

Instinctual energy as a guide for spiritual growth
An Van Hauwermeiren

Being women, in analysis, we often work with instinctual feminine sexual energy at a symbolic level: Through the work with our psyche, we bring the instinctual energy of nature to consciousness; we transform instinctual energy into spiritual energy.

In the first part of this paper, starting from my personal experience (bodywork and dreams), I will point out that working with sexual energy in a concrete way in our concrete feminine body is able to open our body cells, allowing us to dive into the empty space of matter (nature); into soul itself, thus guiding us into spiritual depths, into our creativity and into personal growth.

In the second part of this paper, I leave the personal experience in order to make room for a more scientific point of view that will help us to understand the spiritual nature of working with instinctual sexual energy and with the body. I will argue that the laws quantum physicists discover at the subatomic level reflect experiences well known from our own inner work. This seems to suggest that material processes are analogous to psychological processes; that both are reflections of Eternal Soul.

The Marginalization of African Indigenous Healing Traditions within Euro-Western Medicine
Ingrid Waldron

In examining the production of knowledge in the mental health system in Western and non-Western societies, this paper argues that scientific knowledge in Western medicine and psychiatry serves to foster and sustain the marginalization of “indigenous” health knowledges in culturally diverse communities and societies in North America and globally. This paper examines indigenous conceptualizations of mental illness, symptom presentation and help seeking by focusing specifically on African indigenous health knowledge in Western and non-Western societies. In addition to challenging presumptions about an inherent dichotomy between Western medicine and indigenous health systems, the paper suggests that the failure to forge an alliance between these two health systems rests on an inability or unwillingness on both sides to reconcile and resolve what is often perceived as contradictory health ideologies.

Birthing Hope for the Future: Dealing with Environmental Overload
Marilyn Daniels

With the report of the Intergovernmental Panel on Climate Change and Al Gore's Inconvenient Truth environmental emotional overload is a new and serious reality. For years, Deep Ecologists such as Joanna Macy have been warning that the greatest danger to a sustainable future is collective denial of these threats. And yet, as public consciousness grows, so do the negative consequences of anxiety, grief and despair. But as Matthew Fox has observed, this collective dark night of the soul is place of gestation and birth. In this workshop we will explore the fine line between hope and hopelessness, and consider what strategies for processing environmental grief can support empowered action and hope for the planet.

***Incorporating Auricular Acupuncture in Conventional Addiction and Mental Health
Treatment Programs to Achieve Best Treatment Outcomes***
Roxana Roumencheva, Christine Coubasson Kimberly Murdoch

Thirty years of research and practice have validated the use of Auricular Acupuncture as an adjunctive therapy in addiction and mental health treatment settings in western culture. Acupuncture is a modality from the ancient healing system of China. Major treatment centres and hospitals across North America, Europe, Asia, and Australia have incorporated this modality. In this workshop, four clinicians will present theory, research and current applications of “AcuDetox” (the 5-point auricular acupuncture protocol. Presenters will demonstrate the administration of needles, tacks and beads on each other.

Introduction to Body-Soul Writing
Ursula Carsen

This workshop will offer participants an opportunity to explore the body-soul connection through bringing inner dialogue to conscious expression. Deep relaxation, guided meditation, music, and writing on the theme of a dream or a meaningful symbol will help us discover how body and mind can affect one another in the creative process. We gain insight into how the images that live within us can deepen and vitalize our writing, and how focused writing can help us mine the riches of the unconscious. Participants are invited to bring a dream or dream symbol that speaks to them. Based on the teachings of Dr. C.G. Jung and Dr. Marion Woodman, Body-Soul Writing was originally conceived by Marlene Schiwy Ph.D. As a team, Marlene and Ursula Carsen have been leading Body-Soul Writing courses internationally since 2004.

Working With Symbol and Symptom in the Body
Rosalynne Clements & Wendy Golden-Levitt

The purpose of this workshop is to share some of the profound and healing traditions of BodySoul Rhythms taught by Marion Woodman, Mary Hamilton and Ann Skinner. The belief is that psyche and soma are inseparable and must be worked on together to become more conscious, as well as to honor the positive feminine in our bodies and the positive masculine in our creative pursuits. Understanding symbols and working with body symptoms is one way to bring consciousness to the body. The program begins with a lecture/discussion section on what symbols are, where they come from and how to work with them. We then discuss symptoms in the body and how they are related to our healing, with emphasis on valuing the language of the body. We will explore how to track and what might be causing a symptom and how to interpret the message the body is trying to bring to consciousness. There will be a demonstration and exercises of how to work with symbols and symptoms in the body. At this time, each person will be asked to pair with a partner or join a group of three, so that each participant is contained and supported while making the journey inward. The session will end with an opportunity for sharing with each of the partners. Revealing our deepest treasures, through symbol and symptom in the body, offers each human being the opportunity for inner peace, creativity, and expression of living the sacred in the everyday world.

