

# Grounding ARCH Facilitation Framework Constructs in the Literature

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## **Background and Core Conditions of the ARCH Facilitation Framework**

The Arenas for Change (ARCH) facilitation framework evolved through the combined knowledge and experience of a core group of passionate facilitators and practitioners of experiential therapies that incorporate nature and horses. This group has come to be recognized as the “Creators Team.” The team drew on psychological therapies and theories that have been tested and supported in the literature to develop the ARCH facilitation framework keystones, namely; Sense of Self, Externalized Story, Empowering Mindset, and Natural Flow, identified by the acronym SEEN.

The following document provides insight into the theoretical grounding of the SEEN facilitation keystones, providing where possible the primary sources of scholarly and research-informed articles to support the constructs integral to the ARCH facilitation approach. It is the teams’ conviction that sharing the ARCH theoretical foundations creates a useful platform for both practitioners and academics alike. Research to further establish the theoretical foundations of ARCH in addition to the efficacy of interventions is wholeheartedly welcomed.

The ARCH facilitation framework provides a process with associated actions for the facilitation of transformative change experiences for clients. ARCH is founded on values and when implementing the ARCH facilitation actions, facilitators are acting within these values. The ARCH values with sub-values in parenthesis are Creative continuous learning (creativity, commitment, authenticity); Lighthearted humility (courage, grace, humility); Serving others based on respect (collaborative relationship, self-awareness, equity, do no harm); Integrity while trusting and enjoying the process (honesty, trust, connectedness, joy, growth mindset).

The ARCH framework addresses the thought process and actions facilitators are going through as they interact with and support those they serve. This includes both the stance (the way of being) of the facilitator as well as the actions to be taken during facilitation. The therapeutic relationship is founded in the core conditions of empathy, unconditional acceptance and genuineness as described in person-centered or client-centered helping relationships and is cognizant of the power dynamics of the relationship (Egan, 2014; Rice & Moon, 2018; Rogers, 1946). These core conditions enable one to be fully present within the therapeutic encounter and are founded on a profound respect for the human individual.

The following list provides clarification of how the core conditions are understood within the ARCH framework. For readers who desire a more in-depth understanding of these definitions they are guided to Egan (2014) and Walker (2001):

- (i) Empathy is the ability to understand a client from their point of view and when necessary, communicate this understanding to them. It involves understanding and feeling the emotions and thinking of another person, as well as how a person's context influences their thoughts and feelings. This requires an understanding of a client's worldview through efforts to understand how their beliefs and actions make sense to them. Furthermore, whilst empathy includes attempts to understand a person both in and through the context of their lives. It also involves efforts to understand the dissonance between a client's point of view and reality.
- (ii) Unconditional acceptance and positive regard are the facilitator's stance of wanting to fully understand a client's subjective experience, avoiding normative discourses. All behaviours make sense when viewed from a client's frame of reference, and the focus of responding is on the person's experiences as the person sees them. The facilitator stands "for" the client, and this means that the clients' point of view is always taken seriously, even in times when the clinical judgement of the therapist is that this view may be contributing to the client's problem story. The goal is not to change "what is" but to rather be "with" the client to fully understand "what is." A process is facilitated from the stance of utmost respect for a client's capacity to choose and take actions towards change when deemed necessary or desired.
- (iii) Genuineness is the ability of people in a relationship to be authentic with one another, perceiving and experiencing the other with sincerity and congruence. Hence the personality and perspective of the facilitator form part of the dialogical mix of the encounter; meaning that the facilitator sharing experiences and knowledge may occur such that it does not preclude the other two core conditions.

Within the helping relationship, ARCH facilitators collaborate with clients to identify the stories to be told in their lives, determining the characters and storylines thereof as well as ongoing authoring of stories such that current stories can be linked to past and future stories to facilitate transformation. Clients are regarded as authors, producers, viewers (impartial observers) and or characters in the stories

of self. The collaborative facilitator stands alongside as an editor, viewer (impartial observer), possible producer and or co-creator, open to the possibility that clients may cast them as characters alongside other elements in the context of where the story takes place.

Hence the ARCH framework is premised on the assumption that people construct their reality through stories and that when stories change people's lives change. It is the hope that this paper will provide knowledge of how the application of these premises together with the ARCH facilitation keystone rationale and tools, are aligned with postmodern, particularly social construction theoretical perspectives (Anderson, 2003).

## **What does Postmodern mean?**

Postmodernism is an umbrella term adopted by different domains such as psychology, philosophy and education which subscribe to various theoretical frameworks that ascribe to the idea that knowledge and truth are subjective. Theories that are regarded as postmodern hold the notion that people construct their realities as they live them and these are expressed through such things as beliefs, laws, social customs, habits of dress and diet, arising in social interactions over time (Freedman & Combs, 1996).

It is in language that people construct their views of reality, and people can only know worlds that are shared in language. Through agreed meanings of words and gestures, people's language informs on how to see the world and what to see in it, hence experiencing new meanings and new language can bring forth alternative realities thereby new worlds of possibility (Freedman & Combs, 1996). These realities that exist in language are socially constructed and are maintained through the stories that people live and tell others which are situated in specific social, cultural, and political contexts (Besley, 2002; Freedman & Combs, 1996).

Furthermore, the stories people narrate reflect the dominant societal power and knowledge relations and discussions operational in a person's life (Meehan & Guilfoyle, 2015). These relations and discussions form the instruments of modern power that determine the systems of norms and values which effectively organize the way people relate to each other within society (Combs & Freedman, 2012). What this means is that power and knowledge relations are happening in all aspects of people's lives. These processes cannot be escaped and everyone is subject to the influences of power in all interactions (Meehan & Guilfoyle, 2015).

### **Power**

The predominant view of power is that it is a property of a social relationship or an emergent of social interactions; it is not a property of an object or an individual. Power relations are complex, always in action and we cannot get away from them. According to social exchange theory, one individual or group (P+) has power over another (P-) in a relationship when P- needs something from P+ that P- cannot

attain elsewhere. Should this dependence be mutual then they both have power over the other i.e., they are interdependent and presumably are in the relationship to 'exchange' needs-satisfaction. In this case, neither should have the upper hand in negotiating the terms of their relationship.

Power relations can create three kinds of interrelationship struggles, namely: power over (against domination), power to (against subjectivity and submission, freedom to have a voice or effect power towards), and power from (against exploitation, ability to resist the demands of others) (Foucault, 1982). Furthermore, because context is not static (e.g., people's desires, options, and understandings of their own identities and those of others, change), and because needs are not static, power relations are not static (Pratto, 2016).

