Wholeness solution framework

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Audience: *Primarily for planners, helping professionals, educators, training providers, equity staff, and training organisers, though the ideas are also applicable to general discourse, research, supervision and other educational fields.*

Quickstart: *See video primer presentation of the wholeness solution*

Feedback and support: *email newintro@tadf.uk including transition support*

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Note: original book chapter text and references to book are retained for sustainability purposes.

The *wholeness solution* of *whole-person practice* refers to the ongoing, change-driven process of embedding and sustaining the concept of the "client in context" in thinking and in relation to knowledge, training, organisational systems, practices, and discourse.

This innovative and first-of-its-kind framework offers a single, coherent, and accessible approach to embedding context and equity into knowledge, training curricula, training delivery, and organisational culture and practice. This is achieved primarily through a systemic, consciousness-driven approach to understanding ourselves and our relationships, which supports the integration of context and equity by design.

Readers' note: It is not necessary to understand the framework to read this book because it is embedded rather than foregrounded in the main text; however, readers may wish to become familiar with the whole-self model and high-level language used. It is hoped its frame will carry forward into practitioners' daily practice including supervision. This introductory counselling and psychotherapy text applies the whole practice framework, aiming to enrich its base and enable a stronger and more expansive common ground of therapy, moving towards wholeness and equity by design.

It involves actively considering the whole person, including self-context, in knowledge building, relationship building, group dynamics, practice, supervision, teaching/learning/assessment, curriculum design, ethics, standards, research, service development, and so on. The term “Wholeness” is used to acknowledge that fragmented knowledge associated with context and equity needs to be embedded into mainstream views of self, practice, services, organisations, and enabling professional standards to achieve a fuller sense of completeness, coherence, and equity. The *whole* is proposed to be greater than the sum of its individual parts. Therefore, whole-person practice is positioned as a foundational prerequisite for “context and equity by design” aims, which build improved and equitable curriculum, practices, training experiences, services, and even organisational structures.

This section introduces the *evolving* wholeness framework, including ethics and competencies, which guide and structure the embedding of “context”. The intention is to provide a common reference point (e.g., shared language, “good enough” assessment criteria, models, principles) for augmenting knowledge, curricula, training, relationships, and practices. This section summarises the framework, with more detailed and updated versions available through the additional online resources accompanying this book.

Whole Practice is not a therapeutic theory but rather a transtheoretical conceptualisation of reality; that is, of how experiences and relationships are formed in consideration of context, and a practical blueprint for systematically addressing the issues of universalism, fragmentation, and decontextualisation described elsewehere, irrespective of therapeutic modality. The wholeness solution is an architecture which enables context and equity by design to be implemented

This book models the use of the framework to embed “context” into existing pillars of therapy (conceptualisation, theory, skills, self-development, practice, and the therapeutic relationship).

The framework is generalised to allow use beyond this book. Since the tool supports the development of stronger, more enriched relationships, knowledge, communities, services, and organisational structures, it is multipurpose. For instance, its application in creating equitable spaces, EDI/DEI strategies and plans, services, and organisations is explored in *Chapter 13: Practice, organisation, and equity improvement.*

This framework is based on the author's experience of embedding social context, culture, identity and diversity, worldviews, knowledge, embodiment, neurodiversity, anti-discrimination, equity (DEI/EDI), and harm- and trauma-informed principles into all aspects of the teaching curriculum, as well as insights from practice. It has been tested, adopted, and refined over a five-year period within training institutes to ensure that gaps in foundational knowledge and practice are consistently addressed.

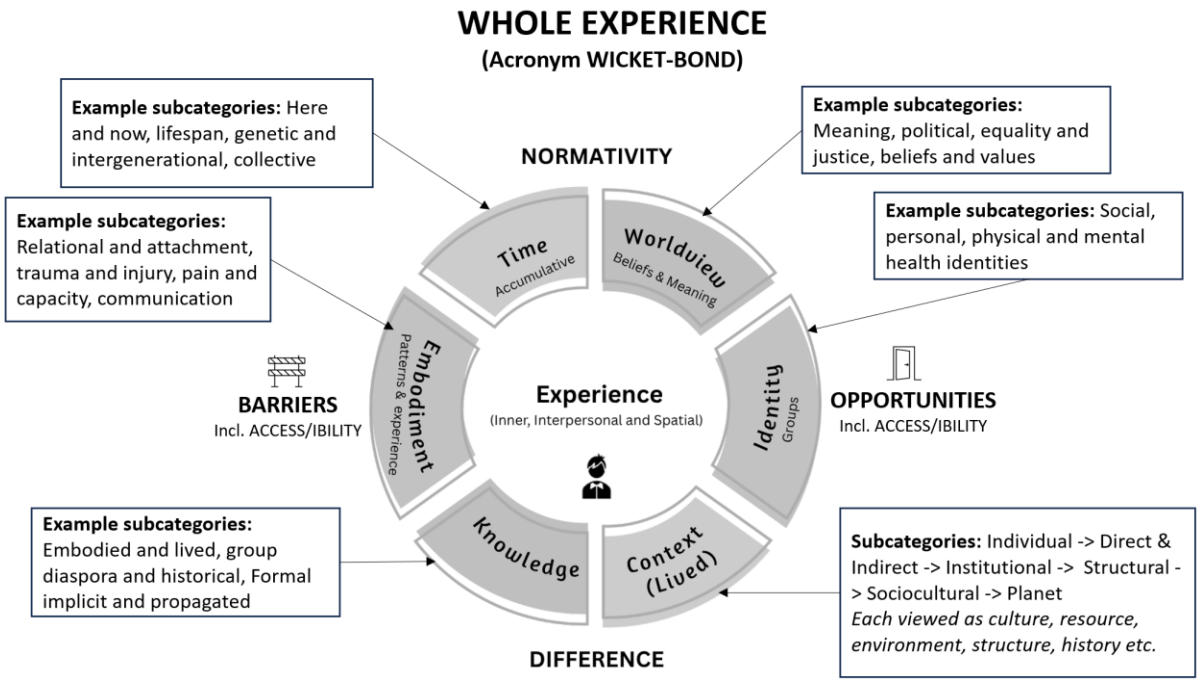
The framework consists of the following high-level artefacts:

- **Whole experience model** or whole ecological self-model : A uniform model and language for thinking about a person as a unique human with a self-context experiencing life within their lived-in contexts. The whole ecological self and lived experiences can be described and explored using six intersecting parts: Worldview, Identity, Context (Lived-in personal immersion and nested contexts), Knowledge, Embodiment, and Time, abbreviated as WICKET. Furthermore, a person may experience Barriers and Opportunities due to inner, interpersonal, and/or contextual factors, including those arising from their social power positioning as Normative and/or Different (BOND) within their context (WICKET). It includes a list of generative contextual subcategories to consider in relationships and helping. Three further models support this model.
    - **Lived context model:** A lower-level model of lived-in and nested contexts and cultures (the "**C**" in WI**C**KET)
    - **Intersectional identity model:** A lower-level model of social identities, which are part of the "**I**" in W**I**CKET. This model is described in Chapter 3, *Whole Person Development*.
    - **Contextual lenses**: Definitions of various lenses to help understand and explore any lived-in context or group. Specific lived-in contexts or identities (e.g., society, family, identities, ethnicity) can be described or explored based on their System, History, Resources, Environment, Culture, Knowledge, Structure, and Opportunity, abbreviated as SHRECKSO.
- **Whole Relationship model**: Models for a whole understanding of relationships, therapeutic and helping relationships, as well as interconnected interpersonal, institutional, sociocultural and structural relationships. These Whole Models of Relationships embed WICKET-BOND, explicitly expanding the relational scope to support a more comprehensive understanding of relationships and the areas available for exploration. For analytical thinking, the relational model may be considered the analytical scope.
- **Whole organisation model.** A model for transitioning, exploring, and adopting the Wholeness framework through the embedding of context and equity within any organisational culture and systems, such as training providers, institutes, organisational spaces, and individual practice.
- **Whole conceptualisation model:** A model of the relationships between intrapersonal factors, interpersonal factors and lived-in contexts (e.g., society, family, or work) to help broaden the conceptualisation of lived experience and mental health problems.
- **Whole ethics**: Evolving ethical principles for embedding context into existing therapy ethics, knowledge, teaching, and practice. These ethics are intended to be considered alongside all other existing ethics. It is vital that context is explicitly and methodically considered in helping ethics and ethical decision-making; otherwise, there is a risk of universalised ethics that fail to account for the whole self-experience.

