Therapist experiences and perspectives on moving beyond symptoms and into flourishing: a grounded theory analysis

Emma Freetly Porter, Mackenzie Jessen, Jeremy J. Coleman, Sree Sinha, Nancy Devor, Shannon Sauer-Zavala, Heidi Levitt, Karen Tao, Mary Zanarini, Todd Farchione, Steven J. Sandage & Jesse Owen

Published online: 17 Jun 2023.

Submit your article to this journal ⬀

Article views: 361

View related articles ⬀

View Crossmark data ⬀

Citing articles: 3 View citing articles ⬀

Routledge
Taylor & Francis Group

Therapist experiences and perspectives on moving beyond symptoms and into flourishing: a grounded theory analysis

Emma Freetly Porter[a], Mackenzie Jessen[b], Jeremy J. Coleman[c], Sree Sinha[b], Nancy Devor[d], Shannon Sauer-Zavala[e], Heidi Levitt[f], Karen Tao[c], Mary Zanarini[g], Todd Farchione[h], Steven J. Sandage[i] and Jesse Owen[b]

[a]Graduate School of Education, Division of Psychological and Educational Services, Fordham University, New York, NY, USA; [b]Department of Counseling Psychology, University of Denver, Denver, CO, USA; [c]Department of Educational Psychology, Counseling Psychology Program, University of Utah, Salt Lake City, UT, USA; [d]Albert & Jessie Danielsen Institute, Boston University, Boston, MA, USA; [e]Department of Psychology, University of Kentucky, Lexington, KY, USA; [f]Department of Psychology, University of Massachusetts Boston, Boston, MA, USA; [g]McLean Hospital and Department of Psychiatry, Harvard Medical School, Boston, MA, USA; [h]Department of Psychological and Brain Sciences, Boston University, Boston, MA, USA; [i]School of Theology, Albert & Jessie Danielsen Institute, Boston University, Boston, MA, USA

ABSTRACT

Psychotherapy has historically focused on symptom reduction. However, there are calls for increasing our understanding of how psychotherapy impacts clients' flourishing. In this study, licensed mental health professionals and trainees across different clinical settings with diverse therapeutic orientations were interviewed about their perspectives on the cultivation of flourishing in psychotherapy, as well as their own personal experiences with flourishing. We were interested in understanding how therapists define flourishing, how they integrate flourishing into their work with clients, and any barriers or catalysts for engaging in this process. To do so, we conducted eight focus groups, and interviews were analyzed using grounded theory to form a hierarchy of categories. The results were used to create a three-part grounded theory. Results suggested that flourishing is a distinct concept from well-being that involves active engagement, emotional connection and meaning making. Our three-part grounded theory of flourishing elucidates how flourishing can be pursued by guiding clients towards their experiences of suffering in order to engage in meaning making and to identify their values, as well how systemic barriers can be navigated. Themes emerged related to the training of psychotherapists to promote flourishing, and the associated clinical and training implications are discussed

Public significance statement

This study explicates a grounded theory that describes what flourishing is, as well as how it can be incorporated into psychotherapy from the perspectives of therapists and trainees. This theory suggests that flourishing involves connecting to oneself and others and cultivating meaning from positive and negative experiences. Results suggested that

---

CONTACT Emma Freetly Porter ✉ efreetlyporter@gmail.com

this process requires that people navigate systems that impede flourishing and find ways to flourish in spite of these limitations.

Historically, deficit-based perspectives have dominated the empirical study of psychotherapy in the United States (U.S.), with reducing pathology or symptoms as the primary metric by which to assess the effectiveness of various treatment modalities. More recently, global health authorities have characterized alternative mental health outcomes as being of primary importance as well, including: states of wellbeing, actualization of potential, resilience, meaningful engagement, and contributing to one's community (World Health Organization, 2018). This recognition has spurred increasing consideration for dual-factor models of positive mental health that incorporate both the reduction of symptoms and the promotion of well-being (Westerhof & Keyes, 2010). A recent review of positive psychology constructs in psychotherapy research noted the majority of positive psychology research over the past three decades has led to the formulation of therapies and interventions intended to cultivate well-being, flourishing, and virtue. However, very little of this research is conducted in naturalistic settings with actual clients (see Jankowski et al., 2020). As such, flourishing has not been well-integrated in most treatment approaches (Bolier et al., 2013; Hendriks, Schotanus-Dijkstra, Hassankhan, De Jong, & Bohlmeijer, 2020), and to date, there appears to be very limited research seeking to understand *clinicians'* perspectives on how to move beyond symptom reduction and into the process of flourishing with clients. Indeed, the current state of empirical inquiry regarding flourishing and virtue has focused significantly on positive psychology interventions (PPIs; Scheel, Davis, & Henderson, 2013), whereas the aim of this study is to expand upon the previous research of Jankowski and colleagues (Jankowski et al., 2020) by exploring how virtues and flourishing are integrated into therapy in naturalistic settings. The present study sought to address this gap in the research by exploring clinicians' and trainees' conceptions of what flourishing is as a construct, as well as how it can best be integrated into training, psychotherapy, and mental health systems.

Research on flourishing and related treatments

Flourishing has been described as living within a range of subjective experiences that include optimal functioning, growth, and resilience (Fredrickson & Losada, 2005); feeling satisfied that one's life is going well (Huppert & So, 2013); having self-determination, and positive relations with others in one's life (Keyes, 2002). Additionally, flourishing has been described as encompassing subjective forms of well-being (i.e. positive emotionality), as well as more eudaimonic qualities associated with realizing human potential, such as relational maturity, meaningful life purpose, and contributing to the well-being of others (Lambert, Passmore, & Holder, 2015). Beyond the use of the term flourishing, a variety of theoretical framework have also emphasized enhancing positive client functioning, although they may have described this process with different terms (e.g. ACT; ADEP; Humanistic).

In a clinical context, the term flourishing has been used to describe the combination of low symptoms *and* high well-being (O'Connor et al., 2012; Trompetter, Lamers, Westerhof, Fledderus, & Bohlmeijer, 2017) and has been tied to capacities for healthy relational and social functioning (Jankowski et al., 2021). Flourishing has recently gained attention as a public health goal, with medical and government agencies being encouraged to include

flourishing in their aims for public and individual health (VanderWeele, McNeely, & Koh, 2019). Despite these useful definitions, flourishing has yet to be conceptualized from the perspectives of therapists, and as such, therapists' insights about how to integrate flourishing into psychotherapy remain untapped.

