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Within and Beyond Borders: Critical Multicultural Counselling in Practice

Critical Multicultural Series

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Within and Beyond Borders: Critical Multicultural Counselling in Practice (Critical Multicultural Counselling Series)

Edited by Olga Oulanova, Isaac Stein, Aanchal Rai, Maya Hammer, and Patricia A. Poulin

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Table of Contents

Introduction

Olga Oulanova, Isaac Stein, Aanchal Rai, Maya Hammer, and Patricia A. Poulin

Coyote's Voice: Speaking on the Meaning of Being Profoundly Present

Glen McCabe

Part 1: Alternative Healing Methods in Clinical Practice

1. Integrating Traditional Healing Practices into Counselling and Psychotherapy

Maureen Smith

2. Bridging the Gap: Western Counselling and South Asian Mental Health Needs

Aanchal Rai

3. Short-Term Benefits of Participating in a Mindfulness-Based Wellness Education Intervention: Preliminary Results with Student Teachers

Patricia A. Poulin, Geoffrey Soloway, Corey MacKenzie, and Eric Karayolas

Part 2: Aboriginal Methods of Healing in Counselling

1. "Minopimaatisiwin": Ojibway for Healthy Way of Life: Aboriginal Research Method That Induces Healing of Relationships and Ways to Balance Governance

Eileen Antone and Rebecca Hagey

2. Circle Methodology and Male Aboriginal Identity Formation

Jean-Paul Restoule

Part 3: Working With Mind and Body in Psychotherapy

1. "Embodied Learning and Qi Gong": Integrating the Body in Graduate Education

Roxana Ng

2. Applying the Scales for Experiencing Emotions to Facilitate Clients' Understanding of Body Cues

Svetlana Lilova

Part 4: Working With Body Image in Psychotherapy

1. "If I Am Thin, I Am Safe": Speaking Through the Body Following Trauma

Robyn Legge

2. Adolescent Girls' Struggle with the Disruptive Effect of Body Weight as a Determinant of Their Social Worth

Jane Mizevich

Part 5: Jungian and Psychodynamic Themes in Psychotherapy

1. Self-image and Psychological Problems: Jung's Viewpoint of Self in Counselling

Azarmidokht Rezaei

2. Instinctual Energy as a Guide for Spiritual Growth

An van Hauwermeiren

3. The Body Speaks About the Human Being

Véronique Dufour

Introduction

The 4th Critical Multicultural Counselling and Psychotherapy Conference, entitled “Dialogue with the Body in Clinical Practice,” took place on June 4th and 5th, 2007, in Toronto, Canada. The two days of the conference included stimulating papers and workshops that explored the Conference theme from a range of perspectives, as well as the presentation of the Lifetime Achievement Award to Dr. Marion Woodman. Organizing the conference and assembling the Conference Proceedings has been both a powerful learning opportunity and a tremendous pleasure. Counselling and healing are truly global enterprises – with as many different modalities and orientations as there are perspectives on the human mind, body, and soul. Conference presenters offered rich and diverse ways to support individuals and communities, and this has been invaluable to us as students, especially since the discipline to which we belong feels all too often rigidly positivistic, Westernized, and Eurocentric.

The attempt by any one culture to claim a monopoly on the healing arts and impose its views on others can only lead to the emotional, physical, and spiritual impoverishment of that culture’s people – for inevitably, such an attempt will result in a rigidly narrow and limited conceptualization of health and well-being. When, however, cultures come together to collaborate, share their distinct insights into the counselling and healing processes, and respect the boundaries of culturally-informed practices, members of each participating culture greatly benefit from the cultivation of a richer understanding of pain, trauma, and healing – indeed, a broader appreciation of what it means to be human.

This atmosphere of friendship, sharing, learning, and above all, a deepening of human understanding, is what permeated the 4th Critical Multicultural Counselling and Psychotherapy Conference and what made it such a pleasure to convene. The Conference Proceedings you have before you include 12 chapters, with topics ranging from Aboriginal ways of healing to mental health issues in the South Asian communities, from exploring Martial Arts as healing to discussing Jungian viewpoints of the self. Our hope is that this document embodies the spirit of adventure and cross-cultural collaboration that permeated the two days of the Conference and which we consider an essential part of the continued growth of the counselling profession if it wants to remain relevant in the global village of the 20th Century.

*Olga Oulanova, Isaac Stein,
Aanchal Rai, Maya Hammer,
and Patricia A. Poulin*

Coyote's Voice: Speaking on the Meaning of Being Profoundly Present

In late 2006, I was invited by the organizers of the 4th Critical Multicultural Counselling Conference to do a keynote address on the topic of Aboriginal traditional healing as it relates to healing the body social. I received an email from one of the conference organizers, Olga Oulanova, asking if I would be interested in presenting a paper. This was soon followed up with an invitation from Roy Moodley, another of the organizers, to give an address to the whole conference about wellness and healing, in fact, a keynote address. I felt that they showed remarkable faith and courage by inviting an unproven, unknown teacher to give a keynote address.

I feel a deep sense of humility when I think of this. I was humbled and gratified by their fortitude and their grounded vision for the conference and my role there. At the same time, I was encouraged by their faith and confidence in me. I could sense the power of Gichi-Manitou, the Manitou Maqua, present in these people as they trusted the circle of healing to be what it was meant to be, and trusted others to contribute to their vision.

In retrospect, I probably should have felt anxious about taking on such a responsibility at such a gathering, but I did not. In fact, I think I felt comforted by it. I felt encouraged that there was going to be a gathering of people whose main intent in attending the conference was to find ways to be well personally and as a community, and to find ways to help others achieve wellness physically, mentally, and spiritually. So, after a brief deliberation, I accepted the offer. I did so with a sense of anticipation about the energy that I hoped would be generated by those healed, those in the process of healing, and those seeking the healing path. I had a strong feeling that it would be one of the most gratifying conference experiences I have ever had. And, to put it plainly, I was not disappointed.

This brief treatise is not intended as a deep academic presentation, although it may have some academic undertones, but rather as a set of reflections on the journey, the event, and the proceedings as I experienced them. It is also about how I carry the spirit of this conference with me in my experience today. There are vivid reminders within the landscape of my memory as I scan my emotional horizons like a camera recording the significant topographical features embedded in the stones and trees that anchor my suspended dreams of completion and wholeness.

I have attempted to capture the essence of my experience rather than the particulars of it. I have reached for the flavour of the conference from my perspective and understanding rather than from the details. In doing this, I have also tried to express something about my indigenouness and how that connects to my work in psychology and healing, and how these things were manifested at the conference. Through meeting diverse others from far away places, being present at the honouring of Marion Woodman, and hearing other presenters and speakers with remarkable ideas and perspectives, I found a treasure that continues to enrich me. But perhaps most of all, it is about enjoining with others in a celebration of diversity, shared ideas, and created community. I have tried to connect these in some way to the communal centring of the conference, the people I met there, and my own growth and understanding.

My partner, Sylvia, and I drove from Winnipeg to Toronto to attend the conference. Some people asked why we would do that when there were faster ways to travel. Those who came from smaller countries than Canada were astounded when they learned that we drove about

2100 kilometres, with the prospect of an equally long drive back. Yes, we could have taken a jet flight instead, which would have gotten us to Toronto more quickly and conveniently. But at some pre-conscious level we knew, or at least sensed, that if we did so we would miss the experience of being on a journey, the sense of going from one place to another with all the attending challenges and benefits, all the sensate stimuli of sunrises, sunsets, rocks, trees, animals, and the powerful reminders of being in a state of ongoing creation and renewal. It seemed important to be a part of the unfolding of the journey rather than letting it pass under us, and thereby our consciousness, as if it were an abstraction to be avoided. We wanted to experience the nature of our journey, the changes we knew we would encounter across the Cambrian Shield that has part of its western edge in Manitoba and extends across Ontario and into Quebec. From the traditional Aboriginal view, this is a significant portion of the back of Turtle Island (named North America by the Europeans). Unexpectedly, but suitably, the journey became the metaphor for the entire conference experience for me.

So, with our luggage, reading material, maps, and various other paraphernalia, we set out. It was a beautiful, sunny day in Manitoba when we embarked. All things looked favourable for a good start. As we travelled east and the sun went down behind us, we were aware of being in each other's presence as we liked to be, close, personal, intimate, and free. I felt my blood pressure drop and my heart rate slow down. It was as if all the adrenalin that had been pumping through my veins for weeks on end was diminishing. Away from the daily demands of work and commitment, and outside the confines of cement and steel buildings, I was once again aware that I was a spirit with a body, not a body that has a spirit attached. I was becoming whole, the way I feel the best. The road before us fell open like a path through the forest, and everything was working as one. I could feel that I was on the healing path, the very topic I was planning to address in my talk at the conference. I was in the moment of my experiencing, and it felt as right as rain after a drought. It could not have been clearer that we had made the right decision to keep our feet on the ground and to be in communion with the rocks, trees, air, and light- the creation that surrounded us. As the night drew near around us, the full moon caressed us with the deep intensity of its light in the clear boreal sky with all the grandness, gladness, and promise of the anticipated conference circle already unfolding and forming within and without.

After a long day of work and travel, we stopped for rest at an inn along the roadside. We wrapped ourselves in the quiet and the closeness of the night and the comfort of being together and fell into a deep and restful sleep.

In the morning, we awoke ready to take the next step and looked forward to the day. It did not disappoint. Over hills, along the shores of Gichi-Gumai, and around turns and bends, I could feel my anticipation growing. I was formulating what I wanted to say at the conference and I was visualizing what things would look like, even though I had never been there before. It was as though my desire to do this task was growing in strength. It is a strange phenomenon indeed that we as humans feel a stronger wish to achieve our goals as we get closer to them and, at the same time, sense our anxiety about our competence and ability to achieve the goals we seek. This was how it was for me on that second day of driving. In my mind I was already constructing my speech, gluing the pieces of my ideas together and connecting them to my article published in the June 2007 issue of *Psychotherapy: Research, Theory, Practice and Training*, called, "The Healing Path: A Community and Culture Derived Indigenous Therapy Model." I felt like I was living the mind, body, spirit dialogue and benefiting from it as we drove along the highway. I was truly a pilgrim. I was on a mission to speak to something that I feel is a life truism, to pay honour to others exploring the same phenomena, and to join in a celebration of the power within us as humans to be well if we choose to pursue it. These were the thoughts and feelings forming in my mind as we travelled.

We arrived in Toronto and went directly to the hotel we would call home for the next three days. With great anticipation we settled in and then proceeded to explore the world around the hotel and to seek out the Ontario Institute of Studies in Education (OISE) at the University of Toronto. We got our bearings of space and place as we became more acquainted with the physical world around us. I was anticipating meeting Roy Moodley, and others who were associated with the conference. I wondered how they might perceive me, as an Aboriginal man who didn't have all the obvious physical features of being Aboriginal. Would they sense the diversity within our Aboriginal community, or would they find it difficult to believe that I am Aboriginal? Or perhaps it would be easy for them to perceive the inner person, not just the cover on the book.

At the outset of my talk, I tried to prepare those in attendance for what I hoped to convey, all the time knowing, as I spoke from my heart, much was yet to be determined. I relied on the spirit of healing to speak to me and through me. But, I hoped to reach the audience with openness and gentleness, and instil a sense of courage in their pursuit of their own mind, body, and spirit dialogue –to let their masks fall and to embrace the self like a loved child. I told stories about my upbringing as a child in an Aboriginal family, a family that struggled through oppression and indifference, callousness and coldness, and the vagaries of internalized racism. I talked about being a warrior in defence of my family and the ways in which we tried to celebrate the meaning of being in that family.

As I spoke, I could feel things happening to me emotionally and mentally. I felt the group could sense what I was experiencing as they engaged in understanding the images and the narrative. I saw tears well up in the eyes of some while others gazed at the floor in private moments of self-exploration. I realized that this was an expression of the body, mind, and spirit dialogical continuum. We were in a healing circle together, pursuing the same understanding, the same presence and the one self. It was what Carl Jung might have referred to as the human collective unconscious (memory passed down from generation to generation) or what Taillieu might have called the common consciousness (the idea that humanity is moving inexorably toward a common understanding of the meaning of life). This was an empowering experience that made me feel there was hope and that we were in this together to comfort and support each other as a community, not as separate, disconnected individuals trying to claim our pieces of a scarce resource like some crass, short-sighted definition of life as a competitive and singular self-preservation model.