- **Contextual competencies**: Composite competencies that serve as a high-level focus for including client context in personal development, reflective practice, relationships, teaching, standards, assessment, and practice. They can also be used as a reference point for how particular theories, topics, discourses, and knowledge might be enriched by including context.
- **Applications of the whole solution framework** describe the various generative ways in which it can be applied beyond direct client work.
- **Principles for embedding context**: A set of evolving principles and best-practice guidance for enriching and expanding existing knowledge and practices, rather than creating new foundational knowledge patterns.
- **Practice implications of the whole self:** Summarises ways in which a person's context (WICKET-BOND) might impact their lived experiences, adversity and stress.
- **Wholeness solution resources**: This introduces open resources, services, and support for implementing the wholeness solution such as within organisations or curriculum.

Whole experience model

A central feature of wholeness solution is the formalisation of language and models that describe all humans as having a context for their lived experiences. The totality of a person's lifespan experience, embedded in these contexts over time, is referred to by the author as the persons *whole experience* or *whole ecological self* (see below Figure 0.2) or simply the whole self. This model applies universally to all humans.



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The interplay of individual within a self-context framework.

Figure 0.2 The whole ecological self

ALT Text: The centre of the diagram shows 'Self, Power & Experience' surrounded by 'Context,' defined as personal immersion and lived experience, with nested contexts. Four key elements radiate outward: 'Worldview,' 'Identity,' 'Embodiment,' and 'Knowledge.' Each element is linked to examples: Worldview: Meaning, self-beliefs, mental health beliefs, political affiliations, and out-groups. Identity: Intersecting social identities, roles, communities, affiliations, and labels. Embodiment: Relational style, embodied harm, window of tolerance, neurodiversity, health, and age. Knowledge: Skills, experiential knowledge, therapy theory, and education. Below the diagram, 'Context (Nested)' includes examples such as mental health ecology, sociocultural (national), economic, political, structural, and planetary perspectives, viewed through lenses of culture, history, and resources, including opportunities. Another example set highlights contexts in therapy, family, work, organizations, and access infrastructure, viewed through culture, resource, and environment lenses, spanning lifespans and generations.

The whole experience model was derived from a deeper analysis of both primary and secondary practice knowledge themes, which were overlaid to ensure their possible inclusion in the model. The derived model balances completeness with practical usability. For instance, worldview encompasses self-beliefs, meanings, and sociopolitical beliefs, while embodiment includes considerations such as embodied stress, personal traits, relational styles, and trauma, among other factors. Therefore, without formalising the whole self, important needs, considerations, and experiences risk being overlooked in existing knowledge, attuned relationships, interventions, and practices.

The model describes a conceptual reality in which a person's lived experience, including their inner world (including biology), interpersonal relationships, and spatial experiences, is influenced and/or shaped, either directly or indirectly, through the intersection of contexts. The whole contextual considerations are illustrated below (see below Figure 0.2) as six high-level intersecting contexts (abbreviated to WICKET), with further subcategorisation and themes described in *Chapter 3: Whole-person self-development* and the online resources. Furthermore, a person may experience *Barriers* (e.g., disadvantages/social marginalisation) and *Opportunities* (e.g., advantages/social privilege) due to individual, interpersonal, and/or contextual factors, including those arising from their social power positioning as Normative and/or Different (BOND) within their lived context (WICKET). These categories enable a deeper exploration of factors influencing a person's experience, particular subject, relationship-building, practice, and equity improvement. Of course, individuals and communities may have unique situational contexts, but these categories have proven robust enough to frame experiences and achieve the rationale and aims previously introduced.

Six categories of the whole ecological self (WICKET) and BOND

The six intersecting contexts are described as:

Worldview refers to the strategic ways a person perceives, understands, and derives meaning from the world and their place within it. This includes beliefs and perspectives related to

themselves, politics, relationships, philosophy, morals, ultimate beliefs, mental health, healing, climate change, religion, spirituality, and views on their own and other identity groups.

Example: Someone feels guilty for not stopping bullying. Context: Their values (worldview) around fairness and justice may shape that guilt.

Identity encompasses the various identities, roles, affiliations, communities, labels, or groups, whether biological, social, inherited, or personal, that a person may hold individually, transition through, or be socially assigned. Intersections help to explore and understand how different social identities, such as race, ethnicity, nationality, class, gender, sexuality, religion, disability/non-disability, and neurodiversity/neurodivergence, intersect, and interact. These intersections create unique experiences of structural and cultural identity-based privilege and marginalisation.

Example: A woman feels she is "not brave" because she avoids walking home alone. Context: Experiences of safety are influenced by violence against women and girls and other intersecting identities.

Context (Lived-in personal immersion) refers to the individual, lifespan and immersion contexts in which individuals experience life. Examples include adverse experiences, finances, neighborhood, housing, schools, family, work, institutional interactions, and community. This context also encompasses interactions with people and institutions, such as healthcare providers, workplaces, and government bodies. Therefore, both lived adversity and joy are experienced within personal lived-in contexts. **Context (nested)** refers to broader external contexts beyond the immediate personal context, including historical, structural, sociocultural, and institutional elements.

Example: A male client feels ashamed about unemployment. Context: Identity, social, neighbourhood, and economic deprivation influences opportunities as well as personal experience.

Knowledge is the acquired understanding, whether conscious or unconscious, from which a person derives their learnings, skills, wisdom and perception of their truth. Knowledge can come from many sources, including education, skills, religion and spirituality, philosophy, ancestral knowledge, media, socialisation, knowledge by experience, and knowledge linked to specific identities (epistemic). It may also include embodied knowledge, such as that gained through intergenerational transmission, dance skills, martial arts, or trauma responses. Knowledge can be affinity-based (e.g., attraction to a particular philosophy or political ideology) or embedded in a person's life experience, training, or background (e.g., school curriculum, Eurocentric or Africentric perspectives, being a therapist, or understanding collective history). A person may exhibit preference, aversion, dislike, or disinterest in certain types of knowledge for various reasons, including disagreement. A key conceptual and client-

centred consideration is the form of immersion knowledge that may be psychologically harmful to the self or may hinder insight or growth.

Example: A man struggling with relationships. Context: They find belonging and interpret their experience through online "manosphere" (Knowledge) narratives that shape beliefs about masculinity.

Embodiment refers to the totality of mind-body experiences, influences and, if applicable, spiritual factors. This includes, but is not limited to, relational attachment patterns, neurodiversity, language, non-verbal behaviour, disability/non-disability, physical aesthetics, the nervous system, ageing processes, personality traits, health, learning styles, mannerisms, memories, and communication styles. It may also encompass embodied stress and trauma accumulated over a lifetime, as well as intergenerational and collective experiences. Embodiment is influenced by an individual's developmental pathway and lived contexts, such as childhood development, intergenerational history, and biopsychosocial-structural factors.

Example: A person criticises themselves for struggling with organisation skills. Context: Differences in attention regulation and executive functioning may contribute.

Time context acknowledges that experience and adversity occur at specific moments in a person's life. These time-based experiences may be influenced by age (e.g., Generation Z, Generation X, second generation), global, societal, and personal events, sociocultural influences, environment, and historical factors (e.g., migration or intergenerational history), all of which shape individual experience and society.

Example: A parent feels guilty about finances. Context: Intergenerational experiences such as poverty, migration or war can continue to shape families today.

<u>Use of BOND to contextualise Inner, interpersonal, and contextual (WICKET) experiences</u>

In addition to the six contexts, the BOND framework encompasses the dimensions of Barriers, Opportunities, Normativity, and Difference.

Barrier refers to anything which prevents or reduces opportunities which may often exist due to one or more often interrelated inner, interpersonal or contextual barriers.

- Inner barrier example: Internalised disablism, body image issues, or adverse experiences.

- Interpersonal (relational) barrier example: Barriers exist in trusting a colleague or a group due to ruptured histories

- Contextual barrier example: Inaccessible workplace prevent participation for disabled people and those with additional learning needs. Also includes access/ibility, representation and inclusion; Financial barrier to access a desired profession.

Opportunities refers to opportunities a person has due to inner, interpersonal and contextual factors

Normativity refers to the dominant or taken-for-granted social norms that shape who is seen as "normal," "typical," or "the default" including in WICKET contexts. It influences systemic inclusion and exclusion. It refers to what is usually expected, normal or desired in a particular lived-in context. Example: secular beliefs, non-disabled.

