Introduction

Therapeutic use of self is a concept that has received little attention in occupational therapy literature and low prominence in occupational therapy education curriculum [1, 2]. This is despite the finding that occupational therapists surveyed regarded therapeutic use of self as central and important to the occupational therapy process [3]. In the same survey, occupational therapists indicated that while they highly valued therapeutic use of self as a core skill, their formal occupational therapy education did not provide them sufficient training in this key area. Theoretical and published information was sparse and practical training in therapeutic use of self was more incidental than intentional. As a result, most occupational therapists surveyed did not feel adequately prepared in the skills on therapeutic use of self.

Various occupational therapy scholars have attempted to define therapeutic use of self. Punwar and Peloquin [4] proposed that therapeutic use of self on the part of the therapist is the “… planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process”. Taylor [2] in her Intentional Relationship Model envisioned therapeutic use of self as the ability to flexibly apply six modes of practice or interpersonal skills comprising advocating, collaborating, empathizing, encouraging, instructing, or problem solving with the client at the appropriate time and depending on need. Kielhofner and Forsyth [5] in the Model of Human Occupation detailed a set of therapeutic strategies that can be construed as elements of therapeutic use of self in facilitating client occupational performance – validating, identifying, giving feedback, advising, negotiating, structuring, coaching, encouraging, and providing physical support. In the Canadian Model of Client-Centred Enablement, Townsend et al. [6] highlighted a set of ten key enablement skills – adapt, advocate, coach, collaborate, consult, coordinate, design/build, educate, engage, specialize – which are relevant to therapeutic use of self. There is a certain degree of overlap among the three models articulated thus far, even as they attempt to provide a map of facilitating or enabling occupational performance in the context of a therapeutic relationship.

A common thread or ethos that runs through these models is that of intentional, strategically-directed, therapist-initiated activity or skill. All the modes, strategies, and enablement skills of the Intentional Relationship Model, Model of Human Occupation or Canadian Model of Client Engagement respectively can be seen to pertain to the occupational therapist’s doing and becoming. That is, these models seem to be talking about what the
occupational therapist actively does (e.g. advocating, advising, and coordinate) in the interaction between therapist and client, and thus what he/she becomes in the process of doing (e.g. role of advocate, advisor, and coordinator).

The Sky Mirror Model of therapeutic use of self is a fusion of Asian and Western cultural metaphors, concepts, and praxes (theory-informed practice). It draws on cultural images of mirror and sky ubiquitous in Asia. Metaphors of mirror and sky have profound connotations of inner clarity, stillness, openness, presence, and insight. As such, they fit well with the overarching emphasis of Sky Mirror Model on the being of an occupational therapist. This model articulates therapeutic use of self in terms of the occupational therapist’s being, both its inner dynamics and its mutuality with the being of another.

**Sky mirror as core metaphor**

The work of Iwama [7] underscores the centrality of cultural assumptions and metaphors in construction of occupational therapy theory and practice. Occupation-centred models of practice and current articulations of therapeutic use of self in occupational therapy are themselves culturally bound and historically located. Globalization of goods, services, and knowledge has created an impression of universalized knowledge categories and metaphors stemming from Anglo-American culture. Hammell [8, 9] pointed out that such universalized knowledge is naturalized to the extent that it is seen not as cultural artefact but as unproblematic universal truth. For example, occupational science claims to espouse a set of universal ‘truths’ about human occupational nature, essentiality of occupation, the incontrovertible link between autonomy, occupation, and health, and other related ideas. Research evidence is summarily gathered to render support to such ideas, through various qualitative or quantitative methodologies. Yet, implicit assumptions and ideological commitments that serve to underpin and construct notions of evidence and methodologies remain assumed rather than questioned. Tacit but powerful metaphors hidden beneath our construction of knowledge remain unexposed.

