

# DAY ONE

## MORNING KEYNOTES

*OISE Library*

### **1. Traditional healing: Holistic intervention**

Clemmont Vontress, Ph.D., Professor Emeritus, George Washington University

Traditional healing is as old as human history. Approximately 80 percent of the world's population depends on it. The World Health Organization (WHO) recommends that Western healers and their traditional counterparts appreciate each other. Traditional healing is based on animism, the belief that there is a universal soul that resides in and connects all things, animate and inanimate. Although human life is often defined in discrete physical, social, psychological, and spiritual terms, in traditional healing, spiritualism is paramount to its success. The individual's balance or lack of balance with the universe determines his or her well-being. The spiritual world seems to be the supervising force of pharmacology. Healers acquire their abilities through the intercession of cosmic powers.

Psychotherapeutic professionals can enhance their skills by being more open to the therapeutic beliefs and practices of traditional healers. Many universities in the United States and other countries offer courses and programs in traditional healing, in order to help therapists learn how they can incorporate in their work some of the techniques used by healers in non-Western countries. More needs to be done to promote this effort, since the majority of people of the world will probably continue to rely on traditional medicine administered by traditional healers.

At first blush, traditional and modern healers are dissimilar. However, in reality the techniques of therapy used every where in the world have a lot in common. Citizens of a given culture favour certain types of therapies, because the methods are compatible with their cultural values and expectations.

### **2. Healing: Mind, body, and spirit**

Corine V. Wilson, Ph.D. Candidate, California Coast University

The Energy of Oneness is the universal truth that energy is in all things and that the source of that energy is the same for each of us. Knowing this truth is what gives us the clarity to truly facilitate healing. It is what *allows* the healing process to occur on a holistic and unconditional level. Understanding this truth gives us the freedom to choose from unlimited techniques and resources because we recognize the energy that connects them all. We acknowledge that the same Divine spark flows through the hands of the Reiki master, through the voice of the shaman, through the eyes of the mystic.

The ancient wise ones understood the energy of oneness. Reverence for the old ways is not to imply neglecting modern advances. Rather, it is the combination of both that we as practitioners must honour and encourage on a global scale. It is no longer a question of whether or not energy healing or spirituality has a place in modern medicine. The question today is: How can we best use these practices to enhance treatment? Our awareness has been raised to the point where we see *beyond* the flat dimensions of therapy. We now must ask: What traditional modalities can be implemented to help ensure healing of body *and* mind *and* spirit? And to that end there is one critical approach - we must step outside ourselves and connect to the energy of oneness.

# PANEL PRESENTATION

## TRADITIONAL HEALING FOR COMMUNITIES

*OISE Library*

### **3. Collaborative healing practices for communities facing and/or recovering from violent conflict**

Anne Goodman, Assistant Professor, University of Toronto

There is a great need for community healing in the world today. Most violent conflicts are *within*, rather than between countries. When these conflicts end, warring communities are left with the need to develop healing and reconciliation practices that allow them to re-establish harmony and find ways to live together. In addition, many individuals, groups and communities are trapped in ongoing cycles of violence due to historic and current traumas, and systemic injustice, with issues facing First Nations in Canada being a particular case in point. Supposedly neutral models of healing commonly used in the aftermath of violent conflict all too often replicate dominant values and assumptions. This paper proposes that because so many current and recent violent conflicts deal with identity issues, and because colonial practices and history are implicated in so many of the conflicts, healing the past, present and future will require a reclamation and rediscovery of healing practices based in traditional cultures. This paper also proposes a need for collaboration on the development of more inclusive healing practices. Using the context of *InterChange*, an international community-based peace-building organization co-founded by the author, the paper examines how practitioners in different parts of the world can work together to integrate traditional and modern healing practices. The paper will further examine how this collaboration can help people to develop identities based on shared values, attitudes and competencies, rather than simply on ethnicity, race or religion.

### **4. The role of Islamic spirituality and tradition in the healing of community**

Aisha Laureen Hamdan, Associate Professor, University of Sharjah

In recent years, Muslims around the world have endured attacks from a variety of angles, including physical, psychological, social, moral, and religious. Crises and trauma pose a particular challenge to human beings as they attempt to cope, and this often results in community suffering that is complex, profound, and in most cases, unattended. During these critical events in life, there is a propensity to rely upon spiritual beliefs, practices, and resources. Islam, as a way of life, outlines a comprehensive model of the human being encompassing the spiritual, psychological, physical, and social aspects. As such, solutions to any problem are inherent within the system, including the possibility of healing for the community. The purpose of this paper is to first briefly discuss the position and importance of community within the Islamic faith tradition based upon wisdom from religious texts (Qu'ran and Hadith [sayings of Prophet Muhammad, peace and blessings be upon him]). The focus will then be on the ways in which Islamic spirituality and traditional approaches may be used to facilitate healing of the struggling community. Specific topics that will be discussed include healing beliefs, traditional practices, and methods to facilitate the transfer of this knowledge to community members. The ultimate goal is the realization of the concept of *tawheed* or belief in, and worship of the one true God, Allah.

### **5. The sustaining core of community in the Jewish healing tradition**

Laura Praglin, Associate Professor, University of Northern Iowa

I will present aspects of my chapter on Jewish healing from the Moodley and West book on Integrating Traditional Healing Practices. I will briefly survey the sustaining role of the Jewish community as the

essential basis of Jewish healing practices since Biblical times. I will also consider the challenges of incorporating traditional Jewish ideas and practices into modern counselling and psychotherapy. If appropriate, I would welcome expanding upon my discussion (p. 176 f.) about efforts to treat trauma in Holocaust survivors and its potential application to other cultures that have been impacted by war and genocide. I wish mainly to address what would be most interesting and relevant to those attending the conference.

## **6. Indigenous health and healing: Looking to now, moving forward**

Suzanne Stewart, Assistant Professor, University of Toronto

Mental health within Canadian Indigenous communities is increasingly considered vital for individuals in order for them to use their full resources to heal from the legacy of colonization and to survive as distinct cultural peoples. Although critical, developing and maintaining mental health within community can be challenging. Despite disproportionately high rates of mental health problems in Native communities as compared to the rest of Canada, mental health services are under-used by Native peoples. In order to address this challenge, research and practice of health services could be constructed from a community-based holistic model. The results of this could also improve the health status of Indigenous Canadians by providing data to validate the need for culturally appropriate and effective models of mental health. Concrete examples come from the author's current research, teaching, and community practice experiences.

# PARALLEL PAPER SESSIONS

## PAPER SESSION 1

*Room 2-295*

## **7. Traditional healers and counsellors in Buddhist Ladakh, Northwest India**

Uwe P. Gielen, Professor, St. Francis College, New York

This paper argues that in spite of fundamental differences in cultural belief systems, many psychosocial functions of traditional healers and “counsellors” practicing in Upper Ladakh are similar to those of counsellors and healers trained in Western scientific approaches. Upper Ladakh is a predominately Buddhist region situated in the Indian state of Jammu and Kashmir. Many of Ladakh's people and their healers have been pervasively influenced by the tenets of Tibetan Buddhism. The healers include highly trained abbots (*Rinpoche*) and other monks of the local monasteries, Tibetan medical doctors (*Amchi*), astrologers (*Onpo* or *Tsipa*), modern allopathic doctors, and shamans or “oracles” (*Lha-pa/Lha-mo*). A comparison with psychotherapists and mental health counsellors in modern societies suggests that the traditional healers in Ladakh fulfill many of the same functions as modern therapists. Although Ladakhi belief systems about treatment and healing diverge sharply from those taught in modern psychology and psychiatry, similar psychosocial processes underlie the counselling activities of Ladakhi and Western counsellors and healers. It is concluded that many psychosocial processes and functions underlying counselling and healing are similar across cultures whereas relevant belief systems are far more variable and culture specific.

## **8. The role of repentance and forgiveness in psychotherapy: Wisdom from Islam**

Aisha Laureen Hamdan, Associate Professor, University of Sharjah

Research indicates that repentance and forgiveness can be important healing elements in the psychotherapeutic process, particularly for patients dealing with guilt, anxiety, anger or resentment. Most of the work has focused on Christian or Jewish populations, but limited information is available regarding repentance and forgiveness from the Islamic perspective. The purpose of this paper is to present the wisdom of Islam related to repentance and forgiveness. This will include the definition of these terms, the processes involved, relevant Qur'anic text and Ahadith (sayings of Prophet Muhammad, peace and blessings be upon him), the effect of these on the individual and his or her relationships, and their connection to the harmony and holism of Islam. Emphasis will be given to methods by which these tools may be integrated into psychotherapy with Muslim patients, utilizing the healing effects of spirituality and religious practice. Integration of these culturally-appropriate healing practices is more likely to be accepted by patients, enhancing the success of treatment outcomes. Examples will be provided from case studies.

## **9. Therapeutic strategies from Indigenous peoples of Turtle Island**

Renee Linklater, Ph.D. Candidate, University of Toronto

Indigenous cultures contain vast resources for healing and wellness. Many Indigenous healthcare practitioners draw on their worldviews, teachings and cultural experiences to work with individuals in a client-therapist relationship. This paper will explore the therapeutic strategies that Indigenous healthcare practitioners are using in their practises to address trauma, depression and experiences of parallel and multiple realities. These strategies have been gathered during doctoral research, which is entitled “Decolonising trauma work: Indigenous practitioners share stories and strategies.”

## **10. Canadian Indigenous mental health and healing practices: Narratives on integration with Western health services**

Suzanne Stewart, Assistant Professor, University of Toronto

Teresa Beaulieu, MA Candidate, University of Toronto

Canada's Indigenous population is a vulnerable group in the health care system, with specific mental health and healing needs that are not widely being met. Current health indicators present a dim and dismal view of Canadian Indigenous health status, including mental health. To address some of these inequities in health and health care, some Indigenous health organizations have recently developed services to mental health that include traditional cultural approaches to healing. This study seeks to report on the link between traditional Indigenous healing practices and community mental health care delivery. The focus of the present research is to investigate the successes and challenges faced by Indigenous counsellors who offer both Indigenous and Western forms of healing to clients in mental health service agencies, and get descriptive information from their clients about success of such an approach. Using both a survey and a narrative methodology that is consistent with Indigenous oral traditions and storytelling, and grounded in a community partnership model, the research question is: “What successes, challenges, and barriers do Indigenous counsellors and their clients experience when employing a combination of Indigenous and Western mental health approaches to healing within the health care system?” Results will further knowledge by informing an Indigenous paradigm of health by creating and refining Indigenous epistemologies in research methodology and the use of traditional knowledges in health and research, improve the health status of Indigenous populations, and inform government policy on mental health service for Indigenous populations.

## PAPER SESSION 2

Room 2-212

### **11. Personal experiences of Indigenous counselling**

Steve Lang, Lecturer, Massey University, New Zealand

This paper reflects an autoethnographic approach to research. I provide a case study of my experiences as a White counsellor, educator and cross-cultural trauma therapist of ‘counselling’ working with Indigenous Maori ‘therapists’ in Aotearoa, New Zealand. The paper will seek to deconstruct the colonial authorship of terms like ‘therapy,’ ‘counselling’ and ‘client,’ to the exclusion of the colonised ‘other’. The paper will reconstruct biculturally responsive and inclusive paradigms, where the re-authoring of meanings is performed in partnership with Maori, the First People of Aotearoa, New Zealand. The implications of this shift to decolonialised practice will be described by reference to a phenomenological study (Lang, 2008) of our own counsellor education programme as it converts to culture-centred therapeutic practices. The experiences, we the staff have, of working with diverse cultures re-locates the focus of our work away from Eurocentric definitions of counselling towards a more multiethnic/multicultural locus of control. The opportunity to work with Maori healers/counsellors provides a rare opportunity for praxis, and this has profound impacts on our training programme in terms of process and content.

### **12. A comparison of traditional Totonacos healers in Mexico with Western-trained health providers**

Camilo García, Natanael Rivera, Erika Clairgue, Rodolfo Herrera, Diana Gómez, Alejandro Gaona, Universidad Veracruzana, Mexico

This is a study of the practices of women healers in a Totonaco community characterized by a high out migration. Totonaco is a culture which was developed in the center of the Mexican state of Veracruz, in the classic and post-classic period of MesoAmerica. Previous studies of this community have shown a high incidence of anxiety, depression, and schizoid symptoms (García, 2008). Although some health providers are available in the community, these professionals seem to be trained under the Western models for health care delivery; thus, most of the effective services are linked mainly to the local traditional healers who, in turn, are mainly women. Using a questionnaire designed for this particular study, 25 subjects were interviewed: three female healers, three physicians, three medical patients, three healers’ patients, among others. In addition, fieldwork in the area was utilized as method to understand the broader social context. The interviews were focused on procedures, intervention, healing ritual, and previous training of the healers of the health providers. The patients, on the other hand, were interviewed to assess their belief system associated with the rituals and practices and about their thoughts about the treatment efficacy. The results showed differences between Western trained health providers and the curanderos or traditional healers. Overall this study showed the relevance of cultural sensitivity and cultural competence shown by the traditional healers as opposed to their counterparts.

### **13. Between pundit and psychologist: Understanding the Indo-Trinidadian Hindu approach towards traditional and contemporary healing**

Sandili Maharaj-Ramdial, *Psychoanalyst and Developmental Psychologist, Trinidad and Tobago*

This paper examines the beliefs of the Indo-Trinidadian and their choice of healing methods as offered by pundits and by psychologists. Given that many traditional healing practices are joining the mainstream of current healing alternatives in the Western, Caucasian- Christian world, it is interesting to observe the ambiguity that races who have these healing methods as part of their inherited culture, feel in prescribing and using them after a century of ‘shame’ by colonialism. Research will be based primarily on patient cases over the last five years and an understanding of the social history and cultural identity of the Hindu community in the island in the last 100 years. The position of Indo-Trinidadians as indentured labourers speaking a different language, with different religious and cultural practices and beliefs during colonialism, and the influence this has had on developing their identity in 21st century Trinidad will be discussed. The presentation will include an introduction of the Trinidadian population to reveal how religion, class and education play a significant part in how Indo-Trinidadians view visits to a psychologist versus a family pundit when faced with mental or emotional distress. The objective of the presentation is to highlight the complexity of factors that influence not just this population’s choice, but the status of psychologists in present day Trinidadian society.