I talked about the twelve therapeutic conditions that Aboriginal healers and clients of healers told me about when I asked them what helped them on their healing journeys. They told me that the healing path is a place of safety, understanding, authenticity, sacred teachings, ceremony, challenges, acceptance, day-to-day growth, exploration of inner experience, positive role-models, the will to accept healing, and a deep and abiding belief in the power of the healing spirit. From this, I asserted that healing is a communal experience, even though we may do it one person at a time or in small groups.

At the end of my talk, Roy asked if I would sing a song or two. I had mentioned, the night before, that I wrote songs and occasionally sang at coffeehouses and folk festivals. His request was unexpected, but I felt that it might have power in this conference community. Perhaps it would be an unexpected expression of the formation of the conference community. I sensed it might be a way to help process feelings and to bring a sense of completion to my talk.

I sang "Coyote's Voice," a song I had written about discovering my Métis voice, and "Resurgence," another of my songs, about standing the ground and reclaiming identity and presence. Both of these, in my mind, are expressions of the Aboriginal experience and spirit. I

felt good for having done this and felt good about Roy's wish to have music in our circle at that time.

One of the highlights for me at the Conference was meeting Marion Woodman. I attended her lifetime achievement award ceremony and found her talk on her work and her life interesting and intriguing. She conveyed her deep commitment to her belief in the mind-body dialogue and the sense that, despite the potential of psychology as a discipline and a clinical profession, it has yet to truly find itself.

During the first day of the Conference, there was a powerful reminder of the connection between human beings even in the midst of a huge population boom in the world that approaches 7 billion souls. A person committed suicide by throwing himself in front of one of the trains in Toronto's mass transit subway system. It had an impact on a large segment of the city because the system had to stop, people were delayed, and schedules were thrown into disarray for thousands of people.

Everyone at the conference was affected in some way by news of the tragedy. The conference caterers happened to be on the route where the trains had to be stopped, which delayed the delivery of the food for lunch at the conference. Before anyone knew that a suicide had occurred, feelings of annoyance and frustration were expressed. But once the news arrived and the meaning of it sank in, there were feelings of sadness, loss, and shame. There was sadness over the loss and shame over the realization of the pettiness of the frustration. A person unknown to any of us was unable to find reason to continue in life, and we all felt the gravity of it. The bonds that exist between all humans caused us to resonate with the ending of one life, only one of 7 billion, yet as though it was someone we knew.

On the morning of the following day, an Aboriginal Elder arrived to conduct the opening to the day's proceedings. He was a soft-spoken man, with a quiet dignity about himself. His unassuming manner was powerful, and it brought us together to acknowledge our gifts in life and our challenges. He asked us to be mindful of the way these come together to create meaning in our lives. He also asked us to be mindful of the flowers, trees, and other animals in the world, because without them we would not exist. He asked us to be humble and recognize the place of all things. And, he asked us to remember the man who died in the subway the previous day and to pray for him to have peace and to find that which he seeks. Spending that time with the Elder and the rest of the conference attendees was a deep experience for me and a deep reminder of the finiteness of life and the ongoing work there is to do.

Later that morning, I had a chance to speak with Marion Woodman. She shared some thoughts on the mind-body dialogue and the powers of its healing. I shared some of my understanding from the Aboriginal perspective on community and my work, and what I thought was important for me to learn. She seemed to take a genuine interest in what I said and she indicated she would like to speak with me more, to let me know about her aspirations at this stage of her life and how these might be carried forth by others. She seemed, to me, to have found a balance between her need to think about self and the need to look outside of herself to the fears and the aspirations of others, a balance that can be hard to find and maintain in the midst of negativity, and also very powerful when its strength is realized.

One of the most gratifying parts of the conference for me was meeting the other delegates, spending time with them, and learning so much from them. Their stories were expressed with deep meaning. It felt like great literature to me. They spoke with eloquence and aplomb about their aspirations and fears, which further inspired me and made me feel more strongly that the work I do is meaningful and relevant. I believe that there is a meaning in each story that is personal and unique but, at the same time, is universal and enlightening. It is this balance that is expressed spiritually through each and every one of us, in whatever way is

connected to our families and communities. Hence, I felt strengthened in my belief that healing is the experience of each person on a personal and individual level, which is expressed by the healing of whole communities.

As is the case with all things, the conference came to an end. People were thinking about the path home, the next leg of their trip, or some other aspect related to the ending of this moment of experience in its physical sense. For many, the conference was already on its way to being processed as memory, as new learning and all its attending meanings and connections. People were trying to make their final conference connections, or saying goodbye to newly found friends and colleagues. Some were saying fond farewells to people they felt a bond with, either new or pre-existing. It was a part of the conference that was both happy and sad. Although the gathering was dissolving, the energy and creativity generated by the meetings and talks and informal encounters still had power.

I pondered what might be the meaning of the role I played (if any) in this event. As I thought more deeply about the proceedings, I hoped more profoundly that I had been able to make a positive difference. I thought about the conference members as they travelled their paths of healing, about those who wished to be spurred on in their search for knowledge and understanding, those who were learning to be helpers, and those who wanted to make progress in their understanding of their own road to wellness. In a connected way, I also thought about the Aboriginal presence at the conference and what its meaning might be. As I considered these thoughts / feelings, I was reminded of the sacred teaching of humility and realized that I could not be responsible for such concerns, and that I would learn about the meaning of these things through the fullness of time.

In the midst of this ending, Roy Moodley asked about the possibility of getting together for lunch before Sylvia and I left Toronto. I was most gratified by this. I wanted to have the conference experience continue a little longer, to extend the closing so that I could savour the feeling of being with people who cared about making a difference and who wanted to be a part of finding healing in their own lives and in the lives of others. We went for lunch to a restaurant near the university with Roy, his wife, and Olga Oulanova. We talked about many things, including maintaining our connections with each other across the wide expanse of land between Winnipeg and Toronto. It was a beautiful way for us to finish our stay in Toronto and to prepare for our drive to Ottawa for the Canadian Psychological Association Conference, where I was also scheduled to make a presentation.

As we left Toronto, I felt as though I was carrying with me the friendships, the good wishes, and the grounding that were given so freely by the people at the 4th Critical Multicultural Counselling and Psychotherapy Conference. When we reached the highway, I rested my body against the seat of the car and breathed a deep breath, set the cruise at one hundred, and once again sensed the feeling of being in harmony with the moment, clear minded, calm, and caring. In fact, I felt like an integrated being, aware of all the parts of myself- my body, my mind, my emotions, and my spirit. I was once again aware that I was a spirit with a body, not a body with a spirit attached.

Glen McCabe,

*Keynote Speaker, 4th Critical Multicultural
Counselling and Psychotherapy Conference*

About the Author

Dr. Glen McCabe is Aboriginal (Métis) and teaches pre-service counsellors in the Guidance and Counselling Program at the Faculty of Education, University of Manitoba. His research and

writing on Aboriginal traditional healing is internationally recognized through Honorable Mention in the American Psychological Association's Jeffrey S. Tanaka Memorial Award and recent publication in *Psychotherapy: Theory, Practice, Research and Training*. He has been an invitee to summit meetings on Prevention of Youth Suicide in Indigenous Communities in North America in Albuquerque, New Mexico and Vancouver, British Columbia. He sits as a member of the Canadian National Advisory Council on Métis and Off-Reserve Health and Human Resources Development. He is currently engaged in the continuation of research into the importance and meaning of healing individuals and communities from within.

Part 1:

Alternative Healing Methods in Clinical Practice

Integrating Traditional Healing Practices into Counselling and Psychotherapy

Maureen Smith

Behind your thoughts and feelings, my brother, there stands a mighty ruler, an unknown sage – whose name is self. In your body he dwells; he is your body.

(Nietzsche, 1978, cited in Totton, 2003, p. 1)

This chapter is an introduction to a fascinating concept: that your body knows what it needs to heal itself, and that there is an inner communication between all parts of your body as well as with all present and stored emotions. This concept is part of the road of discovery that I have been travelling for the past several years, and to learn about these concepts I have studied a form of bio-energetic healing called Health Kinesiology. (I will refer to it as HK in this chapter.) This practice, developed about forty years ago, is based upon psychotherapy and on Traditional Chinese Medicine (TCM). To complement the understandings of HK and to help me to more fully understand this form of energy healing, I have looked to what others have said about these concepts, and I have based much of this chapter on some of their ideas and thoughts.

The idea that the body knows what it needs to heal itself, and the concept that there is a strong relationship between our thoughts and feelings and our present health, seems to me to be a form of traditional healing - perhaps it is the modern form! Some of the feelings that I have been personally wrestling with since I've been studying and working with HK relate to the way that others see me, judge my practice, and try to make meaning of energy healing. Because this form of bio-energetic healing is relatively new, I feel that people are very sceptical about how HK works. I can completely relate to that, as I also felt similar doubts before I began to learn about energy work, and in fact I am still grappling with truly understanding some of the concepts. I feel that this doubting is probably a good thing, for we are all bombarded with new ideas and concepts that challenge many of us, and this causes us to ask questions. People ask me: "How does this really work?" "What do you mean when you say that you are asking the body questions?" "What part of the body are you asking?" "Where is the information coming from?" "Is there a little person in there who is talking to you?" Some have commented: "The whole idea of your practice is totally weird!"

This chapter will attempt to respond to some of those questions as I try to gain a deeper understanding myself as to how these concepts actually work. When I take HK classes and work

with my colleagues it all makes perfect sense. When I work with clients I can SEE that it is working, but there remains the question of what is really going on in the body that I would like to further explore in this chapter.

This chapter will have two sections. The first section will be to briefly explain the HK system and how it relates to both Traditional Chinese Medicine (TCM) and psychotherapy. By beginning the chapter with these concepts I will be able to easily refer to them as the chapter progresses.

The second section will briefly survey some of the research that has been done that examines how the physical body relates to the mind and emotions, beginning with ancient Traditional Chinese Medicine and moving to more recent work done in the field of psychoneuroimmunology, as well as some ideas that other energy healers, psychotherapists, and scientific researchers have contributed.

How is Health Kinesiology connected to Traditional Chinese Medicine?

To begin, I would like to explain the HK system of bio-energetic healing, which was founded in the 1970s by Jimmy Scott, a psychologist and physiological researcher from the University of California Medical School. Through his research and careful thought, he learned how to obtain information from the body to achieve greater wellness and functioning. Except for some concepts that are based on Traditional Chinese Medicine, all of his work is original and is a new form of Bioenergetic Kinesiology that works on the energy of the body. For more detailed information please check the HK website at www.healthk.org.

The meridians and acupuncture points in the body were discovered and named by Chinese practitioners several thousand years ago. These wise practitioners discovered the systematic grid of pathways called meridians, just how these lines of energy flow, and to which organ the meridians are connected. The meridians are specific points that run up and down the body's trunk, arms, legs, and across the head near the surface of the skin, as well as throughout the body at deeper levels. These pathways are still used today by acupuncturists and acupressurists around the world. In these pathways or meridians flows the body's qi or life force that is sometimes called vital energy. This qi communicates with all the cells and organs in the body. Beinfield and Korngold's (1991) book, *Between heaven and earth*, describes qi this way:

The concept of Qi is absolutely at the heart of Chinese medicine. Life is defined by Qi, even though it is impossible to grasp, measure, quantify, see or isolate. Immaterial yet essential, the material world is formed by it. An invisible force known only by its effects, Qi is recognized indirectly by what it fosters, generates, and protects..... In the human being, all functions of the body and mind are manifestations of Qi: sensing, cogitating, feeling, digesting, stirring and propagating. Qi begets movement and heat. It is the fundamental mystery and miracle. (Beinfield & Korngold, 1991, p. 30)

With this in mind then, I understand that to maintain good health it is essential that the qi flows freely through all of the meridians in the body to enable all of the cells and bodily systems, mind, and emotions to go about their business of doing their job in the body. Thurnell-Read (2002) describes Scott's work in her book *Health kinesiology*:

If this energy system is in balance, health can be maintained. If it is disturbed, then physical or other disturbances may be produced or sustained. These energy disturbances

also have an effect on muscle response, and the term ‘Kinesiology’ has come to mean muscle testing to identify these disturbances. (Thurnell-Read, 2002, p. 11)

These acupuncture meridians form part of the underlying system of the body that supports and integrates the different aspects of the individual to include spiritual, physical, emotional, and mental. As explained in HK classes, this qi carries the information to allow all parts of the body to function harmoniously. If there are imbalances or blockages in the Meridian pathways, then the qi or energy is not fed to the tissues and cells of the physical body, and this can lead to acute or chronic ill health (Thurnell-Read, 2002). Scott (1985) states in the HK1 manual that:

TCM sees physical health and well being as a direct reflection of the state of the underlying energy blueprint, including the meridian system. This is the same meridian system that is treated in acupuncture. Imbalances in this system can be the precursors of chronic or acute dis-ease. The flow of energy in the meridians can be disturbed by imbalances in virtually any aspect of life: nutrition, emotions, thoughts, relationships, environmental chemicals, electromagnetic pollution, etc. (p. 3).