### ***Power and ARCH***

The ARCH facilitation framework stands against "power over" relations and actively seeks to encourage "power to" and/or "power from" relations with clients. This brings ARCH in line with postmodern viewpoints that position the facilitator/practitioner (therapist) as a co-learner (co-author or editor). The facilitator collaborates in an empowering process, open to learning from clients the individual (internal) and social contextual (external) factors that facilitate or create barriers to empowerment, and reflect on the impact of one's own beliefs, biases, and social contexts on power relations (Anderson, 2003, 2007; Cattaneo & Chapman, 2010; Joseph, 2020).

### **What is Social Construction?**

According to Anderson (2003), social construction is a particular postmodern theory that emphasizes truth, reality, and knowledge as socially embedded and views language as a significant player in the creation of these products. It is concerned with making sense of the processes that people engage to describe, explain, and account for the world (including self) in which they live. Language is regarded as a meaningful metaphor with a significant role in knowledge creation, communication, and transformation as well as within human systems and interactions. Simply put, social construction views that knowledge and reality are created through conversation; it is concerned with the interactions between people as they join together to construct realities that are shared through language. This is reflected in the ARCH view that people construct the realities of their lives through language which are regarded as stories.

As a social construction therapeutic approach, ARCH shares the following set of fundamental principles underlying the understanding of human behaviour and relations (Anderson, 2003, pp. 144-145):

- The notion of objective discoverable knowledge and universal absolute truths is viewed skeptically.
- The world, our truths, is not out there waiting to be discovered.
- Knowledge and social realities are linguistically and communally constructed; and reality, therefore, is a multiverse.

- Language is the vehicle through which people know and attribute meaning to their world, including realities about the people, events, and experiences of their lives.
- Neither problems nor solutions exist within a person or a family; they take shape and have meaning within a relational and dialogical context.
- The goal of therapy is to create a relational and dialogical context for transformation.
- Transformation—outcomes and solutions—is inherent and emerges in dialogue.
- Transformation is unique to the client and the participants in the therapy conversation and therefore cannot be predetermined ahead of time.
- The person and *self*, including development and human agency, are viewed as interdependent, communal, and dialogic entities and processes, rather than as isolated, autonomous interior ones.
- People have multiple identities, and their identities are shaped and reshaped in social interaction.

Furthermore, therapeutic approaches situated in these premises share common values (Anderson, 2003, p. 145):

- A nonpathological, non-judgmental view.
- Appreciate, respect, and utilize the client’s reality and uniqueness.
- Use story and narrative metaphors.
- Collaborative in structure and process.
- Avoid labelling and blaming classifications of individuals and families or their behaviours.
- More “public” or “transparent” with information and biases (self-disclosure and open to feedback from clients).

Many of these and more are represented in the values upon which the ARCH facilitation framework is premised.

### **Social Construction Therapeutic Approaches**

Therapeutic approaches based on ideas from social constructionism include, amongst others, narrative therapy and solution-focused therapy, which lend themselves to be used in a variety of contexts including diverse multi-cultural settings (Oliver et al., 2011). The postmodern therapist aims to set a context and to facilitate a process for change, rather than to change a person or group of people. The stance of the therapist is one of “being with” clients which is a stance where people talk with one another, rather than talk to or at one other. Therapy occurs within a dialogical conversation and collaborative relationship between therapist and clients. Integral to this kind of partnership is that the focus on the client’s story takes “center stage,” requiring the therapist to continue listening and learning to understand the client from the client’s perspective (Anderson, 2003).

There are several different postmodern-informed approaches and ARCH integrates different aspects of the three major postmodern approaches of collaborative, narrative, and solution-focused as summarized in Table 1.

Table 1  
*Summary of Collaborative, Narrative, and Solution-Focused Approaches Influencing ARCH Facilitation Framework.*

APPROACH	POWER	RELATIONSHIP & EXPERTISE	VIEW OF PROBLEMS	STANCE
<b>COLLABORATIVE</b>  Anderson & Goolishian (1997 +)  Anderson (2003)	Power is important.  Client therapist relationships are egalitarian & less hierarchical.  Transparent about biases.  Oppressive narratives are only pertinent if the client thinks they are.	Emphasizes client-therapist relationships.  The client and the therapist are conversational partners engaging in dialogical dialogue and collaborative relationships.  The therapist assumes a not-knowing position and views clients as experts in their lives.	Problems are viewed as a part of everyday living and don't emerge as a result of individual pathology or dysfunctional families. Rather, they are viewed as a unique set of events or experiences that has meaning only in the context of the social exchange in which it happened.  Problems are never fixed; they shift as the definitions, meanings, and shapes change over time through conversation.	Therapists favor mutual inquiry, not invested in the content of the outcome.  Walking alongside toward unknown destination of new meaning & action.  The therapist might be described as wandering here and there, not moving in a specific predetermined direction.  People talk "with" each other rather than "to" each other.

APPROACH	POWER	RELATIONSHIP & EXPERTISE	VIEW OF PROBLEMS	STANCE
<p><b>NARRATIVE</b></p> <p>D. Epston and M. White (1990 +)</p>	<p>Power is important and there is a commitment to social justice and the questioning of power influences both inside and outside the therapy context.</p> <p>Client therapist relationships are egalitarian &amp; less hierarchical.</p> <p>Transparent about biases.</p> <p>The agenda is to liberate people from oppressive narratives.</p> <p>The therapist engages in relationships that are both empowering and supportive thereby opening space for therapeutic loving as described by Karl Tomm (Freedman &amp; Combs, 1996b).</p>	<p>Emphasizes the client-therapist relationship.</p> <p>Clients are the experts of their life and are central to the process.</p> <p>Acknowledges the expertise of both the therapist and the client and that they both have power in the session.</p> <p>A therapist is influential as it is the nature of the inquiry that assist clients to define their position to problems and understanding what underlies these problems (White, 2007).</p>	<p>Dominant cultural discourses and institutions influence the problem stories that people bring to therapy.</p> <p>Problem stories affect people's identities and generate blame and hopeless feelings.</p> <p>Problems are problems and are viewed as separate from individuals. They are experienced as limiting and oppressing to self and others in the system.</p> <p>Problems persist because problem-saturated stories persist.</p> <p>The therapist stands with the client against the problem. A resolution is achieved when the story narrative changes. The emergent new story</p>	<p>Therapists favor a process leading to moving from problem stories to preferred stories and the person being able to live this.</p> <p>The therapist takes a decentered position and the client is the lead author (Carr, 1998). With the therapist being a narrative editor or co-author.</p> <p>The therapist may ask questions and make comments as if moving the conversation in a particular direction. They ask questions to thicken preferred story narratives and listen for unique outcomes/ sparkling events that are contrary to the problem story or provide</p>



