Quality of Life in therapeutic communities for addictions: a positive search for wellbeing and happiness

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Abbreviated title: Quality of Life in therapeutic communities

[1] This article has been submitted after the unexpected passing away of our beloved friend and colleague Eric Broekaert. This is one of the last manuscripts in which Eric had a very substantial part. The paper has been initiated by Eric and it can be situated in his lifelong interest in and search for the philosophical and scientific underpinning of therapeutic communities and other treatment and support models from a integrative-holistic point of view.

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Abstract [i]

Background & Aims Although addiction is increasingly considered as a chronic problem, only a limited number of studies have addressed Quality of Life (QoL) in therapeutic communities (TC) for addictions. This reflective conceptual paper assesses the history, philosophy and background of the TC movement as "modern" concept, with roots in existentialism and phenomenology, as well as the QoL-approach as a "postmodern" concept, with a positive vision on wellbeing and happiness, grounded in Aristotelian rationalism. The paper aims to investigate how the postmodern concept "Quality of Life" could be integrated in and could go together with the modernist interpretation of evidence, values and subjects' perspectives in TC's for addictions.

Methods This paper reflects on the question if and how the postmodern concept "Quality of Life" (QoL) can be integrated in therapeutic communities for addictions (TC).

Results The exploration of the QoL-concept as postmodern positive approach situated in the context of TC values, facts and subjects leads to the finding that both visions can go alternatively together and fertilize each other.

Conclusions Therefore, QoL, wellbeing and happiness have to be situated in the context of meaningful social interaction and education that can integrate both visions as a permanent spiral of thesis and antithesis..

Keywords: Quality of Life; Therapeutic communities; Addiction; Positive psychology; Wellbeing, Happiness

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Introduction

The concept of Quality of Life (QoL) becomes more important in scientific literature (De Maeyer et al. 2010). QoL is part of postmodern thinking that – in essence – goes back to a philosophy of individual civil rights, self-advocacy, emancipation, deinstitutionalization and inclusion (Broekaert et al. 2011). It belongs to the post-existentialist period and it should be seen as an effort to start from a subjective perspective in our alienating, modernist society, by listening to an individual's own experiences and expectations in life.

The drug-free therapeutic community (TC) or TC for Addictions started at the end of the 1950s, reached Europe in the 1970s and can be situated in the existentialist and humanistic tradition (Soyez & Broekaert, 2005). TC's are essentially educational environments that consider the subject in social interaction and dialogue. TC's defend to be part of a context. Consequently, subjective perspectives relate to an interactive dialogue. This means that the scientific knowledge (the facts/evidence), as well as the TC philosophy and functioning (the values) and the residents and staff members involved (the subjects) constitute Quality of Life in TC's. However, the question remains as to how the postmodern concept "Quality of Life" can be integrated in and go together with the modernist interpretation of evidence, values and subjects' perspectives in TC's?

In order to tackle this question, the following paper assesses the history, philosophy and background of the TC movement, as well as that of the Quality of Life-movement. The method involves a conceptual reflection, supplemented by findings from a case study in TC De Kiem (Belgium).

The integration of both approaches may lay in postmodern social constructivism, in which the subject is considered as the actor of his own knowledge based on interaction and dialogue. The association of QoL with positive psychology, the successor of the existential humanist psychology, is explored.

The concept of Quality of Life

The concept of Quality of Life has been put forward as a prominent outcome measure for treatment and support in various disciplines (mental health, addiction, disability, …) (De Maeyer et al. 2010; Katschnig 2006; Schalock 2004). However, despite its long history and its recognition as a central concept in health care and social support, there is still no consensus about the interpretation of the concept (Dijkers 2007; Moons et al. 2006; Carr and Higginson 2001; Farquhar 1995).