HK uses the concept from TCM that there are fourteen major meridians. Two of the meridians on the midline of the body are the Central or Conception vessel that runs up the front of the body, and the Governing Vessel that runs up the back of the body. The other twelve meridians run bilaterally on the surface of the body (HK1 p. 4). Each of these meridians has its own acupoints and specific associated muscles. The meridians are named after organs in the body, such as the lung meridian or spleen meridian. For example, the kidney meridian relates to the kidney’s ability to balance the fluids of every cell in the body to maintain biochemical balance within the body (HK 1 p. 4).

Kaptchuk (2000), in his book *The web that has no weaver*, says that these fourteen meridians and some other minor meridians are “the warp and the woof of the body” (p. 106). These meridians are paired together in elements, and each pair has a Yin meridian and a Yang meridian. Seven of the meridians are Yang and seven are Yin. The meridians that run down towards the feet are Yang, and the meridians that flow up from the feet are Yin.

The Ying / Yang symbol, which illustrates interconnectedness and balance, resonates deeply within me to express how everything in life is interrelated. We are so connected with nature and the world around us that each small occurrence in our life influences all parts of our being emotionally, spiritually, and intellectually as well as physically. What stands out the most to me is allopathic medicine; these doctors need to look at one’s whole being instead of quickly compartmentalizing and only treating one small portion of the body.

How does Kinesiology fit in to this process?

In HK, muscle testing is used to gain information about what is happening in the body and how to restore balance. Muscle testing involves the practitioner applying gentle pressure to a muscle on the arm or the leg (in fact almost any muscle can be used). The muscle will be able to withstand the pressure if it is strong, or, if weakened, the muscle will give way. This will provide the bio-energetic kinesiologist with information about what is going on in the body and the necessary procedures to correct the imbalance. HK recognizes that even when physical symptoms show up in the body, the source of the imbalance may be in the emotional or spiritual realm. This was a new concept for me to think about, as I have always thought of illness as

something physical that ‘happened’ to the body, and I had not given much credence to the connection between the whole body in terms of the emotional, spiritual, and psychological.

The first thing an HK practitioner does is to balance the body so that some of the major highways can become unclogged, allowing messages from the brain to flow smoothly to all parts of the body. To do this, first a muscle that responds to testing is found; usually this is an arm muscle, but most other skeletal muscles in the body can be used as well. When pressed down the muscle will ‘hold,’ but when ‘spindled’ or ‘alarmed’ it will weaken and release. To balance the body, the practitioner determines which meridians have the blockages and which reflex points will balance them. This is where TCM comes into play again. In TCM the twelve meridians are coupled as Yin and Yang and are grouped into the Chinese Five Phases or Elements and these relate to: Wood, Water, Metal, Earth, and Fire. In HK these same elements are used, and as well the Governing Vessel and Central Vessel have been added to make the HK Seven Element Sequence. Below is a chart illustrating the connection between the elements and the organs and the related emotions.

Table 1: *The Organ - Emotion Link* (Cohen,1997, p. 237)

Element	Metal	Water	Wood	Fire	Earth
Organ	Lung	Kidney	Liver	Heart	Spleen
Harmful emotions	Anxiety, sorrow	Fear	Anger	Joy, shock	Pensiveness, empathy
Qi effect	constrict	drop	rise	scatter	Knot
Positive emotions	Yi integrity	Zhi wisdom	Ren kindness	Li order	Xin Trust

The elements can be identified by lightly touching around the navel, as well as above and below the lips, and muscle testing at the same time. This is important in determining which element is unbalanced, so that a correction can be made. In addition to determining the element (e.g. Lung meridian), Reflex Evaluation Points (REP’s) are used to determine which point along the meridian needs to be held to restore the balance. (Blockages in the body can be corrected either by needling the point, as in acupuncture, or by applying pressure to the point, as in acupressure.)

The Reflex Evaluation Points include: Sedation, NeuroVascular, NeuroLymphatic, End Points, and Activation Points. These reflexes are found on special points on the front of the body between the breast and pubic bone. When any of these points tests weak, the practitioner holds the appropriate reflex points to eliminate the blockage and allow more communication to travel from the body to the brain.

Muscle testing: Communicating with the body

The above procedure is used at the beginning of the session to balance the client so that accurate testing can then be done to determine the correct energy work that is needed *specifically* for that client. (This differs from allopathic medicine, which often uses the same treatment and remedy for each of the clients who may exhibit similar symptoms, thus not allowing for individual needs.) During the correction, the Yang meridian points are held first, and the Yin meridian points are held second.

Once balanced, it is now possible to find out what particular issues are disrupting the body’s work. One method is to directly ask the person about his or her complaint or concern at

this time; this is called Client Specified Issue. The person may have a constant headache, but when you ask the body permission to work with that headache, the body may respond with a ‘no’ meaning: “Well that headache is not my main (energy) concern right now, as we’re really dealing with a blockage in transporting the blood from the heart and we need to get that fixed up first of all. You can deal with the headache later.” It could also be that if the heart’s issues are addressed, then the headache will go away as well.

This communication with the body is done through questioning the body and muscle testing to elicit ‘yes’ and ‘no’ answers. A strong arm response means ‘yes’ and a weak arm response means ‘no.’ It takes some time to grasp the idea that the body can hear you and know what you’re saying. I had always believed that the mind / head was the seat of knowledge and knowing, and the body was just the package that covered the insides. It took a while for me to realize that mind and body are connected and that both take everything literally, always listening to what we say.

What do other researchers say about talking to the body?

This amazing new concept has been supported by my reading of other materials, such as the book by Barbara Hoberman Levine (2000), *Your body believes every word you say*. I needed to go outside the HK literature to find support for Scott’s belief that you can talk to your body. I found that your body indeed hears not only what you say, but, at a cellular level, also knows your thoughts and feelings, and responds directly to them. This is one idea that I’d like to further explore in this chapter. Some examples in Levine’s book that supports this concept are:

There is a rich and intricate two-way communication system linking the mind, the immune system, and potentially all other systems, a pathway through which our emotions, our hopes, and fears can affect the body’s ability to defend itself. (Levine, 2000, p. 20)

Levine (2000) also states that:

Just as the nose and thumb refer to different parts of one body, mind and body refer to different aspects of the same whole. Every emotion you feel and every thought you think is also a physical event. Though mind and body are inseparable, actually they are functionally inseparable. Both aspects of self must be present for a human to be a fully alive human (p. 24).

Levine (2000) further says:

The human body has a network of billions of cells beneath your body conscious awareness. ... When these cells receive a message about a headache, they can join together to create an ache in your head. In this sense language becomes a connecting link among the cells in your body (p. 60).

How does this talking to the body connect with HK?

And so in HK testing, when the health issue is revealed, the practitioner consults several HK references and charts that indicate which meridian acupoints need to be held and what specific procedure needs to be followed. For instance, if a person has a broken leg or a fractured foot, the correction may require precise placement of magnets and specific acupoints to be held;

this will reconnect the meridians to get the healing mode activated and accelerate the body's ability to heal. As well, the liver and the spleen may need more energy so the body can get back to making the necessary repairs.

During the correction, certain words or phrases may need to be thought and focused on by the client at a cognitive level. Throughout our life, many situations occur that place stress on our body; some of them we are completely aware of, while some of them we have never consciously thought about. If these thoughts / feelings are not addressed, then they are stored in our energy system— at a deep level they may be completely unconscious . However, these thoughts and feelings can create blockages in our physical body that can impede the body's flow of energy and its ability to do work at a cellular level. Identification of these thoughts or feelings is necessary to enable them to be acknowledged, processed, and corrected. I can see how this process directly relates to psychotherapy as well as HK.

For so many years I have gone to a Western doctor to tell me what is wrong and how to heal. I have given my power to him or her to determine my body's needs. While I am not about to discount all Western wisdom and learning (for certainly Western medicine has done amazing work in the field of surgery), I am beginning to realize that there are other ways of healing, and HK is a way that is making a lot of sense to me right now.

We are all connected in nature and are not 'islands unto ourselves.' This is reflected in the TCM concept that the physical body, the mind, and emotions, thoughts, and feelings are all interconnected. This differs from the allopathic, Cartesian mind / body division that tends to compartmentalize us into neat sections. I am learning to believe in my body and see it as part of me, and not simply as the shell that houses the organs and 'other mysterious things.' I now believe that my body knows my thoughts, and at the cellular level knows what is best for me. I am also beginning to understand the body's relationship to the subtle energy fields that are both inside us and also that surround our physical body. Thurnell-Read (2002) describes Subtle Energy as "a loose term to describe any energy that is not recognized and categorized by conventional scientific knowledge" (p. 163). She goes on to describe Subtle Bodies as:

Traditionally, six subtle bodies are recognized (etheric, emotional, mental, causal, intuitive, and spiritual). They are as much part of the individual as the physical body. They are progressively less physical and more spiritual. Meta analysis works directly with these subtle bodies. (Thurnell-Read, 2002, p. 163)

This section has provided a very brief overview of HK and some of its principles that I am learning about and continuing to digest and integrate. This next section will look at some of the work that other scientists and researchers have found that supports some of the above beliefs and principles.

Some interesting research by Candace Pert

Candace Pert, a researcher in the field of psychoneuroimmunology, has been developing the idea that all illnesses have a psychosomatic component. She has been examining the molecular basis of emotions and has developed an understanding that molecules of emotion share inseparable connections with our body (Pert, 1997).

Pert (1997) tries to explain how these emotions can communicate with the body. She begins by suggesting that peptides are tiny pieces of amino acids that when joined together produce a chain called a protein and this protein is in every part of our body. She then speculates that the amino acids are the letters of language, and that the peptides and proteins are the words

that are made from the letters. Thus, all together, the peptides and amino acids make up a language that directs every cell, organ, and system in the body. Pert (1997) states that originally scientists believed that:

The flow of neuropeptides and receptors was being directed from centers in the brain-the frontal cortex, the hypothalamus and amygdale. This fits the reductionist model, supporting the view that thoughts and feelings are products of neuronal activity, and the brain the prime mover, the seat of consciousness.....[however] We found that the flow of chemicals arose from many sites in the different systems simultaneously- the immune, the nervous, the endocrine, and the gastrointestinal- and these sites formed nodule points on a vast superhighway of internal information exchange taking place on a molecular level (p. 310).

Pert (1997) explained that the information does not come from the brain, but, rather, from emotions. She feels that molecules of emotion run every system in our body. Her research suggests that the connection between the body and the brain that links together and communicates to all the cells in the body is a separate realm called the “inforealm... that allows us to experience the emotions, the mind and the spirit.some say it is the wisdom of the body and others call it God” (Pert, 1997, p. 310). Pert (1997) calls this the emotional resonance, which she explains as the connectors that “ flow between individuals moving among us as empathy, compassion, joy and sorrow... it is a scientific fact that we can feel what others feel.... Our molecules of emotion are all vibrating together” (p. 312). This concept resonates with me when I am working with clients and I feel their energy both at the physical level (when I hold my hands over their body) and at the emotional level when I look at them and see their emotions displayed on their face and in their body language.

Continuing with Pert’s research (1997), she explains how the energy in the body relates to other energies in the universe. She suggests that the neuropeptides and receptors are the biochemicals that are called ‘information molecules.’ These information molecules use a coded language to communicate via a body-mind network. She believes that information exists outside of time and space and belongs to a different realm from what we think of as reality. Pert states that “information in the form of biochemicals of emotion are running in every system of the body and thus our emotions must also come from a realm beyond the physical” (Pert, 1997, p. 257). Pert’s theory proposes that:

The emotions are the informational content that is exchanged via the psychosomatic network with the many systems, organs, and cells participating in the process. Like information, then, the emotions travel between the two realms of mind and body, as the peptides and their receptors in the physical realm, and as the feelings we experience and call emotions in the nonmaterial realm (1997, p. 261).

One of Pert’s friends responded that now she sees her body not as a machine being pushed around by the brain but as an integrated body and mind that has an intelligent system that rapidly exchanges information . We can begin to understand that the cells are talking to each other with an emotional intelligence and talking at the same time to the brain that is in on the conversation (Pert, 1997, p. 262).