While less is known about therapist perspectives of flourishing, there is reason to believe that promoting client flourishing could lead to enhanced outcomes. Indeed, empirical support for the use of targeted interventions, like PPIs and virtue-based therapies, provide evidence that further inquiry regarding how to integrate flourishing into psychotherapy is warranted. PPIs can be categorized as supplements to evidence-based treatments, stand-alone treatments, or interventions that are integrated into other treatment approaches (Chakhssi et al., 2019). PPIs are theoretically grounded in the discipline of positive psychology and employ identifiable, evidence-based pathways, which typically include three elements: an explicit promotion of positive emotion, cognition, and/or behavior (Fava et al., 2005; Hendriks et al., 2019; Peterson & Seligman, 2004; Seligman, Rashid, & Parks, 2006). Meta-analyses of PPIs indicate that PPIs are effective for increasing well-being, and the effect size of therapist guided PPIs was significantly greater than for non-therapist guided PPIs (Bolier et al., 2013; Chakhssi, Kraiss, Sommers-Spijkerman, & Bohlmeijer, 2018; Hendriks et al., 2019; Weiss, Westerhof, Bohlmeijer, & Coyne, 2016). In addition to PPIs, virtue-based treatments represent alternative channels through which positive functioning can be achieved. These virtue-based treatments (e.g. Wade, Hoyt, Kidwell, & Worthington, 2014; Wong, McKean Blackwell, Goodrich Mitts, Gabana, & Li, 2017) promote the development of virtuous behaviors consistent with PPIs, resulting in growing levels of dispositional virtue over time. For instance, Wong, McKean Blackwell, Goodrich Mitts, Gabana, and Li (2017) developed a brief group therapy intervention focused on promoting gratitude. In initial studies, they found the intervention not only promotes gratitude, but also decreases psychological distress.

Although PPIs and virtue-based treatments provide valuable insights into how treatments can include targeted interventions, there remains limited empirical study of the integration of these interventions into day-to-day practice for many clinicians. In addition, Jankowski et al. (2020) suggested that some portion of psychotherapists may view these approaches as "too positive" to be relevant to a clinical population, while also running the risk of being ethnocentric, moralistic or value-laden, largely divorced from standard treatment approaches, and at best, only relevant once symptoms have been alleviated. Therefore, while past empirical evidence supporting the efficacy of PPIs and virtue-based treatments has laid an important groundwork in this field of study, there has been less investigation of the ways in which therapists target flourishing in psychotherapy more broadly. The purpose of this study was to put forth a comprehensive and novel model of flourishing, based on the perspectives of therapists and trainees that can subsequently be tested and expanded.

Study objectives

The purpose of the current research was to gain a better understanding of therapists' perspectives on integrating flourishing and associated concepts into psychotherapy. We were interested in understanding how therapists define flourishing, as well as their perspectives regarding whether flourishing should be targeted in psychotherapy, how

addressing these outcomes could be integrated into their work, and factors that enable or inhibit this integration. We hoped to better understand how therapists related flourishing to other theoretical frameworks. Finally, given that flourishing is not conceptualized as a standalone treatment, but a construct and process that can be integrated into existing treatment modalities, this study aimed to provide a preliminary grounded theory and model of flourishing, derived from the emergent concepts from therapists and trainees in the field, that could be infused into empirically supported treatments and pre-existing models of therapy to enhance their focus on positive functioning via emphasizing flourishing. The goal of this study is to be practice-oriented and to elucidate real-world perspectives of therapists currently practicing in the field, which is an aim oriented at reducing the research and practice gap (Levitt, 2021; McLeod, 2022). In this way, we hoped to develop a theory that could answer our primary research question: From therapists' and trainees' perspectives, what is flourishing and what are therapists/trainees doing to integrate flourishing into psychotherapy?

Method

Participants

Eight focus groups were conducted overall, with each of four site teams conducting separate focus groups with (a) licensed mental health professionals and (b) trainees in various settings. Participants ($N = 56$) were recruited from settings across the US which included an internationally known clinic specializing in mood disorders, a psychiatric hospital specializing in treating clients with borderline personality disorder, a non-profit community mental health center, a group private practice, and a university training clinic. Participants had experiences in a variety of clinical settings and identified with several theoretical approaches. In terms of theoretical orientation, participants reported using a variety of approaches, including Cognitive Behavioral Therapy (CBT), Mentalization Based Therapy, Relational/Psychodynamic, and Integrative Psychotherapy. None of the settings mentioned have a specific focus on flourishing, but rather, we hoped to gain insight from a diverse group of practicing therapists and trainees about their lived experiences with flourishing in their clinical work. Participants who shared their demographic information reported being between the ages of 24 and 65 (Mean = 37.77, SD = 12.16). The majority of the participants identified as women (64.1%, men = 35.9%) and White (82%). Half of the participants were doctoral or master's trainees, and the others were licensed and practicing professionals (e.g. psychologists, professional counselors, social workers).

Researchers

The research coding team was composed of four doctoral-level counseling psychology students and one faculty member. Team members occupied both dominant (e.g. White, straight, male, greater socio-economic status) and marginalized (e.g. racial/ethnic minorities, queer, women, lower socio-economic status) positions of power, privilege and oppression. Team members also ranged in age from 26 to 42 years old and had experiences working in a variety of clinical settings (e.g. college counseling, community mental

health, corrections, and private practice). The research team had varying perspectives on, exposure to, and experience with flourishing and positive psychology. Generally, one member of the research team identified strongly with the promotion of flourishing/ character strengths through therapy and supervision. The other members had been exposed to these concepts, but had no specific training in flourishing nor did they consistently use flourishing related concepts in their psychotherapy practices. The diversity of the group encouraged various perspectives and team members challenged each other's preconceptions throughout the data interpretation and analysis (see Levitt, 2021). Two external faculty members also served as auditors. Both auditors have extensive experience with qualitative methodology. They provided training in coding as well as reviewed codes throughout the process.

Recruitment

Participants at four clinical sites were recruited via email. The participants were informed of the aims of the project and provided informed consent. Participants were informed that the focus group would require them to answer questions about flourishing, wellbeing, and virtues. They were invited to share their thoughts and opinions based on their experiences and current practices. They were not provided with any detailed information about the study aims. Participants were not compensated for their participation. All participants were informed that they would be in a focus group for 1.5 hours, and they would be asked to provide feedback about the themes developed by the coding team. Trainees and licensed clinicians were interviewed in separate groups at each site. Participants were recruited based on convenience sampling; however, the sites themselves were meant to capture a variety of institutions with differing philosophies on psychotherapy. For example, one of the clinical sites specializes in long-term therapy with individuals with personality disorders, while another is oriented towards cognitive-behavioral models and short-term treatment. As mentioned, each site had a group for trainees and a group for practicing clinicians with the intention being to elucidate the differing experiences based on training level. Trainee focus groups were separate from the licensed therapists to avoid any potential dual relationships. Further, specific questions were asked about institutional practices and dynamics that helped promote flourishing in treatment, and we suspected these would differ based on whether participants were student trainees or practitioners.

Interviewing

Grounded theory suggests that it is important for participants to be sufficiently diverse in order to facilitate the explication of multiple perspectives when creating the theory (Levitt, 2021). In the present study, this diversity of thinking and ideas was achieved through the use of focus groups. The focus groups in this study engaged in in-depth discussions of both their own conceptions of flourishing and their views of how this can be brought to life in psychotherapy, which provided ample data from which a descriptive theory could be derived. The participants did not necessarily reach unanimous consensus in their discussions; however, the nature of those discussions themselves helped inform the descriptive categories derived.

The primary research questions (mentioned above) led to subquestions which guided participants to elaborate on their theories of flourishing and flourishing in psychotherapy. Focus group participants were asked six subquestions related to the primary research question: a) how to define flourishing and whether client flourishing is important to therapy, (b) if cultural context or diagnostic factors influences the definition of client flourishing, (c) how to facilitate client flourishing in therapy, including the relationship between flourishing and virtues (e.g. forgiveness, humility, and gratitude), (d) training therapists received to facilitate flourishing in therapy, (e) barriers to implementing interventions that promote flourishing, and (f) ways that flourishing as a therapist or trainee connects to client flourishing. Interviewers were also encouraged to use further follow-up questions when participants provided vague answers or to help them further explain their ideas of flourishing. Then, audio recordings of each focus group were transcribed into eight texts for the purpose of data analysis.