Difference refers to any difference or diversity in relation to normativity. Refers to the presence, recognition, and representation of differences within a group, organisation, or society, offset from normativity including any difference of WICKET positionalities. Example: non-European religious beliefs, disability, collectivism

Whole experience subcategories (WICKET)

The table below outlines the WICKET subcategories that contribute to the formation of experience. As far as possible, each category is intended to be universal and applicable to all, even where the context is not directly relevant to an individual's experience. Each subcategory may reflect *normative* or *different* in social positioning and can function either as a facilitator of, or a barrier to, relationship development. For example, *different* sensory and motor experiences, as well as experiences related to emotional regulation, may create *barriers* to understanding and participation in the social world.

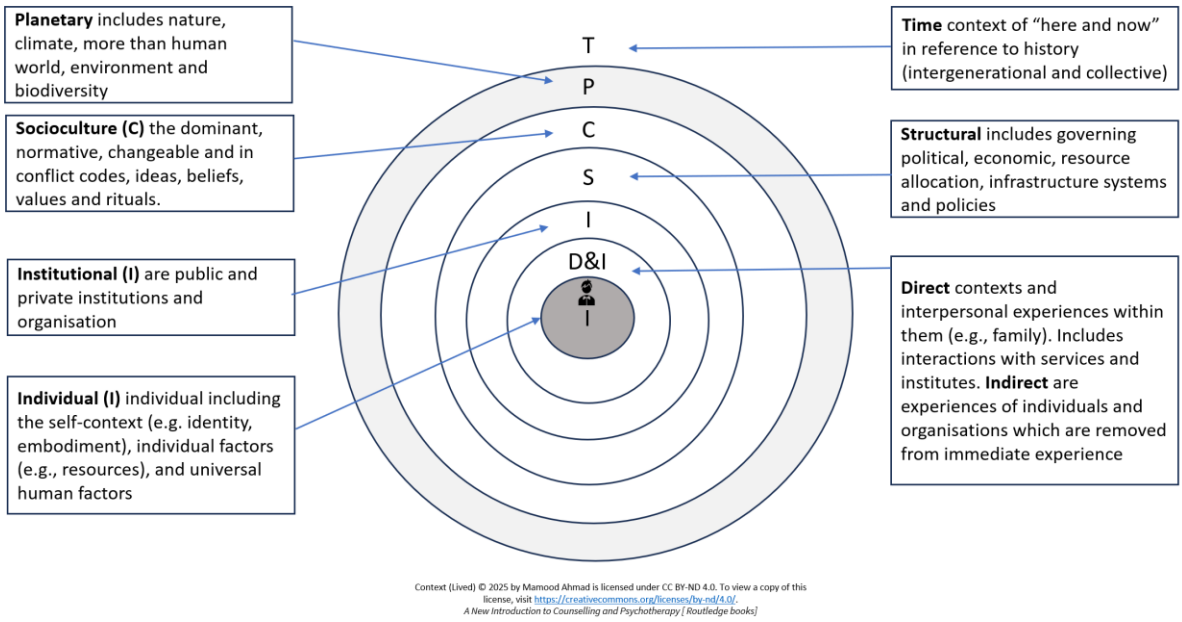
Comprehensive descriptions of each subcategory, together with illustrative examples and subsequent updates, are available in the online resources.

Worldview • Meaning and direction • Political and ideological • Ultimate beliefs (Incl. R/S) • Knowledge and philosophical • Beliefs, ideals, morals, expectations and values • Equality and justice	**Identity** • **Social: Race, ethnicity, gender, class, disability, neurodiversity, age, sexuality, belief, citizenship and nationality, socioeconomic status, and body aesthetic** • Personal • Physical and mental health • Roles, credentials, and status
Context (Lived) cultures • Individual -> *See top of card** • Direct and Indirect -> • Institutional ->	**Knowledge** • Embodied and lived • Relational and emotional literacy • Psychosocial education

• Structural (Incl. infrastructure) -> • SocioCultural -> • Planet → • Time	• Group, diaspora, and historical • Affinity, ideological and aversive • Formal, implicit and propagated
Embodiment (Experience) • Stress, trauma and injury • Identity and power expression • Body interoception, expression, image, and aesthetics • Health, pain, and capacity • Relational, sexual, emotional, existential, and transcendental • Sensory and motor	**Embodiment (Patterns)** • Relational and attachment • Threat and survival • Coping and help seeking • Attention and executive functioning • Communication and social interaction • Language(s) and meaning • Learning and information processing • Cognitive processing, thinking, emotional, and behavioural • Memory • Personality • Time Perception
Time • Past, here and now, future • Lifespan events (Incl. migration) • Genetic and intergenerational • Generations • Collective	

Lived context

The individual's lived-in contexts ("**C**" in WI**C**KET) can be further elaborated by considering the individual context (e.g., adversity, strengths) and nested contexts (e.g., family, socio-culture). The model presented (see below Figure 0.5) is a synthesis of ideas from ecological systems theory (Bronfenbrenner, 1986) of human development over time and anti-discrimination based models of analysis (Thompson, 2020). It conceptualises influences on a person's lived experience by bringing awareness to the multiple layers that surround them and their communities. Individuals and communities are nested within six larger and often more powerful contexts. Each context is interrelated and influences each other in a dynamic relationship where the health of the system, community, and individual is inextricably linked, including risk of embodied harm that arises from being within it. The model and common language is presented in summary form, and their elaboration, relevance, and use are expanded upon in various ways throughout this book.



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The **Individual context (I)** refers to the individual of concern, including their self-context, encompassing Worldviews, Identity, Knowledge, and Embodiment Styles (see Figure 0.2). These individual factors may function as either protective or vulnerability factors and include:

- Gene-environment factors
- Adverse experiences and events
- Stressors from each "Context (Lived)" including **culture**, events, system & messages
- Individual vulnerability, difference and marginalisation

- Interpersonal and interconnected relationships
- Social determinants including economic, housing and education
- Developmental, strengths, and resilience
- Physiological and lifestyle
- Social and community engagement
- Meaning and purpose

Direct immersion and indirect context (D&I): Direct immersion contexts are the location of immediate interpersonal and social influences, such as within family, social groups, institutional interactions, work, and community spaces. Therefore, lived adversity and joy is experienced at the direct layer. The **indirect context** is what is not experienced directly by the individual but by individuals within their personal context. For example, a partner may be having relationship difficulties at work with their manager, which impact the partner relationship. This could, of course, be extended to a near infinite degree; perhaps the partner's boss may themselves be impacted by financial stress and be experiencing mental health difficulties.

The **institutional (I) context** represents local, national and global organisations that are either government-linked (public sector) or privately owned.

These systems are embedded within a historically evolved **structural context (S)**, which can be seen as the metaphorical building, usually within a country or state, within which people exist. The primary structural systems consist of governing structures, legal, political and economic systems, and resultant policies and allocation of resources. These policies are delivered by government institutions, such as those in education, immigration, defence, health, social care, employment, or foreign policy. Structural systems also include public infrastructure like buildings, communication, technology, artificial intelligence solutions, transport, and energy. Each national structural system is influenced by international affairs with other states and international communities. Further, it will have relationships with a multitude of non-government institutes, including media, multinationals, and non-government organisations.

Throughout all human societies, there is a **cultural context (C)**, which is an often invisible and unwritten code that transmits its beliefs, ideas, behaviours, and traditions (Rogoff, 2003) throughout all systems, influencing all individuals, communities, and structural systems. Cultural systems have historically evolved and are subject to change through multiple influences, such as political discourse, popular beliefs, ideas, trends, and acceptable social norms. While culture can be resourceful, joyful, adaptive, and a natural part of human existence, its uncovering is of significance in understanding how society or systems perceive what is the normative. **Normativity** refers to the principles, rules, or standards that guide or

evaluate behaviour, beliefs, and practices, typically concerning what *ought* to be done, believed, or valued. Examples include morals, social expectations, cultural standards, good knowledge, in/out groups, sexuality.

We share the **planetary context (P)** with nature and all sentient beings. Climate change, access to green spaces, air quality, and natural disasters all pose threats to human health, existence, and the earths biodiversity.