Originally, the word 'Quality' is derived from the Latin word "Qualis", which literally means "of what sort". The term "Quality of Life" was first noted in 1943, in the midst of the Second World War (Cummins et al. 2004). The date is interesting, as it suggests the relation between survival and death. After World War II, the term QoL has been used to describe the role of material wellbeing on individuals' lives. Due to the economic prosperity and the improved standard of living following the War, an upcoming interest in the concept QoL was noticed among the general population. This materialistic approach of QoL was related to the possession of material goods, without attention for individuals' subjective well-being (Cummins et al. 2004). In the 1960s, the exclusive focus on individuals' material well-being was questioned and the conceptualisation of QoL was extended to issues such as family, health and housing, in order to gain insight in the QoL of a society as a whole. This is often referred to as the 'social indicators movement', which proposes a social scientific index to measure the well-being of the general population (Rapley 2003; Farquhar 1995). From the 1970s on, increasing attention has been given to QoL in health care research and clinical practice (e.g. in oncology and psychiatry), especially for patients with chronic disorders (Moons et al. 2006).

The continuous and growing attention for the concept of QoL illustrates that since WWII, there has been a permanent question about what QoL people really want. This is reflected in the definition of the WHO Quality of Life Group: *"individuals' perceptions of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns"* (The WHOQOL Group 1998, p. 551). Part of the conceptual inconsistencies about QoL is due to varying views on the "good" life as represented in arts, politics, philosophy and science. In arts, it seems hard to find an equilibrium between the classic interpretation of beauty and the current rather anarchistic texture (Nash 2007). In politics, policy makers balance between "right" and "left" (Giddens 1994), while a loss of the great scientific theory is observed in philosophy, which is accompanied by an uncompleted search for ethical fulfillment and meaningfulness (Lyotard 1984). In religion, churches often lean on certainty, absolute values and dogma, whereas modernism and Enlightment are based on free thinking and rely on reason, science and logic, rejecting whatever dogma (Henderson 2003). Finally, a tension persists between quantitative empirical-analytical approaches to construct scientific knowledge and qualitative interpretative approaches to study phenomena (Broekaert et al. 2010).

Yet, in the current debate, agreement is growing that QoL should be conceptualized as a construct that (a) is multidimensional and influenced by personal and environmental factors and its interactions, (b) includes the same aspects for all people, (c) consists of both subjective and objective components, and (d) is enhanced by self-determination, resources, purposes in life and a sense of

belonging (Cummins 2005). Most authors agree on the fact that QoL should encompass both objective and subjective criteria (e.g. happiness, satisfaction with life), that should be measured separately, given the limited correlation between both indicators (Cummins 2005; Ruggeri et al. 2001). Moreover, QoL is mainly determined by the perception of the individual (Schalock and Verdugo Alonso 2002). It is primarily a subjective concept that represents an individual's perspective and perception of life (Bonomi et al. 2000).

With regard to subjective well-being, two at first sight opposing and distinct philosophical conceptualisations are established: the hedonistic and the eudemonic approach (Ryan and Deci 2001). The hedonic approach states that wellbeing relates to pleasure and happiness, including pleasures of the mind and body (Ryan and Deci 2001). Maximising human happiness and satisfaction is the ideal objective in this approach. Subjective well-being (SWB) is the concept most commonly used as indicator of well-being, starting from a hedonic approach, in which the person is given the freedom to define happiness based on his/her own frame of reference (Lee and Carey 2013). Subjective wellbeing includes cognitive (satisfaction with life) and affective components (positive and negative affect) (Diener and Ryan 2009). The eudemonic approach goes back to Aristotle (384 - 322BC), who stated that happiness could not be equated with pleasure, but could only be achieved by giving purpose and meaning to one's life ('doing that which is worth doing'). Developing and realising personal potentials and life goals and moving towards self-actualisation are central aspects of the eudemonic approach (Waterman et al. 2008). Eudemonic wellbeing (EWB) represents a statement of wellbeing resulting in personal growth, engagement and expressiveness. From this perspective happiness can only be achieved when living a meaningful life (Lee and Carey 2013).