APPROACH	POWER	RELATIONSHIP & EXPERTISE	VIEW OF PROBLEMS	STANCE
			<p>may be called the preferred outcome/story.</p>	<p>an opening for a different perspective.</p> <p>The therapist adopts a collaborative co-authoring consultative stance using professional knowledge to influence the relationship in the choice of position, words, and use of externalizing language (Freedman &amp; Combs, 1996b).</p> <p>The therapist actively deconstructs the problem story and supporting assumptions, as well as externalizes the story elements.</p>
<p><b>SOLUTION-FOCUSED</b></p> <p>Berg &amp; deShazer (1993)</p>	<p>Power and oppression are not relevant to this therapy.</p>	<p>The therapist does not emphasize the therapeutic relationship.</p>	<p>Language is reality. Problems are a client's reality: to change a problem, one must change the reality by</p>	<p>The therapist overtly steers clients toward identifying behavioral goals and solutions.</p>

APPROACH	POWER	RELATIONSHIP & EXPERTISE	VIEW OF PROBLEMS	STANCE
	<p>This being said, when clients do not cooperate, therapists interpret this as helping the therapist find a better way to help them.</p>	<p>Therapists use their expertise in helping devise strategies toward goals.</p> <p>Solution-focused therapy respects clients' resources and is directed toward building solutions rather than increasing insight into putative maladaptive psychological mechanisms.</p>	<p>changing the language.</p> <p>The talk about the events, circumstances, and people in clients' lives defines a problem as a problem.</p> <p>Emphasize a shift from problem talk to solution talk. Progressive narratives lead toward goals by allowing clients to elaborate on and 'confirm' their stories, expanding and developing exceptions, and changing "problem" themes into solution themes.</p> <p>Challenge the relationship between problems and solutions. Solutions are not necessarily related to problems and vice versa.</p>	<p>Contemporary therapists' do so more collaboratively.</p> <p>It is non-pathologizing, optimistic, collaborative, future-oriented, versatile, user-friendly.</p> <p>Therapists believe that change and cooperation are inevitable, that everyone has the resources to change, and that clients succeed when their goals drive therapy.</p> <p>Therapists want to know or assess the client's goal. They also want to know the exceptions to the problem, for these exceptions hold the seeds for solutions.</p>

## ARCH Facilitation Skills: The SEEN Keystones

### SENSE OF SELF (SOS)

ARCH Definition	SOS Skills Development	Blocks to SOS
<p>SOS is understanding who we are and why we are doing things. How we show up in all arenas, and in every interaction, impacts everything and we work to be aware of it from the start. It influences what we see and hear, how we perceive it, and how we intervene and engage. Through SOS, we are preparing ourselves to have an interaction to support others in the process. Our ongoing awareness, understanding, and intentional application of our SOS is a foundation for effective work.</p>	<ul style="list-style-type: none"> <li>• What is my SOS in this moment?</li> <li>• What are my SOS opposites?</li> <li>• What are my thought processes behind what I am doing?</li> <li>• How am I impacting the story verbally and nonverbally?</li> <li>• How can I AAA (Aware, Analyze, Apply) my SOS to inform the process?</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of self-awareness</li> <li>• Position of knowing rather than a position of curiosity</li> <li>• Lack of self-reflection</li> </ul>

Siegel (2010) states that positive outcomes in therapy, counselling, coaching, and personal development “hinge on the presence of the clinician as a person,” in other words how they establish a connection with a client in the healing process. Carl Rogers is acknowledged for identifying that positive therapeutic outcome is contingent on the nature of an empathic therapist, accepting and genuine, rather than on the techniques employed (Egan, 2014). Research now provides neurobiological evidence supporting that an engaged, committed, caring therapist (facilitator) who is mindful of self, and of how this self relates to that of the client, is the most significant determinant of how a person will respond to the healing process (Siegel, 2010).

Moreover, Di Plinio et al. (2020) show that the experience of a sense of self emerges from the integration of intrinsic and extrinsic self-processing through the spread of information across brain systems. Their findings provide evidence that brain systems integrate and segregate to establish a multidimensional sense of self. The intrinsic sense of self (SOS) is the self-processing “me” that is known to oneself (as described by William James in 1890), including one’s identity, memories, personal narratives, and interoception. Whilst the extrinsic SOS experience of oneself is the sense of agency of the “I” as the source of one’s actions and resultant consequences akin to the subjective knower who intentionally interacts with the environment also described by William James.

## **Definition of Sense of Self**

The ARCH definition of SOS emphasizes the person of the therapist (facilitator, counsellor, practitioner) as a critical tool in the delivery of effective sessions (counselling, therapy, coaching, etc..) as such the therapist is regarded as an instrument of facilitation (therapy, counselling, change) (Egan, 2014; McWilliams, 2004; Siegel, 2010). The use of self in therapy requires the intrinsic sense of self whereby the facilitator (therapist) has sufficient self-insight, knowledge, and understanding of himself or herself concerning values, beliefs, life experiences, and worldview (Pieterse et al., 2013). Whereas the facilitator's extrinsic SOS involves self-awareness and self-regulation to both identify and understand how personal biases and individual worldviews influence the therapeutic process. If facilitators lack self-awareness, their actions could impede the therapeutic process and potentially effect harm to a client.

Sense of self refers to the experiencing process of the facilitator and reflects the facilitator as an authentic human being who is an observer and participant in the dialogical story development process. Within the ARCH context, the facilitator's sense of self will serve to assist the facilitator to refrain from taking the story author role and be able to recognize their role in the story development be it as an editor, producer, viewer, and or character. The facilitator reflects on the experience of the process with the client to determine the usefulness of self to the process of facilitating the flow of the untold story (Rober, 1999). From the postmodern perspective, the self is regarded as "an ever-changing expression of our narratives, a being-and-becoming through language and storytelling as we continually attempt to make sense of our world and ourselves" (Anderson, 1997, p. 216).