### **14. The Holy Quran: The best therapy for psychological problems**

Noor A. Rosli, *Ph.D. Candidate, Marquette University*

The Quran is a Holy book brought by Prophet Muhammad (peace be upon him) more than a thousand years ago. The Holy Quran contains words from the Almighty God, Allah, who is the Creator of this world. The Holy Quran has a mental and spiritual impact on people who recite it continuously. The Holy Quran is capable of removing the cause of psychological problems like sadness, depression and worries. It is healing for the soul and spirit. The Holy Quran is not like any other reference book of medicine. The Quran contains rules of guidance in promoting good health and healing (Athar, 2002). This paper will highlight the process of healing by reciting the Quran which may help people overcome their psychological problems. The words from the Almighty God that are contained in the Quran and the sayings from the Prophet Muhammad (peace be upon him) will give an explanation about the role of Quran as the best healing tool for psychological problems in Islamic psychotherapy.

## **PAPER SESSION 3**

*Room 2-213*

### **15. Finding a place for Indigenous knowledge and practice within a standards-based, person-centered curriculum: Journey of a tenure-track counsellor-educator**

Claire Sham Choy, *Associate Professor, California State University*

In this presentation I will argue that although counselling skills such as empathy and listening are essential components for effective counselling and psychotherapy, counsellor educators and therapists must seek to incorporate Indigenous knowledge into their practice. The historical knowledge and experience that shape language, thoughts, feelings, and behaviours must be considered when working

with all clients, particularly those from non-Western backgrounds. In making this argument, first of all, I will provide the background and history that sparked my interest, beginning with my exposure to knowledge and practice gained at OISE/UT. Next, I will share my experience of facing challenges of incorporating Indigenous knowledge in a person-centered counselling program while pursuing tenure. I will then focus on strategies I used to address these challenges such as incorporating study abroad experiences that emphasized exposure to components of the Indigenous experience. Finally, I will share the findings of a recent study examining the perceptions of faculty and students regarding Indigenous knowledge.

## **16. Islamic spirituality and Imams' role as traditional healers**

Nazila Isgandarova, Chaplain, DMin Candidate, Wilfred Laurier

Imams are the main providers of Islamic spiritual care. Although Imams do not have sacraments to administer and there are no formal rites to perform, devout Muslims consider their prayers reliable. In the case of terminal illness and death, many families turn to mosques or other Islamic institutions for help. The majority of Muslims prefer Imams to visit them in the hospital and guide them in their most difficult times. Imams take different role models during this process; they act as elders, counsellors, or just traditional healers. An Imam's therapeutic or healing relationship with a client is a face-to-face individual interaction that is mainly based on essential counselling techniques: talking, modeling, and creating awareness in the client. In this paper, I will try to explore the more healing components of traditional healing practiced by Imams and how they practice to exorcise the spirit, which then frees the person from an affliction.

## **17. Integrating South Asian traditional healers into counselling and psychotherapy**

Aanchal Rai, Counsellor, Toronto

The health related beliefs of South Asians residing in the West are strongly based upon their culture, traditions and lifestyle. These beliefs then become a foundation of the various resources utilized by them to cope with mental health concerns and disturbances. As a result, their beliefs and resources differ from the mental health services provided by the practitioners in the West, resulting in a gap between their needs and commonly available resources. In this paper, I explore and document the role of South Asian traditional healers residing in Toronto, in order to encourage formulation of means to bridge the gap between the South Asian mental health needs and Western forms of counselling. I use the data from my thesis project, where South Asian traditional healers were interviewed about their background, training, the South Asian traditional healing processes and their thoughts on collaboration with Western Mental Health practitioners. The results revealed that these traditional healers closely followed the South Asian traditional healing theories and cultural norms in their practices and suggest that they play a major role in the lives of South Asians.

## **18. Curandeiros and Agonias in the Azores: Traditional healers through the eyes of health care professionals**

Marie Morrison, Ph.D. candidate, University of British Columbia

Birdie J. Bezanson, Psychologist, British Columbia

Susan James, Associate Professor, University of British Columbia

This study explored the perceptions of biomedical and mental health practitioners towards *curandeiros* (traditional healers) and *agonias* (literally "the agonies") in the Azorean Islands of Portugal. *Agonias* is a culture-specific idiom of distress, with symptoms ranging from lack of air, burning from within, loss of

sight to insomnia (James & Prilleltensky, 2002). *Agonias* does not map well onto disorder nosology described by the DSM-IV-TR, although it is frequently misdiagnosed as anxiety and depression by health care providers in Canada (James, 2002). Semi-structured interviews informed by medical anthropology (Kleinman, 1988; Kleinman, Das, & Lock, 1997) were used to access health care providers' perceptions of *curandeiros* and *agonias*. Informants were 5 physicians, 5 nurses, and 3 psychologists, all Azorean. Thematic analysis allowed for the development of Indigenous categories of local meaning. Findings revealed strongly negative perceptions of traditional healers suggesting a dichotomy between the two approaches to healing. Informants presented simplifications of *agonias*, often equating *agonias* to anxiety disorders. This is surprisingly similar to research findings with North American health providers. This simplification is in sharp contrast to the varying and multifaceted descriptions of the syndrome by those who experience it, both in the Azores and in Canada. Implications for the roles of healers and health professionals will be discussed.

## PAPER SESSION 4

Room 2-286

### **19. When Morita therapy meets solution-focused therapy**

Charles P. Chen, Associate Professor, University of Toronto

This presentation explores the possibility of integrating two therapeutic approaches, namely, Japanese Morita therapy and solution-focused therapy, in the helping process. It illustrates how major solution-focused counselling principles can be incorporated into Morita therapy, generating a more effective and time-efficient therapeutic intervention for clients with social anxiety and related difficulties. More specifically, the presentation will (a) introduce very briefly the basic features of the solution-focused therapy and counselling, (b) provide a very brief background overview of Morita therapy, and (c) illustrate how major solution-focused counselling principles can be utilized in Morita therapy, yielding an integrated and more effective and efficient therapeutic intervention for positive change.

### **20. Mindfulness and marriage and family therapy: Implications for practice and training**

Laura Eubanks Gambrel, Ph.D. candidate, Virginia Polytechnic and State University

The benefits of mindfulness interventions with individuals are being demonstrated by current research, as are correlations with mindfulness and improvements in relational satisfaction, empathy development, and more skilful communication. Within the context of this research, this paper will explore the implications for integrating mindfulness, defined as non-judgemental awareness, into the field of marriage and family therapy. The historic context of mindfulness in wisdom traditions including Buddhism, Islam, and contemplative Christianity are explored. This paper also examines models of family therapy and mindfulness training, techniques, and the therapist's stance as possible vehicles for integrating systemic therapy and mindfulness. The benefits of mindfulness training for therapists including, improved client outcomes, enhanced therapeutic relationships, and decreased compassion fatigue are discussed. Finally, this paper argues for further research including the relationship between spirituality and mindfulness.

## **21. Healing strategies for Canada's incarcerated Indigenous population**

Allison Reeves, Ph.D. Candidate, University of Toronto

Edward Wissian, Owner of Neegan Seewin Native Learning

In exposing colonization, systemic racism, and marginalization as social determinants of health, this presentation considers trends in incarceration among Indigenous peoples in Canada, and the circumstances through which individuals find themselves in prison. This presentation considers the possibilities for using a restorative justice framework as an alternative model of justice, as well as traditional healing practices within prisons that are rooted in Indigenous ways of knowing. These practices are intended to counteract discriminatory influences as individuals are brought into contact with the justice system, as well as throughout their experience within the prison setting, in an effort to incorporate "decolonizing" policies and processes into the criminal justice system.

## **22. A father-daughter dialogue on the healing effects of Chinese fortune-telling**

Rosa Wu, Ph.D. candidate, University of Toronto

The author's father once stated, "Chinese people rather seek fortune tellers and their Gods for their misery than mental health counsellors". This statement sparked a stimulating, heart-to-heart dialogue between the author, a Western-trained counselling student of Chinese/Taiwanese descent, and her father, a conventional politician who practices fortune-telling as a side occupation in Taiwan, regarding the healing effects of Chinese fortune-telling. The dialogue, at first glance, resembles a debate, in which both daughter and father attempt to defend their areas of expertise, while simultaneously cast doubt on each other's notion of healing. What follows in the dialogue is a reconciliatory tone of recognizing the strengths and weaknesses of their respective fields, and a striking realization that while their means differ, the end results of fortune-telling and counselling/psychotherapy are greatly similar. Specifically, the major types of Chinese fortune-telling will be introduced, along with the effects they have on the human psyche. These profound effects will then be compared to those generated by Western methods of healing. This poster aims to increase understanding and appreciation of traditional healing practices in Chinese culture through a father-daughter dialogue in written form.

## **PAPER SESSION 5**

*Room 2-296*

## **23. Bhakti, devotional love and the healing process: An Indian perspective**

Suneet Varma, Ph.D., Associate Professor, University of Delhi

The paper examines *Bhakti* in light of the classical Indian depiction of emotions, viz. - the *Rasa* Theory. *Bhakti* is viewed as a movement in the emotional life of the aspirant, from minor devotional states (survival/pleasure/ego orientation), to major devotional states (love orientation). Drawing from Sri Aurobindo, a connection is then made between *Bhakti* and Psychic enfoldment. Devotional love provides the bedrock for a life lived in and from the Psychic. Furthermore, years of observation, introspection, and reflection have led me to conclude that one of the most essential pre-requisites for making an effective counsellor/therapist is being grounded in love, which ought to forever radiate from the being of the helping person. Traditionally in India, individuals turned to their *gurus* in times of crisis and suffering, and upon encountering the *guru*, the healing process begins immediately for the distressed individual because of the unconditional love and acceptance on the part of the guru. This paper thus focuses on the nature of self-work which helps one to becoming more loving, therefore being in a better position to help others, and facilitating one's own evolution

## **24. Curanderismo, counselling psychology and ritual: Toward an integrative approach**

Rachel Hoogasian, MA candidate, Boston University

In light of greater multicultural awareness in counselling psychology, the prospect of utilizing Indigenous ideology and healing techniques has become more welcome. The use of rituals or ceremonies, characteristic of many Indigenous healing systems, is an area from which psychotherapy has still much to gain. Rituals in these traditional healing practices, combined with modern psychological knowledge have been therapeutically effective in finding a link between a client's behaviour and values, providing structure and outlets for expressing and working through overwhelming emotional struggles, and encouraging reintegration into the community. In this paper, *Curanderismo*, or Mexican folk healing will be presented as an Indigenous healing tradition that treats the ailing holistically through ceremonial acts or rituals. After this, psychological case studies involving ritual as a therapeutic approach will be presented along side some specific healing ceremonies common to *Curanderismo*. The striking ritual similarities between these therapies will be discussed within the framework of a proposed model that incorporates holistic ceremonial acts into psychotherapy as treatment techniques for counselling psychologists.

## **25. Clinical implications of collaboration between traditional healing and counselling in case of working with ethnic minority clients**

Saadia Akram, Ed.D candidate, University of Toronto

Within the framework of healing practices, it is commonly noted that the clients' perception of illnesses and treatment expectations impact their treatment process. Most often, minority clients are reluctant to pursue treatments that are based exclusively on Western models because they find them 'artificial' and 'foreign' within their own socio-political and religion-cultural context. In most of the minority communities, there is interconnectedness between culture, religion, community and family in regards to finding support in times of psychological distress. Literature review also shows that they feel more comfortable in seeking support through friends and family members and by practising traditional healing practices. Moreover, they have a strong belief on these traditional approaches and find them more convenient, reliable and accessible without any fear of being stigmatized or labelled with mental health 'diagnosis.' In this presentation two case studies from my clinical practice will be discussed where clients were offered space to use their religious/traditional healing practices in combination with Western model. Both of these clients expressed interest to include their religious practices as part of the already outlined therapeutic plan (i.e. based on Western model). As the result of opening door to sharing, listening, respecting and valuing their traditional religious practices, it led to establishing strong therapeutic alliance and great rapport to move 'together' further in therapy. The combination of traditional and Western approaches bestowed upon them reassurance, trust and comfort to consider more 'closeness' with the psychotherapeutic treatment and also offered me 'insight' to work more closely with my clients.

## **26. Aboriginal people and bi-culturedness**

Angela Mashford-Pringle, Ph.D. candidate, University of Toronto

Historical trauma has produced intergenerational mental health concerns. It is through historical trauma that Aboriginal people were forced to learn how to live in two worlds, or be bi-cultured. Being bi-cultured, living within a dominant culture and an Indigenous one, can cause internal conflicts around everyday decisions. Understanding that Aboriginal people must reside in both and how to navigate within the two worlds can be a part of the healing process, as they understand that daily activities create internal conflict, which can lead to mental health problems. To heal, Aboriginal people must learn how to

wear a moccasin and a loafer. This awareness will help individuals, families, and communities to heal as they integrate and incorporate Aboriginal and Western healing methods to further work healing. Being bi-cultured accentuates the historical trauma causing further internal conflict. Healers and therapists must act as helpers as to how to live bi-cultured to empower Aboriginal clients to work from a positive place within two, sometimes conflicting, cultures.

## THE OISE/SSHRC HEALERS' PROJECT

*OISE Library*

### **27. The role of traditional healers and healing in counselling, health promotion, and education**

Roy Moodley, Associate Professor, University of Toronto

Patsy Sutherland, EdD candidate, University of Toronto

Aanchal Rai, counsellor, Toronto

Edna Aryee, Ph.D. candidate, University of Toronto

Archbishop Deloris Seiveright

In this presentation we will discuss the SSHRC-sponsored research on the work of African, Caribbean, and South Asian traditional healers and their healing practices in the Greater Toronto Area. Many of these healers and healing practices are excluded from the mainstream culture; some are denied an existence and yet others are regarded as 'evil', as a result of racism, colonialism, and current dominant culture hegemony. Consequently, they have gone 'underground' and remain hidden. Practices such as Animism, Voodoo, healing in the Black churches, Orisha, Ayurveda, meditation, and Yoga were part of this research. The interview itself covered six main topics: reasons for becoming a healer, the type of people who are treated (i.e., patient or client groups), the process of healing, the healer's training and practice, his or her role in health promotion and education, and his or her relationship to practitioners of Western approaches to health care. We will analyze our results using grounded theory, to identify themes that emerge from the interviews. In this presentation we will discuss the process we undertook to conduct the research, some of its findings, a brief statement from one of the healers.