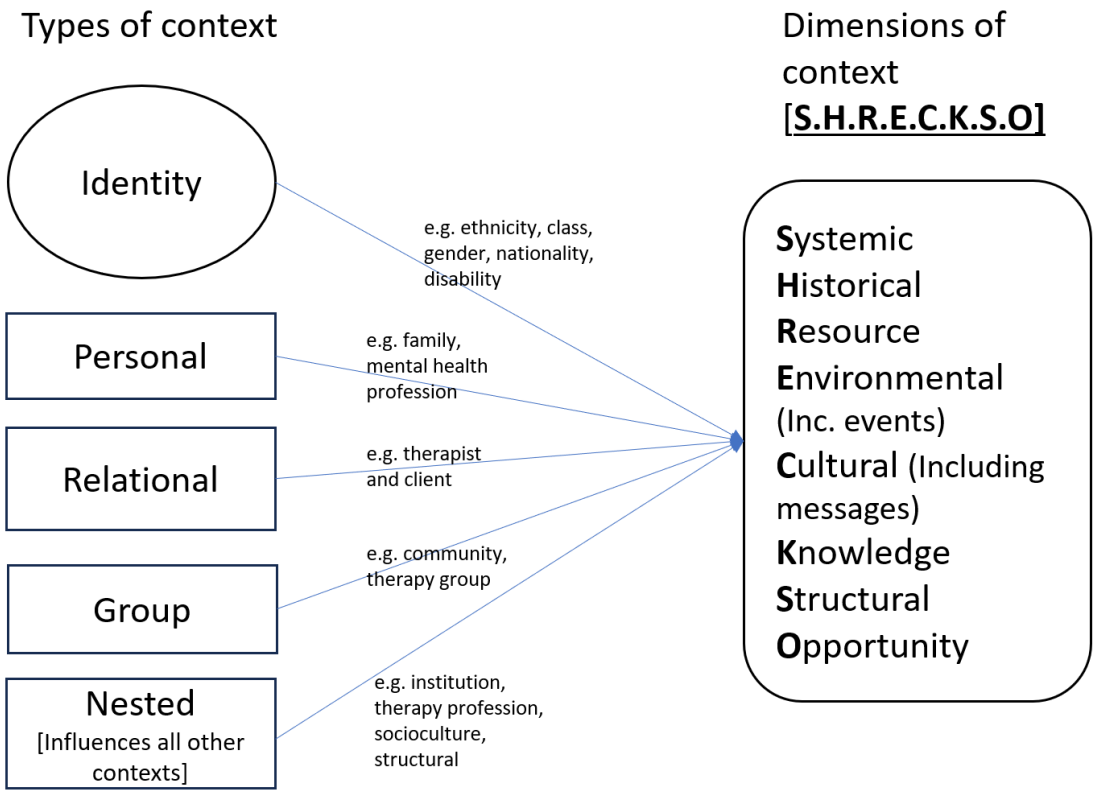
The **time context (T)** reflects how the development of individuals, communities, and systems is neither ahistorical nor static but can be thought of as accumulative. The time system brings into view individual, intergenerational, and collective histories as well as the influence of relevant sociopolitical events. For example, war, natural disasters, pandemics, and economic crises shape individual and community experiences and opportunities.

Note: *These contexts can be used to explore a particular organisation, sector, or professional system. For example, in the therapy profession, a therapist practice* ***(I)*** *is embedded within an organisation* ***(D&I****), which is embedded within an ecology of therapeutic institutions* ***(I),*** *which is further embedded within broader structural****(S)*** *and cultural systems(****C****) and at particular historical developed point in time (****T****).*

Contextual lenses

Awareness of contexts brings a broader ecological perspective to understanding how experiences of adversity, including discrimination, are not merely biological or psychological but also social and structural problems (bio-psycho-social-structural). These contextual influences on lived experiences may be direct or indirect, indicating that a person's personal context is nested within multiple powerful indirect contexts.

There are many different types of “in the world” contexts (see below Figure 0.7), which have been categorised as identity contexts (e.g., male, trans, disabled, neuromajority), personal immersion contexts (e.g., family, workplace, neighbourhood), relational contexts (e.g., therapist with client within a mental health organisation, spouse, caregiver), group (e.g., neighbourhood or religious community), and larger nested contexts (e.g., mental health profession, national, sociocultural, and structural contexts) that frame relationships and lived experiences. A practice-based approach to exploring and understanding, as well as facilitating *contextual empathy* for a person's experience, involves a level of awareness of the major dimensions of any context, whether it be family, community, therapeutic service, organisation, or nation. Although most practical considerations relate to culture (including messages), resources and the environment, additional dimensions, such as historical, sociopolitical (structural), and knowledge factors, can also be considered. These dimensions are summarised as SHRECKSO, though they may not always apply to every context.



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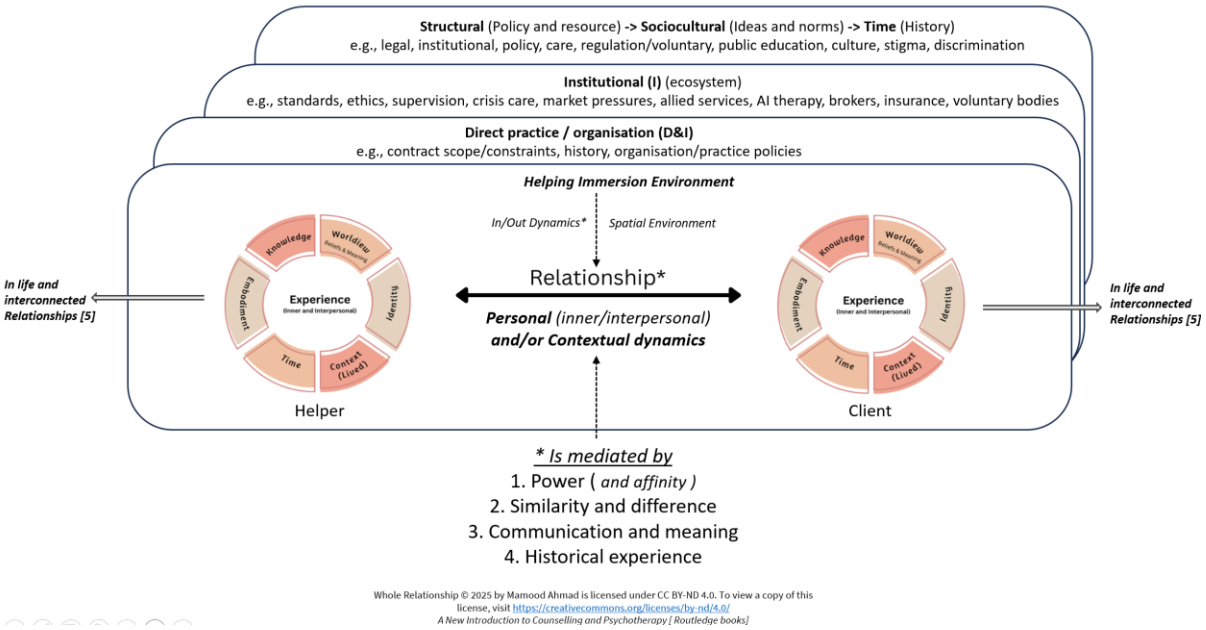
They are as follows:

1. **System view** describes how parts of the context work together to achieve formal or informal goals, e.g., how inequitable practices or exploitation may be embedded into culture, policies, and practices.
2. **Historical** refers to the historical context of a lived-in context or group (e.g., family ancestry, group, or national history).
3. **Resource** describes the availability or lack thereof (e.g., housing, group identity privilege, clean air, money or personal capacity).
4. **Environmental** covers conditions and events associated with the lived-in context (e.g., impoverished area, pandemic, hate crime increase, lack of wheelchair access, or climate).
5. **Cultural** encompasses ideas, expectations, values, beliefs, and messages that are normative, dominant, or in flux within a particular context.
6. **Knowledge** is the normative or dominant knowledge influencing or forming an intrinsic part of the context.
7. **Structural** pertains to how the context is governed, including decision-making, direction, and allocation of resources.
8. **Opportunities** are chances, activities, or events that enable a particular outcome, for example, a jobs, social networking, or travelling.

Whole relationship model

Now that the whole self has been described, relationships as well as helping and therapeutic relationships can be conceptualised. For the client–helper relationship, the model (see below Figure 0.3) includes consideration of how the nested contexts of organisation/service, profession (e.g., mental health profession), and structural and sociocultural layers influence practice.