Data analysis

The first five authors followed grounded theory coding procedures (Charmaz, 2014; Levitt, 2021) to analyze the texts. The first round of analysis was conducted by four doctoral students and the faculty member provided feedback. For each transcript, the doctoral students worked in pairs, with one of the two performing a line-by-line analysis of the transcript and synthesizing all of the responses into meaning units (i.e. units of text that contain one meaning that is relevant to the topic of flourishing; Giorgi, 2009). Next, the second student reviewed the meaning units, suggested changes, and raised questions. During this stage, each pair of students also looked for evocative terms and descriptions that captured meanings and experiences in an innovative way (Charmaz, 2014). For example, several focus groups used the metaphor of a garden to describe flourishing. Then, the group of four doctoral students and faculty member met to discuss any discrepancies and to establish a final list of meaning units. This represents the eductive process of grounded theory, defined as coders synthesizing units of text in order to find meaning and to compare this with their own experiences and reflections (Levitt, 2021).

Next, the meaning units were entered into QSR International's (2018) NVivo 12 qualitative software. The team then abstracted from these meaning units, and using commonalities among them, developed initial categories (ICs; i.e. ICs; the most significant and/or frequent previous codes to categorize the meaning units; Charmaz, 2014). As before, the researchers worked in pairs on one transcript at a time-one of the two researchers categorized each of the meaning units into ICs. Then the second researcher reviewed the ICs for that transcript, suggested changes, and raised questions. The intention of the researchers was to create ICs that "reflect the central study concern, provide enough context to be useful, contain meaningful content, and include evocative language when possible" (Levitt, 2021). Again, the research team met together to discuss any discrepancies and to establish a final list of ICs. During this step, the research team engaged in constant comparison (i.e. comparing each meaning unit with every other unit to generate categories that captured common meanings; Levitt, 2021). Additionally, the research team sought to enhance methodological integrity by striving for both fidelity (i.e. categories that convey the complexity of what was said in the focus group) and utility (i.e.

categories that answer the questions). To this end, the categories were intended to strike a balance between reflecting the responses of the participants and answering the researchers' questions (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017). Finally, categories that had similar meanings across transcripts were combined and some meaning units were included in multiple categories.

These ICs were then grouped together into higher order categories (HOCs). To form these HOCs, the research team met to brainstorm descriptions that encompassed a common concept underlying the ICs. This process was completed again to organize the initial HOCs into six final HOCs. Next, the research team continued to use constant comparison to form three clusters (i.e. the level of the data hierarchy below the core category), each containing two final HOCs. Lastly, the core category was created by looking for similarities across the three clusters. At this stage, two external auditors who have published extensively using grounded theory and other qualitative methodologies reviewed the analysis and provided feedback.

Credibility checks

The researchers used several credibility checks to assess the accuracy of their data collection and analysis (Morrow, 2005; Tracy, 2010; Williams & Morrow, 2009). First, at the end of each focus group the participants were asked three credibility questions: (a) Is there anything we have not asked that is relevant, (b) Is there anything hard to express to us, or in this context, that makes this topic hard to discuss, and (c) Do you have any feedback on the interview that could help me to make people feel comfortable or help explore this topic in future interviews? Second, the research team made decisions about coding by including multiple researchers with varied perspectives in experiences of privilege, power, and across clinical contexts. Third, during the data analysis process the research team sought feedback on their findings from external auditors, verifying results with additional clinicians and researchers, and through multiple participant checks. Overall, the feedback was used to make sure that the research team was identifying common processes, rather than common contexts, to work toward developing a theory that was meaningful across contexts (e.g. with trainees and professionals). To incorporate this feedback, the team met again and used strategies such as clustering (i.e. putting an idea at the center, adding subclusters, and branching out with all knowledge of a topic; Charmaz, 2014) to identify underlying processes and to continue to draw relationships between categories. For some clusters, the team returned to the ICs and HOCs and relabeled them throughout this process.

Participant feedback

Participants in the eight focus groups were sent an email requesting their feedback on the six clusters through an online questionnaire. A total of 39 of the 56 original participants provided feedback at this stage, representing a 69.6% response rate. Participants were asked to rate how well each theme represented the process of flourishing on a scale from 1 (not at all) to 7 (very much) as it related to each of the six core topics covered during the focus groups, as well as how faithfully it represented their individual and collective conceptions of flourishing. Participants were offered the option to schedule a phone

call to provide verbal feedback if desired; however, no participants requested this option. Participants provided ample written feedback for each presented cluster, which were then discussed by the coding team and integrated into the refined versions of each cluster. Mean ratings ranged from 5.54 (Cluster 5; SD = 1.43) to 6.46 (Cluster 4; SD = 0.69), representing overall high agreement amongst participants of the accuracy of the clusters in representing the phenomenon of flourishing. Most of the written feedback was positive, demonstrating that participants felt their ideas were well captured in the clusters. One theme that emerged in participant feedback was that several participants advocated for more nuanced language regarding the description of flourishing as tending to be preceded by symptom reduction. That is, many participants argued that this is likely true in some cases, but there is more nuance and flexibility. For example, one participant noted that the process of moving between flourishing and symptom management may be ongoing and iterative. In line with this feedback, the language of Category 3.1 was adjusted to be a tentative guideline demonstrating overall trends, but less prescriptive in its language.

Saturation

During the process of data analysis, it was determined that saturation of data had been reached based on the frequent repetition of themes (e.g. meaning making, affective engagement). That is, the research team found that it was no longer necessary to continue adding categories while creating initial categories because they started to be encompassed by previously created categories (Levitt, 2021).

Results

Our analysis of the transcripts from eight focus groups produced 871 meaning units. These meaning units were compared and organized according to their similarities into increasingly abstract and encompassing categories. Specifically, the meaning units were grouped into 166 initial categories, which were placed into 22 initial higher order categories, followed by six final higher order categories, three clusters, and one core category. Each of the cluster titles are captured with a phrase to encapsulate the concept and with an additional question meant to foster reflection on the key themes (see Table 1). Below are presented the six final higher order categories, three clusters, and one core category abstracted from all focus group data.

Cluster 1: Full Experiential and Receptive Capacity: Do I know my experience, and can I be open to yours?

This cluster includes two categories (see below). The general of theme of this cluster is that flourishing can be cultivated in psychotherapy by both therapists and clients working to connect to the full range of their emotional experiences, including both positive and negative emotional states and suffering.

Table 1. Summary of the Grounded Theory.