In this regard, the Sky Mirror Model is constructed from a fusion of both Asian and Western metaphors, concepts and praxes. This is seen in the model’s core metaphors of “sky” and “mirror” as well as the set of therapeutic factors within its four domains. As core metaphor, “sky” is a meaningful cultural image within Asian cultures – particularly Indian, Chinese, Vietnamese, Japanese, and particularly Himalayan cultures like Tibet and Nepal [10–15]. The salience and prominence of the sky metaphor in Himalayan cultures may be linked to geographical and climatic factors distinctive to these territories.

Across these cultures, the sky is a powerful symbol for the vast, open, luminous nature of the mind that perceives and cognizes all sensory and psychological data in a free-flowing, non-fixated, non-concretizing way [16, 17]. In particular, the sky is seen as an immaculate expanse akin to awareness as a centerless clearing through which one’s unique life history flows, just as clouds might flow through the vast open sky without centre or circumference. Ontologically, awareness or consciousness or mind is open because it is free of concretized identity [18]; luminous because myriad appearances manifest in awareness; and knowing because it is able to cognize or know whatever appears in consciousness [19]. Phenomenologically, realizing this sky-like nature of awareness is a state of peace and joy with absence of inner affliction and conflict. This lack of reactivity also means presence of dynamic responsiveness to the anguish of others. Thus, the sky metaphor is a metaphor rich in meaning in Asian contexts [20, 21].

The core metaphor of mirror is another cultural image in Chinese, Japanese, Indian, and Himalayan cultures. In these Asian contexts, the mirror’s ability to reflect things as they are as unbiasedly symbolizes the ability of awareness to cognize all phenomena without reactivity. The mirror’s reflective capacity is based on it being still, simple and clear, free of dust and dirt. Even as the mirror reflects, it remains unstained in any real or permanent way. Similarly, mirror-like awareness reflects things as they are, without embellishment or detraction, and without being permanently stained in any way [22]. Hence, as cultural metaphor, the mirror is highly relevant to how a therapist is present in his/her therapeutic relationship – still, simple, clear, non-reactive, non-judgmental, and reflecting client issues, needs, and values without bias.

Taken together, the metaphor of ‘sky mirror’ can be understood as sky reflected in mirror as well as mirror reflecting in the sky – both of which convey the implications of therapeutic presence focused less on doing and more on being. This focus on being a wise therapist skilled in healing bears resonance with a pervasive ancient meme of Asia – that of a sage, awakened being, and realized soul [23, 24]. From Sky Mirror Model’s perspective, a therapist’s use of self is not so much a deliberate concocting of a ‘therapeutic personality’ replete with a collection of ‘highly desirable skills’ that when enacted conduces to positive therapy outcomes. Rather, Sky Mirror Model advocates an approach to therapeutic use of self that has as its core the power of therapeutic presence – unconstrained and unmerited,
neither performance-driven nor outcome-focused, but spontaneously manifest and focused on the present-moment. The qualities represented by the sky and mirror as previously discussed, when taken together, coalesce into a picture of spontaneous, present-moment, uncontrived therapeutic presence that is powerfully healing in non-self-conscious ways.

Congruent with its part-Asian roots, Sky Mirror Model focuses on the priority of being over doing and becoming, where the latter two are regarded as outflows of the former. The priority of being can be seen in multiple discourses and praxes of Asia that at various points in history have intermingled and co-constituted the spirit of the Asian worldview. These discourses and praxes include those of Buddhist, Confucianist, Taoist, and Hindu origins, and their diverse inter-fusions and combinations (e.g., confluence of Buddhist and Taoist ideas in Chan/Zen).

Being is not the exclusive domain of Asia, as evidenced in the philosophies of Heidegger and Gadamer of the existentialist-hermeneutic tradition, and the influential theology of Torrance in the biblical tradition [25–27]. Heidegger’s notion of the primordiality of dasein in human experience [25] and Torrance’s pivot on the outflow of doing from the fullness of being [26] are important ideas salient to Sky Mirror Model. Sky Mirror Model is one that vocalizes and reclaims a practical concept marginalized in modernity’s and occupational therapy’s accentuation of activity over restedness, becoming over being, extroversion over introversion, speed over slowness, profit over people, and productivity over fruitfulness.