***Self-Image and Psychological Problems:
Jung's Viewpoints of Self in Counselling***
Azarmidokht Rezaei

Self is the center of our psychology and the midpoint of our personality. Self is what unites and synthesizes the personality and brings balance and integrator. As Jung believed “self is the most important archetype for totality of personality, conscious and unconscious that embodies the harmony and balance of the elements of the psyche. Individuals perceive different aspects of themselves at different times with varying degrees of clarity, thus self-image is how we perceive ourselves in everyday life. Faulty thinking patterns such as negative self-image create negative interpretations of one’s self which leads to different mental and psychological illnesses. This study explains the negative and distorted self-image of individuals which leads to many mental disturbances in daily life. The results of study sheds light on Jung’s perspectives of self and enhancing positive self-image among patients with psychological problems in a small clinic in Shiraz province. Implications show the inner focusing is a valuable tool for counseling which can be searched in one’s positive or negative self-image that results in the person’s behavior and his/her psychological problems.

The Attitudes of Graduate Students/Trainee Counsellors Towards Clients with Disabilities
Isaac Stein

I conducted original research focusing on counsellors’ preconceptions and attitudes towards clients with physical disabilities . I designed a questionnaire asking respondents to describe their conceptions of different kinds of physical disabilities and the emotional effects they believe these disabilities might have on prospective clients. The questionnaire included both qualitative and quantitative elements. Respondents were also asked to outline their level of awareness regarding current research on disability relevant to the counselling field (eg. the social model of disability). The questionnaire was distributed to a large number of graduate counselling students.

Working with Image in the Body
Judith Harris

New groundbreaking research in neuroscience informs us that the memories we carry from as far back as in utero form the biological and psychological imprints that shape the rest of our lives. Furthermore, these “markers,” so to speak, have a profound impact on our immune system, the significance of which we are just beginning to understand in the twenty-first century. The implications of this are tremendous. Carl Jung was one of the first to ponder the question of the connections between the psyche and the body but as he wrote several times, he did not have the advantage of the knowledge of neurobiology, neuroscience, and psychosomatic medicine that we have today. What Jung did have, however, was the knowledge that the symbol serves as the connector between psyche and soma. In deepening our work with symbol/symptom in the body, we will continue our exploration of “presence,” the experience which takes us to the depths of our beings and to that place of preverbal cellular memory where it may very well be possible to influence the physiological and psychological processes and change our way of being in the world, not only from the personal but from the archetypal level as well, the place where genuine healing may take place. Please wear comfortable clothing and bring a blanket.

Bioenergetic Kinesiology: A Form of Energy Healing
Maureen Smith

Bioenergetic Kinesiology is a form of energy healing that has its roots in Traditional Chinese Medicine and in psychotherapy. The body effectively runs the many complex systems, and orchestrates the successful functioning of the energy pathways that enable its smooth operation. However, sometimes blockages can occur in the body and the systems that may result from physical injury, or from thoughts, feelings and emotions. These blockages can impede the smooth flow of energy to and from the organs and the trillion of cells within the body. Muscle testing enables access to the body's healing needs to determine the organs that are blocked, which acupuncture points need holding to relieve the blockages, and what thoughts or feelings may be challenging the body at that time. In this presentation I will discuss two cases. The first vignette looks at a client who presented severe anxiety and stress due to domestic issues. We were able to find ways to deal with both her situation and her health complaints. The second case explores a child client who has developmental delay challenges and exhibits severe outbursts of unsuitable behavior while in school. At this time we are working towards releasing some of his anger. In both cases individualized corrections were called for that required holding acupuncture points, thinking necessary thoughts and feelings, and holding magnets on specific points of the body.

THE DANCE OF THREE: A Team Approach to Working with Addictions

Linda I. Kawer & Sil Reynolds

There are multiple references in the medical literature supporting a team approach as the most effective treatment for addictions. On a team, all members work closely to create and model an environment for the client that provides safety, containment, reflection and unconditional care. Whether the addiction is to alcohol, food or other substances, healing becomes possible when one can receive the necessary antidote, what Dr. Marion Woodman refers to as presence: focused and loving attention. This workshop will give an opportunity for one to deepen and to integrate their experience of "The Dance of Three". Participants will also learn how to apply this experience to their clinical work. The "dancer" or client role, as well as the professional roles of "mirror" and "container", will be defined from a clinical perspective. Any member of a professional team--- nurse, psychotherapist, social worker, counselor, psychologist, physician, teacher, advisor, mentor or parent--- will find this presentation useful for their work.

Body speaks about human being
Véronique Dufour

In clinical practice, the child is often induced to draw human figures. This type of drawing provides information about psychic construction based upon the child's mental representation of the body. The research "Copsyenfant" relating to identities construction is made up of a sample of 1100 Russian and French children aged from 3 to 15 years. It enables the standardization of a grid to analyze these human figure drawings (the so-called "Dessin de Bonhomme"), using Sphinx software. In relation to psychotherapeutic interventions, we try to see how the interpretation of a standardized classification grid can assist the therapist in their clinical interpretation of the body image the child has of himself. This focus of research appears to us to be all the more important given the increasing frequency of body-related aggressions (physical

aggression even in young children, self-harm and anorexia...). We put into perspective the cultural differences between Russian children (coming from a more traditional society) and French children (coming from a more liberal society). In addition, this is an educational tool for teaching psychology as well as a working instrument for clinicians and researchers. The analysis of this research has been organized as a collaboration between researchers in clinical psychology (in the fields of psychoanalysis and psychopathology) and researchers in social psychology and is supported by National Research Agency (Agence Nationale de la Recherche) in France.