Core Category: Flourishing is maximized when therapists help clients connect to the full range of their emotions, which allows for the cultivation of meaning and authentic values, while negotiating obstructions from their own perspectives and systemic constraints.					
Cluster 1. Full Experiential and Receptive Capacity: *Do I know my experience, and can I be open to yours?*		Cluster 2. Connecting with Personal Values within the Larger Sociocultural Context: *How do clients engage with their values, and how do they fit into the world at large?*		Cluster 3. Professional Environments and Systems that Foster Meaning making: *How can we understand and respond to the needs of individuals while negotiating constraints?*	
Category 1:1	Category 1:2	Category 2:1	Category 2:2	Category 3:1	Category 3:2
Flourishing involves appreciating and persisting through the full valence of human emotional experience, which facilitates intrapersonal growth.	Therapist humility and awareness of their own experience of flourishing allows a collaborative relationship that supports client's process of flourishing to unfold.	Flourishing is pursued through individuals identifying their values and gaining insight towards how they can meaningfully connect with the world.	Negotiating basic needs and systemic barriers lays the groundwork for being able to define one's values within their cultural context.	Flourishing can be relevant throughout treatment, but is more profoundly facilitated in longer-term treatment; short-term treatment or crisis stabilization may be more focused on symptom reduction and setting up pathways to develop flourishing.	Professional environments that create a sense of safety and emphasize holistic development, in spite of economic constraints, promote flourishing for therapists and clients

Category 1.1: *Flourishing involves appreciating and persisting through the full range of human emotional experience, which facilitates intrapersonal growth and meaning making.*

This category captured the recurrent theme of participants describing flourishing as occurring when clients fully engage in the world with purpose and seek to make meaning of their experiences. Participants stated that rather than seeking only positive affective experiences, flourishing can be cultivated by appreciating and persisting through adversity, which results in vitality and growth. For example, one participant described the importance of the full range of affective experiences:

> That's actually part of what I am helping [clients] understand, too, is that contentment and joy are not mutually exclusive with sadness and fear and anger. The idea is that you don't have to eliminate human feelings. And, actually, you wouldn't want to [say] that's not the part of flourishing—[it] can include pain.

Indeed, participants proposed that connecting with emotions, even painful ones, is a primary pathway to find meaning. For example, a participant described the importance of using emotions constructively:

> You have to be able to use emotion to achieve things or to experience and make meaning out of things. Not just get away from it as fast as you can, or have it sort of derail your valued life by acting impulsively on anger.

When asked for feedback about this category, one participant suggested further developing the connection between emotional experience and meaning making. Explicitly naming this connection, the participant emphasized that "meanings often emerge through and after experience, emotions may guide us toward deeper engagement, even towards commitment or struggle or change." The participant used the example of existential challenges that "cut to the core, stir our emotions, and demand some kind of response, such as meaning making."

Category 1.2 *Therapists' humility and awareness of their own experiences of flourishing allows for a collaborative relationship that supports clients' processes of flourishing to unfold.*

Category 1.2 was derived from participants' discussions of how therapists can help facilitate the process of clients making meaning and pursuing flourishing despite the barriers they face. One common theme that emerged was the importance of therapists monitoring their own biases and experiences to avoid imposing their ideas and thus limiting clients' own exploration of flourishing. Several focus groups discussed the concept of encouraging clients to develop character strengths and virtues as a potential pathway to flourishing, but some concerns were raised about therapists being paternalistic and imposing their own value systems or dominant cultural norms in doing so. Ultimately, there were subgroups that advocated for the importance of encouraging the development of specific virtues (e.g. forgiveness, gratitude), while others remained hesitant to be prescriptive. A participant articulated this:

> I think approaching [flourishing discussions] in an open-ended kind of way [to understand] sort of what discrepancies there are between where the person is now and where they want to be. Or finding windows into things that feel meaningful or satisfying to them, even if maybe they don't have that level of awareness, into things that, you know, seem to spark curiosity or joy in them, but I think kind of maintaining a sense of not wanting to impose your own sort of values onto this other person and being open to theirs seems important in assessing things.

Relatedly, many groups debated to what extent therapists must be flourishing themselves in order to facilitate flourishing with clients. A conclusive consensus was not reached across the different focus groups or within them, but one conclusion that was drawn was that therapists must at least be aware of what flourishing is and their own relationship to it in order to facilitate conversations about it in therapy, but this does not mean that they must experience wellbeing at all times themselves. Many group members also commented on the importance of *therapists* being open to their own emotional experiences, both positive and negative, in order to foster authenticity and security in the therapeutic alliance. A secure therapeutic alliance, participants stated, is essential for honest conversations about flourishing to take place in therapy.

In summary, categories 1.1 and 1.2 are linked under cluster 1 in that both capture participants' assertions that one pathway to flourishing involves being connected to one's emotional experiences, both positive and negative, which in turn allows individuals to make meaning of their experiences. These two categories highlight that this process is important for therapists and clients. That is, therapists can help guide clients towards flourishing by encouraging clients to connect to the full range of their emotional

experiences and to cultivate meaning even though experiences of suffering. However, in order for this process to unfold and to be authentic for clients, therapists be aware of their own experiences of flourishing and emotional connectedness. Without being consciously aware of their experiences, therapists may risk assuming that their perspectives of flourishing are universally true for clients as well.

Cluster 2: Connecting with Personal Values within the Larger Sociocultural Context: How do clients engage with their values, and how do they fit into the world at large?

This cluster also includes two categories (see below). Cluster 2 underscores the central role that values play in helping clients meaningfully connect with the world, but also the ways in which environmental contexts influence values.

Category 2.1 *Flourishing is pursued through the ongoing effort to express one's fullest, authentic self, which involves reflecting upon one's values and seeking insight about how one can meaningfully connect with the world.*

Across all groups, participants noted that engaging in meaningful connection with others and/or something greater than oneself was defined as a source of flourishing, as well as a motivating force to persist in the flourishing journey. Meaningful relationships were described as those that balance one's own needs, that are reciprocal, and that promote a sense of belonging. Many participants noted that in order to do so, clients must be aware of their values, as values help guide what is considered meaningful connection for each person. One participant articulated the importance of developing meaning:

> That one's life is about something, either seeing oneself within some larger story [or] that it's about something other than just one's own immediate gratification. . . .. Others may connect to that, in a sense, through a sense of values. . . .. And with that comes a sense of submitting oneself to others, to values. Something beyond the self.

This relates to another common theme heard from many participants – that clients must cultivate personal definitions of flourishing. For example, participants emphasized the importance of self-identified goals and values, rather than simply complying with externally derived expectations of flourishing (although externally derived values may not necessarily be at odds with internally derived ones). As a part of this cluster, participants raised the discussion as to how this process of comparing one's individual values to community values differed between individualistic and collectivist cultures. That is, a few participants noted that flourishing may also be experienced as a community rather than on an individual level, such as in some collectivistic cultures. However, these participants still indicated the importance of individuals being self-reflective about the source(s) of their values and worldview. One participant noted during the feedback process: "Flourishing involves a dual process of both individualization and also, integration of [oneself] back into community." Overall, a common theme that emerged is that flourishing involves being able to live in a way that expresses one's fullest, authentic self while connected to significant others.