This concept seems to support Levine’s work, which was mentioned earlier, as well as the TCM belief that there is a two-way communication system that travels around the body, connecting all our organs and emotions and thoughts and feelings. The ancient TCM belief is

that each organ is responsible for the different emotions that we feel now and have also experienced in the past. To maintain good health, physically, cognitively, and emotionally, the qi needs to flow freely through each organ. In TCM there is the understanding that the qi moves with the blood and air simultaneously to all parts of the body. When there is no qi, there is no life.

Carrying on with her research, Pert finds that when feelings are not expressed appropriately, but are buried deep below the unconscious, they are stored in the body's energy field at a cellular level. Our culture has difficulty expressing our emotions appropriately and honestly; we tend to deny upsetting feelings, suppressing them and going through the motions of happiness. Some of our feelings are fresh and very moving, while other past feelings are deeply buried, as they may have originated many years ago. When both kinds of feelings remain un-addressed they are stored at a cellular level and at this level they cause blockages that impede the smooth flow of energy and nourishment in our body. While psychotherapists will address the thoughts and feelings, they do not address the physical body; conversely, Western physicians treat the physical body, but pay little if any attention to the mind and emotions.

Linda Hartley's work

In her book *Somatic psychology*, Linda Hartley (2004) seems to support Pert's (1997) work by stating that the energy body and the physical body interact, and when the energetic flow is blocked then this is reflected in the body and mind. Hartley's (2004) work looks at the conscious awareness of the interconnection between the body and the mind. She suggests that our thoughts, feelings, and images are in constant movement, and that our sensory impressions from both the inner and outer world impact on our nervous system at a cellular level of our body (Hartley, 2004).

Hartley (2004) also suggests that the skin is the body's largest organ and it defines the body's physical space. The skin is where communication between the inner and outer world takes place. This sensory organ registers pressure, contact, and threat, and the sensory nerves send impulses to the brain that, in turn, interprets the messages as pleasure or pain. She feels that it is through the skin that we learn about ourselves and about those around us. While the layers of fat provide warmth and protection from the body, they also hold energy as a form of protection from either outside that may harm us, or from the inside to stop our feelings from flowing out. Hartley (2004) furthermore suggests that the fat that we hold on to may be connected to our emotional and mental states that "are woven into our unconscious neurohormonal process of the body" and thus how we hold or express our feelings may be related to our body fat (p. 144). This view supports the idea that some victims of sexual abuse may carry a protective shield of fat around their hips and genital area.

Hartley (2004) proposes that there is a direct relationship between our thoughts and feelings and our body's ability to protect itself from invaders in the form of viruses, infection, and disease through our lymphatic immune system. The process begins with the bone marrow producing B-cells that patrol the cells and provide natural antibiotics that protect us from invading bacteria, toxins, and viruses. Then the thymus gland produces T-cells that check out the body and destroy worn out, damaged, or infected cells in a process called 'cellular immunity' (think of this in the form of housekeeping). When the body is in good health, the T-cells and B-cells work together harmoniously. However, stress, in the form of fight or flight, disrupts this balance by activating the sympathetic nervous system, which increases the B-cell activity and decreases the production of T-cells. Thus, the stress upsets the harmonious balance and weakens the immune system. While the body has increased B-cell activity to fight off the invaders, it is

not attending to the clean up duties at a cellular level. Under prolonged ‘military’ action, the body loses touch with the internal self-regulating balance and healing (Hartley, 2004, p. 146).

While many of us feel that occasional ‘fight or flight’ experience, far too many of us are living in that mode on a daily basis, with no opportunity to allow the body to rest and relax and return to a balanced situation. Not only are we suffering from emotional stress, but our body is also dealing with toxins in our air, foods, drugs, and vaccinations that result in a compromised immune system. Rather than looking to drugs to fight off our infections, perhaps we need to be more aware of our own ability to reduce toxins in our foods and the environment, as well as eliminating the negative thoughts that weaken the immune system and over activate the sympathetic system. We can support our parasympathetic system to restore the natural balance of the immune system by providing periods of rest and by improving our nutrition.

Balance can be achieved by visualizing the inner workings of the lymphatic system and even by imagining the B-cells and T-cells working together harmoniously. Hartley (2004) suggests that bodywork, such as T’ai chi and qigong, as well as touching the cells directly (such as holding or pressing on specific acupuncture points along the meridians) can profoundly support the process of cellular immunity. Hartley (2004) quotes T’ai chi Master Liang who says:

When the mind moves, the mind intent is immediately aroused; when the intent is aroused the ch’i will follow. So heart (mind), the intent, and the chi are closely connected like a circle (p. 148).

Similar to the TCM concept that each organ regulates the different emotions in the body, Hartley (2004) also sees a direct relationship between our organs and our emotions and our overall health, as seen from her work in the chart below:

Heart	*connects with fear, openness, love, and compassion.
Lungs	*connects to the 4 th charka that deals with grief, sorrow, loss, letting go, and sense of connectedness
Kidneys	*filters the blood and eliminates waste and toxic substances, as well as stressful lifestyles
Spleen	*is the internal balance of the body and the chemical messenger system of the body
Liver	*assists with the digestion

Hartley (2004) describes the mysterious energy fields that flow both in and around the physical body and how the physical body and energetic body influence each other:

In the human body, there is a great complexity of energy movement, currents, and vibrations. As in the ocean, body energy can exist freely, in layers, or in an organized flow that maintain their integrity and have little tendency to mix. Energy can be blocked, flow freely, or vary in frequency of vibration: it can be in excess or deficient in quantity; and it can be of varying quality (Hartley, 2004, p. 47).

She continues to discuss the three ways that energy takes form in the body:

The first level is the background energy fields that is diffused and unformed, is influenced by forces from without and permeates the whole body. This level forms an aura that extends beyond the body, and it can be seen and felt by some people. In this

level every thought and emotion is registered and the general feeling and vibration of the person is available here. The second level are the channels where the energy flows in a vertical fashion through the body, and maintains the independent integrity of the person as well as the interdependency of the person to nature. It connects us to the universe, to heaven and earth moving and transforming the energy that passes through us. It flows through the skull, spine, pelvis and legs, as well as through the skeleton that is the densest of the body tissues. The third level that energy takes is flowing internally in specific pathways within the body. At the deepest level the energy flows through the bones and bone marrow, while in the middle level it flows through the muscles, tissues, nerves, glands and blood. The more superficial level flows just below the skin and has a closer connection to the emotional and mental life than the flow through the skeletal structure. Many healing systems such as acupuncture and TCM have developed 'sophisticated models and methods to balance this energy system (Hartley, 2004, p. 49).

Barbara Brennan looks at the body's whole energy system

The interrelatedness of the body's energy system and its relationship to the enmeshment of the body, our mind, our emotions, and our health is well described by Barbara Brennan (1998) when she says:

We stop our feelings by blocking our energy flow. This creates stagnated pools of energy in our systems which when held there long enough lead to disease in the physical body.... The connection between therapy and healing becomes obvious when disease is seen this way. The broad view of the healer encompasses the totality of the human being. In healing there is no separation between body and mind, emotions and spirit- all need to be in balance to create a healthy human being (Brennan, 1998, p. 99).

What the bleep do we really know?

A fascinating book called, *What the bleep do we know!* (Arntz, Chasse, & Vicente, 2005), looks at scientific research based on the scientific method and compares some of those ideas by looking at them through the eyes of quantum physics. Their findings prove the interconnectedness of each of us to the universe, and among many other ideas the profound effect that emotions and feelings have on our well-being. The authors mention the work by Masaru Emoto and his research in his book, *The hidden messages in water*. Emoto's work showed photographs of pictures of water crystals that changed shape and arrangement after being subjected to music and words and thoughts. Negative words and thoughts caused the water crystals to take on malformed, ugly shapes, while positive words and thoughts caused the same water crystals to form beautiful shapes and designs. When we realize that anywhere from 60-80% of our body is made up of water, it gives us room to think about the effect negative thoughts and feelings have on our physical body and our health. It does make one wonder of the impact the phrase 'mind over matter' has on our ability to become and remain healthy!

Closing thoughts

There is still much more research that needs to be done to describe how our mind and body are interconnected and how our emotions play a pivotal part in maintaining our health. However, the readings and this chapter have been most helpful for me to better understand this compelling energetic system that we call our body. When I practice Health Kinesiology and bio-energetic healing, I now can better 'see' inside the body and visualize the miraculous interplay between all of the systems. I know that when I ask questions of the body through muscle testing,

the answers are coming from the cellular level and the innate wisdom of the body that knows what it needs to run this incredible, complex system. If I can assist the body by helping to remove some of the blockages that impede the flow of energy, whether they are physical, emotional, or spiritual in nature, then I feel truly blessed to be working with such an incredible organism that is powerful beyond words.

About the Author

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Bridging the Gap: Western Counselling and South Asian Mental Health Needs

Aanchal Rai

South Asia¹ has consistently been among the top ten sources for immigration to Canada, with the majority of South Asian immigrants coming from India, Pakistan, and Sri Lanka (Citizenship and Immigration Canada, 2006). This statistic is presented here not simply to highlight the number of South Asians that contribute to Canadian diversity, but also as a preliminary insight into the implication for the South Asian minority concerning their access to health resources that comply with their beliefs about health and well-being. Providing health services, especially mental health services, that are consistent with South Asian beliefs has become a challenge; it has been found that immigrant and minority communities tend to under-use Western² mental health services such as counselling and also tend to terminate their sessions prematurely (Alexander, 1999; Atkinson & Matsushita, 1991; Commander, Cochrane, Sashidharan, Akilu, & Wildsmith, 1999; Duran, 1990; Herring, 1999; Sue & Sue, 1990). In addition, immigrant communities often bring with them their health care practices and cultural ways of healing that hold enormous personal significance in their daily lives (Moodley & West, 2005). These examples portray the stark reality of the under-use of Western mental health services among South Asian immigrants.. The current chapter aims to propose suggestions to bridge the gap between Western counselling and mental health needs of South Asians living in the West. I begin by critiquing Western forms of counselling, based on postcolonial and social science literature, in order to contextualize the factors that influence the utilization of mental health services by South Asians. Next, I provide an in-depth analysis of the cultural basis for under-utilization among South Asians, followed by their mental health needs and beliefs. Finally, I offer suggestions to bridge the gap between Western counselling and mental health needs of South Asians living in the West, based on their traditional healing practices.

Critique of Western counselling

One of the major critiques of Western counselling can be drawn from postcolonial discourse, which delineates the colonial theories of bias that are inherent in Western institutions,

¹ Although South Asia includes territories on and in proximity to the Indian subcontinent such as Bangladesh, Nepal, Sri Lanka, Pakistan, Afghanistan, Bhutan and Maldives (United Nations Statistical Division, 2006), the current research is focused on traditional healing primarily among the Indian and Pakistani communities residing in Canada.

² The term 'Western World' or 'the West,' depending on contexts can refer to different meanings. However, for this chapter I chose to use the term in reference to the regions of Western Europe, the United States, Canada, Australia, and New Zealand (Thompson & Hickey, 2005).

including policies, programs, and educational institutions. For example, Said (1978), an ardent literary theorist and activist, states that the history of European colonial rule has distorted the writings, works, and actions of the most knowledgeable and well-meaning Western institutionalists. In other words, Western texts, policies, and programs are inherently biased against the East³, depicting it as weak, irrational, and feminized (Said, 1978). Similar to Said (1978), Bhabha (1994) also states that beliefs related to Western colonization are perpetuated in present-day institutions and professions such as education, medicine, and research. This occurs because of Western classification of foreign cultures in rigid categories such as that of ‘the East.’ Therefore, both Said (1978) and Bhabha (1994) underscore the idea that colonial history of Western culture tends to disseminate among its present day institutions. Although historical and philosophical literature on postcolonialism suggests the existence of biases in Western counselling, it does not delineate and specify biases that may be inherent in the Western institution of counselling. Scholars in the field of social sciences have connected the two fields of postcolonial deconstruction and Western counselling and revealed the shortcomings of Western counselling that reveal the inherent biases that stem from the colonial period.

