental truth. In contrast to this, in his *Summa*, Aquinas says that the intellect is true in a primary sense, the “thing” only in a secondary sense, i.e. in relation to the intellect (ca. 1260/1947).

The understanding of the good comes from Aristotle’s critique of Plato’s Idea of the Good in the first book of the *Nicomachean Ethics*. Aristotle (ca. 350 B.C.E./2002) states that the good has both a trans-generic and analogical character and defines it in a following way – the good is that which all desire. Also Aquinas connects being with the proper character of the good as that which is desirable. A thing is desirable because it is perfect, and is perfect because it is in act (a metaphysical term), so that the goodness of a thing depends on the actuality of its being (Aertsen, 1996).

When Aquinas speaks of truth and good as divine characteristics, he is aware that ultimately, they are mysteries beyond the full grasp of reason. For Aquinas, ‘being’ is an analogical term and first of all it characterizes the nature of God. God’s essence is the same as God’s existence. God is the final subject of knowledge (Beatific Vision). Also, God is the ultimate goal of the human will. In order to achieve this goal, our will has to be shaped by proper habits or virtues to eventually attain the uncreated good that Aquinas calls the First Cause, i.e. God (McGinn, 2014).

1.2. *First principles*

Aquinas (ca. 1260/1947), following Aristotle, speaks of first principles as dispositions or habits of reason distinct from acquired habits which modify our personality. Nonetheless, they are not innate, as Plato would

suggest. Rather, all knowledge comes from senses by activating them. Aristotle (ca. 350 B.C.E./2002) calls knowing these first principles 'intuition' and opposes it to reasoning. The first principles are a prerequisite to all other knowledge, more certain than other knowledge, and are self-evident. For Aristotle and Aquinas, self-evident means that these principles become clear as soon as the meaning of the term is known such as "the whole is greater than its parts". They are present in the natural light of reason and make all knowledge possible. They are grasped by direct understanding or intuition and by seeing the absurdity of negating them (Brown, 2006).

For Plato (ca. 375 B.C.E./1984), Aristotle (ca. 350 B.C.E./2018) and Aquinas (ca. 1260/1947), the understanding of truth relies on a self-evident principle that states that at the same time something cannot be and not be in the same respect. This principle is also called the law of noncontradiction. The understanding of good relies on a self-evident principle saying that "good is to be done and pursued and evil avoided" (Aquinas, ca. 1260/1947). It is also called the first principle of practical reason. It is enough to understand the meaning of such an expression to be immediately reassured of its validity. By the same token, in the case of goodness, grasping the meaning of knowledge or friendship brings us to a conclusion that they are self-evidently good. Regarding the good, Aquinas asserts that all humans are equipped with some special faculty or habit called *synderesis* that allows us to understand basic ethical principles spontaneously (Aquinas, ca. 1260/1947). These principles are neither derived from any previous ones nor from any anterior determination. They are simply known by nature. It is clear that some particular actions violate moral order, for example preventing sorely needed water, food and medication from reaching war-torn countries. The certainty of the first principles relates to their self-evidence and naturally fuels both the human moral decision-making processes and growth into a virtuous life. There is an essential difference between the theoretical and practical reason in this regard. We are not able to create the truth but we are able to freely choose whether or not we are following the first principles of practical reason (Brown, 2006).

In a more contemporary expression of the same ideas, Price (1758/1969) distinguishes intuition from immediate consciousness or feeling and from rational argumentation. According to him, intuition should be understood as an immediate apprehension by the understanding of self-evident truths or general and abstract ideas (Price, 1758/1969). Basic moral propositions are self-evident (i.e. evident in and of themselves). They are not

in need of any argument. Self-evident rules such as “one should keep one’s promises”, are objects of intuition. Apparently, our mind has an intuitional dimension to its works, which it applies both to knowledge and to morality. The heuristic capacity of the human mind seems to be closely related to its intuitional dimension. Examples of this are moral beliefs about which we all agree, spontaneous moral judgments adopted independently of any conscious reasoning, and even common-sense intuitions (McMahan, 2000).

1.3. *Beauty*

Issues related to beauty, a third domain, often arise in the religious and spiritual contexts of ancient civilizations and are common in living religions (Haidt & Keltner, 2004). Theoretical reason uses *theorein* (gr. seeing) and practical reason uses *prassein* (gr. acting). In the first domain, which is theoretical reason, Aristotle (ca. 350 B.C.E./2002) places logic, mathematic, sciences, and metaphysics. In the second, he places practical reason, ethics, politics, and art. Finally, he distinguishes three domains of the human reason: the truth linked to theoretical reason, the good linked to practical reason as doing, and the beautiful linked to practical reason as creating. But the appreciation of beauty remains outside of such conceptualization since it is not a making. It is closer to contemplation, which is a function of theoretical reason. Because of that, it is more appropriate to distinguish three objects that the human reason relates to: truth, goodness, beauty or first principles attached to them (Brown, 2006).

As we mentioned before, from ancient times there has been a discussion around what is beautiful. Despite different opinions on this subject, there are some common patterns. In many definitions of beauty, as in Plato, Kant or Hegel, we can see that there is some similarity in different theorists’ description relating to their experience of the appreciation of beauty. Commonly used terms are often harmony, perfection, and the divine. Quite frequently, beauty and excellence appear as related concepts. This is the case for Plato who links beauty to the idea of truth and goodness, an approach developed subsequently by Aquinas, which refers to both moral goodness, as well as perfection. For Kant, aesthetic pleasure differs from other types of pleasure because beauty is associated with a disinterested pleasure. Also, the experience of appreciation of beauty (ABE) involves self-transcendence which is also connected to the acquisition of an intuitive and more profound knowledge about the world.

In this case, many individuals recognize their connectedness with others and with the entire universe. Along these lines of thought, Plotinus (ca. 301 C.E./1964) states that the appreciation of beauty leads to identification with the divine. Gadamer (1986) adds that such self-transcendence includes an altered perception of time often bordering on timelessness. Finally, the appreciation of beauty can also have a therapeutic dimension (Martínez-Martí et al., 2016).

The first principles regarding beauty are situated in-between those applied to the truth and those applied to the good as a combination of contemplation and action. It was Aristotle who developed these principles in relationship with the human response to nature and art. Its essence lays in our delight. Aquinas never developed this topic in a systematic way. According to Aristotle, the major action linked to beauty is our innate tendency to imitate nature; the contemplative dimension is expressed in delight and wonder presented as order, symmetry, and definiteness (Aristotle, ca. 350 B.C.E./2018). A good work of art should leave us with this kind of reaction. It does not necessarily have to be true or related to the moral good. It finds its worth through our willingness to explore what attracts us to it (Brown, 2006).

Nonetheless, following Aquinas' thought, we can say that beauty can be predicted about everything and, like truth and goodness (also being and oneness), can be counted among the transcendentals. If everything that is, is good, so it is also beautiful. Aquinas links the good and beauty of a being with its substantial form (ca. 1260/1947). They differ because they are different subjects for a reason. Goodness is related to the will, and beauty to the power of knowing called appreciation. Goodness is related to a final cause (a purpose) and beauty to a formal cause as something intelligible (Aquinas, ca. 1260/1947). The recognition of good moves our appetite and the appreciation of beauty stills it. It does not guide our actions but is enjoyed for its own sake. According to Aquinas, there are three basic characteristics of beauty: integrity or perfection, proportion or harmony, and brightness or clarity (ca. 1260/1947).

As a combination of contemplation and action, beauty is linked to truth through the formal cause (order, integrity, proportion) and to the good through its active sensual dimension. Experience, not only as an abstract statement, is essential for perceiving beauty. We want to remain in the presence of beauty and not only understand theoretically why this object is beautiful. Beauty is about the unity of sense and reason and can only be analogically ascribed to truth and goodness. Its practical expression is human art, which shows that we can also create beauty. In the face

of truth we are rather passive receptors. As artists, in the face of beauty, we can contribute our own part that others will appreciate (Brown, 2006).

Truth, goodness, and beauty are three different orientations of the same reason towards three different objects and are ruled by different first principles. We know what is true, what is good, and what is beautiful are independent of one another but we relate to them as one human subject experiencing them through one reason or self-aware intelligence. The very nature of this self-aware intelligence remains hidden from us; so does the very source of the first principles that we discover in our intelligence. Our experience of truth, goodness and beauty is inter-related. They can all be unified thanks to the experience of beauty. A true and complete judgment about the universe is beautiful. A virtuous person leading an exemplary life is also beautiful. In this sense the beauty contains the realm of the good and the true. This is where contemporary empirical research leads us.

2. *A posteriori*

Recently, in the definitions of spirituality, the dimension of encountering beauty (e.g. in nature, music or art) plays a more prominent role than ever before (Costa & McCrae, 1992; Elkins, 1998; Pargament, 2007). For instance, we can define spirituality as reaching a deeper union with the universe or as reaching the essence of existence (cf. Schneiders, 1989, p. 678).

The self-transcending power of the human mind gives us access to the experience of wonder, marvel, and awe. It is a kind of open-ended purview. We realize that we are always more than we know about ourselves. This distance between what we know and what we experience consciously constitutes the foundation of the sense of wonder embedded in our consciousness or, more exactly, in the human spirit (Helminiak, 2006).

2.1. *Beauty as the gate into the ends of the human being*

In contemporary research regarding truth and goodness, there is a significant accent put on accessing the ends of the human being through the intermediary of beauty. It is no small wonder since these three are so ontologically and logically closely interconnected. For instance, research conducted by Haidt and his collaborators (Haidt, 2001, 2002;

Haidt & Joseph, 2004; Keltner & Haidt, 2003) has indicated that moral beauty is associated with the moral emotion of elevation, which they have linked with goodness in a way very similar to that of Aquinas (Diessner et al., 2008). Haidt (2002) concluded that in observing humans who manifest moral virtues in their behavior, a distinctive feeling is triggered followed by a desire to become a better human person or to self-transcend. Although the feeling of elevation is accompanied by a sense of affection for the person who caused these feelings, its effects translate into a more generalized desire to become a better human being similar to the admired exemplar (Haidt, 2002).

Peterson and Seligman (2004) proposed a theory of appreciation of beauty and excellence (ABE) as the ability to perceive and appreciate beauty, virtue, and talent as displayed in a physical and social context. ABE is also associated with the experience of self-transcendent emotions such as awe, elevation and admiration (Keltner & Haidt, 2003).

Keltner and Haidt (2003) say that awe is an experience which triggers an overpowering sensory experience of amazement associated with some confusion. Once this confusion is over, the individual is transformed so as to embrace new values or embark on a new mission (Keltner & Haidt 2003). An evolutionistic approach points out that being able to recognize beauty appears to have an adaptive or survival value (Diessner et al., 2008).

2.2. *Operationalization of beauty*

For a long period of time, we have not had a stand-alone measure of appreciation of beauty. There were only two subscales: the first was the 10-item Appreciation of Beauty and Excellence (ABE) of the 240-item *Values in Action Inventory of Strengths* (Peterson & Seligman, 2004). The second was the Aesthetics facet of the Openness scale of the *NEO Personality Inventory-Revised* (Costa & McCrae, 1992). Only the recent work of Diessner et al. (2008) has succeeded in presenting an independent tool, the *Engagement with Beauty Scale* (EBS), to measure appreciation of and engagement with beauty. Moreover, it has been based on various philosophical distinctions and traditions relevant to natural, artistic, and moral beauty. EBS has three subscales: natural beauty, artistic beauty, and moral beauty (Diessner et al., 2008), but according to Martínez-Martí et al. (2016), EBS does not include non-moral excellence (NME). Also, the *Appreciation of Beauty and Excellence Test* developed by Gusewell and Ruch (2012) was not able to include all essential aspects of ABE

because it omits the experience of self-transcendent emotions that accompany the appreciation of beauty or excellence. To cover all three aspects of ABE such as appreciation of beauty (B), moral excellence (ME), and non-moral excellence (NME), Martínez-Martí et al. (2016) developed a new scale called the *Appreciation of Beauty and Excellence Scale* (ABES) which was intended to be a three-dimensional scale covering B, ME, as well as NME dimensions. In the general conclusion of their research the Spanish scholars say:

The results of the current study suggest that individuals high in ABE are generally high in self-transcendence, i.e., they tend to get absorbed and to lose awareness of time and self, experience a strong relationship with nature and the universe, feel that everything seems to be part of a living organism, and can often feel vitalized and comforted by spiritual experiences. Furthermore, they tend to be more oriented towards others, i.e., more empathic, sympathetic, actively concerned for the well-being of others, and have a stronger belief in the sincerity and good intentions of other people. Moreover, individuals specifically high in B are less focused on materialistic goals, and individuals high in both B and ME are less envious (Martínez-Martí et al., 2016, p. 2630).

These conclusions bring us back to the spiritual underpinning of the ends of the human being. It shows clearly that beauty is intrinsically related to truth and goodness and displays an effectively formative dimension regarding the development of our humanity and spirituality through the process of self-transcendence thus confirming ancient theoretical discoveries.

2.3. *Beauty and goodness*

Regarding goodness, Haidt and Keltner (2004) proposed three categories: (1) physical beauty (visual or auditory), (2) moral goodness or virtue (i.e., moral excellence), and (3) talent or skills (i.e., non-moral excellence). When experienced at its best, beauty causes awe, moral excellence is followed by elevation, and non-moral excellence produces admiration. ABE is closely linked with self-transcendence; it fosters the acquisition of an intuitive and deeper knowledge about the world and the perception of connecting with the whole of the universe – even to the point of sometimes experiencing an altered perception of time (Martínez-Martí et al., 2016).

Güesewell and Ruch (2012) add that our responsiveness to the good and beautiful is a continuum. It begins with cognitive appreciation and

goes as far as committed engagement. Between these two extremes there is an infinite number of intermediate degrees of emotional involvement. Based on their findings, Güesewell and Ruch (2012) conclude that our responsiveness to the good and the beautiful is a general and shared characteristic of the human being, which again confirms their philosophical foundations. What distinguishes us from one another are different combinations of this responsiveness. Some of us may be more sensitive to the beauty of music; others may be more oriented towards moral excellence, others to natural beauty, and finally others to human-made objects of art. These facts compel us to ask whether one could set forth a number of typical 'responsiveness-profiles' and attach them to specific professions. One would imagine that this would be the case with musicians, painters, athletes, priests or other professionals. The preliminary results of research seem to confirm this idea at least in the case of artists (Güesewell & Ruch, 2012).

2.4. *Experiential-intuitive nature of the human ends*

As presented by Haidt and Joseph (2004) regarding our capacity to know what is good, social scientists have come up with two possibilities. First, from the empirical point of view, contrary to the ancient tradition, moral knowledge is learned in childhood. Although there is no special moral faculty built into the human mind, one does not exclude some innate learning mechanisms able to foster the acquisition of such knowledge. Second, there is the nativist approach, where on the contrary, one claims we have an innate or intuitive knowledge about goodness and fairness. Practically, it means that all children who are raised in a standard environment should normally come to develop moral ideas, even without being taught by others. Haidt and Joseph (2004) propose a third approach, which they call "a modified nativist view". This model should respect the cultural context of shaping one's morality by indicating a link between innate intuitions and virtues that are more from our social constructions. The authors propose the concept of an intuitive ethics understood as "innate preparedness to feel flashes of approval or disapproval toward certain patterns of events involving other human beings" (p. 56). Among these patterns, they specify suffering, hierarchy, reciprocity, and purity. These intuitions seem to be common to all cultures (Haidt & Joseph, 2004). The feelings of approval or disapproval appear in our awareness as we observe what someone has done or as we consider our own choices (Haidt, 2001).

According to Haidt and Joseph (2004), intuitions are based on the part of the mind where cognition operates in a more automatic way. In fact, the human mind does most of its work using automatic pattern-matching and distributed-processing. Conscious content appearing in our mind is the result of complex processes that take place outside of consciousness (Kihlstrom, 1987).

Interestingly, the aspect of virtue theory shows that Aristotle has been a forerunner of the contemporary application of the neural theory of morality developed by Churchland (2002) (along with works of others, such as those of Andy Clark). According to this model, the human mind gets tuned up gradually by moral experience. With some training, it does this more and more proficiently. Surely, Aristotle's approach is a nativist one. Nonetheless, he locates the innate moral content in both the mind and the environment (Nussbaum, 1993).

Psychologists state that most social cognition occurs in an automatic and intuitive way. In the people we encounter, we spontaneously appraise such features as attractiveness, threat, gender, or status (Haidt & Joseph, 2004). In the moral context, intuition appears to be an under-studied construct. Haidt and Joseph (2004) summarize their views by saying that morality is innate (modules) as well as socially constructed (virtues). Intuition plays an important role on the cognitive level; it is seen in pattern-recognition systems as well as on the emotional level as provoking moral emotions.

Conclusion

As humans, we spontaneously discover in our minds the presence of an existential intuition of such transcendent values such as truth, goodness and beauty. The life of the human spirit matches the secret interiority of all that is visible in the world. Theistically oriented persons relate these values to God as the source of all beauty, truth and goodness (Potter, 2018).

Although today we are either more suspicious of ancient philosophical or theological argumentations or perhaps not well-prepared to follow them, there is new experiential/empirical evidence which suggests that through beauty we have access to truth and goodness. This appreciation of beauty can be seen as a confluence of subjectivity and objectivity. It passes from the human spirit to the mysterious interiority of created things. At the same moment, it awakens as an aesthetic experience of

created order and beauty. We can almost taste the invisible substance of things as the human spirit penetrates beyond the surface to the mystery which shines through their contingent forms (Maritain, 1955). In every act of getting to know reality, subjectivity and objectivity are deeply interconnected. This connection becomes visible in an intuitive mode of perception that penetrates beyond the surface of reality and reaches its essence. At the same time, this experience awakens the subjective depths of the spiritual beings that we are and brings us to a kind of primordial contact with the world through the perception of something of the transcendental aspects of all being. In the case of the beauty, it is a unique form of reality. As rational and spiritual beings, we are attracted to beauty and ultimately to truth and goodness (Potter, 2018). In this context, Maslow (1964) speaks of “peak experiences”. These are moments of ecstasy, unspeakable happiness, and a feeling of being one with the universe.

From the clinical point of view, Frankl (1974) states that, in the context of spiritual unconsciousness, we can say that there is a pre-knowledge of meaning. This pre-knowledge, traditionally called intuition, indicates that our existence on its deepest level is a meaningful existence. This intuition can be seen in manifold symbols used by generations of people and can be described as the ultimate meaning of life that is much more than a whim of pure chance. This meaning of life can simultaneously be both very abstract and very concrete (Marshall & Marshall, 2012). According to Lukas (1985), it naturally refers to truth, beauty and goodness as a kind of blueprint of the human life present in the depths of our being. According to Frankl (1978), unconscious spirituality is composed of three elements: moral conscience, aesthetic conscience and intuitive conscience as related to the three intuitions present at the core of the human being: truth, beauty, and goodness. As demonstrated, these notions, originating in ancient philosophical reflection, have also become a subject of study for positive psychology (e.g. Diessner et al., 2008; Güsewell & Ruch, 2012; Haidt & Joseph, 2004; Martínez-Martí et al., 2016), thus creating a bridge between *a priori* and *a posteriori* reflection on a broader anthropological foundation for our contemporary understanding of who we are.

The appreciation of beauty (ABE) has the potential for becoming the vehicle leading to self-transcendence, peak experiences, and feelings of being connected to the whole universe. It involves the ideals that bring us beyond ourselves to enter into a communion with others (Dambrun et al., 2012), to practice engagement and creative self-forgetfulness (Cloninger et al., 1994; Seligman, 2011), and in some cases it produces a feeling of being in tune with the entire universe (Delle Fave et al., 2011).

References

- Aertsen, J.A. (1996). *Medieval philosophy and the transcendentals. The case of Thomas Aquinas*. Leiden-New York-Köln: Brill.
- Aquinas, T. (1947). *Summa theologiae* (Fathers of the English Dominican Province, Trans.). New York: Benziger Bros (Original work published ca. 1260).
- Aquinas, T. (1952). *Truth. Questions 1-9* (R.W. Mulligan, Trans.). Chicago: Henry Regnery Company (Original work published ca. 1256).
- Aristotle. (2002). *Nicomachean ethics: Translation, glossary, and introductory essay* (J. Sachs, Trans.). Newburyport, MA: Focus (Original work published ca. 350 B.C.E.).
- Aristotle. (2018). *Metaphysics*. (W.D. Ross, Trans.). Digireads.com (Original work published ca. 350 B.C.E.).
- Brown, M. (2006). *Restoration of reason. The eclipse and recovery of truth, goodness, and beauty*. Grand Rapids, MI: Baker Academic.
- Churchland, P.S. (2002). *Brain-Wise: Studies in Neurophilosophy*. Cambridge, MA: The MIT Press.
- Cloninger, C.R., Przybeck, T.R., Svrakic, D.M., & Wetzel, R.D. (1994). *The temperament and character inventory (TCI): A guide to its development and use*. St. Louis, MO: Center for Psychobiology of Personality.
- Costa, P.T., & McCrae, R.R. (1992). *The revised NEO personality inventory (NEO-PI-R) and NEO five factor inventory (NEO-FFI) professional manual*. Odessa, FL: Psychological Assessment Resources.
- Dambrun, M., Ricard, M., Despres, G., Drelon, E., Gibelin, E., Gibelin, M., Loubeyre, M., Py, D., Delpy, A., Garibbo, C., Bray, E., Lac, G., & Michaux, O. (2012). Measuring happiness: From fluctuating happiness to authentic-durable happiness. *Frontiers in Psychology*, 3(16), 1-11.
- Delle Fave, A., Brdar, I., Freire, T., Vella-Brodrick, D., & Wissing, M.P. (2011). The eudaimonic and hedonic components of happiness: Qualitative and quantitative findings. *Social Indicators Research*, 100(2), 185-207.
- Diessner, R., Solom, R.D., Frost, N.K., Parsons, L., & Davidson J. (2008). Engagement with beauty: Appreciating natural, artistic, and moral beauty. *The Journal of psychology*, 142(3), 303-332.
- Elkins, D.N. (1998). *Beyond religion: Eight alternative paths to the sacred*. Wheaton, IL: Quest Books.
- Ficino, M. (1964). *Selections from commentary on Plato's symposium (De amore)* (S.R. Jayne, Trans.). In A. Hofstadter, & R. Kuhns (Eds.), *Philosophies of art and beauty* (pp. 204-238). Chicago: University of Chicago Press (Original work published ca. 1484).
- Frankl, V.E. (1974). *Der unbewußte Gott [The Unconscious God]*. München: Kösel-Verlag GmbH & Co.
- Frankl, V.E. (1978). *The unheard cry for meaning. Psychotherapy and humanism*. New York, NY: Simon and Schuster.
- Gadamer, H.-G. (1986). *The relevance of the beautiful*. London: Cambridge University Press.
- Güsewell, A., & Ruch, W. (2012). Are there multiple channels through which we connect with beauty and excellence? *The Journal of Positive Psychology*, 7(6), 516-529.

- Haidt, J. (2001). The emotional dog and its rational tail: A social intuitionist approach to moral judgment. *Psychological Review*, 108, 814-834.
- Haidt, J. (2002). The moral emotions. In R.J. Davidson, K. Scherer, & H.H. Goldsmith (Eds.), *Handbook of affective sciences* (pp. 852-870). Oxford, England: Oxford University Press.
- Haidt, J., & Joseph, C. (2004). Intuitive ethics: How innately prepared intuitions generate culturally variable virtues. *Daedalus*, 133(4), 55-66.
- Haidt, J., & Keltner, D. (2004). Appreciation of beauty and excellence [awe, wonder, elevation]. In C. Peterson, & M.E.P. Seligman (Eds.), *Character strengths and virtues* (pp. 537-551). New York, NY: Oxford University Press.
- Hegel, G.W.F. (1993). *Introductory lectures on aesthetics*. London: Penguin. (Original work published ca. 1835).
- Helminiak, D.A. (2006). The role of spirituality in formulating a theory of the psychology of religion. *Zygon*, 41(1), 197-224.
- Kant, I. (1987). *Critique of judgment*. Indianapolis, IN: Hackett (Original work published ca. 1790).
- Keltner, D., & Haidt, J. (2003). Approaching awe, a moral, spiritual, and aesthetic emotion. *Cognition and Emotion*, 17, 297-314.
- Kihlstrom, J.F. (1987). The cognitive unconscious. *Science*, 237, 1445-1452.
- Koenig, H.G. (2008). *Medicine, religion and health: Where science and spirituality meet*. West Conshohocken, PA: Templeton Press.
- Lukas, E. (1985). *Psychologische seelsorge*. Freiburg: Herder.
- Maritain, J. (1955). *Creative intuition in art and poetry*. New York, NY: Meridian Books.
- Marshall, M., & Marshall, E. (2012). *Logotherapy revisited*. Ottawa: Ottawa Institute of Logotherapy.
- Martínez-Martí, M.L., Hernández-Lloreda, M.J., & Avia, M.D. (2016). Appreciation of beauty and excellence: Relationship with personality, prosociality and well-being. *Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being*, 17(6), 2613-2634.
- Maslow, A.H. (1964). *Religions, values and peak-experiences*. Columbus, OH: Ohio State University Press.
- McGinn, B. (2014). *Thomas aquinas's summa theologiae: a biography*. Princeton/Woodstock: Princeton University Press.
- McMahan, J. (2000). Moral intuition. In H. LaFollette (Ed.), *The Blackwell guide to ethical theory* (pp. 92-110). Oxford: Blackwell.
- Nussbaum, M.C. (1993). Non-relative virtues: An aristotelian approach. In M.C. Nussbaum, & A. Sen (Eds.), *The quality of life* (pp. 242-269). Oxford: Oxford University Press.
- Pargament, K. (2007). *Spiritually Integrated Psychotherapy*. New York: Guilford Press.
- Peterson, C., & Seligman, M.E.P. (2004). *Character strengths and virtues*. New York, NY: Oxford University Press.
- Plato. (1984). *Republic* (G.M.A. Grube, Trans.). Indianapolis: Hackett (Original work published ca. 375 B.C.E.).
- Plotinus. (1964). Ennead i, sixth tractate: Beauty. In A. Hofstadter & R. Kuhns (Eds.), *Philosophies of art and beauty* (pp. 141-150). Chicago: University of Chicago Press (Original work published ca. 301 C.E.).

- Potter, B.D. (2018). Creative intuition after beauty. Jacques Maritain's philosophy of art in the contemporary context. *Logos*, 21(2), 81-108.
- Price, R. (1969). A review of the principle questions in morals (Original work published 1758). In D.D. Raphael (Ed.), *The british moralists 1650-1800, II* (pp. 131-198). Oxford: Clarendon Press.
- Seligman, M.E.P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York, NY: Free Press.
- Schneiders, S.M. (1989). Spirituality in the academy. *Theological Studies*, 50, 676-697.
- Sheldrake, P. (2005). *The New Westminster Dictionary of Christian Spirituality*. 1st American ed. Louisville, KY: Westminster John Knox Press.
- Shweder, R.A., & Haidt, J. (1993). The future of moral psychology: Truth, intuition, and the pluralist way. *Psychological Science*, 4, 360-365.

Chapter 4

Revisiting Pargament's and Wong's Concepts of Spirituality in Psychotherapy through the Lens of Durand's Theory of Imaginary

Christian R. Bellehumeur & Stéphanie Larrue

Introduction

The place of religion and spirituality in clinical psychology, psychotherapy and counseling has evolved greatly since the 20th century. Although spiritual and religious questions were of interest to some early researchers in psychology and psychiatry, such as W. James, C.G. Jung and V. Frankl, “religion was quickly excluded from the field of psychotherapy, while spirituality was given a gradual entry” (Lavoie, 2006, p. 48, *our translation*). In the post-modern era however, the relevance of spirituality to human holistic health is increasingly gaining recognition (Zinnbauer, 2013). For instance, several researchers in the field of counseling and clinical psychology propose ways of integrating spirituality into psychotherapy (Miller, 1999; Pargament, 2013; Richards & Bergin, 2000, 2005; Sperry, 2012). According to Standard et al. (2000), spiritually integrated psychotherapy is one of the five major forces in psychology. Psychologists and psychotherapists are becoming aware of the need for approaches open to religious pluralism and not solely ones based on the Judeo-Christian paradigm (in Northern America notably). This includes being spiritually inclusive of Eastern, Western, and more secular trends such as “Spiritual But Not Religious” (SBNR) (Fuller, 2001; Parsons, 2018).

In this chapter, our goal is not to review all existing models that integrate spirituality into psychotherapy (the subject for an entire book). Rather, we will present two relatively recent yet empirically well-established models that aim to be spiritually inclusive: Pargament's (1997, 2007) Spiritually Integrated Psychotherapy (SIP) and Wong's (1997, 2011b) Meaning Therapy (MT). We have chosen Pargament's and Wong's

frameworks because they both show openness and sensitivity to interdisciplinary as well as intercultural factors¹.

These two models integrating spirituality into psychotherapy come directly from the field of psychology. They have been respectively developed by two renowned clinical psychologists and academic researchers practicing in the West who have long valued the importance of spirituality and religion in the context of psychotherapy. Pargament's model offers the advantage that it can be used as a complement to any theoretical framework in psychotherapy (Pargament, 2007). This researcher relies on phenomenology to define spirituality (Pujol, 2014) via the notion of the Search for the Sacred. Wong's model borrows from Frankl's notion of "will to meaning" (1985); his conception of spirituality relies on the subjective experiences of self-transcendence as well as the natural search for an existential purpose or meaning.

The goal of this chapter is to present a summary overview of these two models' respective definitions of spirituality, focusing on how both authors conceive spiritual processes as being dynamic: namely reviewing Pargament's spiritual processes (i.e. discovery, conservation and transformation) and Wong's ABCDE pathway. We will then present some commonalities between these two models, by offering the main reasons for choosing these two respective pathways or processes. Furthermore, given the importance of interdisciplinary and intercultural dimensions in counselling and psychotherapy, we will take our reflections one step further by briefly examining Wong's and Pargament's distinct views of spirituality through the lens of a third framework which originally comes from the fields of philosophy and anthropology: Gilbert Durand's (1999)²

¹ The relevance and recognition of spirituality into psychotherapy brings its own challenge, mostly in terms of complexity (Morin, 2005). In Northern American and other Western countries, we observe more and more of a blend of Eastern and Western influences (Taylor, 2007). This is mostly because of various means of mobility, people's physical mobility via immigration, or virtual mobility via the Internet. Interculturalism has been identified as one of the main factors that explains the openness of psychology to the realms of religion and spirituality (Lavoie, 2006). Among the main factors that have enabled the integration of spirituality and religious diversity (see Richards & Bergin, 2000) in clinical psychology, psychotherapy and counselling, we note the importance of: (a) interdisciplinary (Zinnbauer, 2013) and (b) intercultural approaches (Fukuyama & Sevig, 1999; Lavoie, 2006). To avoid being too narrow, psychotherapeutic approaches that aim to integrate spirituality must take these two factors into account (Perrin, 2007; Bellehumeur, 2014a).

² This reference of the English translation of the classical book of Gilbert Durand, "Les structures anthropologiques de l'imaginaire", published for the first time in French, in 1960. Its latest and 12th edition in French was in 2016.

Anthropological Structures of the Imaginary (ASI). Bellehumeur (2014a) has previously presented this framework as being relevant for the field of counselling, psychotherapy and spirituality.

1. Pargament's Spiritually Integrated Psychotherapy (SIP)

Kenneth Pargament's intellectual contributions have been prolific in the field of psychology of religion and spirituality. This emeritus professor and scholar is still active, having signed or co-signed over 300 peer-reviewed books³, chapters and articles to this day. Pargament is also considered one of the foremost authorities on spirituality and religion in the fields of psychotherapy and medicine (Pujol, 2014). Two of his seminal works, *The Psychology of Religion and Coping: Theory, Research, Practice* (1997), and *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred* (2007), provide a systematic program of empirical research, guided by theory that is of practical relevance for professionals.

According to Pargament (2016), spirituality is not merely a way of reducing anxiety nor a passive or avoidant way of coping with life's challenges. He proposes that spirituality is a way of "seeing" life differently (Wong & Pargament, 2017). Spirituality can be expressed by various forms: it can be a magnet or attraction, a non-reductive motivation to live (Pargament, 2013), or an organizing force (Pargament, 2016).

1.1. *Spirituality as a Search for the Sacred*

In Pargament's Spiritually Integrated Psychotherapy (SIP), spirituality is defined as a search for the Sacred (Pargament, 1997, 2007). The word Sacred refers not only to the notions of higher powers, God, and transcendent reality, but also to significant objects that take on spiritual character and meaning by virtue of their association with the Divine (Pargament & Mahoney, 2005). When imbued with spiritual character, virtually any aspect of life can be perceived as sacred, including psychological objects (e.g., virtues), social objects (e.g., marriage), and physical objects (e.g., the environment) (Wong & Pargament, 2017). Therefore,

³ Bowling Green State University (2021, February 1). Kenneth I. Pargament, Professor Emeritus of psychology. <https://www.bgsu.edu/arts-and-sciences/center-for-family-demographic-research/about-cfdr/research-affiliates/kenneth-i-pargament.html>

secular activities linked to the psychological, social and physical can also be imbued with the Sacred (Pargament, 2007).

To foster a spiritual vision in counselling, Wong and Pargament (2017) suggest that spirituality offers a way of seeing the Sacred. In using the metaphor of “seeing”, they propose a relevant way of helping clients who struggle to envision the sacred dimension hidden within everyday living. Building on Pargament (2007), Wong and Pargament (2017) propose an understanding of the Sacred via four qualities: transcendence, boundlessness, ultimate (i.e. ways or qualities of being) and deep interconnectedness. They also highlight that individuals may perceive the Sacred through different means: (a) God; (b) loving relationships and sexuality; (c) nature; (d) work; (e) body; (f) personal strivings; and (g) life as a whole. Pargament (2013) explicitly suggests that spirituality is not static, but rather dynamic: it is fluid, constantly seeking, and subject to changes over the lifespan. The highest levels of spirituality are described “in terms of balance, dynamism, comprehensiveness, flexibility, and interconnectedness” (Pargament, 2007, p. 133).

Pargament’s spiritual notion of the Search for the Sacred considers religion in terms of phenomenology⁴ (Pujol, 2014). Pargament views the Sacred as the essential core and material manifestation of religious phenomenon (Pujol, 2014). Furthermore, Pargament’s framework is consistent with a postmodernist approach, since there is an emphasis on the “coherence and the consistency of spiritual components and the degree to which that system of belief and behavior is integrated within the larger sociocultural context” (Zinnbauer, 2013, pp. 83-84). In comparing religion to spirituality and the sacred, Pargament (1997) has defined religion as “a process, a search for significance in ways related to the sacred” (p. 32). For him, “the most critical function of religion is spiritual in nature” (Pargament, 2007, p. 31). In other words, in his view, spirituality is the core function of religion (Pargament, 2013). As such, Pargament (1999) challenges the commonly accepted relationship between religion and spirituality (with regards to health and psychology) by claiming “religion is the whole of which spirituality is only a part. Perhaps the

⁴ This perspective (which values the subjectivity of one’s experience of religion) dates back to the turn of the 20th century, and is in opposition with evolutionary thinking of religion as meant to be replaced by the objectivity of science. Phenomenology considers all religions as historical and cultural manifestations of the same guiding spirit. Religions may change, but not our anthropological nature oriented towards the Sacred, as manifested through religion according to Rudolf Otto (1969) and Mircea Eliade (1965), amongst others (Pujol, 2014).

hardest thing to accept in the approach I have presented here is the notion that religion is a broader construct than spirituality. Most people view it just the reverse" (p. 13).

With his definitions of spirituality, the Sacred, and religion, Pargament (2007) presents a spiritually integrated approach for use with clients and therapists regardless of their religious backgrounds or lack thereof. We will see herein how he applies these notions to a psychotherapeutic practice, as he outlines a number of commonly shared sacred elements and values (e.g., the search for meaning, intimate relationships, etc.), ways in which we relate to the Sacred (e.g., prayer, ritual, community, etc.), and how spiritual (and/or religious) coping mechanisms⁵ can help us deal with stressful or painful experiences. While the latter are typically positive ways of engaging with the Sacred, Pargament warns against the pitfalls of spirituality for certain misguided people. Such dysfunctional spirituality (e.g., void of real meaning, indoctrinated, manipulative, etc.) can include bargaining with "lesser gods" (as part of some sort of competing menagerie) and/or with "fake gods" (idols), often at the expense of the client's mental health.

At its best, spirituality is defined by pathways that are broad and deep, responsive to life's situations, nurtured by the larger social context, capable of flexibility and continuity, and oriented toward a sacred destination that is large enough to encompass the full range of human potential and luminous to provide the individual with a powerful guiding vision. At its worst, spirituality is dis-integrated, defined by pathways that lack scope and depth, fail to meet the challenges and demands of life events, clash and collide with the surrounding social system, change and shift too easily or not at all, and misdirect the individual in the pursuit of spiritual value (Pargament, 2007, p. 136).

Furthermore, Pargament (2007) explores how to address the Sacred as part of clinical practice. The author further defines spiritually integrated psychotherapy as "an approach to treatment that acknowledges and addresses the spirituality of the client, the spirituality of the therapist, and the process of change" (p. 176). Pargament (2007) wants to make the Sacred an integral part of clinical conversation, so that the client's spiritual evolution can be part of the process. For him, spiritually integrated psychotherapy is adaptable and can benefit all clients regardless of their challenges. Pargament (2007) also calls upon practitioners

⁵ According to Pargament and Raiya (2007), religious coping methods are "ways of understanding and dealing with negative life events that are related to the sacred" (p. 23).

to explore this notion instead of ignoring it, to show tolerance and avoid imposing their own views, out of respect and genuine concern for the clients and what they hold as important in their lives. In short, spiritually integrated psychotherapy means adapting any therapeutic approach to respond to the spiritual aspirations, doubts, faith and beliefs of the client as part of assessing and addressing their needs. This is especially important since spirituality can sometimes be part of the problems that brought the client to consult with the therapist.

1.2. *Spirituality Seen as a Dynamic Process*

Pargament's view of spirituality is not a static set of beliefs or practices around the Sacred, but rather a searching process that can shift and change over the lifespan. This search for the Sacred is seen as a dynamic process involving three main activities: discovery, conservation and transformation (Pargament, 2013).

1.2.1. The Discovery of the Sacred

Spiritual awareness may come as a sudden moment of clear-sightedness, or as resulting from prolonged soul searching. Either way, one's perception of the Sacred seems derived from a blend of introspection and outside influences which may impact his or her future relationship to the Sacred. For example, people often adopt sacred objects as means of holding onto a not yet fully developed and integrated belief system within their mindset. Once adopted, the Sacred becomes a passion and a personal investment, as illustrated by a study which found that people who perceive nature as sacred gave more money for environmental causes (Tarakeshwar et al., 2001).

Research also suggests that sacred objects reflect long-term hopes to which are attached more immediate needs, dreams and desires. In a study of people's aspirations, Emmons (1999) found that many of them listed spiritual endeavours: either linked to existential concerns or motivated by transcendental beliefs (e.g., "discern and follow God's will for my life", (pp. 89-90)). In other words, when one discovers something sacred (e.g., a manifestation of God or the Divine) in their life, whether it be through religion, nature, human virtues (e.g., forgiveness, justice, courage) or a relationship, one embarks on a spiritual pathway (e.g., church involvement, meditation) to save or guard it (Pargament, 2007).

1.2.2. Conservation of the Relationship with the Sacred

As mentioned by Pargament (2007), once discovered, people are motivated to hold on to or conserve what they view as sacred. These spiritual pathways measurably improve people's health and well-being; Koenig et al. (2012) concur, as they also tried to explain these impacts through various psychological and social mechanisms. According to Pargament (2013), many pathways to the Sacred help people to connect with the Transcendent. One particular spiritual pathway deserves mention: that of spiritual coping. Spiritual coping can be defined as a response to the phenomenon experienced by people going through major changes and crises that threaten, question or harm what they hold dear, including their beliefs, over the course of a lifetime. Such people must then rely on various spiritual coping methods to help them persevere, such as spiritual guidance and support, community-based support, and mourning and/or healing rituals (Pargament, 1997, 2011).

Various pathways promise to help people achieve and sustain a relationship with the Sacred. Their traditional and/or non-traditional methods may include a diversity of spiritual practices (e.g., ritual, yoga), spiritual knowledge or teachings (e.g., Bible study, scientific inquiry), as well as ways of experiencing the spiritual from within (e.g., meditation, listening to music) and through relationships (e.g., church involvement, charitable work). Also, like the other spiritual pathways, spiritual coping as a path is designed to help people conserve their relationship with the sacred (Pargament, 1997, 2011). However, because holding on to one's beliefs is not always possible or even desirable, this is when a transformation may be needed.

1.2.3. Transformation

Personal evolution and experiences can bring about a (sometimes complete) collapse of even the most well ingrained spiritual beliefs and values. As life progresses, one faces changes that threaten what is sacred and one struggles to conserve what is cherished. In times of grief, trauma and disappointment, spiritual disengagement may occur and a person may experience a separation from God or the Divine (Pargament, 1997, 2011).

At such difficult turning points, many people struggle with painful spiritual questions and conflicts regarding beliefs they hold or once held as true, and/or with respect to their relationships with others, with the

Divine, and/or with themselves (Pargament et al., 2005). Such spiritual struggles can be short lived; people then usually resume life on the same path. But some people find themselves unable to resolve their spiritual crisis and choose to disengage either from a particular belief system, or from their relationship with the Sacred altogether. Spiritual crises have definitely been linked to deteriorating mental and physical health (see Exline, 2013), including higher fatality rates (Pargament et al., 2001).

Spiritual disengagement can be permanent or temporary, thus eventually making way for a rediscovery of the Sacred – sometimes in a new form or due to a new approach. Such is the path of transformation: a life altering redefinition of one's relationship with the Sacred or of the meaning it takes in one's life. Spiritual crises can also make way for the adoption of new coping methods, such as religious rites, spiritual guidance, or faith renewal (Pargament, 2007). After going through a transformation, the individual must now preserve one's redefined concept of the Sacred.

Thus, spirituality is a dynamic, multifaceted and natural process that evolves throughout our entire lives. For those who successfully emerge from their spiritual crisis, Pargament (2007, 2011) observes that, whenever it results in a spiritual transformation (e.g., abandoning certain beliefs or practices, repurposing one's life, redefining the sacred, etc.), the outcome is a more well-rounded spirituality (e.g., openness to differences, to spiritual dialogue, and to other people's experience of the Divine). Let us now present an overview of psychologist and emeritus professor Paul Wong's approach.

2. Paul Wong's Meaning Therapy

The intellectual contributions of Dr. Paul Wong are considerable for the fields of psychology of religion and spirituality as well as positive psychology. Now in his eighties, he has published more than 300 peer-reviewed books, chapters and articles⁶. In this section, we introduce his model and approach integrating spirituality into psychotherapy: Meaning Therapy (MT). Wong's model, MT, evolved from Frankl's logotherapy.

⁶ Wong, P.T.P. (2021, February, 2); Dr Paul Wong's CV. <http://www.drpaulwong.com/curriculum-vitae/>. In this section, given that Wong's view recognizes the value of spirituality and the Sacred, this section is somehow shorter than the one on Pargament, since concepts such as the Sacred and spirituality have already been introduced in Pargament's section.

Using the core elements of logotherapy as a starting point, MT draws upon therapeutic models such as CBT, existential-humanistic therapy, narrative therapy and positive psychotherapy, with the goal of giving meaning to the client's pain and struggles (Wong, 1997, 1998, 1999, 2012a). The motto for MT in the context of psychotherapy is: "Meaning is all we have, Relationship is all we need"⁷.

2.1. *Wong's Understanding of Spirituality in the Context of Meaning Therapy*

In Meaning Therapy (MT), Wong's understanding of spirituality is based on that of Frankl (1985), since MT focuses on existential meaning (referring to the plight of the human condition (Reker & Chamberlain, 2000) instead of associative meaning (referring to a narrower scope of meaning which implies rational and logical links to the natural world (Heintzelman & King, 2013). For Frankl (1985), meaning-seeking is a common basic human need and ability to make sense of our surroundings and to derive values and beliefs from our observations. Searching for meaning is linked to self-transcendence or the ability to put aside one's own selfish interests to pursue a greater good (Wong, 2012a).

Moreover, Wong (2013) believes that relationship is of paramount importance in MT. A therapeutic relationship based on openness, caring and trust is essential. We have organically evolved to survive and thrive by building relationships. People find meaning through relationships – rather than by living in a desert like a hermit. Meaning is part of the fabric of our relationships and of the society and culture in which we live (Wong, 2013). Therapy helps clients find meaning by providing them with an opportunity to discover how they can interact in ways which promote mutual growth and bonding. In MT, relationship is central to psychotherapy. Healing takes place because of the interactions as well as the bond between both people engaged in the therapeutic relationship.

Wong has also developed Second Wave Positive Psychology (or PP 2.0, Lomas & Ivtzan, 2016; Wong, 2011a), for which the meaning of life is one of the four pillars (along with virtues, resilience and well-being (Wong, 2011a). Wong (1998) also identified eight sources of meaning: 1) positive emotions and happiness; 2) the sense of self-actualization; 3) intimacy; 4) relationships; 5) self-transcendence; 6) self-acceptance;

⁷ Wong, P.T.P. (2021, February, 2). <http://www.drppaulwong.com/biography/>

7) religion and spirituality; as well as 8) social justice and equity. Another key component of MT is that of dual process (Wong, 2012b) based on the dialectical principle of Yin and Yang, also central to PP 2.0 (Lomas, 2016). This fundamental principle by which people achieve greater well-being and accomplishments as they integrate how and when best to approach (saying yes to opportunities and growing as a result) or to avoid (the protection of ourselves) (Wong, 2019a, 2019b).

MT and its positive existential interventions represent the applications of PP 2.0. Finding meaning is a “man’s striving to fulfill as much meaning in his existence as possible, and to realize as much value in his life as possible” (Frankl, 2010, p. 85). Given that meaning-making is an integral part of human nature, it makes sense to clinically apply it to psychotherapy, as Wong did by creating MT.

