

Principle-Centred Therapy (PCT): The Future for Therapeutic Interventions?

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Vulnerable populations, such as intimate partner violence (IPV) victims, constantly face psychological abuse by family members and society at-large. IPV victims are left to struggle with their mental health in isolation. Many are unable to receive the appropriate psychological help they need, largely due to a lack of accessible services and persistent stigma attributed to those seeking help. This proposed community garden venture offers vulnerable populations an opportunity to seek mental health aid in a communal space. Along with learning agricultural skills, IPV victims will be able to engage in Principle-Centred Therapy, a novel treatment focused on freeing individuals from negative thoughts and transferring patients from a state of dependence to one of interdependence. In addition to strengthening community resilience by encouraging the inclusion of isolated members, this program will produce marketable agricultural goods, thereby contributing to overall economic vitality within the community.

Vulnerable populations, such as intimate partner victims (IPV), often suffer from severe mental health issues (Campbell, 2002). Interventions rooting from positive psychology should be used to aid IPV victims to build

on the current collection of data regarding their impact on both outcome (e.g., positive versus negative) and magnitude. Examples include Meaning-Focused Group Psychotherapy developed by Breitbart et al., (2012) and the Two-Factor Self-Esteem Enhancement Approach by Mruk (2006). These psychological interventions are increasingly prominent in mental health care and are capturing the interest of many professionals in psychiatry. While these interventions are not new, their incorporation into empirical research and clinical practice is relatively nascent.

Meaning-focused interventions—defined as interventions that spawn a sense of meaning in a person's life—in particular have been implemented in a range of clinical settings and significantly enhance the overall well-being of patients (Breitbart et al., 2012). Previously developed therapies also acknowledged the value of community in group-based interventions. Studies have shown its success, implemented through therapies for marginalized populations; Brandl (2000) used hope, empowerment, and collaboration to describe their empowerment model for intimate partner violence (IPV) victims.

There is an increasing trend within academic and clinical communities to recognize the importance of community in societal well-being. At the crux of this construct is belongingness, which Hagerty et al., (1992) define as “an experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system”. The essential characteristics of belongingness are mutually-valued relationships, social support and integration, and reciprocity. These features enable the cultivation of an atmosphere in which individuals are embraced and afforded the opportunity to thrive as integral and valued members of their communities.

Recent research into belongingness has unearthed the role it plays in common mental health problems. Chang, Kahle, and Hirsch (2015) found that the relationship between domestic abuse and greater depressive symptoms could be attributed to a loss of belongingness. Maslow (1954), in identifying basic human needs, identified belongingness as the third most basic human need that needs to be fulfilled. Furthermore, Dasberg (1976) concluded it was lacking sense of belonging that was the common factor in the mental breakdown of soldiers during wartime. Despite the understood importance, minimal data exists pertaining to belongingness and its translation into interventions for IPV victims. Better support and training is required for the development and implementation of a therapeutic intervention that uses belongingness to enhance the psychological health of IPV victims.

Moreover, gardening-based therapies have been reported to have a significant impact on psychological health, such as senescence in symptoms of depression and anxiety, as well as augmentation of attentional capacity (Clatworthy, Hinds, & M. Camic, 2015). Recognizing the potential of gardening to augment mental well-being,

coupled with the realization that there is a shortage of positive psychology-focused therapeutic interventions, spawned Principle-Centred Therapy (PCT). PCT is an eight-week, community-driven intervention designed to increase belongingness in vulnerable populations around the world. It incorporates language, culture, and context of communities to create an environment that is inclusive, accepting, and empowering. PCT uniquely amalgamates agriculture, community gardening, farming and other forms of horticulture with evidence-based group psychotherapy, making it a novel therapeutic approach.