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Relationship dynamics can be conceptualised as being mediated by both personal and contextual factors across multiple dimensions (see *Chapter 8: The therapeutic relationship I* and *Chapter 9: The therapeutic relationship II*), including:

- **Power and affinity** [1]: How power dynamics, such as personal, role-based, cultural, societal, and structural influences, impact the relationship. Affinity refers to the level of natural connection, similarity, or attraction between people. Affinity can also arise from attraction to normativity, popularity, and status. These dynamics are present in all other relational dynamics described below.
- **Similarity and difference** [2]: The ways in which differences and similarities either impede or facilitate the relationship.
- **Communication and meaning** [3]: The quality of attunement and understanding in communication and its meaning, free from distortion or bias (e.g., due to personal, linguistic, or neuro-differences).
- **Historical experience** [4]: How personal histories, including group histories, impact the relationship, whether consciously or unconsciously.

Therefore, the relationship explicitly expands the relational scope (Ahmad, 2025) by embedding the whole-self model, thereby incorporating context and equity by design into the conceptualisation of the relationship, as well as recognising the influence of broader life contexts and interconnected relationships [5] (see below). An individual's sense of safety, trust, and equity (i.e., the extent to which interactions are perceived as fair) may be influenced by a range of these factors, including the helping environment itself. For example, experiences of identity ruptures, worldview tensions, exploitation, coercion or control, sensory overload, poor or inequitable service provision, or harm may undermine perceptions of safety, trust, and equity within the relationship.

Furthermore, relationship dynamics may be conceptualised as occurring between contexts ("context-to-context") or between WICKET domains ("WICKET-to-WICKET") (not shown in the diagram). For example, these dynamics may be understood in terms of inter relationships between identities, worldviews, knowledge systems, embodied ways of being, and lived cultural contexts. These high-level dynamics may impede or facilitate “good enough” relationships and are described further in *Chapter 6: Theory of stress, trauma, and harm* and *Chapter 8: The therapeutic relationship I* and *Chapter 9: The therapeutic relationship II.*

In life and interconnected relationships

We can also consider how relationships are interconnected (see below Figure 0.4)—not only in terms of interpersonal relationships but also in relation to self, groups, communities, past and future generations, institutions, non-sentient AI, society, structures, more than human world, environment, and the planet. These relationships may not always be conscious, but they nonetheless exist and can be highly relevant to helping practices. Interconnections make us aware of how individuals, groups, systems, or elements are mutually dependent on each other and influence one another in significant ways. Each of these relationships affects and is affected by others, creating a network of interactions that shapes behaviour, outcomes, and overall functioning.

In practice, this perspective helps us recognise that we are part of many different types of relationships, including those with institutions, as well as those within our own groups, communities, and broader society. Furthermore, we can be representative of an institution, such as the mental health profession. Relational dynamics [see Figure 0.4, Ref 1] previously described also apply in these interconnected relationships—for example, worldviews, power, historical experiences, embodied experience, and affinity with an institution or group (see below Figure 0.4).

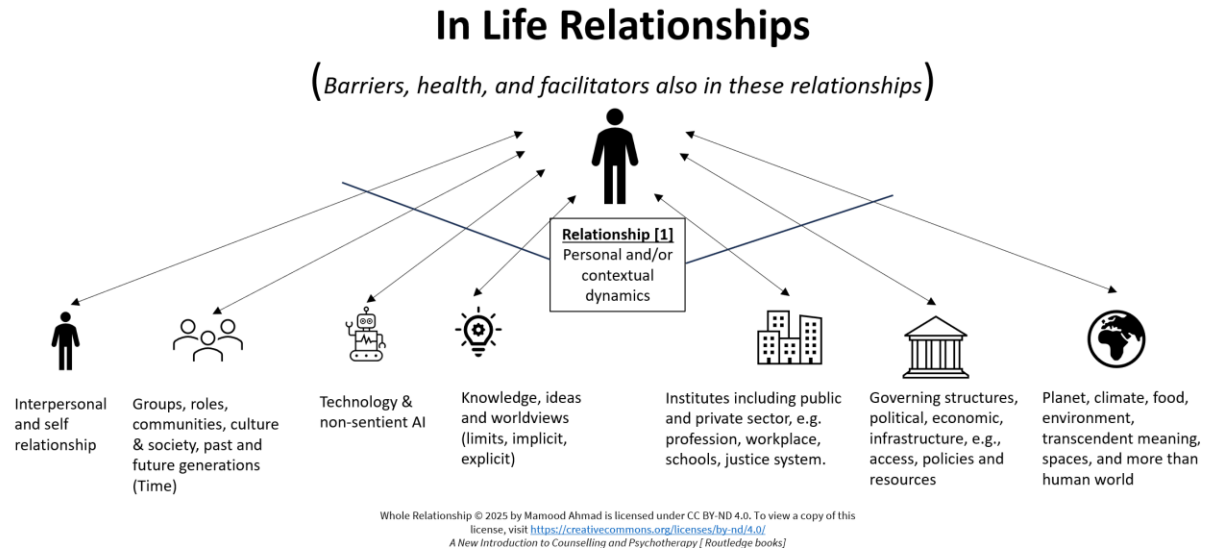

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Figure 0.4 Interconnected relationships

Whole organisation model

A central aim of this book is not only to embed context and equity into existing knowledge and practice, but also to provide a blueprint for "the systemic integration of ethics, theory, and organisational standards into a single, coherent educational model" (Aly, 2025). This is achieved primarily through the explicit embedding of context within the whole experiential and relational models, and through its systematic integration into the pillars of helping knowledge, as described throughout this book. This section extends the whole solution to the organisation and its culture, where solution context and equity (such as EDI/DEI) become embedded both systematically and systemically.

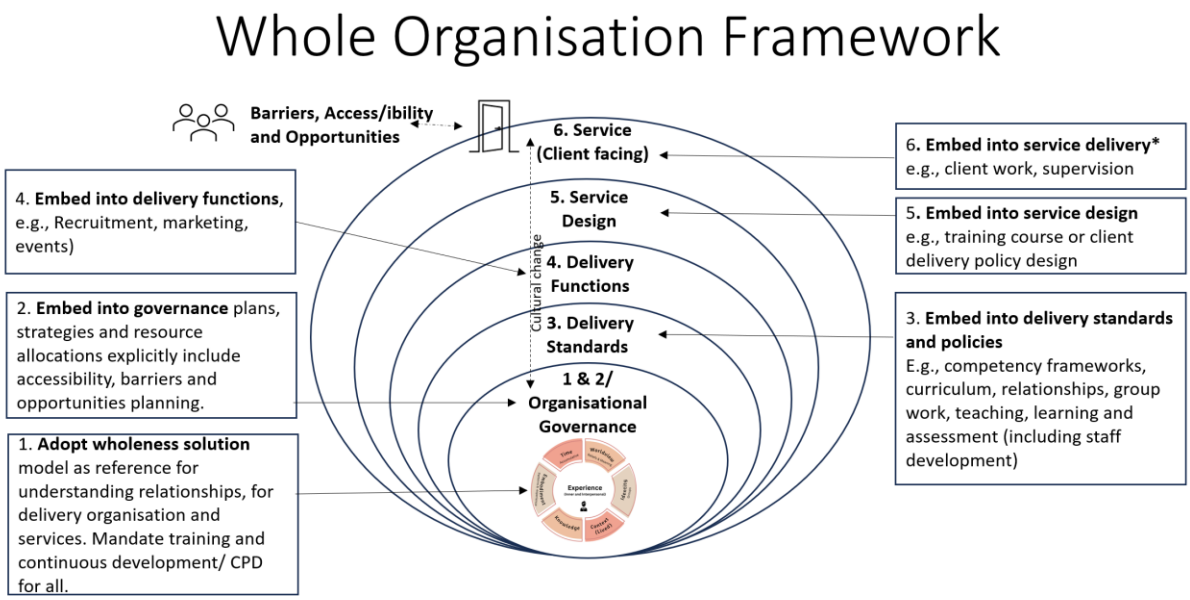
Here, whole *organisation* may refer to any helping organisation, standards body, training provider, a community, project, or specific course, whether it is a large organisation or one consisting of a single practitioner. A description of the whole organisation or practice, including equity considerations for attuning to the needs of individuals, groups, and whole populations, is provided in Chapter 13, *Practice, Organisation, and Equity Improvement*.

It is vital that the organisation adopts and invests in training all staff in the whole relational model, to enable embedding of context and equity throughout its structures, culture, and practices. Just as we would not ask a builder who is proficient only in constructing walls and ceilings to architect an entire house, organisations should consciously adopt the whole relational model as a common relational framework to guide all aspects of governance, service delivery, and organisational practice, whether for external clients or internal staff.