2.2. *Meaning Centered Intervention Strategies seen as Psychospiritual Processes*

2.2.1. The PURE Intervention Strategy

According to Wong (1998, 2010), PURE (as an acronym for: Purpose, Understanding, Responsible Action and Evaluation) provides an ideal framework for reflecting on one’s meaning in life. Meaning as defined in terms of these four inter-related components provides a holistic model incorporating all the major human faculties: motivation, cognition, morality, and emotion. Table I presents these four components along with their corresponding definitions, as well as typical questions related to how one can use the PURE framework within MT.

Table I: PURE as Strategy to Define Meaning⁸.

Key Components	Definitions and <i>Related Questions</i>
Purpose	This <i>motivational component</i> refers to both direction and priorities in one’s life, including goals/objectives, values, and aspirations. <i>Related question</i> : Explore clients’ stated <i>purpose</i> and motivations for change and their preferred future without their problems.

⁸ Wong, P.T.P. (1998, 2010).

Key Components	Definitions and <i>Related Questions</i>
Understanding	This <i>cognitive component</i> has to do with making sense of oneself and of one's role in the world, through inner coherence, making sense of situations, understanding one's own identity and other people, and effective communications. <i>Related question:</i> Help clients gain new <i>understanding</i> and insight regarding their own difficulties and inability to move forward.
Responsible action	This <i>moral & behavioural component</i> refers to the importance of having appropriate actions and reactions, doing what is morally right, finding the right solutions, taking into consideration others, society, and higher authorities. <i>Related question:</i> Lead clients to embrace their freedom and <i>responsibility</i> to implement actions based on how well they can trust themselves to competently do the right thing, personal strengths and abilities, and available resources.
Enjoyment/ Evaluation	This <i>affective component</i> refers to assessing the degree of satisfaction or dissatisfaction within a given situation or with life as a whole; it relates to self-regulation in order to achieve a more satisfying life. <i>Related question:</i> Guide clients by <i>evaluating</i> with them whether their current and/or future actions can bring about positive change; if not, then they need to either modify their goals or their actions.

2.2.2. The ABCDE Intervention Strategy

Wong (2012a) developed a conceptual framework for how to best cope with life's challenges within one's existential realities. Each element addresses a major existential reality through a meaning-making intervention. For example, acceptance is a key coping strategy meant to help clients come to terms with death and bereavement (Wong, 2008) and uncontrollable events (Wong et al., 2006).

With the ABCDE model, Wong (2012a, 2013) emphasizes action rather than thinking per se. Simply put, A stands for Acceptance, B for Belief and affirmation, C for Commitment to specific goals and actions, D for Discovering the meaning and significance of self and situations, and E for Evaluation of the outcome and enjoying the positive results. These five components refer to five corresponding principles that are summarized in table II.

Table II: ABCDE Strategy⁹.

Components	Brief definitions
Accept and confront reality (the reality principle).	Acceptance does not refer to giving up or to resignation, rather it simply means accepting what cannot be changed.
Believe that life is worth living (the faith principle).	This refers to the three basic tenets of logotherapy: (1) there is always some area of freedom in which one can act responsibly and courageously; (2) in the worst-case scenario, one still has the freedom to take action, (3) it also involves affirming one's ideals, core values, worthiness, and competence.
Commit to goals and actions (the action principle).	Commitment means moving forward and carrying out one's responsibilities with resolve, regardless of feelings or circumstances.
Discover the meaning and significance of self and situations (the 'Aha!' principle).	Discovery involves learning something new about oneself and about life. It means that as one digs deeper into one's psyche and explores life further, one discovers hidden strengths and resources (within and from surroundings).
Evaluate the above (the self-regulation principle).	To evaluate means constant monitoring and making the necessary adjustments to ensure continued progress. If nothing seems to work and there is little or no improvement in the pursuit of positive life goals, then some adjustments will be necessary.

Wong (2012a) outlines how these five components combine to help individuals develop resilience (understood as a process of self-discovery, self-reflection and self-acceptance) through which one overcomes and transcends one's struggles and suffering. Acceptance is an essential existential component of ABCDE. While there is no point in accepting pain for its own sake, it may be best to see it as an unavoidable part of life. Short of dealing with the negative aspects of their existence, people will never fully heal nor thrive. Wong (2012a) believes that acceptance is an important development, since it increases: (1) one's ability to fully accept

⁹ These brief definitions are partly direct citations (and/or partially paraphrased) from Wong and Wong (2012) and Wong (2012, 2015).

life; (2) self-compassion in response to one's limitations; (3) tolerance of others; and it reduces: (1) self-condemnation; (2) self-pity; and (3) fear of failure or of the unknown.

2.2.3. *The Dual-Systems Strategy*

PURE and ABCDE can be used together in a balanced Yin-Yang perspective. This dual process allows one to fully integrate the negative and positive forces within a dialectic framework (Wong, 2012b). In short, Wong (2012a) considers that MT is a realistically positive, growth-oriented, and fact finding existential therapy, as well as a value-searching and spiritually-oriented therapy. It must be noted that MT differs from American existential-integrative therapy as well as European phenomenological-existential therapy by focusing on meaning – seeking and making – instead of current existential struggles.

3. Commonalities Between Pargament's and Wong's Models

There is a multifaceted rationale for choosing and comparing Pargament's and Wong's frameworks. For instance, these two authors recognize the importance of spiritual struggle, threat, violation, and losses as important triggers for spiritual growth or decline. Both claim value in the importance of relying on healthy coping strategies in the face of adversity. In other words, they both assert how the path of growth depends on one's ability to envision other ways of seeing adversity. This ability to envision hopeful possibilities in the midst of suffering (i.e., Wong's view) or to see the Sacred emerging from spiritual struggles (i.e., Pargament's view) requires the ability to imagine.

We can also observe that both thinkers are open to various perspectives. Pargament is a Jewish American psychologist who focuses on phenomenological (Pujol, 2014), theological and philosophical influences, as well as on empirical research in the field of psychology of religion and spirituality. He also refers to the usefulness of metaphors to describe spirituality (Pargament, 2016; Wong & Pargament, 2017). As for Wong, he is a Christian minister, a Canadian psychologist and a Chinese immigrant, who refers to the importance of existential psychology and Taoism¹⁰. Furthermore, Wong is one of the founders of PP 2.0, with a central premise based

¹⁰ Taoism is an Eastern philosophy that pays special attention to images, symbols and metaphors (Ghiglione, 2013).

on dialectics (Lomas & Ivztan, 2016). In Meaning Therapy as well as in PP 2.0, Wong refers to the advantages of including multiple perspectives of knowing, from theoretical and philosophical explorations to empirical research and qualitative methods.

Pargament and Wong's frameworks have five main common denominators: (1) openness to interdisciplinary studies; (2) openness to various forms of spiritual and religious realms; (3) recognition of the importance of religion as an important source of spirituality (Pujol, 2014; Wong et al., 2012); (4) openness to various sources of knowledge, from quantitative research and a positivist paradigm to qualitative and phenomenological approaches and symbolic ways of knowing (Pujol, 2014; Wong & Roy, 2017); (5) inclusiveness of the spiritual dimension: defining as well as integrating spirituality into psychotherapy in their respective models.

Based on these five common denominators, let us present a third framework that can embrace all of them. This framework is open to referring either to a metaphoric lens (Wong & Pargament, 2017) or to monotheist religion and Taoism to describe spirituality (Wong et al., 2012), since it is culturally sensitive to both Western and Eastern philosophies. Moreover, it values the importance of images, symbols and religious referents as key elements of the makeup of the human psyche. As Rizzuto (1979) put it: "One half of 'God's stuff' comes from the primary objects the child has 'found' in his life. The other half of God's stuff comes from the child's capacity to create a God according to his needs" (p. 179). We argue that this ability to create supports the importance of considering Durand's framework of the imaginary.

Building on Bellehumeur (2014a), we propose the Anthropological Structures of the Imaginary (ASI) as a promising framework for integrating spirituality into counselling and psychotherapy. After presenting the ASI, we will show how this heuristic framework illustrates common elements between Pargament's and Wong's views of spirituality, as shown in two specific spiritual pathways: Pargament's spiritual process and Wong's ABCDE Model.

4. Durand's Anthropological Structures of the Imaginary (ASI)

Gilbert Durand successfully applied his ASI model to literature, visual arts, music, philosophical concepts, religious beliefs, mythologies, esotericism, schools of thought in humanities, mainstream civilization trends and the hermeneutics of applied sciences. He demonstrated how

all human activity unfolds in various fundamental anthropological structures of the imaginary. Let us note that the term *imaginary* (from the French noun “imaginaire”, and not its adjective equivalent), refers to the general and collective human ability to imagine which Durand (1979) calls “the whole human universe” (p. 23, *our translation*), as opposed to one individual’s particular imagination. According to Durand (1999)¹¹, at the origin of human cultures, we find reservoirs of images and symbols which continue to shape our ways of thinking, living and dreaming. The imaginary is not just the concern of a rational approach, but a part of the human living constitution as a whole (Wunenburger, 2013). Durand thus goes against the current of positivism which rather emphasizes the importance of the world of ideas at the expense of the imaginative life, and of people’s worldviews or visions.

To realize his vision of the person, Durand (1999) argued that these images and archetypal patterns, common to anyone, deploy in an “anthropological trajectory”, defined as a “ceaseless exchange taking place on the level of the imaginary between subjective assimilatory drives and objective pressures, emanating from the cosmic and social milieu” (Durand, 1999, p. 41). There is a constant exchange between culture and the individuals within a society. Culture plays a significant role in shaping our worldview and influencing our values. In other words, the imaginary resides within a person’s psyche and within the larger world.

Indeed, in his seminal work: *The Anthropological Structures of the Imaginary (ASI)*, Gilbert Durand (1999) considers the human being as a *homo symbolicus*, whose whole symbolical world encompasses the ability to use the imaginary.

In his theoretical approach featuring an open and inclusive epistemology, Durand (1999) hereby reinforces the affirmation of his mentor Bachelard (1948), used as Durand’s first axiom: “images which are raw psychical forces are stronger than ideas; stronger than the actual experiences” (p. 20, *our translation*). In other words, “images [are] loaded with ambivalent emotions and symbolical correlations, organized into coherent networks which feed all symbolic expressions. The result is that human rationality is always acquired afterwards” (Wunenburger, 2013, p. 9, *our translation*)¹². A second axiom in Durand’s ASI focuses on the

¹¹ 1960 is the date of the first French edition. There is now the 12th edition in French published in 2016.

¹² For example, this may completely make sense from a developmental perspective, as children’s cognitive development and the ability to talk are progressively acquired.

temporality – under both the Eastern and Western conceptions of time – of the imaginary, which comes in the form of functions designed primarily to help tame the passing of time and deal with the existential anguish of death: “Ultimately, the imaginary is basically a temporal psychic activity, that is to say both subject to time and able to challenge the destructive time exposing us to death” (Wunenburger, 2013, p. 9, *our translation*).

4.1. *Durand’s Classification of the Structures of the Imaginary*

According to Durand (1999), there are two great polarities creating mental, visual, and narrative images, which are the diurnal and nocturnal regimes. These polarities are based on opposing worldviews or structures of the imaginary:

- the heroic structure, arising from the diurnal polarity and the verbal schema “to distinguish”, for which the reflexive gesture is postural or standing. This heroic structure tends to separate and purify;
- the mystical structure, arising from the nocturnal polarity and the verbal schema “to confound”, for which the reflexive gesture is digestive or absorbing. This mystical structure tends to merge things together.

Durand also identified a third structure called “synthetic” (later re-named “systemic”) arising from what he called, in later writings, the “crepuscular” regime occurring between the nocturnal and diurnal polarities. The systemic structure’s verbal schema is “to link”, and its reflexive gesture is oscillating, rhythmic, or cyclical, tending to synthesize or hold opposites together in harmony without any will to exclude. A meaningful symbol of systemic structure is the Yin-Yang symbol. Durand (1999) developed his theory based on the diurnal-nocturnal polarity – and the need to reconcile these opposites. Here thus are the resulting three main mythical categories in more detail, before relating them to Pargament’s and Wong’s frameworks.

4.2. *The Heroic Structure: An Energy of “Productivity” Related to Identity*

The first proposed parallel occurs with the “heroic” structure in the diurnal polarity, which is characterized by the verbal schema “to distinguish”. The heroic structure, in its postural reflexive gesture, predisposes one to stand, to ascend, to separate (or to distinguish or clarify) what is good, and elevates oneself from what is bad or evil. It also can

make one fall, represent the need to purify oneself, or to struggle towards victory (Laprée, 2000). This echoes St-Arnaud's (1989) axis of productivity which refers to the importance of identity, to clarify goals and to "do" something in life (Laprée, 2013). To achieve this, "productive" energy is required, echoing the postural reflexive gesture of the heroic structure to distinguish identity and to clarify common goals (Laprée, 2000; 2013).

With regards to the spiritual domain, as suggested by Pargament (2013), the Sacred, as opposed to the Profane, can represent a higher order of priorities that gives a clear direction to one's life; the same can be said with Wong's focus on meaning which can help to clarify one's goals in life. Regarding a life's goal of experiencing the Sacred or meaning, it is also important to pay attention to the quality of that information and to clearly identify common objectives. Ideally, one must: "[n]ot (...) deal with facts and opinions using the same measure, [nor] (...) confuse effects and causes, to recognize value judgments and to relativize them as need, to link ideas or put them in contradiction in order to explore new avenues" (Laprée, 2013, p. 155). Given the complexity of various life situations and possibilities, this capacity to clarify and discern is particularly relevant in the context of spiritual and existential discernment (e.g. Who and whether to marry?; What career to choose? etc.).

4.3. *The Mystical Structure: An Energy of "Solidarity"*

The second proposed parallel occurs with the mystical structure¹³ in the nocturnal polarity. It is characterized by the verbal schema "to confound", which can also be understood as "to merge" so that two entities become indistinguishable (Durand, 1999). The mystical structure, in its digestive or absorbing reflexive gesture, "induces image configurations obeying fusional relations" (Wunenburger, 2003, p. 22). In this state of fusion, everything is friendly, gentle, peaceful, warm, harmonious and internalized. "[W]ords are softened by figures of speech, such as the euphemism... the fall is slowed to a descent" (Xiberras, 2002, p. 66).

In search of the Sacred, one may also discover it via an intimate relationship with the Divine (Pargament, 2013), or see intimacy in relation-

¹³ Durand uses the word mystical to allude to this mystery of regarding oneself. However, to avoid confusion of language, the term "intimate" (referring to interiority) is useful to keep in mind for the understanding of this structure.

ship as a form of deeper meaning to life (Wong, 2012a). For example, in an intimate atmosphere, spouses rely on the experience of their sensations (e.g., taste, touch) and seek harmony, gentleness and affection, notably from a loving embrace. This is sort of a “solidarity building” energy (St-Arnaud, 1989) which echoes the analogy and similarity principles that are found in Durand’s mystical structure. Indeed, it is important that each person feels good, that he/she finds his/her place within the relationship, while giving the other the same psychological space. Each person is trying to create for the other an atmosphere of trust and security. Giving the other a warm welcome is required as an offering of respect of intimate space. If one knows the “secret garden” of the other, it is respected. Indeed, discretion and privacy are valued when what is shared must remain “between us”.

4.4. *The Systemic Structure: An Energy of ‘Regulation’*

The third proposed parallel occurs with the systemic structure (referred to as the “crepuscular” regime), which is characterized by the verbal schema “to link”. This systemic structure, in its oscillating, rhythmic, or cyclical reflexive gesture predisposes one to connect opposites, neither of which ever disappears. The crepuscular regime is not a polarity as are the nocturnal and diurnal regimes, but refers “rather to an imaginary place of connection between these first two [heroic and mystical structures]” (Laprée, 2013, p. 157).

In an individual, if either the heroic or the mystical structure takes up too much space at the expense of the other, an unhealthy condition sets in and causes individual or interpersonal distress, such as a personality disorder or interpersonal conflicts (Laprée, 2013). To remedy these problems, the systemic structure thrives towards a balanced coexistence of the heroic and mystical structures, emphasizing a construction of cycles which alternate the materials of the two previous (i.e. heroic and mystical) structures, resulting in an oscillating or rhythmic cycle of eternal return (Laprée, 2013). Indeed, the systemic structure is where “the most flagrant contradictions find their coherence; they eliminate any shock, any rebellion before the image, even harmful and terrifying” (Laprée, 2013, p. 157). This dynamic is comparable to music in which one hears a set of varied sounds, silences, and notes of variable lengths that play in a harmonized rhythm which allows one to experience a range of emotions (Durand, 1999). Other examples of the systemic structure are found in the Taoist symbol of the Yin and Yang, the *coinciden-*

tia oppositorum of the Alchemists, and the cross with its vertical and horizontal axes, all images harmonizing opposites (Durand, 1999). As a final example, we may consider the candle lighting symbolism frequently used in Christian weddings. In the moment in which both individual candles light the centre candle, a new common flame emerges while each individual flame is still lit.

The systemic structure, in essence, contains the paradoxical realities within its meaning system. Paloutzian and Park (2013) define a meaning system as being able to make continuous sense of data in accordance to one's beliefs, emotions and behaviours. As such, humans have an inherent need "to make meaning... out of ambiguity" (Paloutzian & Park, 2013, p. 171), be it consciously or unconsciously. Furthermore, from a psychological point of view, systemic structures bear witness to plunging within oneself to become aware of one's vulnerability and to make benevolent use of the time that comes and goes. These structures are those of health and mental balance, of the idea of progress and healthy growth, and to be even more precise, of the recycling of essential and fundamental elements of the past into the present (i.e. process of history making) (Xiberras, 2002).

When one finds oneself in the presence of disparate elements from diurnal and nocturnal polarities, one must "make the best out of the fact that this harmony is always recomposed in good time (a musical refrain, a season, the commemoration of a special event), and in some cases, one begins to hope that a liberating event will cause the exit of this perpetual renewal" (Laprée, 2013, p. 157-158), such as the birth of a child, or reconciliation after a difficult period. In terms of relational dynamics, the "regulation" energy axis is therefore a highly useful clarification since the "productivity" and "solidarity" energies are referred to as central (Laprée, 2013), in addition to being essential for spiritual development (Bellehumeur et al., 2012). For example, the proper dose of "regulation" is key to conflict resolution in group dynamics (Laprée, 2013) or between two partners in a couple relationship (Bellehumeur & Carignan, 2018).

Finally, the heuristic potential of Durand's theory, for counselling, psychotherapy and spirituality purposes, can be shown by somehow measuring people's imagination. Thus, based on Gilbert Durand, Yves Durand researched imagination as an individual manifestation, and developed and perfected the AT.9 test (Durand, 2005). AT.9 in French means "Test Anthropologique de l'imaginaire à 9 éléments", or "Anthropological Test of the Imagination Using 9 Elements" (sometimes, also

called: Archetypal Test of the 9 elements). This test¹⁴ requires people to tell (and explain) a story through a drawing using nine specific elements, exposing the three main mythical universes (i.e., heroic, systemic and mystical) at play in someone's imagination.

5. Discussion

5.1. *Comparing Pargament's and Wong's Spiritual Perspectives*

Based on Pujol's (2014) critical analysis, on the one hand, one could argue that Pargament's view of the Sacred seems more heroic in nature, because he "distinguishes" the Sacred from the Profane. On the other hand, in his writings, Pargament (2007, 2013) often refers to the more nocturnal side of the spiritual and sacred life (the hidden or invisible dimension). Alike Pargament (2007), Wong (2010) conceives spirituality (i.e., through meaning) echoing diurnal and nocturnal structures of imaginary¹⁵. Indeed, Wong's framework highlights the importance of harmonious relationship (the mystical side) as well as having a clear goal in life, via the PURE approach (the heroic side).

We will now see how basic fundamental activities proposed by Pargament's spiritual processes and Wong's pathway of resilience (ABCDE) resonate with the essence of Durand's three main imaginary categories. We have selected these two pathways or processes because it is in times of difficulty or adversity (in Pargament's terms – spiritual struggles, or in Wong's terms – existential suffering or life's challenges) that one can

¹⁴ The AT.9 has been used for psychiatric research on alexithymia (Cohen et al., 1994; Langevin et al., 2017) and on somatization and on the difficulty of using and understanding symbols (Langevin & Laurent, 2013). In counselling and spirituality, Durand's theory of the imaginary has also been used to better understand the psycho-spiritual development of youth (Bellehumeur et al., 2012), resilience and spirituality (Bellehumeur, 2011), human development and personal growth (Lapré, 2004), professional development (Bellehumeur et al., 2017), couple and/or family dynamics (Bellehumeur, 2014b; Bellehumeur & Carignan, 2018; Larrue & Bellehumeur, 2018, 2020), and in the context of professional boundaries (Bellehumeur & Chambers, 2017). Other applications have been recently created in regards to concepts in theology (Kam & Bellehumeur, 2019, 2020).

¹⁵ Looking closely at the eight sources of meaning as presented above in section 2.1, one can appreciate that some sources seem to echo more the heroic side (like social justice and equity), while other sources of meaning echo more the mystical side (like positive emotions and happiness; intimacy; relationships; self-acceptance) and finally, other sources seem to echo more the synthetic side (self-actualization; self-transcendence; religion and spirituality).

see the activation of the full spectrum of these two pathways or processes. We have previously mentioned that these categories operate in a dynamic system that fundamentally relies on actions which can be translated in the form of verbal schemas. Let us apply Durand's framework in relation to Pargament's spiritual process and Wong's pathway to resilience (see Diagram I).

Diagram I: Applications of Durand's Classification of the Structures of the Imaginary with Pargament's Spiritual Process and Wong's ABCDE Pathway.

Regimes	<i>Diurnal</i>	<i>Crepuscular</i>	<i>Nocturnal</i>
Structures	Heroic	Synthetic or "Systemic"	Mystical
Verbal Schema	To Distinguish	To Link	To Confound
Pargament's Spiritual Processes	1-Discovery 2-Conservation	3-Transformation	
Wong's Spiritual Pathway	3-To commit	2-To believe 4-To discover 5-To evaluate (and to enjoy)	1-To accept

5.2. *Relevance of mapping ASI on to Pargament's and Wong's frameworks*

According to Pargament, it is important for psychologists and other health care providers to be aware of the dual nature of religion and spirituality; religion and spirituality can be vital resources for health and well-being, but they can also be sources of distress. It is most important not to psychologize spirituality, or to polarize religion as unhealthy and spirituality as healthy (Bellehumeur, 2011; Carignan & Bellehumeur, 2019).

Concerning Pargament's third spiritual process, transformation, (which comes after the first and second processes, discovery and conservation), it is interesting to note that the systemic structure is also a fertile ground for growth and transformation. According to Park (2004), growth can occur when one can see a negative event as the catalyst for positive life change. When this occurs, a person can reorient his or her life and rededicate him or herself to newly prioritized goals. Sometimes, this kind of growth may involve smaller changes such as being more intimate with one's partner, taking better care of oneself, seeing one's own identity more clearly, feeling closer to God, being more grateful in life, and so on (Park, 2004).

As for Wong's work, there is a link between the spiritual term *meaning* and the systemic structure of the imaginary (Bellehumeur & Carignan, 2018). First, one way of defining meaning shares some similarity with the term imaginary. In his book *Meanings of Life*, Baumeister (1991) proposed a definition for meaning as "shared mental representations of possible relationships among things, events, and relationships", emphasizing that meaning "connects things" (p. 16). Second, Baumeister (1991) considered the pervasive nature of meaning, describing how it allows human beings to make predictions and to control their personal and social environments; and by doing so, this process transforms their human experience. "Meaning is a tool for adaptation, for controlling the world, for self-regulation, and for belongingness" (Baumeister, 1991, pp. 357-358). To conclude, it is interesting to note that the terms controlling, self-regulation and belongingness, respectively resonate with the heroic, synthetic, and mystical structures of the imaginary.

Durand's model embraces life's Yin and Yang principles (or elements) (Bellehumeur et al., 2017). This is also important to Wong's approach called Second Wave Positive Psychology. Yin represents not only the dark side of life, but also the conservative and passive modes of adaptation, such as self-preservation, protection, acceptance, letting go, avoidance, forgiveness, stability, withdrawal, disengagement, inaction and transcendence (Wong, 2019a). In a sense, Wong's definition of the Yin element echoes Pargament's concept of conservation related to the spiritual process.

The Yang element represents not only the good side of life, but also the active and dynamic modes of adaptation, such as the identification and achievement of goals, self-actualization, accomplishment, risk-taking, problem-solving, control, and the expansion and maintenance of territories (Wong, 2019a). In a sense, Wong's definition of Yang resonates with Pargament's concept of discovery related to the spiritual process. Moreover, we could also propose that the dialectic tension between Yin and Yang echoes Pargament's concept of transformation related to the spiritual process.

Finally, despite the fact that Pargament's model is well established, it is not without critics. Pujol (2014) provides three main critical points of analysis of Pargament's view of the Sacred, namely: (a) the Sacred being seen as universal¹⁶; (b) the Sacred/Profane dichotomy¹⁷ and (c) the Sacred being seen as substance¹⁸.

¹⁶ Concerning the criticism on viewing the Sacred as universal, Pujol (2014) mentions that Pargament's definition of the Sacred is somehow vague. As scientific psychology

Conclusion

In this chapter, we have briefly presented how Pargament and Wong each conceived spirituality as well as some elements of their respective spiritual process. As we strive to broaden the discussion regarding theoretical and methodological challenges observed in the field of counselling, psychotherapy and spirituality, we have proposed a heuristically promising theoretical approach (Perrin, 2007; Wunenburger, 2013): Gilbert Durand's (1999, 2016) Anthropological theory regarding the imaginary¹⁹. Durand's notion of anthropological trajectory can embrace both the subjective experience (i.e., phenomenology) of spirituality and a more objective observation of this phenomenon, via empirical research in psychology of religion and spirituality. In Gilbert Durand's anthropo-

requires the creation of so-called operational definitions, nothing guarantees that these definitions can really represent the full spectrum of the reality that they claim to address in order to make real advancement of knowledge (Pujol, 2014). Spirituality is one of those categories which has often been considered by scientists as too "fuzzy" to be empirically examined (Spilka, 1993). In psychology, it may be stifling to accept summary definitions of spirituality without questioning their premises and foundations, which might prove too narrow or superficial, relying mainly on generalities (Perrin, 2007; Pujol, 2014). However, the premise of spirituality as universal does not explain fully the human need for religion. Since scientific psychology in general has been reluctant to accept the notion of "religious sentiment" (or Otto's (1969) notion of the numinous), when applied in the context of medicine (along with mainstream clinical psychology), the premise of spirituality presented as universal may pose a threat to a patient's autonomy (Pujol, 2014). This premise focuses on the attention and actions of the practitioner accordingly by leading to questions that intrude upon the patient's private life (Pujol, 2014).

¹⁷ In regards to the criticism related to the Sacred/Profane dichotomy, Pujol (2014) states that while Pargament defines religion and spirituality using this Sacred/Profane dichotomy, Pujol (2014) proposes that patients (or clients) may hold a different view of spirituality such as with the Christian mystery of incarnation, or traditional Hindu sacrifices and so forth. Ethically speaking, using this Sacred/Profane dichotomy within a medical practice setting strikes of proselytism in regards to the patients' spiritual views (Pujol, 2014).

¹⁸ Lastly, Pujol (2014) mentions that Pargament's reference of the Sacred as substance sets it apart from observable reality and supposes that it has its own self-conscious existence independent of human experience. He states that Pargament himself suggests that spirituality should be the therapist's foremost preoccupation, based on views born of his own experience provided that he or she remains objective in his or her approach. He notes that caring for people's spiritual needs remains Pargament's own personal endeavour. According to Pujol (2014), if such motivation to integrate spirituality into hospital care (or clinical setting) is born out of the care provider's need or desire, it must be clearly identified so as to avoid projecting it upon the patients.

¹⁹ As faith needs imagination (Côté, 2003; Fowler, 1981), Durand's framework of the imaginary has been proposed as a relevant approach for integrating spirituality into psychotherapy: (Bellehumeur, 2014a) which has been empirically studied by Bellehumeur et al. (2013); Nguyen et al. (2018); Yeung, (2018); and Carignan (2018).

logical theory regarding the imaginary, contextual and cultural influences are much greater in peoples' lives.

While Pargament, Wong and Durand value symbols within their anthropological conception of human beings, Gilbert Durand makes it the core of his epistemological framework. According to Durand, a person, as *homo symbolicus*, relies on images that match one's biophysical experience. Such images derive from an anthropological continuum that gives symbolic value to one's actions using schemas and archetypes. From images, "Durand finds the central function of imagination as being the source of how we perceive everything" (Wunenburger, 2013, pp. 8-9). Durand's theory is based on the role of myth, which focuses one's power of imagination into a storyline built from logically organized words and ideas (Laprée, 2000). According to Laprée (2000), Durand's hermeneutics reframes myth and inspires a new understanding of one's individual or collective quest for meaning as an ongoing subjective reality, rather than as some external or ancient historical fact (see Ricoeur's position, Bellehumeur, 2014a). Since Gilbert Durand's epistemology ties together Western and Eastern thinking (Durand-Sun, 2013), his theoretical approach seems perfectly suited to the intercultural study of psychotherapeutic treatments integrating Eastern spiritual practices, such as mindfulness meditation.

In this chapter, we have discussed commonalities between two specific spiritual pathways: Pargament's spiritual process and Wong's ABCDE pathway, with regards to Durand's ASI framework. In doing so, we have shown how ASI can serve as a heuristic framework to illustrate common elements between those very distinct processes. Through the lens of ASI, we have discussed Pargament's and Wong's respective conceptions of spirituality integrated into psychotherapy. Pargament's search of the Sacred has been criticized for being too 'heroic' (Pujol, 2014). Wong's rational way of presenting spirituality as meaning aligns with more of a CBT approach, which also seems to echo a more heroic side; yet his view of meaning is also related to the nocturnal side (peaceful relationship).

Pargament and Wong, as two well-known clinical psychologists and researchers in the field of psychology, represent the diversity of people living in North America from a cultural sense. K. Pargament is American, Caucasian and Jewish; P. Wong is a Canadian Chinese Immigrant – valuing Taoism and Christian faith as a Christian minister. The contributions of these two emeritus professors draw heavily on a philosophical, theoretical, and empirical body of knowledge. Lastly, their respective models are explicitly open to religion and symbolic thinking.

In sum, both Pargament and Wong present models that appear to be of a dominant heroic view (typical of Western society), while still pointing to a nocturnal systemic way as well. According to Durand (1999), imaginary "... is a hormone and support of human hope" (Laprée, 2000, p. 498). This can only stimulate our imagination to broaden our viewpoint and create new possibilities of understanding the complexity of spirituality.

References

- Bachelard, G. (1948). *La Terre et les rêveries du repos*. Paris: Jose Corti.
- Baumeister, R.F. (1991). *Meaning of life*. New York, NY: Guildford Press.
- Bellehumeur, C.R. (2011). Rapprochements entre la résilience, la spiritualité et l'imaginaire durandien. *Counselling and spirituality*, 30(1), 45-70.
- Bellehumeur, C.R. (2014a). Proposition de deux approches pour la recherche en counseling, psychothérapie et spiritualité: l'herméneutique de Paul Ricoeur et l'anthropologie de Gilbert Durand. *Counselling and Spirituality*, 33(2), 107-135.
- Bellehumeur, C.R. (2014b). Quelques applications de l'imaginaire durandien à l'étude de la famille. In K. Demasure, E. Champagne, R. Martínez de Pisón & M. Rovers (Eds.) avec la collaboration de M.-R. Tannous, *Family's many faces – La famille au pluriel. Contemporary family patterns, challenges for christians – Les modèles familiaux contemporains, défis pour les Chrétiens* (pp. 3-18). Leuven: Peeters.
- Bellehumeur, C.R., Bilodeau, C., & Yeung, W. (2017). An anthropological examination of virtues and character strengths and wellbeing: Imagining a good life in professional training. *International Journal of Wellbeing*, 7(3), 19-38. doi: 10.5502/ijw.v7i3.642
- Bellehumeur, C.R., & Carignan, L.-M. (2018). Meaning-making in the identity-intimacy paradox in couple relationships: A perspective based on Gilbert Durand's Anthropological Structures of the imaginary. In L. Armstrong (Ed.), *Existential elements of the family* (pp. 63-90). Leuven: Peeters.
- Bellehumeur, C.R., & Chambers, J. (2017). Contributions of sensory anthropology and Durand's anthropology to the symbolic study of touch and the understanding of professional boundaries in psychotherapy. In M. Rovers, M. Guirguis-Younger, & J. Malette (Eds.), *Touch in the helping professions. Research, practice and ethics* (pp. 51-68). Ottawa: University of Ottawa Press.
- Bellehumeur, C.R., Deschenes, G., & Malette, J. (2012). L'imaginaire au cœur du développement psychospirituel des jeunes: une réflexion interdisciplinaire sur la spiritualité de l'enfance et de la pré-adolescence. *Sciences religieuses/Religious Studies*, 41(1), 68-92.
- Bellehumeur, C.R., Lavoie, L.-C., Malette, J., Laprée, R., & Guindon, M. (2013). An Empirical Study of Young French Quebecers' Imagination Using the Archetypal Test with Nine Elements: Exploring the Links between Interpersonal Style and Socio-economic Status. *International Journal of Interdisciplinary Cultural Studies*, 7(3), 11-25.

- Carignan, L.-M. (2018). *La contribution de l'imaginaire et des traits Asperger à la résilience familiale: Une recherche systémique utilisant l'AT.9 dans un contexte de neurodiversité*. [Unpublished doctoral dissertation]. Saint Paul University.
- Carignan, L.-M., & Bellehumeur, C.R. (2019). Bilan-synthèse des rapports historiques entre la psychothérapie, la religion et la spiritualité (chapitre 1). Dans C.R. Bellehumeur, & J. Malette (Eds.), *Psychologie positive et spiritualité en psychothérapie: Fondements, recherches et applications* (pp. 13-40). Québec: Presses de l'Université Laval.
- Cohen, K., Auld, F., & Brooker, H. (1994). Is alexithymia related to psychosomatic disorder and somatising?, *Journal of Psychosomatic Research*, 38(2), 119-127.
- Côté, R. (2003). *Lazarus, come out! Why faith needs imagination*. Ottawa: Novalis.
- Durand, G. (1979). *Figures mythiques et Visage de l'œuvre: De la mythocritique à la mythanalyse*. Paris: Berg International.
- Durand, G. (1999). *The anthropological structures of the imaginary*. Brisbane, Australia: Boombana.
- Durand, G. (2016). *Les Structures anthropologiques de l'imaginaire: Introduction à l'archétypologie générale. 12th Edition*. Paris: Dunod.
- Durand, Y. (2005). *Une technique d'étude de l'imaginaire: LAT.9*. Paris: L'Harmattan.
- Durand-Sun, C. (2013). Gilbert durand et l'imaginaire de l'orient. In R. Lapree & C.R. Bellehumeur (Eds.), *L'imaginaire durandien – Enracinements et envols en Terre d'Amerique* (pp. 21-34). Québec: Presses de l'Université Laval.
- Eliade, M. (1965). *Le sacré et le profane*. Paris: Gallimard.
- Emmons, R.A. (1999). *The psychology of ultimate concerns: Motivation and spirituality in personality*. New York: Guilford Press.
- Exline, J.J. (2013). Religious and spiritual struggles. In K.I. Pargament, J.J. Exline, & J.W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality (Vol. 1): Context, theory, and research* (pp. 459-475). Washington, DC: American Psychological Association.
- Frankl, V.E. (1985). *Man's search for meaning*. New York, NY: Simon and Schuster.
- Frankl, V.E. (2010). *The feeling of meaninglessness*. Milwaukee, WI: Marquette University Press.
- Fowler, J. (1981). *Stages of Faith*. San Francisco: Harper and Row.
- Fukuyama, M.A., & Sevig T.D. (1999). *Integrating Spirituality Into Multicultural Counseling*. Thousand Oaks, CA: Sage Publications.
- Fuller, R.C. (2001). *Spiritual, but not religious: Understanding unchurched America*. New York: Oxford University Press.
- Ghiglione, A. (2013). L'imaginaire durandien et la pensée chinoise. Corrélations anthropologique entre deux océans. In R. Laprée & C.R. Bellehumeur (Eds.), *L'imaginaire durandien. Enracinements et envols en terre d'Amérique* (pp. 39-60). Québec: Presses de l'Université Laval.
- Heintzelman, S.J., & King, L.A. (2013). On knowing more than we can tell: Intuitive processes and the experience of meaning. *The Journal of Positive Psychology: Dedicated to furthering research and promoting good practice*. doi: 10.1080/17439760.2013.830758

- Kam, C., & Bellehumeur, C.R. (2019). Untangling Spiritual Contradictions Through the Psychology of Lived Paradox: Integrating Theological Diversity in the Old Testament with Durand's Framework on the Imaginary. *Journal of Religion and Health*, 59, 1982-1995. doi: 10.1007/s10943-019-00923-6
- Kam, C., & Bellehumeur, C.R. (2020). A Psychological Commentary on the Article: Untangling Spiritual Contradictions Through the Psychology of Lived Paradox: Integrating Theological Diversity in the Old Testament with Durand's Framework on the Imaginary. *Journal of Mental Health and Clinical Psychology*. doi: 10.29245/2578-2959/2020/2.1197
- Koenig, H.G., King, D.E., & Carson, V.B. (2012). *Handbook of religion and health* (2nd ed.). Oxford: Oxford University Press.
- Laprée, R. (2000). *La psychagogie des valeurs. Symbolique et imaginaire en éducation*. Outremont, Québec: Les Éditions logiques.
- Laprée, R. (2004). Un test archétypal pour rééquilibrer le sens. In I. Grellier, H. Strub, & E. Genre (Eds.), *Tradition chrétienne et créativité artistique* (pp. 199-212). Zurich: Edition S.I.T.P.
- Laprée, R. (2013). La dynamique de groupe et les structures anthropologiques de l'imaginaire. In R. Laprée & C.R. Bellehumeur (Eds.), *L'imaginaire durandien – Enracinements et envols en terre d'Amérique* (pp. 149-165). Québec: Presses de l'Université Laval.
- Langevin, R., & Laurent, A. (2013). Déficit de la capacité de symbolisation (DCS) et somatisation: Étude exploratoire menée à l'aide de l'AT.9 auprès de préadolescents franco-albertains. In R. Laprée & C.R. Bellehumeur (Eds.), *L'imaginaire durandien – Enracinements et envols en terre d'Amérique* (pp. 135-147). Québec: Presses de l'Université Laval.
- Langevin, R., Laurent, A., & Bellehumeur, C.R. (2017). Est-il judicieux d'avoir recours au scored archétypal test 9 (SAT.9) afin d'enrichir l'évaluation de l'alexithymie lorsqu'on opte pour une approche évaluative multiméthode? *Annales médico-psychologiques*, 175, 877-881.
- Larrue, S., & Bellehumeur, C.R. (2018). From meaning-making to finding meaning in creating a complex blended family: How to foster a healing transformation? In L. Armstrong (Ed.), *Existential elements of the family* (pp. 245-276). Leuven: Peeters.
- Larrue, S., & Bellehumeur, C.R. (2020). (Se) figurer l'image de soi de la belle-mère sans enfant dans un modèle familial recomposé. *Revue québécoise de psychologie*, 41(3), 1-33.
- Lavoie, L.-C. (2006). Psychothérapie et spiritualité: de l'opposition au dialogue interactif. *Reflets: revue d'intervention sociale et communautaire*, 12(1), 48-73.
- Lomas, T. (2016). Positive psychology – The second wave. *The Psychologist*, 29(7), 536-553.
- Lomas, T., & Ivtzan, I. (2016). Second wave positive psychology: Exploring the positive-negative dialectics of wellbeing. *Journal of Happiness Studies*, 17(4), 1753-1768.
- Miller, W.R. (Ed.). (1999). *Integrating spirituality into treatment: Resources for practitioners*. Washington, DC: American Psychological Association.
- Morin, E. (2005). *Introduction à la pensée complexe*. Paris: Le Seuil.

- Nguyen, T.T., Bellehumeur, C.R., & Malette, J. (2018). Images of God and the imaginary in the face of loss: a quantitative research on Vietnamese immigrants living in Canada, *Mental Health, Religion & Culture*. doi: 10.1080/13674676.2018.1499715
- Otto, R. (1969). *Le sacré. L'élément non rationnel dans l'idée du divin et sa relation avec le rationnel*. Paris: Payot.
- Paloutzian, R.F., & Park, C.L. (2013). *Handbook of the psychology of religion and spirituality*. New York, NY: The Guilford Press.
- Pargament, K.I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York, NY: Guilford Press.
- Pargament, K.I. (1999). The psychology of religion and spirituality? Yes and no. *International Journal for the Psychology of Religion*, 9, 3-16.
- Pargament, K.I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: Guilford Press.
- Pargament, K.I. (2011). Religion and coping: The current state of knowledge. In S. Folkman (Ed.), *Oxford handbook of stress, health, and coping* (pp. 269-288). New York, NY: Oxford University Press.
- Pargament, K.I. (2013). *APA handbook of psychology, religion and spirituality, vol. 2, An applied psychology of religion and spirituality*. Washington, DC: American Psychological Association.
- Pargament, K.I. (2016, March, 17-19). *Cultivating the spiritual dimension in life: A vital aspect of positive psychology* [Conference talk]. International and bilingual Colloquium "Positive Psychology and Spirituality. Psychologie positive et spiritualité: Guérison par le plaisir (hommage à Yvon Saint-Arnaud), Saint-Paul University, Ottawa, Ontario, March 17th to 19th, 2016.
- Pargament, K.I., Koenig, H.G., Tarakeshwar, N. & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A two-year longitudinal study. *Archives of Internal Medicine*, 161, 1881-1885.
- Pargament, K.I., & Mahoney, A. (2005). Sacred matters: Sanctification as a vital topic for the psychology of religion. *The International Journal for the Psychology of religion*, 15, 179-198.
- Pargament, K.I., Murray-Swank, N., Magyar, G., & Ano, G. (2005). Spiritual struggle: A phenomenon of interest to psychology and religion. In W.R. Miller & H. Delaney (Eds.), *Judeo-Christian perspectives on psychology: Human nature, motivation, and change* (pp. 245-268). Washington, DC: APA Press.
- Pargament, K.I., & Raiya, H.A. (2007). A decade of research on the psychology of religion and coping: Things we assumed and lessons we learned. *Psyche and Logos*, 28(2), 742-766.
- Park, C.L. (2004). The notion of stress-related growth: Problems and prospects. *Psychological Inquiry*, 15, 69-76.
- Parsons, W.B. (Ed.) (2018). *Being Spiritual but Not Religious: Past, Present, Future(s)* (1st ed.). New York: Routledge. doi: 10.4324/9781315107431
- Perrin, D.B. (2007). The uneasy relationship between Christian spirituality and the human sciences: Psychology as a test case. *Spiritus*, 7, 169-192.
- Pujol, N. (2014). Analyse critique du concept de sacré chez Kenneth I. Pargament dans la définition de la spiritualité en contexte médical. *Laval théologique et philosophique*, 70(2), 275-290.

- Reker, G.T., & Chamberlain, K. (2000). *Exploring Existential Meaning: Optimizing Human Development across the Life Span*. Thousand Oaks, CA: Sage Publication.
- Richards, P.S., & Bergin, A.E. (2000). *Handbook of Psychotherapy and Religious Diversity*. Washington, DC: American Psychological Association.
- Richards, P.S., & Bergin, A.E. (2005). *A spiritual strategy for counseling and psychotherapy* (2nd ed.). Washington, DC: American Psychological Association.
- Rizzuto, A.M. (1979). *The birth of the living God: A psychoanalytical study*. Chicago, IL: University of Chicago Press.
- Sperry, L. (2012). Spirituality in clinical practice: Theory and practice of spiritually oriented psychotherapy (2nd ed.). New York, NY: Routledge.
- Spilka, B. (1993, August). *Spirituality: Problems and directions in operationalizing a fuzzy concept* [Paper presented]. The Annual of the American Psychological Association, Toronto, Canada.
- St-Arnaud, Y. (1989). *Les petits groupes. Participation et communication*. Montréal: Presses de l'Université de Montréal et Les Éditions du CIM.
- Standard, R.P., Sandhu, D.S., & Painter, L.C. (2000). Assessment of spirituality in counseling. *Journal of Counseling & Development*, 78(2), 204-210. doi: 10.1002/j.1556-6676.2000.tb02579.x
- Tarakeshwar, N., Swank, A.B., Pargament, K.I., & Mahoney, A. (2001). The sanctification of nature and theological conservatism: A study of opposing religious correlates of environmentalism. *Review of Religious Research*, 42, 387-404.
- Taylor, C. (2007). *A secular age*. Cambridge, MA: Harvard University Press.
- Wong, P.T.P. (1997). Meaning-centered counseling: A cognitive-behavioral approach to logotherapy. *The International Forum for Logotherapy*, 20(2), 85-94.
- Wong, P.T.P. (1998). Meaning-centred counselling. In P.T.P. Wong & P. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 395-435). Mahwah, NJ: Erlbaum.
- Wong, P.T.P. (1999). Towards an integrative model of meaning-centered counseling and therapy. *The International Forum for Logotherapy*, 22(1), 47-55.
- Wong, P.T.P. (2008). Narrative practice and meaning-centered positive psychotherapy [Review of the book *Maps of narrative practice*, by M. White]. *PSYCRITIQUES*, 53(30). doi: 10.1037/a0012671
- Wong, P.T.P. (2010). Meaning therapy: An integrative and positive existential psychotherapy. *Journal of Contemporary Psychotherapy*, 40(2), 85-93. doi: 10.1007/s10879-009-9132-6
- Wong, P.T.P. (2011a). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology*, 52(2), 69-81. doi: 10.1037/a0022511
- Wong, P.T.P. (2011b). Meaning-centered counseling and therapy: An integrative and comprehensive approach to motivational counseling and addiction treatment. In W.M. Cox, & E. Klinger (Eds.), *Handbook of motivational counseling: Goal-based approaches to assessment and intervention with addiction and other problems* (pp. 461-487). West Sussex, UK: Wiley.
- Wong, P.T.P. (Ed.) (2012a). *The human quest for meaning: Theories, research, and applications* (2nd ed.). New York, NY: Routledge.