Category 2.2 *"Negotiating basic needs and systemic barriers lays the groundwork for being able to define one's values within their sociocultural context."*

In this category, participants described barriers that may, at times, limit clients' ability to pursue flourishing through their self-identified values, as well as how flourishing may manifest differently when people face systemic barriers. Across several focus groups, the concept of Maslow's Hierarchy of Needs (Maslow, 1943) was raised and debated. One common theme that emerged was that most individuals must attend to basic aspects of their well-being (e.g. physical and mental health, safety, and access to basic resources), in order to have sufficient capacity and energy to think about their own flourishing. The ability to attend to these needs can be impacted, despite an individual's best efforts, by systemic oppression, diagnoses, overall capacity, and limitations of healthcare systems; however, the majority of participants concluded that flourishing can be pursued in spite of systemic barriers, but that the nuances of the pursuit will change based on contextual factors. One participant compared their experiences working with clients with ample financial resources versus clients who are asylees and have limited economic resources:

> [Asylees] have to start again. And when they do that, with so few resources, you could be waiting a long time for them for them to flourish in the traditional sense. But then if you look at it through a different lens, and ask what are they grateful for, and it's just a chance to start again, in a different country. . .. But a [high SES client's] concerns about what it looks like to be thriving or flourishing is very different from someone who [has] run away from political persecution. . . for me the appreciation is that these clients come from such [disparate] backgrounds, and how as the therapist, how are you going to engage with any one of these clients to understand what flourishing means to them?

There were debates among focus group participants about how financial resources and material possessions factored into flourishing. One participant raised the idea that financial and socioeconomic limitations are intrinsically inhibiting and contradict flourishing, while other participants discussed resilience and creativity as ways for individuals and communities to pursue flourishing in spite of systemic barriers. One participant said:

> Yeah, I guess when I'm thinking about the word flourishing, I kind of associating it with something, it seems like a luxury to even strive for that . . . And I think like, I think there are definitely like, lots of strengths that people can have in those look like, low resource, or low SES environments. But in my mind, I like I don't know if this is a bias or what but I'm not really like connecting that to the sort of the word flourishing like I think of flourishing as like, everything is awesome, and you're like achieving your, your greatest potential . . .

Many participants argued that while systemic barriers may negatively impact mental health, they do not inhibit the flourishing process outright, as there are community-led efforts to pursue and define flourishing. Across these discussions, the majority of participants agreed that pursuing flourishing implies that people are aware of their cultural context and involved in an active process of defining their own values in a way that is informed by sociocultural systems. That is, cultural values will influence individual values and should therefore be considered in the process of defining flourishing in therapy. Participants discussed the importance of adapting conceptions of flourishing based on clients' cultural values and in spite of barriers. For example:

> A person from a community [in which] the community collective is really important, you're probably not going to define flourishing with them in a way that's very individualistic or … individually focused.

Although not always the case, some agreement was found between participants surrounding the idea that direct threats to survival and crises must be sufficiently managed in order to focus more on values, but that clients have resilient and culturally-specific ways of focusing on meaning in spite of stressors.

In summary, categories 2.1 and 2.2 are connected under cluster 2 because both center on the themes of identifying one's values, even when they differ from the dominant culture, and living in accordance with those values despite systemic barriers, as an essential aspect of flourishing. Participants agreed that being connected to something larger than oneself is essential for flourishing and that working with clients to identify their values is a prominent pathway through which clients meaningfully connect with the world. This process, however, requires clients to negotiate the personal and systemic barriers that often thwart flourishing. Therapists can help facilitate client flourishing by collaborating with them to identify their personal values in order to connect to systems outside of themselves, but in doing so, it is essential for therapists to be cognizant of personal and systemic barriers.

Cluster 3: Professional Environments and Systems that Foster Meaning making: How can we understand and respond to the needs of individuals while negotiating constraints?

This cluster also includes two categories (see below). This data from this cluster focuses on the barriers that impede therapists' opportunities and capacities to integrate flourishing into psychotherapy, but participants also describe their experiences with navigating these barriers.

Category 3.1 *"Flourishing can be relevant throughout treatment but is more profoundly facilitated in longer-term treatment; short-term treatment or crisis stabilization may be more focused on symptom reduction and setting up pathways for later flourishing."*

This category describes how different treatment settings, modalities, and client circumstances may impact the therapist's approach to, and facilitation of, client flourishing. Most participants agreed that flourishing can be incorporated into most all modalities and settings, but certain ones may be more prohibitive than others. In this category many participants used a gardening metaphor to explain the different phases of flourishing in therapy. They described crisis stabilization as therapists attending to "weeds" or other unequivocal threats to the garden (e.g. suicidality) to prepare it for subsequent flourishing treatment. Next, short-term treatment was described as an appropriate time to address severe symptoms, but also to "plant seeds" for future work related to flourishing. In this phase, participants mentioned using modalities such as Cognitive Behavioral Therapy (CBT) to reduce symptoms and incorporating elements of Acceptance and Commitment Therapy (ACT) to identify client values and goals. Additionally, several participants noted that therapy may be episodic, and therapists can adjust their approach depending on client's preferences and needs. In other words, clients may come to therapy with the goal

of crisis stabilization and symptom reduction and limited interest in discussing flourishing or moving beyond symptom reduction, and therapists need to facilitate open conversations about this process to ensure it is client-led. Finally, many participants described long-term treatment as a chance to "cultivate" deeper exploration of flourishing. Participants identified several reasons that longer-term treatment affords more opportunities to discuss flourishing: 1) more trust has been established in the therapeutic relationship to explore client's idiosyncratic values and cultural experiences, 2) acute symptoms have been managed, and 3) there is often more flexibility in longer-term treatment. One participant described how this process may unfold in treatment:

> I think that it's important. . ... to discuss [flourishing] as an expectation. . ...So, kind of recognizing that maybe in most people anyway, you have something that resembles a plan to reduce symptoms or improve immediate functioning. . ... but also, that there's something else to look forward to, as they stabilize that aspect of their life as well and create that as a part of that expectation.

Overall, most participants described longer-term treatment as providing the greatest opportunity to consider flourishing due to the time available for exploring values and meaning making rather than solely symptoms. Many participants maintained, however, that while shorter-term treatment and crisis settings tend to be focused ameliorating symptoms, they can still lay the groundwork for future flourishing.

Category 3.2 *"Professional environments promote flourishing for therapists and clients by creating a sense of safety and emphasizing holistic development, in spite of economic constraints."*

This category describes the work and training environments that help promote flourishing, as well as the attributes of these environments that inhibit flourishing. Overall, many participants described a "trickle down" effect wherein professional environments impact therapists' flourishing, and subsequently therapists and systems impact clients in their ability to consider flourishing. The participants described environments that demonstrated an investment in their holistic development and well-being as promoting their flourishing. On the other hand, environments focused exclusively on productivity and efficiency tended to diminish their capacity for incorporating flourishing into treatment. One participant contrasted two environments in which they have provided therapy:

> I came from a practice that accepted insurance. And I refer to it often as "the dairy farm of therapy," because it was. We were scheduled back-to-back max [number] of clients a day and I noticed [that] feeling tired or feeling exhausted, or "gosh, I've had this conversation seven times this week," made it so that I was less present with my clients in the room, and probably a lot less effective. And then being at practices where there's structure so that you can see [fewer clients], I think it makes it much more effective for the clients themselves, because you can present better in the room. So, I think even just if you're thinking about just workplace, flourishing of the therapist completely dictates how you show up.