The Metaphorical Body

Ross Woodman

The Metaphorical Body is the body less as in itself it physically is than the body transformed as the way we emotionally, mentally, and spiritually inhabit it. In this sense the body is forever in process, on file "as the mirroring of various psychic states." It is the embodiment of the soul by which the soul as image is experientially known. In the largest sense the metaphorical body is the body of art.

Yogic psychology

Amrita Narayanan

India's yoga-psychology tradition carries rich theoretical concepts that could be very valuable for clinicians who seek to work integratively. Amrita Narayanan's presentation will describe one such concept: the 5-Kosha (layer) model of the Self. With its emphasis on the various layers of awareness that make up a complete sense of Self, the 5-Kosha model offers a comprehensive framework of the mind-body that has significant potential for application in clinical practice. Integrating this model into clinical practice requires challenging western notions of "self" and "body". By restricting empirical research on yoga to health applications of yoga techniques, modern researchers have avoided these challenging questions, keeping the study of yoga at the level of potentially importable techniques rather than a complete orientation to the soma-psyche that has a place in the overall history of psychology. Amrita's presentation suggests that studying the theories of yogic psychology are essential to exploring the therapeutic aspects of this traditional modality in a culturally competent manner.

Workshop on Qigong and Mental Health

Ted Lo

Qigong is a part of the healing traditions of Traditional Chinese Medicine. This interactive workshop will present its historical and philosophical context along with a discussion of its scientific evidence. Video clips and an experiential component will be included.

Voice Workshop

Rea Nolan

Voicework is the practice of experiencing one's own voice – sounding, speaking and/or singing in exploratory, creative and therapeutic environments. The work builds on relaxation, breathing and movement practice. Voicework is a modality in the exploration, transformation, and healing of unconsciously held energy as practiced in BodySoul Rhythms work. It is a means of deepening relationship with oneself and others. The aim of the work is to connect bodily energy and consciousness; to explore our physical, emotional, psychological and spiritual selves, and ultimately to share this inner state-of-being with our environment. To “voice” is to be. Typical voicework sessions include:

- Gentle movement work to connect with bodily energy.
- Deep relaxation to encourage release of tension.
- Exercises in forming sounds and words.
- Free “play” to allow energy to build and speak.
- An opportunity to express fears, worries or blocks in a supportive and respectful environment. During studio work, trapped energy can be guided and shifted into constructive expression.

Such a workshop can conclude with a discussion of participants' vocal challenges with respect to speaking (or singing), throat chakra issues, difficulties in communicating, relating or expressing oneself, and finding one's voice.

Minopimaatisiwin Ojibway for Healthy Way of Life: Aboriginal research method that induces healing of relationships and ways to balance governance

Eileen Antone and Rebecca Hagey

This is a presentation of the results of an envisioning project concerning education programming to graduate mental health Nurse Practitioners (NPs) who can work accountably within Aboriginal programs. The Ontario Institute for Studies in Education, the Faculty of Nursing, the Transitional Year Program and First Nations House at the University of Toronto collaborated with the Centre for Addiction and Mental Health's Aboriginal Services. Aboriginal sharing circles consistent with Minopimaatisiwin-- Ojibway for *Healthy Way of Life*-- are an Aboriginal research method that induces healing of relationships and ways to balance governance. They make transparency, build consensus and bring about change in a good way. The study is timely because Nurse Practitioner education is undergoing reform and there is a window of opportunity for new master's level NP. The NP role is potentially valuable to urban, rural and remote Aboriginal communities especially if Aboriginal nurses can be groomed in this career trajectory. The values and practices of Minopimaatisiwin were manifest both in the study method of sharing circles with elders and dialogue with nursing education stakeholders so now nursing education partnerships with Aboriginal peoples are progressing.

Recommendations to various governing bodies will be outlined as will elaboration on the educational framework offered by Minopimaatisiwin and the features of envisioned new programs.