- Wong, P.T.P. (2012b). Toward a dual-systems model of what makes life worth living. In P.T.P. Wong (Ed.), *The human quest for meaning: Theories, research, and applications* (2nd ed.) (pp. 3-22). New York, NY: Routledge.
- Wong, P.T.P. (2013). A meaning-centered approach to addiction and recovery. In L.C.J. Wong, G.R. Thompson, & P.T.P. Wong (Eds.), *The positive psychology of meaning and addiction recovery*. Birmingham, AL: Purpose Research.
- Wong, P.T.P. (2015). Meaning therapy: Assessments and interventions. *Existential Analysis*, 26(1), 154-167.
- Wong, P.T.P. (2019a). The Maturing of Positive Psychology and the Emerging PP 2.0 [Review of the book *Positive Psychology* (3rd ed.), by W. Compton & E. Hoffman]. *Dr. Paul T.P.* <http://www.drpaullwong.com/the-maturing-of-positive-psychology-and-the-emerging-pp20-a-book-review-of-positive-psychology-3rd-ed-by-william-compton-and-edward-hoffman/>
- Wong, P.T.P. (2019b). Second wave positive psychology's (PP 2.0) contribution to counselling psychology. *Counselling Psychology Quarterly* [Special Issue]. doi: 10.1080/09515070.2019.1671320
- Wong, S., & Pargament, K.I. (2017). Seeing the sacred: Fostering spiritual vision in counselling. *Counselling and Spirituality*, 36(1-2), 51-69.
- Wong, P.T.P., Reker, G.T., & Peacock, E. (2006). The resource-congruence model of coping and the development of the Coping Schemas Inventory. In P.T.P. Wong, & L.C.J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp. 223-283). New York, NY: Springer.
- Wong, P.T.P., & Roy, S. (2017). Critique of positive psychology and positive interventions. In N.J.L. Brown, T. Lomas, & F.J. Eiroa-Orosa (Eds.), *The Routledge international handbook of critical positive psychology*. London, UK: Routledge.
- Wong, P.T.P., & Wong, L.C.J. (2012). A meaning-centered approach to building youth resilience. In P.T.P. Wong (Ed.), *The human quest for meaning: Theories, research, and applications* (2nd ed.) (pp. 585-617). New York, NY: Routledge
- Wong, P.T.P., Wong, L.C.J., McDonald, M.J., & Klaassen, D.W. (Eds.) (2012). *The positive psychology of meaning and spirituality: Selected papers from Meaning Conferences*. Birmingham, AL: Purpose Research. (Originally published in 2007 by INPM Press).
- Wunenburger, J.-J. (2003). *L'imaginaire*. Paris: PUF.
- Wunenburger, J.-J. (2013). L'anthropologie de l'imaginaire selon Gilbert Durand: Contextes, options, enjeux. In R. Laprée, & C.R. Bellehumeur (Eds.), *L'imaginaire durandien – Enracinements et envols en terre d'Amérique* (pp. 3-17). Quebec: Presses de l'Université Laval.
- Xiberras, M. (2002). *La pratique de l'imaginaire. Lecture de Gilbert Durand*. Laval: Les presses de l'Université Laval.
- Yeung, W.P.W. (2018). *Imaginary, Spirituality and Subjective Well-Being of Second-Generation Chinese Canadians: Exploring the Lived Experience of Well-Being in a Bicultural Environment*. [Unpublished doctoral dissertation]. Saint Paul University.
- Zinnbauer, B.J. (2013). Models of healthy and unhealthy religion and spirituality. In K. Pargament (Ed.), *APA handbook of psychology, religion and spirituality, vol. 2, An applied psychology of religion and spirituality* (pp. 71-89). Washington, DC: American Psychological Association.

PART II

Empirical Research:
Findings from Diverse Ethnic and/or Cultural Samples

Chapter 5

Exploring the Dialectical Balance of Well-Being among Second-Generation Chinese Canadians (SGCC)

Winnie P.W. Yeung & Christian R. Bellehumeur

Introduction

Many families who immigrate in a foreign country do so with ideals. For instance, there are parents who wish to offer the best education and future prospects to their children. However, reality may not always meet immigrant families' expectations. Driscoll et al. (2008) argue that first-generation immigrants face stressors including relocating to the new country, struggling with new languages and customs, and breaking familial and social ties. They may struggle to adhere to their own culture while their children readily embrace the new culture, language, values and behaviours of the adopted country. From this point of view, it looks like adult children (as second-generation immigrants) may have less stress and better psychological well-being compared to their parents (as first-generation immigrants) who may experience more adversity (Driscoll et al., 2008; Harker, 2001). In other words, one may conclude that it may be easier for second-generation immigrants, as compared to first-generation immigrants, to adopt a positive outlook on life and experience more positive emotions.

Contrary to this perception, some findings from research show that adult children of immigrants also have their own share of stresses. These include identity issues related to experiencing discrimination and stereotypes as well as having difficulty with acculturation, language barriers, adaptation, intergroup conflicts, and in-group pressures (Chiu & Ring, 1998; Costigan et al., 2010; Phinney et al., 2001). These silent stresses can have significant impact on the children of immigrants, who can be categorized as bicultural second-generation Chinese Canadian (SGCC). In fact, the difficulties around managing dual identities between a heritage and a mainstream culture have been well identified.

Berry & Sabatier (2011) noted that many second-generation youths have found it challenging to manage and adjust to their bicultural settings. They may experience identity confusion and ambiguity (LaFromboise et al., 1993). While some may feel that the two cultures are compatible, others may experience a sense of being torn between two cultures (Benet-Martínez et al., 2002). Cultural tension can have significant consequences for bicultural individuals. A correlation has previously been shown between exclusive identification with a culture of origin, and suicidal thoughts and behaviours in individuals raised in two cultures (Cho, 2003; Kennedy et al., 2005; Lau et al., 2002). At this current time, rates of suicidal ideation (Duranceaux & Cassaundra, 2009) and completed suicide (Choi et al., 2009) are higher for Asian-American youth as compared to their Caucasian counterparts¹.

Many Canadian-born Chinese may face challenges with their parents who were not born in Canada. Tension between heritage and mainstream cultures can result in conflict between SGCC's independent and interdependent needs, such as their desire to establish an independent identity and their collectivistic role to maintain harmony with the family (Goldston et al., 2008; Wong et al., 2011). Failure to successfully navigate cultural conflicts may have considerable consequences. Prioritizing the heritage culture may lead to alienation and rejection by peers (Leary et al., 2001) and subsequent depression, anxiety, shame, and in some cases, even suicide (Baumeister & Tice, 1990; Baumeister et al., 2002; Wong et al., 2011). However, submission for the sake of family harmony and preservation of their interdependent identity (Ting-Toomey & Kurogi, 1998) may have long term effects on self-esteem, assertiveness, and mental and emotional development in the future².

For the Second-Generation Chinese Canadians (SGCC), intergenerational conflict may arise when the acculturation gap widens between parent and child (Tasopoulos-Chan et al., 2009). While parents may

¹ In 2015, a Toronto report by Zhang et al. (2015) of Hong Fook Mental Health Association, surveyed Chinese, Vietnamese and Korean youths between ages 16-24 and found that approximately one-in-five respondents reported having suicidal ideation in the past 12 months. Additionally, slightly over one-in-ten reported that they seriously considered committing suicide in the past year, as compared to 6% of Ontario youths (Zhang et al., 2015).

² Watanabe et al. (1995) assert that cultural values define the personal self and the social self. Failure to achieve cultural ideals can result in losing "face" for those with an eastern cultural background, which may impact individuals' sense of self and affect their well-being (Watanabe et al., 1995). Furthermore, pressure from the mainstream culture to assimilate and give up one's sense of ethnic identity may result in anger, depression or even violence (Phinney et al., 2001).

fixate on retaining their heritage culture, second-generation children may quickly adopt the mainstream culture, causing a divide in the acculturation gap (Giguère et al., 2010; Phinney et al., 2005). The second-generation assimilates to the Canadian culture faster than their parents, which creates a cultural gap between parent-child relationships. Furthermore, high expectations from parents for academic achievement and career success may lead to fear. SGCC may fear “losing face”, not meeting parents’ expectations, or dishonoring the family, which may increase inner conflicts and family tensions³.

In her doctoral dissertation, Yeung (2018) sought to examine various objectives that are relevant to SGCC’s challenges; she focused her research mainly on the experience of subjective well-being. Her dissertation aims to understand three main points: (1) the lived experience of SGCC, including how they perceive their experience of subjective well-being when living under cultural dissonance between mainstream and heritage cultures; (2) how SGCC negotiate and balance their antithetical cultures, values and conflicts to achieve and maintain subjective well-being, and (3) how the relationship with the Higher Being (God) relates to their subjective well-being. It is worth mentioning that these research objectives were framed in the socio-cultural and historical contexts of the selected participants of this research.

Due to lack of space, the goal of this chapter is to provide a summary of some of the main findings of Yeung’s (2018) doctoral dissertation. As mentioned above, Yeung’s (2018) doctoral dissertation aimed to better understand the experience of well-being on SGCC in the context of dual identities, which implies that SGCC have to navigate between two main cultures (western and eastern), particularly Canadian mainstream culture and their Chinese culture of origin (of their parents). In this chapter, we will see how this reality echoes the importance to embrace a dialectical conception of well-being. In order to do so, this chapter’s reflections are based on two major frameworks: second wave positive psychology (Wong, 2011) and the theory of the Anthropological Structures of Imaginary (G. Durand, 1960, 1999). Given that the relationship between the bicultural SGCC and subjective well-being is complex and may not be adequately explained by investigating a direct relationship on a single dimension (Yoon et al., 2008), we argue that Durand’s theory of the Anthropological Structures of the Imaginary (G. Durand, 1960, 1999) has a heuristic potential to help us to understand the dialectical dimension of well-being.

³ Family tensions may be a major factor contributing to suicide among Asian American children (Costigan et al., 2010; Wong et al., 2011; Zhou et al., 2003).

This chapter is divided into two main sections. The first section presents the conceptual frameworks. In this section, the distinction between the first wave positive psychology from the second wave (PP 2.0) is presented, followed by a brief overview of G. Durand's (1999) theory on the Anthropological Structures of the Imaginary and its links to dialectical balance. This first section ends by presenting a notion which echoes these two later frameworks: the dialectics of well-being. The second section presents a brief overview of the methods of Yeung's (2018) doctoral dissertation in order to set the stage to then highlight some of its main findings.

1. Relevant frameworks and concepts

1.1. *First Wave of Positive Psychology*

Within the study of psychology, the emphasis has been on psychopathology: treating psychological problems rather than focusing on what makes life worth living (Lomas & Ivtzan, 2016). Positive psychology proposes to change the imbalance by focusing on the positive aspects of life and strengths instead of on the negative aspects of life and psychopathology. Seligman (2002) stated three major foci of positive psychology: positive emotions, positive individual traits and positive institution. Thus, to promote well-being, negative phenomena, such as suffering and pain are conceptualized as undesirable and to be avoided; whereas, positive qualities like happiness and joy are to be sought after (Seligman, 2002). The embrace of the positive was labelled as the 'first wave' of Positive Psychology" (Lomas & Ivtzan, 2016, p. 1754). Over the last two decades, positive psychology has remained a popular subject in many fields such as management, education, personal development and health (Martin-Krumm & Tarquinio, 2011).

1.2. *The Second Wave of Positive Psychology (PP2.0)*

Despite the impressive success of first wave positive psychology, it is not without critics. It has been mostly criticized because of the "tyranny of the positivity" (Held, 2002; Wong, 2011). In order to complete the three aforementioned pillars proposed by Seligman regarding the first-wave positive psychology (positive emotions, personal strength, virtues and well-being), Wong (2011) has suggested four pillars to PP 2.0: virtues, meaning of life, resilience and well-being. At its core, one finds the principle of *yin-yang*. The dialectical thought represented by the

principle of *yin-yang* offers a simple, but powerful conceptual framework, allowing the integration of a large number of opposite phenomena or concepts useful in PP 2.0. According to Lomas and Ivtzan (2016), this dialectical appreciation represents the clearest factor identified at the present, separating the approaches of the first wave PP from that of the second wave.

In other words, with its focus on the positive, there is a persistent critique of first wave positive psychology that “It has ignored the reality and benefits of negative emotions and experiences” (Wong, 2011, p. 69). Wong (2011) argues that the emotional life of a person is complex and fluid. It often includes a mixture of positive and negative emotions. He asserts that for the psychology of well-being, an umbrella term for happiness, health and optimal functioning at both the individual and national level, is found in “both positive and negative conditions” (Wong, 2011, p. 75). He believes that the good life can be achieved, not by only focusing attention on the positive, but by embracing and integrating both positive and negative experiences (Wong, 2012). What is considered as negative emotions, such as, guilt, regret and anger, can sometimes motivate people towards positive changes (Wong, 2011). Additionally, what is considered positive in one circumstance could become counterproductive in another. For example, unrealistic optimism can lead to health problem and engaging in risky behaviours that are detrimental to well-being, such as activities like smoking and fast driving, etc. (Lomas & Ivtzan, 2016; Wong, 2011).

What is positive (optimism) can be negative, and what is negative (anger) can become positive. When evaluating wellness, the context of an emotion should be considered. Lazarus (2003) emphasized that “What is often overlooked, too, is that stress and adversity often play a valuable role in the development of the personal strengths needed to survive and flourish” (Lazarus, 2003, p. 106). This concept is important especially in times of uncertainty, in that one needs to learn how to maintain well-being during periods of instability or unpredictability. Lazarus argues that failure is as important as success in coping. Many people learn more from failures than from successes. Success and failure are interdependent, and we cannot really think of one without the other. Other researchers also explore the positive-negative dialectics of well-beings (Lomas & Ivtzan, 2016; Solomon, 1980). Wong (2011) posits that in certain situations, reflection on one’s negative emotions can result in more positive outcomes than by focusing on positive emotions. Strengths and vulnerabilities should be examined in their relation to well-being. He believes that a good life can be achieved, not by accentuating the positive and avoiding the negative,

but by embracing and integrating both positive and negative experiences (Wong, 2012). He asserts, furthermore, that the capacity to transcend and transform negative emotions provides an additional source of well-being to positivity-based well-being. Haybron (2003) affirms that a complete theory of well-being needs to consider negative emotions and suffering. Thus, in the Second Wave of Positive Psychology (PP 2.0), there is recognition of “the fundamentally dialectical nature of well-being” (Lomas & Ivtzan, 2016, p. 1754). Well-being is believed to involve “inevitable dialectics between positive and negative aspects of living” (Ryff & Singer, 2003, p. 272). Vulnerability and negative emotions are positively related to well-being in daily coping. To some immigrants coming from Asia, happiness may mean fulfilling one’s roles and obligations stemming from interdependent social relationships (Lu, 2010). Rather than seeking and fulfilling individual pleasures, this approach creates and maintains interpersonal harmony, promotes the welfare and the prosperity of the family, fulfills Confucian moral teaching and maintains the dialectical balance between happiness and unhappiness (Lu, 2010).

In daily coping, many fluctuating and conflicting forces are apparent as people navigate their environment and social world. Psychological flexibility and dialectical balancing can promote psychological health and can help individuals to recognize and adapt to various situational demands, shift their mindset and behaviours, remain open, regulate their emotions, and commit to behaviours that are congruent with their held values. As a result, they can improve their personal and social functioning and maintain balance among the life domains (Kasdan & Rottenberg, 2010). Without dialectical balancing, individuals can exhibit inflexibility, which is considered a risk factor for psychopathology. Individuals’ transactions with the environment may break down when their responses become static and overly restricted. They can suffer from anxiety and depression, unable to derive pleasure from the environment (Kasdan & Rottenberg, 2010). In sum, the study of the dialectical balance of well-being is important in order to help all people achieve the optimal level of well-being. A balanced flexible concept of well-being is needed to understand well-being from a cultural context.

1.3. *G. Durand’s Theory of the Imaginary and the Dialectical Balance*

Images can communicate to us in ways that words fail. The ability to create an imagined world helps us find our unique position in a world of reality (Rautenberg, 2010). Images are universal to humanity and can be found in all cultures (Børch, 2013; G. Durand, 1999). Gilbert Durand

defines imagination as the “root of all thoughts” (Chen, 2006, p. 309). It is the foundation of consciousness and the origin of all reasoning. Through imagination the known comes from the unknown (Chen, 2006). G. Durand’s (1960, 1999) *Anthropological Structures of the Imaginary* (ASI) is a culturally sensitive theory that embraces many of both the western and eastern cultural ideas, values and worldviews (Durand-Sun, 2013; Wunenburger, 2013). Thus, it thus provides a theoretical framework to reveal the subjective well-being of SGCC, using images and symbols by way of mythical categories that includes the heroic, mystical and synthetic⁴.

G. Durand (1999) mentions that the imaginary is necessary for human beings, as it helps them to deal with existential questions that rationality cannot explain, such as their anxieties and struggles towards the threat of aging and death. Furthermore, G. Durand (1999) theorizes that there is an “anthropological dialectic”, a “ceaseless exchange taking place on the level of the imaginary between subjective assimilatory drives and objective pressures, emanating from the cosmic and social milieu” (G. Durand, 1999, p. 41). There is a constant exchange between culture and the individuals within a society. Culture plays a significant role in shaping worldview and influencing values.

G. Durand divides mental images and visual narratives of all cultures into two large regimes – the “diurnal” and the “nocturnal”, which are in opposition to one another. The diurnal regime, or the schizomorphic, heroic and purist structure, is the daytime image characterized by the dominant postural position of “getting up or standing”, the gesture to “ascend”, or the upward rising thrust (Bellehumeur et al., 2013). It carries the notion that heroes have to stand and fight and overcome any challenge they face (Xiberras, 2002).

The nocturnal regime is subdivided into the mystical nocturnal and the synthetic nocturnal (G. Durand, 1999; Iranzo, 2001). The mystical (antiphrastic) structure corresponds to the digestive dominants and the synthetic (dramatic) structure corresponds to the rhythmic dominants. Elements in the mystical regime are categorized by the feelings of intimacy and enmeshment, friendliness, happiness and gentleness. Elements in this regime are blended together with peace, namely, a peace without any disturbance (Bellehumeur et al., 2013). As food is ingested and becomes one with the body, everything can be blended together without threat (Xiberras, 2002).

⁴ See also chapter 4 of this book for other details on Durand’s theory of the imaginary.

To ensure the continual existence and balance of the regimes, a “synthetic system” is needed to allow the two opposing regimes – the heroic and the mystical, to co-exist and the balance between them maintained (G. Durand, 1999). The synthetic structure, also known as the systemic structure (or dramatic), refers to the third path, where both the opposing regimes co-exist. The synthetic regime can bring the diurnal and nocturnal regimes to co-exist harmoniously because the principle of causality exists in this system. Constant movements of rhythms and cycles allows oppositional aspects and contradictions to harmonize. The verb for this synthetic category is “to link”, as in two opposite sides being linked. This is like the linking of opposite principles in the Chinese philosophy of *yin-yang*, which fits nicely with the aforementioned central core of PP 2.0 (Wong, 2011). The synthetic structure embraces paradox, namely the co-existence of the heroic and mystical regimes. Durand believes that personality disorders, social unrest, military conflicts could be the result of one of the polarities of the heroic or mystical regimes being off-balance (Bellehumeur et al., 2013; Laprée, 2000). According to Durand-Sun (2013) the antithesis of eastern and western values can co-exist. The effects of these external and intrapsychic influences on a human being’s well-being can be revealed through their mythical categories of the Imaginary.

The ASI theory has been empirically validated with the AT.9 instrument (Y. Durand, 2005). This is a drawing and story-telling test which allows for the measuring of the imaginary of participants allowing for it to be classified according to the three main mythical categories (heroic, mystical and synthetic). There is also an additional fourth one called the unstructured category, which is an imaginary world that is not organized. Using the psychological test (AT.9), the construct of the psychic function of individuals in any given social cultural context can be revealed and studied empirically. The subjective well-being of SGCC can be revealed through their mythical categories: heroic, mystical, synthetic and unstructured.

1.4. *The Dialectics of Well-Being*

Dialectics in the Merriam Webster Dictionary (2020) refers to the “dialectical tensions or opposition between two interacting forces or elements”. Positive and negative emotions are opposites, but they are also intimately connected. Their relationship is not static but continues to evolve through the interplay of the two polarities (Lomas & Ivtzan, 2016). Well-being and ill-being are not two poles of a continuum, but are two

separate dimensions of functioning (Keyes, 2007). For example, avoidance and approach are not two opposite poles of the same dimension, but they are in two parallel dimensions. To avoid or approach is based on what is required under the circumstance. Optimal levels of adaptation and well-being can be achieved through the dialectical interplay between two coexisting adaptive systems (Wong, 2016). Individuals use different approaches for coping based on their personality and the situations they encounter. Having provided the theoretical frameworks necessary to support the ideas of this chapter, we now present some main empirical findings that further elaborate on these reflections.

2. Overview of Yeung's (2018) doctoral dissertation

2.1. *Methods used by Yeung (2018)*

As part of her doctoral research, the main author of this chapter, W. Yeung⁵, carried out qualitative research with SGCC participants and related her study to their experience of subjective well-being. There were three phases to this research: Phase I: Socio-demographic investigation; Phase II: The Anthropological Archetypal Test with Nine Elements (AT.9). Phase III: One-on-one phenomenological study interviews.

The first phase and second phase consisted in collecting data to obtain a general profile of the 34 participants in relation to their imagination and socio-demographic data⁶; they all completed the socio-demographic questionnaire and the AT.9 test⁷. After completion of the AT.9,

⁵ Led by the second co-author of this chapter, C.R. Bellehumeur,

⁶ **Phase I: Socio-demographic investigation.** The sample was drawn from the Greater Toronto Area of Southern Ontario, Canada. Thirty-four SGCC (N=16 male; N=18 female), between the ages of 19-45 were recruited. Those selected were either born in Canada, or had immigrated to Canada at the age of 12 or under. All participants have been raised in a Chinese immigrant family with at least one Chinese parent. Each of the 34 participants completed the socio-demographic questionnaire in the researcher's office. Participants answered questions regarding their gender, age, marital status, occupation, language, country of birth, education, identity, religious affiliation, and cultural background. A subsection of the socio-demographic questionnaire used Likert scales (1 to 5) to observe participants' feelings and personal experiences, including their current emotions, experience of cultural tension, relationship with the Higher Being and its contribution to well-being. The questionnaire used items which addressed (1) quality of life, (2) relationship with others, (3) life accomplishment, (4) life satisfaction, and (5) feelings about the future. The survey took approximately 20-30 minutes to complete.

⁷ **Phase II: The Anthropological Archetypal Test with Nine Elements (AT.9).** Each of the 34 participants then completed the Archetypal Test with Nine Elements (AT.9)

participants were invited to participate in a one-on-one interview that day in the researcher's office. The initial Research Ethics Board (REB) submission included eight subjects for in-depth interviews, and the first eight subjects who consented took part. An REB revision was subsequently submitted to expand the number of interviews to 19. After approval was received, subsequent participants were invited to take part in the interviews until 19 interviews were completed. For the third phase, 19 participants (9 male and 10 female) who consented to be interviewed participated in in-depth, one-on-one, phenomenological interviews involving semi-structured interviews with the first co-author of this chapter. The objective of this third phase was to explore different emerging themes of the participants' experience of subjective well-being⁸. Due to resource limitations, 12 (7 males and 5 females) of the 19 interviews were selected for analysis. Interviews were chosen to attain the most variability according to age, gender, spiritual orientation, and the AT.9 categories.

The adaptability of dialectical balancing can be seen in the findings of this phenomenological, qualitative study, which was carried out in 2015-2016. The data were analyzed following a pre-established protocol (Creswell, 2007)⁹. The researcher bracketed out her subjective perspective

(Y. Durand, 2005). The researcher instructed the participant to draw nine elements on a piece of letter-sized paper: a fall, a devouring monster, a sword, a refuge, an object that is cyclical, a character, water, fire, and an animal/bird/fish. The term "a human person" was also used with the term "character" in this study. Nguyen (2014), in her research of the Image of God, Resilience, and the Imaginary, used the term "human person" instead of "character", and Yves Durand in his research found that 95% of his participants identified the element of "character" as a "human person" (Y. Durand, 1988, pp. 162-163). After completing the drawing of the AT.9, participants were asked to write a story to describe the elements in the drawing. Completion of the AT.9 took approximately one hour, or as long as the participants needed.

⁸ **Phase III: One-on-one phenomenological study interviews.** After completion of the AT.9, out of 34 participants, 19 participants were invited to participate in a one-on-one interview that day in the researcher's office. The interviews were semi-structured and conducted in English. A set of open-ended questions were used to guide the interview. Questions, such as "how", and "in what way" were used for clarification. Participants were asked to describe or explain past experiences of subjective well-being as a child, their emotional experience with their parents and cultures, and current experience of subjective well-being in the context of cultural dissonance and spiritual and religious experiences. The researcher was free to probe interesting areas that came up from participants' interests or concerns. During the interview, participants were allowed to introduce issues of which the researcher had not previously thought of. Interviews were audio-taped, and took about approximately about thirty minutes to an hour.

⁹ The analysis was supported by a rigorous coding verification protocol. The reader will find in Yeung's (2018) doctoral research the results of which support the reflection provided in this chapter and a more elaborate presentation of the methodology used.

thought process of *epoche*, setting aside her prejudgments and predisposition (Yuksel & Yildirim, 2015). Participants' texts were analyzed to find significant statements, clusters, themes and essence of the phenomenon. After identifying all significant statements, data was categorized into themes. Then, meanings were formulated and classified into broader themes common to all participants' transcripts, forming the textual descriptions (defining the experience) and structural descriptions (the context of the experience) of the phenomenon. Then, all the results were integrated into its *essence*, an in-depth, exhaustive description of the phenomenon (Creswell, 2007). Then, significant statements were separated into one file focused on the textual description of the phenomenon, the experience of happiness (well-being), while the second file focused on the structural description of the phenomenon, the context of how happiness (well-being) was experienced.

2.2. *An overview of the main results*

The Anthropological Findings

Participants. The total number of those participating in the AT.9 test were 34: Males: $N=16$ (47%); Female: $N=18$ (53%), age range from 20-43 ($M=31.8$). Chart 1 shows the distribution of the categories of the mythical world of imaginary among the SGCC participants. The synthetic category (the combination of DUEX and Synthetic Symbolic) has the highest number of participants. 1) Heroic ($N=7$), Mystical ($N=7$), Synthetic ($N=18$), Unstructured: ($N=2$).

Frequency distribution of the category of the imaginary

Table I shows the frequency distribution of the participants' main categories of the imaginary in the current study: 1) Heroic ($N=7$, 20.6%); 2) Mystical ($N=7$, 20.6%); 3) DUEX (Containing both Heroic and Mystical elements: $N=8$; 23.5%); 4) Synthetic Symbolic (Higher Synthetic Value, integration of diverse elements: $N=10$; 29.4%) and Unstructured ($N=2$; 5.9%). Examples of three categories of AT.9 (heroic, mystical and DUEX) can be found in the appendix.

The Qualitative, Phenomenological Findings

In this section, the main qualitative findings of this doctoral dissertation are presented. Many of the presented themes echo the notion of

dialectics, but first, there are two other important concepts worth mentioning: values and dissonance.

Values

Wong (2011) asserts that culture shapes our understanding of happiness and our expression of emotions. In this phenomenological study, participants expressed what they valued about Canadian culture: multiculturalism, holding multiple perspectives, the freedom to learn and to make choices, and its openness to experience and express emotions. Simultaneously, family is also highly valued by the participants. Participants valued putting family first, receiving support from their parents, togetherness (eating meals together), and filial piety (caring for parents). These are highly treasured by participants of the Chinese tradition.

The Dissonance

Most of the significant cultural dissonance that participants mentioned originate from their encounters with their parents. These include the parents' non-expressive emotions, high expectations to perform, restriction of choices, narrow definition of success, and parents' emphasis on financial success. Some of these types of dissonance are illustrated below.

Suppress Emotion VS Express Affection

A participant describes his emotional experience with his parents and his friends as follows, "I felt that, not a lot of time, they would, kind of, suppress their emotions and won't show a lot of happiness." He continues, "Growing up in a Chinese family, I think happiness wasn't very obvious. It doesn't express. I don't remember much growing up, to be honest. I find that growing up in a Chinese family definitely, they tried to play it down [emotions]." He further states, "They [parents] don't go overly excited, or happy. They will discuss about it but nothing." His experience with the Canadian culture is different. He said, "When I see different cultures, they do express happiness differently, maybe more expressive. For example, my Caucasian friends, their sense of happiness within the family is just amplified. You see when they're happy. You notice it right away, that's the difference that I can see." Another female participant discusses that expressing affection to her parents is unnatural. "I say,

'I love you or something.' It's weird to tell to my parents that; that isn't that I don't like [them], I love [them] for sure." When asked about her understanding of expressing love within the Canadian culture, she says, "[In] Canadian culture it's okay to feel sad, happy and angry, and explore those feelings of being emotional, and just affectionate." These bicultural participants expressed their lack of emotional closeness and experiences of affection from their parents. They have seen the difference in their Canadian counterparts, who seem to have more freedom to experience and express emotions. As to how to handle their own emotions, whether to express or shut them down, they must find a balance to resolve the dilemma.

Silent Expectation VS Verbalize Needs

A participant describes his experience with his in-laws in the following way: "The Chinese culture, it is like everybody tries to keep to themselves. They don't like to share. They are not that vocal about their needs, maybe they are trying to save face, or try to be humble. I don't know what it is. It is not like the Western culture. The Western culture is more vocal in what they need and want." Another woman shared her experience about going home to visit her parents, and the expectation they have about financial support. She says, "There's expectation there. But, they just haven't, didn't say it." She continues, "Financially, they never, ever said, like, 'We want [this] much.'" It's kind of like 自覺 "*Gee Gok*" [self-awareness, i.e. 'you should know']. Another woman affirmed a similar experience. She said, "I feel it. They don't say it for me to spend time with them." For communication with their parents these bicultural individuals have to be alert, aware and pick up all the nuances. They live within a tension between verbalizing their needs or merely engaging in silent expectation.

Restricted Goals VS Free Choices

Most parents immigrated to Canada so that their children could have a better education and a better future despite their own hardships and sacrifices. Once in Canada they work hard to ensure that their children are on the right path of success by carefully planning and reducing unwanted distractions. Yet by their careful planning, a consequence is that it restricts their children from having the opportunity to pursue their own goals and self-interests. One participant expressed this dilemma

saying, "There are things that I want to learn. It gave me happiness. It adds on the whole free thinking. Like, do what makes you happy, that kind of thing. Whereas, my Mom and Dad would be [responded], 'No, you are not allowed to do that. You can't do that with your life. That is not going to mount up to anything.'" He continues in the voice of his parents, "Why don't you do something that will bring in lots of money and success, and wealthier name." The participant expresses his frustration about this, "The whole Canadian aspect of it is, you can make a choice. I know a lot of my friends are pursuing things like arts, which is completely a 'no' in Chinese culture, like, in my view at least, right? And then, that whole free thinking, you can be yourself, you can express yourself in different aspects of your personality, like what you choose to do with yourself. I think that's a big part of the Canadian." He continues, "For instance, an example would be dancing. In high school, I took up dancing. And it was one of those things my parents would [say], 'What! Dancing? You can't make money off that.' 'But that makes me happy, Mom.'" Bicultural individuals are pulled in two directions, either following their parents' choice for them or becoming rebellious – pursuing their own interest. Parents may not grant them the freedom to choose.

Work VS Play

Performance is highly valued in Chinese family. It takes precedence over other priorities. One participant describes his experience as follows, "It's like with Chinese culture, always doing homework, always putting yourself into piano lessons, arts all that. Do all that before, you can do anything [else]. Or even when we eat out and anything. We can't even [order] food. If I wanted to order a pizza, I wanted to go buy snacks, or when I saw something that I really liked, I couldn't buy it." Another man shares a similar experience. He expresses, "I wasn't allowed to have much fun. I wasn't allowed to be a child." "I always had to do well in school, right. [If] it wasn't like perfect, then, it wasn't good enough. If I get 98%, or whatever, 99%, and then, my parents would be like, 'Oh, you think it's good enough?' 'That's nothing.'" He expresses some regret about his upbringing, "I am more of a serious person instead of a fun person. I would like a different balance." Another participant shares about her upbringing, "I couldn't do a lot of things that my friends did. I cannot, like sleepover. I wasn't allowed to sleepover. I had homework that I had to do, just a lot of pressure to do well in school. Having fun wasn't a huge priority for them [parents]." Another woman expressed

similar experiences. She said, "I don't just stay where I am. Because every time I hit a target, my Dad will be like, 'Okay, well, you should be doing this instead.' I am like, 'Fine.' It's never an ending cycle." For these participants, success came with the high cost of hard work and no play. They are searching for the balance between work and play.

Parental Control VS Autonomy

In decision making there are tensions to be resolved. Fearing the unknown in a new country, parents may tighten their rein on their children. One man stated, "I don't know if there is anything I can do to make myself happier in the past. When I look at the past, there is nothing that I am really in control [of]." After he left home, he observes how he was able to gain back some control over his own happiness. "Now I am more in control. And I can create my happiness based on what I can do, 'cause I can do it'." Another participant was encouraged to have the freedom to explore from the Canadian culture – freedom to learn, to think, and to make choices. This freedom made him happy. He says, "Yeah, I want to learn this. I want to learn that. There are things that I want to learn. It gave me happiness." However, his parents do not approve of the choices that he has made. He says, "I was able to pick up a lot of different hobbies that I enjoyed that [they] would never be okay with. It was bad in the perspective from my parents." Bicultural individuals are being pulled in different directions due to differences in cultural values. Some have chosen to comply, others to strike out for independence. Still others choose the route of balancing. Negative emotions, such as guilt and shame are involved in the process of balancing to maintain their well-being. How they balance depends on the individual's personality and their context.

The Balancing Experience

For many, balancing two cultures is a difficult experience. One man says, "It was hard. It was hard. 'Cause [Canadian culture] shapes my view of happiness. I think this starts when I become more kind of like, in a sense of more rebellious. No, I want to do this with my life. Whereas, my parents would be like, "You can't do this with your life. You have to do this." Another woman responds, "I feel strange. And then with the English, with Canadian, I think, I least like about it is that people are, I guess, it's hard to finding a balance. People are too free about their

opinions of stuff. Feels like there is too much freedom to say and want, and I don't agree with that either. There is one that is too free; then, too strict, and hard to find the balance." Another participant felt pulled by the tension. She says, "One would expect this, and the other is the other way. You get pulled." It is harder to balance especially when young. One man affirms, "It is hard to come out. It is hard to come out of that Chinese, White experience when I was younger. 'Cause there is always two different worlds. It is only recently that I was able to actually integrate everything."

Harmonizing the Dichotomous States

Participants describe their own ways of harmonizing the dissonance, in order to maintain well-being. One man recalls, "I would find a balance. I would approach him with an open mind. And then I'll try to compromise, try to understand why they're kind of behaving in a certain way, even the things that they say, whatever, I'll try to understand. I know that in different culture, they have different ways of expressing themselves, right. Or even... there are a lot of things I try to understand that and be open to it, rather than be narrow minded" Being open and compromising is a popular strategy often used by the participants. Others would just listen and let the parents win. "I naturally listen. I wasn't the rebellious type. So, I guess you can say, 'I was obedient.' With my Mom, most of the time, I do give in to her. I tend to just let her win that fight. Whatever, if she wants to win it, so she can have it." Another woman shares her thoughts, "I think it depends on how it is coming about, because typically, it depends on what it is, and I would resolve it with the least amount of resistance. So, if it is like with my parents, generally, I would submit, and let them win, and then, figure it out." Some have chosen to take an inactive approach by distancing themselves from the dissonance, waiting for issues to resolve themselves. One woman describes it this way: "I don't have, like, special strategy or something that I do to deal with it." And "I just wait for it to resolve. I don't know if I actually do anything to deal with it." Choosing to be lighthearted is also helpful in balancing the dissonance. One man said, "And I learn how not to take myself seriously from the White people." Other participants have taken the step and time to explain things to their parents. One participant describes how he does this. "It was more like I would really have to explain it. It would take some time for them to understand, but eventually she [mother] understands it. Obviously, I wouldn't

cross the line. I still be super respectful.” One chooses wisely to make choices within the parents’ limits in order to avoid conflicts.

A female participant says, “I guess that it sets the boundaries, the limits how far I could go, or how much what I like, what I want, I could have. I need to always consider what they [parents] think.” She spoke from her experience of giving up her prospective partner because of the objection of her parents against his race. Only one participant describes having a major blow up with parents. He says, “I’m fed up with this [sister] had better treatment by father. I had a big blow up.” None of the participants have mentioned using direct confrontation to deal with the dissonance between them and their parents.

The Balancing of Identity: Interdependent Self VS Independent Self

In an independent self-identity, the self is defined as fundamentally individual and separate from others (Markus & Kitayama, 1991). Such a person seeks independence, autonomy and separateness from others. In the interdependent self-construal, the self is defined in relation to significant others. A person would seek to belong and fit into a group, and maintain a harmonious relationship with it (Cross et al., 2011). Relationships with others and membership in a group are important to them.

One participant expressed her interdependent self-identity in terms of happiness. She says, “If people around me are happy, I will be happy. That’s how I... That’s how I am.” She continues, “And then, the thing is, if they are not happy, I’ll never be happy.” Her happiness is determined by others. Another woman shares a similar experience, she says, “When I see them happy [parents], it makes me happy.” The interdependent self is connected with others in the family. One man says, “I got to draw a line for myself. Right, I can’t be just selfish. I can’t just do it because I can do it. I got to think about the people around me too. I can’t just leave my Mom and my two brothers and go to the army.” Others would find their own ways to separate from their parents. One participant reflects, “Like moving on my own, self-accomplishment. If I moved home, then, I actually have to do everything for my parents. Take care of the house again. It’s just like high school. So then, no direction. I have to change jobs and everything. But, it wouldn’t be what I want.” He goes on, “If I do move back home? I lost all the progress.” “Now I am more in control. And I can create my happiness based on what I can do, ‘cause I can do it.”

The Struggles of Dialectical Balancing

The struggles of dialectical balance are real and ongoing because the struggles are closely related to family members whom they frequently make contact with. "My Mom always forces the Chinese, the traditional way. But, she can't control how I think and feel. So, sometimes, I don't agree. So, I just agree that we don't agree. I think she has very strong opinions." Furthermore, the struggle of balancing may have a lasting impact on the bicultural individuals if emotions are not being handled properly. The non-expressive affection of parents affects participants' learning of how to act in their love relationships. One participant shares his concern. "I have a tough time [in] loving relationship. I'm not very open to people." Because of the emotional deficit with parents and critical, negative emotional experiences with them, some participants have found intimacy, hope and love in other ways – through relationship with friends and with the Divine, the Higher Being (God as a person).

The Dialectical Nature of Love, Faith and Hope as Principles of Balancing Love: The Dialectical Nature

Participants expressed the importance of relationship in achieving happiness. This man describes his relationship with his parents as "the normal baseline. I don't get default, delightful attention. It wasn't negative or abusive. But, it wasn't positive either." To fulfil his needs for intimacy, he finds it in close relationships with friends. He describes the dialectical nature of love. He says, "I know that vulnerability is co-related to intimacy. And therefore, relationships where people are vulnerable, and they have that patience, attention to listen to other persons, share their heart, with safe confidentiality." He continues, "With my peers, close. Really good ones like, we get each other. Sometimes, we are willing to be vulnerable and share deeper stuff." He also discusses his intimate relationship with the Higher Being (God). "Well for me, spirituality is like talking to God, who to me is a real conscious being, a person. And therefore, it is like having a friend. But, that friend is actually the God of the universe. So, to me, it is like my relationship with God right now is very dialogical, whereas it's not dead words on the page, and I just asking for things. I actually say things to him, and I believe I hear back from him, very personal message. So yeah, once again just that relationship puts everything in perspective, regardless of the outcome of the issues." Another participant discusses her experience of pleasing others but her own needs

not being met. She says, “I do think it is important to think of other people and care for others, and, I think, there is a strong element of that in Chinese culture. I think there are times that go too far.” And sometimes she fails to make everybody happy. She talks about her way of finding love. “When things are more challenging, I can rely on, like, God for security and like that kind of things. So we have been, like conflict between two different cultures, and people being unhappy with me. Like, it helps me to know that, to remember that, like, God loves me without condition. It does not matter if I choose what He likes or doesn’t like. He just loves me anyway.” She experiences a deeper experience of love, the unconditional love despite also experiencing rejection from others. Love was felt not through words but actions and sacrifice.

Many participants conclude that their parents love them after recalling their sacrificial love. Parents gave up their homes, relatives, careers, and they have to work long hours and received low paying jobs in Canada. One participant says, “They [parents] sacrifice. Although they don’t say to me, growing up, I start realizing that all these sacrifices they make, coming to Canada. She [Mom] quit her job. My father, every single day worked very hard in his company, just to provide for the family, just to make sure that we have enough. Literally provide for tuition, to provide for my brother’s tuition, food and more. Whatever we want, they’ll give it to us. So, that was, I guess, to show love.” Another woman reflects similarly, “They [parents] worked so hard for me to have an education. They come all the way to Canada also. So, the pressure comes from that. They’ve done so much, so in return, I should have a good career to help, to support them in the future.” Love is reciprocal; she wants to sacrifice for her parents. Another woman shares a similar experience. She says, “They struggled when they came here. And my Dad had to go to school full-time, and work full-time. So, he didn’t have time to be with us.” Despite the times of hardship and the disagreements, many still value their parents and want to take care of them in return. Love can overcome dissonance.

Faith: Trusting the Unseen

Faith is another principle that can help an individual to balance dissonance. This participant experienced hardship when he came to faith as a Christian from a Buddhist family. He says, “I remember when I first became a Christian. I got kicked out of my house.” He continues, “I sort of guess he [father] would be strongly against it. He broke a table that

night.” His most trying time was when he had to take care of his mother and sibling while his father left the family. He found hope through faith in the unseen. He says, “God is very much working in our lives.” He continues, “It was really helpful because of my spirituality, I was able to really like, see the bigger picture of things. In a way, see it in a way from God’s perspective, God’s plan, like, view. I feel that I would crumble. Without my belief in God, without my faith, I actually don’t know how all these would have ended up. I don’t know even if I would be sitting here. I probably wouldn’t be in school. Not doing a proper job. You know I probably would be more like a ... I just wouldn’t be trying to live a good life. I would just like kind of like give up whatever comes, whatever happens, happened, kind of that.” One woman discusses her feeling of uncertainty in life. She says, “There is no guarantee in life, with stuff like that. But one thing that is for certain is God. He is always there for you. Yes, that makes me happy.” Another man talks about his personal experience with the Higher Being, he says, “When I pray to God, [it] definitely helps me because it reassures me when God listens to me, and that someone out there I can talk to; it brings me a sense of happiness, knowing that I’m loved and I’m not alone.” The experience of trusting the unseen, someone greater, adds another dimension to relationality and an additional resource for coping with dissonance in life.

Hope: Anticipate Growth Despite of Hardship

Hope can come out of suffering. A participant recalls a widening of perspective by the Higher Being, which helped him cope with life. “God really let me know that there was a lot more to come. And that the path doesn’t end here. My life isn’t over. Like there is more. And this is just another way for me to take a step further in growing up in a way.” He found hope and growth instead of brokenness. Hope and happiness can be found even in the worst of situations. He says, “But, for me, I think, as long as you really tried, no matter how bad it might seem the first time around. If really tried to be happy, like no matter what you do, wherever you are, you will eventually be happy as long as you’re actively pursuing happiness in whatever you are doing.” He continues, “It’s the way I see things that I see, I am growing up. I could be looking at it, my world comes into a dead stop, and I am screwed. But I, decided not to look at it like that, and that is the way, I see happiness within the situation.” He chose to be positive instead of negative. Another woman expresses her hope, “Maybe I’m not that easily satisfied? But, I’m not.

I'm not sad or anything. I am happy but I have the hope that could be better." One man summed up his experience of balancing all the experiences of multiple cultures, emotions and dissonances to maintain his wellness this way, "I view it as multiple styles of music joined together. I sort of view my life is like that." "Sometimes there is conflict, but a lot of times it is just like beautiful, diversity like spiritual hip hop."

Life is complex and full of surprises where no one can predict nor control what will come. It is natural to experience conflicts and hardship in life, but it can be an opportunity for growth. Individuals can become stronger and more mature with a deeper appreciation of life and become better fellow citizens to others if they come out the other side of hardship. The dissonance can bring varieties in life and if they can be balanced, life can become a beautiful symphony.

Conclusion

From this study, we can conclude that well-being appears to be dialectical in nature; both hardship and suffering should be included in the process of cultivating and experiencing wellness. Instead of causing one to be broken down, suffering and conflicts can also make a person stronger with the support of family members, friends, and the unseen being, the Higher Being (God). The dialectical balancing is not static, it is a continual process that SGCC, the bicultural individuals, have to continue to strive for. This balancing is revealed and confirmed by the result of their AT.9 test. The majority of them are in the Synthetic category, embracing paradox, the co-existence of two extreme elements. They encounter dissonance due to differences in culture, values and expectations. Yet, they can maintain their well-being through balancing and integrating all the different elements in life.

According to the findings of this qualitative study, different situations call for different strategies and responses. Love has a component of vulnerability when one wants to pursue intimacy. Faith is an asset for growth when one trusts and rests on the unseen Higher Being. And hope is vital in helping a person to see light in the dark tunnel. It enables individuals to go through pains and sufferings to sustain growth. Happiness can be found even in a bad situation with a positive attitude. Furthermore, flexibility and ongoing effort in balancing the dissonance is the key to deal with the dialectical nature of life in achieving and sustaining well-being.