A fusion model?

Sky Mirror Model’s therapeutic factors illustrate the fusion of Asian and Western concepts and praxes. The organization of these factors into four domains is a theoretical move embedded in Western conceptual differentiation and structuralism. The structure of a model in terms of its component parts and how they are organized is a case in point. Sky Mirror Model’s four domains of the cognitive, affective, attentional, and conative are derived from Western psychological science. Among the factors identified and included under these domains, about half derives from Western intellectual traditions while the other half derives from Asian wisdom cultures (see Table 1).

In particular, factors of flexibility of consciousness, three-tracked mind of clinical reasoning, knowledge of models in context, presence, genuineness, and humour derive from Western clinical and therapeutic traditions. Factors such as mindfulness, acceptance, attentional balance, presencing, compassion, and empathic attunement derive from Asian wisdom traditions such as Buddhism, Taoism, and Yoga [16, 23, 28–32]. Without overstating the different cultural origins of the two sets of factors, it is evident that cultural difference and fusion are implicit in their conceptualization. For instance, without the fertile encounter between Western psychology [33] and behavioural medicine [34] with Buddhism, concepts and practices of mindfulness (Pali: sati; Sanskrit: smrti) would not have been promulgated in Western scientific literature and assumed prominence in academic and professional discourse.

Domains and factors of sky mirror

Sky Mirror Model privileges therapeutic presence as the essence of therapeutic use of self, where becoming does not create one’s being but is rather a natural outflow of the fullness of being. Torrance as cited in Molnar [35] spoke of becoming expressing the dynamic nature of being. In other words, a Sky Mirror Model-inspired therapist ceases striving to become the pre-conceived therapist he/she wants to be by doing more of this or that. Rather, the therapist stops all ego-driven striving, doing, and becoming to rest profoundly in the plenitude of being where these four domains of twelve factors can be spontaneously actualized. Without actualizing a fullness of being that overflows, all attempts at doing are at risk of being either contrived or ego-driven, prone to the risk of fatigue and burn-out on the part of the therapist.

Four domains

Sky Mirror Model’s cognitive, affective, attentional, and conative domains follow the model of mental

| Table 1. Domains and factors of the Sky Mirror Model. |
|-----------------------------------------------|
| Cognitive | Affective | Attentional | Conative |
| Flexibility of consciousness | Presence | Mindfulness | Humour |
| Three-tracked mind of clinical reasoning (+ narrative reasoning) | Genuineness | Acceptance | Presencing |
| Knowledge of models in context | Compassion | Attentional balance | |
| Empathic attunement | | | |
balance articulated by Wallace and Shapiro [36]. The cognitive domain pertains to the processes of thinking and cogning – how we think, analyse, problem solve, construct, synthesize, recall and so forth. The affective domain pertains to emotional processes – what and how we feel, react, respond to things. The attentional domain pertains to the capacity of the mind for focusing, sharpening, clarifying, broadening, and deepening attention. The conative domain is the realm of intention and will, the exercise of volition and choice.

**Twelve factors**

Sky Mirror Model’s therapeutic factors synergize and synchronize to elicit therapeutic use of self that is skilful and efficacious. The organic and harmonic orchestration of these factors is not subject to volitional control or manipulation of the therapist. They are not viewed as concrete skills to be gained but creative abilities that emerge out of deep ‘self-forgetful’ restedness in being [37, 38].

**Cognitive domain**

The cognitive domain is the discursive and inferential aspect of mental functioning that contributes to therapeutic use of self. The first cognitive factor of flexibility of consciousness is the ability to shift flexibly from one frame of reference to another, traversing multiple paradigms in an open, fluid and creative way [39, 40]. Such flexibility of consciousness confers upon the therapist the freedom to adopt non-dominant and alternative perspectives to familiar or intractable problems. Instead of being fixed on one point of view or fixated on one ideological agenda, the therapist has the freedom to seamlessly enter the lifeworlds of their clients.