Unbodies of Water: Semitaikalatahe - The Sweet Healing Family Life

M. Christine L. Provost & Machiste' Washinabana Quintana

Taíno (people) discovered Columbus in Cuba in 1492. The Indigenous Era came to an end and about 9 months later, the first European-mixed babies were born in the MesoAmericas. Over the next 150 or so years, the Taino and their (our) relatives in the region were extincted along with their teaching stories for Family Health. In this Learning Circle. Indigenous tradition tells us that mythtelling is truthtelling, the landscape of the mind. Taino mythologies also tell us the 'mind' is *bibiti:bitiro* - three-and-one: physical, psychical and metaphysical beings who each reflect the composite psychological being in a cosmic family where myth is given to the land for keeping. The closest analogy to Taíno Teachings is the case of displaced persons and diasporic communities. What are the aspatial and atemporal aspects of linguistic and cultural identity? Is the Taíno "I-and-I-and-Environment self-percept" limited by our geographic location? Or by the era in which we live? If we pursue the spirit to different landscapes, can we transmit them to our children? Is Indigenous memory carried differently in differing bodies? If we are extincted can the Traditional Teachings be relevant? What kinds Indigenous Medical Humanities and Pluralisms are required address the symptoms and effects of orphaning, abandonment, woundedness, disembodiment, zombification, extinction, and invalidation by dominant fantasies? Taino mythologies provide a beginning for revitalizing Unbodies of Water through the "Sweet Healing Life" of Family Health and Wholeness.

Hungry for the Mother

Priscilla Reynolds

With the publication in 1980 of her first book, *The Owl was a Baker's Daughter*, Jungian analyst Marion Woodman put forth a groundbreaking theory to explain the rise in eating disorders in North America. Woodman described how the Repressed Feminine in our patriarchal culture expresses itself through the symptoms of eating disorders. For the next twenty-five years, Woodman further developed her understanding of the wisdom of the body and the soul. This presentation will give participants insight into how to put Woodman's theories into practice. A common clinical approach to eating disorders addresses cognitive, emotional, nutritional and medical aspects. With a Jungian approach to eating disorders, the symbolic and spiritual language of an eating disorder can also be explored. What does it mean to be hungry for the archetypal Mother? How do our clients project Her power---both positive and negative---onto food, onto themselves, their bodies and others? How can we help our clients to translate the language of their symptoms, so that the *purpose of the eating disorder* is addressed? We will know that we have helped them when they can redefine their hunger and it can be properly fed with patience, love and true nourishment.

My Present Body: A Sensorimotor Approach to Group Work

Nancy Christie and Janice Meilach

Dr. Pat Ogden, founder of the Sensorimotor Psychotherapy Institute, developed Sensorimotor Psychotherapy. Sensorimotor Psychotherapy is a mind/ body approach to clinical psychotherapy practice that is informed by contemporary research, neuroscience, attachment theory and related fields. Sensorimotor Psychotherapy addresses issues resulting from both trauma and development. For the purposes of this workshop we will focus specifically on working with trauma. People who have been traumatized continue to hold the trauma in their bodies and often feel as if they are still in the experience of the trauma. It is therefore important to work with the body in a way that counteracts these symptoms through the introduction of somatic resources and the practice of mindfulness. Through short term structured group work participants successfully reconnect with their 'Present Body' and gain relief from trauma symptoms. Nancy Christie and Janice Meilach will give a workshop of a sample group session while presenting an overview of their clinical methods. While structure provides safety and predictability, group members of 'My Present Body' are encouraged to participate at their own level of comfort by following their own internal signals as a guide. Workshop attendees will also be encouraged to use the principals of mindfulness for their own participation.

Counselling with South Asians in the UK: different perspectives on traditional beliefs and practices

Sharan Virdee

(POSTER PRESENTATION)

This review addresses the challenges of working therapeutically with South Asian clients. The primary focus is on client's beliefs in religion and the supernatural as a way to make sense of their presenting problems. Broader challenges are also discussed. Examination of the Eastern and Western cultures revealed that the model of man within each is quite different. The similarities and differences between the conceptualisation of mental health problems and appropriate treatments are then discussed in the context of religious (Islam, Sikhism and Hinduism), and supernatural beliefs (jinni, black magic, nazar). As the profession of Counselling Psychology is premised on therapeutic work being entrenched in psychological theory, attempts are made to find ways in which practitioners are able to do this effectively. The possibility of ethnic and/or religious matching is discussed, followed by working alongside traditional healers. Traditional practices are then discussed in terms of a) self concept and identity, b) defence mechanisms, c) conditions of worth and locus of evaluation. These explanations provide practitioners with alternative ways of working with traditional beliefs, and potentially reduce the risk of incorrectly pathologising these thoughts and behaviours. Recommendations on areas for further research are also made throughout with a view gain a better understanding of the South Asian population and appropriate treatments.

Issues in counseling HIV/AIDS patients

**Venkatesaperumal Ramesh; Rajan Ananthakumari; Rajan Sakunthala; Zachariah Anand
(POSTER PRESENTATION)**

Introduction: With startling suddenness the Human Immunodeficiency virus (HIV) pandemic ripped the surface veneer exposing the ugly realities, weaknesses and prejudices in the entire social structure.

Methodology: This study was conducted among clients with HIV/AIDS. Totally 60 clients were interviewed. The effects of the disease on their minds were recorded as verbatim. Counseling in the form of information giving and emotional support was provided to clients during the same time.

Results: The result of this study showed that all of them expressed negative feelings such as guilt, rejection, fear of death, fatalism, hopelessness, and the fear of stigmatization. The study also showed that there is a great need for counseling among these patients. The major areas of counseling are pre and post test counseling, emotional support during the initial period after the diagnosis is made, during the disclosure of the diagnosis to the significant members in their family and during a crisis in the physical health status.