ARCH facilitation recognizes self-reflection and self-awareness as critical skills for therapists and facilitators in establishing a sense of self (SOS). Self-awareness is knowledge about the self which includes knowledge or awareness about one's thoughts, behaviors, and emotions, it is a state and is therefore situational. Through self-reflection one becomes aware of the impact of one's actions, intentions, motives, emotions, thoughts, and feelings on clients and the therapeutic / learning process. (Richards et al., 2010). Facilitator self-awareness is achieved through the process of self-reflection (Pompeo & Levitt, 2014; Von Wright, 1992). To ensure the efficacy of the therapeutic process, it is well recognized that training in these skills is considered critical in the facilitator's ability to work effectively within racially and culturally diverse therapeutic settings and relationships (Pieterse et al., 2013).

In summary, SOS skills require that the facilitator is constantly reflecting on the experience of both intrinsic and extrinsic self. This will include - physiological and emotional experiences, cognitions - awareness of biases, beliefs, prejudices, power, cultural and socio-political discourses, and knowledge operating in the self in the present moment. There is an openness to gaining understanding/recognition of the origins in addition to the potential impacts they may have. Also, it requires the ability to shift (psychological flexibility) to acquire open-mindedness and a growth mindset to allow for clients differing views and to shift based on feedback from clients.

***The APA online dictionary provides the following definitions relating to the sense of self***

***<https://dictionary.apa.org/sense-of-self>***

**Definition of sense of self:** An individual's feeling of identity, uniqueness, and self-direction. See also self-concept; self-image.

**Definition of self-concept:** *n.* one's description and evaluation of oneself, including psychological and physical characteristics, qualities, skills, roles, and so forth. Self-concepts contribute to the individual's sense of identity over time. The conscious representation of self-concept is dependent in part on the nonconscious schematization of the self. Although self-concepts are usually available to some degree to the consciousness, they may be inhibited from representation yet still influence judgment, mood, and behavioural patterns. Also called **self-appraisal; self-assessment; self-evaluation; self-rating.**

**Definition of self-image:** *n.* one's view or concept of oneself. Self-image is a crucial aspect of an individual's personality that can determine the success of relationships and a sense of general well-being. A negative self-image is often a cause of dysfunctions and self-abusive, self-defeating, or self-destructive behaviour.

### **Preparation for the role as facilitator**

The client arrives in the session with a story to tell (White, 2007), together the client and the therapist/facilitator participate in the development of the untold stories through the nature of the therapeutic conversation (Anderson, 2007; Anderson & Goolishian, 1992; Rober, 1999). From the narrative perspective, stories that emerge in therapeutic conversations are co-created by the therapist and the client.

The following has been taken from (Rober, 2005, p. 2): "In therapy, the therapist tries to help clients to tell their stories. He is responsible for the creation of a context in which the "not-yet-said" (Anderson, 1997; Anderson & Goolishian, 1988) can be said, or, in other words, for the creation of a safe therapeutic culture (Rober, 1998) in which subjugated knowledge can be accessed (White & Epston, 1990). This is a culture where the therapist is present as a person who has respect and empathic recognition for the stories the clients tell. By contributing to such a safe therapeutic culture, the therapist helps to make space for the "not-yet-said.""

The role of the facilitator is as a co-constructor/co-learner (participant-manager such as an editor or producer) of client stories, actively engaged in the story development through; asking questions, the stance adopted, as well as all through that which is chosen to be said and or not-said (Rober, 1999).

Furthermore, the therapist's position is a curious one of "not-knowing," which Anderson and Goolishian (1992, p. 28) describe as requiring "that our understandings, explanations, and interpretations in therapy not be limited by prior experiences or theoretically formed truths and knowledge." In this view, the clients' voices and their lived experiences are privileged since they are seen as experts of themselves. The relationship of the clients to the therapist is described as a relationship of co-authorship (White, 1991), participation (Hoffman, 1991), and collaboration (Anderson, 1997).

**Definition of therapeutic conversation:** “The therapeutic conversation is a circle of meaning, of which both the therapist and client are a part. The story that emerges in the therapeutic conversation is co-created by the therapist and the client. The therapist co-constructs the client's story by the questions he asks, the positions he takes, the things he says, and so on” (Rober, 2005, p. 2).

**Definition of not-knowing:** “Not-knowing refers to the way therapists think about and position themselves with their knowledge and expertise. They do not believe they have superior knowledge or hold a monopoly on the truth. They offer what they know or think they might know but always hold it and present it tentatively. That is, therapists offer their voice, including previous knowledge, questions, comments, opinions, and suggestions, as food for thought and dialogue. Therapists remain willing and able to have their knowledge (including professional and personal values and biases) questioned, ignored, and changed. Not knowing can be misunderstood as therapists knowing nothing, pretending ignorance, or forgetting what they have learned. Instead, it simply refers to how therapists position themselves with their knowledge, including the timing and the intent with which knowledge is introduced” (Anderson, 2003, p. 151).

## EMPOWERING MINDSET

ARCH Definition	Empowering Mindset Skills Development	Blocks to Empowering Mindset
<p>Empowering mindset is a belief in our clients’ innate capabilities to grow, learn and access their unique strengths and gifts. As facilitators, we engage with the client in a <i>collaborative mindset</i> and support them as the expert in their own lives. They are the author of their story and we are open to the possibilities of where the story goes. Through a choice-oriented environment and empowering facilitation, we provide a safe and intentional space for clients’ resources to be activated, to be who they are and to make uniquely personal decisions.</p> <p><b>Elements of empowering facilitation:</b></p> <ul style="list-style-type: none"> <li>- SOS – belief, curiosity and open to the possibilities (stance of the facilitator)</li> <li>- Collaborative mindset – the client is the expert/author of their story (view of the person)</li> <li>- Choice-oriented environment</li> <li>- Stage of the journey</li> <li>- Holding space</li> </ul>	<ul style="list-style-type: none"> <li>• Am I curious to learn from the client, with the outcome unknown?</li> <li>• How am I facilitating with a choice-oriented environment?</li> <li>• Is the client authoring the story, or am I?</li> <li>• Am I placing interpretations, judgments, assumptions or expectations on the client or experience?</li> </ul>	<ul style="list-style-type: none"> <li>• Try to “solve” or work towards our solution, and in our time frame</li> <li>• Place our interpretations, judgments, assumptions, and expectations on the experience</li> <li>• Become the author of their story (becoming the expert)</li> <li>• Make the choices or eliminate options</li> <li>• Judge the choices, such as “good” or “bad”</li> <li>• Try to move through the stages more quickly than the client</li> <li>• Focus on the outcome</li> <li>• Holding to our ideas instead of holding space – becoming the story director</li> <li>• Skipping the “through” and avoiding the “with”</li> <li>• Lack of awareness of the potential and real power differentials in sessions and broader context</li> </ul>

### Definition of Empowerment

The action of empower is empowerment (to empower).

