

Delicious Moments (DLM): An Integrative Aesthetic Framework Bridging Japanese Culture, Healing, and Human Flourishing

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Abstract

Across cultures and throughout history, human beings have cultivated ways of perceiving beauty even within impermanence, imperfection, and suffering, and through this perception found pathways toward healing and meaning. The Japanese word *oishii* (美味しい), literally written with the characters for beauty and flavour, points toward a sensibility in which deeply savouring life in all its complexity and vulnerability becomes a way of remembering beauty. That such wisdom can be articulated, shared, and brought into dialogue with contemporary healing practices is itself a Delicious Moment. This paper introduces Delicious Moments (DLM) as an integrative aesthetic orientation and meta-framework for healing and human flourishing, emerging from over a decade of collaborative clinical practice at the intersection of naturopathic medicine and cultural psychiatry. Rooted in Japanese aesthetic philosophy, including *amae* (relational belonging), *daigomi* (the essential flavour of experience), *kintsugi* (beauty through repair), and *ba* (relational field), DLM reframes healing not as the correction of what is broken, but as the remembering of what has always been whole. Six interconnected dimensions of aesthetic orientation are identified: Aesthetic Field, Aesthetic Holding, Aesthetic Sensing, Aesthetic Savouring, Aesthetic Integration, and Aesthetic Coherence. Building on these foundations, the paper explores DLM's cultural and philosophical roots, presents its experiential process model through the metaphor of the lotus and an eight-movement spiral, and situates the framework in dialogue with contemporary therapeutic approaches. A clinical illustration demonstrates how sustained aesthetic savouring may support the re-remembering of fragmented experience into lived coherence. DLM proposes that beauty is not something we create, but something we remember, shaped through time, suffering, and love, waiting to be savoured. In this orientation, healing becomes flourishing, and flourishing becomes celebration.

Keywords: Delicious Moments, Japanese aesthetics, aesthetic orientation

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Introduction

From correction to remembering, healing was born from love. Beauty, in its earliest Japanese sense, was also born from love, specifically, love toward fragile life. In ancient Japanese, the word for beautiful (*utsukushii*) referred not to elegance or perfection but to a tender affection toward what is small, delicate, and in need of protection, a sensibility that later came to signify beauty in its broader sense (Takashina, 1993, p. 206). Beauty thus emerged as a relational response, an awakening of love toward *inochi*, the living vitality that flows through all things.

For much of human history, healing and living were never separate experiences. Illness, loss, and transformation were understood as passages within a larger rhythm of meaning, held within family, community, nature, and spirit. In Japanese, *inochi* refers to life not merely as biological existence but as a dynamic relational vitality, an ongoing flow of breath (*iki*) and animating energy (*ki*) that situates human life within a wider field of interconnected beings and temporal cycles (Morioka, 1991). To live, in this sense, is to participate in a shared field rather than to stand as an isolated individual.

Modern medicine and psychology have produced extraordinary advances in understanding and alleviating suffering. However, specialisation has also brought fragmentation: patients are often treated as collections of symptoms, care is divided across services, and healing is sometimes reduced to measurable outcomes alone. Even within expanded frameworks such as the biopsychosocial model (Engel, 1977) and its spiritual extensions (Sulmasy, 2002), clinical practice often remains oriented toward the correction of pathology, toward fixing what is broken. This *correction paradigm*, while indispensable for many forms of acute distress, struggles to address suffering that is entangled with questions of meaning, identity, cultural belonging, and existential coherence (Deacon, 2013; Kleinman, 1988). Across psychology, medicine, and the social sciences, a growing body of scholarship has begun to reconsider the role of suffering itself, not merely as a condition to be eliminated, but as a potential site of meaning, growth, and transformation (Frankl, 1959/2006; Middleton, 2016; Tedeschi & Calhoun, 1996).