References

- Baumeister, R.F., & Tice, D.M. (1990). Anxiety and social exclusion. *Journal of Social and Clinical Psychology, 9*, 165-195.
- Baumeister, R.F., Twenge, J.M., & Nuss, C.K. (2002). Effects of social exclusion on cognitive processes: Anticipated aloneness reduces intelligent thought. *Journal of Personality and Social Psychology, 83*, 817-827.
- Bellehumeur, C., Lavoie, L.-C., Malette, J., Laprée, R., & Guindon, M. (2013). An empirical study of young French Quebecers' imaginary using the archetypal test with nine elements: Exploring the links between interpersonal styles and socioeconomic status. *The International Journal of Interdisciplinary Cultural Studies, 7*(3), 11-25.
- Benet-Martínez, V., Leu, J., Lee, F., & Morris, M.W. (2002). Negotiating biculturalism: Cultural frame switching in biculturals with oppositional versus compatible cultural identities. *Journal of Cross-Cultural Psychology, 33*, 492-516.
- Berry, J.W., & Sabatier, C. (2011). The acculturation and adaptation of second-generation immigrant youth in Toronto and Montreal. In S.S. Chuang & R.P. Moreno (Eds.), *Immigrant children: change, adaptation, and cultural transformation* (pp. 125-148). Lanham, MD: Lexington.
- Børch, M. (2013). Motion and emotion: The global appeal of axiomatic metaphors. *US-China Education Review, 3*(7), 575-580.
- Chen, F. (2006). The imaginary of the fantastic invention. *Dong Hua Journal of Humanities, 9*, 283-324.
- Chiu, Y.-W., & Ring, J.M. (1998). Chinese and Chinese and Vietnamese immigrant adolescents under pressure: Identifying stressors and interventions. *Professional Psychology: Research and Practice, 29*, 444-449.
- Cho, Y.-B. (2003). Suicide ideation, acculturative stress and perceived social support among Korean adolescents. *Dissertation Abstracts International: Section B: The Science and Engineering, 63*(8-B), 3907.
- Choi, J.L., Rogers, J.R., & Werth, J.L., Jr. (2009). Suicide risk assessment with Asian American college students: A culturally informed perspective. *The Counseling Psychologist, 37*, 186-218. doi: 10.1177/0011000006292256
- Costigan, C.L., Hua, J.M., & Su, T.F. (2010). Living up to expectations: The strengths and challenges experienced by Chinese Canadian students. *Canadian Journal of School of Psychology, 23*(3), 223-245.
- Creswell, J.W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Los Angeles: Sage.
- Cross, S.E., Hardin, E.E., & Gercek-Swing, B. (2011). The what, how, why, and where of self-construal. *Personality and Social Psychology, 15*, 142-179. doi: 10.1177/1088868310373752
- Driscoll, A., Russell, S., Crockett, L. (2008). Parenting styles and youth well-being across immigrant generations. *Journal of Family Issues, 29*(2), 185-209. doi: 10.1177/0192
- Duranceaux, E., & Cassaundra, N. (2009). *The relationship between suicidality, major depressive disorder, and alcohol involvement among Chinese-, Korean-, and White-American college students* (No. 2009-99220-301). [Doctoral dissertation]. PsycINFO.

- Durand, G. (1960). *Anthropological structures of the imaginary: Introduction to general archetypology*. Paris: PUF.
- Durand, G. (1999). *The anthropological structures of the imaginary* (11th edition) (M. Sankey & J. Hatten, Trans.). Brisbane, Australia: Boombana Publications.
- Durand, Y. (1988). *L'exploration de l'imaginaire: Introduction à la modélisation des univers mythiques*. Paris: L'espace bleu.
- Durand, Y. (2005). *Une technique d'étude de l'imaginaire: l'AT.9*. Paris: L'Harmattan.
- Durand-Sun, C. (2013). Gilbert Durand et l'imaginaire de l'orient. In R. Laprée & C.R. Bellehumeur (Eds.), *L'imaginaire durandien, enracinements et envols* (pp. 22-38). Québec: Presses de l'Université Laval.
- Giguère, B., Lalonde, R., & Lou, E. (2010). Living at crossroads of cultural worlds: the experience of normative conflicts by second generation immigrant youth. *Social and Personality Psychology Compass*, 4(1), 14-29.
- Goldston, D., Molock, S., Whitbeck, L., Murakami, J., Zayas, L., & Hall, G. (2008). Cultural considerations in adolescent suicide prevention and psychological treatment. *American Psychologist*, 63, 14-31.
- Harker, K. (2001). Immigrant generation, assimilation and psychological well-being. *Social Forces*, 79(3), 969-1004.
- Haybron, D.M. (2003). What do we want from a theory of happiness? *Metaphilosophy*, 34, 305-329.
- Held, B.S. (2002). The tyranny of the positive attitude among America: Observation and speculation. *Journal of Clinical Psychology*, 58, 965-991. doi: 10.1002/jclp.10093
- Iranzo, I.P. (2001). About the imaginary. *Formats: revista de comunicació audiovisual*, 3, <https://www.raco.cat/index.php/Formats/article/view/256218>
- Kashdan, T.B. & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review*, 30, 865-878.
- Kennedy, M.A., Parhar, K.K., Samra, J., & Gorzalka, B. (2005). Suicide ideation in different generations of immigrants. *Canadian Journal of Psychiatry*, 50(6), 353-356.
- Keyes, C.L.M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62(2), 95-108.
- LaFromboise, T., Coleman, H.L.K., & Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory. *Psychological Bulletin*, 114, 395-412.
- Laprée, R. (2000). *La psychagogie des valeurs. Symbolique et imaginaire en éducation*. Montréal: Éditions Logiques.
- Lau, A., Jernewall, N.M., Zane, N., & Mayers, H.F. (2002). Correlates of suicidal behaviors among Asian American outpatient youths. *Cultural Diversity & Ethnic Minority Psychology*, 8, 199-213. doi: 10.1037/1099-9809.8.3.199
- Lazarus, R.S. (2003). Does the positive psychology movement have legs? *Psychological Inquiry*, 14, 93-109.
- Leary, M.R., Koch, E.J., & Hechenbleikner, N.R. (2001). Emotional responses to social rejection. In M.R. Leary (Ed.), *Interpersonal Rejection* (pp. 145-166). New York: Oxford University Press.

- Lomas, T., & Ivtzan, I. (2016). Second wave positive psychology: Exploring the positive-negative dialectics of wellbeing. *Journal of Happiness Studies*, 17, 1753-1768. doi: 10.1007/s10902-015-9668-y
- Lu, L. (2010). Chinese well-being. In M.H. Bond (Ed.), *The Oxford handbook of Chinese psychology* (pp. 327-342). New York, NY: Oxford University Press.
- Markus, H.R., & Kitayama, S. (1991). Culture and self: Implications for cognition, emotion and motivation. *Psychological Review*, 98, 224-253.
- Martin-Krumm, C., & Tarquinio, C. (2011). *Traité de psychologie positive : Fondements théoriques et implications pratiques*. Bruxelles: De Boeck.
- Merriam-Webster. (2020). Dialectics. In *Merriam-Webster.com dictionary*. <https://www.merriam-webster.com/dictionary/dialectics>
- Nguyen, T.T. (2014). *Image of God, resilience, and the imaginary: A study among Vietnamese immigrants who have experienced loss* [Unpublished Doctoral dissertation]. Saint Paul University.
- Phinney, J.S., Horenczyk, G., Liebkinder, K., & Vedder, P. (2001). Ethnic identity, immigration, and well-being: An interactional perspective. *Journal of Social Issues*, 57(3), 493-510.
- Phinney, J.S., Kim-Jo, T., Osorio, S., & Vilhjálmsdóttir, P. (2005). Autonomy and relatedness in adolescent-parent disagreements: Ethnic and developmental factors. *Journal of Adolescent Research*, 20, 8-39.
- Rautenberg, M. (2010). Stereotypes and emblems in construction of social imagination. *Outline-Critical Practice Studies*, 2, 126-137. <https://ojs.statsbiblioteket.dk/index.php/outlines/article/viewFile/2687/3348>
- Ryff, C.D., & Singer, B. (2003). Ironies of the human condition: Wellbeing and health on the way to mortality. In L.G. Aspinwall, & U.M. Staudinger (Eds.), *A psychology of human strengths* (pp. 271-287). Washington, DC: American Psychological Association.
- Seligman, M.E. (2002). *Authentic Happiness*. New York: NY: Free Press.
- Solomon, R.L. (1980). The opponent-process theory of acquired motivation: The costs of pleasure and the benefits of pain. *American Psychologist*, 35(8), 691.
- Tasopoulos-Chan, M., Smetana, J.G., & Yau, J.P. (2009). How much do I tell thee? Strategies for managing information to parents among American adolescents from Chinese, Mexican, and European backgrounds. *Journal of Family Psychology*, 23(3), 364-374. doi: 10.1037/a0015816
- Ting-Toomey, S., & Kurogi, A. (1998). Facework competence in intercultural conflict: An updated face-negotiation theory. *International Journal of Intercultural Relations*, 22, 187-225.
- Watanabe, N., Hasegawa, K., & Yoshinaga, Y. (1995). Suicide in late life in Japan: Urban and rural differences. *International Psychogeriatrics*, 7(2), 253-261.
- Wong, P.T.P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology/Psychologie Canadienne*, 52(2), 69-81.
- Wong, P.T.P. (2012). Toward a dual-systems model of what makes life worth living. In P.T.P. Wong (Ed.), *The human quest for meaning: Theories, research, and applications* (2nd edition) (pp. 3-22). New York, NY: Routledge.

- Wong, P.T.P. (2016). Self-transcendence: A Paradoxical way to become your best. *International Journal of Existential Psychology & Psychotherapy*, 6(1). <http://www.drpaullwong.com/self-transcendence-paradoxical-way/>
- Wong, Y.J., Tran, K.K., Koo, K., Chiu, Y.-C., & Mok, Y. (2011). Asian American college students' suicide ideation: A mixed-method study. *Journal of Counselling Psychology*, 58(2), 197-209.
- Wunenburger, J.J. (2013). L'anthropologie de l'imaginaire selon Gilbert Durand: contextes, options, enjeux. In R. Laprée & C.R. Bellehumeur (Eds.). *L'imaginaire durandien: Enracinements et envols en Terre d'Amérique* (pp. 3-17). Laval: Presses de l'Université Laval.
- Xiberras, M. (2002). *La pratique de l'imaginaire. Lecture de Gilbert Durand*. Laval: Les Presses de l'Université Laval.
- Yeung, W.P.W. (2018). *Imaginary, Spirituality and Subjective Well-being of Second-Generation Chinese Canadians: Exploring the Lived Experiences of Well-being in a Bicultural Environment* [Doctoral dissertation]. Saint Paul University.
- Yoon, E., Lee, R., & Goh, M. (2008). Acculturation, social connectedness and subjective well-being. *Cultural Diversity and Ethnic Minority Psychology*, 14(3), 246-255.
- Yuksel, P., & Yildirim, S. (2015). Theoretical frameworks, methods, and procedures for conducting phenomenological studies in educational settings. *Turkish Online Journal of Qualitative Inquiry*, 6(1). doi: 10.17569/tojqi.59813
- Zhang, H., Hung, S. & Poon, H. (2015). *Report on East Asian youth mental health needs Assessment*. Hong Fook Mental Health Association. <https://www.eenet.ca/resource/report-east-asian-youth-mental-health-needs-assessment>
- Zhou, Z., Peverly, S.T., Xin, T., Huang, A., & Wang, W. (2003). School adjustment of first generation Chinese-American adolescents. *Psychology in the Schools*, 40, 71-80.

Appendix

Chart 1.
The Mythical Categories of Second-Generation Chinese Canadians.

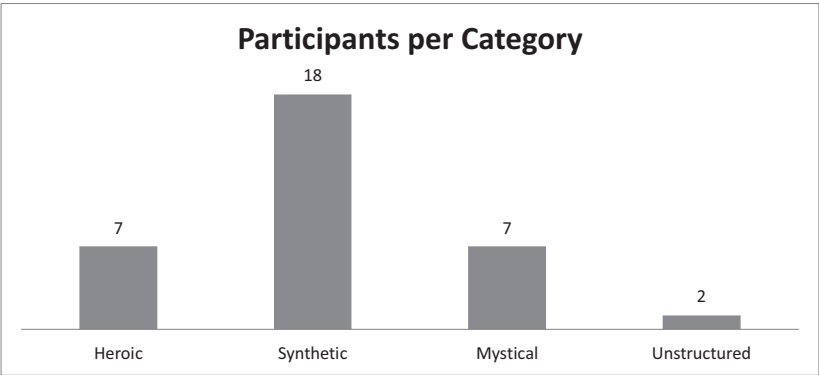


Table 1. Frequency distribution s of participants’ main categories of the imaginary.

Categories	Frequency	Percentage
HE	7	20.6
MY	7	20.6
DUEX	8	23.5
SYN	10	29.4
UNST	2	5.9
Total	34	100

Note: N=34: HE=Heroic; MY=Mystical; DUEX=Existential Double Universe (containing both Heroic and Mystical elements); SYN=Higher Synthetic Value (symbolically elaborated), UNST=Unstructured.

COMPOSE A DRAWING WITH 9 ELEMENTS:

A fall, a sword, a refuge, a monster, something cyclical (which turns, reproduces itself or is progressing), a character (a human person), some water, a fire, and an animal/bird/fish/reptile/or a mammal.

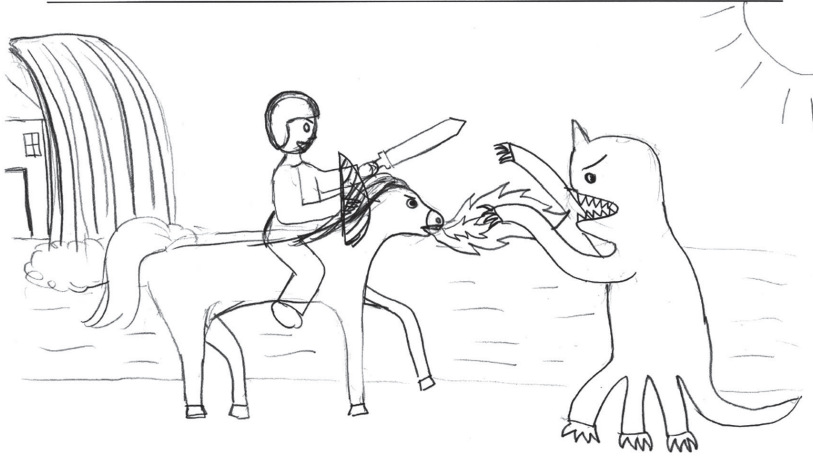


Figure 1. Heroic category (Composed by a 21-year-old female).

Explaining the drawing:

A man is being attacked by a tree-legged monster who invaded the man's peaceful land, shown by the water-fall, grass, flowers, and flowing water. The monster tries to kill the man, but the man is not alone. He has a sword, a shield, a helmet, and a fire-breathing horse that helps him. He also has a refuge he can run to behind the water-fall in times of needs. The sun represents the passage of time.

COMPOSE A DRAWING WITH 9 ELEMENTS:

A fall, a sword, a refuge, a monster, something cyclical (which turns, reproduces itself or is progressing), a character (a human person), some water, a fire, and an animal/bird/fish/reptile/or a mammal.



Figure 2. Mystical Category (Composed by a 30-year-old female).

Explaining the drawing:

It's fall and the leaves are falling to the ground. A girl is happy camping by the lake. She is safe inside the stone cave. She looks across the lake and sees a monster with a sword riding by. She is glad that she has a good hiding place.

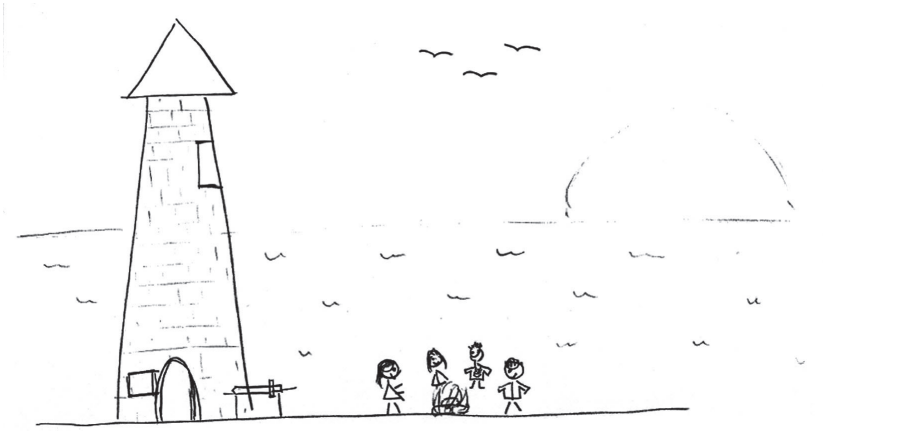


Figure 3. DUEX: Containing both Heroic and Mystical elements
(Composed by a 26-year-old female).

Explaining the drawing:

My parents and I are by the ocean watching the sunset around a pit fire. There is a light house right next to us. A historic landmark in the area, beside it is a sword on display, a historical artifact from old that tells of an old tale/myth that a princess was to live in the lighthouse and her prince charming came to rescue her. Whether it is true, no one knows. My friends and I enjoyed the story. The sunset was beautiful that night.

Chapter 6

Understanding Differentiation of Self for Second-Generation Arab Immigrants through a Positive Psychology Lens

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Introduction

When working with diverse populations, providing ethical, client-centered services is often a challenge due to cultural differences and limited representative research, with universally valid concepts and assessments. This chapter introduces Second Wave Positive Psychology (SWPP, or PP 2.0) as a possible avenue for bridging cultural differences oftentimes encountered in therapy sessions. SWPP offers a unique universal perspective due to its dialectic understanding of wellbeing (Fianco et al., 2015; Lomas, 2016a; Lomas & Ivtzan, 2016; Wong, 2011). Humanistic concepts of justice and compassion are coupled with the positive potential of dark or negative experiences as they are beneficial in developing character strengths and vital to an individual's wellbeing and level of functioning (Wong, 2017). These negative and positive forces are not seen as favorable and unfavorable dichotomies; to the contrary, they complement each other resulting in a rich, holistic meaning making process (Lomas, 2016a). This chapter will use the lens of positive psychology and, in particular, character strengths, to develop rich narratives of clients' cultural context and meaning making. This analysis is based on the Master's Thesis: *Second-Generation Arab Immigrants and Differentiation* (Farahat & Rovers, 2017).

The Study

The purpose of the study was to learn more about how second-generation Arab immigrants experience differentiation and how they perceive specific items in the Differentiation of Self Inventory-Revised (DSI-R) assessment tool. Differentiation is one of Murray Bowen's

concepts of the family systems theory which “attempt(s)... to classify all forms of human functioning on a single continuum” (Bowen, 1966, p. 357). The population chosen was second generation Arab immigrants – individuals whose parents emigrated from an Arab country, and who were born in Canada. This population is also of interest as they are often caught in between an individualistic society and a collective home and community environment. The study found that although the concept of differentiation may be universal, the items used to assess an individual’s level of differentiation and the understanding of what constitutes healthy differentiation may differ for this population (Farahat & Rovers, 2017). This highlighted a broader concern in the clinical setting, as tools and interventions can often be culturally specific, which may lead to judgement or a lack of understanding of clients from diverse cultural backgrounds.

Second Wave Positive Psychology and Meaning Making

Second Wave Positive Psychology (SWPP) allows for a universal, client-centered approach by integrating existential themes that expand individual experiences beyond overt expressions and quantifiable behaviours and acknowledging the totality of the human experience. Humans are seen as a “dialectical meaning system” (Wong, 2017, p. 211) in which they are continuously evolving, and developing through meaningful engagement, personal growth and environments with shared humanistic values (Wong, 2017). Meaning is understood as subjective; each individual’s meaning making process is multi-faceted and complex and greatly influenced by culture (Fowers & Davidov, 2007).

Second Wave Positive Psychology Lens

The data collected from this research was further analyzed through a SWPP lens to explore more culturally-relevant approaches to psychotherapy. This is essential to ethical practice as disregarding culture or cultural implications may cause harm to the client. This chapter emphasizes the importance of self-reflection, informed curiosity, storytelling and thickening narratives to deepen the understanding of clients’ cultural context and meaning making. Second wave positive psychology is used as a medium through which values and character strengths bridge conversations allowing for more client-centered, culturally relevant therapy.

Second wave positive psychology (SWPP) developed in response to critiques of the initial theory on positive psychology regarding the need for a more inclusive and balanced perspective. Many researchers (Lomas, 2016b; McNulty & Fincham, 2011; O'Brien, 2008; Wong, 2011) describe the focus on positivity, the dichotomy of judgement of an action as *good* or *bad*, and the absence of Eastern influences and teachings as major limitations to the theory. It is argued that although shifting the focus from pathology and dysfunction is beneficial, dichotomies can become problematic, especially when serving diverse populations. That is, social structures, power dynamics, migration, and economic inequality are often overlooked (Becker & Marecek, 2008) and in this sense, we may fail to develop a full understanding of a person's lived experiences and meaning making. People from various socio-economic statuses, and those who may be continuously suffering due to chronic illness, trauma, war, or poverty, may not experience a positive or pleasant life; however they may find meaning in their suffering (Wong, 2011).

The binary of negative and positive or favorable and unfavorable can limit or even hinder many individuals' processes of meaning making. This is particularly the case as meaning is subjective and involves the client's understanding of events in relation to their global meaning. Individuals utilize their framework of global meaning by including their system of beliefs about themselves and the world, sense of purpose, and goals, to interpret their experiences and orient themselves. Binary judgments of experiences may not align with the client's global meaning and thus hinder their ability to make meaning of the current situation or experience (Park & George, 2013). Furthermore, dichotomies are particularly limiting as qualities that are deemed as positive can be counter-productive in certain situations (Lomas, 2016a; Lomas, 2016b), and in others, negative ones may have merits. Any virtue when limited or in excess, can become a vice. In this sense, pursuing happiness in excess can result in greed, exploitation and materialism (O'Brien, 2008). Conversely, dealing with negative challenges or distress can carry the potential for growth, insight, transformation, and healing (Ivtzan, 2016). Thus, SWPP involves the dialectic principle of covalence that includes both the light and dark aspects of life (Lomas, 2016a).

This dialectical approach was a result of the integration of existential and positive psychology. The focus is on positive outcomes and adaptive processes regardless of whether conditions are negative or positive (Wong, 2011). The incorporation of existential psychology allowed for the inclusion of Eastern traditions and philosophies that go beyond

symptoms and value judgements to explore how people find meaning and purpose (Lomas, 2016b; Wong, 2011). This allows for a more nuanced understanding of choices, behaviours and values as experiences and behaviours are viewed from the client's context and seen as dialectic in nature instead of dichotomous.

An Eastern philosophy known as Taoism, views change as a result of dialectic interaction, of which the associated symbol is Ying and Yang. The Ying and Yang principle emphasizes the importance of complementary elements of both the negative and positive versus the presence of static opposites (Lomas, 2016b; Wong, 2013). Therefore, the understanding is that suffering arises from resisting this dynamic flux of conflicting aspects of life (Lomas, 2016b); the two opposites complement each other and cannot exist in isolation (Wong, 2013).

Paul Wong, a psychologist who laid the groundwork for the development of SWPP (or PP 2.0), studied the symbiotic relationship between good and bad and identified four pillars of PP 2.0: virtues, meaning, resilience and wellbeing. He emphasized the importance of providing a broad understanding of what is necessary to improve life for both individuals and societies in both good and bad times (Wong, 2011).

The emphasis in SWPP is on meaning-centered dialectical principles that allows for resilience and wellbeing regardless of whether the conditions are favorable or not (Wong, 2011). Meaning-oriented practice is more adaptive for resilience and wellbeing in various contexts; greater meaning and the pursuit of it is associated with wellbeing and resilience (Frankl, 1963; Ivtzan, 2016). Ivtzan (2016) identifies three types of resilience: resilience in the face of adverse situations, bouncing back from adverse events, and change or growth following adversity. According to Wong (2011) this resilience is dynamic and is built and developed through both positive and negative experiences where character strengths and resilience are necessary.

In addition to the importance of dialectics and acknowledging positive and negative conditions for positive mental health and wellbeing, SWPP also emerged to address cross-cultural variations in what is considered *good* as well as the perception of wellbeing (Lomas, 2016a). The definition of wellbeing goes beyond positive outcomes and qualities (Lomas & Ivtzan, 2016) to encompass balancing positives and negatives in the presence of distress (Fianco et al., 2015; Wong, 2011) – distress is not incompatible with wellbeing. Wong (2017) proposes a new construct of happiness and wellbeing that is based on spiritual and psychological self-cultivation. Whereas wellbeing may have been equated to pleasure

seeking and pursuit of excellence in the past, he proposes a “mature well-being” involving inner harmony, gratitude and acceptance regardless of the circumstances. This is particularly relevant to understanding the experiences of suffering from the perspective of collective cultures.

There is no question that many biological and existential commonalities exist which are universal (Fowers & Davidov, 2007). However, the understanding, fulfillment, and specific behaviours associated with needs and virtues are in many ways culture-specific (Wong, 2013). In this sense, the pathway an individual takes to wellbeing is influenced and shaped by their cultural differences and context (Fowers & Davidov, 2007; Wong, 2013). Arguably, one of the most important considerations for client-centered and culturally appropriate services is context (American Psychiatric Association, 2013; Collins et al., 2010; Fowers & Davidov, 2007; Soheilian et al., 2014). The dialectic principles of SWPP include an appreciation of situational context and the impact of interacting socio-cultural factors on wellbeing; judgements or appraisals of situations as negative or positive should be contextual (Lomas, 2016a; Lomas & Ivrtzan, 2016).

From this perspective, in the absence of context, it cannot be determined whether therapy is promoting or undermining wellbeing (McNulty & Fincham, 2011), which also raises an important ethical dilemma. The dilemma is not only in whether the intervention is in the best interest of the client, but also in the balance between human universalities and cultural specifics. In addition, cultural traditions and norms change and evolve over time (Fowers & Davidov, 2007), which means that general knowledge about a specific cultural group does not necessarily result in culturally-appropriate therapy. The responsibility lies on the clinician to actively inquire about the client's social norms and cultural context, as this information is necessary to make value judgments (i.e. what is considered positive or negative) (Wong, 2013). The impact of certain behaviours, virtues and character strengths are also contextual; an exploration of the factors that determine when, for whom, and to what extent these traits and processes are associated with wellbeing is essential. Failure to do so may result in incomplete understanding of the context of the psychological characteristics and carry important implications (McNulty & Fincham, 2011).

In summary, the development of SWPP involved the exploration of dialectics, the relationship between good and bad, and Eastern traditions and teachings (Wong, 2011). Extensive multi-lingual research (Kalyar & Kalyar, 2018; McGrath, 2015; McGrath et al., 2018; Stichter & Saunders,

2019) with over one million participants in which the focus was on valuing the voice of participants and avoiding a tribal mentality (Wong, 2017) led to a universal and culturally-aware theory. The emphasis is on the need for positive outcomes for both individuals and groups, which was reflected in SWPP's virtues and character strengths (Fowers, 2008; Wong, 2011). The character strengths and virtues delineated allow for a practical framework to apply SWPP. SWPP includes twenty-four character strengths that are clustered into 6 virtues: Wisdom, Courage, Humanity, Justice, Temperance and Transcendence (Peterson & Seligman, 2004).

SWPP is beneficial in exploring the second-generation immigrants' experience due to its dialectic principles and universal research including Eastern influences. Second-generation Arab immigrants described the duality of their experience, which was very much represented as a dialectic; neither culture was necessarily positive or negative. However, the participants experienced varying degrees of the cultures and their interplay throughout their experiences and social settings. The importance of avoiding dichotomies and the judgement of situations as negative or positive in SWPP, while taking the context and global meaning into consideration directly addresses some of the limitations of the DSI-R (Differentiation of Self Inventory-Revised) and the complexity of the participants' unique experience. It is also particularly relevant to the concept of differentiation on a continuum from independence to connection, as Wong (2011) highlights the role of dialectics in balancing not only the *good* and *bad*, but also the concept of *me* and *we*.

Second Wave Positive Psychology does not negate the contribution and teachings of Positive Psychology ("first wave"); however, it builds on it to address criticisms and allows for a synthesis between negative and positive experiences.

Differentiation Study

The study explored the concept of differentiation for second generation Arab immigrants and their experience of it using the Differentiation of Self Inventory. Differentiation of Self is one of Murray Bowen's 6 original concepts of the Family Systems Theory. Bowen's definition of differentiation is the internal ability to connect with others while having an autonomous sense of self (Bowen, 1978). According to his theory, differentiation is a continuum measuring an individual's level of functioning (Bowen, 1966); the more differentiated an individual is

the higher their level of functioning. Higher differentiation involves the ability to differentiate between one's own feelings and thoughts and those of others, and an ability to connect with others while not being governed by these relationships and being autonomous (Bowen, 1978; Haefner, 2014; Kerr & Bowen, 1988). Differentiated individuals "have a stable sense of self, react calmly in emotional situations, think things through, and make decisions based on their own beliefs and intellect" (Ross & Murdock, 2014, p. 485) without needing to conform to others or please them. Furthermore, those who are differentiated are able to maintain relationships with healthy boundaries and do not feel the need to cut off emotionally when things become emotionally intense (Alaedein, 2008).

Since Bowen's scale involved assigning a subjective measurement of differentiation based on observed behaviours and functioning that range from 0-100, Skowron and Friedlander (1998) developed the Differentiation of Self Inventory (DSI) to provide an objective measurement tool that was empirically tested. Skowron and Schmitt (2003) later revised the DSI to increase its validity and reliability, resulting in a forty-six-item measurement tool with 4 subscales: Emotional Reactivity, taking I Positions, Emotional Cut-off, and Fusion with Others (Skowron & Friedlander, 1998).

Many studies (Charles, 2001; Jankowski & Hooper, 2012; Knauth & Skowron, 2004; Skowron, 2000; Skowron & Friedlander, 1998) have provided empirical support for Bowen's theory and the concept of differentiation. Likewise, the DSI-R is one of the most widely administered differentiation measurement tools and is used to evaluate client progress and treatment outcomes (Lam & Chan-So, 2015; Skowron & Friedlander, 1998; Rodríguez-González et al., 2015). However, the empirical research done to support both Bowen's concept of differentiation and the DSI-R as a tool was done in a Western context with primarily Caucasian samples. In Skowron and Friedlander's initial study (1998) only 10% of the participants were considered minorities, 3.2% of which were considered "other", which also compromised the Arab population. In their second study (Skowron & Schmitt, 2003), 4.9% of participants were considered bi/multi-racial.

In order to gain greater understanding of the relevance of the concept of differentiation for the Arab population we investigated second generation Arab immigrants' view of differentiation, whether the construct of differentiation was valid for this population, and how the items in the DSI-R were understood or perceived by this specific population.

Methods

A qualitative method was chosen in order to explore this population's experience in more depth and provide commentary. The ten participants were second-generation Arab immigrants, ages 20-25. Second-generation immigrants were of particular interest due to their bi-cultural experiences at home and in the larger society, and thus would be positioned to inform our question of the validity of the concept of differentiation, and whether the measurement tool was culturally specific. The first phase of the study consisted of open-ended questions about their experience of young adulthood and the nature of their relationships. After, the participants were asked to fill out the Differentiation of Self Inventory-Revised (DSI-R). Of the ten participants, the two highest scoring and the two lowest scoring participants were selected for further interviewing about how they understood the specific items on the scale. The interviews were transcribed, analyzed and coded, yielding four meaning units presented in the histograms below.

Results

The research study conducted on *Second Generation Immigrants and Differentiation* yielded four meaning units that the participants identified with when describing their experience of differentiation: Connection (Fig. 1), Self (Fig. 2), Duality (Fig. 3) and Decision making (Fig. 4).

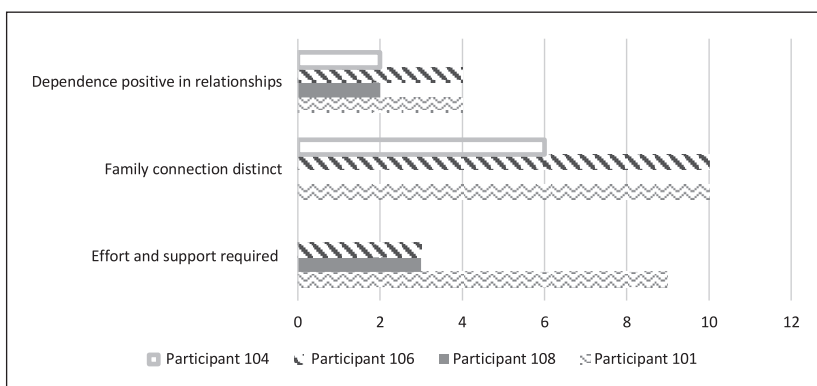


Figure 1: Meaning Unit: Connection, from study on Second Generation Arab Immigrants and Differentiation (Farahat & Rovers, 2017, p. 49).

Connection was of utmost importance and was described as effortful, requiring mutual support, and unique when experienced with family members. Some participants also described feeling disconnected from coworkers from the dominant culture due to cultural differences or the lack of understanding. Dependence on one another was seen in a positive light.

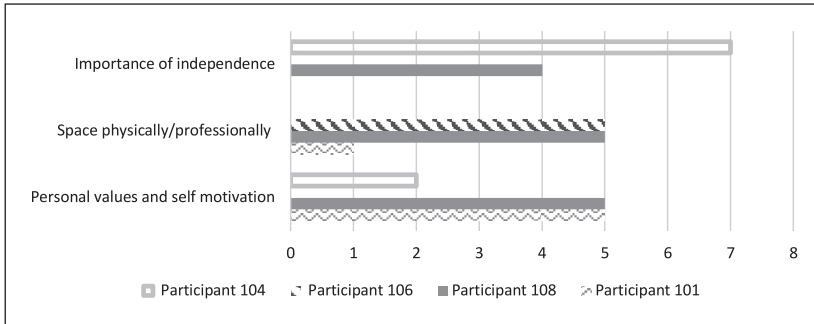


Figure 2: Meaning Unit: Self, from study on Second Generation Arab Immigrants and Differentiation (Farahat & Rovers, 2017, p. 51).

Secondly, the *Self* demonstrated the participants' understanding of their sense of self, their separateness from others, and others' influence on their thoughts, values, and motivations. The participants discussed their personal values and self-motivation, the concept of separation from family as physical separation due to space, as well as the importance of independence.

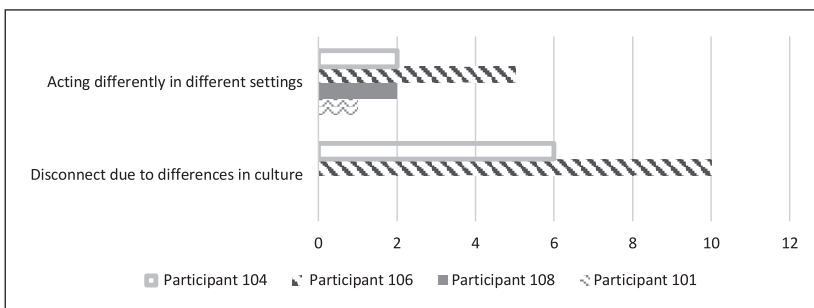


Figure 3: Meaning Unit: Duality, from study on Second Generation Arab Immigrants and Differentiation (Farahat & Rovers, 2017, p. 47).

Thirdly, *Duality* captured their experience of being part of two cultures or having dual roles as they identify with both their ethnic and societal culture. Participants described often feeling disconnected due to differences in culture, as well as their ability and need to behave differently in various settings.

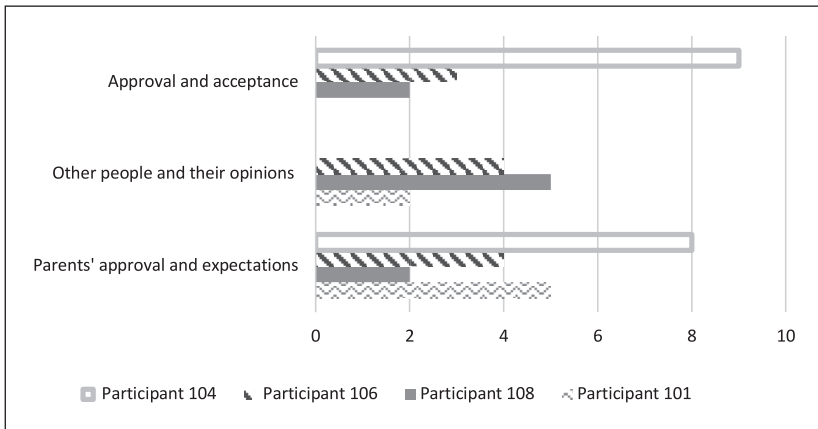


Figure 4: Meaning Unit: Decision Making, from study on Second Generation Arab Immigrants and Differentiation (Farahat & Rovers, 2017, p. 45).

Finally, *Decision making* was described by participants as a collective effort and primarily involved other people. They described the significance of parents' approval, the need for others' input to make an informed decision, reputation, and the importance of acceptance by others.

The research found that the concept of differentiation was considered relevant and valid for this population given the fact that the participants described the need for both independence and dependence or connection; the results demonstrated the presence of a continuum of functioning. "Participants that scored higher on the DSI-R owned the decision-making process and used family and friends as supports or resources throughout, while those who scored lower often felt like their decisions were influenced by external pressures or a strong need to conform or seek approval" (Farahat & Rovers, 2017, pp. 54, 55).

The various experiences of the participants were in line with John Berry's (1984) four strategies or outcomes of acculturation: Assimilation, Integration, Separation, and Marginalization. The model includes the consideration of the importance an individual places on their ethnic culture

and customs, and whether inter-ethnic contact with the larger society is desired. Assimilation places less importance on ethnic culture and customs, while integration includes the maintenance of ethnic culture while engaging with the dominant culture. On the other hand, separation maintains a traditional life separate from the larger society, and marginalization includes a loss of both the ethnic culture and dominant culture. Participants described various degrees of the four strategies and the challenges associated with them including anxiety, confusion, feeling othered or alienated, and family conflict.

Although the concept of differentiation on a continuum of functioning was valid, the term differentiation from family was viewed negatively by this population. Language that implies separation from family may be problematic for populations with collective cultures or backgrounds. In previous research of collectivist cultures, including the Philippines and China, the concept of differentiation did not necessarily include a separation from family, but rather referred to a development of a personal identity within a collective culture and being able to have a voice in the family (Lam & Chan-So, 2015).

Furthermore, the statements and measures used to describe the experience of differentiation were very culturally specific and not always relevant to this population and the context in which they live. Similarly, studies developing adaptations of the DSI-R in Turkish (Işık & Bulduk, 2015) and Spanish (Rodríguez-González et al., 2015), omitted some items as the researchers did not find them relevant due to the cultural differences. When interviewing participants, discrepancies were highlighted with items addressing the topics of: parents, the involvement of others in the individual's decision making, and the impressions of others. Items such as "I want to live up to my parents' expectations", were indicative of lower differentiation if the participants scored higher. As was the case with the following item: "I feel it's important to hear my parents' opinion before making decisions". Cultural understandings of family roles and decision making were not taken into consideration when applying the scoring. In Arab culture, family and elders play the role of mentors and advice-givers (Bakar, 2011). Allowing participants to further explain their experience demonstrated a delineation between individuals with varying levels of differentiation in regards to wanting to live up to parents' expectations and asking for their opinion. Wanting parents' approval and asking for their opinion was not indicative of an individual's level of differentiation; however, their ability to seek other's opinions while making their own, and their level of anxiety throughout the decision making process were more telling.

In studying possible frameworks to explore differentiation in the clinical setting, the introduction of Second Wave Positive Psychology is seen as a mediating factor. Discussing and understanding differentiation through a positive psychology lens allows for a more universal, client-centered, value-based approach. Second Wave Positive Psychology brings “critical awareness of cross-cultural variation in constructions and perceptions of wellbeing” (Lomas & Ivtzan, 2016, p. 1756), which is lacking in the measurement of differentiation.

Discussion: Analysis through Positive Psychology Lens

When discussing the necessity for Positive Psychology 2.0, Wong (2011) describes the “need to emphasize positive motivations, processes, activities, and outcomes for both individuals and groups” (p. 72). The lack of consideration of group outcomes was one of the limitations of various items on the DSI-R, as scoring high on the questions about seeking the approval of family or parents was viewed negatively and resulted in a lower differentiation score. This score was not representative of collective cultures such as “Asia, Africa, Latin America, and Native American Indian societies” (Skowron, 2004, p. 447) in which an emphasis is put on a person’s moral obligations and ability to relate to a group and conform to social expectations. A consensus is emerging among positive psychologists that what is good needs to be both for the individual and the common good (Wong, 2011) – a concept that was described by several participants in the study.

In the study, participants indicated that they often felt like the dominant values and norms were expected or imposed on them, particularly when they felt misunderstood or a lack of connection with some of their coworkers who were from the dominant culture. This analysis aims to facilitate more open, reflective practices to explore client context and avoid imposing conflicting interventions or beliefs in the clinical setting. It is essential that as clinicians we are aware of this dynamic to ensure client-centered, culturally-aware services.

The importance of context emphasized in SWPP was highlighted during the second interviews in which participants were asked about their understanding of each item on the scale and given an opportunity to explain. In some cases, participants indicated that they were unsure about their responses as they found some words and concepts difficult to understand. In other cases, participants explained that they were aware

that their response was unfavorable but felt the need to take cultural implications and norms into consideration. In the absence of this information, the perception of a participants' level of differentiation may vary and the clinician risks pathologizing the client or basing treatment goals on culturally-biased assumptions.

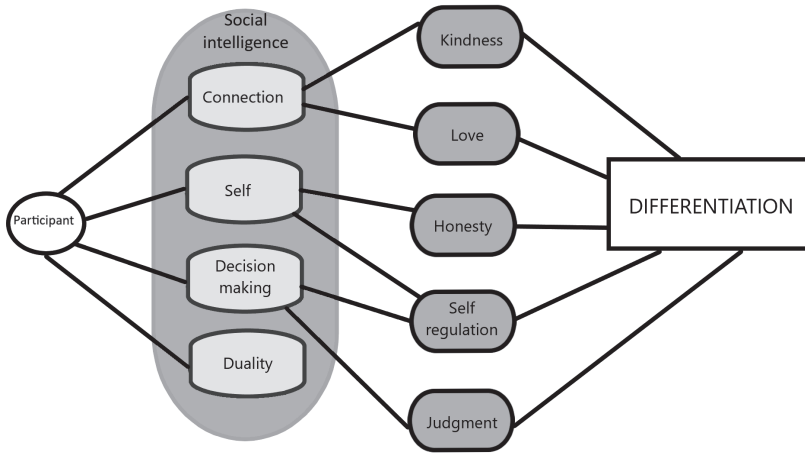


Figure 5: Second-Generation Immigrants Experience of Differentiation through Positive Psychology Lens.

Figure 5 demonstrates how the use of character strengths from positive psychology can facilitate the understanding of differentiation and interventions used for this population. Transcribed interviews were re-visited, participants' experiences of differentiation and meaning units (light color – connection, self, decision making, duality) were compared to the original definitions of the Positive Psychology character strengths (dark color).

The character strength of social intelligence was pertinent to all four meaning units. Social intelligence is the ability to have awareness of the motives and feelings of other people, what to do to fit in with different social situations, and what to do to put others at ease (Park et al., 2004).

This was demonstrated in the meaning unit of *connection* as the participants described their understanding of family members' interpersonal experiences and their impact, manners to support each other, as well as differences in connecting with family and friends or coworkers including behaviours, information shared, and awareness of needs.

Social intelligence was pertinent to the meaning unit of *self* as participants described knowing when space was needed to resolve a conflict through their understanding of the relationship. Whether they had developed this sense of independence or not, most participants identified differences in opinions and described independence as the ability to have their own thoughts, values and motivations.

Decision making requires social intelligence as participants were aware of the opinions and feelings of family members, and particularly parents. This included a consciousness of peoples' perception of them in community and the importance of acceptance and taking others into consideration when making decisions to promote overall harmony.

Social intelligence includes navigating different social situations, as was the case with the meaning unit of *duality*. Participants described this as a constant reality; as second-generation immigrants they often experienced, and were a part of, two cultures or communities simultaneously. They described adapting to different settings, reacting differently based on the environment they were in. This was especially the case when in the presence of conflicting values and beliefs, as well as being aware of cultural differences and norms.

An example of how the character strengths can facilitate the understanding of differentiation for this population is the understanding of the meaning unit of *decision making*. The associated character strengths are self-regulation and judgment. The DSI-R's item 33 and 37 respectively address decision making: "I often feel unsure when others are not around to help me make a decision", and "when making decisions I seldom worry about what others will think". Item 33 is reverse scored on the scale indicating that being unsure about a decision in the absence of others was unfavorable. Conversely, making decisions without worrying about what others will think in item 37 was favorable. These judgements inaccurately measured participant's differentiation in the absence of cultural context, as a clear distinction was made when context was given.

When given the opportunity to provide some context, participants with higher levels of differentiation described the character strengths of judgement and self-regulation as essential to the decision-making process. Participants with higher levels of differentiation described their ability to use the character strength of judgement to look at the decision from all sides and make an informed decision based on facts. In their context, this involved the input of family members and elders, and taking into consideration the impact their personal decisions had on family and community. These participants viewed second opinions or advice as

supports or resources. However, their decisions were based on their beliefs and judgement of what is in their best interest. Their decision-making also involved the character strength of self-regulation as they felt in control of the decision-making process and able to consciously decide on their actions. They did not necessarily lack independence or differentiation due to the involvement of others in their decision-making. On the contrary, participants with lower levels of differentiation demonstrated a lack of the character strengths of judgement and self-regulation. They described experiencing anxiety, being easily influenced, having difficulty voicing their opinion, and feeling the need to conform when making decisions. Differentiation was also better indicated by participants who relied on their parents to make the decision, or viewed them as wise elders and saw seeking their approval and opinions as a sign of respect (Farahat & Rovers, 2017). Exploring which character strengths the client demonstrates and requires further development in can give clinicians an opportunity to explore the context. Although participants with higher and lower levels of differentiation scored similarly on these two items, the context provided more in-depth information that diminishes the likelihood of judgment or assumptions that harm the therapeutic relationship and may result in treatment goals that are not relevant to the client.

Upon analyzing the pertinent character strengths and associated clusters, the virtue of humanity was dominant in relation to differentiation and second-generation Arab immigrants. Humanity refers to the character strengths that involve others, and require interpersonal strengths (Peterson & Seligman, 2004). The virtue of humanity includes the character strengths of love, kindness and social intelligence; this entails valuing close, reciprocal relationships, kindness and good deeds to others, and an awareness of other's feelings, perceptions and needs. This is in line with the participants' understanding of esteemed character strengths and virtues in Arab culture. Participants emphasized the importance of reciprocal relationships and the supportive role within family and community. The virtue of humanity, and the remaining character strengths of honesty, judgement and self-regulation are in line with the concept of differentiation. Differentiation involves the internal ability to distinguish between the feelings and thoughts of oneself and others and an interpersonal ability to connect with others while having an autonomous sense of self (Bowen, 1978). Humanity involves interpersonal connection. Honesty, judgement and self-regulation respectively address living authentically, basing decisions on evidence after examining all aspects, and self-regulating feelings and actions.