History and background of TC's for addictions

A TC for addictions can be defined as "*a drug-free environment in which people with addictive problems live together in an organized and structured way to promote change toward a drug-free life in the outside society*" (Broekaert, Kooyman & Ottenberg 1998, p. 595). The community *as such* is considered as the main feature of therapeutic communities, which is commonly referred to as "*community as a method*" (as elaborated in the seminal works of De Leon 2000, 2007). Community as method is characterized by "*the use of a range of structured activities in which both staff members and residents are expected to participate and the use of peers as role models who set a positive example and demonstrate how to live according to the TC's philosophy and value system*" (Vanderplasschen et al., 2014, p. 9).

The cradle of the first TC's, Synanon, originated in 1958 as a self-help movement, promoting a drug-free life, influenced by the principles of the AA-movement and the ideologies of the1960's and the humanistic psychology. Casriel (1976, p. 54) reported: "*In retrospect, it is evident that Synanon and Daytop, as well as the groups I was running, were part of something going on – not just with addicts – but with people. The human potential movement had begun. The National Training Laboratory was growing fast. Followers of Maslow and Rogers had founded the Association for Humanistic Psychology*". Maslow saw Synanon as a utopian society (Maslow 1971) and he described Daytop (a therapeutic community based on Synanon's principles) as a beautiful place that could be important to everyone (Maslow 1971; O'Brien 1993). Maslow's work on self-actualization (cf. eudaimonia) and Buckminister Fuller's formulations (1969) on the design and use of environments that allow innovative use of living space and resources, have also been central to the growth of Synanon's lifestyle and value system (Gould 1975). According to Bassin, also Carl Rogers was in favor of Synanon's encounter groups ("the Games") (Bassin 1977, p. 10).

The original concept of Synanon demanded life-long engagement of the residents. Soon, it was transformed into a striving towards reinsertion into society and recovery from addiction, mainly under the influence of American TC's such as Phoenix House New York and Daytop Village. Synanon ended as a closed system under the dogmatic charismatic leadership of its founder Chuck Dederich (Broekaert et al. 2000).

Gradually, the TC movement spread over the United States, Europe, Asia, South-America and Africa. In Europe, the TC for addictions has been influenced by the so-called 'democratic' therapeutic community approach of Bion, Bridger, Main and Jones, amongst others, that originated during and shortly after the Second World War (Vandevelde and Broekaert 2009). Maxwell Jones stressed the necessity of transparency in therapeutic communities and characterized them as open systems as opposed to 'closed systems', which *are "hierarchical and therefore the antithesis of holism"* (Jones 1988, p. 48; Vandevelde and Broekaert 2009). In these open systems, social learning takes a prominent role. Social learning can be described as a process whereby persons solve problems together, after which they review the characteristics and possibilities of their actions (Jones 1982; Murto 1991; Vandevelde and Broekaert 2009). Other important evolutions with regard to therapeutic communities in Europe relate to the fact that TCs are influenced by the anti-psychiatric movement, existentialism and alternative community living; and that TC's have always been open to different ideologies (Vanderplasschen et al., 2014). This means "*that the common human value system always transcended the different visions*" (Broekaert et al.2015, p. 103).

In essence, the TC operates as an open, meaningful educational system, based on humanistic existentialist values, scientific evidence and the interactions between staff and residents (Broekaert et al. 1998; De Leon 2000), within the context of a society that tolerates substance use to a certain extent and promotes the pursuit of wellbeing and happiness.

Quality of Life in therapeutic communities

Given the recognition that addiction is a chronic disorder, attention for the concept of QoL is growing in this field. However, up until now, only a limited number of studies have specifically addressed QoL in therapeutic communities for addiction (e.g., Broekaert 2011; Fisher and Roche, 2013; Gonzalez-Saiz et al. 2009 and 2011; Guimares et al. 2014; Johnson et al. 2012; Lozano Rojas et al. 2009; Snyder et al. 2015; Vanderplasschen et al. 2013).