What remains underexplored within clinical discourse is the *aesthetic dimension* of human experience: the capacity to perceive beauty, to encounter meaning through form, and to sense oneself as part of a coherent, if imperfect, whole. This dimension is not decorative. Across cultures and throughout history, human beings have engaged in aesthetic practices, such as preparing food, arranging flowers, participating in rituals, not only for pleasure but as fundamental ways of making life intelligible and bearable (Dissanayake, 1995; Frank & Frank, 1993; Saito, 2007, 2020). The Japanese word *oishii* (美

味しい), conventionally translated as “delicious,” offers a related sensibility. Written with the characters for beauty (美) and flavour (味), the word invites an interpretive reading in which tasting becomes an aesthetic act, a way of perceiving beauty through the senses, in which attending to lived experience becomes itself a form of meaning-making. This reading, forms one of the conceptual seeds of DLM (Ishii & Lo, 2018).

The Delicious Moments (DLM) framework emerges from this sensibility. Rather than proposing a new therapeutic technique, DLM invites a fundamental shift in orientation: not “What is wrong, and how do we fix it?” but “What has always been whole, and how do we remember it?” This is not a shift in method but in the question we ask of human suffering, a movement from a *correction paradigm* toward a *coherence paradigm*.

The framework emerged through lived practice: through encounter with *kaiseki* (懐石), the Japanese culinary art in which each element is selected, prepared, and presented with care for seasonality, balance, and aesthetic harmony (Tanaka, 2024). Through this encounter, *oishii* gestures toward a moment of quiet coherence between self, world, and meaning (Ishii & Lo, 2018; Yanai & Lo, 2026). Developed at the intersection of integrative naturopathic medicine and cultural psychiatry, DLM reflects more than a decade of collaborative clinical practice grounded in embodied, culturally located, practitioner-based knowledge, drawing in part on autoethnographic reflection (Ellis & Bochner, 2000).

At the same time, DLM does not romanticise suffering or offer aesthetic experience as a bypass of genuine pain. Beauty, within this framework, includes the broken, the grieving, and the imperfect, a sensibility embodied in the Japanese art of *kintsugi*, in which fracture becomes not a flaw to be hidden but a site of deeper beauty. DLM proposes that healing unfolds in this spirit: not the erasure of what has been broken, but a patient tending of the life that was never entirely lost, through beauty, through time, and through presence.

This paper introduces DLM as an integrative aesthetic orientation and meta-framework, tracing its cultural foundations, theoretical architecture, and clinical application across the sections that follow.

Cultural and Philosophical Foundations: The Japanese Aesthetic Sensibility

This sensibility finds its cultural grounding in the written form of *oishii* (美味しい), composed of the characters for beauty (美) and flavour (味), and encapsulates a sensibility in which aesthetic perception and sensory experience are inseparable (Takahashi & Oi, 2004; Muto, 2002). To taste, in this understanding, is already to encounter beauty; to attend to experience

through the body is already a form of meaning-making. Its deepest expression is found in *daigomi* (醍醐味): originally a term from Buddhist scripture denoting the purest, most refined essence of milk, a metaphor for the highest teaching, and now used to describe the moment when one encounters the most essential quality of an experience. In DLM, *daigomi* names what becomes possible when suffering is held with sufficient patience and presence: the moment when experience reveals its deepest flavour.

This embodied aesthetic finds its relational ground in Doi Takeo's (1973) concept of *amae* (甘え): the longing to be held, received, and trusted within a caring relationship. Derived from *amai* (甘い, sweet), *amae* names the original aesthetic experience: the infant at the breast, held in warmth, tasting sweetness and safety simultaneously. Tohata (2012) deepens this insight, observing that in the preverbal relationship between mother and child, the infant already inhabits the aesthetic dimension: beauty is first experienced not through the eyes but through the body, through being received. The understanding that healing begins in being held runs as a quiet thread through the entirety of DLM. While *amae* describes the longing for interpersonal belonging, DLM extends this sensibility toward a broader existential awareness, a longing not only to be received by another person, but to be held within the interconnectedness of life itself.