## AFTERNOON KEYNOTES

*OISE Library*

### **28. Counselling and psychotherapy use in traditional healing practice: practical cases from Kenya**

Simon Murangiri, Medical Herbalist, Tutor at Kenya Institute of Organic Farming

This presentation will cover the combined use of psychotherapy and traditional healing practices to address marital problems, a common death phobia and to instil discipline into the youth. It will also discuss the collaborative roles of researcher and practitioner. A crucial ingredient for effective research in traditional medicine is mutual respect; work should be done without one being regarded as a specialist and the other as an information provider.

## **29. Pills and needles: Musings on traditional Chinese medicine in Canada**

Ted Lo, Assistant Professor, University of Toronto

From a personal perspective, Dr. Lo will share his views on the potential benefits of traditional Chinese medicine (TCM) in Canadian healthcare with case examples. Issues around the adoption of TCM in Canada will be discussed. The differences between TCM and conventional Western medicine will be presented, and the ways such differences may be managed will be explored. Tradition is dynamic and ever evolving. Incorporating traditional healing into modern healthcare can bring significant benefits to society, and wellbeing of its members.

## POSTER PRESENTATIONS

*OISE Library*

## **30. Turkish Indigenous healing methods: The practice of visiting sacred tombs**

Deniz Cinarbas, Assistant Professor, University of Alberta

The current poster presentation will review the literature and reveal the preliminary results from a qualitative study regarding the phenomenon of visiting sacred places and tombs in Turkey. Çarkoğlu and Toprak (2000) found that 52.7 percent of Turkish participants visit sacred places and tombs. Turkish people visit sacred places and tombs to pray and to give *adak* (i.e., to make vows) to a deceased religious leader (Koptagel-İlal & Tuncer, 1981). Visiting sacred places and tombs is an Indigenous healing practice steeped in both Islamic and pre-Islamic beliefs. Islamic scholars argue, however, that giving *adak* to a deceased person is against Islamic rules and *adak* should only be dedicated to Allah (*Kabirlere Kurban Adamak*, n.d.). In agreement with Islamic scholars, Artun (n.d.) indicated that visiting sacred places and giving *adak* are in fact pre-Islamic practices. Before adopting Islam, Turks followed shamanistic and animistic belief systems (Artun, n.d.). According to animistic beliefs, the souls of wise leaders continue to help and protect their people after death and thus, should be respected by giving gifts and food (Artun, n.d.). Today, visiting sacred places and tombs, and giving *adak* are practiced to heal mental illnesses, to alleviate marital and family problems, and to wish for a job or for marriage. The results of the research project will provide a better understanding of the visitors' presenting issues, beliefs and their expectations from the practice.

## **31. Historical antecedents and contemporary applications of mindfulness in North America**

Jonathan Danson, MA candidate, University of Toronto

Nina Mafriçi, MA candidate, University of Toronto

Traditional and alternative healing practices, though historically and consistently marginalized, are gradually gaining credibility and beginning to flourish in the Western world. Therapeutic orientations that were once thought to be unfounded are receiving some empirical support in the psychological literature, sparking the interest of scholars, practitioners and the mainstream community. In particular, Buddhist ideals and conceptualizations of suffering have been increasingly recognized and appreciated in the Western world, largely as the result of the work of Carl Jung. One of the most prominent manifestations of this popularization is the proliferation of mindfulness and mindfulness meditation practice in North America. In this poster, the theoretical framework and practical applications of mindfulness are explored. Though based wholly in religious Buddhism, it is presented not as a path to a Divine Being but rather as means to awareness and self-actualization. With a clear understanding of what it means to be mindful, the historical conditions that allowed for mindfulness to thrive are examined. The humanistic movement and Western interest in Buddhism after World War II are identified as two of the most crucial precipitating

events, while the role Jon Kabat-Zinn in bringing mindfulness to the masses is highlighted. Finally, the continuing evolution and integration of mindfulness in Western psychotherapy is considered. Looking beyond its success as a stand alone approach to healing, the incorporation of mindfulness into other established therapies is discussed in the context of future directions.

### **32. Respiratory sinus arrhythmia in isolated sessions of mindfulness meditation**

Sarah Horowitz, MA candidate, University of Toronto

Mindfulness meditation, involving non-judgmental ongoing attention to the phenomena of the present, is increasingly used to treat various mental and physical problems. Previous studies implicate increased parasympathetic activity in meditation, but little physiological information has been collected on mindfulness meditation particularly. The present study investigated respiratory sinus arrhythmia (RSA), indexing parasympathetic activity, in 26 young adults during mindfulness meditation and quiet sitting, controlling for respiration rate. Respiration was significantly slower in meditation than sitting. Participants with prior meditation experience displayed significant RSA increases during both sessions. Men (n=10) displayed significant RSA increases during meditation compared to sitting, even when controlling for respiration. These results support RSA as important to mindfulness meditation and encourage investigation of experience and sex effects.

### **33. African traditional healing and concept of the person**

Lonozou Kpanake, Postdoctoral Fellow, McGill University

Psychotherapies are centered on explicit talk about the self. Every system of psychotherapy thus depends on implicit models of the self, which in turn, are based on cultural concepts of the person. Although “person” is completely a social and cultural creation, psychotherapy in Africa is based on Euro-American values and egocentric concepts of the person. As a result, Western forms of psychotherapy are of little relevance in Africa, while traditional healers are found to carry out practices of psychotherapeutic values that are more culturally accepted by people since they consider the way African people define themselves through their worldview, their cultural values, and their selfway. In this paper, African concepts of the person underlying traditional healing practice were explored. The person is understood in relation to the social world, the environment, and the cosmos. Mental illness is the result of a disturbance in the harmony between the individual and such person’s agencies. Healing practice is grounded on connectedness, which is in turn associated with a healthy life. Traditional rituals have positive effect on mental health because they address this fundamental need, namely that of re-establishing links. Psychotherapy with African people should consider African concept of the person to determine how well it fits or conflicts with the concepts, values and way of life of the patient.

### **34. Yoga Therapy: A natural treatment for addictions**

Sarah Kinsley, MEd Candidate, University of Victoria

This poster will explore the use of Yoga therapy, as a mindfulness-based practice, for those recovering and healing from various addictions. The poster will uncover the roots of Yoga psychology and provide practitioners with techniques that can be used with clients. These techniques can also be employed by therapists/healers as a form of holistic self-care. Particular focus will be on the author’s work with various First Nations groups on Vancouver Island. The term ‘Yoga’ is often translated to mean ‘union’ thus implying one’s body/mind/spirit can be united by practicing this ancient healing path from India. The poster aims to educate participants of the depth found in traditional Yoga psychology. In the west, Yoga is often regarded as a way to increase the size of one’s biceps (focusing on the asanas/physical poses)

whereas, in reality, Yoga is a way of being, which when practiced can lead to greater levels of self-awareness and self-acceptance. This awareness is crucial when working with through addictions as those suffering often come to see first hand that they are more than their addictive mind-states and behaviour. It is paramount to note that addictions do not necessarily involve a substance but can be a state of mind in which desire dominates. Examples will be provided on how this ancient, yet emerging, form of therapy has been helpful for many people who seek to live a more holistic, meaningful existence.

### **35. Culturally comprehensive psychotherapy: Modern trends and the migration of Buddhist thought**

Nina Mafriqi, MA candidate, University of Toronto

Jonathan Danson, MA candidate, University of Toronto

The notion of integrating traditional healing practices into Western counselling and psychotherapy has stimulated a wealth of interest and research over the past several years. Specifically, in the last two decades many alternative or complimentary healing practices have emerged in reformulated and reconstituted ways in Western health care, often as a result of certain shortcomings in conventional medicine. Western therapists face a unique challenge in bridging cross-cultural boundaries through the process of integrating traditional healing, spiritual doctrines and religious practices into contemporary counselling and psychotherapeutic practice. This poster aims to explore Buddhism as one of the most striking examples of spiritual integration into Western psychological thought. Beginning with an examination of the Buddha's life, his noble teachings, and his encounter with psychoanalytic theory in the 1950s, we attempt to draw parallels between Western psychological thought and Buddhist philosophy. Commenting on the current integration of Buddhism into Western psychotherapy, we conclude with the challenges therapists face today and the importance of remaining attune to culturally-embedded values, norms and practices in our clinical encounters.

### **36. Living in the lotus flower: The effects of mindfulness meditation in psychotherapy with cancer populations**

Raha Mirian, MEd candidate, University of Toronto

This poster highlights the benefits of using mindfulness meditation practices with cancer populations. In contrast to the prevailing Western bio-medical model, which embraces a mechanized and reductionism view of the individual, Eastern philosophical practices maintain a holistic approach to health and consider mental, physical, and spiritual well-being as interrelated. Illness is accordingly viewed as the body's message to the person to redirect their life and re-establish balance within. Rather than searching for a cure to eliminate the manifestation of the body's message, the individual learns that the expression itself carries great value. Patients are encouraged to tune into their bodies, and reunite with the spiritual essence of their being, which becomes their cure. Mindfulness practices and spiritually-focused psychotherapy groups have proven highly beneficial in assisting cancer patients to successfully work through existential issues and achieve greater well-being. Studies have demonstrated benefits including decreased negative affect and increased positivity, a secure sense of inner-self, non-judgmental awareness, and acceptance. Most significantly, feelings of connectedness to others and to higher nature, meaningfulness, and increased spirituality have been documented.

### **37. How Mormon women reconcile their feminist attitudes within a patriarchal religion**

Verlyne Nzojibwami, Counsellor, Calgary

Nancy Arthur, Ph.D., Professor, University of Calgary

This poster will present the ways that Mormon women reconcile their feminist attitudes within a patriarchal religion. Thirteen women from six different cities across Canada and the United States were interviewed. The findings suggest that the main coping strategies include: (1) treating the patriarchal system as peripheral to one's faith, spiritual development and personal relationship with God, (2) reconstructing an idiosyncratic understanding of LDS theology that better fits with one's feminist beliefs, and (3) taking some form of action to move beyond the patriarchal structure and foster personal empowerment. Implications for counselling are considered with an emphasis on feminist principles and multicultural counselling competencies are suggested.

### **38. The dissection of spirituality from an integrative medicinal model**

Rob Roopa, MEd Candidate, University of Toronto

A significant number of medical schools and psychiatric institutions today are incorporating holistic approaches within their curriculum and are acknowledging the practice as legitimate rather than quackery. The collaboration of both practices to address the healthcare needs of a specific patient is termed integrative medicine. According to Hans Baer in *Towards an Integrative Medicine*, physicians have become increasingly aware of their patients' movement towards alternative approaches of Medicare. This movement is caused by the failure of biomedicine to cure some of the most prominent and widespread diseases that have effected us for decades. Patients are starting to lose faith in the medical system and thus, are seeking other alternatives for treatment. Baer argues that because of this movement, a number of physicians and psychiatrist are seeing this as a potential to expand both their practice into holistic alternatives and expand their business using an integrative approach to medicine. However, the idea of an integrative approach almost fails from a social perspective. Although it may succeed in providing patients with different perspectives on how to treat their ailments, an integrative model only reinforces neoliberalism through the exploitation of holistic approaches and the forced compliance of having traditional practices conform their principles appropriately to the medical model. The aim of this presentation is to explore how spirituality has been completely isolated from the integrative model and neglects the basis of what has made holistic practices successful throughout history.

### **39. Ecology consciousness in a more-than-human-world: Psychological benefits of being with/in nature**

Gillian Smith, Ph.D. Candidate, Simon Fraser University

This poster presentation is an exploration of what might be imagined if we were to necessitate a reunion between humans and nature, as if unfrozen from the disembodied enchantment of the mechanistic worldview. Departing from a human-centered form of psychotherapy that has emerged from a human psyche that has devastated the planet and that has resulted in substantial inequity of people around the globe, this presentation seeks to uncover what could be considered the "dormant sensitivities" of humanity, namely, deep and profound relation to the "planetary-other". This presentation will demonstrate how these sensitivities have been suppressed over the last few centuries, and how they have consequently limited our ability to place analogous value on the more-than-human world. The aforementioned challenges to human healing have resulted in a form of "psychic numbing," the inability to feel and respond to human and planetary suffering. The phenomenon of aesthetics and empathy for the natural world, as a dimension of the human psyche, is explored with its relevance to humanness and planetary healing. I conclude that a new form of healing is required in our manner of psychotherapy, if we are to foster a will to calibrate human grace and ecological harmony.

#### **40. The teachings of Tibetan Buddhist deities to modern psychotherapy: An analysis of the medicine Buddha and Demchog**

Ken Walton, MEd candidate, University of Toronto

My poster will demonstrate how the various teachings of Tibetan Buddhist Deities can be incorporated within Western psychotherapy. The poster will focus on two of the main deities in Vajrayana Buddhism which embody a healing and deeply psychically transforming consciousness, the Medicine Buddha and Demchog. The teachings of the Medicine Buddha can be incorporated within psychotherapy to help therapists embody healing powers. The Medicine Buddha is the colour of deep blue space which represents the healing energy of the cosmos. Psychotherapists can learn to be empowered with this energy, and channel it into the healing of their clients' problems. The Medicine Buddha's hands are in the mudra position of Supreme Generosity and Meditation. This demonstrates the therapeutic disposition of being able to actively heal others, while simultaneously maintaining an inner calm state. The teachings of the wrathful Vajrayana deities, specifically Demchog, represent the dynamic tension within deep consciousness. Demchog is depicted in primal union with his female consort, representing the dialectic transformation of the deep psyche. Psychotherapists can use this energy to help clients heal deep psychic dynamic wounds. Demchog has 12 hands which hold tools that enable him to break through ignorance, greed, and hatred. These tools can be applied to various psychotherapeutic techniques.

#### **41. Health and healing in Guatemala**

Erin Wolfson, *Breaking the Silence*, Toronto

The Mayan calendar is still seen today as an important 'teacher' in the lives of many Guatemalans. Spiritual healers or guides use this traditional wisdom in their 'healing work'. Mayan ceremonies are seen as an important tool to help people in their healing processes - through reflection, meditation, offerings, and reconciliation - connecting with ourselves, with our communities, our ancestors, Nature and the universe as a whole. Mayan "Psychotherapy" practices, as such, often take place around fire. Part of the work that I was doing this last year in Guatemala was to look at the role of ceremonies and other traditional Mayan practices in 'community healing'. I was living in Rabinal, a rural aboriginal community and working with a community nursing program for aboriginal rural youth that is rooted in traditional Mayan health and healing practices. This was seen as very important to the community as traditional healers – such as midwives and spiritual guides – still play an important role in offering guidance to over 80 percent of the population. Many people do believe that these practices, such as commemoration ceremonies, are also an important part of both of individual and community healing – especially in communities, like Rabinal, where people are still affected by violence and conflict. I would like to share through photos and (possibly) a short documentary my reflections and learnings from my year in Guatemala, and how I see this traditional knowledge and practices as relevant to the Canadian context.