This is based on the premise that those responsible for governing, designing, and delivering client or student services must too be proficient in whole relational framing. Otherwise,

context and equity gaps, including systemic accessibility and inclusivity issues, will inevitably be carried forward into the organisation's functions and the services it provides. For example, gaps in understanding inter-staff relationships, running organisational events, decisions about accessibility, reasonable accommodations, ethical practice, marketing, workspace environment, and of course service design to reduce barriers to access.

In this way, context is embedded consciously and naturally within both individual and organisational systems of awareness, becoming an inherent way of relating, governing, and delivering services rather than an additional consideration or afterthought. A whole organisation model (see Figure below) describes, at a high level, the approach, terminology, and language for embedding context and equity into an organisation's governance, functions, and service delivery as inherent features of the system rather than as a series of add-ons. For example, hiring practices, curriculum design, policies, and marketing naturally incorporate considerations of context and equity by design, rather than relying on them as additions to be addressed at a later stage.



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Context and equity are embedded throughout the organisation system and culture. The key considerations for each domain are described below, with examples drawn from training provision.

Organisational governance [See Figure above, Ref 1,2].

Governance is the system through which a group of people oversees the policies, strategies, plans, and resource allocation by which an organisation is directed, monitored, and held accountable for achieving its objectives while managing risk and complying with legal and

ethical obligations. As governance is accountable for the quality-of-service delivery, it explicitly assumes responsibility for the adoption, implementation of the whole relational model and ongoing development of all staff including those in governance positions.

By using the framework themselves, staff develop a consciousness of whole relationships, rather than viewing it as something that applies only to client work or to particular "diverse" groups. In doing so, the organisation fosters a shared relational consciousness, including between staff, and a common language for reflection, communication, and practice across all aspects of its work.

For the avoidance of doubt, governance incorporates plans for equity in consideration of BOND. Attention is given to:

- **Barriers to opportunities.** Responsibility for developing consciousness of issues and mitigation plans to address barriers that may restrict opportunities, including equal opportunities to enter, progress within, access resources, and participate in the organisation and/or engage with its services, while taking into account access and accessibility.
- **Barriers to access and accessibility.** Responsibility for developing consciousness of issues and mitigation plans to ensure access and accessibility across the organisation's services, functions, and spaces (including internal spaces). Accessibility barriers may prevent access to, or reduce the quality of, services provided.
- **Barriers within the organisational culture.** Responsibility for developing consciousness of issues and mitigation plans to organisations cultural development. Cultural conditions that may create barriers to developing good-enough relationships, inclusivity, and a sense of belonging for all staff, including where differences between individuals or groups may contribute to such barriers.

Delivery Organisation [See Figure above, Ref 3,4,5] is part of an organisation whose primary role is to design, deliver, and manage standards, functions, projects, and services, that also embed context and equity in accord with **organisational governance** policies and plans. The delivery organisation is responsible for delivering barrier mitigation plans developed by the governance function (reduce barriers to opportunities, access/ibility and within organisation culture).

Staff development opportunities for whole relationality, such as peer spaces and CPD training are delivered. Development and training needs are likely to differ depending on role and responsibilities; for example, the needs of staff involved in service design (e.g., course curriculum design) may differ from those of staff involved in tutoring or administration. Activities associated with whole relational staff development should be embedded within ongoing professional development activities rather than added on. For example, incorporated into the organisation's existing social, team-working, collaboration, and networking practices.

For the purposes of language and to provide a framework for thinking about whole embedded ways of working, the delivery organisation can be further divided into three conceptual domains: standards, delivery functions, and service design.

- **Standards of delivery [See Figure above, Ref 3].** Organisational and service standards that define compliance, expectations and requirements relevant to organisational needs.
  Examples: *Qualification standards, training standards, relational standards, staff and therapist job descriptions and criteria, recruitment policies, trainer competence standards, curricula standards, ethical standards of professional practice, organisation cultural standards.*

- **Delivery functions [See Figure above, Ref 4].** Organisational functions and/or staff roles that enable services to operate effectively and support staff in their work. ***Examples:*** *Student experience, marketing and onboarding, hiring, complaints management, payroll.*

- **Service design [See Figure above, Ref 5].** The design, development of services provided to customers/clients and/or internal organisational staff.
  Examples: *Design of training curricula, course material, specific client practice policies, service definitions for client work.*

Service delivery and management [See Figure above, Ref 6]. The day-to-day delivery and management of services provided to clients and customers (e.g., students), including enabling operational management and professional practices.
Examples: Client therapeutic practice, administration, deliver training modules, and assessment.

Whole conceptualisation model

Using the concepts presented, the relationship between intrapersonal (the individual's inner embodied world), interpersonal (immediate relationships and interactions), and lived-in context (e.g., society, family, institutes, country, or work) can help broaden the conceptualisation of mental health problems (see Figure 0.6). Therefore, embodied stress and mental health problems may involve an interplay between multiple locations, intrapersonal, interpersonal, and contextual, rather than being solely located within the individual and their resilience.

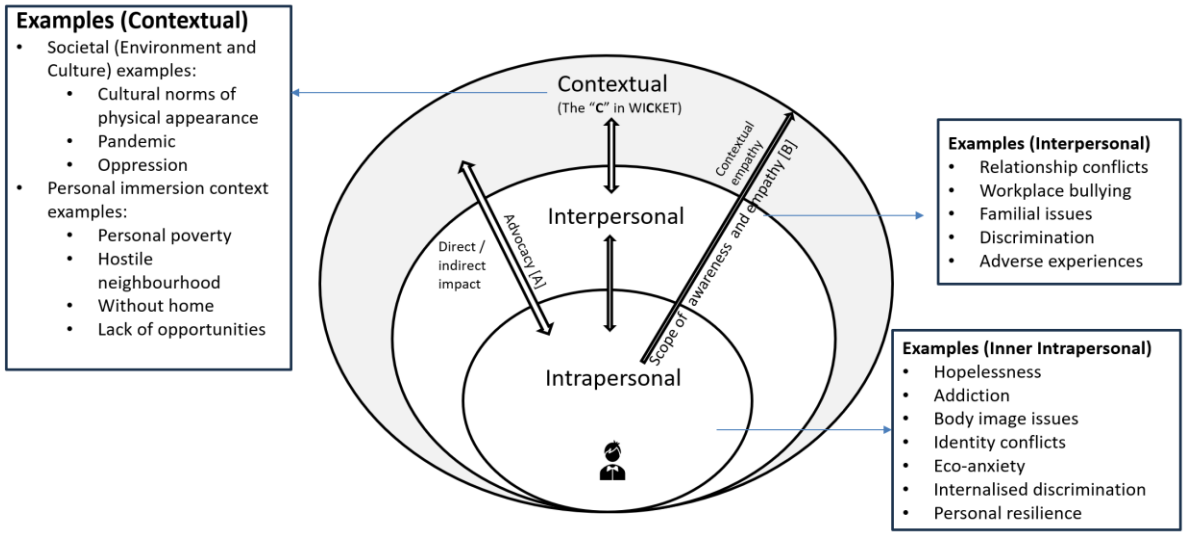

fig0_6.tif

For instance, a person who has given up on helping themselves (e.g., due to hopelessness or body image issues) and avoids going out (intrapersonal) may attribute their feelings to a lack of social support (interpersonal) as well as to societal norms regarding physical appearance, unmet access needs (e.g., disability), and a lack of work opportunities (contextual). This highlights how problems can arise from multiple, interconnected problem locations.

Advocacy [A], whether undertaken by oneself or through community efforts, influences contextual change by addressing barriers external to the self (see *Chapter 8: Advocacy, community, and* social *change*). By fostering a deeper and broader awareness of context and its impact on lives, the therapist expands the scope of empathy (referred to as *contextual empathy*) that clients may perceive [B].

Furthermore, a lower level of conceptualisation model of mental health (see Chapter 1, *Mental Health, Root Causes, and Therapy*) considers the individual protective and vulnerability factors present within a particular a person's lived contexts that may contribute to embodied harm, stress, and adversity.

Whole ethics

Whole ethics explicitly embeds consideration of whole experience, relationship and organisational system (or practice) into consideration of helping ethics.

Ethical frameworks often reference concepts such as "cultural sensitivity", "identities", "diversity", "unique social and cultural contexts", and the "infusion of multiculturalism/diversity throughout training" (ACA, 2014) or "embedding difference and diversity" (SCoPEd, 2025). However, there is currently limited overarching formality and prominence regarding the ethical requirements surrounding context—specifically, self-context and lived-in context (e.g., WICKET-BOND)—within ethical frameworks and decision-

making processes. For example, we can explore how clients' WICKET-BOND contexts relate to contracting, therapeutic relationships, conceptualisation, and responses to ethical dilemmas, alongside other relevant factors.

