

Integrating Meaning Making with Collaborative-Dialogic Practice

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Abstract

All people make meaning in their lives (Steger, 2009). The possibilities are almost unlimited. Meaning can range from no meaning to mystical meaning. People make meaning on a continuum. For example, in L'Étre et le Néant, the existential phenomenologist Jean Paul Charles Aymard Sartre (1943) wrote that meaning is somewhere between being and nothingness. On the other hand, four centuries earlier, Teresa Sánchez de Cepeda Ahomada (1515-1582), better known as Saint Teresa of Avila, identified her meaning in the infinite (Avila, 2010). As such, many clients who present themselves to collaborative-dialogic therapists are somewhere between Sartre and Avila.

This article presents cases of clients that examples of their meaning making system through their stories. The authors analyze the cases through the global and situational Meaning Making Model by Park & Folkman (1997) and offer effective strategies and techniques for working with clients for whom meaning making systems are significant.

Four cases are considered. As collaborative-dialogic therapists reflect upon each case presented here, readers may think back on their professional experiences involving significant meaning making. A goal of this article is to inspire collaborative-dialogic therapists to reflect upon the meaning clients give to their lives or their presenting issues.

Key Words: *collaborative-dialogic therapists, global and situational levels of meaning making systems*

Introduction

The first a priori principle of ethics implies respect for the person (Schulte & Cochrane, 1995). They state that respect for the human dignity of the person is a priori. People should have and show a genuine respect for all people despite of cultural, racial, linguistic, religious, gender or any differences that people use to separate and define people as ‘other.’ As such, a driving principle of collaborative-dialogic practice follows the same principle posited by Schulte & Cochrane (1995). The word dialogic demonstrates respect; respect one toward each other. Dialogic describes relationships which demonstrate between or among people with equal, value (Virtue ethics, 2016). Consequently, to relate in a dialogic manner, virtue ethics is operative between or among all involved.

The word collaborative implies working together, or shared inquiry, as stated by Anderson (1997, 2007, 2012) or engaging with others as Seikkula (2011) points out, with mutual respect. In other words, for there to be mutual respect, people think and relate to one another in ways equally salient to the relationship. Collaborative relationships allow all participants to bring themselves and their lived experiences to the shared inquiry with equal value.

Humans as a whole have different lived experiences. Each individual interprets and makes meaning of their shared or lived events through their own lens. Meaning-making connotes validating individual interpretations or understanding of events transpired in their world. This interpretation of lived events is particular to the individual. The phenomenon experienced is many times contextualized on how they make sense of their lives. The experience or view is paramount to the individual (Steger, 2009). People from different cultures, languages, traditions, religions, and other ways of being many times adopt the norms and values into which they were born or have been assimilated. In such circumstances, meaning making becomes contextualized due to different lived experiences and interactions. Individuals mature and grow. Some may no longer make sense of life through the environment in which they were raised. In some cases, individuals may feel empty and begin to develop their own meaning making systems to make sense of life. The context and phenomena in which they now live is the result of their new meaning making systems. The sharing of this inquiry and engagement in collaborative-dialogic practice is vital in respecting and validating the lived experiences of all individuals (Anderson, 1997, 2007, 2012; Seikkula, 2011) as we are all different in our beings, experiences, and interactions.

In keeping with Anderson (1997, 2007, 2012) and Seikkula (2011), an important aspect of collaborative-dialogic practice can determine how clients make sense of their lived experiences. Therapists listen for, and hear, how clients make meaning while meticulously engaging with them in their meaning making process. Because we are all different and each has their own views that vary from one to another, we all make meaning in different ways. In many cases, meaning making systems are based on different interactions, events and experiences.

Meaning making in loss

Meaning making systems become central to the collaborative-dialogic relationship. For example, below is an excerpt from a therapy session with Bert, a client facing death. Different therapists will interpret Bert's event based on their personal lived experiences, all which have validity and are contextualized in their own frame of reference. However, the focus is on what Bert wishes to disclose, as he and his story are the center of attention.

Facing death: Client at peace

Bert is a 67-year-old German American male who has been told that he has two weeks to live. Bert has been treated for leukemia for the past two years, and he has been kept acceptably comfortable. Until six months ago, he has been able to continue teaching psychology at the university where he has worked for the past 37 years.

Bert is the father of three successful grown children and eight grandchildren. His spouse is a musician. Bert met her at the Arbeiter club where she was part of the orchestra. He reminisces how distracted he was as she played the piano and remarks he could not take his eyes off her during the performance. At intermission, Bert asked his friend to introduce him to the piano player. Bert asked the piano player if she would come to dinner with him in the near future. They exchanged telephone numbers, dated for two years, and eventually married.