The second cognitive factor is three-tracked mind of clinical reasoning [41]. The first track is procedural reasoning, which is solution-focused thinking that targets specific problems. The second track is interactive reasoning, which seeks to build positive therapist-client relationships and promote collaborative problem identification and problem solving. The third track is conditional reasoning, which integrates procedural and interactive reasoning to respond to changing situations and predict possible client futures. To these three tracks of reasoning can be added narrative reasoning, the form of thinking that “… make[s] sense of people’s particular circumstances of the client; prospectively imagine[s] the effect of illness, disability or occupational performance problems on their daily lives; and create[s] a collaborative story that is enacted with clients and families through intervention” [42]. Taken together, these forms of clinical reasoning allow the therapist to assess the client’s occupational performance and participation in order to best enable it.

The third cognitive factor is knowledge of models in context [7]. This is the ability of the therapist to contextualize and personalize various conceptual practice models of occupational therapy to the unique life situation, needs, cultural background, values, and history of the person seeking therapy. In particular, culturally safe and competent practice involving reflexivity, awareness (both self and cultural), and cultural sensitivity on the therapist’s part is crucial to efficacious therapeutic use of self. Such culturally competent practice has the potential to help the client “… reach a higher plane that is meaningful to the client’s particular worldview and sphere of meanings” [7].

**Affective domain**

The affective domain is the locus of our emotions and feelings as we react or respond to events of our life situation. The affective factors of presence and genuineness are salient to how and the extent to which therapists are emotionally available to the clients they serve. Presence means being fully there for another human being, not emotionally withdrawing or isolating from a person without any justifiable reason [43, 44]. Genuineness is the ability to be real and transparent, not hiding one’s flaws or holding hidden agendas, to the extent of being willing to appear vulnerable [43, 45]. Thus, genuineness is the courage to be human with all its failings, weaknesses, and vulnerabilities.

Compassion is the sense of active caring for another who is suffering and the desire to alleviate that suffering [31]. Compassion can extend to others who are suffering and also to oneself. Self-compassion is the caring of oneself and attentiveness to one’s own suffering without self-condemnation or judgment [32].

Empathic attunement is the availability and capacity to track the emotional ups and downs of another person, staying close to them in their deeply personal and often difficult emotional journey [43, 45]. Empathic attunement requires an emotional maturity and stability that creates an interpersonal space of attunement that is itself a healing experience.

**Attentional domain**

The attentional domain comprises factors of mindfulness, acceptance, and attentional balance. Mindfulness is defined as moment-by-moment attention to present experience that is intentional, non-judgmental, and purposeful [34]. As such, mindfulness confers a meta-perspective to experience, allowing for a less reactive and more constructive relationship to persons, things, and events [47]. As present-moment attention, mindfulness counteracts cognitive fusion – the identification
of awareness with its content (i.e. concepts, thoughts, and verbalizations) such that the immediacy of present moment experience is lost. Mindfulness enables cognitive defusion and recapturing of experiential immediacy [46, 47].

Acceptance is corollary to mindfulness, following the approach of Acceptance and Commitment Therapy [46]. Acceptance is openness to experience in all degrees of pleasantness or unpleasantness. It is the antithesis of experiential avoidance – the pathological resistance to and avoidance of difficult unpleasant emotional experiences [46]. By opening to challenging emotions through acceptance, one can fully acknowledge one’s humanity and dedicate oneself to valued life goals without paralysis of fear or avoidance.

Attentional balance is a rare and exquisite state of mental stillness, clarity, pliancy, and joy brought about by skilled relaxed focusing of attention for prolonged periods [16, 17, 23]. There exists various depths of attentional balance ranging from initial unified attention for four hours at a stretch to profound cognitive unification beyond sensation of time, place, and person for as long as one wishes. Attentional balance is a contemplative skill that can be mastered by any dedicated practitioner [48]. Once established, attentional balance confers upon the practitioner an exceptional degree of psychological wellbeing, with benign effects on physical wellbeing [23].