As this quote suggests, participants feel that their work and educational environments directly impact their own experiences of flourishing at work, which in turn affects their capacity and level of felt support to integrate flourishing into psychotherapy. Participants generated various examples of how environments can be

more supportive of the flourishing of therapists, such as having opportunities for socialization and consultation with colleagues, focusing on well-being and self-care, opportunities for self-reflection and growth, and helping therapists avoid burnout by managing their caseloads. In all, participants suggested that amplifying therapists' professional opportunities for flourishing is one avenue for supporting therapists' ability to integrate flourishing into direct client care.

In summary, categories 3.1 and 3.2 are connected under cluster 3 in that they both speak to the constraints that systems and therapists face in integrating flourishing into psychotherapy, as well as how to cultivate opportunities for flourishing through meaning making even in the context of limitations. Participants discussed the ways in which training and work environments negatively impact therapists' own flourishing by failing to support them holistically, and rather focusing primarily on productivity and efficiency. Participants said that these same constraints impact therapists' ability to integrate flourishing into psychotherapy. However, participants proposed solutions for how to facilitate conversations about flourishing even when systemic constraints are present. These included using specific modalities that lend themselves to conversations about flourishing even in short-term treatment, as well as laying the groundwork for future flourishing treatment.

Core Category: Flourishing is maximized when therapists help clients connect to the full range of their emotions, which allows for the cultivation of meaning and authentic values, while negotiating obstructions from their own perspectives and systemic constraints.

This core category was abstracted from the three clusters to answer our primary research question: what is flourishing and how can therapists integrate flourishing into psychotherapy? This core category suggests that two primary facets of flourishing include 1) remaining connected to one's emotional experiences, and 2) making meaning of these experiences to connect with one's values and the world. However, in order for therapists to help guide clients in this process, it is important that they 1) be connected with their own values and experiences of flourishing in order to avoid imposing, and 2) work with clients to negotiate systemic barriers that impede flourishing both within client's personal lives and within the treatment context.

Discussion

Despite the growing body of positive psychology research, to our knowledge, the present study is the first to propose a comprehensive model of how therapists and trainees define flourishing, as well as their perspectives on targeting these concepts in psychotherapy. Our results from the eight focus groups are most succinctly summarized by the core category. That is, to incorporate flourishing into psychotherapy, therapists must collaborate with clients to help them derive meaning from their experiences and help them identify their values as conduits for connecting with larger systems of meaning. Doing so also requires that therapists and clients navigate systems that impede flourishing and find ways to flourish in spite of these limitations.

Suffering and flourishing

One of the primary themes that emerged through this study was that psychotherapists and trainees tend to believe that individuals pursue flourishing not through the avoidance of negative affect and experiences, but rather by embracing the full spectrum of human experiences. Our results suggest that this is true for both clients and therapists. That is, one essential way for therapists to promote flourishing in their work is by pursuing their own flourishing and by being open to the full valence of their human experience as well. Furthermore, many participants suggested that therapists can do this work of being receptive to the full range of emotions by being aware of their own biases, experiences and values.

In some ways, this differs from previous models that more fully equate flourishing with well-being. That is, while the construct of emotional well-being emphasizes positive affect, we found that a key aspect of flourishing was described as being able to appreciate and persist through negative affect as well. In this way, unlike conceptions of flourishing that emphasize the combination of "a high level of subjective well-being with an optimal level of psychological and social functioning" (Westerhof & Keyes, 2010, p. 112), our emergent conception of flourishing relates to how psychopathology or challenges are approached, coped with, and/or overcome across different cultural contexts.

The findings appear connected to the model of flourishing proposed by Accelerated Experiential Dynamic Psychotherapy (AEDP), specifically in the emphasis on positive and negative affect as avenues to promote flourishing (Fosha, Thoma, & Yeung, 2019). These findings are also resonant with conceptions of flourishing that emphasize wisdom as working in tandem with positive affect to promote flourishing (Bauer, King, & Steger, 2019). While previous models have considered positive well-being as tantamount to flourishing, other theorists argue that wisdom is a virtue that helps people persist through and ultimately make meaning out of life's most troubling events (Bauer, King, & Steger, 2019). Thus, our results add to the literature suggesting that flourishing is not contingent upon maintaining a state of positive affect, but rather experiencing all affective states and finding meaning therein.

Defining values within systems

This emergent theme captures the essential role that values play in helping individuals define flourishing. Our results overwhelmingly suggested that there are no universal values that ensure flourishing; rather, individuals pursue flourishing through a continual process of evaluating, defining and perhaps re-defining their values. Previous literature supports the importance of identifying and living in accordance with one's authentic values. For example, an ACT-based psychotherapy study found that improving clients' engagement with values-based actions tended to precede reductions in suffering (Gloster et al., 2017). However, participants highlighted that this process does not take place in a vacuum but is influenced by significant sociopolitical forces at play. Across groups, a common theme that emerged was Maslow's (1943) Hierarchy of Needs. Maslow (1967) describes self-actualizing individuals as sufficiently free of illness, gratified in all their basic needs, and positively using their capacities. However, this theory has received notable criticism (e.g. Becker & Maracek, 2008; Christopher & Hickinbottom, 2008). Similarly, many

participants highlighted the limitations of this perspective, especially in its exclusive focus on individual or intrapsychic factors, to the disregard of systemic issues and challenges.In addition to systemic factors that may impede flourishing, participants also identified the ways in which past conceptions of flourishing have been limited by emphasizing a specific set of values, representative of a specific cultural perspective. Our findings, therefore, suggest that the process of defining one's authentic values promotes flourishing and that this process is often impeded by experiences of oppression and/or stressors. Thus, these sociopolitical factors must be navigated and sufficiently stable in order to engage more deeply with the process of pursuing flourishing through values.

Trickle-Down professional environments

Lastly, many participants discussed the ways in which work and training environments are barriers to flourishing for clients, therapists and trainees. Specifically, professional environments that are focused on productivity at the expense of wellbeing tend to hinder therapists from feeling that they are flourishing, which can in turn limit their ability to be engaged with the topic of flourishing with clients. This is supported by previous literature suggesting that therapist burnout, a concept defined as diametrically opposed to this model's concept of flourishing in that it is marked by emotional disengagement, was associated with worse psychotherapy outcomes for their clients (Delgadillo, Saxon, & Barkham, 2018). Further, participants argued that managed care systems have played a role in limiting the ways in which flourishing can be integrated into psychotherapy given that many treatment settings have session limits and/or an emphasis exclusively on symptom reduction. Participants argued, however, that in spite of these constraints, flourishing can be integrated into briefer treatments by first addressing symptoms and crises. This mirrors findings from Scheel, Davis, and Henderson (2013) suggesting that therapists believe it is important to first address crises and other severe impairments in functioning before focusing on strengths. Despite these potential accommodations for systemic constraints, both trainees and psychotherapists emphasized that institutions that support their flourishing and holistic wellbeing, beyond just their productivity and efficiency, were ideal in terms of helping them subsequently translate this into the therapeutic relationship as well.