Bert is an atheist who does not believe in an afterlife. He tells his therapist that he is comfortable with the idea of dying because he has lived a successful life and has seen his children succeed. Bert tells the therapist that he will live on in his children and grandchildren when his physical existence ends. Bert also tells the therapist that he will live on in the memory of his spouse as long as she lives. “That is enough for me,” Bert tells the therapist.

Bert explains that he wants to have a conversation about his life. He reports that he has been thinking about his life for the past year and would like to put closure on his thoughts before he dies.

Looking at this scenario through the Meaning Making Model by Park & Folkman (1997), two components that stand out are what Park & Folkman identify as global and situational levels of meaning making. In global meaning making, individuals interpret, evaluate, and respond to their varied experiences of the world (Linley & Joseph, 2005; Koltko-Rivera, 2004). Individual’s assumptions of self, others, or the world in relation to their expectations about justice, benevolence and fairness, luck, greed, the afterlife, to name a few, allows for such beliefs to be challenged, interpreted and reinterpreted. Looking at the case of Bert through the optics of the global level, Park & Folkman (1997) define such individuals having “...a set of basic global beliefs and goals from which derive a sense of purpose or meaning in life; this is their global meaning system” (p. 971). In the situational meaning making system, individuals experience stressful or traumatic events where they tend to assign meaning or what Park & Folkman (1997) call appraised meaning (p. 121-122). Appraised meaning simply refers to assigning meaning to the situation or the event the individual has experienced. In situational levels of meaning making, Park & Folkman (1997) state that individuals assess a specific personal event as part of their environment. Individuals cope with the experience and search for meaning once the situation has been assessed. The person then ascribes meaning from this outcome as a means to cope with the experience at hand.

In this case, Bert seems to have a general view of life. He holds certain beliefs and acknowledges what he can and cannot control. He displays a healthy general sense of purpose and view of life despite his current situation. Bert shares which part of his life on which he wants to reflect and the meaning he wants to give it. The collaborative-dialogic therapist invites Bert to consider whether or not he has been heard. The therapist listens for Bert’s emotional responses and helps him process these if he desires. The end of Bert’s being with death may or may not be a subject of the therapeutic conversation. Based on Park & Folkman (1997) global level of meaning making, Bert expresses peace with his impending death.

Examining the situational meaning espoused by Park & Folkman (1997), Bert, told he has two weeks to live, identifies and gives meaning to this situational event, his illness and ultimately death. In Bert’s case, his global belief or meaning making, accepting death when it comes, allows him to align the global and situational meaning making systems. Bert accepts and gives meaning to death soon coming and reconciles the situational meaning making through coping and acceptance.

Collaborative-dialogic practice requires Bert to introduce the content he chooses to bring into the conversation. The therapist responds to Bert’s lead with empathy, wondering, and authentic sharing of thoughts and feelings while keeping appropriate professional boundaries. The

therapist listens attentively, engages with genuine comments, and does not have to inquire of Bert, as he does not stop talking until the end of his story about meeting his spouse. At times, clients need the wondering of therapists to help them tell their stories, but this is not the case with Bert. The unfolding of Bert's reflections creates healing, harmony, and peace in his inner life. Bert leaves collaborative-dialogic counseling with a sense of closure on his life well lived. Bert is satisfied that he can face his end.

Meaning making in purpose of life

As we further expand and analyze cases through the Meaning Making Model by Park & Folkman (1997), individuals make meaning based on their interactions and experiences interpreting such events based on their core beliefs, attitudes, values and ways of looking at the world (Steger, 2009). A different perspective or view is not a limitation or deficiency; rather 'different' just means different views exist and respect to the individual in collaborative-dialogic practice is paramount.

What to do with the rest of my life

Sadie is a 71-year old African American woman. Sadie was widowed three years ago when her spouse died of a sudden heart attack. Sadie tells the therapist that she is content that her five children are all happily married. She reports with pride that she has 11 grandchildren. Sadie smiles when she shares that she sees her children and their families approximately once a month. All live near enough to be in social contact and enjoy social media with one another. Sadie and her middle school grandchildren communicate on their smart phones.

Sadie tells the therapist that her spouse was a successful anchor on a local news station and left her without financial worries. Sadie says, "I am not rich, but I have no financial concerns. In addition to what my spouse left me, I have retirement from the State where I was a social worker since earning my LCSW. I need help with what to do with the rest of my life."