Applications

Terminology

Thus far, there has been an emphasis on the importance of cultural context in order to determine value judgements. However, upon reflection on the terminology used, it may be more accurate to change the language of *good* or *bad* actions or circumstances. *Good* is often seen as happiness, fulfillment and flourishing (Fowers, 2008), and *bad* as challenges, sadness, and difficult circumstances (Wong, 2011). Not only are the terms *good* and *bad* subjective and beg the question of *good* or *bad* according to whom, but they also do not capture the dialectic nature of SWPP. In accordance to the dialectic approach, the aim is not to attain happiness and flourish, but rather to navigate the flux of the two opposite life elements and thus does not associate one as favorable and the other as unfavorable, but both as necessary for growth, development and well-being. The terms *good* and *bad* also do not capture the complexity of the judgement of the cognitive, behavioural, and social implications, nor the impact of pursuing meaning and purpose.

Regardless of the terminology used, whether an action or circumstance is perceived as helpful or harmful is dependent on the context in which the person is living. In the study on *Second-Generation Arab Immigrants and Differentiation* (Farahat & Rovers, 2017), several participants critiqued the rigidity of the DSI-R scale as it did not allow for any explanation, which limited the participants' ability to clarify their responses and provide context. At times, they indicated that the item on the scale administered did not fit well for them, as it did not correspond to their cultural experience and norms.

Awareness and Self-reflection

Culturally-responsive therapy is an ethical obligation in order to avoid causing harm and provide competent practice (Collins et al., 2010; College of Registered Psychotherapists of Ontario, 2016). The College of Registered Psychotherapists of Ontario emphasizes the importance of informing oneself about anything that may go against a client's beliefs in therapy to ensure that the client is not coerced, or the clinician's beliefs are not imposed (College of Registered Psychotherapists of Ontario, 2016). A clinician's ability to provide culturally-responsive therapy

impacts the therapeutic alliance, client satisfaction, and treatment outcomes (Collins et al., 2010; Tao et al., 2015). The first step to providing context-specific, and thus client-centered and culturally responsive therapy, involves awareness of ethical responsibility and openness to self-reflection. This includes adapting approaches with culturally appropriate therapeutic skills and interventions, and fostering the therapist's self-awareness of values, biases and one's own culture (Collins et al., 2010; Fowers & Davidov, 2007; Soheilian et al., 2014).

A clinician's self-awareness and reflection are fundamental to the practice of psychotherapy (Constantine et al., 2007; Fowers & Davidov, 2007; Tufekcioglu & Muran, 2015) regardless of the match between the client and therapist's gender or culture because each client is unique (Tufekcioglu & Muran, 2015). The therapeutic process often involves change and development for both the client and clinician (Tufekcioglu & Muran, 2015). In order to provide client-centered services, personal awareness and reflection are necessary to promote authenticity and congruency in session (Torres-Rivera et al., 2001). Self-awareness includes being conscious of one's values, beliefs and prejudices, in addition to the power and privilege dynamics that may be at play in session. This is particularly important in order to avoid inadvertently replicating experiences of racism, discrimination and oppression (Constantine et al., 2007). Developing competency to work with diverse populations must include self-awareness, knowledge, and skill building (Constantine et al., 2007).

Cultural knowledge

Dere (2015) promotes the use of informed curiosity in which clinicians pose questions differently – seeking and obtaining cultural knowledge and determining its use to ask informed questions. Although it is important to seek education and cultural knowledge, clinicians need to be aware of the risk of stereotyping. There is variability across and within cultures; each culture holds certain virtues in higher regard (Peterson & Seligman, 2004); this results in an even more complex and multi-layered understanding for second-generation immigrants due to the experience and integration of various cultures. Informed questions aim to provide context and meaning making. Questions should be open-ended, reflecting the client's description and use their language. This may involve asking what it's like for them, how they understand it, and personal significance.

In our experience, therapists often describe feeling incompetent when a client recounts their experience and they are unable to relate to it or

perceive it as foreign or problematic. If this is the case, it is essential that the clinician's vocabulary, meaning and worldview are not imposed on the client. To stay client-centered and culturally aware, the clinician may ask explorative questions from a stance of informed curiosity – not expecting the client to educate them. Cultural knowledge may be obtained through consultation or research. However, asking clients questions about religious rulings or ethnic history that is not client-specific or specific to their experience can have a negative impact on the therapeutic alliance and make clients feel othered. Reflective questions that may be beneficial are: Is this question relevant to the client? Will it help deepen their understanding of their experience and meaning making?

Exploring context and themes

An individual's pursuit of meaning through curiosity, storytelling and myth-making allows for a deeper understanding of themselves and the world in which they live in (Wong, 2011); a stance of curiosity and storytelling in a therapeutic context can result in rich, meaning-oriented therapy.

Explorative, open-ended questions often result in common themes in the client's narrative and experience as shown in Figure 5 above (i.e. connection, self, decision making and duality). It is important to thicken the client's narrative in order to obtain rich descriptions of how the client experiences these themes and the associated history, behaviours, feelings, and meanings attributed to them. This may help facilitation by allowing space for storytelling and describing experiences using images or metaphors. Clinicians may not agree with the client's worldview, understanding or the meaning they attribute to certain events in their lives, and aside from ethical concerns and safety, they don't necessarily need to. However, it can often be difficult to bridge cultural gaps.

Connecting character strengths

Collaboratively associating the themes established in session with universal character strengths from Positive Psychology can be one way to facilitate this. Asking the client which character strengths they associate their experience and behaviours with is not sufficient. Although the research indicates that character strengths are universal, the importance

associated to some character strengths versus others are culturally-specific and differ. This is also the case with a culture's understanding, thoughts, and behaviours (Wong, 2011). Aspects or concepts within a character strength may also be different in individual and collective societies (Leong & Wong, 2003; Wong, 2011). Thus, exploring themes presented through character strengths and a dialectical approach leads us to the client's context and relevant treatment goals.

In summary, the analysis of *Second Generation Immigrants and Differentiation* through a positive psychology lens, resulted in 4 steps:

1. Developing awareness of one's own biases, beliefs and feelings in session;
2. Obtaining cultural knowledge and developing informed curiosity;
3. Asking informed, open-ended questions and facilitating exploration and storytelling to understand the client's context and highlight themes;
4. Discussing relevant character strengths to themes and client-specific implications or needs for further development of these character strengths.

The application of these steps is non-linear and involves constant reflection and development, as culture and culturally appropriate services continuously change and progress.

Conclusion

Research on culturally appropriate methods and the validity of interventions and measurement tools for diverse populations is often limited, as was the case with the concept of differentiation and the DSI-R. Second Wave Positive Psychology's focus on a meaning-centered approach, dialectic principles, Eastern influences and universal character strengths and virtues facilitates culturally relevant discussions. This chapter highlights the importance of culturally responsive therapy and tools for ethical practice and provides a framework to explore differentiation for second generation Arab immigrants through a positive psychology lens. Furthermore, this chapter proposes important aspects of culturally appropriate therapy that bridge differences for various populations including context, self-awareness, reflection, and cultural knowledge.

References

- Alaedein, J. (2008). Is Bowen Theory Universal? Differentiation of Self among Jordanian Male and Female College Students and between them and A Sample of American Students through Bowen's Propositions. *Educational Sciences*, 35(2), 479-506.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5- Cultural Formulation Interview*. (Fifth ed.). Arlington, VA: American Psychiatric Association.
- Bakar, O. (2011). Family values, the family institution, and the challenges of the twenty-first century: An Islamic perspective. *Islam and Civilisational Renewal*, 3(1), 12.
- Becker, D., & Marecek, J. (2008). Positive Psychology: History in the Remaking? *Theory & Psychology*, 18(5), 591-604.
- Berry, J.W. (1984). Cultural relations in plural societies: Alternatives to segregation and their sociopsychological implications. In N. Miller & M. Brewer (Eds.), *Groups in contact* (pp. 11-27). New York: Academic Press.
- Bowen, M. (1966). The use of family theory in clinical practice. *Comprehensive Psychiatry*, 7(5), 345-374. doi: 10.1016/S0010-440X(66)80065-2
- Bowen, M. (1978). *Family therapy in clinical practice*. New York: J. Aronson.
- Charles, R. (2001). Is There Any Empirical Support for Bowen's Concepts of Differentiation of Self. *The American Journal of Family Therapy*, 29(4), 279-292.
- College of Registered Psychotherapists of Ontario. (2016). *Professional Practice Standards For Registered Psychotherapists*. CRPO. <https://www.crpo.ca/wp-content/uploads/2017/08/Professional-Practice-Standards-For-Registered-Psychotherapists.pdf>
- Collins, S., Arthur, N., & Wong-Wylie, G. (2010). Enhancing Reflective Practice in Multicultural Counseling Through Cultural Auditing. *Journal of Counseling & Development*, 88(3), 340-347.
- Constantine, M., Hage, S., Kindaichi, M., & Bryant, R. (2007). Social justice and multicultural issues: Implications for the practice and training of counselors and counseling psychologists. *Journal of Counseling and Development*, 85(1), 24-29. doi: 10.1002/j.1556-6678.2007.tb00440.x
- Dere, J. (2015, April 20). *Challenges and Rewards of a Culturally-Informed Approach to Mental Health*. www.youtube.com/watch?v=VrYmQDiuSc&list=PLvzC42i6_rJKUNfC_T7wSHlcpXFGbnaSl.
- Farahat, W., & Rovers, M. (2017). *Second-generation Arab Immigrants and Differentiation* [Unpublished Master dissertation]. Saint Paul University. https://ruor.uottawa.ca/bitstream/10393/36210/1/Farahat_Walaa_2017_thesis.pdf
- Fianco, A., Sartori, R.D.G., Negri, L., Lorini, S., Valle, G., & Fave, A.D. (2015). The relationship between burden and well-being among caregivers of Italian people diagnosed with severe neuromotor and cognitive disorders. *Research in Developmental Disabilities*, 39, 43-54.
- Fowers, B. (2008). From Continence to Virtue: Recovering Goodness, Character Unity, and Character Types for Positive Psychology. *Theory & Psychology*, 18(5), 629-653.

- Fowers, B., & Davidov, B. (2007). *Dialogue as the Interplay of Otherness and Shared Humanity*, 62(7), 705-706.
- Frankl, V.E. (1963). *Man's search for meaning: an introduction to logotherapy*. Oxford, England: Washington Square Press.
- Haefner, J. (2014). An Application of Bowen Family Systems Theory. *Issues in Mental Health Nursing*, 35(11), 835-841.
- Işık, E., & Bulduk, S. (2015). Psychometric properties of the Differentiation of Self Inventory-Revised in Turkish adults. *Journal of Marital and Family Therapy*, 41(1), 102-122.
- Ivtzan, I. (2016). *Second wave positive psychology: Embracing the dark side of life*. New York: Routledge.
- Jankowski, P., Hooper, L., & Stanton, M. (2012). Differentiation of self: A validation study of the bowen theory construct. *Couple and Family Psychology: Research and Practice*, 1(3), 226-243.
- Kalyar, M.N., & Kalyar, H. (2018). Provocateurs of creative performance: Examining the roles of wisdom character strengths and stress. *Personnel Review*, 47(2), 334-352.
- Kerr, M.E., & Bowen, M. (1988). *Family Evaluation*. New York: Norton.
- Knauth, D.G., & Skowron, E.A. (2004). Psychometric Evaluation of the Differentiation of Self Inventory for Adolescents. *Nursing Research*, 53(3), 163-171.
- Lam, C., & Chan-So, P. (2015). Validation of the Chinese version of differentiation of self inventory (C-DSI). *Journal of Marital and Family Therapy*, 41(1), 86-101.
- Leong, F.T., & Wong, P.T.P. (2003). Optimal functioning from cross-cultural perspectives. In W.B. Walsh (Ed.), *Counseling psychology and optimal human functioning* (pp. 123-150). Mahwah, NJ: Erlbaum.
- Lomas, T. (2016a). Flourishing as a dialectical balance: Emerging insights from second-wave positive psychology. *Palgrave Communications*, 2, 16018.
- Lomas, T. (2016b). The art of second wave positive psychology: Harnessing Zen aesthetics to explore the dialectics of flourishing. *International Journal of Wellbeing*, 6(2), 14-29. doi: 10.5502/ijw.v6i2.497
- Lomas, T., & Ivtzan, I. (2016). Second wave positive psychology: Exploring the positive-negative dialectics of wellbeing. *Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being*, 17(4), 1753-1768.
- McGrath, R.E. (2015). Measurement invariance in translations of the VIA inventory of strengths. *European Journal of Psychological Assessment*, 32(3), 187-194.
- McGrath, R.E., Greenberg, M.J., & Hall-Simmonds, A. (2018). Scarecrow, tin woodsman, and cowardly lion: The three-factor model of virtue. *Journal of Positive Psychology*, 13(4), 373-392.
- McNulty, J.K., & Fincham, F.D. (2011). Beyond positive psychology? Toward a contextual view of psychological processes and well-being. *American Psychologist*, 67(2), 101-110.
- O'Brien, C. (2008). Sustainable happiness: How happiness studies can contribute to a more sustainable future. *Canadian Psychology*, 49, 289-295.
- Park, C., & George, L. (2013). Assessing meaning and meaning making in the context of stressful life events: Measurement tools and approaches. *The Journal of Positive Psychology*, 8(6), 1-21.

- Park, N., Peterson, C., & Seligman, M., Martin, E.P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology*, 23(5), 603-619. doi: 10.1521/jscp.23.5.603.50748
- Peterson, C., & Seligman, M. (2004). *Character strengths and virtues: A handbook and classification*. Washington DC: American Psychological Association.
- Rodríguez-González, M., Skowron, E.A., & Anchía, R.J. (2015). Spanish Adaptation of the Differentiation of Self Inventory-Revised (DSI-R). *Terapia Psicológica*, 33(1), 47-58.
- Ross, A., & Murdock, S. (2014). Differentiation of self and well-being: The moderating effect of self-construal. *Contemporary Family Therapy*, 36(4), 485-496.
- Skowron, E. (2000). The role of differentiation of self in marital adjustment. *Journal of Counseling Psychology*, 47(2), 229-237.
- Skowron, E.A. (2004). Differentiation of self, personal adjustment, problem solving, and ethnic group belonging among persons of color. *Journal of Counseling and Development*, 82(4), 447.
- Skowron, E., & Friedlander, M. (1998). The differentiation of self inventory: Development and initial validation. *Journal of Counseling Psychology*, 45(3), 235-246.
- Skowron, E.A., & Schmitt, T.A. (2003). Assessing interpersonal fusion: Reliability and validity of a new DSI fusion with others subscale. *Journal of Marital and Family Therapy*, 29(2), 209-222. doi: 10.1111/j.1752-0606.2003.tb01201.x
- Soheilian, S., Inman, A., Klinger, R., Isenberg, D., & Kulp, L. (2014). Multicultural supervision: Supervisees' reflections on culturally competent supervision. *Counseling Psychology Quarterly*, 27(4), 1-14.
- Stichter, M., & Saunders, L. (2019). Positive psychology and virtue: Values in action. *Journal of Positive Psychology*, 14(1), 1-5
- Tao, K., Owen, J., Pace, B., & Imel, Z. (2015). A meta-analysis of multicultural competencies and psychotherapy process and outcome. *Journal of Counseling Psychology*, 62(3), 337-350.
- Torres-Rivera, E., Phan, L.T., Maddux, C., Wilbur, M.P., & Garrett, M.T. (2001). Process versus content: Integrating personal awareness and counseling skills to meet the multicultural challenge of the twenty-first century. *Counselor Education and Supervision*, 41(1), 28-40.
- Tufekcioglu, S., & Muran, J. (2015). Case formulation and the therapeutic relationship: The role of therapist self-reflection and self-revelation. *Journal of Clinical Psychology*, 71(5), 469-477.
- Wong, P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology/Psychologie Canadienne*, 52(2), 69-81.
- Wong, P. (2013). *Cross-cultural positive psychology*. Dr. Paul T.P. Wong. <http://www.drpaulwong.com/cross-cultural-positive-psychology/>
- Wong, P. (2017). Meaning and flourishing in suffering (Overview). Dr. Paul T.P. Wong. <http://www.drpaulwong.com/meaning-and-flourishing-in-suffering/>
- Wong, P. (2017). Meaning-centered approach to research and therapy, second wave positive psychology, and the future of humanistic psychology. *The Humanistic Psychologist*, 45(3), 207-216.

Chapter 7

Art Therapy and Resilience in Child Sexual Abuse: A Case Study Report concerning Ethical Issues in Vietnam

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Introduction

Art therapy in Vietnam recently has been utilized for children who have been sexually abused (Nguyen & Nguyen, 2018). Research found that art therapy was relevant for the child to work on feelings of anger, helplessness, and letting go (Malchiodi, 2020). Since the Vietnamese culture's values have been grounded on Confucianism and Taoism, which are in tune with a studious spirit, there is a resulting obligation with family, desire for reputation, respect for others, and care for harmony. Therefore, it has been a taboo for people to open up one's story relating to issues of child sexual abuse (Do et al., 2019). As a consequence, UNICEF (2017) reported that there were 6200 cases of child sexual abuse from 2011 to 2015 in Vietnam. However, due to the culture of secrecy around sexual abuse, the real numbers are suspected to be much higher (Nguyen & Nguyen, 2018).

In addition to the above issues of culture and a lack of training in clinical psychology, research found that psychologists were eager to set up counseling centers and had begun to do so. This was well intentioned in the beginning, but often consisted of little or no mental health training. Consequently, these places were not providing empirically-validated treatments (Weiss et al., 2012). Researchers continued to be concerned with these private practices that were potentially problematic given the likelihood that the services would be lacking in effectiveness. In the long-run, this would increase the general distrust of mental health treatments by the population (Weiss et al., 2012). Moreover, according to UNICEF (2017), cultural attitudes, beliefs and practices that may contribute to a child's vulnerability to sexual abuse include power inequality and hierarchical parent-child relationships. UNICEF (2017) also reported that,

in Vietnam, there is a strong emphasis on family honor and community reputation, where girls who are abused are often themselves blamed for it. This contributes to a culture of silence and denial. This is coupled with a lack of knowledge as well as cultural taboos against discussing sexual issues. This raises ethical concerns for the well-being and confidentiality of child victims of sexual abuse and their families (UNICEF, 2017).

Going through such challenges, researchers found that child sexual abuse (CSA) survivors carry within themselves a source of resilience, resulting in a tremendous potential to bounce back (Latzman et al., 2017). Brown (2017) found that once they utilize their sources of strength, some survivors dare to take wholehearted courage to face what has happened and to speak up. This chapter's first objective is to explore how art therapy might help establish safety and trust with a child who has been sexually abused in Vietnam. Secondly, a case study will be presented, exploring how art therapy might contribute in helping a child to process emotions, to visualize what happened, to externalize the destructive power of the abuser from her identity, to reclaim control over her own body, and to become resilient (Elbrecht & Malchiodi, 2019). The next section will further discuss how art therapy can be utilized as a tool for the therapeutic journey of the child towards healing.

Art Therapy

Art therapy is a form of psychotherapy that uses drawing and clay as its primary mode of expression and communication. Within this context, art is not used as a diagnostic tool but as a medium to address emotional issues. Art therapy is also considered a means of healing, learning, and improving behavior in children since children often prefer to communicate in ways other than talking (Malchiodi, 1998).

Herman (2018) reported that a past event of sexual abuse makes the person become overwhelmed, highly alert, avoidant, silent, angry, and helpless. Art therapy has been found relevant in working with such feelings in CSA survivors (Elbrecht & Malchiodi, 2019). By creating a tangible piece of art, the survivor is aware of making her choices and is transformed from a "passive victim of a disease into an active partner in the work of getting well" (Malchiodi, 2003, p. 213). Symbolically, in-session art therapy proves that dependency (regression due to the need to be taken care of) and independence (taking responsibility) can coexist (Landgarten, 1981). This allows the survivors to gain a sense of mastery,

which in turn helps to enhance self-confidence and rebuild a sense of self (Malchiodi, 1999). On the one hand, Nguyen & Nguyen (2018) and Malchiodi (1998) report that painting gradually provides a sense of mastery over a survivor's situation by making choices to choose art materials, colors, and the directions of their stories. On the other hand, McKinnon (2019) found in her research that art therapy can provide an important outlet for the ventilation of feelings. By being expressed onto paper, these feelings are projected externally. Art work allows one to distance oneself from painful affect, giving one a chance to separate oneself from one's issues. Therefore, Landgarten (1981) stated that art therapy allows one to make one's own choices about art material and theme. It also provides some sense of control e.g., being in charge of one's own decision-making. Moreover, art therapy also offers a great opportunity to explore a compromised body image. For instance, utilizing plain clothed dolls, markers, and medical instruments has shown therapeutic value by allowing the child to change roles (Favara-Scacco et al., 2001). By rehearsing therapeutic procedures in an art therapy setting, the survivor gains a sense of control and mastery, which in turn enhances tolerance for loss by controlling fear (Malchiodi, 1999).

Art therapy can be of importance in dealing with trauma that is characterized by re-experiencing, avoidance, arousal/hyperarousal symptoms, and sleeping problems, all of which are often triggered by minor events that seem to threaten bodily integrity (Malchiodi, 2003). Meanwhile, Malchiodi (1999) found that her clients used art in a transformative way by creating a new sense of who they were. This includes aspects such as the "discovery of answers to unanswered questions... revision of the way one lives life, creation of a new 'post-illness' identity, [and] discovery of a meaning for why one's life has been altered" (Malchiodi, 1999). Drawing and painting may provide an opportunity for the survivor to look at the problem from different angles. For instance, the survivor can draw a character, then dialogue with this character and relate to it in ways familiar to her, rather than having the problem remain fixed in her life and identity. Drawing assists survivors in creating a new trauma narrative in which the past, present, and future can be clearly defined once again (Kramer, 2002). By externalizing and sharing traumatic memories that invade the present, they can become a part of one's story and at the same time enable one to not reduce one's entire identity to it (Donnelly, 2013). Drawing has been found to be a non-verbal means to communicate emotions, sensations, and thoughts (Malchiodi, 2012). As an agent of change and meaning-making, art therapy (e.g. drawing) employs symbolic

language, imagery and metaphor to connect the fragments of somatic experiences with traumatic memories that empowers survivors to choose to make new meaning (Malchiodi, 2012). In this research, the medium used in art therapy is clay and drawing done with a child who has been sexually abused.

Child Sexual Abuse (CSA) and Art Therapy

CSA is a universal problem with grave life-long outcomes (Kaiser & Sinanan, 2019). The World Health Organization (WHO, 2003) defines CSA as “the involvement of a child in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society.” The term CSA includes a range of activities like intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism, or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography (American Psychiatric Association, 2013; WHO, 2003). In fact, it has been found that negative mental health effects that have been consistently associated in the research with child sexual abuse include post-traumatic stress, depression, substance abuse, helplessness, negative attributions, aggressive behaviors, conduct problems, eating disorders, and anxiety. Researchers found that child sexual abuse victims often blame themselves for the occurrence of the sexual abuse and have self-blame, shame, and guilt, as well as an overall sense of powerlessness as a result of the inability to stop the abuse (Demasure, 2010, 2014; Assini-Meytin, et al., 2020).

In spite of CSA survivors’ ongoing struggles with regard to their traumatic tragedies, Malchiodi (2020) strongly suggests that art therapy can be relevantly used as a mediator to allow a child to express the unspeakable. Art therapy has been found to be a mediator to approach survivors’ traumatic stories, feelings and memories. It also offers a path, by providing a tool for containment of the traumatic feelings and memories, i.e., “Containment of traumatic material within an object or image gives a sense of control over terrifying and intrusive memories and promotes emotional self-efficacy.” (Collie et al., 2006, p. 161). In light of such findings, the current case study uses drawing as a tool to journey towards trauma recovery with a child victim of sexual abuse. Trauma recovery requires a sense of safety for remembrance, mourning, and then for connection (Herman, 2015). According to Baranowsky and Gentry

(2015), art therapy is considered a non-threatening mediator that provides an awareness of responses to regain control over one's internal systems. Furthermore, art therapy interventions were found to work well with reducing traumatic arousal. Despite the intra- and interpersonal challenges mentioned earlier that are associated with a history of sexual abuse, people can and do heal and move beyond being victims; they can become resilient and live fruitful and healthy lives as survivors.

Resilience

According to Malchiodi (1999), resilience is defined as the successful adjustment and adaptation to life after experiencing an adverse, hostile, or negative event. The same researcher found that "Art expression... with pediatric patients is supporting and cultivating psychological resources related to resilience" (Malchiodi, 1998, p. 19).

Resilience has been found to carry not only the meaning of "springing/ bouncing back/leaping back" to a healthy form; it also can include a state of adaptation that integrates reconstruction, existential dynamics, a new life project or a life changed and transformed after crisis (Berberian & Davis, 2019). Researchers did a study on resilience and posttraumatic growth in a group of women survivors of CSA and found that resilience is somehow related to a dynamic process encompassing positive adaptation within the context of crisis (Walker-Williams & Fouché, 2018). Bellehumeur (2011) even suggests that one who goes through such a process experiences some form of transformation. Richardson (2002) points out that the disruption/crisis allows an individual to tap into resilient qualities and achieve resilient reintegration. A number of personal characteristics of resilience have been identified, such as a meaningful belief system, spirituality, a clear understanding of reality, good cognitive and problem solving skills, and high self-esteem (Connor et al., 2003). Resilience has also been seen as the result of hardiness, creativity, contentment, harmony, a solid faith, adaptation and integration (Nguyen et al., 2014). Taking the above studies into consideration, we propose to redefine resilience as a process of finding meaning for one's story which emerges in various forms: "awareness", "a sense of gratitude", "an emotion of appreciation", "creativity", "courage", "hope", "adaptation", "meaning in life", "surrender when doing the best one could", "images of God transformed", "insights regained", "letting go and accepting reality", and "collaboration and contentment with life" (Brown, 2012; Nguyen, 2014). In the current case study, resilience is defined as the ability to be

aware of what has happened, to speak up, and express one's feelings in different and creative forms. In the next section, we will first describe a case study based on the life experience of 'Rose'. Please note that all names and identifying information have been changed in order to protect the confidentiality of 'Rose'.

Case Study: Rose

Rose's mother came to share that Rose had been sexually abused by her cousin when Rose was 7. She is aware of how sexual abuse affects her child and consents to share her daughter's story anonymously to promote social awareness.

Rose stated feeling angry, sad, irritated and suffering from insomnia whenever recalling how her cousin gave her money to buy candies, took her to a remote place, knocked her down, and then moved back and forth along her body like a sewing machine that made her feel choked. Right after the event, Rose reported talking to her father, her mother and then her grandmother. She recalled how her father got angry and shouted at her cousin and beat him. Then her mother ran to the local police to ask for intervention to protect Rose. Rose stated feeling sorry to see how her grandmother felt sad. Rose's mother reported feeling sorry for Rose since all the villagers and school settings knew Rose's story. Lastly, Rose stated feeling very angry and scattered and just wanted to shout at her cousin at the top of her lungs. Rose's mother asked for counselling for Rose and wanted to work on Rose's feelings of anger and sadness.

Therapeutic program and outcome

First, we brought into awareness ethical issues where Rose's mother was informed that Rose's stories needed to be protected confidentially not only in her school settings and relative relationships, but also in her social environment as well. Ethical concerns towards Rose's art works also will be further reflected in the discussion section. Since the child's interest was drawing, it was proposed to use drawing and clay to work on her feelings of sadness, helplessness and anger. The therapeutic program was conducted in the light of Herman's (2018) model for trauma recovery and planned for a period of six days since the child and her mother lived far away from the therapist's office. Therefore, Rose was seen for half-an-hour sessions daily, for six consecutive days.

Stage 1: Personal safety, self-care, and emotional regulation

The first day: Rose was asked to draw the place where she felt the safest: The house (Figure 1) was expressed where she was drawn in the form of two tiny yellow dots.

The second day: Exploring her source of safety: she used clay to shape her loved ones in the house and fashioned them in different colors. She made five clay-men who were members of her extended family. The red one (first figure from the left in Figure 2) represented the man who abused her. She said that that was the image of her anger, sadness and irritation. The therapist asked if she would tell more about her anger, sadness and irritation. "What were they trying to do to you? Do anger, sadness and irritation still impact your life? Where do they get their power? What do you do to fight against anger? Can you tell me about a time where you were able to beat anger?" Asking the above questions allowed Rose to separate the abuser and the anger from her, to confront the past, and to lament for what happened to her. She pointed at him (the red figure in Figure 2) and shouted out loud "Get out of my life, you are an animal! You took my smile, my life, my blood, my heart!" The therapist then let her stand up and shout with all her strength: "Do you hear me? I want to color your face brown so that you get ugly! You took away my blood, my life and my smile! You, animal! Before I couldn't shout but now, if you touch me, I will call the police, I will shout out! Go away! Never come back in my heart and haunt me anymore! I couldn't sleep because of you, do you know? Goodbye forever! I will leave you here! Don't follow me!" The therapist then helped Rose process how she felt; gradually, Rose came to name her abuser, separating him from herself and expressing her anger towards him by pointing straight at him and shouting: "get away from me!" Then she was asked what she would choose to do with the red figure. She agreed to throw him into a dustbin and used all her strength to kick the dustbin far away, shouting: "get away from me!" After some silent moments, she looked at her clay-stray, where she had removed the red figure, and she rearranged the order of her loved ones with four members (Figure 3).

Stage 2: Remembrance and mourning

The third day: Rose processed her earlier memories and her feelings after chasing away the red figure from her. The therapist listened to how

Rose experienced the previous day and how she felt. She then asked Rose to draw her feelings after chasing the abuser away. Rose entitled the drawing "Sadness" (Figure 4) because she reported that the man did "bad things" to her. At one point, she felt sad because she realized what had happened to her. She told me that she felt uncomfortable in her stomach. The therapist encouraged Rose to dialogue with her own artworks. Rose stood up suddenly and shouted at the image of the abuser, "*get out of my heart, get out of my blood and my bones. I don't allow you to enter...get out of me!*" Rose shouted at the top of her lungs. After taking a long deep breath, Rose reported feeling cool in her stomach and relieved in her whole body. Rose spontaneously said a short prayer to thank God for the strength she had to remove "*an animal man*" (Rose's own words) from her; she then noticed feeling more space and joy in her stomach. She felt heroic to be able to push that man out of her life.

The fourth day: Strengthening her heroic experiences: Rose was invited to draw her new feelings after chasing the abuser away, something that made her feel protected. Rose drew joy with "mommy" (Figure 5). In the drawing, she was holding her mother's hand. Rose expressed that her mother is the one who loves her the most; she explained that her joy is shown in the green color that she chose. With this protection, in reaction to the abuser, she shouted at him to push him away: "*I'm not afraid of you anymore. Now I'm strong. If you touch me, I'll shout out loud so that my mum will come. I'll call the police to catch you!*" Her experience of pushing the abuser out by shouting at him was highlighted. According to Herman (2018), this stage is to review memories to lessen her emotional intensity, to revise her meanings for one's life and identity, to work through grief about unwanted or abusive experiences and the negative effects on her life, and to mourn or work through grief about good experiences that she did not have but which all children deserve (Herman, 2018)

Stage 3: Reconnecting

The third stage of recovery focuses on reconnecting with people, meaningful activities, and other aspects of life (Herman, 2018).

The fifth day: Staying with the moment of courage: Rose processed how she felt from the moments of feeling sadness and anger. Then she processed her standing up to raise her voice to the moments of seeing how her parents totally supported her. In this session, we asked how she

would like to protect herself. The drawing “My Home” was brought to life. In this home (Figure 6), she has her mother, her boundary (in black), and has the electronic bell to make noise when something would happen. Also, in this session, her mother was invited to witness and support Rose. After the session, the mother knelt down to say a short prayer to thank God.

The sixth day: Wrapping up and action plan: Rose processed her feelings along the therapeutic journey from the first day. For future plans, her mother was invited to look into the child’s drawing (Figure 6 – “My Home”) where the child needs her mother’s loving presence, where boundaries and safety are needed, where the abuser is removed, and where loved ones are available.

Finally, a short ritual for healing with a candle lit and a Gospel passage was chosen by her mother to read out loud: “I came to give you life, a life in its fullness” (Jn 10:10). We said goodbye, sent them back to their home and gave them the therapist’s contact information.

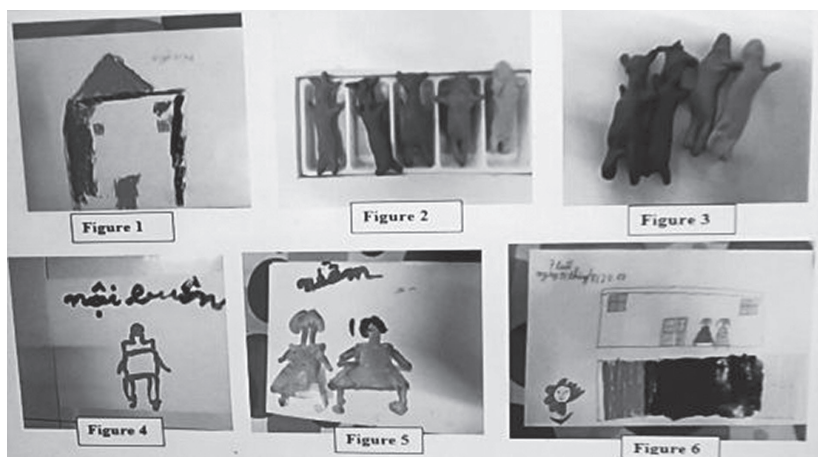


Figure 1: The house (from beginning).

Figure 2: Five members (with the “anger”, first one on the left).

Figure 3: Four members (without the “anger”).

Figure 4: Sadness, anger and the image of abuser (figure in red color).

Figure 5: The joy with mommy (two figures in green color).

Figure 6: A house with a boundary.

Discussion

If Art therapy is a mediator for clients to express their ineffable feelings, then artwork reveals the richness of metaphors and symbols to explore meaning and depict a sense of safety where language fails to communicate (Malchiodi, 2020). In Rose's artworks, we came to realize that only after safety and trust were created, could the externalization of negative emotions occur. In fact, Figures 1-6 revealed how Rose transformed from fear to faith, from monologue to dialogue, from her feeling of anger, irritation, and sadness to her felt sense of feeling relieved. What was done to protect Rose's integrity in the typical Vietnamese community was to keep in touch with the mother and empower her to hold Rose's stories confidentially. On the one hand, Rose's mother was willing to speak up for her child; on the other hand, she was also reminded that Rose's stories needed to be protected from her family system, her village, and her school context. The next section, we will bring up ethical concerns with regard to the research of Moriya & HaSharon (2006) that will shed light for schools who use art therapy working with children.

First of all, concerning the referral issues, one needs to take into consideration the question of who refers the child to therapy? Is the child interested in therapy? Researchers state that children are prevented from voluntarily beginning or ending treatment since the parent is entitled to accept or refuse treatment for a child and only rarely may a child obtain treatment without parental consent. Thus, children may be denied access to therapy or forced to receive therapy they do not want (Agell & Goodman, 1995). Ethics dictate that the therapist should invite the parents to a meeting and make sure they understand that this is therapy and not an art class. One also needs to consider when the school staff (usually the teacher, counselor, principal, and art therapist) discuss referrals and private information about the children and their families, which may be very relevant.

Second there are issues of privacy, safety and predictability in the art therapy room. According to Moon (2000), it is the therapist's ethical responsibility to determine how to create a sense of safety in the art therapy room. In fact, one of the cornerstones of safety is the predictability of the place: While the art therapists never know exactly what will happen artistically within the studio, they can be very clear about how they, as the keepers of the studio, will be. Art therapists can also be clear about how the studio space itself will be. It is also essential to gather up and put away the artwork so that things are collected and protected,

both physically and metaphorically, before the child has to face any peers and function appropriately in the classroom. Sending a child back to the classroom all worked up and vulnerable is unethical and may cause harm.

Third, in the discussion of cooperation and confidentiality, Moriya and HaSharon (2006) agree that it is vital for the school art therapist to maintain ongoing contact with the child's teachers (Essex et al., 1996; Moriya, 2000). In art therapy, therapists encourage self-exposure and exploration of the client's inner world. If therapists do not protect the child's privacy and confidentiality, they may be harming more than they help. The crucial questions are: should the therapist share this kind of information with the educational staff, in accordance with the school's expectations? What kind of impact would this information have on the teachers' perception of this child? Or, should the therapist protect the child's privacy, in this case allowing him to continue to perform and impress the educational staff as a calm and productive child? Moriya and HaSharon (2006) stated that the therapist can and should discuss with the teachers issues relevant to an understanding of the child's behavior in the classroom. It is possible to discuss the process and general information without sharing specific details that come up in sessions.

Fourth, regarding breaching confidentiality, the Ethical Standards for Art Therapists from USA (AATA, 2013) state that Art therapists shall not disclose confidential information without the patient's explicit written consent unless there is reason to believe that the patient or others are in immediate, severe danger to health or life. Any such disclosure shall be consistent with state and federal laws that pertain to the welfare of the patient, family and the general public (see paragraph 2.3). In a school setting, there is no dilemma when the child clearly poses a danger to self or others. But many times, in an appropriate expression of rage during therapy, children say things like: "I'm going to kill him." Experienced therapists can judge if this is an actual intention. But can they ever be absolutely sure of their assessment? Moriya & HaSharon (2006) recommend a three-part approach to discussing confidentiality with children: first explain that most of what is talked about is private, then explain when exceptions must be made, and finally assure the child that he or she will be involved in any decision to break confidentiality. Restrictions on therapeutic confidentiality may have a significant impact on the willingness of patients to disclose information to their therapists. The patient's right to privacy and respect, however, is more important than the potential negative effects on therapy from a request for informed consent.

Fifth, Moriya & HaSharon (2006) further proposed some legal implications such as if the therapist is called by the law to testify in regard to a child, the therapist may have to publicly expose private information about the client. The legal implications vary from country to country. However, therapists have to balance their obligation to codes of ethics along with some state laws that require the protection of private information, with the obligation to reveal information under certain circumstances. Ethical standards for psychologists according to the American Psychological Association (APA, 2017) state that intrusions on privacy should be minimized in written and oral reports by including only information germane to the purpose for which the communication is made.

Sixth, in terms of documentation of school art, Moriya & HaSharon (2006) also noticed that child art therapy clients or their parents may wish to review the chart. Hass and Malouf (2002) suggest that notes be worded in such a way that the therapist would not be troubled if family members were to read therapy. However, the art therapist in a school is faced with a dilemma: On the one hand, responsible professional conduct requires elaborate notes for the therapist's use and for future treatment. They will also be useful in the case of a malpractice suit. On the other hand, the records may be exposed to the child's parents or the educational staff and others who are not trained clinicians. If the therapist bears the audience in mind, he or she may tend to be very brief in writing progress reports.

Seventh, there are issues pertaining to keeping artwork in treatment records. Hammond and Gantt (1998) warn therapists who photograph patient artwork that doing so could violate confidentiality. The artwork created in therapy differs from art made in art classes that is intended for public display. This is especially true in schools, where the educational staff, which are not clinically trained, may have access to the records. Does photographing a patient's artwork require informed consent? Hammond and Gantt (1998) believe it does. The client's awareness of the fact that his or her work is being photographed may impact the therapeutic relationship. Whereas some clients feel it gives recognition and respect for their work, others may feel like guinea pigs in the therapist's follow-up procedures.

Eighth, concerning the ownership of artwork, Spaniol (1994) describes three common approaches to the question of who owns the artwork: Some claim that the artwork belongs to the treatment facility while others believe that it belongs to the treatment staff. A third approach is that artwork belongs to the person who made it, as is the case with artists.

Therapists are ethically required to clearly inform patients about the eventual fate of their artwork before, and not after, it is created.

Ninth, discussing displaying artwork, Moriya & HaSharon (2006) are concerned with participants who may benefit from a public display of their work. One needs to pay attention to the child's consent. Moreover, it is valid to ask who benefits from clients' art shows; do such shows support the patient's recovery or the art therapist's employment? At this point, we strongly recommend avoiding any display of artwork from therapy sessions in order to maintain clear boundaries between the discreet, non-judgmental therapy atmosphere and the achievement-oriented school environment.

Finally, ethical dilemmas are not always easy to see; thus our principle is to take the needs of clients prior to any other settings' expectations and demands (cited in Moriya & HaSharon, 2006, pp. 59-65). In sum, we have explored resilience through the lens of art therapy in relation to experiences of child sexual abuse and ethical issues. This approach does not focus only on the problem, but also instead views the problem as existing outside of the client (White & Epston, 1990). Art therapy allows survivors to have a creative, safe and free space to express their feelings and make a new choice. When being heard, understood and respected in the therapeutic process, resilience gradually arrives (Nguyen & Nguyen, 2018). Further recommendations on ethical issues need to be taken into consideration to protect the child's integrity and family. Without being protected by her family members, the school settings, her community and the government, Rose and her family may not have raised their voices to call for social awareness in order to prevent other children from potential abusers.

References

- AATA (2013, December). *Ethical Principles for Art Therapist*. American Art Therapy Association. <https://arttherapy.org/wp-content/uploads/2017/06/Ethical-Principles-for-Art-Therapists.pdf>
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. American Psychological Association. <https://www.apa.org/ethics/code>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). doi: 10.1176/appi.books.9780890425596
- Agell, G., & Goodman, R. (1995). The professional relationship: Ethics. *American Journal of Art Therapy*, 33(4), 99-110.

- Assini-Meytin, L.C., Fix, R.L., & Letourneau, E.J. (2020). Child sexual abuse: The need for a perpetration prevention focus. *Journal of Child Sexual Abuse*, 29(1), 22-40. doi: 10.1080/10538712.2019.1703232
- Baranowsky, A.B., & Gentry, J.E. (2015). *Trauma practice: Tools for stabilization and recovery* (3rd edition). Boston, MA: Hogrefe Publishing.
- Bellehumeur, C.R. (2011). Rapprochements entre la résilience, la spiritualité et l'imaginaire durandien. *Counseling et Spiritualité*, 30(1), 45-70.
- Berberian, M., & Davis, B. (Eds.). (2019). *Art Therapy Practices for Resilient Youth: A strengths-based approach to at-risk children and adolescents*. New York: Routledge. doi: 10.4324/9781315229379
- Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. New York: Penguin Group Inc.
- Brown, B. (2017). *Braving the wilderness: The quest for true belonging and the courage to stand alone*. New York: Random House LLC.
- Collie, K., Backos, A., Malchiodi, C., & Spiegel, D. (2006). Art therapy for combat-related PTSD: Recommendations for research and practice. *Art Therapy: Journal of the American Art Therapy Association*, 23(4), 157-164.
- Connor, K.M., Davidson, J.R.T., & Lee, L.C. (2003). Spirituality, resilience, and anger in survivors of violent trauma: A community survey. *Journal of Traumatic Stress*, 16, 487-494.
- Demasure, K. (2010). Accompagnement des victimes d'abus sexuel. Une réflexion sur la honte et la culpabilité chez l'adulte agressé(e) en tant qu'enfant. *Counseling and Spirituality*, 29, 127-149. doi: 10.13140/2.1.5096.9288
- Demasure, K. (2014). Les liens enchevêtrés de la honte et de la culpabilité. In K. Demasure (Ed.), *S'élever au-delà de l'abus sexuel* (pp. 53-74). Bruxelles: Lumen Vitae.
- Do, N.H., Nguyen, Q.H., Nguyen, T.L., Nguyen, D.H., Bui, P.T., Phan, T.N., Do, T.H., Ha, H.G., Phan, T.H., Nguyen, H.T., Ngo, T.A., Pham, T.K., Tran, X.B., Latkin, C.A., Ho, H.C.S., & Ho, R.C. (2019). Perception and attitude about child sexual abuse among vietnamese school-age children. *International Journal of Environmental Research and Public Health*, 16(20), 3973. doi: 10.3390/ijerph16203973
- Donnelly, J. (2013). *Universal human rights in theory and practice*. Ithaca: Cornell University Press.
- Elbrecht, C., & Malchiodi, C.A. (2019). *Healing trauma with guided drawing, a sensorimotor art therapy approach to bilateral body mapping*. Berkeley: North Atlantic Books.
- Essex, M., Frostig, K., & Hertz, J. (1996). In the service of children: Art and expressive therapies in public schools. *Art Therapy: Journal of the American Art Therapy Association*, 13(3), 23-27.
- Favara-Scacco, C., Smirne, G., Schilirò, G., & Di Cataldo, A. (2001). Art therapy as support for children with leukemia during painful procedures. *Medical and pediatric oncology*, 36(4), 474-480. doi: 10.1002/mpo.1112
- Hammond, L., & Gantt, L. (1998). Using art in counseling: Ethical considerations. *Journal of Counseling & Development*, 76(3), 271-277.
- Hass, L.J., & Malouf, J.L. (Eds.). (2002). *Keeping up the good work: A practitioner's guide to mental health ethics*. Sarasota, FL: Professional Resource Press.