Scholars from the field of social sciences, for example, Sue and Sue (2003) efficiently articulate the idea of ‘Ethnocentric Monoculturalism’ to depict the fallacies of Western counselling. According to this concept, the dominant culture (i.e. the West) harbors the belief in superiority over the minority cultures and perpetuates this belief through institutions (i.e. through policies, practices, and structures of society). Moreover, the West imposes these institutional structures over the minority groups in a pervasive manner, such that they become invisibly imbued in the Western world-view, and thus become the universal assumption / truth. Sue and Sue (2003) state that the prevalence of ethnocentric monoculturalism is supported by evidence from Western beliefs that have prevailed as a result of colonial rule over groups such as Aboriginal peoples, East Asians, and South Asians. It follows that these ‘one sided’ values and beliefs permeate health care delivery systems such as that of Western counselling, as acknowledged by Carter (1995): “Because any institution in a society is shaped by social and cultural forces, it is reasonable to assume that racist and biased notions have been incorporated in the mental health systems” (p. 27). Existence of such inherent biases in counselling based on historical and current socio-political baggage can foster feelings of mistrust and suspicions among the minority groups (Sue & Sue, 2003). Specifically, the counsellor is viewed as a person belonging from the ‘oppressor’ category and the client views himself / herself as belonging to the ‘oppressed’ category (Sue & Sue, 2003). Based on sociopolitical history, it can be inferred that Western counselling can act as a handmaiden to the status quo, fostering the power differentials between the majority and minority groups (Moodley, 1999; Sue & Sue, 2003).

Although postcolonial and social science criticisms form the basis of the critique on Western counselling, an in-depth exploration of factors affecting utilization of counselling services by South Asians is crucial to contextualize the aim of this chapter.

Factors affecting utilization of counselling services by South Asians

³ The term ‘East’ refers to the “parts of Asia collectively lying east of Europe and including Asia Minor, Syria, Arabia, India, China, etc.; the Orient” (East, Dictionary.com). The term Orient in turn originates from the word Oriental, which refers to the “various cultures, social structures and philosophical systems of the countries that fall east of Europe, namely in Asia (including China, India, Japan, Korea, Middle East and surrounding regions)”. It is crucial to note that the term “the East/ Asian” has replaced the original label of “the Orient / the Oriental” term due to its negative connotations stemming from colonial era - European perceptions of the eastern countries as exotic, home to despotic empires and inscrutable customs. (Oriental, The American Heritage Dictionary of the English Language, Fourth Edition, 2007)

Several scholars have attempted to delineate factors that influence the utilization of counselling services by South Asians (Gill-Badesha, 2004; Laungani, 2004a, 2004b; Saran 1985; Sharma, 1995). For example, Sharma (1995) has found that one of the factors influencing the use of counselling by South Asians is the level of acculturation, which is a strong predictor of help-seeking behavior among South Asians. High levels of acculturation have been related to a more accurate appraisal of one's own psychological distress and a greater knowledge of the mental health services available in one's community (Sharma, 1995). In addition to acculturation, shame is another factor that hinders South Asians from disclosing personal distress. According to South Asian cultural values, disclosure of personal and familial distress to others, and especially to strangers, is considered taboo, as aptly expressed by Laungani (2004a): "Indians do not wash their dirty laundry in public" (p. 74). Breaking this taboo brings disgrace upon the individual and his / her family, as the person has decided to break the cultural norm of solving his / her issues within the four walls of the house (Laungani, 2004a). A third factor that has been found to deter South Asians from seeking counselling is that of the stigma associated with the field of mental health services. Saran (1987) emphasizes that Asians tend to dichotomize people as either 'normal' or 'crazy.' Therefore, the potential label of being a "crazy person" harbors negative connotations and demoralizing consequences for the individual, thus forcing him/her to abandon the idea of counselling altogether (Sharma, 1995). Furthermore, due to the close-knit family structure among South Asians, these negative connotations are also ascribed to the individual's family and relatives, thus degrading their honour in the community (Sharma, 1995). Therefore, the stigma associated with counselling is a crucial factor restricting South Asians from seeking help.

A fourth factor that has been found to influence help-seeking behavior is the ethnic background of the therapist. According to scholars, Asian-American clients attribute greater credibility and competence to therapists from similar ethnic backgrounds (Atkinson, Maryama, & Matsui, 1978; Bernstein, Wade, & Hofmann, 1987). However, it is possible that the relevance and relation of the client's issues to his / her cultural background and the client's level of identification with culture can play a crucial role in rating a culturally similar counsellor. Although a study conducted by Shafi (1998) suggests that racial similarity may not be of utmost importance for South Asian females, the limited number of participants (n = 4) greatly undermines the results. In addition, due to ignorance of their acculturation levels and cultural identities, the conclusions made by the author seem incomplete. Furthermore, the bulk of studies conducted with large numbers of South Asian or Asian participants primarily indicate that racial similarity plays a crucial role, especially for clients who have not acculturated to a great degree in Western countries (Atkinson, Poston, Furlong, & Mercado, 1989; Horwitz 1978; Mau, & Jepsen 1988). Based on such trends, Casas (1984) and Greenly and Mullen (1990) suggest that a paucity of ethnically similar therapists can make accessing mental health services a problematic issue for South Asian clients. Therefore, factors such as acculturation, shame, stigma, and similarity of a therapist's ethnic background can play crucial roles in influencing decisions made by South Asians to seek or not seek help from counsellors.

Upon close examination, the underlying basis for all these factors appears to be that of a South Asian client's world-view. Cultural world-views inform beliefs and influence actions of people and thus can be inferred to play a major role in the help-seeking behaviour of South Asians (Gill-Badesha, 2004). A discussion of the underutilization of counselling services and mental health concerns faced by South Asians is incomplete without a delineation of their cultural world-view and outlook on mental health. Although the above research reveals low utilization of mental health services among South Asians living in the West, and explores the reasons for such trends, it does not address the importance of culture entwined in the mental

health beliefs of South Asians. Acknowledgement of the cultural world-view can form the basis for most strategies for culture-sensitive counselling and promote a greater understanding of South Asian clients' phenomenological experience.

Cultural world-view of South Asians

Culture not only influences but also defines a person's beliefs and behaviours to a large extent. In other words, one's actions, decisions, and values can be aptly contextualized by the dominant cultural norms (Laungani, 2004a). Laungani (2004a) effectively captures the essence of culture in our lives by stating: "Our beliefs and behaviors do not arise in a social vacuum... [they are] to a large measure influenced by the dominant values prevalent in our culture... [and] exercise a powerful hold over our lives... in that sense we are all prisoners of our own culture, handcuffed to it" (p. 56). Corroborating this idea, Sue and Sue (1990) also stress that an accurate understanding of the social and cultural context of minority clients such as South Asians can facilitate suggestions to bridge the gap between their mental health needs and the services. It can thus be inferred that cultural values can influence the help-seeking behaviour to a great extent. Therefore, in order to comprehend and contextualize the mental health needs and utilization behaviours of South Asians, it is imperative to explore the role of their cultural world-view.

Presented below is an overview of the common values and perceptions held by South Asians based on the model devised by Laungani (2004a). According to Laungani's model, Eastern cultures are characterized by collaborative decision-making, a support network that includes extended family members, free expression of emotions, attribution of success and failures to one's *Karma*⁴, and a perception of the world as an illusion while reality resides within the individual and is grasped through deep contemplation. In contrast, Laungani (2004a) states that Western cultures are characterized by autonomous decision-making, nuclear families, rationalism, attribution of successes and failures to an individual, and the perception of reality as external to the individual and grasped by scientific explanation / logical process. Although Laungani (2004a) presents an extensive account of the cultural differences between the West and the East, his model lacks sufficient support from the field of research. Furthermore, his categorization of West and East is ambiguous; he does not classify the cultures represented by these two groups, thus generalizing to all the Western and Eastern cultures. For the purpose of this chapter, then, I will use Laungani's model with only the following aims expressly in mind: 1) to comprehend the underlying differences between the cultural world-view of South Asia and the West (as Laungani, (2004a) uses case studies and examples predominantly from the South Asian population); and 2) to allow the contextualization of the mental health needs and practices of South Asians. Therefore, an overview of the South Asian world-view can reveal the basis of their mental health needs and their outlook on mental health as described below.

Mental health needs of South Asians

Based on the underutilization trends of counselling among South Asian immigrants, certain researchers have suggested the idea of South Asians being a 'model minority,' where they are reported to have less stress and psychological concerns, along with the self-sufficiency to deal with such issues, especially within their family networks (Paniagua, 2001). However, these ideas have been vehemently challenged and critiqued through various research findings.

⁴ Karma is a sum of all that an individual has done, is currently doing, and will do. The results or "fruits" of actions are called *karma-phala*. The effects of all deeds actively create past, present, and future experiences, thus making one responsible for one's own life, and the pain and joy it brings to others. In religions that incorporate reincarnation, karma extends through one's present life and all past and future lives as well. It is cumulative (Bowes, 1976).

For example, Sue & Sue (1990) have suggested that the discrepancy between the official rates and real rates of psychological disturbances among Asian communities, including South Asians, is due to issues of shame pertaining to disclosure in their family and community. Other researchers who have assessed the mental health concerns among South Asians include Bernal, Trimble, Burlaw, and Leong, (2003) and Das and Kemp (1997). These researchers have described the major mental health concerns faced by South Asians as acculturation stress; intergenerational conflicts; racism at work, school, and in the neighbourhood; lack of social and familial support; and changes in traditional gender roles, such as females working outside their homes. These factors have been labelled as the ‘major causes’ that explain the psychological distress among South Asians in the West, thus refuting the ‘model minority’ status. However, these studies neglect to explain the mental health beliefs held by South Asians that play a role in deterring them from accessing and utilizing mental health services (Gill-Badesha, 2004). Knowledge of the mental health beliefs held by South Asians can facilitate an understanding of their practices and suggest ways to bridge the gap between their beliefs, needs, and Western counselling services. Presented below is an overview of the mental health beliefs as held by South Asians.

Mental health beliefs held by South Asians

From the above critical review of literature examining mental health needs and help-seeking trends of South Asians, it is evident that South Asians are often reluctant to seek professional help for psychological distress. Moreover, counselling is often seen as the last resort, where the primary sources are often family and friends, indigenous / traditional healers⁵, religious rituals, and holistic remedies (Desai & Coelho, 1980). These sources of support have received scarce attention, as they have not been documented and assessed comprehensively in the literature (Laungani, 2004a). Addressing this gap in the psychological literature, I will next present a comprehensive account of mental health resources used by South Asians and the beliefs they are based on.

1) Resources for psychological disturbances:

Due to the communal nature of the values shared by South Asians, they tend to rely on family members, friends, and elders as a primary form of assistance (Laungani, 2004a). The traditional extended family in India may include several family members such as parents, children, grandparents, married sons and wives, and grandchildren. An important concept that hinders South Asians from seeking outside help is that of family honour or ‘*izzat*’ (Sharma, 1995). Family members do not discuss personal matters outside their network, and strive to maintain and enhance family honour (Laungani, 2004a). Therefore, the primary source of assistance often includes the family members themselves. Moreover, knowledge of family as the primary source of assistance is important, as South Asians identify with these values even after their immigration to the West (Laungani, 2004a; Sharma, 1995).

A second resource for South Asians suffering from psychological disturbances is that of traditional healers (Chandras, Eddy, & Spaulding 1997; Kumar, Bhugra, & Singh, 2005). The following overview of research on the prevalence of and preference for traditional healing methods in the South Asian community in the West focuses on two major themes: a) Preference

⁵ Traditional healers are individuals acknowledged within their communities as possessing special insight, awareness, knowledge, and skills that grow out of timeless wisdom (Lee & Armstrong, 1995). Pertaining to the South Asian community, the prominent forms of healers belong to respective field of healing such as: Ayurveda (healer is referred to as a Vaid), Unani (Hakim), Yoga (Yoga guru) and Homeopathy (Homeopath).

for traditional forms of healing over biomedicine and b) Need for traditional healing methods in the field of mental or psychological disturbance.

One of the few studies that have documented the use of traditional healing methods in the West is that of Hilton et al. (2001). These researchers assessed the use of South Asian healing practices among the female South Asian immigrants in Canada. Their findings suggest that South Asian women value and frequently use South Asian healing practices in their daily lives, but tend to hide their healing methods from mainstream Western doctors due to repeated disregard and mislabelling of their methods as mere superstitions. A similar study undertaken by Rao (2006) in the USA assessed the choice of medicines / healing methods between Western biomedicine and traditional methods among South Asian migrants. Data was collected using in-depth interviews and it was found that healing methods were greatly valued but depended on the following: people's belief in the effectiveness of traditional healing, the severity of the illness, acculturation patterns, and accessibility of traditional healing vs. biomedicine. Studies by both Hilton et al. (2001) and Rao (2006) highlight the notion that traditional forms of healing are valued by South Asians and are currently being used in Canada and the USA. However, these studies do not reveal the specific illnesses or problems for which South Asians tend to seek traditional healing methods, and whether psychological disturbance is one of the concerns for which South Asians seek traditional healing.