At the heart of PCT is Dr. Stephen Covey's (1989) Maturity Continuum, which delineates the stages of a person's development from dependence to independence, and then to interdependence, the zenith stage. With interdependence serving as the underpinning for a person's thoughts, feelings, and behaviors, a cognitive framework is provided within which authentic and effective action can take place in the context of the overall community. Furthermore, interdependence ameliorates the terminal uniqueness that vulnerable populations suffer from, the belief that their situation is idiosyncratic and cannot be understood by others. Vulnerable populations will realize that alone they cannot accomplish much, but together they can achieve so much more. PCT allows these individuals to gain a sense of community by meeting others who have experienced similar situations, as well as their loved ones and supporters. Interdependence is the conduit that allows for continued personal growth while providing an avenue to connect, serve, and meet the needs of the community holistically. The potential of PCT as a treatment strategy lies in its unique emphasis on interdependence.

Additionally, PCT features a social entrepreneurship component known as Gardian. Crops grown in

community gardens have immense business potential; from 1978 to 1989, \$8.9 million worth of produce was grown in Milwaukee community gardens (Bremer, Jenkins, & Kanter, 2003). Furthermore, the fifteen New York gardens organized by the City Farms program by Just Food grew close to 11,000 pounds of fresh vegetables and fruits. Due to substantial initial funding, these community gardens were able to produce an enormous quantity of crops, so much so that they generously donated nearly 50 percent of the crops to community soup kitchens and food pantries (Englander, 2001). These statistics describe the potential of community gardens to function successfully under the guidance of local organizations.

The production of crops plays a big role in PCT, due to their therapeutic benefits and their business potential (Clatworthy, Hinds, & M. Camic, 2015). Crops that have been grown by PCT groups can then be sold to the market place. Depending on the amount and value of the crops, the vulnerable population in question will receive monetary compensation. A portion of the profit gained will be allocated to the farmer for the continued use of their land and resources. Any surplus will assist with expansion of the community gardening enterprise, and extension of the program to farms in other regions. The profit garnered from crop production supplies vulnerable populations with a sustainable source of income, while also providing them with the therapeutic care they need. This mitigates a lot of the worries and stress that vulnerable populations possess—often relieving them of duties that they have to do to sustain themselves, but which often also puts their physical and mental health at risk.

PCT utilizes and amalgamates concepts that are empirically supported to formulate an eight-week intervention. Psychological concepts such as the growth mindset, grit, mental toughness, and empowerment

are harmoniously coalesced with activities including horticulture, journaling, and visualization. The intervention is meticulously designed to help people transition from a state of dependence, to independence, and then to interdependence. Two aspects separate PCT from other therapeutic interventions. The first is the overarching emphasis that PCT places on community building, collaboration, and connection. PCT promotes symbiotic and meaningful relationships by allowing for the building of new relationships while maintaining and enhancing existing ones. This leads to the empowerment of vulnerable populations through the establishment of a profound sense of belonging, meaning, and a redefined purpose. Secondly, by participating and partaking in agricultural activities, vulnerable populations are provided with a reliable source of income in addition to a therapeutic intervention which addresses their psychological and emotional needs. Moreover, PCT fosters an environment free of the stigma that often delays treatment for mental illness. Patients that would normally avoid seeking mental health care for fear of being associated with negative stereotypes can freely partake in PCT without their diagnostic labels on display. Thus, with PCT, vulnerable populations are not only provided with a stigma-free space for mental, emotional, and physical growth, but are also afforded the opportunity to develop a new skill set pertaining to both farming and the sales and marketing of produce.

Currently, victims of intimate partner violence are the priority for PCT. With a plethora of research already published on IPV victims, PCT aims to build on previously published research. Initially a population-based study will be conducted, followed by an observational cohort and qualitative study to understand the lives of IPV victims, with particular attention to their sense of belonging. The effectiveness of PCT will then be determined through rigorous, empirical research. This research process will consist

of collaboration with business and clinical experts to refine the business model and clinical framework of PCT, respectively.

Among the long-term goals of PCT is to obtain seed funding to support a pilot program in a low- or middle-income country. South Asian countries are currently being studied and evaluated for the implementation of PCT. If the pilot program is successful, the next step will be to establish partnerships with the local and international organizations and to lobby governments to implement PCT. The next steps involve improving the sustainability of existing PCT programs and improving impact investments. Finally, the possibility of expanding PCT to other vulnerable populations, such as orphans and immigrants, will also be explored.

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