- Herman, J.L. (2015). *Trauma and recovery: The aftermath of violence: From domestic abuse to political terror*. New York: Basic Books.
- Herman, J.L. (2018). *Group trauma treatment in early recovery*. New York: Guilford Press.
- Kaiser, E., & Sinanan, A.N. (2019). Survival and resilience of female street children experiencing sexual violence in bangladesh: A qualitative study. *Journal of Child Sexual Abuse*, 29(5), 550-569. doi: 10.1080/10538712.2019.1685615
- Kramer, E. (2002). On quality in art and art therapy. *American Journal of Art Therapy*, 40, 218-222.
- Landgarten, H.B. (1981). *Clinical art therapy: A comprehensive guide*. New York: Routledge.
- Latzman, N.E., Casanueva, C., & Dolan, M. (2017). *Understanding the scope of child sexual abuse: Challenges and opportunities*. RTI Press. RTI Press Publication No. OP-0044-1711.
- Malchiodi, C.A. (1998). *Understanding children's drawings*. New York: Guilford Press.
- Malchiodi, C.A. (1999). *Medical art therapy with children*. London: Jessica Kingsley Publishers.
- Malchiodi, C.A. (2003). *Handbook of Art Therapy*. New York: Guilford Press.
- Malchiodi, C.A. (2012). Trauma-informed art therapy and sexual abuse. In P. Goodyear-Brown (Ed.), *Handbook of Child Sexual Abuse* (pp. 341-354). Hoboken, NJ: Wiley.
- Malchiodi, C.A. (2020). *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process*. New York: Guilford Press.
- McKinnon, K.K. (2019). Drawing Out Trauma: Visual Art Therapy for Child Sexual Abuse Victims. *Intuition: The BYU Undergraduate Journal of Psychology*, 14(1), 75-84.
- Moon, B. (2000). *Ethical issues in art therapy*. Springfield, IL: Charles C. Thomas.
- Moriya, D. (2000). *Art therapy in schools: Effective integration of art therapists in schools*. Ramat HaSharon, Israel.
- Moriya, D. & HaSharon, R. (2006). Ethical Issues in School Art Therapy. *Art Therapy: Journal of the American Art Therapy Association*, 23(2), 59-65.
- Nguyen, T.T. (2014). *Images of God, Resilience and the Imaginary: A Study among Vietnamese Immigrants Who Have Experienced Loss* [Unpublished doctoral dissertation]. Saint Paul University.
- Nguyen, T.T., Bellehumeur, C.R., & Malette, J. (2014). Women survivors of sex trafficking: a trauma and recovery model integrating spirituality. *Counselling and Spirituality*, 33(1), 111-133.
- Nguyen, T.T., & Nguyen, T.K. (2018, October 26). *Child sexual abuse and art therapy: ethical dilemmas: a case study report* [Conference talk]. International Conference on Ethical Principles and Service Models in Psychological Practice, University of Social Sciences and Humanities, HCM, Vietnam.
- Richardson, G.E., (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58, 307-321. doi: 10.1002/jclp.10020
- Spaniol, S. (1994). Confidentiality reexamined: Negotiating use of art by clients. *American Journal of Art Therapy*, 32(3), 69-75.

- UNICEF (2017, December). *A situation analysis of children in Viet Nam 2016*. Unicef. <https://www.unicef.org/vietnam/media/3621/file/A%20situation%20analysis%20of%20children%20in%20Viet%20Nam%202016.pdf>
- Walker-Williams, H.J., & Fouché, A. (2018). Resilience enabling processes and posttraumatic growth outcomes in a group of women survivors of childhood sexual abuse. *Health SA Gesondheid*, 23, 1-9. doi: 10.4102/hsag.v23i0.1134
- Weiss, B., Dang, H.M., Ngo, V., Pollack, A., Sang, D., Lam, T.T., Nguyen, M.L.T., Le, H.-N., Tran, N., Tran, C., & Do, K.N. (2012). Development of Clinical Psychology and Mental Health Resources in Vietnam. *Psychol Stud* 56, 185-191. doi: 10.1007/s12646-011-0078-x.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- World Health Organization. (2003). *Guidelines for medico-legal care for victims of sexual violence*. World Health Organization. https://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en

PART III

Professional Considerations:
From Micro to Macro Issues

Chapter 8

The Effects of Therapist Mindfulness on Therapy: An Exploration of the Potential Benefits and Challenges of Therapist Mindfulness Practice

Leila Osman & Christian R. Bellehumeur

Section 1: Introduction and goal of this study

Within the last half century, mindfulness has become widely practiced and used as a tool, particularly in psychology and psychotherapy. While its benefits as a therapeutic tool have been extensively researched, less exists on its implications for therapists themselves, or on how their practice of it might affect the process or outcome of therapy. This imbalance in perspectives on mindfulness is the foundation of this work. Two important areas will be explored in this chapter: first, the possible benefits and potential challenges of therapist mindfulness practice for the therapeutic process and in general; second, measures of therapeutic outcome and their limitations.

A brief introduction to mindfulness: its roots and development. Popularized in the western world by Jon Kabat-Zinn in the 1970s, mindfulness has become recognized as a popular practice and technique within the psychological and psychotherapeutic realms (Dryden & Still, 2006). It has gained both reputation and acceptance, notably with the development of Mindfulness-Based Stress Reduction (MBSR), which quickly gained recognition as an important tool in therapy (Dryden & Still, 2006). However, mindfulness stems far beyond Kabat-Zinn's contemporary therapeutic conceptualization, rooted in an extensive and rich history in ancient Buddhism (Dryden & Still, 2006). The term "mindfulness" is a translation of the Pali (i.e. the language of ancient Buddhist psychology) word *sati*, which denotes awareness, attention, and remembering (Germer et al., 2016). Within mindfulness' ancient history, it was one piece of a larger and more encompassing understanding: in its early foundational form, an important focus rested in ethical consideration. Stephanie P. Morgan asserts that, within the context of Buddhism, ethical

training is a vital element of skillful and happy living (Germer et al., 2016). This is an important assertion in the exploration of the changes that mindfulness has undergone to become its contemporary version: the fundamental and wider-ranging focus on ethics is an aspect that has disappeared entirely within mindfulness' contemporary manifestation. Before delving further into our current understanding of mindfulness, context pertaining to Buddhism becomes necessary. The point of departure lies in the essence of the Buddha's teachings: the Four Noble Truths and the Noble Eightfold Path.

The first Noble Truth in Buddhism is the truth of suffering. The Buddha explained the idea of suffering – loosely translated from the Pali *dukkha* – in his first sermon, asserting that happiness is always accompanied by a sense of uneasiness and anxiety in knowing that loss, both loss of things and ultimately of ourselves in death, is imminent (Ludwig, 2006). Next, the principle of clinging or the cause of suffering, the second Noble Truth, is tied to the fundamental concept of impermanence: the efforts made to cling to material things, happiness, life, etc., while losing sight of the fact that there is nothing to cling to as everything is impermanent (Ludwig, 2006). Third, there is the concept of nirvana, the third Noble Truth of the stopping of sorrow or the end of suffering. Ludwig (2006) states that, in the Buddha's teachings, nirvana is "complete freedom from conditions and limitations, permitting life to be lived in the full richness of the present moment, without fear or anxiety" (p. 152). Finally, to relate these truths back to an understanding of the foundations of mindfulness, an explanation of the Noble Eightfold Path becomes crucial. The fourth Noble Truth is the truth of the path that leads to the end of suffering, and this path is travelled by way of a set of norms and guidelines for an ethical life. These norms and guidelines, of which there are eight, make up the Noble Eightfold Path (Ludwig, 2006). The Noble Eightfold Path is broken down into three branches: wisdom, moral conduct, and contemplation. Right mindfulness rests within the contemplation branch (Ludwig, 2006). Right mindfulness, as described by Ludwig (2006), means "being carefully aware of what goes on in the body and in the mind, attentively mindful of all sensations, feelings, and thoughts" (p. 154). The eight parts of the Noble Eightfold Path are not seen as steps to travel through consecutively, but rather as harmonious components of an ethical way of life to be cultivated (Ludwig, 2006). It is here that it becomes clear that historically, mindfulness, was part of a framework that was essentially indivisible: mindfulness was not seen as a practice to simply engage in on its own, but as

one part of a larger, ethical way of life. However, the Westernized model of mindfulness, made accessible through the work of Kabat-Zinn, focuses on it as a standalone practice. Modern mindfulness is its own complete entity, without being situated within a framework nor having any ties to its original ethical context. Stanley (2013) asserts that “[c]urrent understandings of mindfulness ... are historically recent and differ from early Buddhist understandings in at least one crucial respect: definitions of mindfulness as attentional control or meta-cognitive awareness lack an emphasis on deep ethical reflection” (p. 151). The question may arise as to whether any of the value of mindfulness is taken away by its removal from this framework. Furthermore, there are concerns of whether our Westernized conceptualization of it truly captures its entirety, or if it is enough that there is therapeutic value in paying attention to the here and now.

According to Dryden and Still (2006), two historical precursors laid the groundwork for Kabat-Zinn’s Westernized approach to mindfulness: non-judgemental acceptance in the humanistic tradition and the surge of popularity in Western Buddhism. This shifting landscape created an environment into which Kabat-Zinn’s work with mindfulness fit seamlessly.

The current, established definition of mindfulness is now important to explore. According to Kabat-Zin (2013), mindfulness is “[t]he awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment to moment” (p. 145). In *Full Catastrophe Living* (2013), Kabat-Zinn outlines the tenets of his MBSR program and sets forth the seven attitudinal factors that are the makeup of therapeutic mindfulness as we now understand it. These are “non-judging, patience, a beginners’ mind, trust, non-striving, acceptance, and letting go” (Kabat-Zinn, 2013, p. 21). These attitudes, he asserts, must be consciously cultivated, and are the pillars that form the basis of mindfulness. The value of mindfulness practice is, presently, a popular topic, and numerous studies have been conducted to explore the efficacy of mindfulness as a therapeutic tool (Davis & Hayes, 2011). According to Davis and Hayes (2011), there are four primary empirically supported benefits of mindfulness interventions for clients including: emotion regulation, decreased reactivity, increased response flexibility, interpersonal benefits, and intrapersonal benefits. Furthermore, mindfulness’ emphasis on the present moment and non-judgement can be extremely beneficial and can act as antidotes to some forms of psychological distress (Keng et al., 2011).

In exploring our contemporary therapeutic definition of mindfulness, it becomes clear that the practice of it in the therapeutic setting has stemmed from a psychologicalization of its ancient form, a process that has removed the broader framework. However, it also becomes clear that several fundamental factors remain and can be understood as vital to the practice of therapy (for example purposeful presence in the here and now, non-judgement, etc.). Khong (2009) asserts: "Mindfulness practice affords a different model for therapy in the sense that mindfulness, per se, makes for 'good' psychotherapy, if we understand therapy as a humanistic endeavor not just related to curing, but to healing holistically" (p. 119). Research discussed further in this work examines other possible effects that mindfulness, as practiced by the therapist, can have on the fundamental aspects of therapy.

The scope and goal of this work. Despite the popularity of mindfulness practice and tools, multidimensional research (i.e., including both the clinical and relational aspects of therapy simultaneously) specifically investigating the effect of therapist mindfulness on therapeutic outcome is less readily available. The aim of this research is to gain insight into this subject and to open the door to future research in the connection between therapist mindfulness and therapeutic practice.

Section 2: Literature Review

Having examined the roots of mindfulness, as well as its definition and benefits as a therapeutic tool, it is now important to explore the literature, as it pertains specifically to the therapist, the positive effects of therapist mindfulness practice, and the potential challenges of it.

The first, and perhaps most fundamental, question in terms of mindfulness in therapy is whether it is important for therapists who use mindfulness as a therapeutic tool to also practice mindfulness themselves. Khong (2009) maintains that mindfulness must be understood and practiced authentically, before it can be taught or used in therapy proficiently: "[I]t is important for [therapists] to practice mindfulness personally ... it cannot be employed skillfully without practitioners familiarizing themselves with the subtleties of the practice or the aspects of the Buddha's teachings that ground it" (p. 118). If we extend this question further, do the potential benefits of mindfulness practice make it a valuable learning tool for therapists in training whether they use it as a therapeutic tool or not? These two questions will be explored in

detail in the third section of this work. First, let us explore the therapist's practice of mindfulness.

Mindfulness and the therapist: what does the research say?

In recent years, the study of therapist mindfulness has garnered increased attention, and the growing body of work points to several key areas affected by therapist practice of mindfulness. These will be explored based in contemporary research.

Empathy. Within the last 15 years, it has been theorized by several researchers that consistent practice of mindfulness can promote empathy and, more recently, research using an array of methods is growing in support of this hypothesis (Davis & Hayes, 2011). Empathy is one of the most vital and most researched aspects of the therapeutic relationship and a foundation of therapy (Bruce et al., 2010). It is worth mentioning that the topic of attunement to others has been closely related to empathy and will be separately discussed later in this work. In a review of psychotherapy-related research, Davis and Hayes report that in a within-subjects study on meditation and empathy, the therapists in training who completed a 4-week meditation training demonstrated increased empathy; and that in a between-groups study, students who completed an 8-week MBSR training course self-reported significantly higher empathy than the control group (Davis & Hayes, 2011). Furthermore, a qualitative study suggested that therapists who practiced mindfulness tended to feel that meditation had helped them develop empathy toward their clients, while a study using a passive design found that self-reported scores of therapists who practiced mindfulness regularly were higher in empathy compared to therapists who did not practice (Davis & Hayes, 2011). A final study, using interviews with six psychotherapists with extensive experience in practicing mindfulness and therapy, highlighted the value and significance of mindfulness practice and empathy. The research of Davis & Hayes (2011) demonstrated that "mindfulness helps therapists: develop their ability to experience and communicate a felt sense of clients' inner experiences; be more present to clients' suffering; and help clients express their body sensations and feelings" (p. 202). Bruce et al. (2010) posit that empathy is a bilateral process between therapist and client. More than simply feeling for a client's experience, therapist empathy requires the fine-tuned ability to relate to the experience and give space if needed.

Therapist self-compassion and self-care. Researchers posit that therapists who receive training in mindfulness techniques have demonstrated declines in stress, rumination, negative affect, and anxiety, while increases in self-compassion and positive affect have been noted (Shapiro et al., 2007). One study compared an intervention group to a control group and showed the effects of mindfulness meditation intervention: those participants in the intervention group had lower levels of fatigue, anger, stress-related cortisol, anxiety and depression, as well as increased immunoreactivity, attention, and self-regulation (Tang et al., 2007). Research suggests that training in MBSR enriches and increases self-compassion in health care professionals (Shapiro et al., 2005) and in therapist trainees (Shapiro et al., 2007). In a study of health care professionals, Kingsbury (2009), as reported in Davis and Hayes (2011), found that non-judging and non-reacting, two vital facets of mindfulness, correlated strongly with empathy and self-compassion. The importance of self-compassion therefore lies in therapists' ability to relate to a client and their experience with empathy, a vital aspect of therapy.

The benefits and importance of self-care in psychotherapy are well studied, as it is an emotionally demanding profession (Norcross, 2011). The development of self-compassion as an effect of mindfulness practice has been recognized: self-compassion fosters an individual's ability to offer themselves "warmth and non-judgmental understanding rather than belittling their pain or berating themselves with self-criticism" (Neff et al., 2007, p. 140), which in turn allows for a less judgmental and warm way of relating to others.

These are vital characteristics for a therapist and are invaluable to the therapeutic process. In addition, the positive mental and physical effects of mindfulness practice for therapists in training have been documented, including being better able to understand their own thoughts, emotions, transference and personalization reactions (Christopher & Maris, 2010). Cohen and Miller (2009) highlighted evidence from a study of counselor trainees that had interpersonal mindfulness training, pointing to the potential that such training can foster social connectedness and emotional intelligence while also reducing stress and anxiety. Therefore, a therapist's own standard of self-care is paramount to safe and productive therapy and mindfulness can play an invaluable role in this.

Therapeutic capabilities and skills. The efficacy of therapist mindfulness practice is multidimensional. Studies list the array of benefits that mindfulness practice cultivates, all of which translate beneficially in a therapeutic setting including awareness, compassion, acceptance,

warmth, and genuineness (Ryan et al., 2012). Researchers found that after participating in mindfulness training, therapists themselves felt that their ability to be present during sessions was increased, they felt more comfortable with silence in session, and they generally felt more attentive and responsive to their clients (McCollum & Gehart, 2010).

It has been suggested that therapist characteristics also play a crucial role in therapy; perhaps even more important than specific therapeutic techniques (Norcross, 2011; Wampold, 2001). A recent study found that even a simple 5-minute pre-session mindfulness centering practice by therapists led to more effective therapy sessions, based on therapists' own ratings of their presence and attention, as well as evaluations provided by their clients (Dunn et al., 2012). Furthermore, empirically supported benefits of mindfulness include increased emotion regulation, decreased reactivity, increased response flexibility, interpersonal benefits, and intrapersonal benefits (Davis & Hayes, 2011). Additionally, it is asserted that mindfulness practice is beneficial in fostering objectivity, emotional intelligence in regard to self and others, concentration, mental clarity, flexibility, and equanimity (Davis & Hayes, 2011). These factors have the potential to prove beneficial for a psychotherapist in their practice, regardless of the client population that they serve.

Working alliance. Working alliance (WA) denotes "the quality and strength of the collaborative relationship between client and therapist in therapy" (Horvath, 2001, p. 365). In a meta-analysis of research conducted examining the relationship between WA and therapeutic outcome, WA was identified as a strong variable connecting the process and outcome of therapy (Horvath & Symonds, 1991). A recent study employing client symptom scales as well as WA measurements, found that WA can predict symptom change (Xu & Tracey, 2015). Furthermore, research suggests that the practice of mindfulness allows for an individual to be more self-attuned and aware of their present, which in turn fosters a greater awareness and attunement to others (Bruce et al., 2010), which is a valuable ability in a therapist. Siegel (2010) defines attunement as, "how we focus our attention on others and take their essence into our own inner world" (p. 34). Attunement, however, is a challenging measure to evaluate: researchers Bruce et al. (2010) put forth the caveat that their work has "yet to be substantiated empirically" (p. 83), a difficulty that will be discussed further in the discussion section of this work. Nevertheless, the authors state that the theoretical and empirical evidence compiled through their work – based on theoretical work in the areas of attachment, psychotherapy research, and studies of mindfulness (from

empirical, theoretical and Buddhist perspectives) – points to a connection between mindfulness and relational capacity (Bruce et al., 2010). The authors state that “a psychotherapist’s ability to relate to ... patients is essential for decreasing patient suffering and promoting patient growth... Mindfulness has been proposed as a form of self-attunement that increases one’s capacity to attune with others...” (Bruce et al., 2010, p. 83). These works point to the potential of the practice of mindfulness to increase a therapist’s ability to establish and maintain a secure WA. Finally, research has suggested that WA is one of two foundational aspects of therapy and can essentially play a more significant role in therapy than theories or techniques (Lambert, 1992; Miller et al., 1997). Therefore, it can be posited that skillful mindfulness practice has the potential to directly affect the fundamental basis of therapy.

The potential challenges of therapists’ use of mindfulness. There are several potential challenges of using mindfulness. First, mindfulness is a highly personal practice, and individuals will likely adopt and adhere to the practice of it in a wide variety of ways. Just as there is a need for discernment, discretion, and judgement regarding therapeutic tools for clients, there is the same need in mindfulness practiced by therapists. Simply put, individuals will prefer certain practices over others and mindfulness practiced because research suggests there are benefits (i.e. from a “should” motivation) will not necessarily benefit a therapist or their practice. Regardless of the potential benefits of mindfulness, as a practice it is not “one size fits all”, and some therapists may find it difficult to apply to their own lives. In the fast-paced and multi-tasking nature of Western society, interiority can be a challenge to cultivate. While the contemporary practice of mindfulness appears accessible, it is not easy to integrate into everyday life with regularity (Bellehumeur & Malette, 2010). Furthermore, in a summary of recent research, Christopher and Maris (2010) posit that the “habitual, instant, unconscious movement away from discomfort, sometimes at any cost” (p. 117) presented challenges to some participants who noticed physical, emotional, or mental discomfort while practicing mindfulness.

In a recent review of literature, challenges of heightened awareness and attention were brought to the forefront, with some participants perceiving both personal and professional challenges connected to mindfulness practice. From the personal perspective, the authors suggest that the characteristics of mindfulness that influence the tone of attention and awareness include non-judgment, non-reactiveness, etc. However, according to Lilja et al. (2012), as stated by Keane (2014), “[e]ven among

individuals with high levels of mindfulness, the abilities to pay attention and to maintain a non-judgmental attitude do not always develop concurrently” (p. 700). Thus, this awareness and attention within and to the self may be experienced as ruminative and critical (Keane, 2014). Without the foundational attitude of non-judgement, the very core of mindful awareness and attention can become a challenge to hold. From the professional standpoint, increased awareness: “was described as a potential ‘double-edged sword’ in relation to client work” (Keane, 2014, p. 700). The increased awareness brought to the forefront personal challenges and the challenge of managing the impact of heightened sensitivity for participants. This then required their own work and care individually or with the help of peers and support. Again, the research highlighted also shines light on the assertion that it may be important, if not vital, for therapists to have a personal and experiential understanding of mindfulness practice before employing it as a therapeutic tool.

Defining and evaluating therapeutic outcomes

This section will examine differing ways of measuring outcomes, which will set the foundation for later discussing the challenges of qualifying “success” in therapy which is, by nature, an extremely subjective and personal experience. The context of the previous sections will be important to keep in mind as some of the more relational standards of therapeutic outcome are addressed and reviewed. Several therapeutic outcome measures from both clinical and relational standpoints will be examined: while there is little overlap between these areas, the current research aims to explore how these can be mutually beneficial and equal in importance.

The diverse means for measuring psychotherapeutic outcomes. Many measures exist to examine different therapeutic standpoints. In this work, the focus is centred on two: clinical and relational. For the purposes of this work, the clinical aspect refers to those measures that explore content like symptomatology, whereas the relational aspect refers to interpersonal or intrapersonal factors. Early in the conceptualization of this project, the word “humanistic” was replaced by “relational” in order to better capture the importance of those factors that are interpersonal and/or subjective within therapy (for example, relationships or other extra-therapeutic factors, or evaluations of self). As previously mentioned, few established therapeutic measures explore therapeutic areas (affected by therapist

mindfulness) using both clinical and relational factors simultaneously. This can likely be attributed to the fact that measures are largely established to assess one specific variable. In order to control for it, it is simpler to be grounded within one framework (i.e., clinical or relational). Specifically, regarding the measurement of mindfulness, the practice of it, and the effects of its practice by therapists, there is a general lack of consistency among measures (Stanley, 2013).

Furthermore, one author discusses, in detail, the question of measuring mindfulness and the difficulties that stem from shifting it away from its roots into order to make it “scientifically acceptable, culturally relevant, and not confused with religion” (Iezzoni, 2013). The value of having the tools to measure mindfulness and the multitude of difficulties attached will be discussed in detail in the subsequent discussion section.

For the current research, the exploration of therapeutic outcome measures in general (i.e., not only relating specifically to the practice of mindfulness or its effects on therapy) became a necessary addition to highlight how the therapeutic process can be evaluated and assessed. Several articles were consulted, examining and comparing the efficacy of both clinical and relational measures (Keane, 2014; Levitt et al., 2005; Tarescavage & Ben-Porath, 2014). Through the course of research, several measures were explored and four were chosen to highlight and compare. These included: the Outcome Questionnaire-45 (OQ-45), the Health Survey Short Form-36 (SF-36), the Target Complaints (TC) scale, and the Personal Orientation Inventory (POI). These four measures were chosen specifically to emphasize how varied the existing measures are and highlight the need for a measure that amalgamates the important facets of measuring the clinical and relational simultaneously.

Briefly, let us examine the four measures, beginning with the Outcome Questionnaire-45. The OQ-45 is “a 45 item self-report scale which can be used to estimate client disturbance at the outset and over the course of treatment” (Lambert, 2012, p. 24). It is easily administered at any point in the therapeutic process (i.e., at the beginning or end of therapy, or at any moment in between), and results yield “an index of mental health functioning” that can be compared to various other sources of data (Lambert, 2012). The measure focuses primarily on subjective “I feel that...” statements, as well as questions pertaining to how the client feels within and about their relationships. In its 45-item form, the OQ-45 does not focus on any aspect of therapy itself.

The Health Survey Short Form-36 was reviewed next. According to Tarescavage and Ben-Porath (2014), the SF-36 was established to

evaluate health status as part of a study (the Medical Outcomes Study), which explored health-related concepts such as physical and social functioning; bodily pain; general health perceptions; and general mental health.

The SF-36 is primarily focused on the clinical facet of outcome measurement. In comparison to the other tools explored, the SF-36 is principally founded in symptomatology. Symptom change can be a vital part of the therapeutic process for clients who struggle with physical concerns or disturbances, and so the SF-36 was an important measure to review.

Next, the Target Complaints scale relies on comparative ratings completed by clients at the beginning of their treatment and later (Deane et al., 1997). According to McLeod (2011), target complaints allow for clients to explore the change or status of the problems that motivated them to seek help directly and therefore may be vital and fitting for studies exploring the outcome of therapy. The Target Complaints scale requires the individualized and active participation of the client to identify and define a symptom, behaviour, or problem experienced. Once an item is defined, the client assigns a rating of severity to it, for example, on a scale of 1 to 5 or using a rating of the prevalence of the experience in general (McLeod, 2011). Due to the individual and entirely personal nature of the scale, the client can rate the complaint repeatedly, which allows for changes in conditions (e.g. medications or therapy) to be identified as influencing the complaint itself. As a measure that relies entirely on the subjective experience of the client and can easily consider the experience of therapy, it is unique in its framework, and was considered an important addition to this overview.

Finally, the Personal Orientation Inventory, developed in the early 1960s by Everett L. Shostrom, is a tool also rooted in the client's subjective experience. The POI measures individual attitudes and values in relation to the concept of 'self-actualizing' and can be useful in establishing an individual's subjective level of "positive mental health" (EdITS, n.d.). Due to the POI's consideration of important relational aspects, including connection to others, changes in assertiveness, connection to the environment, relationship growth, sensitivity to others, trust and openness (Levitt et al., 2005), it was considered a valuable addition to the current overview.

Furthermore, studies have been conducted to explore the effects of working alliance (Falkenström et al., 2015), mindfulness practice (Keane, 2014), therapist trait factors, and extra-therapeutic factors (Lambert & Ogles, 2014; Thomas, 2006). However, many of these measures are

based on clinical or symptomatological foundations and neglect or diminish the importance of the humanistic (i.e., relational) aspects of therapy (Levitt et al., 2005). Knowing what we do about the foundations of mindfulness and about its importance on a grander scale as a way of life, will tools that focus solely on the clinical rather than relational aspects of therapy truly be attuned to its benefits? This question, as it relates to the measures that were explored, will be addressed in detail later in this work.

An important point to bring forth is that an alternate form of the OQ-45 exists, titled the Outcome Questionnaire Therapeutic Alliance, or OQ-45 TA. In addition to the 45 items included in the OQ-45, this measure includes a collection of eleven extra questions pertaining specifically to the client's experience of, and their relationship with, their therapist (Levitt et al., 2005). This is in line with this chapter's academic conversation on the topic which includes the relational facet with an already well established clinical tool.

Therapist versus client ratings of therapeutic process with therapist mindfulness. A supplementary, but equally important, aspect of measuring therapeutic outcome rests in who is doing the assessment. As discussed, the efficacy of therapy can be evaluated in many ways (for example, changes in symptomology or evaluations of interpersonal functioning, etc.), and both patient and therapist measures exist to examine how the course of therapy has unfolded or is unfolding. Ryan et al. (2012) conducted a study examining client evaluations, in which clients were given the Inventory of Interpersonal Problems-32 (IIP-32). This scale is a useful tool for the exploration and description of interpersonal functioning and provides a total score as well as eight subscales. The study utilized the total score as reported by clients who participated, and the research revealed a meaningful finding in terms of therapist mindfulness practice: therapist mindfulness practice was correlated with client-rated improvements in interpersonal functioning (Ryan et al., 2012).

Meanwhile, Keane (2014) posited that when therapists complete these measures, results tend to show a general feeling that their own mindfulness practices rendered them more aware, present, and empathic, as well as more aware of their own self-care needs.

In a recent study, the effects of a 5-minute mindfulness centering exercise done by therapists just before a session were explored. The authors investigated the effects through both client and therapist evaluations and found that therapists felt that they were more present in session when they used a mindfulness exercise to prepare; furthermore, clients

perceived increased effectiveness of their sessions when their therapists had prepared with a mindfulness exercise beforehand (Dunn et al., 2012).

Once again, the central focus of this work can be revisited: while both therapist and client measures exist to explore the effects of therapist mindfulness on the outcome of therapy, the reviewed research suggests that these can measure the clinical (i.e., symptomatology) and the relational (i.e., interpersonal functioning, extra-therapeutic factors, etc.) aspects of therapy, but not both simultaneously. The question, then, relating to therapist and client ratings as well as the earlier review of established measures remains: should measures exist that explore both the clinical as well as relational aspects, particularly in measuring the effect of therapist mindfulness on the outcome of therapy? Guided by the reviewed research, this question will be explored further in the following section.

Section 3: Discussion of the Literature and Conclusions

Discussion of the literature

In this section, a review and discussion of the literature will be the primary focus in addition to revisiting the questions that have been brought to the fore thus far. A point of departure lies in the question posed at the very beginning of this work: can our Westernized conceptualization of mindfulness truly capture its entirety, or is it enough that there is simply therapeutic value to paying attention to the here and now? While this was not a point explored in detail through the literature review, some authors do suggest that mindfulness without an understanding of its roots cannot be applied skillfully as a therapeutic tool (Khong, 2009; Lomas, 2017). This work would suggest that this assertion does have value. As a therapist in training, and through the course of writing this work, it has become apparent that the therapeutic profession is constantly shifting and is a continual process. While learning the historical roots of mindfulness would indeed be one more thing to add to the process, this work posits that, if a therapist intends to use mindfulness as a therapeutic tool, researching it would be, and indeed perhaps should be, the first step in its skilful application.

That being said, and in response to the second question brought forth (i.e. if therapists are using mindfulness as a therapeutic tool, is it important for them to also practice mindfulness?), this work hypothesizes that

for a professional who uses mindfulness as a therapeutic tool (or intends to), the personal practice of mindfulness may hold equal, if not greater, value than a full understanding of its history. Again, this assertion is not founded in the reviewed literature, but seems to come from a therapist in training who often uses mindfulness in the personal and therapeutic spheres from a more personal standpoint.

The third question brought forward involves the benefits and the possible inherent merit of mindfulness: do the potential benefits of mindfulness practice, as well as its foundations, make it a valuable learning tool for therapists in training, whether they use it as a tool in therapy or not? Here, it is important to recall the seven attitudinal foundations of mindfulness training as taught in MBSR, as the current work posits that these have the potential to be easily translated as foundational aspects of therapeutic work as well. These include: non-judging, patience, a beginners' mind, trust, non-striving, acceptance, and letting go. The therapeutic process is grounded in the moment and is constantly changing. It could be suggested that the work of a therapist requires a degree of each of these attitudinal foundations in addition to flexibility and creativity. Moreover, grounded more concretely in the literature and using the influence that mindfulness practice appears to have on several foundational aspects of therapy, the current work would assert that a mindfulness training course would indeed benefit most therapists in training. However, based on the literature's suggestions about the potential challenges to the personal practice of mindfulness, this training would likely be most palatable if it was kept fairly general. This would allow those for whom it resonates to study and apply it in personal and therapeutic domains further, while also allowing those for whom it does not to discard it and find tools that work more effectively for them, personally and professionally. A risk would lie in therapists (novice or otherwise) receiving mindfulness training and practicing simply because they have been made aware of the benefits. The question of sincerity in practice, or the intention behind it, comes into play here: are the benefits of mindfulness practiced from a "should" motivation the same as coming from the motive of desiring interiority and awareness in the present moment without judgement? And if they are not, would the proposed generalized training still be a valuable option? These are questions that may be interesting to explore in future research.

Regarding the literature reviewed, a great deal of value was found in the myriad of foundational aspects of therapy that were possibly, and often positively, affected by the practice of mindfulness. The reviewed

literature points to fundamental therapeutic areas including: empathy; therapist self-compassion and self-care; therapeutic capabilities (including increased emotion regulation, decreased reactivity, increased response flexibility, interpersonal and intrapersonal benefits, presence, attention, increased comfort with silence in session, attentiveness, responsiveness, awareness, acceptance, warmth, and genuineness); and perhaps most essentially, working alliance. Lambert's suggestion (1992), furthered by Miller et al.'s (1997), that the therapeutic alliance constitutes a factor more vital than theories or techniques is a strong and emphatic basis of support for the value of the therapist practice of mindfulness.

A challenging caveat remains: despite the therapeutic areas that the literature suggests are positively affected by the practice of mindfulness, a limiting factor rests in the subjectivity of each of these areas and the difficulty that lies within measuring them in a "scientific" fashion.

In the same vein, and on the topic of measuring variables that are subjective in nature, the question of mindfulness' measurability is another important one to discuss. While this specific question was not brought to the fore in the literature review, the lack of consistency among measures to explore and define it was highlighted. However, a vital aspect of the current topic is defining mindfulness practice as the first step in determining its effect on therapeutic outcomes. This merits deeper discussion before delving into the questions surrounding therapeutic outcome measures. While the literature asserts that there is little to no consistency amongst the tools that already exist to measure mindfulness, it is promising that so many do, in fact, exist and are established, including the Freiburg Mindfulness Inventory and the Five Facet Mindfulness Questionnaire. Nevertheless, the challenge of measuring mindfulness remains a topic of confusion, with some authors suggesting that with its shifted foundation and the attempts to make it more scientific, it is fundamentally immeasurable (Iezzoni, 2013). Due to its multitude of layers and complexities, the measurement of mindfulness is an area that requires a great deal of continued exploration and discussion.

The final area of discussion rests within the very title of this work: how can the effects of therapist mindfulness on the outcome of therapy be measured and applied in an inclusive and comprehensive way, considering both the clinical and relational aspects of therapy? An important point of departure in this discussion lies, again, within the foundations of mindfulness practice. Knowing what we now know about the fundamental, historical, and Buddhist-based context of mindfulness and its

part in a grander and encompassing way of ethical life, are tools that focus solely, or predominantly, on the clinical rather than relational aspects of therapy truly attuned to its full spectrum of benefits? This work would venture to assert that the answer to this question is no, and that the multitude of relational benefits highlighted in the literature review suggest the same conclusion. Conversely, exploring the effects of therapist mindfulness from a uniquely relational standpoint would not be beneficial either, particularly if the study and application of mindfulness increasingly demands empirical and scientific support. Thus, this work posits that measures that simultaneously take clinical and relational aspects into account are, ultimately, the most appropriate for exploring this question in continued research. Measures like the OQ-45 TA provide a promising picture of the possibility of more measures like this for the process of therapy and provide encouragement for the development of them within the study of mindfulness specifically.

Implications of the current research for psychotherapy

Based on the literature, the current work asserts that therapist mindfulness practice has the potential to be a valuable tool for a more effective and engaging therapy. The reviewed literature suggests that therapist mindfulness practice can indeed enhance multiple aspects of the therapeutic process. The possible implications for therapy practice are numerous. From helping to avoid psychotherapist burnout, to expanding the capacity for empathy and strengthening the working alliance, therapist mindfulness practice holds a great deal of possibility from both clinical and relational perspectives.

Limitations in evaluating therapist mindfulness and its effects on therapy

There are several limitations to this current focus of study. The first lies in the measures that can be used to evaluate the effects of therapist mindfulness on the outcome of therapy. The established tools discussed are each scored and interpreted differently, creating challenges to measuring the current area of interest. Furthermore, if new measures that give equal weight to both clinical and relational factors were to be developed and used in future research, threats and limitations to the multiple forms of validity would need to be assessed and attended to.

A second limitation lies in the nature of the topic of study and the difficulty in defining and measuring factors that are extremely subjective. Furthermore, there is a fundamental limitation in the personal nature of, and potential resistance to, mindfulness practice in therapists. The application of the practice will likely vary from person to person; mindfulness is a personal practice, and each therapist will apply it in a different way.

A final limiting factor in the continuing exploration of therapist mindfulness practice on the outcome of therapy is in the lack of control for a client's presenting issue: therapist mindfulness practice may not necessarily be ineffective, but simply may not be as applicable with more complex presenting issues.

The challenges of measuring “success” in therapy: do we get the whole picture?

In discussing the limitations of this area of research, an important digression is necessary. The term used to denote the result of the course of therapy throughout this work has been outcome, rather than success. At the time of writing, partially experienced through clinical experience, the term “success”, with its own subjectivity and expectation, became less relevant. It became apparent that one individual's conceptualization of therapeutic “success” can be vastly different from another's. Furthermore, a client's standard of what feels successful for them may be entirely different from that of their accompanying therapist. This unearthed an important question: within the evidence-based field of health care and mental health care, is it expected that psychotherapy follow suit? Should psychotherapists be evaluating the therapeutic process and its outcome regularly to provide more tailored and evidence-based care? Or would this be at the cost of the therapeutic alliance, the very core of the therapeutic process? These questions relate directly to the current topic of study, and, grounded in the reviewed literature, the following is posited to answer these questions: fundamentally, the nature of psychotherapy and the outcome of it, rests in both the clinical and relational elements. While there are certainly benefits for psychotherapeutic practice to work within an evidence-based and clinical framework, it cannot be at the cost of the relational and humanistic facets. Both must be considered, valued, and included.

Areas for future research. Based on the literature and discussion, potential areas for future research include: the question of outcome measures specifically; the effects of evaluation on therapy; the value of exploring attunement and client mirroring within the framework of therapist mindfulness; and the (potential) effects of peer support and supervision for therapists.

Final conclusions

Through the examination of the literature, it becomes increasingly apparent that the therapist's mindfulness is a rich and complex area of study. The current importance and relevance of studying this topic lies in its tremendous potential for improved therapeutic practice and enhanced experiences of therapy. However, several limitations exist in exploring this topic, the most fundamental being the intensely subjective nature of different aspects of this issue. A significant amount of continued research is likely required before the effects of therapist mindfulness on the outcome of therapy can be stated with multidimensional empirically based evidence behind it. Despite encompassing aspects of each of the themes uncovered in the review of the literature, the multitude of variables at play are not easily defined. Nevertheless, each therapeutic asset explored in the literature review is an essential aspect of the course of therapy on personal and interpersonal levels. Research suggests that therapeutic process can benefit from all of them. Furthermore, each of these facets appear to benefit and deepen with therapist mindfulness practice.

The aim of the current research was to examine therapist mindfulness practice and the outcome of therapeutic process from a multidimensional approach, taking into account both the clinical and relational frames of reference. From potentially helping to avoid psychotherapist burnout, to expanding the capacity for empathy and strengthening the working alliance, therapist mindfulness practice holds a great deal of possibility. Informed by the literature and with the goal of inspiring and furthering measures that cover both the clinical and relational angles of therapy, this work will hopefully provide new and more encompassing perspectives on the potential of therapist mindfulness to influence the outcome of therapy.

References

- Bellehumeur, C.R., & Malette, J. (2010). Regards psychosociaux sur les défis de la pratique de la pleine conscience. *Counseling et Spiritualité*, 29(1), 67-90.
- Bruce, N.G., Shapiro, S.L., Constantino, M.J., & Manber, R. (2010). Psychotherapist mindfulness and the psychotherapy process. *Psychotherapy: Theory, Research, Practice, Training*, 47(1), 83-97. doi: 10.1037/a0018842
- Christopher, J.C., & Maris, J.A. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy Research*, 10(2), 114-125. doi: 10.1080/14733141003750285
- Cohen, J.S., & Miller, L. (2009). Interpersonal mindfulness training for well-being: A pilot study with psychology graduate students. *Teachers College Record*, 111(12), 2760-2774.
- Davis, D.M., & Hayes, J.A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*, 48(2), 198-208. doi: 10.1037/a0022062
- Deane, F.P., Spicer, J., & Todd, D.M. (1997). Validity of a simplified target complaints measure. *Assessment*, 4(2), 119-130.
- Dryden, W., & Still, A. (2006). Historical aspects of mindfulness and self-acceptance in psychotherapy. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 24(1), 3-28. doi: 10.1007/s10942-006-0026-1
- Dunn, R., Callahan, J.L., Swift, J.K., & Ivanovic, M. (2012). Effects of pre-session centering for therapists on session presence and effectiveness. *Psychotherapy Research*, 23(1), 78-85. doi: 10.1080/10503307.2012.731713
- EdITS. (n.d., February 19, 2017). *Personal orientation inventory*. Educational & Industrial Testing Service.
<http://www.edits.net/products/psychological-assessments/poi.html>
- Falkenström, F., Hatcher, R.L., Skjulsvik, T., Larsson, M.H., & Holmqvist, R. (2015). Development and validation of a 6-item working alliance questionnaire for repeated administrations during psychotherapy. *Psychological Assessment*, 27(1), 169-183. doi: 10.1037/pas0000038
- Germer, C.K., Siegel, R.D., & Fulton, P.R. (2016). *Mindfulness and Psychotherapy* (2nd ed.). New York: Guilford Press.
- Horvath, A.O. (2001). The alliance. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 365-372. doi: 10.1037/0033-3204.38.4.365
- Horvath, A.O., & Symonds, B.D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38(2), 139-149. doi: 10.1037/0022-0167.38.2.139
- Iezzoni, N. (2013). Mesurer la peine conscience? *Counselling et Spiritualité*, 32(2), 13-31. doi: 10.2143/CS.32.2.3017315
- Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness* (2nd ed.). New York: Bantam Books Trade Paperback.
- Keane, A. (2014). The influence of therapist mindfulness practice on psychotherapeutic work: A mixed-methods study. *Mindfulness*, 5(6), 689-703. doi: 10.1007/s12671-013-0223-9

- Keng, S.L., Smoski, M.J., & Robins, C.J. (2011). Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review*, 31(6), 1041-1056. doi: 10.1016/j.cpr.2011.04.006
- Khong, B.S.L. (2009). Expanding the understanding of mindfulness: Seeing the tree and the forest. *The Humanistic Psychologist*, 37(2), 117-136. doi: 10.1080/08873260902892006
- Kingsbury, E. (2009). The relationship between empathy and mindfulness: Understanding the role of self-compassion. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 70(5-B), 3175.
- Lambert, M.J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J.C. Norcross & M.R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94-129). New York: Basic Books.
- Lambert, M.J. (2012). The outcome questionnaire-45. *Integrating Science and Practice*, 2, 24-27. doi: 10.2196/jmir.954
- Lambert, M.J., & Ogles, B.M. (2014). Common factors: Post hoc explanation or empirically based therapy approach? *Psychotherapy*, 51(4), 500-504. doi: 10.1037/a0036580
- Levitt, H.M., Stanley, C.M., Frankel, Z., & Raina, K. (2005). An evaluation of outcome measures to weigh oranges. *The Humanistic Psychologist*, 33(2), 113-130. doi: 10.1207/s15473333thp3302_3
- Lilja, J.L., Lundh, L.-G., Josefsson, T., & Falkenström, F. (2012). Observing as an essential facet of mindfulness: a comparison of FFMQ patterns in meditating and non-meditating individuals. *Mindfulness*. doi: 10.1007/s12671-012-0111-8.
- Lomas, T. (2017). Recontextualizing mindfulness: Theravada Buddhist perspectives on the ethical and spiritual dimensions of awareness. *Psychology of Religion and Spirituality*, 9(2), 209-219. doi: 10.1037/relo000080
- Ludwig, T.M. (2006). *The sacred paths: Understanding the religions of the world* (4th ed.). Upper Saddle River, NJ: Pearson Education.
- McCollum, E.E., & Gehart, D.R. (2010). Using mindfulness meditation to teach beginning therapists therapeutic presence: A qualitative study. *Journal of Marital and Family Therapy*, 36, 347-360. doi: 10.1111/j.1752-0606.2010.00214.x
- McLeod, J. (2011). *Doing Counselling Research* (2nd ed.). London: Sage Publications.
- Miller, S.D., Duncan, B.L., & Hubble, M.A. (1997). *Escape from Babel: Toward a unifying language for psychotherapy practice*. New York: Norton.
- Neff, K.D., Kirkpatrick, K.L., & Rude, S.S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41(1), 139-154. doi: 10.1016/j.jrp.2006.03.004
- Norcross, J.C. (Ed.) (2011). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (2nd ed.). New York: Oxford University Press.
- Ryan, A., Safran, J.D., Doran, J.M., & Muran, J.C. (2012). Therapist mindfulness, alliance and treatment outcome. *Psychotherapy Research*, 22(3), 289-297. doi: 10.1080/10503307.2011.650653
- Shapiro, S.L., Astin, J.A., Bishop, S.R., & Cordova, M. (2005). Mindfulness-based stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, 12, 164-176. doi: 10.1037/1072-5245.12.2.164

- Shapiro, S.L., Brown, K.W., & Biegel, G.M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology, 1*(2), 105-115. doi: 10.1037/1931-3918.1.2.105
- Stanley, S. (2013). "Things said or done long ago are recalled and remembered": The ethics of mindfulness in early Buddhism, psychotherapy and clinical psychology. *European Journal of Psychotherapy & Counselling, 15*(2), 151-162. doi: 10.1080/13642537.2013.795338
- Tang, Y., Ma, Y., Wang, J., Fan, Y., Feng, S., Lu, Q., Yu, Q., Sui, D., Rothbart, M.K., Fan, M., & Posner, M.I. (2007). Short-term meditation training improves attention and self-regulation. *Proceedings of the National Academy of Sciences, 104*(43), 17152-17156. doi: 10.1073/pnas.0707678104
- Tarescavage, A.M., & Ben-Porath, Y.S. (2014). Psychotherapeutic outcomes measures: A critical review for practitioners. *Journal of Clinical Psychology, 70*(9), 808-830. doi: 10.1002/jclp.22080
- Thomas, M.L. (2006). The contributing factors of change in a therapeutic process. *Contemporary Family Therapy, 28*(2), 201-210. doi: 10.1007/s10591-006-9000-4
- Wampold, B.E. (2001). *The great psychotherapy debate: Models, methods, & Findings*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Xu, H., & Tracey, T.J. (2015). Reciprocal influence model of working alliance and therapeutic outcome over individual therapy course. *Journal of Counseling Psychology, 62*(3), 351-359. doi: 10.1037/cou0000089

Chapter 9

Incorporating Self-Compassion in the Practice of Clinical Supervision

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Introduction

An international consensus is emerging in recognition of supervision as one of the most effective and efficient educational interventions for the training of counselling and psychotherapy trainees (Bernard & Goodyear, 2018; Gonsalvez & Milne, 2010; McNeil & Stoltenberg, 2016; Watkins & Milne, 2014). Supervision is viewed as the educational strategy which best characterizes preparation for the practice of counselling and psychotherapy (Barnett et al., 2007; Bernard & Goodyear, 2018). Indeed, it is viewed as one of the primary interventions that serves to bridge the gap between the theoretical knowledge acquired in training and the practical skills of intervention for these professions (Bernard & Goodyear, 2018). In this context, supervision occupies a prominent place in the educational curriculum (Ladany & Inman, 2012) and the regulatory boards of these professions who promote its importance in the interest of protecting the public¹. Moreover, it is now recognized in the literature that supervision is a distinct activity in itself (Fouad et al., 2009).