Japanese aesthetics has long located beauty not in perfection but in impermanence, incompleteness, and the spaces between things. *Mono no aware* (物の哀れ), the bittersweet resonance of transience; *wabi-sabi* (侘寂), the beauty of the weathered, the asymmetrical, the humbly imperfect; and *aimai* (曖昧), the aesthetic embrace of ambiguity and indeterminacy, in which meaning remains fluid and open (Takahashi & Oi, 2004), together articulate a sensibility in which beauty arises precisely where clarity dissolves: in the spaces between things, in the gently held tension between separation and belonging. These sensibilities find embodied expression in *kintsugi* (金継ぎ), the tradition of repairing broken pottery with *urushi* and gold, in which rupture becomes integral to renewed wholeness (Keulemans, 2016).

These aesthetic principles were cultivated through the lived practice of daily life. Kaibara Ekiken's *Yōjōkun* (養生訓, 1713) presents *yōjō* (養生, nourishing life) as an art of living in which each daily act becomes an opportunity for attunement. Kaibara's foundational principle, *i wa jinjutsu nari* (医は仁術なり, medicine is an art of benevolence), grounds healing in *jin* (仁): compassionate attunement enacted within human relationships, a formulation that resonates with both naturopathic medicine's *vis medicatrix naturae*, the body's inherent capacity for self-healing (Snider & Zeff, 2019), and cultural psychiatry's emphasis on relational care (Frank & Frank, 1993; Kleinman, 1988).

These traditions converge in the concept of *ba* (場), rooted in Nishida Kitarō's philosophy of place as the relational field within which meaning

and selfhood arise (Nishida, 1921/1990). *Ba* is not a neutral container but a living, co-created atmosphere: the quality of the field itself shapes what becomes possible within it. In the Japanese tea ceremony, this understanding finds its highest expression. The *teishu* (亭主), the host, does not produce the guest's experience. Rather, the host attends to every condition of the field: the season's flower, the temperature of the water, the quality of silence. What arises within that held space belongs to the meeting itself.

In this sense, DLM is less a therapy than a *dō* (道), a Way of aesthetic cultivation in which practice, embodiment, and insight unfold together, as in *sadō* (the Way of tea) or *kadō* (the Way of flowers): not a destination but a direction of living. The practitioner within DLM inhabits this same orientation, less an agent of change than a *host*: one who tends the conditions with full attention, trusting that beauty, like life itself, will arise in its own time (Okakura, 1906; Tanaka, 2024). It is from this understanding that DLM's concept of the Aesthetic Field, developed in the following section, takes its form.

The DLM Framework: Six Dimensions of Aesthetic Orientation

At the heart of human distress, DLM proposes, lies not merely cognitive distortion or unresolved trauma, but a more fundamental disruption: a forgetting of beauty, resonant with the Platonic understanding of anamnesis, in which healing is not the acquisition of something new but the remembering of what the soul has always known. This forgetting is understood here not as a clinical deficit but as an adaptive response to overwhelming experience. In a world shaped by war, poverty, illness, and loss, the numbing of aesthetic perception has often been a survival strategy, a necessary narrowing of awareness that allowed life to continue when fuller feeling would have been unbearable. Medical systems, too, have been built in this spirit: out of love, out of the desire to protect and relieve suffering. These efforts have been essential. And yet something has remained incomplete.

This remembering is not a modern invention. Across cultures and throughout history, ritual has served precisely this function: not to create beauty, but to return people to an awareness of beauty and wholeness they had forgotten. Through shared embodied practice, ritual reminds people of who they truly are (Turner, 1969; Frank & Frank, 1993). What DLM proposes is not that suffering is beautiful, but that the way we meet it can be. Suffering itself carries no intrinsic value and is not to be glorified (Gularte, 2023); rather, it is the orientation of compassionate presence, the courage to remain, to witness, to hold, that transforms its meaning. This is the work of *remembering beauty*: not adding beauty to life, but the gradual restoration of the capacity to perceive the beauty that was always present, a profound act

of hospitality toward life's inherent vulnerability, in which even discord and suffering are embraced as indispensable threads of a coherent whole.