## DAY TWO

# PARALLEL WORKSHOPS

## WORKSHOP 1

Room 2-295

### **42. Finding the energy to heal: Emotional freedom techniques**

Patzia Gonzalez-Baz, Gestalt, Client Centered and Family Constellations Psychotherapist, Advanced EFT practitioner

EFT is a method used to release negative feelings naturally. It is an emotional form of acupressure. This method is highly effective in reducing the impact of trauma, anxiety and stressful events, can deal with any negative emotion, and can be used with any age group. It is natural, drug-free and rapid. Until recently, the subtle energies that circulate throughout the body have been largely ignored by Western scientists. As a result, our use of them for emotional and spiritual healing has been sparse at best. EFT, however, considers these subtle energies to be the front running cause of emotional upsets. In this experiential workshop you will learn the EFT shortcut, the points that are used and the sequence. To facilitate learning the sequence, we will do an EFT exercise with our breathing—most people do not breathe fully—and check results before and after the exercise. We will also do an exercise with food cravings. While being "tuned in" to the problem, you will be guided to tap gently on certain acupuncture points as you verbalize key elements of the issue. The combination of tapping, verbalizing, and "tuning in" diffuses the negative charge of the emotion. This is often done so subtly, you may not feel a big bang, you will just suddenly feel "normal". It sounds too simple to be true, yet it has worked time and time again!

## WORKSHOP 2

Room 2-212

### **43. The Inner Mongolian dance, Andai: A workshop in Shamanic healing**

Catherine Kmita, Ph.D. candidate, University of Alberta

Andai is a circle dance with scarves of the Khorchin Mongols in Inner Mongolia, China. It was originally used by shamans for a "heavy disease" among young women unable to marry a boy of their choosing, characterized by listlessness, lack of sleep, and lack of appetite. The ritual/dance was thereafter used for dozens of different purposes, such as bringing rain, celebrating national (Mongolian) culture, sending someone off, or for religious purposes. The dance is designed to raise energy to help the shaman with his or her work, but can also be used by the general population if a shaman is unavailable. This workshop will consist of three parts. First, I will outline the historical origins of the dance and its transformations in interaction with the modernization process in China and relations with the Han Chinese and the international community. This section will be illustrated with video footage of the dance. I will then demonstrate some of the common steps used in the dance with the workshop participants. The participants will then join me in performing andai. Perhaps we can find an appropriate intention for the energy we will undoubtedly raise!

## WORKSHOP 3

Room 2-213

#### **44. Therapeutic aspects of Indian classical dance**

Dimple Kaur, Principal, iMatter Institute of Counselling & Behavioural Sciences, New Delhi

The Indian dance therapy involves the use of *Mudras* (gestures) to attain therapeutic goals. This therapy helps to increase the emotional-physical unity in individuals affecting positive changes in the feelings, cognitions, behaviour and physical functioning. I use the psychosomatic relationships to make participants aware of their body and empower them to bring the changes desired by them. The workshop uses creative stories from *Puranas* and *Vedas*, thus exposing participants towards spirituality, rising above the mundane and leading them towards self-actualization. While befriending their emotions, feelings and sentiments through mudras (gestures) and interacting with others, participants learn to understand themselves more effectively. The workshop framework of involved and experiential learning makes the entire process easy to adapt and understand with a lot of emphasis on self-goals, realization and healing. The process can be used effectively for healing depression, anxiety, low self esteem, ADHD and other common disorders.

### WORKSHOP 4

*Room 2-286*

#### **45. Contemporary formulations of Reiki: history, theory, practice, and research**

Farah Jindani, Social worker, Toronto

Janany Irathinam, Social worker, Toronto

This presentation reviews research to date on Reiki and offers participants the opportunity to discuss this traditional healing method in relation to clinical practice. Reiki is a vibrational, or subtle energy therapy, most commonly facilitated by light touch, which is believed to balance the biofield and strengthen the body's ability to heal itself (Miles & True, 2003). Although systematic study of efficacy is scant thus far, Reiki is increasingly used as an adjunct to conventional medical care, both in and out of hospital settings. This workshop will describe the practice and review the history and theory of Reiki, giving participants a context for the growing popularity of this healing modality. Programs that incorporate Reiki into the clinical setting will be discussed, as well as important considerations in setting up such a program. As the presenter is a clinical practitioner also trained in Reiki, the integration of this traditional method into clinical practice will also be discussed. The presenter will demonstrate and guide participants through exercises by which participants will understand that Reiki is a light-touch therapy which generates energy flow into the body to enhance and speed up the body's natural healing ability. This will be demonstrated by teaching participants how energy can be transmitted through a series of hand positions directly over the body. Key energy points, such as chakras and crystal demonstrations with participants will occur. Finally, the research literature to date on Reiki will be reviewed and evaluated, and directions for future Reiki research, spirituality, and practice will be suggested.

## KEYNOTE PRESENTATION

*OISE Library*

#### **46. Bear spends time in our dreams now: Magical thinking, ritual, and spiritual considerations in counselling theory and practice**

Joseph Trimble, Ph.D., Professor, Western Washington University

Bears have great spiritual significance for numerous Indigenous societies and nations. Many believe the bear is the keeper of dreamtime, and through dreams knowledge, wisdom, and guidance are available to the person honoured by the bear's presence. When bears awake in one's dreams the dreamer can expect change and transformations in their lives. Bear medicine thus is believed to be a major healing source.

One of the major impediments to the success of a psychosocial intervention with ethnocultural clients is the deeply rooted and enduring presence of folk wisdom, healing traditions, sacred rituals, and ancestral knowledge. Often hidden from the view of outsiders, sacred and ancient knowledge is a source for explanations of various events ranging from natural phenomena to the cause and treatment of physical and psychological conditions.

Counsellors may view *magical thinking* as unrealistic and thus an obstruction to intervention. Given this consideration, *magical thinking*, rituals, and their spiritual facets and relevance for cultural empathy will form the major theme of the lecture.

*Magical thinking* gives people the opportunity to explain and control what they believe is uncertain. Rituals, ceremonies, songs, daily routines, and an assortment of related activities give people the feeling they're not at the whim and mercy of the uncontrollable. What may be seen as mysterious, extraordinary, supernatural, mystical, or dreamlike by some counsellors is believed to be authentic, controllable, predictable, and comprehensible by some clients.

Challenging the legitimacy, validity, value, and influence of what is real for ethnocultural clients calls into question a counsellor's cultural sensitivity, competence, and effectiveness. Conversely, counsellors who establish a deep and sensitive relationship with multicultural clients come to realize that *magical thinking*, spirituality, and ritual dominate their clients' worldviews. Depending on the counsellor's values and willingness to suspend judgment, in time trustworthiness, respect, reverence, rapport, benevolence, and integrity serve to promote cultural empathy and advance the counselling relationship.

## PAPER SESSIONS

### PAPER SESSION 1

*Room 2-295*

#### **47. Healing the hostility: White mothers of non-White children and Maori women**

Tracy Robinson-Wood, Professor, Northeastern University, USA

In qualitative interviews with 15 biological and adoptive White mothers of Non-White Children in New Zealand, one of the seven themes to emerge was hostility from Maori women experienced by White Mothers of Non-White Children. With a focus on the Marae as a center for Maori health and culture, this presentation will explore the racialized roots of this hostility among racially diverse women and discuss strategies for healing women's relationships towards strengthening the psychological and socio-emotional development of children of color with White mothers

#### **48. Healing, divination and 'Obeah' in African derived religions in the Caribbean**

Frances Henry, Professor Emerita, York University, Toronto

My presentation will discuss how African influenced religions in the Caribbean, specifically the Orisha and Spiritual Baptist Faiths, in Trinidad and elsewhere in the region, make use of a mixture of Christian and African religious rituals in attempting to heal their devotees mental, physical and spiritual disease. These religions rely strongly on African derived practices such as divination to provide answers to the problems presented by clients as well as more traditional and mainstream prayers and chants. I will describe and discuss some of the techniques observed and studied during my fieldwork in the Caribbean, where I was privileged to have worked closely with several religious leaders who were also major healers. Underpinning this discussion, will be the attempt to dismantle the negative beliefs and stereotypes about 'Obeah' as it pertains to African derived religious and healing practices.

#### **49. Out of the jungle and onto the couch: Investigating Ayahuasca as a therapeutic tool**

Stephen Trichter, Psy. D., Clinical Psychologist

*Vegetalismo*, the Indigenous shamanic healing tradition of the Amazon Basin, uses the visionary brew, ayahuasca, as a diagnostic tool towards healing the patient's interwoven mind, body, and spirit. Specifically, it uses a combination of plants and chanting to invoke the spirits to assist with purging out the energetic, psychic, physical, and emotional blockages in the patient. Ayahuasca has found increasing popularity among Western spiritual seekers due to its reputation of creating profound spiritual and mystical states of consciousness. However, this popularity and subsequent usage by Westerners brings its own challenges to adopting this shamanic tool. The integration of centuries-old shamanic practices into the context of the postmodern world requires a careful balance between traditional shamanic and Western ways of thought. The balance lies between the ability to recognize and absorb the perennial mystical wisdom unleashed by the brew, and its responsible and safe incorporation into a Western psychological and cultural framework. This presentation will look into original research on the spiritual and mystical affects of the brew on Western subjects and examine the benefits and risks of integrating this Indigenous practice into counselling and psychotherapy.

#### **50. Is there an American Indian psychology?**

Jeffrey King, Associate Professor, Western Washington University

There has been considerable debate among psychologists and even among American Indian psychologists as to whether psychology and/or counselling take a significantly different form when applied to American Indian tribal members. It is clear that a culturally-congruent psychotherapy with American Indians in many ways runs contrary to mainstream psychological theories due to significant differences in world view, values, traditions, history and life-ways. This presentation notes the difficulties encountered when trying to conceptualize an over-arching theory of counselling for American Indians. However, the deeper underlying values of tribes are very similar to each other and yet very distinct from the Western European values that form much of our psychological theories. Traditional American Indian values are contrasted with those of Western European cultures to illustrate the fact that the world views, traditional values, concepts of self, well-being, healing, spirituality, and relationships are very different for tribal people. These various differences are addressed, using terminology from various tribes to further illustrate these points. Finally, a general theory of an American Indian Psychology is presented with guidelines for providers in order to gain greater cultural competencies.

## **PAPER SESSION TWO**

*Room 2-212*

## **51. Incorporating religious discourses in counselling: Enhancing counsellor multicultural counselling competencies with African American clients**

Khan Boubou-Dalambaye, B.A., McGill University

Anusha Kassin, Adjunct Instructor, McGill University

There has been a rapid growth of culturally diverse populations in North America over the past thirty years (Suzuki *et al.*, 2001). This growing diversity poses a challenge for counsellors, as traditional counselling approaches are not effective when used with racial/ethnic minority groups (Sue *et al.*, 1982). Recently, an important focus has been placed on the development of Multicultural Counselling Competencies (MCC). The tripartite model of MCC, developed by Sue *et al.*, (1992), represents the most widely used framework in the field of counselling psychology. According to these authors, cultural competence necessitates self-awareness, appropriate knowledge, and sensitive skills on the part of counsellors. Given this conceptualization, it can be argued that individuals' religiosity, which can play a salient or even pivotal role in their lives, needs to be addressed in counselling in order to ensure proficient MCC. A particular population for which this holds true is that of African Americans. Historically, the topic of religion has been absent from the dominant discourse in counselling psychology (Pedersen, 2008). Individuals' religious beliefs can represent an important social, emotional, or financial resource. This affiliation with religion can be a crucial buffer against the effects of stress and pathology (Smith & Richards, 2005). The goal of this paper is to examine how counsellors can increase their understanding of clients' religiosity. By integrating religious discourses in counselling, counsellors will expand their MCC.

## **52. Contributions to counselling and psychotherapy from traditional healing**

Marusia Kaweski, Ph.D. candidate, University of Saskatchewan

Healing is a long-used and central concept in psychology. However, the discipline lacks developed discussions and critical analyses about healing, particularly in its critical literature. Further, the meaning of healing is usually implied from illness assumptions (Seagull & Seagull, 1991; Mishara, 1995). The purpose of this critical research is to explore the understandings of healing in self-care from the perspective of the patient. Self-care is understudied in psychology healing literature, although it is directly connected to health attitudes, beliefs, behaviors, and the daily activities used to maintain and restore health (Moser & Watkins, 2008, p. 205). It also comprises a key component of counselling and psychotherapy. To explore participant constructions of healing, I employ the life history narrative, which concerns development over the entire life course, and focuses on process and context that are important in healing (Chase, 2004, p.652). I focus specifically on meanings of narrated healing experiences for participants, the structure of narrative constructions about healing, and what the participants' perceive as the context that shapes the constructions of healing within their life story narratives. This research contributes to the knowledge base about lay understandings of healing and conceptualizations of healing within folk medical systems. These views differ from the meanings within the professional medical systems according to the particular goals and functions of each health care system. I also contribute to psychotherapy and counselling practice by raising conceptual and methodological issues of investigating healing and their implications for the practitioner in a clinical setting.

## **53. Aboriginal traditional healing integration in the context of Canadian mental health**

Olga Oulanova, Ph.D. Candidate, University of Toronto

Given that mainstream mental healthcare inadequately addresses the psychological needs of Indigenous clients, there is revival in the use of traditional healing among Canadian Aboriginal communities. In evaluating interventions with Aboriginal clients an argument is repeatedly made for incorporating traditional practices. However, concrete recommendations are missing on how traditional healing may be used conjointly with Western counselling. To address this limitation, I interviewed nine Canadian mental health professionals who routinely carry out such integration by using both Western psychological interventions and Aboriginal traditional healing practices. Qualitative data from discussions of their integrative efforts were analyzed via the Grounded Theory approach and four core themes were identified. 'Becoming a helper' described participants' paths to practicing both traditional healing and counselling. 'Deciding when to integrate' addressed their assessment process pertaining to integration. 'Describing integrative efforts' outlined participants' interventions and identified three main areas of integrative work: incorporating traditional elements, using a specific approach, and referral/collaboration. 'Experience with integration' addressed participants' own perception of their work, including challenges and barriers that they have encountered. A model is proposed that brings together these themes and illustrates participants' integrative efforts. A central implication of this research is that integration cannot be removed from and appropriated outside its intricate context. The findings are discussed with regard to providing adequate psychological services for Aboriginal clients. Broader implications for the role of culturally-grounded helping approaches in the mainstream mental healthcare system are also addressed.