An increased emphasis in the recognition of the importance of clinical supervision in ensuring safe and effective practice of counsellors and psychotherapists has also translated into greater attention within the scientific literature². Specifically, recent research has suggested that both supervisor and supervisee characteristics, as well as the relationship between these two individuals, can influence the effectiveness

¹ Heightened concern for public protection in Canada has been characterised by the recent emergence of psychotherapy and counselling regulating bodies in several provinces across Canada (e.g. Québec, Ontario, New-Brunswick and Nova Scotia) and the trend is expected to continue (Bernard & Goodyear, 2018).

² See the recent review of Bernard and Luke (2015) on counselling supervision. Authors found 184 articles published over the past 10 years. It more than a previous review from Borders (2005).

of supervision (Beinart, 2014; Bernard & Goodyear, 2018; Lecomte & Savard, 2012; Milne, 2018). This chapter puts forth the potential benefits of self-compassion in facilitating the development and well-being of supervisee trainees by highlighting the role supervisors can play in encouraging self-compassion among supervisees. As Neff (2003a) suggests, self-compassion is compassion that is directed inward, as relating to oneself as the object of care and concern when faced with the experience of suffering. In recent years, there has been increasing interest in self-compassion in counselling and psychotherapy training (e.g. see review of Boellinghaus et al., 2014) concerning the role of mindfulness and loving-kindness meditation in cultivating self-compassion and other-focused concern in the health care professional. For example, Bibeau et al. (2016) wrote a review on the effect of compassion meditation to the development of psychotherapists' empathy.

1. The context of practice of clinical supervision

In the early 1990s, recognition of the distinct professional activity that is supervision has led to the emergence of several definitions that vary according to the disciplines or training objectives it pursues. One of the most common definitions is the one proposed by Bernard and Goodyear (2018) who suggest that supervision “is an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession” (p. 9). The authors add that “This relationship is a) evaluative and hierarchical; b) extends over time; and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients, and serving as a gatekeeper for the particular profession the supervisee seeks to enter” (p. 9). The American Psychological Association (2014), for their part, proposes a definition that has the advantage of clarifying the nature of supervision intervention. For them, supervision

is a distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession. Henceforth, supervision refers to clinical supervision and subsumes supervision conducted by all health service psychologists across the specialties of clinical, counseling, and school psychology (p. 2).

This definition challenges two essential and interrelated functions of supervision. That is, to ensure the integrity of clinical services provided to the client and to develop competence in the supervisee (Falender & Shafranske, 2004). These functions are supported by an educational praxis (educational strategies that allow for learning) and by the supervisory relationship that offers a place for reflection where the supervisee can think about the counselling or psychotherapy process, the client dynamic, as well as their personal and professional contribution to the intervention process.

In such a context, the supervisor must deal with sometimes competing objectives (Bilodeau et al., 2019). On the one hand, they must establish a quality supervisory alliance and a safe learning environment that invites reflection and allows for the development of the supervisees' skills. On the other hand, the supervisor is also responsible for judging the supervisees' competencies according to the standards of the profession, which implies a necessary evaluative process within the supervisory relationship (Bilodeau et al., 2019). The establishment of a quality working alliance is based on the notion of reciprocity and collaboration which requires a welcoming, respectful, and non-judgemental atmosphere, as well as a listening ear and an empathic understanding of the supervisee's experience (Lecomte & Savard, 2012; Rogers, 1962). Indeed, it is the responsibility of the supervisor to facilitate the learning experience in ways that consider the protection of their supervisees' self-esteem (Alonso & Rutan, 1988). It is clear in the literature that the learning process relies first and foremost on the establishment of an optimal alliance (Ladany et al., 1999). With regards to the evaluative function of supervision, it is also necessary to protect the public and maintain the quality of professional services. In this sense, it is one of the most critical functions of supervision (Falender & Shafranske, 2004) and represents a challenge for many supervisors.

Considering these competing objectives, it is clear that supervision requires a complex and distinct set of competencies from the related fields of psychotherapy, consultation or formal education (it may at times borrow elements from each). The supervisor must be able to consider the simultaneous interactions of several variables that relate to the client (for example his/her problem, his/her dynamics, his/her goals), the supervisee (for example their level of development, their expectations, their subjective reactions), as well as to the institutional and professional contexts in which supervision occurs (Lecomte & Savard, 2012). To add to this complexity, the supervisor must also consider his own subjective reactions and personal characteristics (e.g. expectations, skills) within this context.

2. Promoting learning and skill development in the context of clinical supervision

As supervision is identified as the primary means through which competency is developed and acquired (Ladany & Inman, 2012), it is not surprising that experiences in this context, whether positive or negative, have the potential to mark the supervisees on a personal and professional level for a very long time (Lecomte & Savard, 2012). While supervision offers a privileged framework for bridging theoretical knowledge acquired in training and practical intervention skills (Bernard & Goodyear, 2018), several supervisees report having experienced negative, invalidating or even harmful experiences in supervision and experiences are likely to hinder or impede professional development (Ellis, 2010; Falender, 2018; Ladany, 2014; Ladany et al., 1996).

Skovholt and Rønnestad (1992) found that learning the role of a counsellor in the initial stages of the training process can be an important source of anxiety. Several authors argue that anxiety can generate resistance that may interfere with, or even inhibit, the learning process and, therefore, the performance in the supervised individual (Dodge, 1982; Liddle, 1986; Schauer et al., 1985). Research has also found that anxiety influences the amount of information a person is willing to disclose, the supervisory alliance (Hess et al., 2008; Mehr et al., 2010, 2015; Webb & Wheeler, 1998), and the supervisee's ability to adequately process the intervention (Birk & Mahalik, 1996). Rønnestad and Skovholt (1993) suggest that anxiety can lead supervisees to selectively disclose information, that is, to choose to only present processes with clients where the results are positive (good progress), to address topics where he/she performs well, or to use data presentation methods where they feel more in control. Thus, Ladany et al. (1996) report that 97.2% of supervisees avoid sharing important aspects of their experience with their supervisors, which may be detrimental to the supervision process and ultimately, to the services provided to their clients. In fact, effective supervision requires that supervisees unveil themselves and express their self-doubts regarding their competence and effectiveness (Lecomte & Savard, 2012). In other words, the supervisee must accept to be open and vulnerable in front of their supervisor.

The supervisor must also keep in mind that the process of learning effective skills, like any learning process, often requires an unlearning of prior knowledge, which can be destabilizing and confusing for supervisees who experience this (Lecomte & Savard, 2012). This process can lead to invalidating and shameful experiences that can prevent

supervisees from developing a new operating structure, one which is better adapted to the given context (Lecomte & Savard, 2012). In fact, several authors claim that shame is inevitable in the context of supervision and that this feeling contributes to non-disclosure, avoidance, and withdrawal behaviors (Falender & Shafranske, 2004; Hahn, 2001; Ladany et al., 1996; Yourman, 2003), as well as influencing the quality of the supervisory alliance (Bilodeau et al., 2012).

In addition, it is reported that a significant proportion of counsellors and psychotherapists suffer from psychological distress and burnout as a result from stress related to work (see the review by Hannigan et al., 2004). Research suggests that younger and newer professionals and those still in training are particularly at risk (Brooks et al., 2002; Kuyken et al., 2003; Moore & Cooper, 1996; Rønnestad & Skovholt, 1993; Skovholt & Rønnestad, 2003). Stress has also been found to affect the ability of the supervisees to create and maintain an optimal therapeutic relationship with a client (Gnilka et al., 2012). Considering these findings, it is important to begin to explore how we can optimally foster learning and skill development given the nature and context of clinical supervision.

The scientific literature widely supports that the therapist “self” is an essential tool in the effective delivery of counselling and psychotherapy services, a reality often referred to as “self as an instrument” (Pieterse et al., 2013). In many ways, this observation implies that the supervisee must develop their ability to take care of themselves. Moreover, research has suggested that self-care involves self-awareness, self-regulation, and the ability to balance the needs of self and other (Baker, 2003; Brady et al., 1995). In the same vein, the College of Registered Psychotherapists of Ontario [CRPO] (2014) emphasizes the ethical obligation for practitioners to be both competent and emotionally available to ensure the safe and effective practice of counselling and psychotherapy.

In addition to developing strategies to take care of oneself, developing one’s ability to deal with stress and to tolerate ambiguity, a skill inherent to counselling or psychotherapy training, is also necessary for supervisees (Finlay-Jones et al., 2017; Fulton, 2016; Levitt & Jacques, 2005).

It is important to note that the use of “self as an instrument” relies on the therapist having enough self-awareness (Pieterse et al., 2013). It is thus not surprising to find that most of the theoretical models of supervision support the importance of developing supervisee self-awareness³.

³ Despite the recognition of the importance of self-awareness, there is currently no definition or consensual operationalization of this construct (DaSilveira et al., 2015;

Research also supports the continued commitment to self-reflective practice as a prerequisite for optimal learning and professional development at all levels of experience (Johnston & Milne, 2012; Norem et al., 2006; Rønnestad et al., 2018; Rønnestad & Skovholt, 2003; Wilcoxon et al., 2005). Moreover, the use of reflective competence on oneself is considered essential for the effectiveness of the intervention (Aron, 2000; Ladany & Inman, 2012; Lecomte & Savard, 2012). Plantade-Gipch (2017) suggests that the development of self-reflection can assist supervisees in developing their ability to identify therapeutic alliance ruptures and opportunities for repair. It is important to remember that the ability to successfully repair alliance ruptures is an essential component of effective practice in counselling and psychotherapy (Eubanks et al., 2018).

Although necessary, the development of self-awareness remains complex. Indeed, the difficulties encountered during interventions with a client often requires supervisees to recognize their own contribution to the experienced relational dynamic. This recognition of their contribution in relational difficulties is necessary to ensure the maintenance of an optimal alliance (and even the repair of the alliance) with clients (Buirski & Haglund, 2001; Orange et al., 1999). The same is true for the context of supervision, where the difficulties in the supervisor-supervisee relationship must not be approached as a problem in the current interaction between the supervisee and the supervisor, but as a reflection of the relational history (or interpersonal patterns) of the people involved (Safran & Muran, 2000). This requires that the supervisee become aware of the influence of their own characteristics and needs, their unique way of organizing their world, their own relational history and their unique way of relating to others. Several authors suggest that the development of a professional self begins with focussing on the acquisition of theoretical knowledge and mastery of counselling techniques. Later, comes the realization that the therapeutic relationship is a central part of the process, which is often accompanied by what is described as a destabilizing

Williams, 2008). There are also many words to designate this capacity for the counselor or therapist to take his own psychic functioning as an object of reflection (e.g. *self-reflexivity*; *reflexive self-awareness*; *self-awareness*). We prefer the use of “self-awareness” which refers to the dialectical process of experiencing oneself as a subject as well as of reflecting on oneself as an object (see the works of Auerbach (1998) and Aron (2000) for more details). This process takes into account both intrapsychic and intersubjective dimensions of psychotherapeutic action and the necessity of their mutual interaction in the development of self-awareness. Regardless of the term used, the trainee engaging in self-assessment or self-reflective practice is identified as a core foundational component of competent practice (Ladany & Inman, 2012).

discovery of the importance of using one's self authentically in the therapeutic process⁴. In fact, when helping professionals are asked about their training and supervision experience, most of them refer to the development of their professional competence as intimately linked to their personal development (Rønnestad & Skovholt, 2001).

With regard to providing the optimal space and supports for learning the complex skills of becoming a therapist which include self-awareness, self-care, and optimal use of "self as an instrument", in the context of supervision, we suggest that encouraging self-compassion in the supervisee may be an important element to consider in facilitating these conditions.

3. Self-compassion

The definition and basic postulates of self-compassion stem primarily from the construct of compassion (Neff, 2003b). The latter comes from a broad tradition of Eastern philosophers, thinkers and more recently people in the field of psychology (Gilbert, 2017). From an etymological point of view, the origin of the word compassion is from the Latin *com-pati*, meaning "to suffer with". However, the definition of compassion has evolved within cultural contexts and the scientific fields in which it is studied.

The contemplative traditions and the multifaceted approach have largely influenced contemporary conceptions of compassion (Gilbert, 2017). In an analysis of the different definitions of compassion, Strauss et al. (2016) observe that compassion is seen as awareness of someone's suffering, being moved by it (emotionally and, according to some definitions, cognitively), and acting or feeling motivated to help. Several definitions also involve being able to tolerate uncomfortable feelings that arise in oneself as a result of seeing suffering, including tolerating feelings of distaste, frustration or anger that might be elicited by that suffering. Most of the definitions also suggested that compassion involves recognizing a commonality with the sufferer, acknowledging that, as a fellow being, we too could find ourselves in a similar position. In brief, Strauss et al. (2016) note that the majority of definitions are built on a multifaceted understanding of compassion.

⁴ Several models of supervision underline this aspect Stoltenberg (e.g. the Integrated Developmental Model from Stoltenberg and McNeill (2010), the Social Roles Model from Holloway (1995) or the Integrative Model from Lecomte & Savard (2012).

Based on similar postulates, Neff (2003a, 2003b, 2016) proposes her conception and operationalization of the concept of self-compassion to better understand and define psychological well-being. This author remains a pioneer of the self-compassion construct (Gilbert, 2017). The majority of the scientific literature is also rooted in this author's conception (see meta-analysis from MacBeth & Gumley, 2012). Although many consider self-compassion as a relatively recent construct in the field of psychology, Neff (2003b) points out that it is consistent with the work of Western psychologists in a variety of disciplines, such as Humanistic Psychology, the Emotional Regulation approach, and the self-in-relation model. These approaches use different terms to present concepts that are similar to self-compassion (for example, unconditional self-acceptance in Rogerian approaches).

Self-compassion "involves being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness" (Neff, 2003b, p. 87). Self-compassion also involves offering nonjudgmental understanding to one's pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience (Neff, 2003b). For Neff (2003b, 2016), there are three basic components to self-compassion, each of which has a positive and negative pole that represents compassionate versus uncompassionate behavior: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. These components are conceptually distinct, and are experienced differently at the phenomenological level, they also mutually interact to enhance one another (Neff, 2003b; Neff, 2016).

Moreover, self-kindness entails being gentle, supportive, and understanding toward oneself. In this condition, the self is offered warmth and unconditional acceptance, rather than harshly judging oneself for personal shortcomings and self-criticism (Neff, 2016). It also involves actively soothing and comforting oneself in times of distress. It is suggested that in Western culture, there is an emphasis on being kind to others and little emphasis on being kind towards oneself (Neff & Dahm, 2015). Indeed, Neff and Dahm (2015) suggest that many people have critical inner dialogues, even when problems stem from forces beyond one's control. Self-kindness, on the opposite side, invites the person to engage in a supportive and comprehensive internal dialogue that enhances the ability to self-soothe when facing inherent challenges of life. This dimension of self-compassion also involves being sensitive to one's own distress so that warm feelings towards oneself and the desire to improve one's situation are manifested (Neff & Dahm, 2015).

Common humanity involves “recognizing the shared human experience, understanding that all humans fail and make mistakes, that all people lead imperfect lives” (Neff, 2016, p. 265). Rather than feeling isolated by one’s imperfection, this component suggests that an individual consider his own experience of suffering or failure in a broader perspective common to all human beings: shared human fallibility. Neff and Dahn (2015) suggest that people often feel isolated or cut off from others during difficult times or situations of failure leading to feelings that they are alone in their experience and abnormal for experiencing it. This limited vision (tunnel vision) of events and situations intensifies suffering and feelings of isolation. However, this dimension of self-compassion: the attitude where “we take the stance of a compassionate “other” toward ourselves, allowing us to take a broader perspective on ourselves and our lives” (Neff & Dahm, 2015, p. 122) promotes the emergence of feeling connected with others and diminishing the related suffering.

Mindfulness has been described as “an innate quality of mind” by Kabat-Zinn (2015) and “can be thought of as moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as open-heartedly as possible” (Kabat-Zinn, 2015, p. 1481). In many respects, Neff’s conception of self-compassion (Neff 2003b, 2016) is consistent with this definition. According to this author, the mindfulness component “involves being aware of one’s present moment experience of suffering with clarity and balance, without being caught up in an exaggerated storyline about negative aspects of oneself or one’s life experience, a process that is termed overidentification” (Neff, 2016, p. 265). In this sense, self-compassion implies an awareness of one’s thoughts and painful or negative emotions so that they are approached with balance and equanimity (Neff & Dahm, 2015). To do this, the person must first be open to recognizing and experiencing their suffering as well as their negative thoughts and emotions. In difficult situations, people can find themselves in problem-solving mode, thus avoiding having to think about, or feel, the suffering in that moment. (Neff & Dahm, 2015). Mindfulness allows one to recognize and accept their experience and to distance oneself from one’s thoughts and emotions in order to reduce the risk of negative reactions. Mindfulness allows people to understand that negative thoughts and emotions are not constitutive of their real identity (thus avoiding overidentification), which allows them, for example, to perceive themselves as something other than inadequate or worthless.

Neff (2003b, 2016) proposes that the three components of self-compassion are conceptually distinct, but they also overlap and interact with one another. Thus, the process of self-compassion requires the person to commit to an activity that Neff (2003b) describes as “meta-cognitive”, allowing the recognition of experiences as they relate to oneself and others (mindfulness). Self-kindness, on the other hand, mitigates the impact of negative emotional experiences, which facilitates awareness. Moreover, this process breaks the cycle of withdrawal towards oneself, which has the effect of reducing isolation and, conversely, increasing the feeling of connection to others (common humanity). In this context, self-compassion is understood to be a unique experience composed of many parts interacting with one another (Neff, 2003b).

Research suggests that self-compassion is distinct from self-esteem (Leary et al., 2007; Neff, 2003a). Rosenberg (1965) described self-esteem as an individual’s overall positive evaluation of self. He added that high self-esteem consists of an individual respecting himself and considering himself worthy. Although self-compassion generates positive emotions, it does not do so by judging or evaluating the self as “good” rather than “bad” (Neff & Dahm, 2015). The definition of self-compassion, like compassion, also has the idea of a specific “feeling” that stimulates helping behavior (or alleviated suffering) (Gilbert, 2017)⁵. In this sense, self-compassion should not involve passivity or inaction in the face of perceived weaknesses or failures. On the contrary, the absence of self-compassion would be more associated with passivity (Neff & Dahm, 2015). Moreover, Neff & Dahn (2015) emphasize the differences between motivation and self-compassion as pertaining to the dynamics of change. In motivational theories, self-criticism can be a source of motivation for change since the person, in a way, is pushed to succeed in order to avoid self-judgment in situations of failure. In this approach, the prospect of imminent failure could lead to avoidance of action. On the contrary, self-compassion, by offering a safe space that allows one to recognize one’s own limits, positions change in a perspective of searching for well-being and not the avoidance of suffering. Moreover, by its motivation to act in the face of suffering, self-compassion is different than empathy, which is more the capacity to refer to the vicarious experience of the emotions of the other (Gilbert, 2017).

⁵ Gilbert (2017) traces a history of definitions of compassion where we can observe that this aspect of “motivated helping behavior” is present in several theoretical currents. This aspect is also particularly present in the contemplative traditions and the multifaceted approach (e.g. Jazaieri et al., 2013, 2016).

Finally, literature suggests a connection between self-compassion and mindfulness in that these two constructs are often measured simultaneously in the field of counselling and psychotherapy (see review from Boellinghaus et al., 2014). If definitional distinctions exist between the two constructs, Neff (2003b) recognizes that a certain degree of mindfulness is necessary in order to ensure a sufficient mental distance in the face of a person's negative experiences, allowing for the emergence of a sense of self-esteem and common humanity. In other words, mindfulness allows for the other two components to come into the picture.

4. The benefits of self-compassion in the context of supervision

As previously mentioned, there is a growing interest in the study of self-compassion for helping professionals, particularly in the context of counselling and psychotherapy training. However, this interest has not yet been transposed to the specific context of supervision. That said, the research in the context of training programs suggest that self-compassion can positively impact the process of supervision and the development of supervisee professional competence.

Indeed, some studies report self-compassion is linked to lower levels of anxiety, stress, compassion fatigue, and burnout in trainees undergoing their initial counselling and psychotherapy training (Fulton & Caswell, 2015; Beaumont et al., 2016; Finlay-Jones et al., 2017). Self-compassion has also been linked to emotion regulation and to diminished reactivity to negative events (Finlay-Jones et al., 2017; Leary et al., 2007). These results suggest that self-compassion acts as a protective factor in the face of the destabilizing issues that arise from learning the role of a helping professional⁶. To this observation, we can add that self-compassion has also been linked to well-being (Beaumont et al., 2016), happiness (Finlay-Jones et al., 2017), life satisfaction (Neff 2003b) and to the development of empathy (Fulton & Cashwell, 2015), an intervention skill deemed essential for the practice of counselling and psychotherapy (Rogers, 1962). We can therefore conclude that self-compassion has the potential to also contribute to the development of self-care amongst counselling and psychotherapy students⁷.

⁶ In many ways, similar results are observed for general student populations (Neff, 2003a; Neely et al., 2009).

⁷ Mindfulness, an important dimension of self-compassion, has also been linked to increased well-being and self-reflexive thinking and self-regulation among counsellors and therapists (Davis & Hayes, 2011; Richards et al., 2010; Ryan et al., 2012).

In addition to these positive effects, research investigating practices that encourage the development of self-compassion (for example, meditation) in the context of counsellor training also serve to promote learning and skill development. Specifically, in these studies, practices related to the development of self-compassion led to increased self-awareness, compassion for self and others, therapeutic presence (ability to be present with self and others), empathy, self-acceptance, capacity to deal with so-called negative emotions, and had a positive impact on relationship and intervention skills (Boellinghaus et al., 2013; McCollum & Gehart, 2010; Schure et al., 2008). Similarly, Boellinghaus et al. (2014), in their observational study of practicing professionals versus those in training conclude, “interventions that support clinicians to cultivate self-compassion and other-focused concern has the potential to help strengthen their relationships with clients, reduce their chances of empathetic distress fatigue and burnout, and maintain their wellbeing” (p. 136). Finally, self-compassion could also contribute to the regulation and reduction of shame in the context of supervision, particularly for beginner therapists who have reported heightened concern for whether they are doing things correctly, understanding the client sensitively, formulating accurately, and intervening appropriately (Gilbert, 2011).

With regard to research on different practices for the development of mindfulness, an essential component of self-compassion, Schure et al. (2008) suggest that students’ enhanced mindfulness might contribute to supervision session dynamics (e.g., their ability to be more present, achieve more depth) and stronger connections with their supervisors. Such contributions to the supervisory relationship and process would have much importance because the quality of the supervisor–supervisee alliance is the “heart and soul of supervision itself” (Watkins, 2014, p. 151).

In sum, research demonstrates that self-compassion can significantly contribute to the psychological well-being of trainees and facilitates emotional regulation. Maintaining psychological well-being and emotional regulation are important elements in supervision. For the supervisee, demonstrating self-compassion means accepting their vulnerability in the often destabilizing context of learning, which can help maintain openness to understand their own personal dynamics and strategies of self-regulating. In other words, by attenuating the impact of difficult or negative emotional experiences, feelings that are inherent to the learning process, self-compassion facilitates the awareness of one’s feelings. This awareness can lead to meaningful learning for the supervisees and help maintain the relationship (or alliance) between supervisor and supervisee.

Finally, because willingness to experience difficult thoughts, feelings, and sensations is central to many theoretical approaches, trainees must be able to model an appropriate relationship to these experiences with their own clients (Bien, 2004). Again, self-compassion can play a central role in this dynamic.

5. Promoting the development of self-compassion in supervision

Research has demonstrated that self-compassion can be developed through practice and training (Boellinghaus et al., 2013; Finlay-Jones et al., 2017; McCollum & Gehart, 2010; Schure et al., 2008). Moreover, in recent years, we have seen the growing emergence of mindfulness and self-compassion based approaches⁸ for various clinical populations. There is growing evidence that suggests that these practices can also benefit counselling and psychotherapy trainees and, more specifically, the unique context of clinical supervision. The supervisor can play an important role in promoting the development of self-compassion in the supervisee/trainee. As Neff (2013) suggests, the practice of self-compassion is a deliberate choice, a way of being that requires personal commitment. However, self-compassion can be supported by others, as in the case of working alliance relationships (Neff, 2013). In this sense, the following section proposes ways to encourage the development of a culture of self-compassion in supervision.

5.1. *Supervisor demonstrated self-compassion*

For the past thirty years, research has suggested that the self-awareness of the counsellor or therapist contributes to the development of those same skills in the client, a component perceived as central in counselling and psychotherapy (Aron, 2000; Lecomte 1999; Lecomte & Savard, 2012). Thus, it may be important to consider the importance of the role that the supervisor's self-compassion can play in the development of that same practice in the supervisee. As suggested by Bernard & Goodyear (2018), modeling is an important form for teaching in the context of supervision.

⁸ Perhaps the best known remains the approach of mindfulness-based stress reduction developed by J. Kabat-Zinn in the early 1980s. More recently, we can also think of the Brief Self-Compassion Training (Held et al., 2018) or the Compassion focused therapy (CFT) (Gilbert, 2014).

In accordance with this point, recent empirical research by Bell et al. (2017) has found that students who developed the ability to imagine a compassionate supervisor in terms of their qualities, posture, and behaviors are better able to self-soothe and are more likely to internalize and integrate these characteristics for themselves, contributing to their professional development. It should also be noted that a supervisor's mindfulness skills have also been shown to be related to a more positive assessment of the supervision's impact on the supervisees (Daniel et al., 2015).

Qualitative empirical research by Ladany and Lehrman-Waterman (1999) and Davidson (2011) also found that supervisors' ability to share their personal experiences of failure or challenges in their own practice facilitates the development of a strong working alliance with their supervisees⁹. This ability was also found to favor an openness to being vulnerable for the supervisees. Being able to recognize, be mindful, tolerate, and be accepting towards revealing one's personal experiences or failures, difficulties, and experiences of feeling shame can be facilitated by self-acceptance, kindness, and self-soothing (Gilbert, 2011).

5.2. *Fostering the supervisory alliance*

Alliance is considered one of the determining factors of good supervisory practice (Watkins, 2014). Therefore, the quality of the alliance is critical for the expected effects of supervision, especially for the trainee's learning (Beinart, 2014; Bernard & Goodyear, 2018; Ladany et al., 1999). In this sense, the development of a strong supervisory alliance is an essential supervisory skill (Falander & Shafranske, 2004)¹⁰. On the other hand, the absence of a quality alliance or ruptures of alliance can have negative effects on trainees' learning experiences (Lecomte & Savard, 2012; Safran & Muran, 2000).

In the context of supervision, creating a safe space for reflection where the supervised person can truly learn, that is be vulnerable in front of their supervisor, will likely encourage self-compassion rather than generate

⁹ This research also highlights that the intentionality of the supervisor as well as the perceived relevance of the intervention to the supervisee, appear to be important evaluation criteria for the effectiveness of this intervention.

¹⁰ As Holloway (1995) points out, although the alliance is a "co-construction" between the supervisee and supervisor, the supervisor has increased responsibility for its development. Indeed, by his/her role, he/she is responsible for guiding and evaluating the "structure" of the supervisory relationship.

anxiety, shame or self-criticism. This safe space can be developed and maintained by carefully attending to the creation of a strong supervisory alliance. Moreover, research suggests that strong supervisory alliance can also facilitate self-disclosure (and willingness to reveal oneself) (Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010, 2015; Sweeney & Creaner, 2014; Webb & Wheeler, 1998), contribute to supervisee satisfaction (Ladany et al., 1999; Ladany et al., 1996; Parcover & Swanson, 2013), lead to a reduction in supervisee experiences of anxiety (Mehr et al., 2015), as well as to decrease stress and risk of burnout (Cotter Mena & Bailey, 2007; Sterner, 2009). Supervisor factors linked to the development of strong alliances include good interpersonal skills, engagement, openness and sensitivity to multicultural issues (Bambling & King, 2014; Crockett & Hays, 2015; Inman, 2006; Ladany et al., 2013).

In short, supervisors who pay close attention to the development and maintenance of a strong supervisory working alliance can contribute to fostering the development of self-compassion. To do this, the supervisor can provide a listening and empathic understanding of the supervisee's experience in order to validate their experience and welcome it with respect and interest (Lecomte & Savard, 2012).

5.3. *Facilitating self-awareness*

As previously mentioned, the development of self-awareness is one of the main goals of supervision and is linked to self-compassion. Indeed, research has demonstrated that mindfulness, an important dimension of self-compassion, has been linked to greater self-awareness, self-regulation and increased well-being among helping professionals in training (Christopher & Maris, 2010; Davis & Hayes, 2011; Richards et al., 2010; Ryan et al., 2012).

In the context of supervision, it seems relevant that the supervisor assists the student in becoming aware of their internal voice (or self-talk), especially when it is critical (which is often the case in complex learning situations such as the role of a helping professional). The supervisor can pay particular attention to this critical self-talk in order to help the supervisee become aware of the impact it may have on their self-esteem, behavior and interactions with others, which includes their clients. Neff (2013) notes that self-criticism and self-deprecation are widespread behaviors, regardless of the culture of origin. Moreover, in the introduction of her book, intended for the general public, Neff (2013) proposes an exercise (through a series of questions) to bring awareness to potential

self-criticisms and their consequences. For example, the author proposes questions such as: On what do you most often complain or criticize? How is your inner discourse when you notice a defect in yourself or make a mistake: by insulting yourself or using a kind and understanding tone? How do you feel when you are very critical of yourself? What are the consequences of your severity on yourself? Do you feel more motivated afterwards? Discouraged and depressed? In your opinion, how would you feel if you could accept yourself as you are? Does this eventuality frighten you? Does it give you hope? A little of both? The supervisor can adapt these questions to help the supervisee become aware of his or her reactions to difficulties experienced in learning counselling and the impact of such reactions (on the supervision process, on meetings with clients, etc.).

In conclusion, supervision is one of the most effective ways to develop skills in trainee counsellors and psychotherapists. However, its effectiveness largely relies on the supervisee's commitment to the process and openness to sharing their experience, doubts and questions with supervisors. This can be particularly difficult in a learning context that is known to generate anxiety and shame. In this sense, encouraging supervisee self-compassion could positively contribute to the supervision process and support their learning. Indeed, there is support in the literature of the benefits of self-compassion in the training of counsellors and psychotherapists. In this chapter, we attempt to translate this knowledge into the context of clinical supervision to assist professionals in facilitating learning and professional development of their supervisees. We suggest that supervisors can model, attend to the alliance and focus one's self-awareness on critical self-talk to facilitate the development of self-compassion.

References

- Alonso, A., & Rutan, J.S. (1988). Shame and guilt in psychotherapy supervision. *Psychotherapy: Theory, Research, Practice, Training*, 25(4), 576-581. doi: 10.1037/h0085384
- American Psychological Association (2014). Guidelines for Clinical Supervision in Health Service Psychology. Retrieved from <https://www.apa.org/about/policy/guidelines-supervision.pdf>
- Aron, L. (2000). Self-reflexivity and the therapeutic action of psychoanalysis. *Psychoanalytic Psychology*, 17(4), 667-689. doi: 10.1037/0736-9735.17.4.667
- Auerbach, J.S. (1998). Dualism, self-reflexivity, and intersubjectivity: Commentary on paper by Sheldon Bach. *Psychoanalytic Dialogues*, 8(5), 675-683. doi: 10.1080/10481889809539282

- Baker, E.K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association.
- Bambling, M., & King, R. (2014). Supervisor social skill and supervision outcome. *Counselling & Psychotherapy Research*, 14(4), 256-262. doi: 10.1080/14733145.2013.835849
- Barnett, J.E., Erickson Cornish, J.A., Goodyear, R.K., & Lichtenberg, J.W. (2007). Commentaries on the ethical and effective practice of clinical supervision. *Professional Psychology: Research and Practice*, 38(3), 268-275. doi: 10.1037/0735-7028.38.3.268
- Beaumont, E., Durkin, M., Hollins Martin, C.J., & Carson, J. (2016). Measuring relationships between self-compassion, compassion fatigue, burnout and well-being in student counsellors and student cognitive behavioural psychotherapists: A quantitative survey. *Counselling & Psychotherapy Research*, 16(1), 15-23. doi: 10.1002/capr.12054
- Beinart, H. (2014). Building and sustaining the supervisory relationship. In C.E. Watkins, Jr., & D.L. Milne (Eds.), *The Wiley international handbook of clinical supervision*. (pp. 257-281). Malden, MA: Wiley-Blackwell.
- Bell, T., Dixon, A., & Kolts, R. (2017). Developing a compassionate internal supervisor: Compassion-focused therapy for trainee therapists. *Clinical Psychology & Psychotherapy*, 24(3), 632-648. doi: 10.1002/cpp.2031
- Bernard, J.M., & Goodyear, R.K. (2018). *Fundamentals of clinical supervision* (Sixth ed.). New York, NY: Pearson.
- Bernard, J.M. & Luke, M. (2015). A content analysis of 10 years of clinical supervision articles in counseling. *Counselor Education and Supervision*, 54(4), 242-257. doi: 10.1002/ceas.12024
- Bien, T.H. (2004). Quantum Change and Psychotherapy. *Journal of Clinical Psychology*, 60(5), 493-501. doi: 10.1002/jclp.20003
- Bibeau, M., Dionne, F., & Leblanc, J. (2016). Can compassion meditation contribute to the development of psychotherapists' empathy? A review. *Mindfulness*, 7(1), 255-263. doi: 10.1007/s12671-015-0439-y
- Bilodeau, C., Bellehumeur, C.R. & Brien, A. (2019). Le cadre de la psychologie positive appliqué au contexte de la supervision clinique des psychothérapeutes en formation. In C.R. Bellehumeur, & J. Malette (Eds.), *Psychologie positive et spiritualité: Fondements et Applications*. Québec: Presses de l'Université Laval.
- Bilodeau, C., Savard, R., & Lecomte, C. (2012). Trainee Shame-Proneness and the Supervisory Process. *Journal of Counselor Preparation & Supervision*, 4(1), 37-49.
- Birk, J.M., & Mahalik, J.R. (1996). The influence of trainee conceptual level, trainee anxiety, and supervision evaluation on counselor developmental level. *The Clinical Supervisor*, 14(1), 123-137. doi: 10.1300/J001v14n01_09
- Boellinghaus, I., Jones, F.W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation. *Training and Education in Professional Psychology*, 7(4), 267-277. doi: 10.1037/a0033092
- Boellinghaus, I., Jones, F.W., & Hutton, J. (2014). The Role of Mindfulness and Loving-Kindness Meditation in Cultivating Self-Compassion and

- Other-Focused Concern in Health Care Professionals. *Mindfulness*, 5(2), 129-138. doi: 10.1007/s12671-012-0158-6
- Borders, L.D. (2005). Snapshot of Clinical Supervision in Counseling and Counselor Education: A Five-year review. *The Clinical Supervisor*, 24, 69-113. doi: 10.1300/J001v24n01_05
- Brady, J.L., Guy, J.D., & Norcross, J.C. (1995). Managing your own distress: Lessons from psychotherapists healing themselves. In L. VandeCreek, S. Knapp, & T.L. Jackson (Eds.), *Innovations in clinical practice: A source book*, Vol. 14. (pp. 293-306). Sarasota, FL: Professional Resource Press/Professional Resource Exchange.
- Brooks, J., Holttun, S., & Lavender, A. (2002). Personality style, psychological adaptation and expectations of trainee clinical psychologists. *Clinical Psychology & Psychotherapy*, 9(4), 253-270. doi: 10.1002/cpp.318
- Buirski, P., & Haglund, P. (2001). *Making sense together: the intersubjective approach to psychotherapy*. Lanham, MD: J. Aronson.
- Christopher, J.C., & Maris, J.A. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling & Psychotherapy Research*, 10(2), 114-125. doi: 10.1080/14733141003750285
- College of Registered Psychotherapists of Ontario [CRPO] (2014). *Competency Profile*. <http://www.crpo.ca/wp-content/uploads/2013/06/RP-Competency-Profile.pdf>
- Cotter Mena, K., & Bailey, J.D. (2007). The effects of the supervisory working alliance on worker outcomes. *Journal of Social Service Research*, 34(1), 55-65. doi: 10.1300/J079v34n01_05
- Crockett, S., & Hays, D.G. (2015). The influence of supervisor multicultural competence on the supervisory working alliance, supervisee counseling self-efficacy, and supervisee satisfaction with supervision: A mediation model. *Counselor Education and Supervision*, 54(4), 258-273. doi: 10.1002/ceas.12025
- Daniel, L., Borders, L.D., & Willse, J. (2015). The role of supervisors' and supervisees' mindfulness in clinical supervision. *Counselor Education and Supervision*, 54(3), 221-232. doi: 10.1002/ceas.12015
- DaSilveira, A., DeSouza, M.L., & Gomes, W.B. (2015). Self-consciousness concept and assessment in self-report measures. *Frontiers in Psychology*, 6(3), 1-11.
- Davidson, C. (2011). The relation between supervisor self-disclosure and the working alliance among social work students in field placement. *Journal of Teaching in Social Work*, 31(3), 265-277. doi: 10.1080/08841233.2011.580248
- Davis, D.M., & Hayes, J.A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*, 48(2), 198-208. doi: 10.1037/a0022062
- Dodge, J. (1982). Reducing supervisee anxiety: A cognitive-behavioral approach. *Counselor Education & Supervision*, 22, 55-60. doi: 10.1002/j.1556-6978.1982.tb00930.x
- Ellis, M.V. (2010). Bridging the science and practice of clinical supervision: Some discoveries, some misconceptions. *The Clinical Supervisor*, 29(1), 95-116. doi:10.1080/07325221003741910
- Eubanks, C.F., Muran, J.C., & Safran, J.D. (2018). Alliance rupture repair: A meta-analysis. *Psychotherapy*, 55(4), 508-519. doi: 10.1037/pst0000185

- Falender, C.A. (2018). Clinical supervision – the missing ingredient. *American Psychologist*, 73(9), 1240-1250. doi: 10.1037/amp0000385
- Falender, C.A., & Shafranske, E.P. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.
- Finlay-Jones, A., Kane, R., & Rees, C. (2017). Self-compassion online: A pilot study of an Internet-based self-compassion cultivation program for psychology trainees. *Journal of Clinical Psychology*, 73(7), 797-816. doi: 10.1002/jclp.22375
- Fouad, N.A., Grus, C.L., Hatcher, R.L., Kaslow, N.J., Hutchings, P.S., Madson, M.B., ... Crossman, R.E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, 3(4, Suppl.), S5-S26. doi: 10.1037/a0015832
- Fulton, C.L. (2016). Mindfulness, self-compassion, and counselor characteristics and session variables. *Journal of Mental Health Counseling*, 38(4), 360-374. doi: 10.17744/mehc.38.4.06
- Fulton, C.L. & Cashwell, C.S. (2015). Mindfulness-based awareness and compassion: Predictors of counselor empathy and anxiety. *Counselor Education and Supervision*, 54(2), 122-133. doi: 10.1002/ceas.12009
- Gilbert, P. (2011). Shame in psychotherapy and the role of compassion focused therapy. In R.L. Dearing, J.P. Tangney, R.L. Dearing, & J.P. Tangney (Eds.), *Shame in the therapy hour* (pp. 325-354). Washington, DC: American Psychological Association.
- Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53(1), 6-41. doi: 10.1111/bjc.12043
- Gilbert, P. (2017). Compassion: Definitions and controversies. In P. Gilbert (Ed.), *Compassion: Concepts, research and applications* (pp. 3-15). New York, NY: Routledge.
- Gnilka, P.B., Chang, C.Y., & Dew, B.J. (2012). The relationship between supervisee stress, coping resources, the working alliance, and the supervisory working alliance. *Journal of Counseling & Development*, 90(1), 63-70. doi: 10.1111/j.1556-6676.2012.00009.x
- Gonsalvez, C.J., & Milne, D.L. (2010). Clinical supervisor training in Australia: A review of current problems and possible solutions. *Australian Psychologist*, 45(4), 233-242. doi: 10.1080/00050067.2010.512612
- Hahn, W.K. (2001). The experience of shame in psychotherapy supervision. *Psychotherapy: Theory, Research, Practice, Training*, 38(3), 272-282. doi: 10.1037/0033-3204.38.3.272
- Hannigan, B., Edwards, D., & Burnard, P. (2004). Stress and stress management in clinical psychology: Findings from a systematic review. *Journal of Mental Health*, 13(3), 235-245. doi: 10.1080/09638230410001700871
- Held, P., Owens, G.P., Thomas, E.A., White, B.A., & Anderson, S.E. (2018). A pilot study of brief self-compassion training with individuals in substance use disorder treatment. *Traumatology*, 24(3), 219-227. doi: 10.1037/trm0000146
- Hess, S.A., Knox, S., Schultz, J.M., Hill, C.E., Sloan, L., Brandt, S., ... Hoffman, M.A. (2008). Predoctoral interns' nondisclosure in supervision. *Psychotherapy Research*, 18(4), 400-411. doi: 10.1080/10503300701697505

- Holloway, E. (1995). *Clinical supervision: A systems approach*. Thousand Oaks, CA: Sage Publications.
- Inman, A.G. (2006). Supervisor multicultural competence and its relation to supervisory process and outcome. *Journal of Marital and Family Therapy*, 32(1), 73-85. doi: 10.1111/j.1752-0606.2006.tb01589.x
- Jazaieri, H., Jinpa, G., McGonigal, K., Rosenberg, E., Finkelstein, J., Simon-Thomas, E., ... Goldin, P. (2013). Enhancing compassion: A randomized controlled trial of a compassion cultivation training program. *Happiness Study*, 14(4), 1113-1126. doi: 10.1007/s10902-012-9373-z
- Jazaieri, H., Lee, I.A., McGonigal, K., Jinpa, T., Doty, J.R., Gross, J.J., & Goldin, P.R. (2016). A wandering mind is a less caring mind: Daily experience sampling during compassion meditation training. *Journal of Positive Psychology*, 11(1), 37-50. doi: 10.1080/17439760.2015.1025418
- Johnston, L.H., & Milne, D.L. (2012). How do supervisee's learn during supervision? A Grounded Theory study of the perceived developmental process. *The Cognitive Behaviour Therapist*, 5(1), 1-23. doi: 10.1017/S1754470X12000013
- Kabat-Zinn, J. (2015). Mindfulness. *Mindfulness*, 6(6), 1481-1483. doi: 10.1007/s12671-015-0456-x
- Kuyken, W., Peters, E., Power, M.J., & Lavender, T. (2003). Trainee clinical psychologists' adaptation and professional functioning: A longitudinal study. *Clinical Psychology & Psychotherapy*, 10(1), 41-54. doi: 10.1002/cpp.350
- Ladany, N. (2014). The ingredients of supervisor failure. *Journal of Clinical Psychology*, 70(11), 1094-1103. doi: 10.1002/jclp.22130
- Ladany, N., Ellis, M.V., & Friedlander, M.L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling & Development*, 77(4), 447-455. doi: 10.1002/j.1556-6676.1999.tb02472.x
- Ladany, N., Hill, C.E., & Corbett, M.M. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology*, 43, 10-24. doi: 10.1037/0022-0167.43.1.10
- Ladany, N., Hill, C.E., Corbett, M.M., & Nutt, E.A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology*, 43(1), 10-24. doi: 10.1037/0022-0167.43.1.10
- Ladany, N., & Inman, A.G. (2012). Training and supervision. In E.M. Altmaier, & J.-I.C. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 179-207). New York, NY: Oxford University Press.
- Ladany, N., & Lehrman-Waterman, D.E. (1999). The content and frequency of supervisor self-disclosures and their relationship to supervisor style and the supervisory working alliance. *Counselor Education and Supervision*, 38(3), 143-160. doi: 10.1002/j.1556-6978.1999.tb00567.x
- Ladany, N., Mori, Y., & Mehr, K.E. (2013). Effective and ineffective supervision. *The Counseling Psychologist*, 41(1), 28-47. doi: 10.1177/0011000012442648
- Leary, M.R., Tate, E.B., Adams, C.E., Batts Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, 92(5), 887-904. doi: 10.1037/0022-3514.92.5.887
- Lecomte, C. (1999). Face à la complexité et à l'incertitude: l'impossibilité de se défaire de soi. *Revue Québécoise de Psychologie*, 20(2), 37-63.