**Conative domain**

The conative domain comprises two factors, humour and presencing, that relate to intentionality and choice. Conscious surrendering of will and choice in the spontaneous bursting forth of humour, though not an act of wilful choice per se, is a dynamic expression of conation. In humour, it can be said that the controlling will is released into a field of open spontaneity where playfulness can arise [49, 50]. Vergeer and MacRae proposed that humour has multiple facets that include the balancing and transforming of negative emotions, grounded in spontaneity, and conveying empathy and honesty as part of therapeutic use of self [51].

Presencing is the intentional quietening of heart, mind, and will so to be fully present to the moment and to sense acutely the dynamics, possibilities, and potentials of the emerging future. Presencing as a concept comes from leadership theory and is a way of leading from the future as it emerges [30]. It aims to address the blind spot of leadership found within the inner state of the leader himself/herself. As such, presencing involves a profoundly quiet heart, mind, and will sensitized to stirrings in the field of present and future possibilities. Presencing resonates with the concept of wisdom as higher order metaperspectives and transperspectival “pure awareness” where multiple angles of viewing the world are celebrated [52].

Applied to the process of occupational therapy, presencing takes the form of co-entering the shared therapeutic space of conative silence with the client, so as to birth a vision for future occupational fulfilment. A ‘prototype’ of this occupationally fulfilled future can be designed and built collaboratively by client and therapist, inviting further iterations as new facts come to light. Presencing as a therapeutic factor thus serves as a powerful force for recrafting an occupational life after illness, disability, displacement, or disruption.

**Case example: Dancing the sky mirror in practice**

A case example will illustrate the dance-like interplay of all therapeutic factors across the four domains of Sky Mirror Model. Here, the therapeutic process is undergirded by the uncontrived being of the therapist – a centreless clearing through which the unique life history of the therapist flows and where all thoughts, emotions, sensations, colours and sounds are seen as displays of awareness much like paintings in the sky. Fenner and Wallace, speaking from within an Asian cultural worldview, advocate just such a state of uncontrived being [17, 24, 38]. From this perspective, the therapeutic factors spontaneously actualize out of the unbounded centreless clearing of awareness as wisdom that responds organically to the needs of the client.

**Introducing James**

James (not his real identity) was an entrepreneur in his late forties who had experienced a recent depressive episode, had overweight issues linked to diabetes, and had undergone a divorce and business liquidation. At the time of first consultation, James had just started a second business as a solo entrepreneur, which was a huge step-down from his previous company of about 150 staff. He was having communication challenges with his ex-wife around child custody matters and struggled with finances due to minimal income from his business. He had referred himself to occupational therapy through an information brochure he picked up.

**Dancing the Sky Mirror**

Occupational therapy began with James and the occupational therapist collaboratively identifying and prioritizing James’s occupational performance issues. This was a challenging process at first as James was experiencing strong resistance to contacting the painful memories and thoughts of his current life situation at
that point in therapy. He had an ambivalence of desiring therapy on one hand and resisting the therapeutic process on the other. Therapeutic use of self at this point was focused on being an effortless openness and centreless clearing for the unique life world of James to flow and intersect with the unique life world of the therapist. In the up-close and personal encounter of two life worlds, cradled in the centreless clearing presenced by the therapist, dense knots of thought and emotion were laid bare and released in the dialogical space that opened up [14, 21].

**Presence and genuineness** as described by Elliot, Watson, Goldman, and Greenberg [43] on the therapist’s part reassured James that the therapeutic space was free of judgment and false pretences – that the therapist was truly and honestly available to him by being willing, vulnerable, and fully there. **Mindfulness** – the capacity to abide clearly and sharply in present-moment experience without reactivity [33, 34] – coupled with *acceptance* of the many surging waves of emotions in the therapist allowed for a non-defensive, warm and sincere emotional availability to James [43, 46]. Synergy of mindfulness and acceptance was essential for the therapist in embracing emotional reactions triggered by James’s defensive and at times aggressive remarks.