Discussion and Implications: Medical field considers HIV/AIDS as primarily a physical disease but it is a foremost a psychological disease predominated by negative feelings and fear of death. The psychological aspects of the disease are not created by the virus but by the medical system, the media and the public. Counseling patients on an individual basis buffers the negative feelings created by the media and public. Patients with HIV/AIDS almost always look at health care workers as a source of counseling

Facilitation of Group using Fairy Tales

Lourdes F. Brache-Tabar

In private practice, and at a college counseling setting, I have witnessed how clients effectively use visual art, poetry, movement, and sound in the therapeutic process. I have facilitated groups using fairy tales, writing, and movement. The exaggerated characters of fairy tales served to engage the group members in exploring their own dark side. By befriending the unpleasant sides, the group participants gained more self acceptance. Particularly, the experience in the fairy tale group helped clients to learn to self-soothe, set boundaries, and reduce dysfunctional attitudes in relationships.

Qigong and Mental Health Workshop

Ted Lo

Along with herbal medicine, acupuncture and tuina (Chinese massage), Qigong is a part of the healing traditions of Traditional Chinese Medicine. It means 'working with Qi (the vital force in all living organisms). This 'meditative exercise' combines breath work, physical movements with certain mental exercise. Its history dates back to 3,000BC, and many schools of qigong has developed. Aside from health maintenance, it is used as a therapeutic modality by practitioners, who treat by remote as well as hands-on methods. This interactive workshop will present its historical and philosophical context along with a discussion of its scientific evidence. Video clips and an experiential component will be included. However, it is to be noted that, despite his avid interest, Ted Lo is not a qigong practitioner.

Dialogues with the Body in Clinical Practice against a background of cultural stereotypes and frustrations

Gella Richards

This paper describes clinical work with a mixed race young woman who perceived herself to be culturally Black British. At times this client displayed violent behaviour to express her dissatisfaction with issues about her life and her children's life that was outside of her control. She was very angry with child care system that had 'robbed' her of 2 children and were waiting in the wings for her to deliver her new born 'from her womb straight into their 'care' (client's words). She had also been violent towards the therapist. Her past aggressive behaviour towards her children and violent behaviour toward professional in the child care system had resulted in her children been forcibly removed from her care.

Cognitive behavioural therapy combined with some simple body work and embodiment exercises (informed by the work of Michael J. Mahoney) helped the client reduce her anxiety and frustration with herself for not been able to manage and control difficult situations. It also contributed to the client's parenting skills with her final child who eventually remained in her care.

Integrating traditional, complementary and alternative medicine in counselling and psychotherapy - A Panel Discussion

Maya Hammer, Patricia A. Poulin

Traditional, complementary and alternative medicine (TCAM) is increasingly being sought after by individuals seeking relief from suffering. This is true in particular of individuals who seek a more holistic approach to mental health in addition to psychotherapy, or for individuals from ethnic groups who understand health, illnesses and healing in a way that renders allopathic prescriptions and conventional psychotherapy inappropriate or ineffective. The panel members will discuss the integration of several TCAM modalities with counselling and psychotherapy, providing case examples and a discussion about potential benefits and challenges of integration. Dr. Tony Toneatto will discuss yoga and breathing techniques, Dr. Susan James will talk about traditional healing in Portuguese communities, Dr. Shari Geller will speak about sound and drumming, Patricia Poulin, PhD Candidate will talk about Shiatsu and Cranio-Sacral Therapy, and Maya Hammer, MA Candidate will speak about Ayurveda. Following the presentation group discussions will be facilitated by the panelists to foster networking, greater understanding and knowledge exchange between participants.

Abnormal illness behaviour or Cultural Idiom of Distress? Rethinking somatization in a pluralistic society

Joseph K. So

Somatization in biomedicine refers to the expression of physical symptoms without any medically explainable physical illness. This restrictive definition fails to take into account the socio-cultural and contextual nature of the somatization phenomenon long reported in the anthropological literature. Past debates have focused on whether this is a culturally-specific or culturally-universal phenomenon, with the latter as the generally accepted view today (Janca et al. 2006) Yet this has translated into mainstream medicine's tendency to reject or neglect its importance, rarely including it in national surveys and seeing it as a secondary phenomena of depression (Creed 2006). Somatizers are labelled as exhibiting maladaptive, abnormal illness behaviour that results in an over-utilization of health care and a drain on limited resources (Barsky et al.2006). This paper argues that the somatization phenomenon, as an outward expression of individual suffering which bioscience is ill-equipped to study, is a relevant and important "point of entry" by the therapist. This is particularly appropriate in a culturally diverse society such as Canada.

Working with victims of discrimination using a cognitive behavioural perspective

Nina Josefowitz, Aaron Myran, Daniel Myran.