Implications for training and practice

Several focus groups emphasized the importance of therapists having the experience of cultivating flourishing in their own life, while being careful to ask questions so clients can arrive at their own definitions of and pathways to flourishing. The importance of therapists' attending to their own flourishing is supported by previous literature suggesting that therapists' personal difficulties have been associated with poorer psychotherapy outcomes for clients (Delgadillo, Saxon, & Barkham, 2018), as well as increasingly negative client perceptions of the working alliance (Nissen-Lie, Havik, Høglend, Monsen, & Rønnestad, 2013). Participants emphasized that therapist humility is implicated to ensure that therapists remain curious about their clients' perspectives, rather than imposing their own. Again, participants illuminated the connection between therapist flourishing and client flourishing. That is, humility, which is classified as a useful virtue for cultivating

flourishing, in the present study is also considered a mechanism through which therapists can remain connected to their own experiences without assuming clients' experiences will be the same.

Additionally, participants suggested a stepwise model for incorporating flourishing into different treatment modalities. That is, first addressing crises, then facilitating the conditions for future flourishing-oriented work by focusing on values and reducing symptoms in short-term therapy. Finally, many groups argued that long-term therapy affords therapists with opportunities to address flourishing in-depth due the flexibility of long-term work and the substantial time invested in the therapeutic relationship. In spite of this support for long-term and flexible models, some participants drew connections between short-term treatment and interventions for cultivating flourishing. For example, ACT modules can provide therapists with tools to assess client values and value discrepancies, whereas CBT exercises can help clients go deeper into their beliefs about themselves to cultivate a self-compassion towards their past and themselves. Additionally, mindfulness and DBT exercises can help clients to hold hope for the future, not become stagnant, and keep them from getting stuck in the past, as well as improve clients' perspective-taking and self-other relatedness. Specifically, DBT's diary card can be used to help clients mindfully cultivate and track instances of virtues, such as forgiveness and humility. This extends upon previous research suggesting that interventions such as mindfulness may constitute an under-utilized resource for integrating flourishing into psychotherapy (Jankowski et al., 2020). Specifically, mindfulness has been identified as an intervention that naturally lends itself to a focus on wellbeing and positive functioning, but it is not always studied in this way (Jankowski et al., 2020). The results of the present study suggest that therapists have both drawn upon aspects from other theories to conceptualize flourishing, and simultaneously, they were able to devise ways to integrate flourishing as a novel construct into preexisting models.

Our mental health professionals and trainees highlighted that managed care's emphasis on high efficiency can make for an intense and isolating environment. Our model suggests that efforts to integrate self-care practices in clinical settings (e.g. space between clients, lunch breaks, and vacation time) so that therapists feel more supported, may promote flourishing in practice and in the workplace. Several focus groups noted that a basic prerequisite for flourishing in the workplace is a safe and collaborative environment that not only values, but invites different perspectives, theoretical approaches, and "the fullness of oneself" in a non-judgmental setting. Overall, promotion of a workplace culture that offers therapists some flexibility as well as opportunities to be energized, grow, and learn from their colleagues are hypothesized to stimulate therapists' flourishing.

Participants across focus groups reported few training opportunities to learn about positive psychology principles or ways to focus on flourishing in psychotherapy sessions with clients. Indeed, many participants noted that flourishing and its applications are topics that they had to seek out themselves or that they learned about after their formal training. Some participants suggested that it may be helpful for trainees' curricula to include readings and didactics on not just pathology and symptom reduction, but on increasing flourishing through positive psychology interventions or incorporating existing theoretical frameworks (e.g. post-traumatic growth). Further suggestions included that the topics of virtue and flourishing can be explored through a multicultural framework by

learning about these themes in diverse traditions and contexts. Participants recommended that experiential trainings that encourages them to connect with and reflect upon their own values, sense of meaning and emotions may be useful.

Limitations and strengths

The mental health professionals and trainees who participated in this study came from a variety of settings and varied greatly in their ages, years of experience, and theoretical orientations. Although there was some diversity in terms of identity, the majority of participants were White women, and there were no individuals who self-identified as non-binary or transgender. Information was not collected about participants' socioeconomic status or ability status. Thus, although these findings generalize in some ways, other aspects limit generalizability. With this, given that many focus group discussions were focused on values and culture, it is noted that the perspectives of the participants are also culture bound. Accordingly, future studies may have the opportunity to expand on this theory by testing it with larger and more diverse samples. Even further, it is notable that while not all participants were born in the United States, the interviews were conducted in the U.S. context, which has the potential to impact the underlying assumptions of the interview questions and perspectives provided by participants. Future studies may benefit from replicating this process or investigating this grounded theory in international contexts. Indeed, the tension between individual pursuits of flourishing and more collectivist conceptions could possibly be explored in cultural contexts that differ based on collectivism. Overall, it may be useful to gather more information about therapists' and trainees' cultural backgrounds, values, and worldviews in order to account for how these factors impact conceptions of flourishing.

We also recognize that the group dynamics within focus groups might constrain divergent perspectives and promote conformity, whereas in-depth individual interviews may allow for more contradictory perspectives to emerge. For this reason, future studies have the opportunity to test this theory in a different way by moving beyond focus groups. For example, it may be interesting to use naturalistic samples of therapists and clients to assess the extent to which our proposed model of flourishing is already being embedded in therapy sessions. Despite these limitations, the strengths of this study include multiple perspectives, consistently seeking external auditors for feedback, and encouraging frequent discourse and disagreement. This study provides a theory of flourishing from the perspectives of therapists and trainees that can be tested and expanded upon in future research.

Conclusion

The current study centered the perspectives of current trainees and psychotherapists on the concept of flourishing in their work. Our tripartite grounded theory lays the foundation for therapist and trainee definitions of flourishing, with our core category summarizing the essence of the grounded theory: "Flourishing is maximized when therapists help clients connect to the full range of their emotions, which allows for the cultivation of meaning and authentic values, while negotiating obstructions from their own

perspectives and systemic constraints." With this groundwork in mind, further inquiry can be conducted regarding the process and outcomes of integrating flourishing into psychotherapy.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

References

Bauer, J. J., King, L. A., & Steger, M. F. (2019). Meaning making, self-determination theory, and the question of wisdom in personality. *Journal of Personality*, *87*(1), 82–101. doi:10.1111/jopy.12381

Becker, D., & Marecek, J. (2008). Dreaming the American dream: Individualism and positive psychology. *Social and Personality Psychology Compass*, *2*(5), 1767–1780. doi:10.1111/j.1751-9004.2008.00139.x

Bolier, L., Haverman, M., Westerhof, G. J., Riper, H., Smit, F., & Bohlmeijer, E. (2013). Positive psychology interventions: A meta-analysis of randomized controlled studies. *BMC Public Health*, *13*(1), 119. doi:10.1186/1471-2458-13-119

Chakhssi, F., Dijksman, I., Velmans, M. L., Zoet, J. M., Oostendorp, J. M., Dinant, G., & Spigt, M. (2019). The concurrent validity of a web-based self-report assessment for personality disorders. *Personality and Mental Health*, *13*(1), 53–62. doi:10.1002/pmh.1438

Chakhssi, F., Kraiss, J. T., Sommers-Spijkerman, M., & Bohlmeijer, E. T. (2018). The effect of positive psychology interventions on well-being and distress in clinical samples with psychiatric or somatic disorders: A systematic review and meta-analysis. *BMC Psychiatry*, *18*(1). doi:10.1186/s12888-018-1739-2

Charmaz, K. (2014). *Constructing grounded theory*. Los Angeles, CA: Sage.