However, this position may change; for instance, at the time of writing, the BACP in the UK is reviewing its ethical guidelines, which is likely to place greater emphasis on context within relational ethics (Morahan and Reeves, 2024). In the absence of further revisions to the framework, the author proposes enriching existing ethics by introducing a series of overarching ethical practice statements regarding context. This approach ensures that all ethical principles and statements are considered alongside these contextual ones, which might otherwise be overlooked.

This approach allows flexible thinking around existing ethical practices without changing or compromising them. While existing ethics do not exclude context, the goal here is to formalise its consideration.

Illustrative examples of Whole Ethics using WICKET-BOND

The six intersecting WICKET contexts, together with BOND, can be used as a framework for considering contextual and personal factors in ethical practice. Their use will be situational; for example, they may be applied when considering therapeutic relationships, endings, or other ethical considerations. Beginning illustrative examples are provided below:

Worldview: How do a person's beliefs and meanings associated with gift-giving influence ethical decisions about accepting or declining gifts, and what impact might these decisions have on the therapeutic relationship?

Identity: A client's gender identity or sexual orientation may influence their experiences, sense of safety, relationships, and support needs. In reflexive practice the therapist considers factors such as humility, respect, affirmation, disclosure, power dynamics, and relational trust while also reflecting on how their own positionality may influence the therapeutic relationship.

Context (Lived): How do a client's financial circumstances and limited childcare options, which may restrict access to therapy, influence ethical considerations regarding support, accessibility, and equitable provision of care?

Knowledge: The therapist does now assume expert knowledge but listens to clients knowledge and lived experiences, respecting their perspectives, and involving them in decisions about their support. For example, in applying their learnt theory to client work, they attune to client cultural and religious knowledge in understanding the meaning of their experiences, dilemmas, or decisions on contracting.

Embodiment: Physical, neurological, or mental health conditions may influence communication, accessibility requirements, session structure, and the appropriate form of

therapeutic support. Another example is the therapist recognising the client's (embodied) relational style and considering its impact on the therapeutic ending process.

Time: Social and historical events such as discrimination, wars, conflict, colonisation, inequality, holocaust, and community experiences can affect a client's sense of identity, safety, and wellbeing. Therapists need awareness of these contexts to avoid locating individuals' difficulties solely within the person, rather than recognising the influence of collective, time-driven, and wider social factors.

The author proposes a set of contextual relational ethics that can be embedded within existing frameworks for ethical decision-making and practice.

Contextual ethical principles

In summary, contextual ethics enrich relational ethics by emphasising contextual empathy, which requires knowledge, awareness, skill, and self-reflexive consideration of both the therapist's and the client's self-context and lived-in contexts in relationships and helping (such as its influence on relationships, personality, development, lived experiences, and adversity). These include, but are not limited to identities, embodiment (e.g., embodied harm, neurodiversity), worldviews and meaning, time (e.g., intergenerational and lifespan context), knowledge (e.g., by experience), and lived in personal and nested immersion contexts (e.g., personal immersion culture, resources, historical, sociocultural, and structural conditions), in helping and building attuned relationships. Therefore, ethical practice, dilemmas, and decision-making account for personal (inner and interpersonal) and contextual factors (WICKET-BOND) in each situation.

Contextual ethics are expressed as follows:

1. **Consider context in therapist–client, lived and interconnected relationships.** Ethical relationships require an awareness of potential barriers and facilitators within the relationship, whether these arise from personal dynamics or aspects of the embodied whole contextual self. They include but are not limited to similarities or differences, power and affinities, communication, processing, and meaning differences, as well as worldviews, knowledge, embodiment, and personal immersion contexts. Similarly, contextually embedded relationships within the client's world—and within interconnected systems such as institutions, sociopolitical structures, and the more-than-human world—are considered. Through this process, contextual empathy may be perceived.
2. **Recognise contextual influence on experience**. Ethical practice connects client difficulties, to various locations of the problem beyond the individual and interpersonal that can generate problems and make unrealistic demands (e.g., access to needed resources, hostile conditions, childcare challenges, intersectional oppression, personal discrimination, attachment deprivation, financial stress, war, precarious living). It

recognises contextual deficits, conditions, and barriers that impact clients' experiences, opportunities, wants, and needs. Recognition does not imply that therapists can help clients change their context (*though advocacy may be relevant in certain situations*); rather, therapists' awareness can support ethical decision-making, foster relationship-building, conceptualise client stressors, and promote a deeper understanding of the client's world.

3. **Differentiate and attune to clients contextual and individual frame of reference.** Ethical relationships seek to empathically understand and work relative to the client's frame of reference, but also their contextual frame of reference, including worldviews, identities, knowledge, and personal immersion culture (e.g., within family and community). This approach enables attunement to the individual's unique experiences as well as their unique contextual frame. This understanding can facilitate relationship attunement, guide interventions, and help avoid imposing one's own self-context, normativity, and value system on clients, such as feelings of what is moral or good, culturally superiority, or the "right" knowledge, unless a risk of harm is involved. Therapists must consider whether "bracketing off" judgement, including regarding the client's context or beliefs, is feasible, as bias can be an embodied prejudice or constriction rather than simply a cognitive thought process.
4. **Develop awareness of own context and contextual consciousness (Professional standards).** Ethical practice is founded on the practitioner's whole self-development, which requires self-reflection and reflexivity in the therapist's whole self in context, fostering qualities (e.g., humility and courage) and impact of their positionality, power, affinities, and beliefs in building relationships. It requires contextual consciousness, knowledge, and contextual empathy towards issues, barriers, and conditions in living for individuals, groups, communities, and the whole population.
5. **Consider context within supervision, research, and the context of therapy provision.** Since supervision scaffolds ethical relationships, it recognises the self-context and lived-in contexts of the client, therapist, and supervisor when reflecting on client practice, the supervisory relationship, and ethical dilemmas. This process also helps connect practice to broader contextual issues, such as constraints on mental health service provision affecting individual clients and the wider population.
6. **Recognise opportunities for contextual repair.** Ethical relationships recognise that clients, prospective clients, and communities (including historically marginalised or underserved) may have had frustrating, negative, or harmful experiences with mental health services and care, including issues of access, affordability, and quality. The risk is further heightened for vulnerable, socioeconomically disadvantaged and marginalised communities. Furthermore, therapy can represent and replicate wider social tensions arising from historical or current events, social and cultural power differences, as well as

marginalised experiences in relation to privileged positioned groups that the therapist may belong to. Therapists, as part of the mental health community, therefore, seek to empathise, validate, and strive to provide an alternative reparative experience, including working ethically with the embodied harm that clients may continue to carry due to these experiences.

A worked example of the embedded application of relational contextual ethics is described in *Chapter 2: Building blocks pf self-development.*

Whole contextual competencies

Contextual composite competencies provide a high-level focus point for the inclusion of self and client context into self-development. Although articulated as therapist requirements, they can also support the assessment of training curricula, lecturer and supervision standards, workplace relational culture, as well as guide those teaching and assessing skills. Furthermore, they provide a focal point in asking how particular therapeutic theories, topics, discourses, and knowledge might be enriched by including context. See *Chapter 15: Changing the curriculum, standards, and organisation* for overview of context specific competencies.

Applications of the whole solution framework

In conceiving a whole solution framework, there are a number of ways in which it can be applied beyond direct client work, including developing relationships, enhancing skills, conceptualisation, exploration, supervision, and the management of therapeutic practice or organisations. This book builds on the common ground of existing therapeutic knowledge, using the whole solution framework as a tool for assessment and enrichment. A starting point for assessment and inclusion in this book has been to ask, ‘How do therapist and client contexts enrich or expand the understanding of a subject?’ or ‘what is missing if we consider context?’. This could relate to various aspects within the common ground of self-development, theory, relationships, skills, or conceptualising the problem. For example, when considering concepts like 'authenticity' or 'anger,' we might also explore how these are influenced, enabled or impeded by the client’s lived context. Similarly, for specific issues such as suicidality or depression, the person's contextual culture, messages, resources, and environmental conditions can be relevant.

Another example is when considering the concept of 'self-awareness'; we might ask whether it includes an awareness of the whole self—encompassing context and identity—along with thoughts and feelings. Similar questions can be raised regarding ethics, research, supervision, and competencies. Not every application of 'context' in this book is explicitly explained for the sake of space and readability, but it has been broadly considered throughout.