A few studies conducted in the United Kingdom reveal the prevalence and use of South Asian forms of healing for concerns pertaining to psychological or mental suffering. Dein and Sembhi (2001) conducted in-depth interviews with South Asian psychiatric patients in Britain to assess their use of traditional healing for their mental illnesses. All of the respondents reported using South Asian traditional healing methods concurrently with their psychiatric treatments. Although this study reveals the use of traditional healing for mental illness, it does not shed light on the actual healing methods utilized by the clients. Moreover, this study also focused on the parallel use of South Asian forms of traditional healing along with biomedicine in the field of psychiatry, and not on the use or role of traditional healing in the field of counselling.

Research that focuses on this gap pertaining to the use of traditional healing in the context of counselling is that by Moodley (1999). Moodley describes a case study of his South Asian client in the UK who had resorted to traditional South Asian healing after a period of two years in therapy. In addition, according to the client, traditional healing had successfully catered to his psychological needs. Based on this experience, Moodley (1999) highlighted the profound role of the intervention of the traditional healer for his client by stating that, "The acknowledgement and acceptance of non-Western interpretations and techniques is paramount to the process of counselling ethnic minority clients" (Moodley, 1999, p. 149). Moodley (1999) further stressed that the lack of research in this field, and acknowledgement along with complete comprehension of traditional healers, is the greatest challenge to be faced by the field of counselling in the next decade. It is evident that the inability to recognize and accept the role of traditional healers in the lives of South Asian clients can become the greatest deterrent to their use and acceptance of Western forms of counselling. Reinforcing this idea, Morjaria and Orford (2002) stressed that South Asians have the tendency to undergo a process of re-affirmation of their traditional world-view, rather than taking on the Western world-view. Therefore, it is evident that neglecting the culture-specific belief systems and the practitioners of these belief systems, or the imposition of different belief systems, could lead to the South Asian minority community harboring feelings of distrust towards the field of Western counselling.

2) Religious and holistic beliefs that form the basis for South Asian mental health outlook:

The South Asian forms of healing that address mental health issues are primarily based on the principles of religion, spirituality, and holism (Inayat, 2005; Kumar, Bhugra, & Singh, 2005; Laungani, 2004a & 2004b; Pankhania, 2005). In terms of religion and spirituality, South Asian approaches often draw from religious verses and scriptures delineated in their religious texts, such as that of the Bhagavad Gita (holy text of Hindus) and the Q'uran (holy text of Muslims). Specifically, the Hindus adapt the Law of *Karma* as described in their holy text, the Bhagavad Gita, according to which right actions produce good consequences and wrong actions produce bad consequences (Laungani, 2005). Therefore, pain, psychological suffering, and misfortune are ascribed to the person's actions. Similarly, Muslims conceptualize mental illness as occurring by the will of Allah (Inayat, 2005). Moreover, the verses of the Q'uran are often used by Muslim healers to cure their patients (Inayat, 2005). In addition to a religious and spiritual framework, South Asian mental health values follow a holistic model that refers to an integration of body, mind, and spirit for comprehending psychological disturbances (Kumar, Bhugra & Singh, 2005; Laungani, 2004a). For example, Ayurveda⁶ and Unani⁷ forms of healing emphasize that certain types of food and dietary practices produce certain types of mental states (Laungani, 2004a & 2004b). According to Ayurvedic principles, the body's digestive force maintains the bodily humours. Imbalance in bodily humours is considered to be the cause of illnesses, including psychological illnesses. Therefore, food and dietary practices emphasize the relation of one's body with one's mind. Where dietary practices reflect the relation between body and mind, Yogic principles and exercises are aimed at the unison of body, mind, and spirit for a balanced and calm mind (Kumar, Bhugra, & Singh, 2005; Pankhania, 2005). Mrinal, Mrinal, and Mukherji (1995) reveal that the ultimate goal of Yoga⁸ is to achieve salvation. In other words, one's existence is considered to be the cause of one's suffering, and to gain deliverance from this suffering it is important to have control over bodily functions, mental, and psychological states. In addition to Ayurveda, Unani, and Yoga, Vedic Astrology / Jyotisha⁹ is another form of healing where psychological disturbances are explained in terms of sins, wrong deeds, God's curse, and fate of the person. In particular, Astrology emphasizes the relation between one's existence, one's destiny, and the cosmos (Laungani, 2004a). Therefore, South Asian forms of healing encompass religion, spirituality, and holism to treat psychological disturbances. From the above delineation, it is evident that knowledge of South Asian outlook on mental health is highly crucial for comprehending the mental health needs and practices within the South Asian community in the West.

⁶ Ayurveda refers to "an ancient Indian system of holistic medicine drawn from Vedic literature that seeks to balance individual imbalances through adjustments in diet, exercise, and sleep and involving herbs, aromas, meditation, and yoga to address health issues" (Ayurveda, Webster's New Millennium Dictionary of English, 2007).

⁷ "Unani system is a science which deals with the preventive and promotive aspects of human being and health problems occurred by the Ecological and Environmental factors, which may vitiate humours i.e. Blood, Phlegm, Yellow bile and Black bile, the fluids circulating in the body vessels. It teaches to maintain the health and treat if affected by disease by bringing back the balance in imbalance humours" (National Institute of Unani Medicine, 2007).

⁸ Yoga refers to "1. A Hindu discipline aimed at training the consciousness for a state of perfect spiritual insight and tranquility and / or 2. A system of exercises practiced as part of this discipline to promote control of the body and mind." (Yoga, The American Heritage Dictionary of the English Language, 2007)

⁹ Vedic Astrology or Jyotisha is the oldest form of astrology prevalent in India. It is based on the Vedas, the oldest scriptures from the sages of the Vedic culture in India. It is based on the stellar constellations and emphasizes that life is interplay of both fate and free will--fate being the reaction to our previous exercise of free will (Dasa, 1993).

Conclusion: The need for collaboration

The review of literature reveals that Western counselling is unable to meet the needs of a South Asian immigrant group due to differences between perspectives on mental health held by South Asians and those held by the West. These differences become some of the major causes for under-utilization of Western counselling services. Lastly, it has also been observed that traditional healing practices seem to be one of the major resources for mental health needs for South Asian immigrants in the West. It can be inferred that there is a need for further research, examination, and implementation of strategies that can acknowledge and/or include the South Asian belief in traditional healing in order to bridge the gap between South Asian psychological needs and Western counselling services.

Presented below is one such suggestion of collaboration between Western counsellors and traditional healers as a means to lessen the gap between the two fields.

I discuss the guidelines outlined by American Psychological Association (APA) and scholars from the field of Psychology to propose the idea of collaboration. According to the American Psychological Association (APA), the guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations are outlined as follows: "Psychologists respect clients' religious and/ or spiritual beliefs and values, including attributions and taboos, since they affect world-view, psychological functioning and expressions of distress (American Psychological Association, 1990)". Pertaining to this guideline, the following specific aspects have been outlined by APA (1990):

- (a) "Part of working in minority populations is to become familiar with indigenous beliefs and practices and to respect them. For example, traditional healers have an important place in minority communities.
- (b) Effective psychological intervention maybe aided by consultation with and/or inclusion of religious / spiritual leaders / practitioners relevant to the client's cultural and belief systems."

Similar to these guidelines, Sue, Arrendondo, and McDavis (1992) have proposed multicultural standards and competencies for culturally competent counsellors. They have also emphasized that culturally competent counsellors should aim to respect indigenous helping practices, and have added that appropriate consultation with or referral to traditional healers / religious or spiritual leaders / practitioners of culturally different clients should often be sought. However, it is crucial to understand the limitations that may surface with such objectives and consequent projects. For example, the traditional healers may not be open to such collaboration, which requires revelation of their practices to the mainstream Western counsellors. In addition, multicultural counselling policies will require changes to include referrals to traditional healers. Lastly, credibility of traditional healers may be difficult to ascertain in a country different from their country of training. Accounts of these few limitations are provided as a cautionary note for those who wish to tread on the path of collaboration. Several other limitations may arise as one progresses to devise further strategies to bridge the gap between Western counselling and South Asian mental health needs. With insight into the importance of awareness of traditional healing practices and interaction with traditional healers, it can be proposed that collaboration is one way in which a Western counsellor can remain mindful of their client's religious, spiritual, and indigenous beliefs and practices by obtaining access to the traditional healers, who are the harbingers of traditional healing practices in minority communities. Knowledge of the healing practices and their skills and herbal medicines can promote a lucid understanding of the similarities and differences between the approaches of healers and Western counsellors. This understanding can powerfully facilitate the referral and consultation process. It is evident that

further research into the field of South Asian traditional healing can open up a gateway of collaboration and even integration between the two fields.

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Short-Term Benefits of Participating in a Mindfulness-Based Wellness Education Intervention: Preliminary Results with Student Teachers

*Patricia A. Poulin, Geoffrey Soloway,
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Mindfulness-based interventions have gained tremendous popularity in North America over the last three decades (Kabat-Zinn, 2003). An already impressive body of research demonstrating the efficacy of such interventions for a wide range of health and mental health concerns continues to grow, serving clinical populations (Baer, 2003; Grossman, Niemann, Schmidt, & Walach, 2004). A burgeoning area of inquiry is now focusing on the potential benefits of mindfulness programs for individuals who are working in high stress occupations such as human service professionals (Mackenzie, Poulin, & Seidman-Carlson, 2006; Poulin, Mackenzie, & Hafliger, 2003; Shapiro, Astin, Bishop, & Cordova, 2005; Singh, Singh, Sabaawi, Myers, & Wahler, 2006; Young, Bruce, Tuner, & Linden, 2002). In this chapter we will summarize our study which focused on evaluating the immediate benefits of participating in a Mindfulness-Based Wellness Education program for teacher candidates.

A lot is known about the causes and consequences of stress in teachers and student teachers. Factors such as time pressure, behavioural issues in the classroom, workplace tension with administration, coupled with lack of social support and personality factors can lead teachers to experience job burnout (Montgomery & Rupp, 2005). In turn, teachers experiencing high levels of stress are more likely to leave the profession, affecting school boards and their community more generally. A lot less is known about effective ways to increase teachers' resilience. Interestingly, one of the leaders in the study on teacher stress highlighted such interventions as a priority for future research (Kyriacou, 2001). Having the opportunity to create an optional course for teachers in training, we developed a novel intervention, Mindfulness-Based Wellness Education (MBWE), designed to directly address the issue of teacher stress prior to entry into the profession, and we tested its short-term effectiveness.

Method: Participants

Participants were students enrolled in an intensive one-year Bachelor of Education program at a Southern Ontario Faculty of Education. Students are required to complete core requirements in the form of two optional related studies courses, and two teaching practica. Intervention participants were those teacher candidates who enrolled in an optional related studies course on stress and burnout in teachers. It was in the context of this course that we offered the Mindfulness-Based Wellness Education (MBWE) intervention. Control participants

were students enrolled in related courses focusing on either gifted children, or children with emotional and behavioral problems.

At the beginning of the fall term, 31 intervention students and 34 control students consented to participate. Post-treatment questionnaire batteries were completed by 28 intervention and 18 control participants, representing dropout rates of 9.7% and 47%, respectively. The only demographic or health difference between those who completed and dropped out of the study was that dropouts ($M = 29.37$) were significantly older than completers ($M = 26.35$), $F(1, 60) = 4.38, p = .04$. We also compared the demographic and health characteristics of students in the two control classrooms. Students in the giftedness class were significantly older ($M = 31.46$) than students in the emotional and behavioral problem class ($M = 26.95$), $F(1, 32) = 5.80, p = .02$. Students in the giftedness class were also more likely to be married or living common-law (50%) than students in the other class (15%), $\chi^2(2) = 6.05, p = .05$. Because there were no other demographic or health differences between students in these two classes, we collapsed their data during comparisons of intervention and control participants.

As shown in Table 1, the final group of 28 intervention and 18 control participants were similar in terms of their demographic characteristics. We also compared the two groups' health and mental health outcomes, listed in Table 2, prior to the intervention. Two significant differences emerged. MBWE participants were less mindful than control participants according to the overall KIMS, $F(1, 44) = 3.93, p = .05$, and its Observe subscale, $F(1, 44) = 4.48, p = .04$. We also found a trend for MBWE participants to report poorer self-rated health, $F(1, 44) = 2.28, p = .14$, which might be due to the fact that students enrolling in a stress and burnout course are more affected or more aware of the effects of stress on their health. The two groups were roughly equivalent on all other outcome measures ($ps > .35$).