There are a number of useful theoretical models that provide a framework for understanding the psychological impact of abuses of power. Feminist therapy, anti-oppression therapy and anti-racist therapies have all provided useful theoretical conceptualizations of the impact of discrimination and disempowerment on individuals' psychological well being. However, there is frequently a gap between the theoretical orientation and practical application in actual clinical work. This paper will examine how CBT can be combined with anti-oppression therapies to address specific clinical issues. In particular we will examine instances where the client experiences discrimination, bullying or oppression that is directed towards their body. Discrimination and bullying of individuals because of their race, gender, physical appearance (whether it be a visible disability or weight (PHAT)), or sexual orientation all involve targeting the individual's body. A theoretical model coupled with specific clinical intervention strategies based on CBT will be proposed. We will discuss how to address and prevent internalized oppression as well as how to deal with specific situations of discrimination and bullying.

Electroshock is Violence Against Women

Bonnie Burstow

This presentation is on an every-day medical procedure which assaults the body--the brain in particular--creates permanent impairment, and traumatizes the person—electroconvulsive therapy, otherwise known as “electroshock” and “ect”. Challenging medical model definitions and claims, and in the process integrating facts about gender differences, the presentation will essentially theorize electroshock as a form of violence against women. The presenter will be

demonstrating that electroshock is delivered to women overwhelmingly, with women over 60 being in special jeopardy, and with a patriarchal agenda complicit. Quotes from psychiatrists from different decades who promote ECT, vivid testimony from shock survivors, and empirical research from the 1950's to 2007, correspondingly, will be drawn on to establish that electroshock damages the brain, seriously impairs memory, is used as a form of social control, is more damaging to women than men, has no real efficacy, devastates women's lives, is inherently traumatizing, and bears an eerie resemblance to woman battery. Practitioner responsibility in light of this medical assault, additionally, will be explored.

Circle methodology and male Aboriginal identity formation

Jean-Paul Restoule

In research with urban Aboriginal men, Jean-Paul found that families inherently passed on indigenous cultural values regardless of how explicitly the parents taught these values to their children. Jean-Paul will discuss limitations and opportunities of adapting circle traditions for social research purposes. If time permits, workshop/presentation participants will be asked to share stories of how their families contributed to the development of their personal and cultural values.

Restoring balance: Karate as therapy for Immigrant Youth

Olga Oulanova

This paper examines the Martial Arts, specifically the school of Kyokushinkai Karate, as an alternative form of healing or psychotherapy for immigrant youth. The present exploration was inspired by an observation that immigrant youth constitute an exceptionally large proportion of students in several Karate schools in Canada. Drawing from the author's personal experience of engaging in Karate to cope with acculturation challenges, as well as from research addressing the psychological benefits of the Martial Arts, this paper demonstrates the therapeutic value of the Martial Arts for youth who navigate multiple cultural milieus. As a result of moving away from their country of origin, this group often struggles with issues of self-identity and belonging. Martial Arts training addresses this psychologically difficult situation. Apart from fostering physical fitness, the philosophical foundations of the Martial Arts facilitate an active dialogue between the mind and the body. This contributes to a profound integration of bodily awareness, which furthers the practitioner's overall mental unification and enhances harmony. Elements of Karate training which possess therapeutic qualities include unique group dynamics and the associated sense of community, coping with aggression and vulnerability, and gaining an understanding of one's character through intense physical challenges. The Martial Arts thus contain a number of therapeutic elements specifically valuable for young individuals who experience acculturative stress as a result of navigating multiple cultural environments.

Effects of War-related Traumatic Stress on the Body
Lana Stermac, Paulette Brazeau, Giannetta Delbove, and Iryna Ivanova

This study examines aspects of the body experience and physical symptoms of traumatic stress among immigrant survivors of war or severe civil unrest. Forty-six (46) women and men from war-zone areas in Eastern Europe, Africa, the Middle East, Asia, South Asia and Latin America were interviewed and completed questionnaires about trauma symptoms and health in their pre- and post-migration environments. Participants had experienced an average of seven types of war-related traumatic life experiences including abduction, torture, attacks with weapons, bombings and witnessing killings. A majority of participants reported extremely high levels of subjective distress and significant psychological as well as physical traumatic stress symptoms during exposure to conflict. Physical symptoms of arousal including startle responses were commonly reported and a significant majority of participants (85%) reported at least one type of arousal symptom. Assessment of current physical symptoms revealed that the majority of individuals reported few post-immigration traumatic stress symptoms in general, however, examination of symptom specificity revealed a more complex pattern of health recovery. While only high levels of pre-migration intrusive and avoidant symptoms were associated with current levels of distress, moderate levels of arousal-type physical symptoms accounted for individuals' reports of continuing subjective discomfort. Implications of the effects of physical symptoms of traumatic stress are discussed.