As compassion flows naturally from this restored perception, what emerges is what Kamiya (1966) described as *ikigai*, not happiness in any simple sense, but the quiet, recurring revelation that life, in all its complexity and imperfection, is fundamentally worth living (Frank & Frank, 1993; Antonovsky, 1987). In DLM, meaning is not pursued but received, not constructed through effort, but recognised through presence.

DLM identifies six interrelated dimensions through which this orientation is cultivated in practice.

Aesthetic Field

Drawing on the concept of *ba* introduced in the preceding section, the therapeutic space is understood not as a neutral container but as a living, co-created relational atmosphere whose quality is itself a healing factor. Resonating with Stern's (2004) notion of the intersubjective field, the Aesthetic Field describes the shared space of warmth, safety, and vitality within which experience can be perceived, held, and allowed to unfold.

Aesthetic Holding

The practitioner's fundamental stance is one of compassionate, non-interpretive receptivity, receiving the client's experience without premature interpretation or intervention. Central to this orientation is witnessing: the capacity to remain fully present with another's experience, bearing it without judgment or the urgency to resolve (Frank, 1995). This resonates with the quality of presence implied by *amae*, a trustworthy relational field into which one may safely surrender, and with Winnicott's (1971) holding environment as the precondition for genuine unfolding.

Aesthetic Sensing

Healing in DLM begins with a deliberate return from conceptual elaboration to somatic ground, through the body, not away from it. Aesthetic Sensing involves fine-grained attention to the full range of sensory experience: taste, scent, sound, touch, and sight become pathways through which the body remembers its own coherence. This resonates with what Gendlin (1981) termed the felt sense: a pre-conceptual, embodied knowing that precedes and exceeds language, allowing the body itself to become a site of meaning-making.

Aesthetic Savouring

Savouring refers to the deliberate act of dwelling with experience, a willingness to remain long enough for its fuller dimensions to reveal

themselves, rather than moving rapidly toward interpretation or resolution. Drawing on Bryant and Veroff's (2007) model, DLM extends the concept beyond positive experience to encompass the aesthetic appreciation of all experiential qualities, including those found in grief, vulnerability, and imperfection. To savour in this sense is to attend until *daigomi*, the most essential flavour of experience, gradually discloses itself.

Aesthetic Integration

Sustained aesthetic attention gradually renders visible the patterns and connections latent within a person's experience, drawing together the biological, psychological, social, and spiritual dimensions of being into a felt sense of unity. Resonating with Dewey's (1934) account of aesthetic experience as the achievement of unity within diversity, integration in DLM is not imposed through interpretation but emerges through perception: the BPSS dimensions of experience quietly cohering into a recognisable, meaningful whole.

Aesthetic Coherence

Aesthetic coherence is not merely the recognition that beauty can emerge from suffering. The widely attributed Rumi line, "The wound is the place where the Light enters you," poetically evokes this threshold. DLM proposes something further: a sharpening of perception in which both the wound and the light, the darkness and the tenderness it has cultivated, all become perceivable as part of a coherent, lovable whole. This is the integration of opposites that the Taoist symbol of yin-yang embodies: not the elimination of darkness, but its recognition as inseparable from light, each containing the seed of the other. In this moment, the longing named by *amae*, to be held, to belong, and to surrender into something trustworthy, is finally met: not by another person alone, but by life itself, within what East Asian philosophy understands as oneness, a harmonious interconnection in which the boundaries between self and world, wound and wholeness, gently dissolve (Ivanhoe, 2017). Consistent with Keyes' (2002) understanding of flourishing as integrated emotional, psychological, and social well-being, this is not a permanent achievement but a recurring revelation. This is *inochi* remembered. This is the Delicious Moment.