Sadie asks for help in making decisions about how she will be, become, and do in her new life as a widow, a mother to adult children, and a grandmother. The collaborative-dialogic therapist inquires of Sadie in how she made important decisions in the past. Sadie reminisces about how she chose clinical social work as her profession, how she chose her husband, and how she made the plethora of decisions needed to be a mother, spouse, and professional person.

Sadie reports to the collaborative-dialogic therapist that in all her major decisions in life, she prayed with the Bible. Sadie tells the therapist she values the prophets of the Hebrew Scriptures, as they challenge the people to care for the widows, orphans, and poor. Sadie's prayer with the Hebrew Scriptures inspired her to seek a helping profession.

After the collaborative-dialogic therapist encourages Sadie to say more, Sadie tells the collaborative-dialogic therapist she met her spouse at a workshop at church where he was having a conversation with the congregation about the responsibility of anchors who have editorial decision making concerning what is reported to an audience and how it is presented. Sadie tells the therapist her husband was 9 years older than she and was already working as an anchor when she met him. Sadie says she was impressed. After the workshop, she approached her future spouse, and he invited her to the station for a tour. When the therapist wonders what it was that

resulted in Sadie's taking her future spouse up on his invitation, Sadie tells the therapist his values attracted her. Sadie reports she could see the virtues of the Christian Scriptures in his commitment to his profession.

The therapist inquires if Sadie would like to use her traditional method of decision making to determine what she would like to do with the rest of her life. Sadie responds that she would appreciate being able to use her Bible in counseling sessions. Sadie subsequently brings her Bible to counseling each week, and the collaborative-dialogic therapist walks with Sadie through her choice of passages and reflections on them. Sadie is using her religious faith and belief in scriptures as a way to make meaning in her life (Park, 2005a, 2005b, 2007).

Analyzing Sadie through the Meaning Making Model by Park & Folkman (1997), of global and situational levels of meaning making, the collaborative-dialogic therapist appreciates and respects Sadie's global view of meaning making as she uses the scriptures to define and guide her life in finding meaning and purpose. The collaborative-dialogic therapist affirms Sadie's situational meaning making system as she is experiencing uncertainty on what to do with her life at age 71 and as a widow (Bonanno, Wortman, & Nesse, 2004). This stress factor of not having direction is affirmed by the collaborative-dialogic therapist where Sadie begins to reconcile her global and situational meaning making systems.

Sadie seems to have a healthy grasp of life then and now but is unclear on what the future holds. She maintains and holds on to her belief in Scripture which she says has always guided her decisions. Sadie maintains a sense of purpose for the decisions she needs to make. Sadie opens up about her past and what she intends to do in the future reflecting on decisions that need to be made at age 71. The collaborative-dialogic therapist attentively listens, respects and affirms both Sadie's global and situational meaning making systems, even when those beliefs are not held by the therapist.

Sadie feels affirmed. She decides to take a trip to the Holy Land and return to counseling to process this experience with respect to how it will influence what she might choose to be, become, and do subsequently.

Meaning making in facing death

The stress and fear of death for any individual is what Park & Folkman (1997) call situational as people try to process a particular event and make meaning of it in order to cope with the outcome. As people face death or any stressful or traumatic event, individuals assign meaning to the experience (Koss & Figueredo, 2004). Individuals who undergo loss of a sense of control or lack of comprehending the situation at hand, experience angst, process the situation and assign meaning to the situation to hopefully reduce distress (Brandtstadter, 2006).

Facing death and feeling terror

Judith reports that she was raised in a devout Anglo Evangelical Baptist family. Judith remembers out loud how her family was economically struggling, but because she excelled in school, she earned a full scholarship to college. She majored in engineering and became very successful. Judith tells the therapist that she feels accomplished because she has made major contributions to the development of the internet while working for Microsoft.

Judith muses, “As time passed, the meaning making of my family meant less and less to me. I became an atheist. When I was 26 years old, I met a colleague who shared my upbringing, subsequent struggle with similar beliefs and traditions, and had also let go of them.”

Judith describes with pride she and her spouse had one daughter. Judith explains their daughter has followed her into engineering. Judith tells the therapist she is proud her only child has followed in her footsteps. “My daughter has worked for many years in the private sector and in the government working on very important projects. She and her colleagues have contributed greatly toward addressing the problem of climate change,” she boasts.

Judith is 88 years old. She reports to the therapist that she is thinking more and more about her death. “These thoughts are terrifying me; I feel terrorized,” Judith says in almost a whisper. “My husband and most of my colleagues are already dead,” Judith wonders out loud when her turn will come.