South Asian perceptions on mental health and counseling
Aanchal Rai
(POSTER PRESENTATION)

It has been observed that cultural groups have developed their own explanations and conceptualizations of abnormality, mental health and well-being in addition to have identified culture bound ways of coping with problems also referred to as traditional healing. The necessity to comprehend the culture-bound needs of such groups becomes crucial when such groups immigrate to other countries and comprise the minority populations. It is vital for the host country to gain knowledge and awareness of the perceptions of such groups around health and well-being in order to successfully cater to their culture bound health needs. One of the major challenges that are being faced by the Western health institutions is that of catering to the health needs of the South Asian immigrants, which are consistent with their beliefs. To contribute to an understanding of the needs of this particular group, the current poster addresses and describes the perceptions and world-views of South Asians around mental health issues, especially counseling and psychotherapy.

Grounding the Healing Journey: Body Imagery in Healing Work with Depressed Adolescents

Elizabeth Baerg Hall

Adolescence is a time of turbulence. Extremes of emotion are common. When depression hits, there is hopelessness and despair. How do adolescents find meaning in the midst of this chaos? We will follow the stories of several depressed and self-harming adolescents as they attend a psychotherapy group. Observing their artwork and images, we will see their depictions of their own dilemmas and look at the interplay between these images and their emerging health. We will look at the psychoneuroimmunologic correlates of this healing journey, exploring in particular, the role of cytokines and positive re-experiencing in the healing process.

The Body as Metaphor: Exploring Conceptualizations of Mental Illness in Grenada, its Treatments and Implications for Clinical Practice

Patsy Sutherland

Every healing tradition reflects a notion of causality; by identifying the root causes of illness people will know what steps need to be taken to restore health. In Grenada, like most of the Caribbean region, individuals believe that illnesses are sometimes caused by curses, spells and demon possession due to witchcraft practices. In addition, there is a negative stigma and shame associated with mental illness and Western approaches to mental health which hinder their widespread acceptance and use. Consequently, individuals tend to communicate with their bodies rather than emotions when expressing symptoms of mental illness. Historical, social, psychological, and spiritual ailments are projected metaphorically into bodily experiences which constitute a significant means by which Grenadians organize and interpret experiences relating to mental health in particular, and health in general. As a result, many individuals seek the help of traditional healers for their primary health care needs. What most distinguishes this healing system from modern medicine and Western approaches to mental health, is its holistic approach to health and healing in which the body, mind and spirit are connected. Healing in this context takes place by way of the body through the laying of hands, anointing and spirit possession; the body becomes the “vessel” through which all is made right with the individual and the community. In this presentation, I will explore the particular conceptualizations that Grenadians hold about mental illness and its treatments, and the implications for clinical practice. Descriptions of the healing process from two distinct traditions are presented.

‘Thin’ vs. ‘Fat’: Body Weight and Body Experiences of Girls of Diverse Socioeconomic Status and Ethnocultural Group Membership

Jane Mizevich

The present inquiry aimed to examine the ways in which the dichotomous discourse of ‘thin’ or ‘fat’ regarding girls’ body weight intersected with self and body experiences of girls of diverse socioeconomic status and ethnocultural group membership. This research has important implications for clinical practice as the drive for thinness was found to be interrelated with disordered eating practices. The inquiry is based on a study of 23 girls, ages 9-14, from rural and

urban settings who were interviewed twice over a 6- to 12-month period regarding their body and self experiences. For the purpose of this inquiry, girls' narratives related to weight, eating, and dieting were examined. The analysis of themes revealed two conflicting types of narratives. On the one hand, most girls stated that every body should be acceptable and that diets are a bad thing, but on the other hand, they related the social hierarchy regarding 'thin' and 'fat' with great clarity, seeing thin girls as pretty, popular, and ideal, while seeing fat girls as undesirable and a target of bullying. For some girls, getting thin was the only way to surpass what they experienced as social barriers related to their socioeconomic status and ethnocultural group membership, suggesting that they might be more likely to view dieting as the only way to fit in. These findings emphasize the need to take into account such factors as socioeconomic status and ethnocultural group membership when working in clinical practice with individuals who engage in disordered eating practices.

“If I am thin, I am safe.” – Speaking Through the Body Following Trauma
Robyn Legge

Experiences of trauma are often internalized and subsequently expressed through dialogues with the body. Coping and surviving through trauma cannot always be done through expression of words alone. In particular this presentation will highlight a clinical case example of one adolescent girl's dialogue of trauma through developing disordered eating and engaging in self-starvation. This presentation will bring together social critical theory as well as feminist theory perspectives of viewing the body as a site for societal oppression and this adolescent's struggle in coping with trauma through expressions on her body. This presentation will explore the links between the violence experienced by this young woman and the ways she has expressed her feelings of shame, violation, and anger on her body. The discussion will include how she has used her own body as a source for finding a sense of control and safety. Finally, the presentation will include a focus on the client-therapist journey in uncovering and processing these body dialogues.