These six dimensions do not constitute a linear protocol but describe a single aesthetic orientation that practitioners cultivate, and clients gradually internalise, forming the foundation for the experiential process described in the following section.

The DLM Process: An Experiential Spiral

DLM understands healing not as a problem to be solved but as a process to be lived: an unfolding rather than a fixing. The central metaphor is that

of a flower: a flower does not bloom through effort or force; it opens when the conditions of light, soil, and moisture are sufficient. Similarly, DLM does not engineer transformation but cultivates the conditions within which coherence may naturally arise. The practitioner does not produce the bloom, nor claim to be the one who has tended the soil; the deeper tending has always been carried by the person themselves. The practitioner's role is simply to witness: to ask, with gentle curiosity, *what do you notice? What are you feeling?* Through that witnessing, the practitioner creates the space in which the person may gradually recognise what they have always been doing. This orientation resonates with Kawai's (1996) distinction between *suru* (doing) and *naru* (becoming), a fundamental difference in how change is understood and invited.

Like the lotus (as evoked in the phrase "no mud, no lotus"), whose roots grow in mud yet remain pure white, drawing nourishment from the very darkness in which they are embedded (Hanh, 2014), the person's flowering is sustained by everything that has shaped them: their personal history, their family lineage, their cultural inheritance, and the wider ecological and cosmological cycles of which they are part. The practitioner simply bears witness to an unfolding that was always already underway, held within this vast, interconnected field of *inochi*.

This unfolding moves through eight experiential movements, organised within a spiral rather than a linear sequence. Each cycle deepens rather than merely repeats: *Explore* sensations with curiosity; *Enter* symbolic space with creativity; *Engage* emotions with courage; *Embrace* narratives with compassion; *Express* insights with clarity; *Embody* understanding with consistency; *Enliven* coherence with confidence; and *Evolve* into a new spiral.

These movements are not stages to be completed but dimensions of a living process. Through this unfolding, the resolution of awareness gradually increases: what initially appeared as an empty or undefined field of experience begins to reveal something unexpected: a flower starts to emerge. Importantly, this flower is not something newly created. It was always present, waiting to be perceived. At a certain moment, one realises: *it was I who had been blooming this beautiful flower of life all along*. DLM is not about constructing a *Delicious Life* from scratch; it is about remembering the flower that has always been blooming within it (Ishii, 2015; Yanai & Lo, 2026).

Dialogical Positioning: DLM Among Contemporary Therapeutic Frameworks

DLM does not position itself against existing therapeutic traditions but alongside them, as a complementary orientation that foregrounds what

many approaches presuppose but rarely name: the aesthetic dimension of healing. Frank and Frank (1993) identified four common factors underlying all effective healing: a confiding relationship, a healing setting, a shared rationale, and active participation. DLM honours each of these, yet reframes them within a coherence paradigm that privileges beauty, sensory attunement, and the remembering of wholeness over symptom correction.

Where CBT asks, “Is this thought accurate?” and ACT asks, “Can you accept this?”, DLM asks, “What beauty is already blooming within you? And what do you remember, as you savour it?” This marks a shift from correction and acceptance toward aesthetic curiosity and remembering (Beck, 1976; Hayes et al., 1999). MBCT and DBT share DLM’s recognition that non-judgemental presence and the capacity to hold contradiction are therapeutic (Segal et al., 2013; Linehan, 1993); yet, where both anchor attention primarily in the present moment as a technique, DLM embraces a wider temporal field: past, present, and future held together within a single aesthetic orientation. Trauma-focused approaches share with DLM an insistence that healing is embodied (Levine, 1997; Porges, 2011); yet where they aim at processing and resolution, DLM moves toward re-remembering: the restoration of fragmented experience into a living aesthetic whole, in which rupture becomes, in the spirit of *kintsugi*, a site of deeper beauty (Tedeschi & Calhoun, 1996).