Judith uses a word to explain her mental state that is significant, namely, terrorized. The stress and fear of death is what Park & Folkman (1997) call situational in trying to make meaning of what is terrorizing her. When Judith tells her story to the collaborative-dialogic therapist, she uses this word at least five times throughout the session to describe how she feels about dying. The collaborative-dialogic therapist inquires about this word and wonders if Judith had ever felt terrorized in her life before she began thinking about her own death. Somewhere deep within Judith there is an answer to her feeling terrorized, and with the wondering of her therapist, Judith may be able to draw on her strength and insight to feel less terrorized (Joseph & Linley, 2005).

At one point, Judith tells the therapist, “Sometimes I feel so terrorized by thinking of the end that I wish I still had the belief in an afterlife that I had in my family of origin. On the other hand, I had to get out of the feelings that limited my ability to think what I wanted to think and to do what I wanted to do.” Judith on many levels is cognizant of her global meaning, those beliefs she once held and stopped believing in as she made new meaning and sense of her life as she grew older and matured. Although she is not abandoning being an atheist, she reflects on what was once her meaning making and how she made sense of her world then before she became an atheist. She is reflecting on her global and situational meaning in this time of facing death, something that terrorizes her as she inches closer to death.

The collaborative-dialogic therapist stays with Judith through her meaning making struggle and its influence on her feelings about her death. The collaborative-dialogic therapist, after listening to Judith and embracing her struggle, might find out what brings her peace in helping Judith reconcile her global and situational meaning. Drawing on feelings of peace in the past, maybe Judith and the therapist can mutually decide on thoughts that will help Judith regain peace, even in the face of death.

Judith may reflect on her global meaning making in her family of origin. If she does think back to her youth and her former beliefs about death, the experience might result in reconciling her current situational meaning as a mature and aging woman (Reker & Wong, 1988). Judith may begin to find peace, clarity, acceptance and decisiveness while she heals her inner life in preparation for death.

The collaborative-dialogic therapist may wonder if Judith's professional accomplishments and that of her daughter brought her peace. Judith may use the memories of satisfaction, fulfillment, and even possible delight she has felt to inform her present struggle facing her inevitable death. Judith may have feelings of disconnection between her professional success and her death. The therapist may be able to help Judith focus on her inner feelings regarding the sense of well-being in her life to mitigate Judith's fear of dying.

The collaborative-dialogic therapist walks with Judith through her minefield of feelings as she tries to reconcile her global and situational meaning making systems. If Judith thinks exploring her remembering her childhood meaning making is fraught with danger or memories of how she felt while being a successful wife, mother, and professional, the collaborative-dialogic therapist will journey with Judith on her voyage. What the outcome will be with Judith has many different possibilities. If Judith finds peace about her inevitable death, counseling will have been successful.

Meaning making in surviving a hate crime

During times of distress, people search for coping mechanisms and assign meaning to the situation at hand (DuHamel, K. N., Manne, S., Nereo, N., Ostroff, J., Martini, R., & Parsons, S., 2004). People vary in how they deal with loss and other highly stressful situations. People cope differently and make meaning of the situation they are encountering. Some, with time, recover easily. Others, however, may take longer periods of time in coping with loss or traumatic situations. As therapist, we need to be cognizant that each person processes and reacts differently to loss or stressful events they encounter.

Jacob is 15 years old and a sophomore in high school. Jacob's father is the Rabbi of a large Synagogue in the city. Jacob has one younger brother and one younger sister. Jacob, as the oldest son, believes he is expected to follow in his father's footsteps and become a Rabbi. Jacob is comfortable with this decision because all he wants is for his father to be proud of him.

Two weeks ago, during the Saturday worship service the Synagogue was firebombed. Five elder members and three adolescents were killed. Six other people were injured; four are still in the hospital.

Jacob thinks out loud, "Why did I survive? I was in the Synagogue. My father was there; the closest person to die was only a few feet away from him. My father was protected by the large scrolls he had in his arms. "Sometimes I dream that I was blown to pieces by the bomb," Jacob says with a hint of terror in his voice.

Jacob tells the therapist he is having a difficult time concentrating on his schoolwork. Jacob explains that for the first time in his life he has experienced racism in the form of a hate crime toward Jewish people. Jacob tells the therapist that when he remembers what happened while his father was leading prayer in the synagogue, he "freaks out."