#### **54. Traditional healers and healing practices in Nepal**

Prasad Pathak, Associate Professor, Tribhuvan University Teaching Hospital, Nepal

Nepalese traditional healers are known as *Dhami/Jhakris* and they act as mediators between the material world and the world of spirits. The healing traditions in Nepal are:

1. Ayurveda: the traditional health care providers are known as ayurvedic physicians who use elixirs, metal preparations and herbs to treat illness.
2. Tibetan Medicine: Known as *Amchis*. They use mountainous herbs in the treatment.
3. Faith Healing: They are supposed to diagnose the type of spirit and either make an offering and placate the spirit or suck the offending spirit from the patient's body using a spirit bone usually the human femur. The ritual often also involves the sacrifice of either a rooster or a black goat.

The Nepal government has started hospitals of traditional medicines. Our study showed that traditional healers are familiar with the social and cultural background of the people, are accessible and respected. Our study included 150 patients (2003-2008) affected by various psychosomatic disorders. The study showed that modern medicine failed in conditions where behavioral, emotional or spiritual factors had an important causative role. The study concludes that though allopathic medicines can address the symptoms of disease, only traditional medicine can heal conditions which can be traced to social or spiritual disorders. A closer collaboration between allopathic and traditional medical systems if properly organized can be of benefit to all concerned. Traditional healers should also be made aware of modern allopathic practices and greater integration between the two systems in health care delivery is essential.

## PAPER SESSION THREE

Room 2-213

## **55. Latinos and traditional healing: Countertransference conflicts to integrate healing practices and psychotherapy**

Ruth Lijtmaer, Ph.D., Faculty, Fairleigh Dickinson University, New Jersey

Latino and non-Latino culturally sensitive therapists have responded to the dominant literature regarding spirituality, altar-making and folk healing, by highlighting its cultural relevance, and its function as an adaptive strategy in situations of social and emotional stress. Spirituality differs from organized religion because it transcends religious affiliation. As a way of life, it helps many Latinos to deepen their sense of meaning and purpose. Illness is perceived as a nemesis of imbalance and the main goal of spirituality is “sanacion” (healing). Altar-making can help people explore spiritual themes in their lives, cope with bereavement and grief, help clients remember their loved ones and memorialize the living, among other functions. Latino healers invoke the help of spirits, saints and/or deities. They also prescribe remedies, herbs, prayers, and rituals. Because many individuals experience regression when becoming ill, healing frequently requires mothering and nurturing. As part of alternative medicine, folk healing has an underlying assumption of spirituality that provides sufferers with a participatory experience of empowerment, authenticity, and enlarged self-identity when illness threatens their sense of intactness and connection to the world. A clinical vignette will highlight a therapist’s struggles to integrate traditional healing practices, the biomedical model and psychotherapy in a physically ill patient.

## **56. Traditional healing and psychotherapy in Togo**

Lonozou Kpanake, Postdoctoral Fellow, McGill University

In Africa, mental disorders are attributed to the activities of external causes such as evil spirits, attacks from witches, enemies and the deities. Over the years, mental health professionals in Togo (West Africa) employing predominantly Western forms of psychotherapy find tensions and contradictions emerging between their own professional psychological theories and the mental illness understandings assumed by the patients consulting them. However, the traditional healers known by such names as *nganga*, *boko*, and *koedu* have been found to carry out practices of psychotherapeutic values that are more culturally accepted by people. In this paper, an African psychologist observed and interviewed two well-known traditional healers in villages in Togo to understand their therapeutic interventions. A large number of such practices were found to be of psychotherapeutic importance through the manipulation of the clients’ cultural environment, prescription of symbolic rites, and integration of psyche, soma, and often the entire community. Such a therapy stresses the whole person’s change, rather than to produce an internal reorganization of the person’s self. The need to incorporate such holistic treatment into mental-health care in the country for the benefits of patients was emphasized.

## **57. Working with client’s experience of shame: Lessons from traditional healing**

David Chiu, Graduate Student, University of British Columbia

Marvin Westwood, Professor, University of British Columbia

Marla Buchanan, Associate Professor, University of British Columbia

Clients’ affective experiences can both facilitate and hinder the therapeutic process. In particular, clients who experience shame may withhold distressing aspects of their lives from their therapist. Where psychotherapeutic approaches often place a high premium on verbal, emotional and behavioural expressiveness, and open and intimate disclosure, many significant and perhaps central client concerns may go unnoticed. Shame is therefore a focal determinant of therapeutic outcomes that requires careful attention. This meta-theoretical paper considers how traditional Chinese and Aboriginal teachings may

inform our therapeutic work with shame. To better understand ways of working with shame in psychotherapy, we examine research on the various antecedents of shame in different cultures. In traditional Chinese and Aboriginal cultures, shame operates as a form of social governance. Deviant behaviour is subject to public shaming by the culture. Shame is therefore a socio-cultural phenomenon. Its experience is intensified by the presence of an audience, whether actual or merely perceived. Given the cultural context in which shame originates, we argue that it can only be truly subjugated through cultural witnessing and validation. To illustrate this point, examples from traditional Chinese and Aboriginal teachings and methods of healing – including healing circles and lodges, public penitence, connecting with the cultural community – are examined. The implications of such practices for working with shame in psychotherapy are discussed.

### **58. Finding a path: An integrative model of Indigenous and Western mental health and healing**

Teresa Beaulieu, MA Candidate, University of Toronto

Katherine Leblanc, Social Worker, Toronto

Althea Prescod, Nurse, Toronto

The experience of most First Nations people in Canada is one of being caught between two worlds. The traditional understandings and approaches towards mental health inherent in Indigenous paradigms can be starkly different from the assumptions of the Euro-Canadian paradigm. Counsellors working with First Nations people must assist the client in forging a relationship between the two philosophies, through incorporating models and methods of care from each. A new model of integrated healing is presented, beginning with a traditional worldview, and blending in Western methodologies as appropriate.

### **59. Circle power: Integrating traditional forms of group work with counselling psychology curriculum**

Maura McIntyre, Adjunct Professor, University of Toronto

In teaching a Master's level course on group work in counselling I position two group techniques based on Native American Healing Circles at the forefront of the curriculum as both readings and as experiential learning opportunities. The first is based in the traditional form of the Talking Circle; the second is based in the Inner Circle/Outer Circle. Assisting students to understand that the history of healing in groups began with Native peoples long before the disciplines of social work, counselling psychology and psychiatry were even established, and that that history has much to teach us about working with people in groups, is a necessary precursor to studying contemporary group work approaches. The in-class rendering of the Talking Circle and the Inner Circle/Outer Circle allows students first hand experience with some of the personal, social, environmental and spiritual aspects of how groups are used for healing in First Nations culture. Understanding the power of the circle as a ceremonial site, the purposes of smudging, the discipline engendered by a talking stick, the potency of listening and silence and the elegance of the round-robin approach allow us as a class to both honour the tradition and experience the effectiveness of this traditional group work methodology. In this paper I will detail the ways that I integrate these traditional forms of group work with the remainder of the group work curriculum and describe some of the successes, issues and pedagogical challenges that have emerged through the practice of this approach.

## **PAPER SESSION 4**

*Room 2-286*

## **60. Indigenous Polynesian counselling and the denial of death**

Keith Morrison, Rev. Dr., *St. Isaac House of Prayer, New Zealand*

Indigenous Polynesian counselling addresses contradiction and tension, and transforms them into ecstatic creativity attuned to recognition of primal reciprocity. Reciprocity is recognized as operating at several levels: the personal, the social and the cosmic. Reciprocity is seen as healthy life that is essentially eternal. Two types of “counselling” operate: the first can be considered to be preventative health-care and involve rituals practices to facilitate ecstatic self-transcendence into reciprocity through dance, trance and hysteria; and the second, health care to recover lost health/ reciprocity involving expressive dialogue and exorcism of subliminal conditioning. In all of these practices, death is normalized by being incorporated into the narrative through the spiritual realm of ancestors being made present along with the divine. The healer has divine authority that unites the material and spiritual realms and hence transcends death and its denial; hence also the source of tension and contradictions,

## **61. Tobacco ties: The relationship of ‘the sacred’ in research**

Jean -Paul Restoule, *Assistant Professor, University of Toronto*

Debby Danard Wilson, *Ph.D.. Candidate, University of Toronto*

In this proposed paper presentation, we are inspired to raise consciousness of the (spiritual) power of tobacco in a modern context and the responsibility of using tobacco as a research methodology. By sharing her own traditional knowledge and experience of using tobacco as a research methodology Debby hopes to bridge this cultural divide between traditional Aboriginal and euro-centric knowledge and ways of knowing. This presentation reviews our experiences (journeys) of engaging in research that uses *tobacco* as a research protocol for eliciting information from Elders and Traditional People. Our learning emerged from a quite different beginning place. Jean-Paul’s initial project goal in 2006 was to speak to Aboriginal traditional teachers and Elders and identify how their cultural teachings and traditions might be applied to the development of research relationships and ethical protocols. It was anticipated that the results of this project would complement the policy work undertaken by the Panel on Research Ethics Task Force Committee on Aboriginal Research (PRE-TACAR) to find existing Aboriginal community protocols and consult with Aboriginal researchers, communities, and people to develop more specific and suitable guidelines for the Tri Council Policy Statement on Ethical Research involving humans, particularly Section 6 on Aboriginal peoples.

## **62. Indigenous notions of mental illness in rural South Africa**

Tholene Sodi, *Head of Department, University of Venda, South Africa*

Several studies have found that up to 70 percent of South Africans consult traditional healers at some point in their lives. The aim of this paper is: (i). to give a critical review of the literature on Indigenous healing and the treatment procedures that are used by traditional healers in South Africa and (ii) to present two Indigenous healers' explanations of a condition regarded as a state of social pollution. Known as "senyama" or "sefifi" (loosely translated to mean darkness) this condition is believed to result in bad luck and experiences of ill health that can even lead to death. The paper is concluded by suggesting that there are definite psychological and public health dimensions associated with "senyama" and related culture conditions.

## **63. Japanese Indigenous knowledge and traditional healing**

Yumiko Kawano, MA candidate, University of Toronto

By exploring “Kototama”, an Indigenous knowledge of Japan, it is clearly seen that all human beings can be “medicine”. “Kototama” means that words carry our thoughts in their vibration. “Kototama” describes the heard and unheard vibrations we are always producing, whether through speaking or thinking. Furthermore, Kototama describes the intimate relationship between the material or physical world and these vibrating energies. In recent experiments conducted in Japan, the nature of “Kototama” was made visible: when water that had been exposed to the vibrations of various words and thoughts was frozen, the ice crystals formed regular or irregular patterns, reflecting the positive or negative energy of the words. If it is acknowledged that about 70 percent of our body consists of water, we cannot then deny that the vibrations transmitted through our words and thoughts affect the well being of our physical bodies. In fact, many Indigenous communities all over the world apply the power of words to their healing practices and recognized the healing qualities of water. In this presentation, I would like to show that every person has healing power and that this power depends on how aware we are of our strength. Moreover, I interrogated why these kinds of Indigenous knowledge has been marginalized, particularly in the academy, yet has persisted through over thousands of years by being passed down between generations.

## PAPER SESSION 5

Room 2-296

### **64. African Indigenous ways of healing: A Kenyan case study**

Njoki Wane, Associate Professor, University of Toronto

Ancient African healing practices were founded upon holistic approaches, grounded on spiritual guidance embodied in Creator, the giver of life, harmony, balance, cosmic order, peace, and healing. To begin to make sense of healing practices in Africa one needs to understand the worldview of the African people and the complexities of each culture. As more and more people begin to embrace alternative modes of healing, this renaissance aids the mainstream thinking by incorporating alternate knowledges to our non-holistic approaches, while concurrently aiding in the rebirth of self-dignity and self-worth among the holders of the old way. This presentation is based on an on-going research: *Ethno-Medicine Practices in Seven Provinces in Kenya*. The data presented reveal that Indigenous healing practices have survived in spite of popularization of Western medical practices. In addition, these practices do not only involve work that only corrects the internal imbalances through which disease can manifest within an individual, but emphasizes the re-establishment of individual harmony with their environment and their relationship with the natural cycles to which all life is subject to.

### **65. Application of Morita therapy for the treatment of male offenders of intimate violence and abuse**

Yoshiyuki Takano, Ph.D. Candidate, University of British Columbia

This presentation examines the application of Japanese traditional psychotherapy, Morita therapy (Morita, 1960) to the current treatment program for male offenders who are abusive to their partners. Morita therapy has been in practice for over 50 years in Japan and has been applied in North American culture with success for over 20 years (Ishiyama, 1990). The application of Morita therapy will help men who are violent and abusive to their partners in two ways. First, Morita therapy will help them understand that uncomfortable feelings or “inconvenient feelings” (Ishiyama, 1990), such as anxiety, insecurity, and fears in their lives are a natural part of existential experiences, and help them realize that these feelings are the manifestation of a desire for constructive living that could help them take actions in spite of their emotional states (Takano & Ishiyama, 2008). Second, Morita therapy can also address the fact that men

who are violent often have well-intentioned desires but make misguided efforts to build relationships (Jenkins, 1990). It emphasizes this discrepancy and helps men understand their yearnings for themselves and the relationships, and to take responsibility in making constructive efforts to build respectful relationship (Takano & Ishiyama, 2008). This application of Japanese traditional Morita therapy is significant and holds great promise for effectiveness as a treatment modality for men who are violent and abusive to their partners, and works effectively especially with Cognitive behavioural and invitational approaches. This will give counsellors and therapists more tools to draw from to promote engagement with men and to encourage them to take responsibility for their actions.

## **66. Invoking the container: Using Reiki in the practice of psychotherapy**

Jill Lazenby, Associated Scholar, University of Toronto

Reiki is a gentle and easy-to-learn energy-based healing modality from Japan. Both hands-on and distance healing methods are used to enhance a balancing flow of “ki” or life force energy, for physical, mental and emotional healing. This presentation focuses on how psychotherapists might use the methods of Reiki to both generate and reinforce the healing “container” in therapy. Concrete examples and suggestions will be offered from the experience of a Jungian-inspired psychotherapist who is also a practicing Reiki master.