Abstract

The Scales for Experiencing Emotions (SEE) (Behr & Becker, 2002), which assess emotional processing, is a brief self-report measure based on person-centered theory of personality and therapeutic change, and has been validated in a Canadian and a German sample. This measure is composed of seven scales, one of which is “Symbolization by Bodily Experience”. The other six scales measure: emotion regulation, experiencing lack of emotions, experiencing congruence, lack of self control, experiencing overwhelming emotions, and symbolization by imagination. The dimension “Symbolization by Bodily Experience” explores how an individual makes use of bodily cues to process emotions. Research using this scale validates the theory that adaptive functioning can be generally regarded as openness to emotional processing. This research has also demonstrated that there is a relationship between how individuals use bodily cues and both their level of self-reflection and the value that they put on inner processes. In therapy, this scale can be applied to identify the client's patterns of responding to external events, and the degree to which body cues are utilized to gain personal awareness and process negative feelings. As such, the scale can be used to help clients become aware of their various body signals, understand the meanings of those cues, and reorganize or discover new responses, thus promoting overall change.

Applying the Scales for Experiencing Emotions to Increase Understanding of Body Cues in Emotional Experiences

Svetlana Lilova

The Scales for Experiencing Emotions (SEE) (Behr & Becker, 2002), which assess emotional processing, is a brief self-report measure based on person-centered theory of personality and therapeutic change, and has been validated in a Canadian and a German sample. This measure is composed of seven scales, one of which is “Symbolization by Bodily Experience”. The other six scales measure: emotion regulation, experiencing lack of emotions, experiencing congruence, lack of self control, experiencing overwhelming emotions, and symbolization by imagination. The dimension “Symbolization by Bodily Experience” explores how an individual makes use of bodily cues to process emotions. Research using this scale validates the theory that adaptive functioning can be generally regarded as openness to emotional processing. This research has also demonstrated that there is a relationship between how individuals use bodily cues and both their level of self-reflection and the value that they put on inner processes. In therapy, this scale can be applied to identify the client’s patterns of responding to external events, and the degree to which body cues are utilized to gain personal awareness and process negative feelings. As such, the scale can be used to help clients become aware of their various body signals, understand the meanings of those cues, and reorganize or discover new responses, thus promoting overall change.

*Integrating the Conscious Feminine into New Life
(Presentation)*

Janice Stieber Rous

Janice Rous will demonstrate how she has integrated 10 years of study with Marion Woodman into her practice of Body Dialogue™. Janice will present the Women Initiating Spiritual Evolution (W.I.S.E.) curriculum that she created using her training from the BodySoul Rhythms Leadership Training Programs, including two years of intensive residential seminars. Using theory of the conscious feminine and integrating it with her background as an experienced practitioner of the Alexander technique, breathing coordination, and dance, Janice explains how this synergistic model provides a means whereby the soul’s yearnings can show up. .

Janice explores the multiple roles assumed by women which often take priority over self-care. She discusses the Body Dialogue™ tools that provide daily practices and dialogue that create new habits for a new life. Janice explains the building of a safe environment for women to discover new aspects of their inner life; using journaling, movement improvisation, breathing techniques, meditation, group process and prayer. Women commit to eight-weeks of attention to themselves and each other, during which they explore the fears which prevent them from making the transitions their souls desire. The WISE class as presented in Winter Park, Florida and to this conference will demonstrate how suitable the BodySoul Rhythms work is for diverse groups at all socioeconomic levels.

Integrating the Conscious Feminine into New Life
(Workshop)

Janice Stieber Rous

The workshop will illustrate and teach participants how to integrate the teachings of the BodySoul Rhythms with additional modalities from Body Dialogue™ created and taught by Janice Rous, e.g., Alexander technique, breathing coordination and dance. A session from the eight-week curriculum of the WISE program will be presented in a 2 hour workshop.

Using the body and the myth of “The Handless Maiden,” this workshop will explore what it means to be handless. Workshop participants will be guided in a movement experience that will take them from the condition of being without hands to discovering what it means to rediscover their hands.

The workshop will involve movement, voice and writing and, most of all, will allow the participants to have a taste of the sacred container that is the keystone to this work.

Disruption and disembodiment: Challenges, blocks, and barriers in helping women to overcome body dissatisfaction and develop positive body esteem

Erin Ross

Body dissatisfaction is extremely prevalent among women in North America with women’s dislike of their bodies being well documented. Far from trivial, body dissatisfaction has been linked with depression, anxiety, eating disorders, and low self-esteem. This presentation will explore some of the early findings of an ongoing study that seeks to examine body dissatisfaction in its socio-cultural context using a feminist framework and a multi-methods qualitative research approach. This study makes use of in-depth interviews and creative projects to engage participants in a reflective process that encourages a critical analysis of their social reality as it relates to their relationships with their bodies. The discussion of findings will focus on how the results of this study can inform the therapeutic process with women presenting with body dissatisfaction. Initial results indicate that women experience ongoing disruptions related to their negative body feelings across many different life domains. While they are cognizant of the damaging nature of dominant body discourses, they are unable to move beyond these objectified understandings of the body to inhabit their bodies and feel connected to their physical selves. Moreover, while recognizing the role of culture in a general sense, the participants understand their body struggles largely in an individualized context. An examination of the participants’ creative projects underscores the women’s experience of disembodiment and the difficulties they have in envisioning another way of relating to their bodies. Discussion will highlight potential blocks and barriers that therapists may encounter when working with women to develop positive body esteem.