Critiques of the empowerment concept indicate that it is not well defined in the literature and that its colloquial use is different to that used in academia (Cattaneo & Chapman, 2010). However, the Joseph (2020) critical review of empowerment literature indicates that despite a lack of conceptual coherence the majority of scholars share the perception of the empowerment concept as a transformative tool to energize disenfranchised people about their strengths and the dynamics of power.

Two possibly relevant definitions of empowerment to consider for ARCH are:

1. The Canadian Association of Schools of Social Work held at Windsor, Ontario, Whitmore (1988) essentially identified the following four common assumptions of empowerment: (1) Individuals are assumed to understand their own needs better than anyone else and hence should have the power both to define and act upon them. (2) All people possess strengths upon which they can build. (3) The process of empowerment is assumed to be a lifelong endeavour. (4) Personal knowledge and experience are valid and useful in coping effectively (Joseph, 2020). [This definition does not highlight the significance of social contextual influences on the process of empowerment.]
2. "Empowerment as an iterative process in which a person who lacks power sets a personally (i) meaningful goal oriented toward increasing power, (ii) takes action toward that goal, and (iii) observes and reflects on the impact of this action, (iv) drawing on his or her evolving self-efficacy, (v) knowledge, and (vi) competence related to the goal. Social context influences all six process components and the links among them" (Cattaneo & Chapman, 2010, p. 647) This definition of empowerment integrates much of the theory that goes before in the literature as mentioned in Joseph (2020) definition. A shortcoming is that it speaks more to the outcome of the client than to the creation of the context in which empowerment might be an outcome.

Since the goals pursued in the empowerment process are power-related and embed the process of empowerment in social interactions, when considering empowerment as a facilitator stance and as an intervention action, it is important to consider power dynamics at both the level of the person and social context, as well as the goal to be achieved. If not, there is a risk of causing harm or disempowering the very people intended to be assisted to become empowered (Cattaneo & Chapman, 2010).

Finally, the human agency criterion compels a theory to "recognize humans as active agents within their environment" (Joseph & Macgowan, 2018, p. 9). Proponents are cognizant of human agency, especially about the relationship with the environment. Zimmerman (1995, 2000) suggested that empowerment be conceptualized from an intrapersonal, interactional, and behavioural viewpoint. The intrapersonal aspect of empowerment involves an individuals' self-awareness of his/her ability to be influential in socio-political contexts. The interactional component of empowerment allows an individual to interact with the external world by acquiring the necessary skills to become active in social and political activities. Finally, the behavioural sector of empowerment is the situation whereby an individual takes action to change social, economic, and political conditions in his/her environment by implementing the skills learned during the interactional process.



**The APA definition of empowerment:** The delegation of increased decision-making powers to individuals or groups in a society or organization. —empower *vb.* n. the promotion of the skills, knowledge, and confidence necessary to take greater control of one’s life. In psychotherapy, the process involves helping clients become more active in meeting their needs and fulfilling their desires and aims to provide them with a sense of achievement and realization of their abilities and ambitions. See also [enabling](https://dictionary.apa.org/empowerment). (<https://dictionary.apa.org/empowerment>)

**APA definition of enabling:** the process of encouraging or allowing individuals to meet their own needs and achieve desired ends. A therapist attempts to enable clients to believe in themselves, have the confidence to act on their desires and affirm their ability to achieve. (<https://dictionary.apa.org/enabling>)

***Colloquial definitions of empower and empowerment:***

1. To give [permission](#), [power](#), or the legal right to do something.
2. To give someone more [confidence](#) and/or [strength](#) to do something, often by enabling them to increase their control over their own life or situation. (<https://en.wiktionary.org/wiki/empower>)
3. Empowerment is the degree of autonomy and self-determination in people and communities. This enables them to represent their interests in a responsible and self-determined way, acting on their authority. It is the process of becoming stronger and more confident, especially in controlling one's life and claiming one's [rights](#). Empowerment as action refers both to the process of self-empowerment and to the professional support of people, which enables them to overcome their sense of powerlessness and lack of influence and to recognize and use their resources. (<https://en.wikipedia.org/wiki/Empowerment>)

**Additional notes on Empowerment**

Clients often perceive helpers (facilitators, therapists, coaches, etc.) as relatively powerful people, and the reality is that even the most egalitarian and person-centred helper does influence their clients. Hence, it is necessary to acknowledge that people influence one another in every setting in life, and as such, there is a social influence in the helping process (Egan, 2014).

According to Egan (2014), it would be condescending and patronizing for a helper to view themselves as “empowering” clients; this would position helping as another form of oppression of those who are potentially already oppressed. Effective helping occurs when clients discover, develop, and access the untapped power within themselves. Egan (2014, pp. 46-47) provides this list of empowerment-based norms adapted from the work of Farrelly and Brandsma (1974); a) grounding in the belief that clients can change if they choose; b) clients are not seen as victims; c) not fooled by client appearances (not take clients at face value); d) share the helping process with clients; e) help clients see counselling sessions as work sessions; f) become a coach or consultant to clients; g) accept helping as a natural, two-way influence process; h) focus on learning instead of helping; i) don’t see clients as overly fragile.

### **Empowerment theory in relation to SEEN**

1. Empowering facilitation refers to the nature of the context as set through the stance of the facilitator (which is supported by the structure of the service providing organization). A client experience is empowering beyond the immediate context of the session and needs to extend to all the systems and processes involved in delivering the service. This corresponds to the trauma-informed facilitation model.
2. When considering empowering mindset as an ARCH facilitator stance and as an intervention action, it is important to consider power dynamics at both the level of the person and social context, as well as the goal to be achieved. If not, there is a risk of causing harm or disempowering the very people, we intend to assist to become empowered (Cattaneo & Chapman, 2010).
3. The ARCH empowering mindset is the facilitator acknowledging the power component in the facilitator/client relationship. In order to achieve this, facilitators are required to consciously be aware of it and minimize it in themselves – the need or draw to be the “expert,” or “author” of the client’s story. While we may be an “expert” in our profession, we want to be cautious of becoming the “author” of the client’s story.
4. In ARCH, the focus is primarily on empowering mindset as a facilitator stance, rather than on outcomes of the client. This keystone encourages facilitators to consciously think of creating an environment where clients are respected and supported for who they are, and that the process is collaborative vs. hierarchical.
5. The significance of facilitator awareness regarding the impact of their stance on client empowerment is supported in research which identifies that facilitators must develop an understanding of the process of empowerment in order to create empowering contexts for clients (Cattaneo & Chapman, 2010).