Among contemporary models, IFS (Schwartz, 1995) stands closest to DLM: both presuppose inherent wholeness and adopt a non-pathologising stance. Yet IFS remains intrapsychic. DLM locates healing in a wider ecology, the aesthetic field shared between persons, cultural rituals, and the sensory world that precedes language. Drawing on *aimai*, DLM allows boundaries to soften rather than clarify, revealing that what appeared separate was always part of one’s wholeness. Finally, Morita therapy’s *arugamama* and Naikan’s relational gratitude resonate with DLM’s non-corrective stance, extended here through aesthetic sensing and the remembering of beauty (Morita, 1928/1998; Yoshimoto, 1981).

Table 1: Dialogical Positioning of DLM in Relation to Selected Psychotherapeutic Frameworks

Framework	Shared Ground	Key Divergence	DLM Orientation
CBT (Beck, 1976)	Meaning-making	Cognitive correction	Aesthetic curiosity over correction
ACT (Hayes et al., 1999)	Non-corrective stance	Intrapsychic; skills-based	Relational-aesthetic field; beauty as remembering
MBCT / DBT (Segal et al., 2013; Linehan, 1993)	Non-judgemental presence; holding contradiction	Present-moment focus; skills-based	Wider temporal field; contemplative attention as a way of being

Framework	Shared Ground	Key Divergence	DLM Orientation
Trauma-focused (Levine, 1997; Porges, 2011)	Embodied healing	Processing and regulation	Re-membering; <i>kintsugi</i> ; beauty of becoming
IFS (Schwartz, 1995)	Inherent wholeness	Intrapsychic unblending	Relational unfolding through <i>aimai</i> ; remembering wholeness
Morita / Naikan (Morita, 1928/1998; Yoshimoto, 1981)	Acceptance; relational gratitude	Structured therapeutic practices	Aesthetic sensing; remembering beauty

Note. The table illustrates how DLM functions as a meta-framework that recognises and aesthetically integrates diverse therapeutic orientations rather than replacing them.

A Clinical Illustration: The DLM Process in Practice

The following vignette illustrates how the DLM process may unfold within a therapeutic encounter. It is offered not as outcome data but as a model-illustrating narrative rendering the framework’s movements visible in practice. Details have been modified to protect confidentiality, and informed consent was obtained.

Maria, a woman in her late fifties, sought integrative support following a recurrence of breast cancer. Beneath her composed demeanour lay a deeper anguish: the early loss of her mother in childhood had left her with a persistent sense of abandonment. Rather than approaching her diagnosis as a crisis to be managed, the practitioner offered an unexpected orientation: “*Congratulations.*” This was not a denial of her suffering, but a recognition that this moment might also be an invitation, a meaningful message from body and soul, and an opportunity to reclaim authorship of her own life.

Each session began with a shared ritual: practitioner and client drinking herbal tea together, with *Maria* selecting her blend by scent and instinct alone. This simple act carried symbolic weight: here was a space in which her instincts could be trusted, in which she was not a patient receiving treatment but a person making choices. The room itself was carefully prepared with soft light, plants, aroma, music, a singing bowl, communicating, before any words, “*You are safe here.*” Throughout her care, DLM was woven into a broader integrative approach: collaboration with her oncologist and the steadfast support of her husband, alongside nutritional and nutraceutical support, moxibustion, and bodywork, each element contributing to the restoration of physiological safety and trust in her own body.

As chemotherapy began, Maria's body grew cold and exhausted. She was gripped by fear: of death, of loss, of disappearing. Before her hair fell, she gathered her closest friends and shaved her head together with them: a ritual of grief held in love, transforming anticipated loss into a shared ceremony. This was *kintsugi* in living form: not hiding the fracture but honouring it, surrounded by witnesses.

In sessions, fear was first approached through aesthetic sensing: *Where do you feel this in your body?* A tightness, a heaviness, a cold compression in the chest. Rather than interpreting these sensations, the practitioner guided Maria into them through savouring: *What colour is it? What texture? What shape?* Gradually, the sensation shifted into symbolic form. "It's like a dark cloud," she said quietly. Guided further: *what do you see within it?* A small girl emerged, frightened and angry. Through patient dialogue with this inner child, the unfinished story of her mother's death began, for the first time, to reveal its full shape: not abandonment, but shared grief. Not rejection, but love interrupted by illness.