This bombing was declared a hate crime by the Federal Bureau of Investigation (FBI) and local law enforcement. The Jewish and non-Jewish communities have supported the congregants of the Synagogue. Jacob tells the therapist he appreciates all the support his father has received from "everyone."

Jacob explains feeling like the sky is falling on his head; he reports he cannot think, cannot feel, and cannot concentrate. Jacob asks the therapist to help him “return to his old self.”

When Jacob begins by telling his story of terror, the collaborative-dialogic therapist walks with Jacob, listening with great focus and sincere empathy. Jacob relates all details as he remembers them. Jacob breathes a huge sigh when he finishes telling his story. The therapist invites Jacob to process the feelings he has acknowledged and accepted. Jacob complains he feels guilty that his friend did not survive the bombing and he did. “Why did I survive?” Jacob asks many times. Jacob shares his deep feelings of disgust when he thinks of how evil people can behave. At the same time Jacob wonders about the kindness of people in his community and others who have provided substantial support.

In this case, we can see how Jacob used his global meaning making system holding true to his Jewish upbringing. His goal was to become like his father and make him proud. He is interpreting this unfortunate situation of being attacked for being Jewish through his core beliefs, something that boggled his mind. Jacob relies on his faith in his religious teachings to make sense and meaning as to how this incident has caused him great stress (Park, 2005a, 2005b, & 2007). His upbringing of fairness, justice, and goodness have been rattled by this traumatic experience. This stressful event, with its situational meaning, has caused him to assign meaning to this hate crime. This hate crime, in essence, shattered some forms of his global beliefs when his congregation was assaulted, violating the principals and core beliefs taught by his faith regarding goodness, fairness and justice.

The role of the collaborative-dialogic therapist is to be present with Jacob as he embraces his terrorizing experience and moves toward a new normal (Joseph & Linley, 2005). Jacob’s age is a significant consideration when being with him. He needs help processing a crisis experience with a brain that is not fully developed. Jacob calls upon his Jewish beliefs and history to try to fathom the meaning of what he has experienced. Jacob goes back to Biblical figures Abraham, Isaac, and Jacob, his namesake, to try to learn how to move on to a new normal. Jacob reads the tender words of the prophet Isaiah in chapter 40: “Comfort and keep comforting my people, says your God.” Jacob reads from the Complete Jewish Bible translation. Jacob reflects that Adonai will always be with him even in the face of hate. Jacob’s healing will develop over time (Park, 2005a, 2005b, & 2007). As he matures and his brain becomes fully developed, Jacob will be able to integrate this horrific event into his total life experiences. Jacob may be able to resolve this crisis on his own, or he may return to counseling in the future.

Conclusion

Collaborative-dialogic practice at its very core demonstrates a profound respect for human persons. This respect unfolds like a blossoming flower as it provides the environment in which clients feel comfortable and competent to tell their stories and make clear their purposes for coming to counseling.

In this article, clients presented with a variety of issues all related to their global and situational meaning making systems. On the one hand, Bert was comfortable facing his death; on the other hand, Judith was terrorized when facing her death. Although both tried to reconcile their global and situational meaning making systems, each varied in approach. Bert’s meaning making

system supported him as he made peace, and in Judith's case, her meaning making system did not provide the peace she needed to face her death. The collaborative-dialogic therapist entered into the meaning making system of each client in such a way that the client could move ahead in the way the client desired respecting each for what they brought to the session (Anderson, 2012; Anderson, 2007).

Sadie's case was straightforward. When the collaborative-dialogic therapist learned that Sadie used the Bible to make decisions, the walk with Sadie had a clear structure in which to move ahead. Jacob, on the other hand, did not have the maturity of age that Sadie had. Sadie was not faced with the death of friends in a hate crime as was Jacob. However, both had strong faith in their global and situational meaning making systems. As Park (2007,2005a, 2005b) would concur, for both Sadie and Jacob, their sources of strength were their sacred literature.

Everyone makes meaning, at times based on their interactions with their current environment or their reflections on their upbringing. Everyone makes meaning of and about life (Steger, 2009); the varied life experiences allow individuals to interpret events or experiences differently thus assigning new meaning to the events being experienced. Sometimes the meaning clients give to experiences is helpful, and sometimes not helpful to inner peace. The collaborative-dialogic therapist helps clients find within themselves clarity of understanding of their presenting issues and helps clients realize they have the wherewithal to address these issues in a meaningful way. Finally, the collaborative-dialogic therapist has the knowledge, abilities, and skills to walk with clients through their global and situational meaning making systems with the hope toward inner peace.

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