## **67. Shielded minds: The paradox of youthful leadership**

Cynthia C. Wesley-Esquimaux, Faculty, University of Toronto

Steven Koptie, MEd Candidate, University of Toronto

The concept of *Shielded Minds* speaks to how the current relationship between Aboriginal peoples and the Canadian state has been deliberately constructed to keep the current Aboriginal/Canadian Government political and social status quo “upfront and working” on behalf of entrenched federal and provincial policy objectives and to keep Indigenous populations across Canada at a *peculiar* disadvantage. Aboriginal people in Canada are poised on the edge of the 21<sup>st</sup> century armed with a traditional knowledge base, rapidly reconstructing cultural values and practices, national reclamation of languages, undeveloped on-reserve lands and human resources, and a growing demographic of potential young leaders. This paper looks to Aboriginal and non-Aboriginal youth as the source of an emerging “deep practice” leadership model forming out of an action based hybridized Indigenous framework for leadership and reconciliation called the Canadian Roots Exchange (CRE). The next steps for the Canadian Roots Exchange team and their cultural and academic guide (me) will be outlined to demonstrate why this cultural leadership model might be considered as an exemplary model of Indigenous or “wise practices” in action. Finally, this paper will highlight the current state of youth engagement in Canada, especially in regards to Aboriginal youth across this country, and examine the roadblocks, successes and the challenges, and the failures of policy and practice when it comes to nurturing and supporting specific kinds of youthful “deep practice” leadership initiatives.

# PANEL PRESENTATION

# INTEGRATING TRADITIONAL HEALING INTO COUNSELLING AND PSYCHOTHERAPY

OISE Library

## **68. Challenges to integration of traditional healing practices into counselling and psychotherapy**

Niyi Bojuwoye, Ph.D., University of KwaZulu-Natal, South Africa

Arguments for the integration of traditional healthcare with Western-oriented healthcare practices seem to far outweigh those against it. The general contention is that integration would make healthcare practices more culturally relevant or context sensitive and therefore more acceptable to people and at a cost they can afford. Moreover, since actual health seeking behaviours of Indigenous people also suggest high confidence around the practices of traditional healthcare, integration has great promise for optimization of resources through multiple approaches to healthcare practices which make for pooling of both cultural and Western oriented resources and Indigenous knowledge relevant to effective health promotion. This way integration would be community-oriented, ensuring full participation of people who would be empowered and be capable of taking responsibility for improving their own lives. However, while integration may be said to have very bright prospects, it is not without its challenges. A major constraint to integration is the disrespect and the negative attitudes to traditional healthcare by Western oriented practitioners. Traditional healthcare practices are perceived to be characterized by incorrect diagnosis, imprecise dosage, low hygiene standard and with methods shrouded in secrecy, as well as, the absence of written records about patients. While the paper discusses these constraints in detail, it concludes that the challenges are not insurmountable. Some suggestions as to how the challenges can be overcome are offered.

## **69. Integrating Eastern spirituality & Western psychotherapy: Promise & pitfalls**

Waseem Alladin, Psy. D., Clinical Psychologist, United Kingdom

There is much that is good and much that is questionable in new age spirituality. What is needed is a model of spirituality for psychotherapy and mind-body medicine which allows practitioners to include spirituality in their work in a sound, integrated and meaningful way. The Bolletino model is used as a framework since it applies equally to believers, atheists and agnostics. Thus, spirituality is more than just believing in something: it is the way we look at the world that is expressed in the way we live and the way we experience our lives. This approach is also compatible with humanistic and existential approaches to psychotherapy as it is with the newer forms of cognitive behavioural therapies such as acceptance and commitment therapy and mindfulness based approaches. Ultimately, there are existential questions we are all concerned about : *Why* am I here? *What* am I doing with my life? *Where* am I going? But we rarely ask these questions until calamity such as death approaches or adversity strikes. Then we ask: *Why me?* *Why now?* *Why this?* Only by embracing a more robust and sound spirituality and integrating it into psychotherapy can we claim to be empowering, enhancing and enabling both ourselves and our clients.

# BIOGRAPHIES

### **Saadia Akram-Pall**

Saadia Akram-Pall, psychotherapist and clinical member of the Ontario Society of Psychotherapists, has more than 15 years of experience helping individuals, couples, and families with a variety of psychosocial issues. She has a deep understanding of diversity and multicultural issues. Saadia has MA and M.Ed. degrees in psychology as well as post-master's specialization in clinical psychology. Presently, she is pursuing her doctorate degree in Counselling Psychology from OISE. She has been working for more than 15 years in the nonprofit, community based sector and gained experience with diverse, newcomer and immigrant populations in reference to psycho-social and acculturation issues. Her doctoral dissertation mainly focuses on exploring resilience in immigrant population in the context of acculturation and depression. She has participated in various research projects, and her articles have also been published in professional journals. Her book, *Abnormal Psychology*, has been recommended for master's-degree studies. She has organized variety of groups, workshops, professional development trainings and community education forums.

### **Waseem Alladin**

Waseem Alladin, PsyD., is the Editor in Chief of *Counselling Psychology Quarterly: An International Journal of Theory, Research & Practice*. He is the Clinical Director of the Centre for Work Stress Management/Centre for Cognitive Neuropsychology Therapy and Head of Psychology for Autism Care UK. He is a consultant chartered clinical and counseling psychologist and a forensic and clinical neuropsychologist. He has published book chapters and papers in the fields of transcultural and clinical psychology and chronic pain. He presented an ethnopsychosocial model for counselling and psychotherapy at the 2008 UNESCO Paris Conference, celebrating the 60<sup>th</sup> Anniversary of the Universal Declaration of Human Rights. He is proud to be a member of 'Psychologists for Social Responsibility' which challenged and helped reverse the APA's position on torture. His current interests include integration of mindfulness-based therapies and spirituality, clinical hypnosis and traditional healing, human rights education and coaching psychology.

### **Nancy Arthur**

Dr. Nancy Arthur is a Canada Research Chair in Professional Education and Professor in the Division of Applied Psychology, Faculty of Education, University of Calgary. Nancy's research and teaching interests focus on career development, multicultural counselling and international transitions. She authored the book, *Counselling International Students* and co-edited the book, *Case Incidents in Counselling for International Transitions*. The first edition of her co-edited book, *Culture-Infused Counselling*, received the 2006 Book Award from the Canadian Counselling Association.

### **Teresa Beaulieu**

Teresa Beaulieu is currently completing her Masters of Arts in the Adult Education and Counselling Psychology Program at OISE, University of Toronto. Her Masters thesis focuses on the role of Indigenous Elders in diverse mental health systems across Canada. Teresa is also a research assistant for Dr. Suzanne L. Stewart's project entitled "Indigenous mental health and healing practices: Narratives on integration with Western health services." She is also the Coordinator of the Youth Outreach Program at the Centre for Addiction and Mental Health, where she delivers psychoeducational workshops for youth and community organizations across the greater Toronto area.

### **Deniz Canel-Çınarbaş**

Dr. Canel-Çınarbaş is an assistant professor at the Department of Educational Psychology, University of Alberta, Alberta, Canada. She was born in Turkey. She received her bachelor's degree from Middle East Technical University, Ankara, Turkey. She obtained her master's degree in clinical psychology and Ph.D.

degree in counseling psychology from Ball State University, Indiana, U.S.A. She is interested in cross-cultural psychopathology, Turkish indigenous healing methods and multicultural counseling. Dr. Canel-Çınarbaş conducted research projects on intergroup anxiety and intergroup contact, cross-cultural construct equivalence of depression, anxiety and somatization, bias and translation in cross-cultural research, and racial microaggressions.

### **Charles Chen**

Charles P. Chen, Ph.D., is Associate Professor and a Canada Research Chair in Counselling Psychology at OISE, University of Toronto. He is also a Guest/Visiting Professor internationally.

### **David Chiu**

After having trained as a microbiologist at Dalhousie University in Halifax, David Chiu made a cross-continent journey to the University of British Columbia where he is currently pursuing his Master's in Counselling Psychology. His research interests began in cancer pharmacology, but having found that the human psyche is the way to true well-being, he now researches the psychosocial experiences of immigrant youth with a life-threatening illness. David has been actively engaged in student advocacy work at UBC and once finished his program, hopes to be able to continue his advocacy work in the public arena on behalf of culturally diverse and marginalized populations.

### **Jonathan Danson**

Jonathan completed his honours bachelor of arts at York University, where he studied psychology and communications. His undergraduate thesis work was in the field of health psychology, with a special focus on pediatric pain. Currently, Jonathan is a Master of Arts student in the Counselling Psychology program at OISE/UT, where he is studying under the supervision of Dr. Jeanne Watson. His research examines the use of an expressive writing intervention for trauma survivors, and he is currently collecting data in a single-blind randomized control trial. He is also involved in a supported employment research project in the department of occupational therapy at University of Toronto, where he helps identify barriers to employment for the mentally ill. In September, 2009, Jonathan will begin working towards his Ph.D. in Counselling Psychology at OISE/UT.

### **Laura Eubanks Gambrel**

Laura Eubanks Gambrel is a doctoral student in human development, marriage and family therapy at Virginia Polytechnic and State University. She received her MA in contemplative psychotherapy from Naropa University. With over ten years of meditation experience, she has studied Buddhism both personally and academically in India, Nepal, and the United States. Laura's clinical background has focused on work with children, adolescents, and families, often utilizing experiential interventions such as art and sandtray. Her research and clinical work focuses on integrating mindfulness into therapy with couples and families to increase intimacy and enrich relationships.

### **Uwe Gielen**

Uwe P. Gielen (Ph.D. in Social Psychology, Harvard University) is Professor of Psychology and Director of the Institute for International and Cross-Cultural Psychology at St. Francis College, New York. His work centers on cross-cultural and international psychology, Tibetan studies, international family psychology and therapy, Chinese American immigrant children, and moral development. Dr. Gielen is the senior editor or coeditor of 18 volumes, including *Handbook of Culture, Therapy, and Healing*; *Principles of Multicultural Counseling and Therapy*; *Childhood and Adolescence: Cross-Cultural Perspectives and Applications*; and *Toward a Global Psychology: Theory, Research, Intervention, and Pedagogy*. He has served as president of the Society for Cross-Cultural Research, the International Council of Psychologists, and the International Psychology Division of the American Psychology Association.

### **Patzia González-Baz**

I am a Gestalt, client-centered and family constellations psychotherapist and an Advanced EFT practitioner. I hold a diploma in Comprehensive Energy Psychology. Over the past 30 years I have been a student of life, spirituality and inner growth. This wonderful journey has led me to many places and many inner and outer discoveries; it has allowed me to develop a strong intuition and spiritual connection that allows me to connect energetically with others in a loving, respectful and humble way. I am passionate about supporting others in their personal and spiritual growth and this has led me to try out new and exciting ways of working with people. I have lived most of my life in Mexico, where I was in private practice and was also a staff member at the Gestalt Institute in Cuernavaca. I also led two-year long trainings in Energy Psychology. For the past 25 years, Sufism, as a spiritual practice, has been central to my life. I have two grown children and a little over a year ago I relocated to Newmarket, Ontario, in Canada.

### **Anne Goodman**

Anne Goodman teaches in the Adult Education and Counselling Psychology Department at OISE and is the Director of the Certificate in Community Healing and Peacebuilding. Originally from South Africa, Anne has a long involvement in peace issues and has done education and training workshops both locally and internationally. She is the founder and current President of InterChange: International Institute for Community-Based Peacebuilding which has members around the world, mainly in Toronto, East Africa and former Yugoslavia. She has also taught peace studies at the undergraduate and graduate levels at McMaster University's centre for Peace Studies, University of Winnipeg and now OISE.

### **Aisha (Laureen) Hamdan**

Dr. Aisha (Laureen) Hamdan is an Assistant Professor of Behavioral Sciences in the College of Medicine at the University of Sharjah, United Arab Emirates. She holds an M.A. in Clinical Psychology from Minnesota State University and a Ph.D. in Clinical Psychology from West Virginia University, USA. She has several publications in professional journals related to psychotherapy and counseling with Muslim clients and mental health of Muslim populations. She has also lectured extensively on these topics at various local and regional conferences. Her current research interests include spirituality and mental health in Muslim populations, religious/spiritual psychotherapy, and women's mental health. Dr. Aisha has been a Muslim for over 20 years and received a Bachelor's Degree in Islamic Studies from the American Open University in 2005. She has written over 100 articles on various topics for *Aljumuah Magazine*, an international Islamic magazine and will have a book released soon by International Islamic Publishing House entitled "Nurturing Emaan in Children." She is currently working on another book with IIPH entitled "Psychology from an Islamic Perspective."

### **Linah Hashimi**

Linah Hashimi is currently pursuing her Masters of Arts in Counselling Psychology at University of Toronto. She had completed her double major BSc. in psychology and biology at McGill University. Her current research interest and the topic of her thesis is the use of spirituality and spiritual communities in building resilience in newly arrived Muslim immigrants.

### **Frances Henry**

Dr. Frances Henry, Professor Emerita, is one of Canada's leading experts in the study of racism and anti-racism. Since the mid seventies, when she published the first study of attitudes towards people of colour, she has consistently pioneered research in this field. Now retired from York University, Dr. Henry continues an active research and publishing career. Her most recent books, published recently include the fourth edition of the *Colour of Democracy* Nelson, Thompson and *Racism in the University: Demanding Social Justice* a University of Toronto Press. She has published many other works on this topic. As an anthropologist, Professor Henry's area of specialization is the Caribbean. She has written the only

ethnographic study of the Caribbean community in Toronto (*The Caribbean Diaspora in Toronto: Learning to Live with Racism*) and has recently published *He Had the Power: Pa Neezer, the Orisha King of Trinidad*, Lexicon Press; *Reclaiming African Religion in Trinidad: The Orisha and Spiritual Baptist Faiths*, University of the West Indies Press, 2003. Another book, co-edited with D. Plaza is titled *Returning to the Source: The Final Stage of the Caribbean Migration Circuit*. (University of the West Indies Press. 2006)

### **Rachel Hoogasian**

Rachel Hoogasian is currently a graduate student at Boston College studying Counseling Psychology. She received her B.A. from the University of Arizona in Religious Studies and Sociology. Rachel has worked with youth for over 5 years in the Southwestern and Northeastern U.S. as a Pastoral Minister and mentor. She has led a number of young adult groups on service projects across the Mexican-American border as well as organizing, fundraising and helping to further construct a secondary school building in Ghana, West Africa during the summer of 2007. Next year she will act as a Mental Health Counseling intern at the Needham Youth Commission in Needham, MA. Rachel's research interests include: integration of spirituality and ritual in psychotherapy and adaptation of feminist approaches to counseling-advocacy for Latino/a immigrants and their children.