The therapist’s natural compassion for James as he journeyed through his painful life situation enriched and infused the moment with a supportive, safe, and healing ambience. The therapist’s self-compassion and compassion for James concatenate to enable such ambience [31, 32]. In the synchronous co-synergy of these therapeutic factors within the expanse of the therapist’s ‘sky mirror’ awareness, a gradual and profound shift began to occur in James. He began to relax into the moment, became less fixated on and defensive around his emotional issues, and became more willing to contact his present-moment experience of past hurts and disappointments.

Cognitively, the therapist’s three-tracked mind of clinical reasoning was central to the occupational enablement process [41]. For the initial phase of therapy, interactive reasoning took centre-stage in the foreground with procedural reasoning and conditional reasoning in the background. As James became more emotionally, cognitively, and attentionally engaged in the therapy process over time, procedural reasoning in collaboration with James to identify and prioritise occupational performance issues became prominent. Conditional and narrative reasoning were employed as therapy focused more deeply on the changing circumstances of his life [42]. Collaboratively, we engaged in occupational storying of his life and occupational reconstruction of a preferred future. Threads of his past and present were woven together with threads of his passions, interests, values, previous knowledge and expertise, emerging worldview, sense of the sacred, and recent spiritual experiences into a compelling vision of his future occupational self and world.

**Flexibility of consciousness** played a key role in the process of occupational storying and reconstruction. Flexibly adopting various perceptual positions on the part of the therapist enables a more complete appreciation of the client’s life world [39, 40]. Taking a second-person perspective required meta-awareness on the part of the therapist – to not be fixated on and lost in the content of the therapist’s own consciousness. By entering the client’s world through a dynamic flow of awareness away from self to the other, the therapist was able touch a place of mutuality where James’s life world mattered and came alive for the therapist. In adopting a third-person perspective, the therapist simply observed the dynamics and flow of dialogue as an impartial witness. Taken together, the therapist’s ability to enact shifts in perspectives fostered a healthy therapist-client rapport.

After identifying James’ occupational performance issues, the therapist selected a suitable frame of reference for working with him. This was done collaboratively with James, taking into account his cultural context, personal inclinations, and choices, and with recognition of cultural boundedness of both therapist and client. This thus exemplifies the therapist’s knowledge of models in context [7]. In so doing, the therapist considered James’s cultural metaphors, worldview, and preferences in conjunction with various frames of reference, which themselves were cultural constructs. For James, issues of spirituality pertaining to life direction, purpose, and spiritual practice were of profound significance to him. He had a cosmopolitan outlook open to the diversity of human cultures, having lived in the city for all his life. He was particularly drawn to Asian philosophies and worldviews. Thus, the Psychospiritual Integration (PSI) frame of reference [53], based on a multi-civilizational perspective, was selected as the occupational therapy approach that best fitted James.

**Attentional balance** is a state of consciousness with varying degrees of intensity and depth. At its most fundamental level, attentional balance is characterized by mental stillness, simplicity, non-conceptuality, and bliss of physical and mental pliancy [23]. This condition of attentional balance occurs only in the context of deep meditation. Effortlessly focused, alert yet relaxed, the therapist with attentional balance can imbue his/her consciousness with a similitude of that stillness, non-conceptuality, and blissful pliancy in the midst of a therapeutic relationship. In the case of James, the
qualities of attentional balance suffusing therapist-consciousness during therapy sessions facilitated unhurried, non-controlling, non-outcome fixated tempo and texture of therapist-client communication.