The conceptualization of QoL in a therapeutic community is – by our knowledge – not yet specifically studied and cannot be defined univocally. To our understanding, it has to be seen as an integral part of the TC values, subjects and facts. The *values* refer to the TC as a school for life, based on free responsible action and the pursuit of wellbeing and happiness. The *facts* are based on reasonable evidence on abstinence and success after treatment and positive evolutions in diverse psycho-social domains. The *subjects* illustrate the striving for survival and recovery. Consequently, QoL in therapeutic communities has to be defined as quality in context. When talking about QoL, a holistic approach that gives attention to the individual as a whole in open interaction with his or her environment is indispensable (Brown et al. 1996; Laudet et al. 2009). In the following sections, we will focus on these three topics separately.

Values and Quality of Life in the context of TC's for addictions

The value system of a therapeutic community, striving towards a drug-free life, implies that residents will not be hold against their will. It is expected that residents can act and behave in a free way. Referring to Thomas Kuhn (1996) and his influential book 'The Structure of Scientific Revolutions', it is necessary to make an enquiry of the predispositions of important concepts like "freedom" or "liberty" (two words for the same content). It is important to focus on the difference between positive and negative liberty. Negative liberty is the absence of obstacles, barriers or constraints. Positive liberty is the possibility of acting — or the fact of acting — in such a way as to take control of one's life and realize one's fundamental purposes (cf. eudemonia). The idea of distinguishing between the negative and positive sense of 'liberty' goes back to Kant. The issue has several links

with discussions about free will and (the nature of) autonomy. Within the TC, it is assumed that positive liberty, if not necessary for a good QoL, is a strong predictor of individual QoL. Since the concept QoL starts from individuals' own perspectives and considers clients themselves to be the main actors, attention for individuals' QoL will increase their empowerment and self-control.

In TC's for addictions, the longing/craving for drugs is described as an overwhelming "out-of-balance"-desire to get the substances to meet the physical, cerebral, social and psychological needs of addiction. In other words, the search for pure enjoyment and lust to fight basic anxieties. The TC tries to create a milieu to utter underlying problems, to realize an atmosphere of safety and to offer security through a clear value system.

Facts and Quality of Life in the context of TC's for addictions

In measuring TC outcomes, success has been defined as a drug-free life (abstinence). This is considered as the QoL "par excellence". There is scientific evidence available on success after TC treatment (Bergmark 2005), but the results are not unequivocal (Vanderplasschen et al. 2013). A Cochrane study demonstrated few evidence for TC's as compared with other interventions in randomized controlled trials (Smith et al. 2006). A more recent review carried out by Malivert and his colleagues (2012) showed a significant decrease in substance abuse during and after treatment in therapeutic communities. Long-term results, however, are not that favorable as about 50% are reported to relapse on a longer term (Malivert et al. 2012; Vanderplasschen et al. 2013).

Outcome research in TC's has mainly been based on quasi-experimental studies and less rigorous methodological designs, since it is deemed unethical to randomly select residents who should have access to treatment. Moreover, the first outcome studies were usually carried out by persons who were involved in the development and implementation of therapeutic communities. An extensive number of studies has indicated that success depends on the time spent in program and early drop-out can be countered positively by the use of senior staff, family and social network interventions, motivational interviewing, and the use of assessment instruments (De Leon 2000; Raes et al. 2011; Ravndal 2003; Soyez et al. 2006).

A recent review (on 16 studies using a control condition) with regard to the effectiveness of TC treatment showed positive results on substance abuse and criminal recidivism in as much as two out of three studies (Vanderplasschen et al. 2013). An interesting finding revealed that a number of studies (10 out of 16) looked beyond the 'traditional' outcome indicators, such as abstinence and criminal recidivism, when assessing TC treatment success , whilst other studies did not (6 out of 16) (Vanderplasschen et al. 2013). The results indicate that some of the studies who took these

indicators into account showed an improved psychological functioning. From a recovery-oriented perspective, increased attention for exactly these broader and more subjective indicators, such as psychosocial wellbeing and family/social relations, may foster the personal growth and social inclusion that therapeutic communities are striving for.