### **Sarah Horowitz**

Sarah Horowitz graduated from McGill University with an Honours Bachelor of Arts in Psychology and a minor concentration in World Religions in October, 2008. Heavily involved in research throughout her undergraduate program, she also worked as a research assistant in community health and social psychology for eight months at York University. Sarah will enter the MA program in Counselling Psychology at OISE in September 2009, under the supervision of Dr. Roy Moodley. Her research interests include cross-cultural conceptualizations of health, illness and healing, the process of incorporating traditional healing methods into Western medicine, and the utility of mindfulness meditation in treatment for mental illness. After practicing yoga and meditation for over a decade, Sarah has recently completed training as a Certified Yoga Teacher at Yogaspace studio. She is currently teaching yoga and meditation around Toronto.

### **Farrah Jindani**

Farah Jindani is a criminologist (MPhil.), social worker (MSW) and PhD candidate in Psychology & Education (OISE/UT). Farah works as a Youth and Family Counselor in the Addictions field and is interested in the integration of holistic healing practices in psychotherapy. She has worked and studied in North America and internationally in areas of early childhood education, newcomer settlement, youth delinquency, mental health and justice. Farah participates on numerous advocacy, research, training and grassroots initiatives.

### **Dimple Kaur**

Dimple is a multi-faceted personality with entrepreneurial experience of over 12 years involving setting up and running a school, practice in psychology and Indian classical dance and theatre. She endeavors to bring innovative training ideas to work life balance, emotional sickness, success, failure management and positive thinking. With extensive experience with varied audiences and situations she has been able to refine and innovate training systems, applications, content and delivery. Today she strives to use the extensive learning and exposure for the benefit across age groups and sections of the modern society, as the world not only needs its citizens to be physically fit but emotionally healthy as well.

### **Anusha Kassin**

Dr. Kassin has an educational background in counselling psychology and has recently obtained her doctorate from McGill University. She completed her dissertation on multicultural counselling competencies with adolescents. Dr. Kassin is currently an adjunct instructor in the Department of

Educational and Counselling Psychology at McGill University. She also works as a psychologist in the Department of Psychiatry at the Montreal Children's Hospital. She has a private practice where she works with a clientele of culturally diverse individuals, including adolescents, adults, and couples. Dr. Kassan's primary interests lie in the integration of multiculturalism and feminism, teaching and mentoring, professional development, as well as culturally sensitive service delivery. She is committed to attending to issues of diversity within the helping profession. She is actively involved in research in the following areas: multicultural counselling competencies, immigration and cultural transition, first generation college students, as well as queer issues.

### **Yumiko Kawano**

Yumiko Kawano is a MA student in the Department of Sociology and equity Studies in Education at the Ontario Institute for Studies in Education of the University of Toronto. Her research interest includes indigenous knowledges, anticolonial thought, antiracism, and education.

### **Jeffrey King**

Dr. Jeff King is an associate professor and director of the Center for Cross-Cultural Research at Western Washington University's Department of Psychology in Bellingham, Washington. He is a licensed clinical psychologist and has worked primarily with American Indian populations for the past 20 years. He is currently the president of the First Nations Behavioral Health Association and active board member of the National Multi-Ethnic Behavioral Health Alliance. Both organizations work toward the reduction in the disparities in behavioral health for Native Americans and other ethnic minority populations. Dr. King is a tribally-enrolled member of the Muscogee (Creek) Nation of Oklahoma.

### **Sarah Kinsley**

Sarah Kinsley began her career teaching Special Education in Ontario and soon realized that her favourite part of the profession was sharing her love of Yoga with everyone in the school. She decided to return to university to research the use of Yoga as therapy for sectors of society who do not have access to mainstream classes. Sarah's background includes a degree in Environmental Indigenous Studies and she has been able to work with local bands on Vancouver Island thus combining the wisdom of traditional First Nations (with the help of local Elders) with the ancient teachings of Yoga. While working on her degree she continues to facilitate one-on-one sessions, classes, workshops and retreats in Canada and abroad. Sarah believes in the healing power of Yoga and feels so blessed to be in a position to share it with others thus helping people to awaken their natural healing powers and find peace and meaning in their lives.

### **Lonzozou Kpanake**

Dr Lonzozou Kpanake is a licensed psychologist (Quebec) and is currently completing a post-doctoral training at the Division of Social and Transcultural Psychiatry at McGill University and at the Culture & Mental Health Research Unit at the Jewish General Hospital in Montréal. He received his PhD in Psychology from the Université de Toulouse-Le-Mirail, France. He has an extensive clinical practice with African people with mental illness. He has lectured in West Africa on African psychopathology, and psychotherapy in African cultural context. His current research work focuses on models of clinical practice related to mental health in African cultural context, protective and vulnerability dynamics for mental health among immigrants and refugees in Canada, and barriers and pathways for mental health services for multicultural societies. Dr Kpanake has published papers in psychopathology and psychotherapy in African context, interpretation of mental illness in African culture, and collaboration issues between African traditional healers and mental health professionals.

### **Ruth M. Lijtmaer**

Ruth M. Lijtmaer, PhD, is a senior supervisor, training analyst and faculty at The

Center for Psychoanalysis and Psychotherapy of New Jersey at the Fairleigh Dickinson University. She is also in private practice in Ridgewood, NJ. She has given paper presentations and lectures, both nationally and internationally. She also published several articles on multicultural issues, spirituality, transference and countertransference. Her latest publication on spirituality is "The Patient Who Believes and the Analyst Who Doesn't," (2009) in *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*.

### **Steve K. W. Lang**

Steve Lang was born in Nottingham England in 1952. He is the youngest of four children to Winnie Scott and Ken Lang. Steve was educated at Bramcote Hills Grammar School, Leeds University, James Graham Teachers Training College. He became a teacher of Mathematics, and then a teacher of people, and then a worker with people to help them meet the challenges of life. He emigrated to Aotearoa New Zealand in 1988 with his wife, Janet, and two daughters. He continued his graduate and postgraduate education at Victoria University Wellington. Steve began lecturing at Massey University in 2002 and is near to completing his PhD, which is an autoethnographic dissertation on the struggle to decolonize one's worldview. Aside from counselling in schools and tertiary, Steve has also worked with refugees.

### **Renee Linklater**

Renee Linklater is a member of Rainy River First Nations in Northwestern Ontario. She is a PhD Candidate with the Department of Adult Education and Counselling Psychology at OISE/University of Toronto. Her doctoral research is entitled, "Decolonising Trauma Work: Indigenous practitioners share stories and strategies." While critiquing the use of psychiatry amongst Indigenous peoples, her work draws on Indigenous knowledge and practise, and is grounded in cultural contexts. Renee is a recipient of the University of Toronto/McMaster University Indigenous Health Research Development Program Graduate Scholarship and Research Support, funded by the Canadian Institutes of Health Research-Institute of Aboriginal Peoples' Health.

### **Ted Lo**

Ted Lo is a community psychiatrist with an interest in cultural psychiatry and traditional healing. He founded FACT, Friends of Alternative & Complementary Therapies in 1998, and organized the Art and Science of Traditional Healing, an international conference in 2002. He is an Assistant Professor in the Department of Psychiatry, University of Toronto, and was given the first Teaching Excellence in Community Healthcare award by the Faculty of Medicine in 2008.

### **Nina Mafrici**

Nina Mafrici is beginning her PhD in Counselling Psychology at OISE, University of Toronto this September. Her research interests focus on the development of body image in young girls, and how social discourses relating to gender influence girls' and women's experiences in their bodies. She recently completed her Master's degree, in which she examined the influence of peer relationships on risk and protective factors for body dissatisfaction in pre- and post-adolescent females. Clinically, her interests lie in feminist and narrative therapy, with an emerging interest in the use of mindfulness meditation.

### **Sandili Maharaj-Ramdial**

Sandili is a psychoanalyst and developmental psychologist in Trinidad. Her primary training is from University College London and The Anna Freud Centre in London but she includes a variety of approaches from humanist to Jungian. She has run both group and family therapy in her practice of the last eight years. Her interests centre around holistic and traditional therapy taking into account race, age, gender and religion. Meditation, yoga, diet, EFT, hypnosis, dreams, visualization, writing and art are all utilized in the healing process. In addition she works as a child and adolescent psychologist with a medical facility and as a consultant to the School guidance and counselling unit of Trinidad. She has

tutored Social Psychology at the University of the West Indies and continues to privately teach psychology students at the pre-undergrad level.

### **Angela Mashford-Pringle**

Angela Mashford-Pringle is an urban Algonquin PhD student at the Dalla Lana School of Public Health. She is interested in urban Aboriginal health issues and works for Health Canada as well as completing her studies. Angela is a member of the Collaborative Program in Aboriginal Health and intends to complete her PhD in 2010.

### **Maura McIntyre**

Maura McIntyre is an adjunct professor at OISE/UT. She is a specialist in group work in counselling and has facilitated groups with people of different ages and life circumstances in diverse settings. Her research is in the area of family caregiving and Alzheimer's disease.

### **Raha Mirian**

Raha is a student of the Counseling Psychology program, currently completing her M.Ed at OISE. Raha's personal life experiences fostered her interest in Western psychology's dismissal of the spiritual element of clients. Holding a spiritual framework in investigating the western conceptions of health, her focus lies in integrating spirituality with psychotherapy. This pursuit has most recently led her to investigate the benefits of meditative and mindfulness practices within the mental health and cancer populations. Raha is working towards gaining expertise in this domain in order to contribute to the emerging holistic approach to wellbeing in the West.

### **Keith Morrison**

Rev. Dr. Keith Morrison is an ordained clergyman of the Antiochian Orthodox Christian Church, serving as superior spiritual director of the St Isaac House of Prayer. Keith specializes in "wilderness" retreat work with gifted youth; mainly indigenous youth having shamanic experiences. Until 2008, Keith was an academic human ecologist specializing in postmodern and other "Continental" philosophical approaches, having been positioned at the University of the South Pacific, and Lincoln University and the University of Canterbury in New Zealand. He is now a director of an independent research institute, the Sustainable Community Development Research Institute, exploring the relationships between indigenous and traditional knowledge, and complex systems theory, in a variety of applied fields. Keith resides in Samoa and New Zealand, with his empirical Polynesian counselling work coming from his pastoral role within a Samoan village where his family resides in.

### **Marie Morrison**

Marie Morrison is a third year Ph.D. student in counselling psychology at the University of British Columbia. Since her master's degree, she has worked with Dr. Susan James in the area of Portuguese culture-bound syndromes and mental health. She has published research on acculturation and family dynamics, and has presented at numerous national and international conferences. She has also worked in the field with immigrant families and international student families. Dr. Birdie Bezanson, also an alumnus of the counselling psychology program at the University of British Columbia, and a former supervisee of Dr. James, traveled to the Azores, Portugal for her dissertation research on traditional healers. Dr. Susan James is internationally recognized for her ground-breaking work on Agonias, a culture-bound syndrome of the Portuguese.

### **Simon Njiru Murangiri.**

I am married with five children who are also all married. So I am a grandpa of eight children. My wife, Hellen Wanjuki Murangiri, and I are both aged 65 years. After high school, in 1968, I joined college (The Kenya Polytechnic, currently, The Kenya Polytechnic University) where I graduated as a certified public

accountant. I have worked with many organizations, including the government, where I retired in 1998. During my working years I continued studying medical Herbology with institutions of higher learning. I finally did my herbal medicine efficacy research with Jomo Kenyatta University of Agriculture and Technology (Ref. Dr P.G. Kareru) and Kenya Forestry Research Institute (Ref. Dr Kavaka Watai). After retirement from the Ministry of Education, I was registered as a recognized Medical Herbalist. Currently I am working as a Tutor of Bio-Medicine {on contract} at the Kenya Institute of Organic Farming, Juja Campus Kenya.

### **Roy Moodley**

Roy Moodley, Ph.D. is an Associate Professor in the Department of Adult Education and Counselling Psychology at the Ontario Institute for Studies in Education. He is the Coordinator of the Centre for Diversity in Counselling and Psychotherapy. His research interests include race, culture and psychotherapy; traditional healers and healing; cross-cultural illness representation and presentation in psychotherapy; and gender and identity, with particular reference to masculinity.

### **Verlyne Nzojibwami**

Verlyne Nzojibwami recently completed her MSc. in Counselling Psychology from the Division of Applied Psychology, Faculty of Education, University of Calgary. Verlyne is interested in the role of religion and spirituality for multicultural counselling.

### **Olga Oulanova**

Olga Oulanova holds an M.A. in counselling psychology from the Ontario Institute for Studies in Education, University of Toronto. She is presently a Ph.D. student at the same institution. Her research interests include Indigenous healing practices and integration of traditional practices with mainstream mental health care. She has also written on the potential psychotherapeutic role of Martial Arts.

### **Guru Prasad Pathak**

Dr. Guru Prasad Pathak is a practicing clinical psychologist and an Associate professor in the Department of Clinical Psychology at the Tribhuvan University Teaching Hospital in Kathmandu, Nepal. He has been an active academic with a wide range of publication in the area of national media. He is also very involved in community awareness building.

### **Laura Praglin**

Laura Praglin is an Associate Professor of Social Work at the University of Northern Iowa. She holds master's degrees in social work (University of Chicago) and religion (Yale), and received her Ph.D. in religion and the social sciences from the University of Chicago. Her research interests include minority group relations, immigrant and refugee populations, and the history of social work. Projects currently underway include a book about early medical social work; an intercultural and interfaith conference with the Iowa Dialog Center; and a social work exchange program in Rwanda, focusing upon intervention with women and children affected by HIV-AIDS

### **Aanchal Rai**

Aanchal Rai, M.A. has completed a Masters degree at Ontario Institute for Studies in Education of the University of Toronto in the field of Counselling Psychology. She has conducted research in the field of South Asian systems of traditional healing, and has suggested means to bring about collaboration between South Asian traditional healing and the field of counselling psychology. She is currently practicing psychotherapy in Toronto, Ontario.