In one session, breathing slowed, and tears fell softly. "I feel like my mother is hugging me." The cloud did not disappear; it gradually thinned into morning mist. Maria began meditating, returning daily to her inner child, finding this continuous with her prayer practice. Supported by her husband and wider community, she retired early, shared her journey through a blog, and received an outpouring of love from friends and readers. She began preparing meals and walking in nature with new attentiveness.

Within DLM, these are Delicious Moments: the remembering of a beauty that was always present. Maria had not been abandoned. She had always been loved. Cancer did not define her life. It gave her an opportunity to find herself again, to remember how beautiful she had always been, and in remembering, to become the hero of her own story.

Discussion

DLM offers practitioners not a new set of techniques but a reorientation of attention: from correction toward witnessing, from fixing toward tending the conditions in which beauty may arise. As Maria's vignette illustrates, transformation emerged not through interpretation but through the cultivation of presence. For clinicians already working with embodied or meaning-oriented approaches, DLM provides a conceptual language for what they may already sense: that beauty, sensory attunement, and cultural form are not peripheral to healing but integral to it. The framework is readily combinable with existing modalities, may enhance resilience, and may support lifestyle integration, inviting clients to become active participants in their own flourishing.

In educational contexts, DLM addresses a significant gap: professional training in psychology and counselling rarely engages the aesthetic, sensory, and symbolic dimensions of therapeutic encounter. Cultivating aesthetic attention, including learning to hold ambiguity, to witness without urgency, and to remain present with symbolic meaning, constitutes an essential yet neglected dimension of clinical competence. DLM's experiential, embodied approach lends itself naturally to group workshops, community settings, and multicultural education, where meaning-making does not always follow the grammar of Western psychological discourse.

Implications

Beyond the clinical, DLM carries implications for communities, leadership, and collective wellbeing. In contexts of fragmentation and disconnection, the recovery of everyday aesthetic practices, such as shared meals, seasonal rituals, and communal savouring, may offer a quiet but significant pathway toward renewed coherence and mutual respect across differences.

Several limitations warrant acknowledgement. DLM is presented here as a theoretical and philosophical contribution rather than an empirically validated model; the clinical vignette illustrates the framework's movements but does not constitute outcome evidence. The complexity of DLM's integrative approach, spanning sensory, relational, cultural, and spiritual dimensions, presents challenges for conventional measurement; what shifts may be less a discrete variable than a quality of perception and presence.

Future inquiry might attend less to measurement than to witnessing, gathering the lived testimonies of those who have encountered Delicious Moments, allowing their own words to bear witness to what shifts when beauty is remembered. In this spirit, research itself becomes a form of celebration: a sharing of stories, an honouring of each person's unique unfolding, and a cherishing of the flowers that have always been blooming.

Future directions include community-based applications such as *Delicious Moments Dining* (DLMD), in which aesthetic savouring through shared meals becomes a pathway to compassion and collective flourishing (Yanai & Lo, in press). DLM's resonances with healing philosophies across cultures, including the Navajo understanding of *Hózhó* (Witherspoon, 1977), the Indian aesthetic concept of *Rasa* (Higgins, 2007), and the folk wisdom of Yanagita Kunio, suggest rich directions for future cross-cultural inquiry.

Conclusion

DLM is, ultimately, less a therapy than a *dō* (道), a Way: the ancient Japanese understanding that practice, beauty, and presence are not means to an end, but the very texture of a life well-lived. Healing is not the correction

of what is broken, but the remembering of who we are: a coming home to the wholeness that was never entirely lost, and to the beauty that has always been present. This beauty is cultivated and matured through every experience of life, fermented by time, by suffering, and by love, waiting to be savoured.

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