Design and procedure

The recruitment of participants was done at the beginning of the spring semester, subsequently to receiving approval from the research ethic board to carry out the study. Given that complete randomization of participants to groups was not possible in the context of this study, we used a semi-experimental design to test the efficacy of the MBWE program. We compared intervention participants to control participants on five outcome measures: Mindfulness, psychological distress, life satisfaction, teaching self-efficacy and physical health self-evaluation. Participants completed these questionnaires before the training began and immediately after the training ended.

Mindfulness-Based Wellness Education intervention

MBWE is a highly experiential 8-week health promotion intervention focusing primarily on the development of mindfulness skills that serve as a foundation to explore seven dimensions of well-being (i.e., physical, social, emotional, ecological, mental, vocational and spiritual). This intervention is modeled upon the popular mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1982; 1990) program. The philosophy and practices presented to MBWE participants closely parallel the traditional MBSR program, but in addition to stress reduction education, MBWE has a formal focus on health and wellness promotion. Furthermore, in contrast to MBSR which require 45 minutes of homework per day, 6 days per week, MBWE is less demanding of participants' time, which has proven to be an important factor to consider when working with human service professionals (Poulin, 2005).

Outcome measures

The Kentucky Inventory of Mindfulness Skills (KIMS; Baer, Smith, & Allen, 2003) was used to assess participants' four aspects of mindfulness: Observing, describing, acting with awareness and accepting without judgments. The Satisfaction With Life Scale (SWLC; Diener, Emmons, Larsen, & Griffin, 1985; Pavot & Diener, 1993) was used as a general measure of subjective well-being. The Kessler 10 Psychological Distress Scale (K 10; Kessler, et al., 2002) was used as a general measure of distress and the short form of the Teachers' Sense of Efficacy Scale (Tschannen-Moran & Hoy, 2001) assessed participants' perception of their ability to engage their students, to manage their classroom and to use appropriate instructional strategies. In addition to these four instruments, participants were asked to rate their perception of their physical health and their satisfaction with their health on numeric scales.

Study hypotheses

We hypothesized that participants in MBWE would experience increased mindfulness and satisfaction with life, improved perception of physical health and teacher self-efficacy, as well as decreased psychological distress in comparison to controls after training.

Results: Intervention effectiveness

We examined the impact of the MBWE intervention on physical and mental health using 2 (groups: MBWE versus control) by 2 (times: pre-intervention versus post-intervention) repeated measures analyses of variance (ANOVAs) with partial eta squared (η^2) as an indicator of effect size for group by time interactions, where values of .01, .06, and .14 are associated with small, medium, and large effects, respectively (Olejnik & Algina, 2000).

As shown in Table 2, the intervention had the hypothesized influence on mindfulness, as indicated by a significant group by time interaction, favoring MBWE students, for the KIMS total score. Interestingly, the influence of the intervention was not consistent across the four KIMS subscales. Students in the MBWE class improved significantly more than control students on the Accept Without Judgment subscale and the Observe subscale. In contrast, the intervention had very little impact on the Act with Awareness subscale and the Describe subscale.

In contrast to the expected changes we saw in mindfulness, the MBWE intervention did not have the hypothesized influence on psychological distress and well-being. Group by time interactions were not significant for the K-10 Distress scale, or the Satisfaction With Life Scale. Although mental health did not appear to be affected by the intervention, self-rated physical health was. Students in the MBWE class reported improvements in health, whereas control participants reported deterioration, resulting in a significant group by time interaction.

In addition to examining the influence of MBWE on mindfulness, physical health, and mental health, we were also interested in the impact of our intervention on teachers' self-efficacy. As hypothesized, students completing the MBWE intervention reported significant improvements, relative to controls, in overall self-efficacy according to the TSES total score. At the subtest level, intervention participants showed significantly greater improvements in Student Engagement and Classroom Management. Changes in self-efficacy related to Instructional Strategies also favored intervention students, although this difference was not significant.

Discussion

The evidence from this study indicates that there are significant benefits of mindfulness training for teacher candidates, which is congruent with the burgeoning literature demonstrating the efficacy of mindfulness-based interventions for human services professionals. Interestingly, not all observations recorded supported our hypotheses and this deserves our attention. For

instance, the MBWE program did not have the intended effect on participants' levels of psychological distress and satisfaction with life. This may be explained by floor and ceiling effects respectively, in which participants were not experiencing much distress prior to, during and after the training and they were relatively highly satisfied with their lives.

MBWE participants experienced appreciable benefits with regard to their sense of ability to meet the challenges of teaching and had an improved perception and satisfaction with their physical health suggesting that this is a worthwhile intervention for this population. Our future investigations will focus on the long term effects of MBWE with the same population.

Table 1: Sample Characteristics

Characteristics	Intervention (n = 28)	Controls (n = 18)	χ^2 or <i>F</i> value
Mean (SD) Age	25.68 (4.78)	27.28 (4.00)	1.34
Female	20 (71.4%)	13 (72.2%)	0.00
Marital status			0.68
Never married	19 (67.8%)	13 (72.2%)	
Married/Common Law	8 (28.6%)	5 (27.8%)	
Separated or divorced	1 (3.6%)	0 (0.0%)	
Mean (SD) Years of Education	17.18 (0.86)	18.00 (1.57)	5.24*
Race			2.90
White	17 (60.7%)	9 (50%)	
Asian	3 (10.7%)	4 (22.2%)	
East Indian	4 (14.3%)	4 (22.2%)	
Middle Eastern	2 (7.1%)	1 (5.5%)	
Other	2 (7.1%)	0 (0.0%)	

Table 2: Mean Scores and Indicators of Intervention Effectiveness

Outcome Measure	Intervention	Controls	Group X Time <i>F</i>	Effect Size (η_p^2)
KIMS Total			7.39**	.15
Pretest	119.88 (17.80)	131.35 (14.24)		
Posttest	131.58 (20.50)	130.59 (14.55)		
KIMS Accept			4.89*	.10
Pretest	28.71 (7.70)	29.28 (7.30)		
Posttest	31.14 (8.86)	28.06 (7.97)		
KIMS Act with Awareness			0.07	.00
Pretest	28.31 (4.29)	28.67 (6.10)		
Posttest	29.31 (5.81)	29.28 (5.04)		
KIMS Observe			4.75*	.10
Pretest	37.30 (8.52)	42.92 (7.83)		
Posttest	41.82 (8.09)	41.70 (7.80)		
KIMS Describe			0.19	.00
Pretest	24.39 (4.13)	25.39 (3.53)		
Posttest	25.50 (4.23)	26.00 (3.69)		
Kessler-10 Distress			0.04	.00
Pretest	21.27 (7.13)	20.89 (6.44)		
Posttest	19.54 (6.48)	19.44 (5.84)		
Satisfaction with Life Scale			0.34	.01
Pretest	24.59 (6.53)	26.00 (5.78)		
Posttest	26.95 (5.45)	27.72 (6.36)		
Self-Rated Health			8.77**	.17
Pretest	9.38 (2.32)	10.35 (1.27)		
Posttest	10.14 (1.86)	9.76 (1.82)		
TSES Total			6.24*	.13
Pretest	81.86 (10.64)	83.35 (11.79)		
Posttest	91.23 (10.88)	85.06 (8.33)		
TSES Student Engagement			7.55**	.15
Pretest	26.89 (4.19)	28.12 (4.55)		
Posttest	29.86 (4.37)	27.76 (3.70)		
TSES Instructional Strategy			1.80	.04
Pretest	28.14 (3.99)	27.88 (4.58)		
Posttest	31.44 (3.48)	29.59 (3.34)		
TSES Classroom Management			5.74*	.12
Pretest	26.82 (4.15)	27.35 (4.06)		
Posttest	29.92 (4.39)	27.70 (3.40)		

Note. KIMS = Kentucky Inventory of Mindfulness Skills; TSES = Teacher Self Efficacy Scale; η_p^2 = Partial Eta Squared. With the exception of Kessler-10 Distress, higher scores represent better functioning. Standard deviations appear in parentheses.

* $p < .05$. ** $p < .01$

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Part 2:

Aboriginal Methods of Healing in Counselling

**‘Minopimaatsiwin’: Ojibway for *Healthy Way of Life*:
Aboriginal Research Method That Induces Healing of Relationships and
Ways to Balance Governance**

Eileen Antone and Rebecca Hagey

The Great Song of Hope.

I
Hear
your singing
voice and it sings
the Great Song of
Hope. And your warm
and compassionate eye
calmed my lost and fright-
ened heart. Your soft and
*gentle touch lifts my will
and reassures my battered
spirit. And when you stand
near my sick bed the room
fills with the dedication you
have to all who are sick and
infirm and I am comforted
by your presence. I will
forevermore honour the
memory of your good-
ness for when I
hear your
singing
voice
it
sings
the
Great
Song
Of
Hope.*

(Elder Albert Dumont wrote this poem
for his friend who was in the hospital for 13
years, paralyzed from the neck down.
Ottawa Sharing Circle 2006)

The poem has been formatted into the shape of an Eagle Feather by the authors
and is dedicated, by Elder Albert Dumont,
to Nurses who care for people

To develop and broaden the field of Mental Health Nurse Practitioner (NP) Education it is essential to emphasize the inclusion and acknowledgement of Aboriginal people and their distinct world-views. Acknowledging their world-views as valid and valued perspectives will affirm and strengthen the contribution of Aboriginal Peoples to their own health and to the broader Canadian society.

The purpose of this chapter is to highlight and share data collected from three sharing circles, which will support strategies for bringing Aboriginal people and their world-views in to all aspects of nursing education. These three circles, conducted during a research project titled Bringing Minopimaatisiwin into the Nursing Academy: Envisioning an Effective Mental Health Nurse Practitioner Education Program, were the basis of manifesting traditional Aboriginal knowledge in our research design.

Our main theoretical framework is based on Minopimaatisiwin. This approach is composed of several foundational concepts that include wholeness, balance, and relationships between all parts of creation, harmony, growth, and healing (Hart, 2002), which all lead to 'Minopimaatisiwin' or 'Healthy Way of Life.' Key values that support this way of life are respect, sharing, and spirituality (Hart, 2002). Therefore, Minopimaatisiwin is a living, dynamic world-view and way of life that informs talk and action, as well as mind, body, emotions, and spirit. In many Aboriginal communities, Elders and Traditional Teachers are carriers of this healthy, good way of living that engages creation and the environment (Cajete, 1994; Deloria, 1999; Hart, 2002).

The circle is a foundational aspect of Minopimaatisiwin and helps to bring wholeness and balance to the many issues that confront Aboriginal and non-Aboriginal people. Nabigon, Hagey, Webster, and MacKay (1998), as well as Antone and Cordoba (2005) used a 'learning circle' in their research data collection as it is a process which enables information sharing and connections, and it seeks balance and harmony. The circle process enables us to be fully present with ourselves and with others and helps us to discover the power of heartfelt authentic communication.

Black Elk, the Holy man of the Oglala Sioux, gave many teachings about the circle that explain the ideology of balance and harmony from a Native perspective. He says:

You have noticed that everything
an Indian does is in a circle, and that is because
the Power of the World always works in circles, and everything
tries to be round. In the old days when we were a strong and happy
people, all our power came to us from the sacred hoop of the nation and so
long as the hoop was unbroken the people flourished. The flowering tree was
the living centre of the hoop, and the circle of the four quarters nourished it. The
east gave peace and light, the south gave warmth, the west gave rain, and the north
with its cold and mighty wind gave strength and endurance. This knowledge came to us
from the outer world with our religion. Everything the Power of the World does is done in a
circle. The Sky is round and I have heard that the earth is round like a ball and so are all the
stars. The Wind, in its greatest power, whirls. Birds make their nests in circles, for theirs is
the same religion as ours. The sun comes forth and goes down again in a circle. The moon
does the same, and both are round. Even the seasons form a great circle in their changing,
and always come back again to where they were. The life of a man is a circle from
childhood to childhood and so it is in everything where power moves. Our tipis were round
like the
nests of birds and these were always set in a circle, the nation's
hoop, a nest of many nests where the Great Spirit
meant for us to hatch our children.

(Black Elk Speaks in Neihardt, 1979, p. 150)

The circle of learning is always continuous, moving between the social, natural, and spiritual world, and encapsulates the balance and wholeness that Aboriginal world-view is based on.