### **Understanding Empowerment from a Trauma-Informed Care Approach**

Butler et al. (2011, p. 184) provide the following definition of empowerment as is understood in Trauma-informed care (TIC) approaches: “Empowerment: Emphasizing strengths and resilience, as well as exploring coping strategies and sources of personal strength that have been used in the past, is empowering. By recognizing the abilities and skills that clients bring to their experience, the therapist can help the client deploy these resources to cope with the challenges he or she faces. A focus on wellness rather than illness is vital and empowering. Additionally, educating clients about trauma and how their past experiences may be contributing to their current circumstances and/or reactions can help clients achieve insight into how to be more effective in anticipating and managing their responses. Furthermore, clients need to be encouraged to build a realistic sense of hope about the future and the skills that can maximize future successes.”

By recreating abuse through “power over” relationships, services can re-victimize service users, preventing recovery. This highlights the need for psychiatric services to do the opposite of trauma: from fear to safety, from control to empowerment, and from abuse of power to accountability and transparency (Sweeney et al., 2018, p. 384).

TIC approaches include social justice components - they are aware and actively address power discourses. TIC practitioners intentionally set up environments that eliminate power over relations. Clients are equitably involved in decisions regarding their care. The responsiveness and patient control in trauma-informed approaches require negotiated and flexible service design, which at the same time cannot equate to limitless care.(Sweeney et al., 2018).

Empowerment includes efforts to share power with clients giving them a strong voice in decision-making at both the individual and service provider level. The provision of meaningful options and opportunities to make meaningful choices provides increased levels of control leading to better outcomes for clients (Bowen & Murshid, 2016).

Trauma-informed approaches are an organizational change process operating at a whole-systems level; focused on preventing (re)traumatization within services, they guide the systemic requirements for a service providing organization and are distinct from trauma-specific services (Sweeney & Taggart, 2018). Summary of the guiding principles described in Sweeney and Taggart (2018, p. 384) are: (i) viewing through a trauma-informed lens, (ii) adopting a broad definition of trauma, beyond PTSD, (iii) making trauma enquiries sensitively, (iv) referring to evidence-based trauma services, (v) addressing vicarious trauma and re-traumatization, (vi) prioritizing trustworthiness and transparency, (vii) moving towards collaborative relationships, (viii) adopting a strengths-based approach, (ix) prioritizing emotional and physical safety for all, (x) working in partnerships with survivors. While not all clients have a history of trauma, awareness of TIC principles helps facilitators in moving away from the traditional “power over” approach of the medical model (Sweeney & Taggart, 2018).

## **Collaboration**

As has already been mentioned, the ARCH facilitation process is a collaborative process of change where a facilitator is with a client as they explore their current and desired life stories. In order for the relationship to be collaborative, the facilitator is aware of the power discourses impacting and acting in the session and takes active steps through using the Empowering Mindset and Natural Flow processes of SEEN to reduce the impact of the power differential.

**APA definition of Collaboration:** *n.* the act or process of two or more people working together to obtain an outcome desired by all, as in [collaborative care](#) and [collaborative learning](#). An interpersonal relationship in which the parties show cooperation and sensitivity to the other’s needs. [first described by Henry Stack Sullivan] —collaborative *adj.* (<https://dictionary.apa.org/collaboration>)

**The colloquial definition of collaboration:** the process of two or more people, entities or organizations working together to complete a task or achieve a goal. Collaboration is similar to cooperation. Most collaboration requires leadership, although the form of leadership can be social within a decentralized and egalitarian group. Teams that work collaboratively often access greater resources, recognition and rewards when facing competition for finite resources.

(<https://en.wikipedia.org/wiki/Collaboration>)

### **Choice-oriented Environment**

A context in which clients are empowered to make their own decisions and have a sense of control over their treatment and process of recovery (Fallot & Harris, 2009; Levenson, 2017).

**Definition of Choice behavior:** the selection of one of many available options or behavioral alternatives.

View of the person:

- (i) Capable of change – has the inner resources to change. Self-efficacy mechanism as described by (Bandura, 1982, 2010)
- (ii) Infinite worth - strengths, talents, and gifts to give to the world. Strengths-based view of the human being (Frankl, 1969; Peterson & Seligman, 2004; Wong, 2006)

### **Strengths-based approach**

According to Peterson and Seligman (2004), human positive characteristics can be conceptualised on three levels:

1. Virtues are the core characteristics valued by moral philosophers and religious thinkers: wisdom, courage, humanity, justice, temperance, and transcendence. Peterson and Seligman (2004) postulate that these are universal, possibly grounded in biology through an evolutionary process that selected for these aspects of excellence as means of solving the important tasks necessary for survival of the species. It is further speculated that these virtues are essential and that there is a threshold presence of all these values for someone to be deemed of good character.
2. Character strengths are the psychological ingredients, the processes or mechanisms that define the virtues. They are the routes to be followed for a virtue to be present or realized. The strengths are distinct, and all involve the acquisition and use of knowledge. Not all strengths are required to be displayed in order that a virtue be realized. A person is regarded of good character if they display 1 or 2 strengths within each of the given virtue groups. 24 different character strengths are described.
3. Situational themes are the specific habits that lead people to manifest given character strengths in given situations. The enumeration of themes must take place setting by setting. The majority of the research regarding setting relates to the workplace – see Gallup Organization (O'Connor – reference). Conceptually themes differ from character strengths; (i) themes are thoroughly

located in specific situations. (ii) themes may manifest differently in different situations, (iii) a theme makes sense only for describing behavior in a given setting, (iv) themes may differ across cultures, cohorts, gender, and other significant social contrasts, (v) themes are neither good nor bad, they can be used to achieve strengths and thereby contribute to virtues. A point about themes is that different people can achieve the same outcome by using different configurations of them, i.e., there are different ways to be a good clerk, a good teacher, a good person.