Subjects and Quality of Life in the context of TC's for addictions

Survival is an important aspect of life for drug addicts, who have often been at close end to death. Not surprisingly, TC names include symbols of survival such as 'Phoenix house', 'Last Renaissance', 'Second Genesis', Several TC's emphasize the importance of living and survival in their philosophy: *"To be reborn is our ultimate reality"* (Last Renaissance 1976). This striving for survival and recovery constitutes the essential educational process of the TC. Junior residents mirror their behavior, feelings and attitudes to that of positive role models and senior residents serve as examples for younger residents. The TC is built on the self-help processes that imply a free choice for treatment. The residents are the protagonists of their own life and staff members provide the context for change and recovery. As a consequence, TC treatment needs to last long enough so that it can empower persons in "recovering a valuable and meaningful life" (Gudjonsson et al. 2011; Vanderplasschen et al. 2013). It refers to the sometimes very long process in which an individual re-takes control over his or her personal life (Gagne et al. 2007). Farkas (2007) points at four important aspects of the recovery model as being person- and not patient-centered; as looking for involving the person in his own treatment and recovery pathway; as focusing on self-determination and opportunities for personal choice; and as offering a prospect of hope for new directions in life. Therefore, QoL which is described by Snyder (2015, pp. 133) as a 'loose analoque for personal recovery' is a broad and subjective concept, indicating there are as many "good quality lives" as there are individuals (Ward and Brown 2004). The applied methods in therapeutic communities serve the educational process, defined as *"Meaningful social interaction within an adapted milieu. It aims at a transitional process of growth and development of the whole person, his family and primary network. This social interaction assumes diversity and differences between participants. It strives for inclusion, and makes use of intuitive and rationally structured methods and approaches. The integration of at first sight contradictory angles of incidence, creates new insights and more balanced behavior, feelings and attitudes."(Definition by the Department of Special Needs Education, Ghent University, Belgium)*. The applied methods in therapeutic communities serve the educational process. These methods do not stand on their own, but are part of the social interaction that forms the basis for growth and self-reliance. Life can be hard in a TC, as quitting from drugs also means breaking with old habits of use and a way of life.

Discussion

The concept of QoL has not yet been thoroughly studied in therapeutic communities for addictions. This article has focused on exploring the QoL concept in relation with TC values, facts and subjects. It has shown that QoL, as a broad and holistic concept, has to be studied within the TC context, as it cannot be considered apart from its historical evolution and context. Otherwise, the multidimensionality of the concept could lead to eclecticism in which diversity and inclusion could be lost (Broekaert et al. 2010).

The TC is a child of existentialism and humanism, now situated in a postmodern area. As a postmodern concept, QoL is based on emancipation and empowerment of the subject. This implies responsibility and freedom. Also, TC's strive for freedom and responsibility for these ideals, but do not put them in a socio-political context as materialistic post-structural postmodernism does. The TC vision rather corresponds with the idealist social constructivist interpretation of postmodernism. The TC movement tries to integrate idealism, materialism and symbolism as those three visions on mankind and life can alternatively go together (Broekaert et al. 2011). A clear philosophy and theory (De Leon 2000) exists in TC's, but at the same time people are invited to a dialogue with staff and residents (Broekaert et al. 2004b). As well in QoL as in TC literature, the perspectives of residents serve as a tool to present residents as subjects-who-know rather than as objects-that-are-known by others. Thus, they capture meanings and representations which are 'their own', and complement specialised, often medical, knowledge (Claes et al. 2011). However, the existentialist perspective of dialogue with others in TC's serves as the basis for developing self-knowledge.