Attentional balance stabilized and supported the abiding of the therapist in the open transparency of ‘sky mirror’ awareness. As a result, James was able relax sufficiently to unlearn old habit patterns of cognition and emotion that blocked his life flow. He was amenable to being artfully coached by the therapist to relearn his enthusiasm for life. More than that, he was sufficiently inspired by the therapist’s quality of attention to seek meticulous mentoring in the intricacies of meditative practice, which was at the heart of his spiritual journey and practice.

Humour interspersed the therapeutic process and relationship from beginning to the end [49, 50]. When James first attended therapy, he was having difficulties opening up and relaxing into the moment. Adopting a genuine, light-hearted, and playful attitude to each moment on the therapist’s part was conducive to placing James at ease. At the same time, it was necessary to be mindful of the appropriate times for humour and for seriousness. There would be times when the therapy session would naturally burst forth in bouts of laughter as both therapist and James shared spontaneous playful humour in the form of stories, anecdotes, jokes, and caricatures.

These moments of therapeutic humour added a touch of grace and lightness to a sometimes emotionally intense therapy process. On one particular therapy session, both therapist and James spontaneously decided to have lunch together instead, enjoying a pleasant ride in James’s new sports car. This unplanned event created the opportunity for debriefing of therapy sessions thus far and invited a sense of celebration of James’s achievements in spite of various odds. Thus, what began as spontaneous humour became a therapeutic milestone.

Empathic attunement was frequently enacted by the therapist during therapy [43, 45]. This was particularly evident during the initial phase of therapy when many past wounds and present conflicts surfaced for James. In synergy with mindfulness, acceptance, self-compassion, presence, and echoes of attentional balance, the therapist was able to mindfully and empathetically track James’ emotional ups and downs. This enabled the therapist to adjust the speed, intensity, rhythm and energy levels of therapy sessions so as pace James’s emotions. Connecting with James on a basic emotional level was instrumental to helping James begin the process of inner healing through emotional coaching.

Presencing was a therapeutic factor that became more prominent and salient as therapy progressed [30]. As James grew in self-confidence and spiritual wholeness, he was increasingly focused on specific details of actualizing his occupational vision. There came a time when quietening of hearts, minds, and wills in the ground of silence was beneficial to allow for emergence of creative possibilities. James’ growing presence, mindfulness, and attentional balance afforded a conducive dialogical space for presencing to occur.

Conclusion

Sky Mirror Model grew out of a paradigm that privileges, accentuates, and valorizes being over doing in its ontology and epistemology [10−12, 15, 27]. This paradigm is especially salient in Asian conceptions of truth and knowledge, especially in Buddhist and Taoist philosophies [17, 29]. It is also present in Continental strands of existential and humanist philosophy represented by Heidegger [25]. Biblical theologies of Barth and Torrance as cited in Molnar [35] articulate a paradigm of being as well. Nevertheless, these discourses are marginalized relative to empirical positivist modes of thinking that currently dominate academic space.

Sky Mirror Model offers a perspective and space of mutuality, where both therapist and client co-participate in a profound process of healing, restoration, transformation, and growth. From Sky Mirror Model’s point of view, analysis of client occupational performance issues, collaborative goal-setting, treatment planning and implementation, and outcome evaluation are incidental activities that flow from the dynamic and responsive ground of sky-like, mirror-like being. As a therapeutic ground of wise presence, compassion, and skill, such depth and plentitude of being serves as a treasury of therapeutic benefit for all clients and a worthwhile vision of professional growth and consciousness evolution for the occupational therapist.

In line with Sky Mirror Model’s paradigm of unconditioned being, therapeutic presence is not so much a skill or technique to be acquired but a breakthrough awareness to be discovered. In connection with this, the PSI frame of reference provides cogent suggestions on how such breakthrough into sky-like, mirror-like awareness can occur: through the enabling process of transmission, instruction, coaching, co-presencing, and immersion in the realms of meta-occupation, non-occupation, and trans-occupation [54]. These processes are not achievements but facets of a seamless organic process of spontaneous actualization of being beyond contrived effort and self-occupied performance [55].
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