Definition of character strengths: They are multi-dimensional and encompass these criteria:

1. A strength contributes to various fulfillments that constitute the good life, for oneself and for others. Although strengths and virtues determine how an individual copes with adversity, our focus is on how they fulfill an individual (Peterson & Seligman, 2004, p. 18).
2. Although strengths can and do produce desirable outcomes, each strength is morally valued in its own right, even in the absence of obvious beneficial outcomes (Peterson & Seligman, 2004, p. 19). Strengths differ from talents and abilities because they fall in the moral domain.
3. The display of a strength by one person does not diminish other people in the vicinity.
4. Being able to phrase the “opposite” of a putative strength in a felicitous way counts against regarding it as a character strength.
5. A strength needs to be manifest in the range of an individual’s behaviour—thoughts, feelings, and/or actions—in such a way that it can be assessed. It should be a trait like in the sense of having a degree of generality across situations and stability across time.
6. The strength is distinct from other positive traits in the classification and cannot be decomposed into them.
7. A character strength is embodied in consensual paragons.
8. Where sensible there exist prodigies with respect to the strength (it is acknowledged that this may not apply to all strengths).
9. The existence of people who show, selectively, the total absence of a given strength.
10. Society at large provides institutions and associated rituals for cultivating strengths and virtues and then for sustaining their practice.

In essence, character strengths are multidimensional positive traits existing in degrees that are reflected in one’s thoughts, feelings, and behaviors, and are predispositions toward moral excellence (Park, 2004; Park et al., 2004) Good character is not the absence of deficits, rather it is a collection of positive characteristics (Park & Peterson, 2009).

### **A strength-based model of counselling:**

Strength-based counselling model of Smith, 2006 positions the strength perspective as a seeing the glass as half full rather than half empty. The perspective maintains that humans have a self-righting tendency and emphasizes clients’ assets rather than their deficits or problems. Furthermore, this perspective is founded on the belief that people are resilient, that they bounce back from life’s adversities, despite what appear to be overwhelming odds (Smith, 2006). Smith describes the approach as one that deals with the human virtues and strengths, as well as the cultural and ethnic group strengths, that assist

people to deal effectively with life. Each person's greatest room for growth is in the area of his or her strength. Psychological treatment is about client competence building, as well as about repairing damaged psychological well-being and installing hope.

Smith (2006, p. 25) provides Aspinwall and Staudinger (2003) definition of strength: "Strength may be defined as that which helps a person to cope with life or that which makes life more fulfilling for oneself and others. Strengths are not fixed personality traits; instead, they develop from a dynamic, contextual process rooted deeply in one's culture."

Strength development is intricately linked with resilience as resiliency provides the route through which strengths are developed. Research indicates that humans have an innate ability to bounce back in the face of adversity. Resilience is a dynamic, contextual process developed because of the interactions between individuals and their environments.

**Definition of Resilience:**

1. "The capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development" (Masten, 2011, p. 494).
2. Resilience is the ability to thrive in the face of adversity, this requires both a threat to well-being as well as a reasonable outcome in re-establishing well-being. The personal qualities associated with resilience include; Adaptability, Hardiness, Action orientation, Patience, Belief / Faith in benevolent intervention (Connor & Davidson, 2003; Masten, 2001, 2011).
3. Resilience is natural and normal, part and parcel of the innate health built into all human beings. The primary source of genuine resilience is allowing the human mind to think in the natural, healthy way in which it was designed to think (Kelley, 2005).

## EXTERNALIZED STORY

ARCH Definition	Externalized Story Skills Development	Blocks to Externalized Story
<p>Our stories influence our quality of life. We have the power to learn from and rewrite those stories. Externalizing means we can experience our stories through symbols outside of ourselves. By creating space and distance from and within our stories, we see new perspectives, in an emotionally safe way. We can see, hear, touch, relate with and move the characters in our story, which changes our internal experiences and behaviors as well. When our stories change, we change.</p>	<ul style="list-style-type: none"> <li>• Am I supporting the client’s story to unfold and flow?</li> <li>• Am I using the language of the story?</li> <li>• What characters / locations may be developed and explored?</li> <li>• What role am I in, and is the client in?</li> <li>• Am I facilitating through a distancing/externalizing lens?</li> <li>• What are the “arch” moments?</li> </ul>	<ul style="list-style-type: none"> <li>• Not being in the mindset and flow of the story               <ul style="list-style-type: none"> <li>○ The language of stories in general</li> <li>○ The language of the client’s story</li> </ul> </li> <li>• Lack of curiosity regarding the characters and the storyline</li> <li>• Sense of knowing the plot/storyline/character story arc – becoming the author of the story</li> <li>• Lack of consciousness regarding roles of facilitator and roles of client and timing of being in those roles</li> <li>• Not utilizing the different levels of distancing (externalizing) to support story change</li> </ul>

### Externalization

Externalization is a construct linguistic activity in which conversation about a problem generates the development of new meaning. The ability to facilitate external stories and problems resides in the use of language. Externalizing helps clients to see themselves as separate to their problems and explore the relationship they have to the problem(s), thereby supporting social justice as the client is able to enter a space where they can stand against the problem (Combs & Freedman, 2012; Epston, 1993). White (2007) likens the form of enquiry in narrative therapeutic externalizing conversations to that of investigative reporting. This is achieved through a specific style of questioning (Carr, 1998; White, 2007; White et al., 1990):

1. Relative influence questions - the client is invited to first map out the influence of the problem on their lives and relationships, and second to map out the influence that they exert on the problem. This can include inquiry regarding – Who or what is in control / in charge of the relationship? When is the problem stronger than you and vice versa?

2. Contextual influencing questions – at times, the problem may have a greater influence than people and vice versa. Inquiry is about the context – What feeds the problem? What starves the problem? Who or what is for the problem? Who or what is against the problem?
3. The use of the words “it” and “the” are helpful in externalizing the identified problem.

White (2007) states that externalizing conversations result in the objectification of the problem and not of the person as is the culturally accepted practice, thereby making it possible for the person to experience an identity as separate to the problem. This creates space for a person to take a position against the problem and see possibilities for solutions to the problem. This is done by the therapist carefully listening to a person’s story and asking questions about it, particularly about the effects of the problem on the person and the people around him or her.

Self-distancing is facilitated through externalizing which enables an experience of “taking a step back” from a personal experience or taking in the bigger perspective of being “a fly on the wall.” By doing this, people can work through their experiences more effectively. This process enhances a person’s level of psychological distance from the self, which increases their capacity to reason more constructively about their own problems (Kross & Ayduk, 2017).

The following is a useful resource regarding externalizing (Carey & Russell, 2003):

<https://dulwichcentre.com.au/articles-about-narrative-therapy/externalising/>

## **Stories**

People give meaning to their lives and relationships through stories, (Combs & Freedman, 2012; Freedman & Combs, 1996; White, 2007). The therapeutic focus of the story development is not on solving problems, but rather on “helping people immerse themselves in life stories that offer different possibilities and directions than those offered by the problem stories. From within these stories, people’s relationships to problems change” (Combs & Freedman, 2012, p. 1034).