Christopher, J. C., & Hickinbottom, S. (2008). Positive psychology, ethnocentrism, and the disguised ideology of individualism. *Theory & Psychology*, *18*(5), 563–589. doi:10.1177/0959354308093396

Delgadillo, J., Saxon, D., & Barkham, M. (2018). Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes. *Depression and Anxiety*, *35*(9), 844–850. doi:10.1002/da.22766

Fava, G. A., Ruini, C., Rafanelli, C., Finos, L., Salmaso, L., Mangelli, L., & Sirigatti, S. (2005). Well-being therapy of generalized anxiety disorder. *Psychotherapy and Psychosomatics*, *74*(1), 26–30. doi:10.1159/000082023

Fosha, D., Thoma, N., & Yeung, D. (2019). Transforming emotional suffering into flourishing: Metatherapeutic processing of positive affect as a trans-theoretical vehicle for change. *Counselling Psychology Quarterly*, *32*(3/4), 563–593. doi:10.1080/09515070.2019.1642852

Fredrickson, B. L., & Losada, M. F. (2005). Positive affect and the complex dynamics of human flourishing. *The American Psychologist*, *60*(7), 678–686. doi:10.1037/0003-066X.60.7.678

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.

Gloster, A. T., Klotsche, J., Ciarrochi, J., Eifert, G., Sonntag, R., Wittchen, H.-U., & Hoyer, J. (2017). Increasing valued behaviors precedes reduction in suffering: Findings from a randomized controlled trial using ACT. *Behaviour Research and Therapy*, *91*, 64–71. doi:10.1016/j.brat.2017.01.013

Hendriks, T., Schotanus-Dijkstra, M., Hassankhan, A., De Jong, J., & Bohlmeijer, E. (2020). The efficacy of multi-component positive psychology interventions: A systematic review and meta-analysis of

randomized controlled trials. *Journal of Happiness Studies*, *21*(1), 357–390. doi:10.1007/s10902-019-00082-1

Hendriks, T., Warren, M. A., Schotanus-Dijkstra, M., Hassankhan, A., Graafsma, T., Bohlmeijer, E., & de Jong, J. (2019). How WEIRD are positive psychology interventions? A bibliometric analysis of randomized controlled trials on the science of well-being. *The Journal of Positive Psychology*, *14*(4), 489–501. doi:10.1080/17439760.2018.1484941

Huppert, F., & So, T. (2013). Flourishing across Europe: Application of a new conceptual framework for defining well-being. *Social Indicators of Research*, *110*(3), 837–861. doi:10.1007/s11205-011-9966-7

Jankowski, P. J., Hall, E., Crabtree, S. A., Sandage, S. J., Bronstein, M., & Sandage, D. (2021). Risk, symptoms, and well-being: Emerging adult latent profiles during treatment. *Journal of Counseling & Development*, *99*(4), 440–451. doi:10.1002/jcad.12396

Jankowski, P. J., Sandage, S. J., Bell, C. A., Davis, D. E., Porter, E., Jessen, M., Motzny, C. L., Ross, K. V., Owen, J. (2020). Virtue, flourishing, and positive psychology in psychotherapy: An overview and research prospectus. *Psychotherapy*, *57*(3), 291. doi:10.1037/pst0000285

Keyes, C. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Research*, *43*(2), 207–222. doi:10.2307/3090197

Lambert, L., Passmore, H.-A., & Holder, M. D. (2015). Foundational frameworks of positive psychology: Mapping well-being orientations. *Canadian Psychology/Psychologie Canadienne*, *56*(3), 311–321. doi:10.1037/cap0000033

Levitt, H. M. (2021). *Essentials of critical-constructivist grounded theory research*. American Psychological Association. doi:10.1037/0000231-000

Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology*, *4*(1), 2. doi:10.1037/qup0000082

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, *50*(4), 370 396. doi:10.1037/h0054346

Maslow, A. H. (1967). A theory of metamotivation: The biological rooting of the value-life. *Journal of Humanistic Psychology*, *7*(2), 93–127. doi:10.1177/002216786700700201

McLeod, J. (2022). *Practitioner research in counselling*. London, UK: Sage Publications.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250–260. doi:10.1037/0022-0167.52.2.250

Nissen-Lie, H. A., Havik, O. E., Høglend, P. A., Monsen, J. T., & Rønnestad, M. H. (2013). The contribution of the quality of therapists' personal lives to the development of the working alliance. *Journal of Counseling Psychology*, *60*(4), 483–495. doi:10.1037/a0033643

O'Connor, M., Sanson, A., Hawkins, M. T., Olsson, C., Frydenberg, E., Toumbourou, J. W., & Letcher, P. (2012). The relationship between positive development and psychopathology during the transition to adulthood: A person-centred approach. *Journal of Adolescence*, *35*(3), 701–712. doi:10.1016/j.adolescence.2011.10.006

Peterson, C., & Seligman, M. E. (2004). *Character strengths and virtues: A handbook and classification* (Vol. 1). New York, NY: Oxford University Press.

QSR International Pty Ltd. (2018). *NVivo qualitative data analysis software, version 12*.

Scheel, M. J., Davis, C. K., & Henderson, J. D. (2013). Therapist use of client strengths: A qualitative study of positive processes. *The Counseling Psychologist*, *41*(3), 392–427. doi:10.1177/0011000012439427

Seligman, M. E., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist*, *61*(8), 774. doi:10.1037/0003-066X.61.8.774

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, *16*(10), 837–851. doi:10.1177/1077800410383121

Trompetter, H. R., Lamers, S. M. A., Westerhof, G. J., Fledderus, M., & Bohlmeijer, E. T. (2017). Both positive mental health and psychopathology should be monitored in psychotherapy: Confirmation for the dual-factor model in acceptance and commitment therapy. *Behaviour Research and Therapy*, *91*, 58–63. doi:10.1016/j.brat.2017.01.008

VanderWeele, T. J., McNeely, E., & Koh, H. K. (2019). Reimagining health—flourishing. *JAMA*, *321*(17), 1667–1668. doi:10.1001/jama.2019.3035

Wade, N. G., Hoyt, W. T., Kidwell, J. E. M., & Worthington, E. L., Jr. (2014). Efficacy of psychotherapeutic interventions to promote forgiveness: A meta-analysis. *Journal of Consulting and Clinical Psychology*, *82*(1), 154–170. doi:10.1037/a0035268

Weiss, L. A., Westerhof, G. J., Bohlmeijer, E. T., & Coyne, J. (2016). Can we increase psychological well-being? The effects of interventions on psychological well-being: A meta-analysis of randomized controlled trials. *PloS One*, *11*(6), 1–16. doi:10.1371/journal.pone.0158092

Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development*, *17*(2), 110–119. doi:10.1007/s10804-009-9082-y

Williams, E. N., & Morrow, S. L. (2009). Achieving trustworthiness in qualitative research. *Psychotherapy Research*, *19*(4–5), 576–582. doi:10.1080/10503300802702113

Wong, Y. J., McKean Blackwell, N., Goodrich Mitts, N., Gabana, N. T., & Li, Y. (2017). Giving thanks together: A preliminary evaluation of the gratitude group program. *Practice Innovations*, *2*(4), 243–257. doi:10.1037/pri0000058

World Health Organization. (2018). *Mental health: Strengthening our response*. Retrieved from www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-res