As argued above, QoL is a broad and holistic concept, that has to be studied within the TC context, since it cannot be considered apart from its internal bonding between values, facts and subjects. Within this internal interaction the one is part of the whole and the whole is part of the one: a diversity in unity or/and unity in diversity. This differs at first sight from the above mentioned WHO-definition on QoL, where the focus may be lying more on the perception of the individual's expectations, rather than on the internal bonding. The main reason of this incompatibility can be explained by the clash between existentialism and postmodern thinking, where the "we" feeling is replaced by a more "individualist" approach on QoL; where hermeneutic methodologies has to counter "objective –positivist" evidence based on randomization strategies and where "grand theories" are lost in favor of the individual narrative. It is argued that a postmodern "new positive psychology" emerged that differs from the "old existentialist approaches". Could the individual perceptions in search for happiness correspond with the global aspiration for happiness? The key to

this answer may lie in a possible link between TC as existentialist movement and the positive psychology of happiness studies.

Waterman (2013) lists the impossibilities of the interrelatedness between humanistic and positive psychology, accepting the fact that the prominent humanistic psychologist Maslow introduced the term 'positive psychology and emotions' in his book Motivation and Personality (1954). The reasons for this are mainly situated in the wish for positive psychology to be considered separately from humanistic psychology based on differences with regard to philosophical / ontological foundations, epistemology / research, and psychological practice (Waterman 2013, pp. 125-126).

The philosophical divide

Waterman (2013) summarizes the main philosophical sources and authors of humanistic psychology as (proponents of) phenomenological, hermeneutic, constructivist and postmodern (social constructionist) psychologies. He remarks that most of these positive psychology scholars do not refer to these sources, but rather to an Aristotelian perspective. To better understand this point, we will clarify what the position of 'essentialia' in philosophy is about. Aristotle focuses on the essential characteristics of the individual and states that the core features of an individual are central; Plato on the other hand starts from the metaphysical relationship: the core features are thus interrelated. The social-constructivists consider the core features in function of the construction of social reality. This means that Aristotle, as proponent of rationalism, can be considered as the originator of empirical research in which separate elements might possess substantial characteristics that might be the cornerstones of scientific comparisons. Therefore, he investigates reality by means of its "building stones" (or its "parts") (Robertson and Atkins 2013). This is in sharp contrast with the idealistic thinking of Plato in which reality, as perceived by our senses, is merely an imperfect representation of reality as interconnectedness (the whole) that has to be unraveled by means of Socratic questioning. Within this holistic thinking, happiness is as well part of the whole as the whole is part of the totality, as Coleridge (1814) stated so accurately: *"The Beautiful, contemplated in its essentials, that is, in kind and not in degree, is that in which the many, still seen as many, becomes one*". Starting from an educational paradigm, happiness seen as Aristotelian partials interacts with the global existentialistic TC- approach as thesis and antithesis. This interaction is leading towards a new synthesis, a starting point of a never ending process of change for the better of mankind. By doing so, we introduced the concept of happiness into the ethical code.

The ontological divide

Waterman (2013) also points at an ontological difference between the humanistic and positive psychology. He indicates that the positive psychology departs from a deterministic foundation by stating that "*There is a generally accepted belief that science is founded on determinist assumptions and that 'uncaused causes' are to be excluded from scientific consideration*" (Waterman, 2013,p. 127). In the "first force" in psychology, psychoanalysis, determinism is omnipresent in the work of Freud and Lacan. The concept of free will on the other hand is almost never mentioned (Derksen 2014). Also in behaviorism (the "second" force), determinism takes in a ponderous position. In the '"third force" of psychology, the humanistic psychology, that reacted against psychoanalysis and behaviorism, free will and responsibility while taking decisions in action, and not determinism are the cornerstones. Yet, Aristotle indicates In the *Ethica Nicomachea* that man is consciously responsible for his good as well as for his bad deeds. He is able to make decisions for the good or for the worse (Stein 2012). Once again, it seems clear that existentialist TC and Aristotelian thoughts have more in common than expected at first sight, especially if we focus on the ethical, or in the therapeutic community vision, improvement and positive change towards a high quality of life.