## NATURAL FLOW

ARCH Definition	Natural Flow Skills Development	Blocks to Natural Flow
<p>Flow is movement. Natural flow is when a path is followed moment to moment creating a rhythm, cadence, and momentum. It is a conscious intention and a state of mind which impacts the natural fluidity of the session and each of us in the process. Flow is about acceptance and being in the present. By accepting, bridging, and building upon each moment, stories unfold in an optimal, organic, and connected way. Flow enhances everything.</p>	<ul style="list-style-type: none"> <li>• What is the flow in myself, others, environment and story?</li> <li>• Am I BBC: building, bridging or connecting (verbally and nonverbally)?</li> <li>• Is what I'm doing making sense to and supporting the flow of the story?</li> <li>• How am I applying "acceptance" and "pause" and "pacing"?</li> </ul>	<ul style="list-style-type: none"> <li>• Not in the present moment. (Experiencing monkey-mind – mind busy with thoughts of past and future and own ideas)</li> <li>• Not meeting the client where they are at and accepting the reality of the client as they story it</li> <li>• Wanting the story to change / trying to influence the story to bring about change</li> <li>• Becoming the critical and judgemental all-knowing editor</li> </ul>

### Definition of Flow in psychology

Flow is the optimal mental state of being fully immersed in an activity, that state where a person is fully engaged / immersed in, and focused on what they are doing (Csikszentmihalyi, 1990). This state is often referred to as being in the zone of optimal performance. However, flow theory has expanded to view flow as a broader experiential whole in particularly as a process-experience and is referred to as phenomenological flow (Elkington, 2010).

“Flow is seen as a positive mindset, wholly dependent upon the individual’s perception of what the challenges and skills are and whether they are matched favorably, translating into highly subjective thresholds for experiencing flow” (Elkington, 2010, p. 331).

In applying flow in therapeutic story development, story flow can be facilitated by the thoughts, ideas, prejudices, and images of the therapist which present opportunities to initiate dialogue provided they are offered in such a way that conversation or story is continued rather than closed (Anderson & Goolishian, 1988).

“When the act of experiencing flow is analyzed from a phenomenological perspective, it is revealed that an individual first experiences flow and then follows that experience with an attempted explanation or

description of it within post-flow experience. The intense, all absorbing nature of flow-in-action stands beyond the realm of conscious description or explanation, the “I” of normal or baseline consciousness is in abeyance and, as such, is said to be pre-reflective in nature. Phenomenologically speaking, in the process of flow as it is lived out by those involved, no explanation or description can take place; it is only once the experience has occurred, in what is termed “post-flow reflection,” that an individual is able to describe and explain it in any way. For this reason, immediately after a period of such intense involvement, there will invariably be a period of personal reflection, wherein the individual turns their focus inwards to determine the nature of what was experienced during flow-in-action.” (Elkington, 2010, p. 351).

**APA definition of flow:** *n.* a state of optimal experience arising from intense involvement in an activity that is enjoyable, such as playing a sport, performing a musical passage, or writing a creative piece. Flow arises when one’s skills are fully utilized yet equal to the demands of the task, intrinsic motivation is at a peak, one loses self-consciousness and temporal awareness, and one has a sense of total control, effortlessness, and complete concentration on the immediate situation (the here and now). [proposed in 1990 by Hungarian-born U.S. psychologist Mihaly Csikszentmihalyi (1934– )]  
(<https://dictionary.apa.org/flow>)

## PSYCHOLOGICAL AND EMOTIONAL SAFETY

A focus of the ARCH facilitation framework is to create an empowering environment which supports psychological / emotional safety.

**Definition of emotional safety:** An experience in which one feels safe to express emotions, security, and confidence to take risks and feel challenged and excited to try something new. (Taken from <https://safesupportivelearning.ed.gov/topic-research/safety/emotional-safety>)

**APA definition of empathy:** *n.* understanding a person from his or her frame of reference rather than one’s own, or vicariously experiencing that person’s feelings, perceptions, and thoughts. Empathy does not, of itself, entail motivation to be of assistance, although it may turn into [sympathy](#) or personal distress, which may result in action. In psychotherapy, therapist empathy for the client can be a path to comprehension of the client’s cognitions, affects, motivations, or behaviors. See also [perspective taking](#). —**empathic** or —**empathetic** *adj.* —**empathize** *vb.* (<https://dictionary.apa.org/empathy>)

**APA definition of emotional security:** the feeling of safety, confidence, and freedom from apprehension. In the approach of Karen D. Horney, the need for emotional security is the underlying determinant of personality and behavior; in the approach of Harry Stack Sullivan, it is itself determined primarily by interpersonal relations. See also [security operations](#). (<https://dictionary.apa.org/emotional-security>)

**What is psychological safety?**

Edmondson (2019, p. 8) defines psychological safety as “the belief that the work environment is safe for interpersonal risk taking.” Elements of psychological safety include: - the feeling of being able to speak up with ideas, questions or concerns (experience). The context that encourages psychological safety is one in which there is trust and respect among colleagues and they are encouraged to be open, honest, and frank in communication, to speak up rather than be silent. This style of open and authentic communication shines a light on mistakes, problems and opportunities for improvement thereby increasing the possibility for knowledge and ideas to be shared.

Psychological safety is a climate in which people are comfortable expressing and being themselves. People are able to share concerns and mistakes without fear of embarrassment or retribution. They are confident they can speak up without being ridiculed, ignored or blamed. Furthermore, it is a climate in which asking questions is encouraged and so feel confident to do so when unsure of something. The general attitude is one of trust and respect among colleagues.

Indicators of a psychologically safe environment are:

- Mistakes are reported quickly in order for prompt corrective actions to be taken – mistakes are opportunities for learning and growth
- Coordination across different groups or teams is enabled – share information
- Unusual, out of the norm, innovative ideas are confidently shared - contribute ideas
- Source of value creation in organizations operating in a complex, changing world (Edmondson, 2019, p. xvi)

Psychological safety is not immunity from consequences, not a state of high self-regard. In psychologically safe contexts people do fail. They may receive performance feedback that they are not meeting identified expectations, or lacking competence, and do lose their jobs. However, the key factor is that within these environments, people are not hindered by interpersonal fear. They feel willing to take and able to take inherent risks to be vulnerable.

Psychological safety emerges between teams rather than between individuals and is regarded as a property of the group, a property of an organization or team’s interpersonal climate.

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