### **Tracy Robinson-Wood**

Tracy L. Robinson-Wood is a professor in the Department of Counseling and Applied Educational Psychology at Northeastern University. She teaches Master and Doctoral level courses in research design

and multicultural psychology. She is author of the textbook, *The convergence of race, ethnicity, and gender: Multiple identities in counseling*. The third edition was released in 2008. Dr. Robinson-Wood's research interests focus on the intersections of race, gender, and class in psychosocial identity development. She has developed the Robinson Resistance Modality Inventory (RRMI) which is a measure of resistance. Her love of mixed-method research has led her to two research projects. One involves empirical research with young Black women on racial identity, coping, and resistance. Her qualitative research is focused on interracial families. She has conducted interviews with White mothers of non-White children in the United States and in New Zealand. She has just returned from New Zealand where she interviewed children who are Maori and White with White mothers. Dr. Robinson-Wood is a Licensed Mental Health Counselor and provides psychotherapy to adolescent and adult clients at a private practice in Massachusetts. By her own admission she is a great racquet ball player and loves to cook. She and her husband Dr. Geoffrey Robinson-Wood, a clinical psychologist, reside in Rhode Island.

### **Allison Reeves**

Allison Reeves is originally from Toronto but has also lived in Brampton, London ON, Halifax, Geneva and Pune, India. Allison earned an MA (health promotion) degree from Dalhousie University, where she worked with Mi'kmaq women on current health initiatives. She is starting her PhD (counselling psychology) at OISE-University of Toronto in the fall under the supervision of Dr. Suzanne Stewart, again with a focus on Indigenous health and healing.

### **Jean-Paul Restoule**

Jean-Paul Restoule, Ph.D., is Anishinaabe and French-Canadian and a member of the Dokis First Nation. He is currently Assistant Professor of Aboriginal Education at the Ontario Institute for Studies in Education of the University of Toronto.

### **Rob Roopa**

Rob Roopa is a Masters student at the University of Toronto working towards a degree in Adult Education. He is currently working on a program that will merge adult learning principles and counseling psychology theory with a focus on assisting individuals with introvert personalities. Other interest areas include observing the dichotomy that exists between complementary alternative medicine and biomedicine. Rob is also working on a program to assist in the creation of a new field within the healthcare system which will provide support and education to patients of their options both holistic and medicinal upon diagnosis.

### **Noor Rosli**

I received my bachelor degree in psychology from International Islamic University of Malaysia, Gombak, Kuala Lumpur, Malaysia in 2000. Then, in 2005, I received my Masters of Science in counselling from University Utara Malaysia. I was a lecturer at the Department of Educational Psychology and Counseling at the University of Malaya. With a scholarship from the government of Malaysia, I am currently pursuing my PhD at Marquette University in Milwaukee in Counseling Psychology. My primary interest is working with family and children. I have been academically published in the Journal of Education, University of Malaya. I am a member of Student Affiliate Division 17 Society of Counseling Psychology, Text and Academic Authors Association and PERKAMA Malaysian Counseling Association. I have volunteered work at the Bread of Healing Clinic Milwaukee, Wisconsin as a volunteer psychologist and at the Orphan Home Langkawi Island, Kedah, Malaysia as a volunteer counsellor.

### **Tholene Sodi**

Professor Sodi is a qualified and practicing clinical psychologist with more than 20 years of clinical, research, lecturing, management and consulting experience. He is currently the head of the Department of Psychology at the University of Venda (South Africa). He has presented more than 30 research papers at

both national and international conferences and has produced more than 20 publications in the form of journal articles and book chapters. His main areas of research interest include: a) culture, illness and health; b) indigenous knowledge systems, particularly issues relating to traditional healing practices; and, c) cultural aspects of suicide.

### **Gillian Diane Smith**

I am entering the third year of a PhD program in Curriculum Theory and Philosophy of Education at Simon Fraser University. I am an educator, and I have primarily worked as a school counsellor in the Vancouver School District for seventeen years. For the past three years I have worked at Simon Fraser University as a Graduate Faculty Associate in the Counselling Psychology Masters Program. I am also teaching in the teacher education program at the University of British Columbia. During the course of my PhD work, I became interested in relationship between nature and human psychology; as such, this has formed the basis of the doctoral work I am pursuing.

### **Suzanne Stewart**

Suzanne Stewart, Ph.D., is Assistant Professor at OISE, University of Toronto. Her research interests include Indigenous mental health and healing in counselling practice and education; diversity issues in counselling; community-based research and methodologies; and First Nations health research ethics.

### **Patsy Sutherland**

Patsy Sutherland is a doctoral candidate in counselling psychology at the Ontario Institute for Studies in Education, University of Toronto. Her research and publication interests span areas of traditional and cultural healing practices and the integration of such practices into psychological treatment, critical multicultural counselling, and transgenerational trauma in the context of the colonial encounter and slavery. Her work involves a particular focus on the Caribbean.

### **Yoshi Takano**

Yoshi Takano has been practicing as a counsellor for over 10 years and he is a registered clinical counsellor in British Columbia. He is currently completing Ph.D. in counselling psychology at the University of British Columbia. He has worked in the field of international education for the past seven years and he has been working for the court mandated treatment program for men who are abusive to their partners in B.C., too. Yoshi has numerous publications including in "Coping with domestic violence by Japanese Canadian women" in *The Handbook of Multicultural Perspectives on Stress and Coping* (2006) and has given presentations in Canada as well as internationally. He is also a member of the Japanese society for Morita therapy.

### **Stephen Trichter**

As a licensed psychologist working within California's mental health community, Stephen has had the opportunity to help clients in both their psychological growth and spiritual explorations in a variety of settings. His interest in the intersection of psychology and spirituality is evident not only in his psychotherapy with clients but in his founding the non-profit ExploreSpirit. These interests led him to the Amazon in 2003 to learn more about ayahuasca ceremony as a healing tool for the mind, spirit and body. Since then, he has been researching and writing about ayahuasca, while maintaining a private practice working with clients to use their medicine experiences as a therapeutic opportunity

### **Joseph Trimble**

Joseph E. Trimble (Ph.D., University of Oklahoma, Institute of Group Relations), formerly a Fellow at Harvard University's Radcliffe Institute for Advanced Study, is Professor of Psychology at Western Washington University, a Senior Scholar at the Tri-Ethnic Center for Prevention Research at Colorado

State University, and a Research Associate for the National Center for American Indian and Alaska Native Mental Health Research at the University of Colorado Health Sciences Center. Dr. Trimble has generated over 100 publications on cross-cultural and ethnic topics in psychology including 14 edited, co-edited, and co-authored books. His most recent co-edited *Handbook of Racial & Ethnic Minority Psychology* was selected as a CHOICE Magazine Outstanding Academic Title in 2004. The majority of his articles, book chapters, and books focus on the role of culture and ethnicity in psychology, with an emphasis on American Indian and Alaska Native populations. In the past decade, though, he expanded his interests to include writing and research on ethnic and racial identity, cultural measurement equivalence, spirituality, and ethics, as well as contributing to the growth of ethnic psychology.

**Suneet Varma**, Suneet Varma, Ph.D., is an Associate Professor at the Department of Psychology, University of Delhi, India. His doctoral work was on 'The Scientific Paradigm in Psychology: Challenges and Possibilities', which critiqued the Logical Positivist paradigm in Psychology and reviewed the potency of the Cultural Psychology/Social Constructionist perspective and Spiritual/Transpersonal Psychology as a more holistic, meaningful, and fruitful way of doing Psychology. Dr. Varma's early work was in the area of Philosophy of Psychology/Theoretical Psychology. He now works in the area of Spirituality and Psychology, viz.-Vedanta, Yoga, Sufism, Buddhism, the Christian mystical tradition; and their links with Sri Aurobindo's Integral Yoga Psychology.

#### **Clemmont E. Vontress**

Clemmont E. Vontress is Professor Emeritus of Counseling at George Washington University, where he worked for 28 years, and has been visiting professor at Johns Hopkins University, Atlanta University, Kuwait University, Howard University, and other institutions. A licensed psychologist, he is one of the country's best known authorities on cross-cultural counseling. He has written more than a hundred articles, chapters, and books on cross-cultural counseling, traditional healing, and existential counseling and psychotherapy. His book, *Counseling Negroes*, published in 1971 by Houghton Mifflin, was the first one to call attention to the impact of culture and race on counseling blacks in this country. Vontress has made several field trips to West Africa to study methods used by folk healers to treat patients complaining of physical, psychological, social, and spiritual problems. He also has studied and written about ethno-psychiatry, an approach used in France for counseling immigrants from developing countries. A consultant to numerous organizations in this country and abroad, he has traveled widely in the U. S., the Middle East, Africa, Europe, and the Caribbean Islands.

#### **Ken Walton**

I am a master's student in the Adult Education and Counseling Psychology program at the University of Toronto. I am currently studying the consciousness of the Buddhist bodhisattva. I am focusing on how psychotherapists can integrate the various teachings of Vajrayana deities in order to be of service to their clients' healing process. I am also studying the existential themes within various spiritual traditions. I am interested in the western mystery traditions, including its recognition of the evolutionary potential within the inherent suffering of the human experience. In my undergraduate degree in psychology, I studied the effects that the capitalistic economy has on western healing practices, including the areas for the incorporation of new spiritual growth. I then studied at the Living Institute in which I gained a personal experiential understanding of the healing processes of numerous spiritual traditions.

#### **Njoki Nathani Wane**

Dr. Wane is the Director of the Centre for Integrative Anti-Racist Research Studies (CIARS) and is an Associate Professor in the Department of Sociology and Equity Studies at the Ontario Institute for Studies in Education, University of Toronto. For the last ten years she has been researching and teaching in the areas of Black feminisms in Canada, African feminisms, African indigenous knowledges, anti-racist education in teacher education, African women and spirituality, and ethno-medicine. She has published widely in journals and anthologies in the areas of African women and indigenous knowledge, Black

Canadian feminisms; African women and spirituality and anti-colonial thought. Her co-edited book (with N. Massaquoi), *Theorizing Empowerment: Canadian Perspectives on Black Feminist Thought*, was published by Inanna Publications in 2007.

### **Corine Wilson**

Corine Wilson has worked as a teacher, trainer, consultant, administrator, and program coordinator. But the role she finds herself in most of the time is that of advocate. She found that working with the disenfranchised often requires a great deal of advocacy as well as education. In this capacity she has trained teachers in cultural diversity, taught parenting classes, developed youth programs and has served as both a consultant and as a board member with several educational organizations. The Central Florida Chapter of International Black Women's Congress has been a means of sharing her expertise and leadership on a local and global level while continuing to expand her knowledge, culture and love of diversity. Her commitment to excellence has not been limited to the school setting, however. She has served on the board of directors of the Rochester, New York Urban League; was the founder of the Rochester Battered Women's Center; was the vice president of the International Black Women's Congress and a charter member of the World Foundation of Successful Women; National Association of Female Executives. She has a Master's Degree in Educational Administration and is working on her Ph. D in Education.

### **Debby Danard Wilson**

Debby Danard Wilson is a member of Rainy River First Nations, and is currently a PhD student at the Ontario Institute for Studies in Education, University of Toronto. Her specialization lies in Indigenous and Aboriginal education, with a thesis focused on using a medicine wheel framework as research methodology to work with Aboriginal communities to create their own wholistic culture-based surviving suicide initiative. Following the traditional teachings of her ancestors, she continues to promote Aboriginal and Indigenous knowledges and practices and the significance of "spirit" in everyday life.

### **Rosa Wu**

Rosa Wu received her M.A. and Ed. M. in psychological counselling at Teachers College, Columbia University. She is currently pursuing her Ph.D. in counselling psychology at the Ontario Institute for Studies in Education in University of Toronto. Her main research interests include: multicultural counselling competencies, racial tensions in the counselling dynamic, traditional and alternative methods of healing, and relationship commitment processes in interracial couple relationships. Originally from Taiwan, she has lived in Costa Rica, Panama, Spain, and New York, and is proficient in written and spoken English, Spanish, and Mandarin Chinese.

## CONFERENCE COMMITTEE MEMBERS

### **Chair**

Roy Moodley

**Coordinators**

Linah Hashimi

Rosa Wu

**Volunteers**

Immaculate Antony

Teresa Beaulieu

Sarah Horowitz

Mariya Kochetkova

Raha Mirian

Allison Reeves

Natalie Roach

Robert Roopa

James Stuart

**Sponsors**

Social Studies and Humanities Research Council (SSHRC)

Centre for Diversity in Counselling and Psychotherapy (CDCP)

Centre for Integrative Anti-Racism Studies (CIARS)

Indigenous Education Network (IEN)

Counselling Psychology Program

CENTRE FOR DIVERSITY IN COUNSELLING AND  
PSYCHOTHERAPY

The Centre for Diversity in Counselling and Psychotherapy is an interdisciplinary centre dedicated to research and development of multicultural and diversity issues in counselling and psychotherapy, focusing particularly on the stigmatized social identities of gender, race, sexual orientations, class, disabilities, religion, and age.

One of the key objectives of the centre is to facilitate research and scholarship on the integration and intersection of various marginalized identities so that counselling and psychotherapy can be conducted through a paradigm of multiple identities irrespective of particular counselling approaches. The centre is well positioned to undertake this mission as the majority of the faculty is already undertaking research and teaching in the various areas of diversity, and this expertise forms the basis for further research through funded and non-funded projects.

The interdisciplinary nature of the centre and the engagement of faculty collaboration promote a rich environment and a creative clinical niche within which graduate students can be nurtured. This exposure to discourses of cultural differences juxtaposed with a variety of holistic approaches to psychotherapy forms a critical base for the study of diversity in counselling.

## CONTACT INFORMATION

### **General Inquiries**

[cdcp@oise.utoronto.ca](mailto:cdcp@oise.utoronto.ca)

### **Website:**

<http://www.oise.utoronto.ca/cdcp/index.html>

### **Centre Coordinator**

Dr. Roy Moodley

[roymoodley@oise.utoronto.ca](mailto:roymoodley@oise.utoronto.ca)

(416) 978-0721

### **Mailing Address**

Centre for Diversity in Counselling and Psychotherapy  
Department of Adult Education and Counselling Psychology  
OISE  
252 Bloor St. West  
Toronto, ON  
M5S 1V6