- Lecomte, C., & Savard, R. (2012). La supervision clinique. Un processus essentiel pour une pratique réflexive en santé mentale. In T. Lecomte & C. Leclerc (Eds.), *Manuel de réadaptation psychiatrique* (2nd ed.) (pp. 331-365). Québec: Les Presses de l'Université du Québec.
- Levitt, D.H., & Jacques, J.D. (2005). Promoting tolerance for ambiguity in counselor training programs. *Journal of Humanistic Counseling, Education & Development*, 44(1), 46-54. doi: 10.1002/j.2164-490X.2005.tb00055.x
- Liddle, B.J. (1986). Resistance in supervision: A response to perceived threat. *Counselor Education and Supervision*, 26(2), 117-127. doi: 10.1002/j.1556-6978.1986.tb00706.x
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545-552. doi: 10.1016/j.cpr.2012.06.003
- McCollum, E.E., & Gehart, D.R. (2010). Using mindfulness meditation to teach beginning therapists therapeutic presence: A qualitative study. *Journal of Marital & Family Therapy*, 36(3), 347-360. doi: 10.1111/j.1752-0606.2010.00214.x
- McNeill, B.W., & Stoltenberg, C.D. (2016). *Supervision essentials for the integrative developmental model*. Washington, DC: American Psychological Association.
- Mehr, K.E., Ladany, N., & Caskie, G.I.L. (2010). Trainee nondisclosure in supervision: What are they not telling you? *Counselling & Psychotherapy Research*, 10(2), 103-113. doi: 10.1080/14733141003712301
- Mehr, K.E., Ladany, N., & Caskie, G.I.L. (2015). Factors influencing trainee willingness to disclose in supervision. *Training and Education in Professional Psychology*, 9(1), 44-51. doi: 10.1037/tep000002810.1037/tep0000028.supp
- Milne, D. (2018). *Evidence-based CBT supervision: Principles and practice* (2nd ed.). Hoboken, NJ: Wiley.
- Moore, K.A., & Cooper, C.L. (1996). Stress in mental health professionals: A theoretical overview. *International Journal of Social Psychiatry*, 42(2), 82-89. doi: 10.1177/002076409604200202
- Neely, M., Schallert, D., Mohammed, S., Roberts, R., & Chen, Y.-J. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation & Emotion*, 33(1), 88-97. doi: 10.1007/s11031-008-9119-8
- Neff, K.D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223-250. doi: 10.1080/15298860309027
- Neff, K.D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85-101. doi: 10.1080/15298860309032
- Neff, K.D. (2013). *S'aimer: comment se réconcilier avec soi-même* (P. Lavigne, Trans.). Paris, France: Belfond.
- Neff, K.D. (2016). The Self-Compassion Scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness*, 7(1), 264-274. doi: 10.1007/s12671-015-0479-3
- Neff, K.D., & Dahm, K.A. (2015). Self-compassion: What it is, what it does, and how it relates to mindfulness. In B.D. Ostafin, M.D. Robinson, &

- B.P. Meier (Eds.), *Handbook of mindfulness and self-regulation* (pp. 121-137). New York, NY: Springer Science + Business Media.
- Norem, K., Magnuson, S., Wilcoxon, S.A., & Arbel, O. (2006). Supervisees' contributions to Stellar supervision outcomes. *Journal of Professional Counseling: Practice, Theory & Research*, 34(1/2), 33-48. doi: 10.1080/15566382.2006.12033822
- Orange, D.M., Atwood, G.E., & Stolorow, R.D. (1999). Working inter-subjectively: Contextualism in psychoanalytic practice. *Psychoanalytic Psychology*, 16(2), 303-308. doi: 10.1037/0736-9735.16.2.303
- Parcove, J.A., & Swanson, J.L. (2013). Career counselor training and supervision: Role of the supervisory working alliance. *Journal of Employment Counseling*, 50(4), 166-178. doi: 10.1002/j.2161-1920.2013.00035.x
- Pieterse, A.L., Lee, M., Ritmeester, A., & Collins, N.M. (2013). Towards a model of self-awareness development for counselling and psychotherapy training. *Counselling Psychology Quarterly*, 26(2), 190-207. doi: 10.1080/09515070.2013.793451
- Plantade-Gipch, A. (2017). Former les futurs psychothérapeutes à la relation: La réflexion-en-action dans l'alliance thérapeutique / The training of future psychotherapists to relationship: Reflection-in-action in the therapeutic alliance. *Pratiques Psychologiques*, 23(3), 217-231. doi: 10.1016/j.prps.2017.05.001
- Richards, K.C., Campenni, C.E., & Muse-Burke, J.L. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling*, 32(3), 247-264. doi: 10.17744/mehc.32.3.0n31v883o4423806
- Rogers, C.R. (1962). Interpersonal relationship: The core of guidance. *Harvard Educational Review*, 32, 416-429.
- Rønnestad, M.H., Orlinsky, D.E., Schröder, T.A., Skovholt, T.M., & Willutzki, U. (2018). The professional development of counsellors and psychotherapists: Implications of empirical studies for supervision, training and practice. *Counselling & Psychotherapy Research*, 19(3), 214-230. doi: 10.1002/capr.12198
- Rønnestad, M.H., & Skovholt, T.M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling & Development*, 71, 396-405. doi: 10.1002/j.1556-6676.1993.tb02655.x
- Rønnestad, M.H., & Skovholt, T.M. (2001). Learning arenas for professional development: Retrospective accounts of senior psychotherapists. *Professional Psychology: Research and Practice*, 32(2), 181-187. doi: 10.1037/0735-7028.32.2.181
- Rønnestad, M.H., & Skovholt, T.M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30(1), 5-44. doi: 10.1023/A:1025173508081
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Ryan, A., Safran, J.D., Doran, J.M., & Muran, J.C. (2012). Therapist mindfulness, alliance and treatment outcome. *Psychotherapy Research*, 22(3), 289-297. doi: 10.1080/10503307.2011.650653

- Safran, J.D., & Muran, J.C. (2000). Resolving therapeutic alliance ruptures: Diversity and integration. *Journal of Clinical Psychology, 56*(2), 233-243.
- Schauer, A.H., Seymour, W.R., & Geen, R.G. (1985). Effects of observation and evaluation on anxiety in beginning counselors: A social facilitation analysis. *Journal of Counseling & Development, 63*(5), 279-285. doi: 10.1002/j.1556-6676.1985.tb00659.x
- Schure, M.B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and Qigong. *Journal of Counseling & Development, 86*(1), 47-56. doi: 10.1002/j.1556-6678.2008.tb00625.x
- Skovholt, T.M., & Rønnestad, M.H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development, 70*(4), 505-515. doi: 10.1002/j.1556-6676.1992.tb01646.x
- Skovholt, T.M., & Rønnestad, M.H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development, 30*(1), 45-58. doi: 10.1023/A:1025125624919
- Sterner, W.R. (2009). Influence of the supervisory working alliance on supervisee work satisfaction and work-related stress. *Journal of Mental Health Counseling, 31*(3), 249-263. doi: 10.17744/mehc.31.3.f35441502401831g
- Stoltenberg, C.D., & McNeill, B.W. (2010). *IDM supervision: An integrative developmental model for supervising counselors and therapists* (3rd ed.). New York, NY: Routledge/Taylor & Francis Group.
- Strauss, C., Lever Taylor, B., Gu, J., Kuyken, W., Baer, R., Jones, F., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review, 47*, 15-27. doi: 10.1016/j.cpr.2016.05.004
- Sweeney, J., & Creaner, M. (2014). What's not being said? Recollections of nondisclosure in clinical supervision while in training. *British Journal of Guidance & Counselling, 42*(2), 211-224. doi: 10.1080/03069885.2013.872223
- Watkins, C.E., Jr. (2014). The supervisory alliance as quintessential integrative variable. *Journal of Contemporary Psychotherapy, 44*(3), 151-161. doi: 10.1007/s10879-013-9252-x
- Watkins, C.E., Jr., & Milne, D.L. (2014). Clinical supervision at the international crossroads: Current status and future directions. In C.E. Watkins, Jr., & D.L. Milne (Eds.), *The Wiley international handbook of clinical supervision* (pp. 673-696). Malden, MA: Wiley-Blackwell.
- Webb, A., & Wheeler, S. (1998). How honest do counsellors dare to be in the supervisory relationship? An exploratory study. *British Journal of Guidance & Counselling, 26*(4), 509-524. doi: 10.1080/03069889808253860
- Wilcoxon, S.A., Norem, K., & Magnuson, S. (2005). Supervisees' Contributions to Lousy supervision outcomes. *Journal of Professional Counseling: Practice, Theory & Research, 33*(2), 31-49. doi: 10.1080/15566382.2005
- Williams, E.N. (2008). A psychotherapy researcher's perspective on therapist self-awareness and self-focused attention after a decade of research. *Psychotherapy Research, 18*(2), 139-146. doi: 10.1080/10503300701691656
- Yourman, D.B. (2003). Trainee disclosure in psychotherapy supervision: The impact of shame. *Journal of Clinical Psychology, 59*(5), 601-609. doi: 10.1002/jclp.10162

Chapter 10

Concluding Remarks on Climate Change, Integral Ecology, Spirituality of Paradox and “Homo Symbolicus”

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Introduction

In counselling and psychotherapy, the suffering and distress of clients can and often must be understood beyond the personal level and seen within a broader, sociocultural scope¹. In other words, any client's personal difficulty (e.g. anxiety disorder) can be seen within the context of wider society since we are all interconnected. For example, an anxious person is not only part of his/her own social networks: he/she is embedded in an interconnected, evolving, multifaceted, complex, yet uncertain world (Morin, 2005).

1. An Uncertain Future in the Context of Climate Change

As we come to this book's concluding chapter, there is a systemic crisis happening worldwide. If the coronavirus pandemic has exposed the vulnerabilities of an interconnected and globalized world, its repercussions point to another more dreadful and permanent structural crisis: climate change (Andrews & Hoggett, 2019; Bourgon, 2020; Wyns, 2020). Extreme weather events (i.e. wildfires, droughts, torrential rains, floods, winter and hail storms, and hurricanes) are increasing in frequency and intensity all around the globe (Cianconi et al., 2020). Yet despite scientific evidence², years of international negotiations [i.e. the Kyoto Protocol

¹ This idea has been recognized in sociology, such as in Mills' (1971) sociological imagination stating that difficult personal experiences can often be seen as a collective issue; it is equally recognized in today's psychology (e.g. see *Guilford Press' Journal of Social and Clinical Psychology*) as well as in anthropology (Durand, 2016).

² Indeed, several scientific indicators are used to describe the gradual and accelerating deterioration of the planet (e.g., global warming linked to greenhouse gases, erosion of

in 1997, the Copenhagen conference in 2009, and the Paris Agreement in 2015 (Mayrand, 2020)], and growing public concerns (Bourgon, 2020), progress made to reduce greenhouse gases or slow the decline in biodiversity is too small to perceive (Diaz et al., 2019; GIEC, 2018, 2019).

Meanwhile, the consequences of climate change on wellbeing as well as physical and mental health are becoming more significant (Bélanger et al., 2019). Indeed, extreme weather events and global warming brought on by climate change can affect physical health (e.g. infections, allergies), but also have communal and social consequences (e.g. increased poverty, violence, and loss of social cohesion). There are also repercussions on mental health, ranging from minimal symptoms of stress to psychological distress and mental disorders (e.g. anxiety, depression, post-traumatic stress disorder) (Arnberg et al., 2013; Clayton et al., 2014, 2017; Doherty & Clayton, 2011; Fullerton et al., 2013; Mullins & White, 2019). The consequences of exposure to extreme or prolonged weather events may also be delayed, even impacting future generations (Cianconi et al., 2020). The pervasiveness of climate change in the media can affect perceptions of physical and societal risks (O'Neill & Nicholson-Cole, 2009; Schmidt et al., 2013). But a lack of understanding climate change and its implications for human health and wellbeing tends to result in inaction or the continuation of behaviours and lifestyles that amplify the phenomenon (Koh, 2016).

Furthermore, perceptions of its severity and/or of the urgency to act vary from person to person (Funk & Tyson, 2020; Reinhart, 2018). These perceptions seem to be distributed along a continuum ranging from denial to ecoanxiety, with psychological distance somewhere in between (i.e. the tendency to think that these changes are distant, abstract or separate from one's current reality, instead of being concrete and directly experienced (Albrecht, 2011; Clayton et al., 2017; Moser, 2013; Smith & Joffe, 2013). Finally, general inaction is believed to be attributable, amongst other things, to the presence of psychological barriers. This limits people's willingness to adopt eco-responsible behaviours as well as their ability to adapt to climate change (Gifford, 2011).

biodiversity, disruption of the nitrogen cycle, and phosphorus) (GIEC, 2018, 2019; Rockström et al., 2009a).

2. The Impacts of Climate Change: the Necessity of a Multidisciplinary Approach

Climate change and growing inequalities are two overarching global issues which, according to Policy Horizons Canada (2018), threaten sustainable development (Joanis & Sinclair-Desgagné, 2019), health and quality of life (Bélanger et al., 2019; PNUE, 2019), and even the survival of future generations (PNUD, 2020). These two issues are related: the consequences of climate change exacerbate socioeconomic inequalities between and within countries (PNUD, 2020); the most vulnerable people are the most affected (Hallegatte et al., 2016; Olsson et al., 2014; Winsemius et al., 2018). This includes children, the elderly, those suffering from chronic diseases and/or mental disorders or reduced mobility, and pregnant and postpartum women (Bei et al., 2013; Rahman, 2013; Somasundaram & van de Put, 2006; Xiong et al., 2010). People of lower socioeconomic status (i.e., minority populations, immigrants, refugees, homeless, the working poor) are disproportionately affected due to disparities in infrastructure, health and economic resources, and social mobility (Berry et al., 2010; Fritze et al., 2008; Ramin & Svoboda, 2009; Rhodes et al., 2010). Thus, addressing both climate change and social inequalities are required to secure a sustainable and equitable path for humanity (Bathiany et al., 2018; Nielsen et al., 2021).

3. This Book's Nine Chapters as a Way to Embrace Integral Ecology

It seems that several central themes addressed in this book's nine chapters resonate well with integral ecology as proposed by (Pope) Francis (2015) in his environmental encyclical *Laudato Si': On Care for our Common Home* (now referred to as LS)³. One of the ideas that emerged from this landmark document was "integral ecology", which refers to the fact that complex crises have both social and environmental dimensions. Within the framework of integral ecology, everything is connected. Carwardine (2020) summarizes some of the main ideas: (1) Concern for the poor and working for the common good ["St Francis of Assisi shows us just how inseparable the bond is between concern for nature, justice for the poor, commitment to society, and interior peace" (p. 10; LS 10)];

³ This encyclical is divided in six chapters and has 246 different paragraphs or sections. For example, LS 10 refers to paragraph 10.

(2) How we treat one another and other organisms (LS 11); (3) Praising God and seeing the creator who lives among us (LS 11); (4) Concern for the environment and desire for harmony with creation (LS 225); (5) How we live our daily life and the decisions we make (LS 230); (6) Understanding that actions and decisions have an intergenerational impact because sustainable development has to embrace a broader vision which relies on intergenerational solidarity (LS 159 - LS 162). In sum, Pope Francis (2015) illustrates the intertwined relationship between helping the environment and helping the poor; helping one dimension involves helping the other. Since the poor will be the first to be impacted by severe climate change, reducing environmental degradation can also reduce their burden and suffering.

In various ways, the nine chapters presented in this book are related to some aspects of integral ecology. For instance, chapter 2 directly refers to the importance of our innate relationship with nature (cf. eco-psychology). Chapter 3 explored the notions of truth, goodness and beauty, which echo the idea of *Laudato Si'*, or praising God and seeing the creator who lives among us: "St Francis communed with all creation, even preaching to the flowers, inviting them to praise the Lord, just as if they were endowed with reason" (LS 11). In Chapter 1, notions such as virtues, (psychological) well-being and meaning are explored; relevant to the context of climate change, this somehow echoes the ethical tone of LS 230 and LS 11 (see above). Chapter 4 revisits the conceptions of spirituality of two renowned clinical psychologists who see the relationship with nature as either a source of meaning (Wong) or as a way to search for the Sacred (Pargament); this echoes ideas presented in LS 225 and LS 10 (see above).

With regards to social justice issues put forth by integral ecology, chapters 5, 6 and 7 indirectly speak to the concern for the poor and working for the common good (LS 10). This includes challenges faced by immigrants – who often experience injustice or discrimination linked to their social status (visible ethnic minorities such as Second Generation Chinese-Canadians in chapter 5, or Second-Generation Arab Immigrants in chapter 6). Or perhaps even more concerning is the situation of CSA (Child Sexual Abuse) in countries such as Vietnam (Chapter 7) where not only children are more vulnerable to such exploitation per se, but where they may experience profound mistreatment and sexual trauma as a result of a lack of fundamental rights, laws and regulations. As we are all interconnected, this refers to the importance of treating one another (and other organisms) well (LS 11) and implies that actions and decisions

have an intergenerational impact (LS 159 - LS 162). Lastly, dealing with clients' sufferings cannot be done without taking into account the psychotherapist's well-being; incorporating self-compassion in the practice of psychotherapy (and supervision) (see chapter 9) echoes the importance of being aware of how we live our daily life and how the decisions we make impact others (LS 230). The practice of mindfulness is presented in chapters 8 and 9 as an evidence-based approach of taking good care of ourselves. Furthermore, as Van Gordon et al. (2018) have highlighted: nature can make us more aware of the present moment.

4. Going Deeper into Troubled Waters. A Call to Embrace a Spirituality of Paradox?

Integral ecology reminds us of the necessity of adopting an integrated approach to solving environmental and social justice issues, as they are essentially two intertwined crises. Yet, the complexities inherent to these two (environmental and social) crises call upon some clarifications. First, it is interesting to note that the Chinese use two ideograms combined with each other to designate the word "crisis": (1) injury, suffering and sometimes death; (2) chance and opportunity (Ausloos, 2010). If one can easily understand the suffering and fear of death related to extreme weather hazards or poverty, it may seem harder to perceive "opportunities" presented within such difficult situations. One may thus wonder how humans will transform the threat of global warming into an opportunity to be creative. How can we respond to this collective stress and worry (e.g. eco-anxiety) in adaptative and innovative ways, with a renewed lifestyle that is more attuned, sustainable and adequate for all? And even more challenging, how can we go about reducing the gap between the rich and poor? In a sense, the COVID-19 pandemic is a dress rehearsal testing our collective readiness and ability to face the multiple challenges in the future presentation of climate change. Because in order to eradicate the pandemic worldwide, we must take care of all humans. Initiatives such as the COVID-19 Vaccines Global Access (COVAX), established by the World Health Organization (WHO, 2021) with its various partners, attempt to bring all nations together, regardless of their income level, to ensure the procurement and equitable distribution of COVID-19 vaccines. The only way to protect all humans from this infectious disease is to share and collaborate more – a significant lesson or 'opportunity' presented by the pandemic crisis, for we are all interdependent.

Life challenges call upon us to embrace our common humanity and vulnerability. This attitude has been proposed for centuries. A classic example comes from the words of the Apostle Saint Paul: *"That is why, for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong."* (2 Corinthians 12:10; The Jerusalem Bible, 1966). Saint Paul found spiritual growth through the terrible things that happened to him in his life because whenever he was beaten down, he felt strengthened by his faith. This speaks to the relevance of embracing life's paradoxes. In his book, Tickerhoof (2002) defines the term paradox as the following: "Paradox is the harmonization of two opposing experiences or aspects of an experience that in themselves are irreconcilable, but through another force acting upon them at a crucial moment are created into a new or transformed reality" (p. 63). Tickerhoof (2002) develops various elements of a spirituality of paradox:

Every aspect of life can be experienced in relation to an opposite aspect. These opposing aspects pervade life and can be found in life forces (a time to be born and a time to die), in events (a time to mourn and a time to dance), or in elements of opposition within events (a time to love and a time to hate)... The potential of transformation is what distinguishes paradox from contradiction. Paradox offers us a way through contradiction. This transformation is not found in the two elements of opposition. It presents itself as a distinct reality, different from either of the two opposing forces. This new reality is not ours to manufacture. We should not expect that this transformation will be obvious, or that it will lie on the same plane as the elements of opposition. Transformation will move us somewhere else, frequently surprising us when we find where we have ended up. To discover this transformation, we should be ready to let go of our resistances against it... The transformation of opposing forces does not usually eliminate the polarities – it transforms them. Every transformation has a purpose, which is not necessarily our stated purpose... When we not only can recognize that all these principles are true at a theoretical level, but also are able to integrate them at a daily experiential level, where they are allowed to have a permanent impact on our attitudes, choices, decisions, and actions, we live in something I call transforming consciousness. Transforming consciousness is, by its nature, a graced reality, that is, it is the result of our cooperation, and not of our construction. Its nature is essentially that of gift, which we participate in, but do not merit. (pp. 5-6)

Following this line of thought, it is evident that our human vulnerability has been magnified by the pandemic which has also highlighted many current life paradoxes. There are paradoxes related to the digital

revolution, to nature per se, or both. Let us mention a few of them. The digital revolution is transforming our environment and the way we think and interact. On the one hand, this brings many new possibilities (i.e. online teaching, telework), and futurist trends such as transhumanism (a social and philosophical movement devoted to promoting the development of human-enhancing technologies). On the other hand, such scientific progress does little to solve major societal issues such as the ever growing gap between the rich and poor, nor does it bring much solace to people feeling lonely in times of confinement.

Scientific progress has exposed another paradox: ever expanding human exploitation and abuse of the Earth's ecosystems has created the possibility that we may end up triggering a global environmental metamorphosis that is catastrophic. Rockström et al. (2009b) have thus proposed a possible solution to ensure global sustainability by identifying nine planetary boundaries which humanity must avoid transgressing in order to ensure its own survival. They suggest that ignoring such planetary boundaries may prove harmful if not deadly: namely crossing thresholds that will trigger domino effects of ever more wide ranging and life threatening environmental changes affecting continental and oceanic ecosystems. Based upon available scientific knowledge, they concluded that humanity has already transgressed three boundaries (causing climate change, massive biodiversity loss, and interfering with the nitrogen cycle). According to Rockström et al. (2009b), little is known regarding the extent to which these planetary boundaries can be tampered with before triggering an environmental "apocalypse" and accompanying feedback. Furthermore, there is little known about the thresholds humans can cross which will lead the Earth to "respond" by threatening humanity's own ability to survive, namely within a rapidly and drastically transforming environment. Fast feedback (e.g. disappearing Arctic sea ice) are impossible to ignore, as well as the result of transgressing the climate boundary over the past few decades. Slow feedback (e.g. melting land-based polar ice sheets) are also well under way. Such will be difficult to undo: while we banned CFC (Chlorofluorocarbons) use, and the hole in the ozone layer thankfully remained confined to the South Pole region, that hole will still take at least another half century to plug (Rockström et al., 2009b). These complex and interconnected Earth ecosystem processes, which humanity has been wantonly tampering with, are now giving us a life altering paradox to consider: how far can we go about mastering and submitting the Earth to us before we ourselves become slaves to the consequences of our own actions?

On the one hand, these dynamics underpin the resilience that enables planet Earth to stay within a state conducive to human development. On the other hand, they lull us into a false sense of security because incremental change can lead to the unexpected crossing of thresholds that drive the Earth System, or significant sub-systems, abruptly into states deleterious or even catastrophic to human well-being. The concept of planetary boundaries provides a framework for humanity to operate within this paradox. (Rockström et al., 2009b, p. 23)

There is also ongoing tension between nature versus culture, namely the scientific culture expressed by technological progress often associated with new pollutants and computer waste, and nature conservation in the context of sustainable development. Finally, the coronavirus pandemic exposes another paradox: an opportunity to envision our relationship to nature. Should we continue to resist change and remain in denial or helplessness (see *Dragons of Inaction*, Gifford, 2011), or should we connect more profoundly with nature? In a sense, our relationship to nature has a paradoxical dimension (Passmore & Howell, 2014).

On the one hand, a great deal of research demonstrates the psychological and physiological benefits of regular contact and even simple exposure to nature (Van Gordon et al., 2018); a sense of connection with nature provides health benefits (Bellehumeur & Sundaram, 2015). Research on the benefits of contact with nature has focused on its calming effects and its cognitive benefits (Chalquist, 2009; Kaplan, 1995), its positive impacts on altruistic behaviours (Weinstein et al., 2009), on vitality (Ryan et al., 2010), wellbeing and mental health (Nisbet & Zelenski, 2011; Zelinski & Nisbet, 2014). These positive impacts are accentuated during regular contact with nature (e.g. 120 minutes per week) (White et al., 2019). Connection with nature also has a positive effect on emotional responses, beliefs, attitudes and pro-environmental behaviours (Nisbet et al., 2009; Zelinski & Nisbet, 2014). In addition to promoting optimal functioning, such a link is also associated with greater life meaning and satisfaction, less anxiety, more creativity, a higher level of mindfulness which positively impacts behaviours, and more pro-environmental behaviours (Van Gordon et al., 2018). Nature is also considered a place of psycho-spiritual regeneration (Grand'Maison, 2013) and even healing (Anderson et al., 2018). In contrast, however, individuals and communities are negatively affected by direct experience of local natural disasters (many of them enhanced by climate change) and also by regular exposure to news media dealing with these changes and their effects (Leiserowitz et al., 2013; Reser et al., 2014), which can make them a source of considerable stress (Clayton et al., 2017; Koller, 2017;

Schmidt et al., 2013). In short, the result is somewhat ambivalent feelings conveyed towards nature: *it can be both anxiety-provoking and also a source of peaceful “refreshment” or “rejuvenation”*.

This paradoxical dimension of our relationship with nature also echoes Rockström et al. (2009a, 2009b) and Paul Wong’s (2011) second wave of Positive Psychology (see chapters 1 and 5 for the definition of PP 2.0), which embraces both the darker and lighter side of existence.

5. Given All This, Where do We Go From Here? What’s Next?

Given our current global planetary context, it is most important for humanity to become increasingly aware, informed of, and empowered to deal with the harmful consequences of climate change on mental health and wellbeing (Clayton et al., 2017; Swim et al., 2011). If we all took immediate and concrete measures to fight against climate change, the various stakeholders could be better equipped to intervene effectively in the field of climate change and its impact on people and communities (Clayton et al., 2017; Doherty & Clayton, 2011; Swim et al., 2011). In order to act more effectively we need to individually and collectively better understand the global context we live in. Based on the three major points mentioned above [(1) the uncertain future created by impacts of climate change; (2) the complexities of integral ecology; (3) life paradoxes (i.e. our paradoxical relationship to nature)], it seems that in order to conduct ourselves in a more coherent way (while embracing complexity and uncertainty, Morin, 2005), our research in social sciences must envision a more global framework. Indeed, Morin (1999) has highlighted the importance to support the following: “To a thought that isolates and separates, we must substitute a thought which distinguishes and connects. To disjunctive and reductive thinking, we must substitute thinking with a grasp of complexity, in line with the original meaning of the word *complexus*: what is woven together” (p. 101, our translation).

In this context, one may wonder what kind of views or models⁴ of human beings would be better to maintain, invest in, and believe in? One particular vision refers to the human ability to use the symbolic

⁴ Such different views are related to wealth and economy (*homo economicus*) and other humanity models: namely – the *homo faber* – persons at work, – the *homo ludens* – persons at play, and – the *homo religiosus* – persons primarily religious/spiritual (Deschênes, 2018). Also, there are the humanity models of technological and scientific progress (*homo numericus*) or constantly planning and anticipating the future (*homo prospectus*, Seligman et al., 2016).

capacity and imagination (“homo symbolicus”, Durand, 2016). This anthropological conception of human beings, seen as symbolic beings, allows them to embrace traditions, heritage (lessons from the past), possibilities, dreams for the future, as well as other domains such as science, poetic languages, culture, and nature. This idea of *homo symbolicus* has been brilliantly developed by Gilbert Durand (2016), the author of the classic seminal work *The Anthropological Structures of the Imaginary*. This framework was briefly presented in chapters 4 and 5 and is part of an actual research project, well funded by the Social Sciences and Humanities Research Council (of Canada), looking at: *Establishing the links between Durandian imaginary and the perception and adaptive responses of Canadian adults to climate change: understanding to better intervene* (research project title⁵). This research initiative is an attempt to try to better understand how people envision, on a deeper or symbolic level, a sustainable and equitable future for all humankind. People and nature are dynamically intertwined and embedded within the biosphere; yet in these latter days of the Anthropocene era, it has become clear that humanity has become the major force shaping the future of the Earth’s ecosystems as a whole. As illustrated by the work of Rockström et al. (2009a; 2009b) and other groups (i.e. GIEC, 2018, 2019), all this scientific evidence suggests the urgency to act now in order to preserve our common home (Francis, 2015). This will require major collaboration among all humans and dedicated intellectual effort. A humble attempt to better understand the underpinnings of climate perception, as proposed in our research initiative, may help inform researchers who propose transformative changes⁶ towards a more sustainable future. In order to do so, it is most important to remain attentive towards how to go about educating people and children about climate change. This is because it is not only knowledge about climate change that is important per se. In addition to knowledge, the relevance of how the information is socially transmitted, shared, experienced and lived are key as well⁷.

⁵ Two authors of this book are part of this project, funded by an Insight SSHRC Grant (2021-2025): Christian Bellehumeur (principal investigator) and Cynthia Bilodeau (co-researcher). For more information, visit: [www.eco-visions.ca].

⁶ Solutions can come from emerging technologies, social innovations, significant paradigm shifts in cultural worldviews, practical local endeavours, and from the active stewardship of human actions, all supportive of a resilient planet for all and future generations.

⁷ “Educational programs on this vital topic consist of processes of scientific literacy based on information about the findings of climate science, without considering the respective social experience or a series of social and cultural processes intervening in

In these lines, it is interesting to note that Gilbert Durand was one who emphasized the need for education which stimulates the imagination and acts as a “hormone and support of human hope” (Durand, 2016, p. 499). In a sense, we may still hope that we can collectively grasp this unique opportunity to successfully correct our current course of action. In sum, fostering more effective approaches to educate people, developing new psychotherapeutic approaches, and discovering more innovative models in social sciences all play key roles. If these steps are taken in a way that embraces integral ecology and the imaginary, there is opened hope for what the future holds.

References

- Albrecht, G. (2011). Chronic environmental change: Emerging “psychoterratic” syndromes. In I. Weissbecker (Ed.), *Climate change and human well-being: Global challenges and opportunities* (pp. 43-56). New York, NY: Springer.
- Anderson, C.L., Monroy, M., & Keltner, D. (2018). Awe in nature heals: Evidence from military veterans, at-risk youth, and college students. *Emotion*, 18(8), 1195-1202. doi: 10.1037/em00000442
- Andrews, N., & Hoggett, P. (2019). Facing up to ecological crisis: A psychosocial perspective from climate psychology. In J. Foster (Ed.), *Facing up to climate reality: Honesty, disaster and hope* (pp. 155-171). London: London Publishing Partnership.
- Arnberg, F.K., Bergh Johannesson, K., & Michel, P.O. (2013). Prevalence and duration of PTSD in survivors 6 years after a natural disaster. *Journal of anxiety disorders*, 27(3), 347-352. doi: 10.1016/j.janxdis.2013.03.011
- Ausloos, G. (2010). De la crise à la résilience face au cancer. In M. Delage & B. Cyrulnik (Eds.), *Famille et resilience* (pp. 165-179). Paris, France: Odile Jacob.
- Bathiany, S., Dakos, V., Scheffer, M., & Lenton, T.M. (2018). Climate models predict increasing temperature variability in poor countries. *Science Advances*, 4(5). eaar5809. doi: 10.1126/sciadv.aar5809.
- Bélanger, D., Gosselin, P., Bustinza, R., & Campagna, C. (2019). *Changements climatiques et santé. Prévenir, soigner et s'adapter*. Québec: Presses de l'Université Laval.

building a social representation of this phenomenon. That is essential for focusing properly on the challenges for education and communication. The main “barrier” to the necessary social change is the complex structural nature of the phenomenon, in which there are obstacles of a moral, socio-political, cultural, socio-cognitive and psycho-social nature. These are conditioning the social representations and hindering the adoption of significant changes in lifestyles, both individual and collective, related to human activities that imbalance climate” (Meira & González Gaudiano, 2016, pp. 17-18).

- Bellehumeur, C.R., & Sundaram, L. (2015). "Spiritual but not religious": Some contemporary influences and their impact on health. In E.C. Roberts (Ed.), *Spirituality: Global practices, societal attitudes and effects on health* (pp. 231-252). Nova Science Publishers Inc.
- Bei, B., Bryant, C., Gilson, K.M., Koh, J., Gibson, P., Komiti, A., Jackson, H., & Judd, F. (2013). A prospective study of the impact of floods on the mental and physical health of older adults. *Aging & Mental Health*, 17, 992-1002.
- Berry, H.L., Bowen, K., & Kjellstrom, T. (2010). Climate change and mental health: A causal pathways framework. *International Journal of Public Health*, 55, 123-132.
- Bourgon, J. (2020, June 3). *COVID-19 and Climate Change: A Foretaste of Public Service in the 21st Century*. Civil Service College Singapore. <https://www.csc.gov.sg/articles/covid-19-and-climate-change-a-foretaste-of-public-service-in-the-21st-century>
- Carwardine, A. (2020, May 6). *What is Integral Ecology?* Australian Catholics Education Hub. <https://www.australiancatholics.com.au/article/what-is-integral-ecology>
- Chalquist, C. (2009). A look at the ecotherapy research evidence. *Ecopsychology*, 1(2), 64-74. doi: 10.1089/eco.2009.0003
- Cianconi, P., Betrò, S., & Janiri, L. (2020). The impact of climate change on mental health: A systematic descriptive review. *Front. Psychiatry* 11, 74. doi: 10.3389/fpsy.2020.00074
- Clayton, S., Manning, C.M., & Hodge C. (2014). *Beyond storms & droughts: The psychological impacts of climate change*. Washington, DC: American Psychological Association and ecoAmerica.
- Clayton, S., Manning, C.M., Krygsman, K., & Speiser, M. (2017). *Mental health and our changing climate: Impacts, implications, and guidance*. Washington, D.C.: American Psychological Association and ecoAmerica.
- Deschênes, G. (2018). Scriptural illustration of the homo faber-religious-ludens scriptural model of leisure. *Leisure/Loisir*, 42(2), 1-20. doi: 10.1080/14927713.2018.1535909
- Díaz, S., Settele, J., Brondízio E.S., Ngo, H.T., Guèze, M., Agard, J., Arneth, A., Balvanera, P., Brauman, K.A., Butchart, S.H.M., Chan, K.M.A., Garibaldi, L.A., Ichii, K., Liu, J., Subramanian, S.M., Midgley, G.F., Miloslavich, P., Molnár, Z., Obura, D., ... Zayas, C.N. (eds.) (2019). *Summary for policymakers of the global assessment report on biodiversity and ecosystem services of the Intergovernmental Science-Policy Platform on Bio-diversity and Ecosystem Services*. IPBES secretariat, Bonn, Germany. doi: 10.5281/zenodo.3553579
- Doherty, T.J., & Clayton, S. (2011). The psychological impacts of global climate change. *American Psychologist*, 66, 265-276.
- Durand, G. (2016). *Les structures anthropologiques de l'imaginaire: Introduction à l'archétypologie générale* (12th Edition). Paris: Dunod. [Original work published in 1960]. doi: 10.3917/dunod.duran.2016.01
- Francis. (2015, May 24). *Encyclical letter LAUDATO SI' of the holy father Francis on care for our common home*. http://w2.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si.html

- Fritze, J.G., Blashki, G.A., Burke, S., & Wiseman, J. (2008). Hope, despair and transformation: Climate change and the promotion of mental health and well-being. *International Journal of Mental Health Systems*, 2(1), 13.
- Fullerton, C.S., McKibben, J.B.A., Reissman, D.B., Scharf, T., Kowalski-Trakofler, K.M., Shultz, J.M., & Ursano, R.J. (2013). Posttraumatic stress disorder, depression, and alcohol and tobacco use in public health workers after the 2004 Florida hurricanes. *Disaster Medicine and Public Health Preparedness*, 7(1), 89-95.
- Funk, C., & Tyson, A. (2020, June 24). Millennial and Gen Z Republicans stand out from their elders on climate and energy issues. [Survey for Pew Research Center]. *Science and Society*.
<https://www.pewresearch.org/fact-tank/2020/06/24/millennial-and-gen-z-republicans-stand-out-from-their-elders-on-climate-and-energy-issues/>
- GIEC. (2018). *Résumé à l'intention des décideurs, réchauffement planétaire de 1,5 °C, rapport spécial du GIEC sur les conséquences d'un réchauffement planétaire de 1,5 °C par rapport aux niveaux préindustriels et les trajectoires associées d'émissions mondiales de gaz à effet de serre, dans le contexte du renforcement de la parade mondiale au changement climatique, du développement durable et de la lutte contre la pauvreté* [Groupe d'experts intergouvernemental sur l'évolution du climat. Publié sous la direction de V. Masson-Delmotte et al.]. Organisation météorologique mondiale, Genève, Suisse.
- GIEC. (2019). *Résumé à l'intention des décideurs, changement climatique et terres émergées: rapport spécial du GIEC sur le changement climatique, la désertification, la dégradation des sols, la gestion durable des terres, la sécurité alimentaire et les flux de gaz à effet de serre dans les écosystèmes terrestres*. [Groupe d'experts intergouvernemental sur l'évolution du climat. Publié sous la direction de P.R. Shukla et al.].
- Gifford, R. (2011). The dragons of inaction: Psychological barriers that limit climate change mitigation and adaptation. *American Psychologist*, 66, 290-302.
- Grand'Maison, J. (2013). *Une spiritualité laïque au quotidien. Neuf voies d'accès au spirituel*. Montréal: Les Éditions Novalis Inc.
- Hallegatte, S., Bangalore, M., Bonzanigo, L., Fay, M., Kane, T., Narloch, U., Rozenberg, J., Treguer, D., & Vogt-Schilb, A. (2016). *Shock waves: Managing the impacts of climate change on poverty. Climate change and development*. Washington, DC: World Bank. <https://openknowledge.worldbank.org/handle/10986/22787>
- Jerusalem Bible (the) (1966). Popular Edition. [Darton, Longman & Todd Ltd and Doubleday and Co. Inc.], [see also: <https://www.bibleref.com/2-Corinthians/12/2-Corinthians-12-10.html>].
- Joanis, M., & Sinclair-Desgagné, B. (2019). *Le Québec économique 8. Le développement durable à l'ère des changements climatiques*. Québec: Presses de l'Université Laval.
- Kaplan, S. (1995). The restorative benefits of nature: Toward an integrative framework. *Journal of Environmental Psychology*, 15(3), 169-182.
- Koh, H. (2016). Communicating the health effects of climate change. *JAMA: the Journal of the American Medical Association*, 315(3) 239-240. doi: 10.1001/jama.2015.18271

- Koller, S. (2017). Soigner l'esprit et guérir la terre. Quand l'écologie et la psychologie s'entrecroisent. *Psychoscope*, 3, 21-23.
- Leiserowitz, A., Maibach, E., Roser-Renouf, C., Feinberg, G., & Howe, P. (2013). *Climate change in the American mind: Americans' global warming beliefs and attitudes in April 2013*. Yale Project on Climate Change Communication, Yale University and George Mason University, New Haven, CT.
- Mayrand, K. (2020, 25 Janvier). *Changements climatiques: l'ère des conséquences*. La Presse.
<https://www.lapresse.ca/debats/opinions/2020-01-25/changements-climatiques-l-ere-des-consequences>
- Meira, P., & González Gaudiano, É. (2016). Les défis éducatifs du changement climatique: La pertinence de la dimension sociale. *Éducation relative à l'environnement*, 13(2).
- Mills, C.W. (1971). *L'imagination sociologique* (P. Clinquar, Trans.). Paris: Maspéro.
- Morin, E. (1999). *La tête bien faite: repenser la réforme, réformer la pensée*. Paris: Seuil.
- Morin, E. (2005). *Introduction à la pensée complexe*. Paris: Seuil.
- Moser, S.C. (2013). Navigating the political and emotional terrain of adaptation: Community engagement when climate change comes home. In S.C. Moser & M.T. Boykoff (Eds.), *Successful adaptation to climate change: Linking science and policy in a rapidly changing world* (pp. 289-305). New York, NY: Routledge.
- Mullins, J.T., & White, C. (2019). Temperature and mental health: Evidence from the spectrum of mental health outcomes. *Journal of health economics*, 68, 102240. doi: 10.1016/j.jhealeco.2019.102240
- Nielsen, K.S., Clayton, S., Stern, P.C., Dietz, T., Capstick, S., & Whitmarsh, L. (2021). How psychology can help limit climate change. *American Psychologist*, 76(1), 130-144. doi: 10.1037/amp0000624
- Nisbet, E.K., & Zelenski, J.M. (2011). Underestimating nearby nature: Affective forecasting errors obscure the happy path to sustainability. *Psychological Science*, 22(9), 1101-1106.
- Nisbet, E.K., Zelenski, J.M., & Murphy, S.A. (2009). The nature relatedness scale: Linking individuals' connection with nature to environmental concern and behavior. *Environment and Behavior*, 41, 715-740.
- Olsson, P., Galaz, V., & Boonstra, W.J. (2014). Sustainability transformations: A resilience perspective. *Ecology and Society*, 19(4), 1. doi: 10.5751/ES-06799-190401
- O'Neill, S., & Nicholson-Cole, S. (2009). "Fear won't do it": Promoting positive engagement with climate change through visual and iconic representations. *Science Communication*, 30, 355-379.
- Passmore, H.-A., & Howell, A.J. (2014). Eco-existential positive psychology: Experiences in nature, existential anxieties, and well-being. *The Humanistic Psychologist*, 42(4), 370-388.
- PNUD (2020). *Rapport sur le développement humain 2019: Au-delà des revenus, des moyennes et du temps présent – les inégalités de développement humain au*

- XXI^e siècle. Programme des Nations Unies pour le Développement. doi: 10.18356/fbccfd4-fr
- PNUE (2019). *Sixième rapport sur L'avenir de l'environnement mondial (GEO-6): une planète saine pour des populations en bonne santé*. Programme des Nations Unies pour l'environnement.
- Policy Horizons Canada/Horizons de politiques Canada. (2018). *La prochaine génération d'enjeux mondiaux émergents*. <https://horizons.gc.ca/fr/2018/10/19/la-prochaine-generation-denjeux-mondiaux-emergents/>
- Rahman, M.S. (2013). Climate change, disaster and gender vulnerability: A study on two divisions of Bangladesh. *American Journal of Human Ecology*, 2, 72-82.
- Ramin, B., & Svoboda, T. (2009). Health of the homeless and climate change. *Journal of Urban Health*, 86, 654-664.
- Reinhart, R.J. (2018, May 11). *Global warming age gap: Younger americans most worried*. Gallup. <https://news.gallup.com/poll/234314/global-warming-age-gap-younger-americans-worried.aspx>
- Reser, J.P., Bradley, G.L., & Ellul, M.C. (2014). Encountering climate change: 'Seeing' is more than 'believing'. *Wiley Interdisciplinary Reviews: Climate Change*, 5, 521-537.
- Rhodes, J., Chan, C., Paxson, C., Rouse, C.E., Waters, M., & Fussell, E. (2010). The impact of hurricane Katrina on the mental and physical health of low-income parents in New Orleans. *American Journal of Orthopsychiatry*, 80(2), 237-247.
- Rockström, J., Steffen, W., Noone, K., Persson, A., Stuart Chapin III, F., Lambin, E.F., Lenton, T.M., Scheffer, M., Folke, C., Schellnhuber, H.J., Nkvis, B., de Wit, C.A., Hughes, T., van der Leeuw, S., Rodhe, H., Sorlin, S., Snyder, P.K., Costanza, R., Svedin, U., ... Foley, J.A. (2009a). A safe operating space for humanity. *Nature*, 461, 472-475. doi: 10.1038/461472a
- Rockström, J., Steffen, W., Noone, K., Persson, A., Stuart Chapin III, F., Lambin, E.F., Lenton, T.M., Scheffer, M., Folke, C., Schellnhuber, H.J., Nkvis, B., de Wit, C.A., Hughes, T., van der Leeuw, S., Rodhe, H., Sorlin, S., Snyder, P.K., Costanza, R., Svedin, U., ... Foley, J.A. (2009b). Planetary boundaries: Exploring the safe operating space for humanity. *Ecology and Society* 14(2), 32. <http://www.ecologyandsociety.org/vol14/iss2/art32/>
- Ryan, R.M., Weinstein, N., Bernstein, J., Brown, K.W., Mistretta, L., & Gagné, M. (2010). Vitalizing effects of being outdoors and in nature. *Journal of Environmental Psychology*, 30(2), 159-168. doi: 10.1016/j.jenvp.2009.10.009
- Schmidt, A., Ivanova, A., & Schäfer, M.S. (2013). Media attention for climate change around the world: A comparative analysis of newspaper coverage in 27 countries. *Global Environmental Change*, 23, 1233-1248.
- Seligman, M.E., Railton, P., Baumeister, R.F., & Sripada, C. (2016). *Homo prospectus*. Oxford: Oxford University Press.
- Smith, N., & Joffe, H. (2013). How the public engages with global warming: A social representations approach. *Public Understanding of Science*, 22, 16-32.

- Somasundaram, D.J., & van de Put, W.A. (2006). Management of trauma in special populations after a disaster. *The Journal of clinical psychiatry*, 67(Suppl. 2), 64-73.
- Swim, J.K., Stern, P.C., Doherty, T.J., Clayton, S., Reser, J.P., Weber, E.U., Gifford, R., & Howard, G.S. (2011). Psychology's contributions to understanding and addressing global climate change. *The American psychologist*, 66(4), 241-250. doi: 10.1037/a0023220
- Tickerhoof, B. (2002). *Paradox: the spiritual path to transformation*. Waterford, CT: Twenty-Third Publications.
- Van Gordon, W., Shonin, E., & Richardson, M. (2018). Mindfulness and nature. *Mindfulness, Advance Online Publication*, 9(5), 1655-1658. doi: 10.1007/s12671-018-0883-6
- Weinstein, N., Przybylski, A.K., & Ryan, R.M. (2009). Can nature make us more caring? Effects of immersion in nature on intrinsic aspirations and generosity. *Personality and Social Psychology Bulletin*, 35(10), 1315-1329. doi: 10.1177/0146167209341649
- White, M.P., Alcock, I., Grellier, J., Wheeler, B.W., Hartig, T., Warber, S.L., Bone, A., Depledge, M.H., & Fleming, L.E. (2019). Spending at least 120 minutes a week in nature is associated with good health and wellbeing. *Scientific reports*, 9(1), 7730. doi: 10.1038/s41598-019-44097-3
- WHO (2021). *Access and allocation: how will there be fair and equitable allocation of limited supplies?* <https://www.who.int/news-room/feature-stories/detail/access-and-allocation-how-will-there-be-fair-and-equitable-allocation-of-limited-supplies>
- Winsemius, H.C., Jongman, B., Veldkamp, T.I.E., Hallegatte, S., Bangalore, M., & Ward, P.J. (2018). Disaster risk, climate change, and poverty: Assessing the global exposure of poor people to floods and droughts. *Environment and Development Economics*, 23(3), 328-348. doi: 10.1017/S1355770X17000444
- Wong, P.T.P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology*, 52(2), 69-81.
- Wyns, A. (2020, April 9). *Climate change and infectious diseases*. Scientific American. <https://blogs.scientificamerican.com/observations/climate-change-and-infectious-diseases/>
- Xiong, X., Harville, E.W., Mattison, D.R., Elkind-Hirsch, K., Pridjian, G., & Buekens, P. (2010). Hurricane Katrina experience and the risk of post-traumatic stress disorder and depression among pregnant women. *American Journal of Disaster Medicine*, 5, 181-187.
- Zelenski, J.M., & Nisbet, E.K. (2014). Happiness and feeling connected: the distinct role of nature relatedness. *Environment and Behavior*, 46, 3-23. doi: 10.1177/0013916512451901

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