Epistemology and research

Waterman (2013) states that research in a humanistic tradition (e.g. exemplified in therapeutic communities as we have argued in this paper), is in the first place phenomenological (interpretative) in contrast of positive psychology where research is embedded in a nomological and positivistic tradition. This reasoning is the logical consequence of the fact that positivist evidence based research is only applicable to a limited extent in therapeutic communities (Broekaert et al., 2010).This does not mean that empirical-analytical semi-experimental studies find no place in TC-research. In a recent review mentioned earlier in this paper, Vanderplasschen et al. (2013) have summarized the available evidence of therapeutic communities based on high-quality studies, using controlled designs (n=30 publications, based on 16 studies). These controlled studies represent only a minor part of the large amount of semi-experimental and other quantitative studies, often published in grey literature. The main reason why the majority of quantitative studies are semi-experimental has to do with an ethical positioning which impedes "at random allocation" of TC-clients. In case of the therapeutic community, self-selection is a necessary condition for investigating treatment effectiveness (De Leon 2010, pp. 109). It goes hand in hand with the permanent striving to motivate clients towards treatment and to prolong their stay in treatment through the involvement of family therapy, motivational interviewing, the use of senior staff members, diagnostic instruments, and social networking, amongst others (Broekaert, 2006). The alternatively going together of quantitative and qualitative (empirical) research is significant for education in general and the TC in particular.

Psychological practice

Waterman (2013) further gives a good overview of humanistic and positive psychology-oriented interventions. But how can we explain that TC-clients make use of short-term programs which are integrated in the broad TC action field? Examples include mindfulness, and strengths-based approaches aimed at improving well-being and quality of life. In our opinion, the misinterpretation of what is going in therapeutic communities lies in the common assumption that the therapeutic community is a method (De Leon 2000, 2007). The difference relates to how De Leon defines a method, in contrast to common definitions. De Leon (2000, p. 92) defines a method as *"the activities, strategies, materials, procedures and techniques, that are employed to achieve a desired goal ".* According to the dictionary, a method is described as "*plans or procedures followed to accomplish a task or attain a goal. Method implies a detailed, logically ordered plan*" (The American Heritage Dictionary of the English Language 2009). For this reason, it might be underestimated that in "TC as education" a great number of psychotherapeutic approaches can be used and integrated in the search for happiness, wellbeing and a high quality of life. No doubt, this includes positive psychology approaches, such as mindfulness, and strengths-based methodologies. Evidence-based practices can easily be part of the psychological interventions that are used in TC's as integrated methods. In some cases, embedded pragmatism – as *learning by doing* (Dewey 1938) and practice-based evidence underpin education for quality of life, wellbeing and happiness.

Conclusion

In this article we argued that a positive postmodern psychology can find its embedment in the context of modernist humanist therapeutic communities. In order to develop our argument, we described the TC from its core functioning, as an ethical, educational process; a search for positive human improvement. The article stressed that the inevitable opposition between Aristotelism and Platonism, determinism and responsibility, methods and goals as thesis and anti-thesis can be transferred towards a new synthesis for the better. We focused specifically on the ethical prerequisite of education, in which social interaction and dialogue form the corner stones of a better future that includes quality of life, well-being and happiness as part of the eternal striving of mankind for human rights and freedom. The integration of positive psychology and education can contribute to an enrichment in ideas and action. Within TC as education, this action cannot be depersonalized. It is the eudaimonia and ataraxia, the "Ode an die Freude", the "choc des opinions qui jaillit la lumière (the shock of opinions that provokes enlightment)": the eternal desire for pleasure and happiness.

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