The table below provides further examples of how the framework may be applied.

- **Evaluating and contextualising existing knowledge:** The framework can be used to examine how most concepts and knowledge, for example, self-care, grief, or mental

health diagnoses are influenced by context. It supports critical evaluation of existing knowledge, models, and theories by identifying gaps, encouraging deeper understanding, and informing further research. A core contribution of this book is the embedding of context and equity into mainstream psychological and therapeutic knowledge.

- **Supervision models:** Supervision can be framed through a whole relational model, where the client–therapist–supervisor relationships are understood within their whole contexts. This approach avoids treating culture, identity, and context as additional or extratherapeutic variables, instead recognising them as central components of the therapeutic process.
- **Positionality in research and practice:** Considering WICKET positionality enables deeper reflexive practice, not only through examining identities but also through exploring multiple dimensions of similarity and difference within relationships, including client work and research relationships.
- **Group work:** The framework can support deeper understanding of group processes, relationships, and dynamics by considering the multiple contextual factors that influence interactions.
- **Training, curriculum, and organisational development:** The framework can be applied in education and organisational settings through the development of case studies, skills training, assessment processes, and practices that promote relational inclusion.
- **Generating new knowledge through pluralistic and multicentred perspectives:** The framework supports the integration of diverse knowledge systems, including Indigenous knowledge, mainstream theories, and clients' own lived knowledge. It emphasises collaboration between helper and helpee in determining the relevance and usefulness of knowledge for support.
- **Decolonial processes:** The whole framework can provide a firm foundation for exploring decolonising approaches to therapy by questioning dominant assumptions and creating space for diverse ways of knowing and being.
- **Ethical contextualisation:** The framework supports ethical decision-making by considering the contextual influences affecting both clients and practitioners when navigating ethical dilemmas.
- **Complaint contextualisation:** The framework can support consideration of context within ethical complaints processes by examining the relational dynamics between individuals, practitioners, and organisations.

- **Universal Design (UD):** Universal Design refers to creating therapeutic services, environments, approaches, and standards that are accessible and supportive for the widest range of clients from the outset, rather than making adjustments only after barriers are identified. This approach promotes inclusion, equity, and accessibility within therapeutic practice.

Example Application: Grief

This is an example of how to *begin* identifying contextual gaps using "Grief" training as an example. Of course, the same model can be used generatively in client work, supervision, and research. For each context the training may include both normative and diverse perspectives, including within case studies, theories and knowledge.

Worldview	How normative and varied worldviews influences meaning of loss, life and death, beliefs about justice, fairness and forgiveness, coping, and resilience.
Identity	How do personal and social identities and their norms and expects impact grief experiences, roles, and expectations. *For example, personal role identity, race, class, gender, disability and neurodivergence*
Context (lived) – e.g., Culture	*How do cultural norms, expectations, and values impact grief (e.g., within society, religious communities, or families)? For example, consider norms of expression (stoic vs. emotional), rituals, gendered roles, and grief hierarchies (e.g., who is considered more deserving of grief or experiences disenfranchised grief).*
Knowledge	*What knowledge forms the basis of beliefs about grief? This includes what is known, propagated, or understood, including religious/spiritual perspectives, national perspectives, non-Eurocentric perspectives, scientific knowledge, theories (including personal theories), and knowledge gained from personal experiences.*
Embodiment	*How does grief embody including in self-embodied experiences, relational patterns, relational experience, relational depth, style of grieving (seek support or avoid).*
Time	*What is the impact of grief over life stages (child, teenage, adult), intergenerational and collective?*

Principles for embedding context

In considering how to embed context and equity into a particular knowledge domain, relationships, or practices, a set of evolving principles based on the author's practical experience and modelled throughout this book is described to guide their application.

By design

Wholeness by design is achieved through the continuous process of embedding context (WICKET-BOND) into understandings of experiences and thus yourself, others, and relationships. If equity is treated solely as a specialist or separate area, achieving context and equity by design is an unlikely aim.

Ubiquitous relevance

The interplay of inner-interpersonal and context (WICKET-BOND) should be considered for all people and groups, even when not explicitly foregrounded. It should not be selectively applied to certain individuals or groups while excluding others, as this diminishes its potential to enrich relationships, reflexivity, and practices, as well as to foster epistemic expansion and inclusivity. If context is used merely as a lens for practice or applied only with specific communities, it risks perpetuating othering and fragmentation, reducing beneficence, and sustaining long-term inequity.

Avoid fragmentation

If existing models are used or additional secondary practice topics such as cultural competence, gender and sexuality, diversity, or anti-oppressive practice are added to training in an attempt to solve the "add-on problem," they will likewise further replicate add-ons unless they are embedded into the whole. Although specialised topics and standalone models have intrinsic value, they will not resolve the problem of fragmentation if they remain externally appended.

Apply at foundations and as early as possible

Contextual understanding should be introduced early and embedded at the foundations of training, or within a particular subject or domain, for its full value to be realised. In doing so, it becomes integrated, implicitly learned, and applied across all areas of practice, including training modules, peer discussion, therapy, research, and supervision. The pedagogy must incorporate an induction training process for wholeness, enabling individuals to shift from fragmented conceptualisation toward whole-solution framing. The training materials and a demonstration of the induction day are available at tadf.co.uk.

Generative expansive knowledge for all, not specific groups

Developing a broader, more expansive awareness across the whole (WICKET-BOND) and within relationships creates opportunities to extend the knowledge base for everyone. For example, knowledge about lived experiences in context, adjustments should be universally available rather than limited to specific groups; power dynamics exist in all relationships,

not only those involving vulnerable or marginalised clients; and relational-cultural attunement applies to everyone, not solely to specific groups such as neurodivergent clients.

Whole person context categories and themes (e.g., relational dynamics or whole experience subcategories) are tools for considering the contexts of self, individuals, and communities. Using them as reference points in practice, learning, or group work can foster deep exploration of self and group dynamics, generating new ideas and knowledge. Whole practice themes are not fixed but evolving, tentative, and generative, as wholeness is a continual process.

Systematic harmonisation

Unless creating a new subject domain, embedding context needs to harmonise with existing knowledge, relational ideas, and practices. This avoids separation, enriches existing ideas, and allows for efficient reuse. Simply exploring contextual concepts at both micro (small-scale, interpersonal), meso (personal contexts), and macro (large-scale, societal) levels can enrich understanding. The Whole Experiencing Model and Relational Model allow us to ask what's missing/what if questions about existing knowledge.

For example, where current practices focus on addressing individual bias, a contextual perspective could strengthen this approach by examining the WICKET-BOND influences that shape bias, for instance, how embodied feelings and cultural messages generate and reinforce bias over a lifetime (the "E and C" in WI**C**K**E**T), which in turn influences individuals. Similarly, contextual empathy enriches the concept of empathy by explicitly incorporating contextual factors. Harmonisation of existing knowledge creates a "glue" that unites ideas, avoiding their separation or relegation to isolated areas of practice—or worse, creating conflicts with established approaches. Asking contextual questions of existing topics helps build upon and enrich current knowledge.

Practice implications of the whole-self

Refer to Chapter 3: Whole-person self-development for practice-based implications when considering how an individual's context impacts their lived experiences (e.g., discrimination, access to opportunities and resources, meaning). These implications aim to provide a starting point for understanding how a person's lived experiences might be shaped by their unique contexts over time.

Wholeness solution resources

To support adopters of the Wholeness Solution framework within self, training, curriculum, organisations, and other helping professions, this framework is accompanied by free

community resources that support the application of the ideas presented in this book (see tadf.co.uk), including:

On-demand learner and train-the-trainer resources: Including presentation slides, video lessons, and supporting materials to facilitate both individual learning and the development of trainers.

Guidance for provision, design, and delivery: Providing a whole-embedded approach to training through overarching self-assessment guidance and practical resources that support the planning, design, and delivery of fully embedded training provision including standalone CPD.

Community support via #TADF: Offering connection and support from adopters, tutors, and helping professionals who are implementing and/or advocating for the Wholeness Solution framework.

Additional resources: Including open-source images, frequently asked questions (FAQs), research papers, and practical applications, including guidance on embedding the framework within supervision.

Advocacy community (#TADF): If you wish to advocate for the Wholeness Solution in small or larger ways, whether as an individual, community, or organisation, please get in touch. We recognise and celebrate the contributions of advocates by highlighting their involvement, experiences, and successes through our communications.