This chapter will begin with a brief historical overview of the relationship of Aboriginal and non-Aboriginal people that resulted in the devaluing of Aboriginal knowledge through the educational systems. It will then illustrate how the current research design fostered the extension of Aboriginal principles of inclusion, reciprocity, and mutuality (Antone, Gamlin, & Provost-Turchetti, 2003). These Aboriginal principles depend on collaborative cooperation and the sharing of information, experience, and expertise by researchers, community organizations, institutions of higher learning, and Aboriginal Elders who are involved in nursing education with Aboriginal people. This chapter will conclude by discussing how this joint project provides for the fertilization of knowledge across disciplinary and cultural boundaries between Aboriginal and non-Aboriginal communities.

Historical relationship of Aboriginal and non-Aboriginal people

It is near impossible to talk about strategies to promote the mental health and well-being of Aboriginal people without engaging in a discussion about the serious impact of both colonization and the residential school experience on Aboriginal families and communities.

For too many Aboriginal peoples, the wellness continuum has been seriously disrupted. Individuals and communities wage a daily battle with adverse conditions in their physical, social and emotional environments. For large numbers, the outcomes are chronic unemployment, violence, addictions and suicide. The Committee can reach only one conclusion - Canada's record of treatment of its Aboriginal citizens is a national disgrace. (The Standing Senate Committee, 2006)

This National disgrace started a long time ago because of different world-views. According to the Royal Commission on Aboriginal People (RCAP, 1996) the relationship between the Aboriginal and non-Aboriginal peoples progressed through four stages of development: Stage 1, Separate Worlds; Stage 2, Contact and Coexistence; Stage 3, Dysfunction and Assimilation; and Stage 4, Negotiation and Renewal. This relationship started in separate worlds. In these separate worlds, the non-Aboriginal peoples (Europeans) and the Aboriginal peoples each had their own way of life and governed their societies according to their laws (Dockstator, 1993). Eventually, the Europeans began to arrive on the shore of Turtle Island (North America), and they enlisted the assistance of the Aboriginal people to help them survive. In early contact, peace and friendship treaties enabled the people from the two different societies to coexist on this land (Alfred, 1995) based on respect for the cultural and political autonomy of each society (185). An early treaty of peace and friendship was the Kahswentha (Two Row Wampum) created in 1612 by the Mohawk and the Dutch (RCAP, 1996) and it was used again two years later with the English (RCAP, 1996). These kinds of Nation-to-Nation treaties allowed the people to come together in fur trade and military alliances, supplying each other with the needed commodity to accommodate their new way of life.

GUSWHENTA (KASWEHNTHA) - TWO ROW WAMPUM BELT



Photo from <http://www.oneida-nation.net/wampum.html>

The Royal Proclamation of 1763 marked a dramatic change that would take place in this relationship. This was the beginning of the Dysfunction and Assimilation stage of the relationship. The Royal Proclamation came into existence when land became a key issue between them. This proclamation documented the fine line between safeguarding the rights of Aboriginal peoples and establishing a process to permit British settlement (Highlights from the RCAP 1996 p.7 of 14). Although the Confederation of 1867 would allow for power sharing among diverse peoples and governments, the first confederate understanding was with the Aboriginal peoples (Highlights, 1996 p. 7 of 14).

Between the 1763 Royal Proclamation and the 1867 Confederation the settler population increased considerably, thereby enabling four major modifying conditions to happen that allowed the European people to assume domination over the original inhabitants. By the 1812-1814 USA-British war, the Aboriginal population, decimated by disease and poverty, became outnumbered ten to one by the new settlers. A new economy developed, based on land resources such as timber, minerals, and agriculture, and replaced the need for fur trade alliances, making the Aboriginal peoples 'impediments to progress' (RCAP 1996). Because the wars were over, the Aboriginal people lost their position as military allies. Moreover, the fourth transforming condition was the developing ideology that Europeans were superior over all other peoples of the world. According to RCAP (1996), this superior attitude provided a rationale for policies of domination and assimilation, thus the Doctrine of Assimilation was created.

Based on the Doctrine of Assimilation principles, the Indian Act of 1876 became the most oppressive document used to control the Aboriginal people (Dickason, 1993; Antone 1997). Under the Indian Act, the federal government assumed complete control of Aboriginal children and their schooling (Antone, 2003). Marie Battiste, a Mi'kmaq educator, describes the objectives and outcomes of formal education for the Aboriginal peoples:

Through ill-conceived government policies and plans, Aboriginal youths were subjected to a combination of powerful but profoundly distracting forces of cognitive imperialism and colonization. Various boarding schools, industrial schools, day schools, and Eurocentric educational practices ignored or rejected the world-views, languages and values of Aboriginal parents in the education of their children. The outcome was the gradual loss of these world-views, languages, and cultures and the creation of widespread social and psychological upheaval in Aboriginal communities (Battiste, 1995).

The consequence of this formal education and mind transformation had a crushing effect on Native communities.

There was an abandoning of Aboriginal languages, family values, connections to the earth (medicines, hunting, and fishing), and spiritual teachings (Antone, 2003). These oppressive measures continued until the late 1960s and early 1970s, when there was another change in the relationship, and thus began the stage of Negotiation and Renewal. The current research concerning Aboriginal people and nursing education is situated within the context of negotiation and renewal, using the Aboriginal principles of inclusion, reciprocity, and mutuality as a foundation for the research.

In this stage of Negotiation and Renewal there has been a change in the way Aboriginal people deal with the issue of health education. In a report by the Aboriginal Nurses Association of Canada (2002) it was documented that current nursing curricula do not prepare nurses to work effectively with Aboriginal populations by using culture-based approaches to health. The report recommends active recruitment and retention of Aboriginal students and faculty into nursing. It

outlines barriers for Aboriginal people going into nursing and a shortage of Aboriginal NPs (nurse practitioners). The Romanow Report (2002) pointed out that the NP role is potentially valuable to urban, rural, and remote Aboriginal communities and encourages supporting Aboriginal nurses in the NP career trajectory. In March 2006, the Noojimawin Health Authority held a conference that identified the need for increasing the numbers of a range of mental health care providers, including mental health nurse practitioners, to participate in the expansion of Aboriginal mental health programming, following a federal transfer of funds for that purpose. As the need for Aboriginal involvement in health care has become evident, the Aboriginal tradition of sharing circles was used to conduct the current investigation of graduate programs for NPs.

Circles of collaboration and sharing

Aboriginal sharing circles consistent with Minopimaatisiwin (Ojibway for *Healthy Way of Life*) are an Aboriginal research method that induces healing of relationships and ways to balance governance. They make transparency, build consensus, and bring about change in a good way.

The research team for this study organized three Learning Circles in Toronto, Ottawa, and Thunder Bay. The circles consisted of both Aboriginal and non-Aboriginal nursing education stakeholders including Elders, students, faculty, nurses, and other health professionals. The gathering of these circles was initiated to share what we believe needs to happen to make nursing education a more congenial place for Aboriginal students.

Each one of these circles had Elders from the local area to give guidance and conduct the opening and closing ceremonies that are conducive to good relationships and interaction. As soon as we started the Thunder Bay circle, Elder Freda McDonald had us clarify what the circle was meant to do. Dr. Antone responded with the following statement:

What we're trying to do is gather some information in order for us to be able to complete research on what is necessary for us to try and get some of the Aboriginal world-view into the nursing program at the University of Toronto. Some of the people in the circle have this kind of experience and that's what we want people to share: The experience that they have either in developing the program or what they are doing now in the program to make the traditional ways of Aboriginal people available to the students that are taking the program. Our research question is: 'What responsibilities need to be taken to develop infrastructure for Aboriginal mental health in nursing education?' We really want to know about the Aboriginal perspective, and what needs to be in place for the students as they're coming into the nursing program.

This was the starting point for each of the circles that we initiated. When it was established that the circles were being conducted in order to collect information, the sharing circles were audio taped and transcripts were made. The tapes and transcriptions were made so that data selection and interpretation of content and process could be presented using Indigenous interpretive methods informed by Minopimaatisiwin. Results of individual interviews with a few key stakeholders who were willing to participate in the study, yet were unable to attend the sharing circles, are reported elsewhere, as are the results of a scan of the on-line nurse practitioner curriculum in Ontario found at the NP Education Website, an online education resource for NP programs (Hagey et al., 2007; Hagey & Antone, 2007; Chacaby, Clarke, D'Souza, Jeffrey, & Whitehead, 2007).

From the Toronto sharing circle a number of important themes emerged with respect to the infrastructure required to: i) increase the number of Aboriginal students enrolled in nursing

programs; and ii) increase the cultural appropriateness of nursing education. The suggestions offered for increasing the number of Aboriginal students in nursing programs are related to issues of both recruitment (how to attract students to nursing programs) and retention (how to keep students in nursing programs). The suggestions offered for making nursing programs culturally appropriate focused on making changes to the existing curriculum. In terms of recruitment, numerous participants indicated that Aboriginal students face multiple barriers to enrolling in university. These barriers include lack of funding to cover tuition and living expenses and difficulties with the admissions process.

With respect to the vision of what needs to happen to make nursing education a more congenial place for Aboriginal students, a number of themes also emerged from the Thunder Bay experience: strong senior administrative and faculty support; relevant curriculum that is inclusive of Aboriginal traditional knowledge; involving community people in the development of a program; physical space; attitude, and advocacy in support of students, teaching, and learning; and the need for spiritual support.

One hope in holding a Sharing Circle in Ottawa was to gain a national perspective in our visioning of Indigenous community requirements for advanced practice nursing education such as mental health nurse practitioners. Who actually attended not only shaped the discussion but also reflected the extent of interest in the nursing and Aboriginal communities invited.

Aboriginal principles of inclusion, reciprocity, and mutuality

The voices represented in these circles demonstrate the complexity of bringing Minopimaatsiwin to the issues involved in the inclusion and acknowledgement of Aboriginal people and their distinct world-views. The sharing circles allowed for expression and counter-expression, and involved key stakeholders. From the collection of data from the circles, it was felt that all nursing schools must contribute to the nursing education of Aboriginal students. The current tokenism, as expressed by one nurse leader at a leading university nursing program, is not acceptable: "If Aboriginal people want to become nurses they can go to Mohawk College." Steadfast resistance to addressing the potential contributions of Aboriginal people to nursing was reported. One nurse educator described spending her tenure at her nursing school championing the need for Aboriginal programming, at great cost to her career. For example, when she supported an Aboriginal graduate student by offering a reading course, a professor had her privilege to supervise graduate theses removed, as individual reading courses were not considered an efficient use of professorial time. Although there was hurt and frustration expressed in the circles, much healing also took place. The Aboriginal people have experienced many different kinds of barriers in their journey to help the people in their own communities. Mae Katt related how she went and got a nursing diploma, but couldn't be hired by the federal government unless she had a university degree in nursing. She returned to Lakehead University as a post RN (Registered Nurse) student in the mid 1980s to get her Nursing degree and overcome the government barrier of having her work with her people. She stated: "Although at the time I spoke the language, I knew the culture, and I love the people. So I came to university at Lakehead University as a post RN student." The following is an example of perseverance in spearheading change, necessary to attract and keep Aboriginal students in the University setting. Mae said:

And after being there and looking at the school population, I asked one of the professors "Where's all the Indians?" and she said, "Well I don't know, maybe we should find out." It was a time where I think we were looking at recruiting Aboriginal people into health care, especially nursing. In fact, May of 1986, that's twenty years that we actually brought together a group of seventy people from

across Ontario, and we said to them, over a period of three days, “Tell us what the barriers are for students going into nursing?” They were educators, they were nurses, they were Elders, they were community health representatives, there was a physician in that group, and social counsellors, and for three days we talked about all those barriers. And at the end of three days they decided that they needed to have a university nursing program, because that’s what the government hires, and that’s what the people wanted. So they thought, “How do we do that?”

Mae shared that at the end of the gathering they had elected seven Native nurses to sit on an advisory committee, and they were given the task to create a curriculum. So for eight months they talked about nursing experiences, nursing training, about what in the curriculum was really challenging to them as nursing students. And then they talked about their dreams and about what they wanted to do as nurses in their communities. In the end, they developed four courses to strengthen the academic backgrounds of Aboriginal students. But they decided they needed more than just the academic background. Mae points out:

And then we thought we needed more than that, that if you’re going to be an Aboriginal nurse, talking about your people and providing care for your people, you had to know what their health problems were, you had to know how they perceived health, what was Wholistic health, what was the medicine wheel, what was our history as people. So we did a Native health course, we did a communications course because we knew that the success in our profession was our ability to communicate with our patients, our colleagues, and with the doctors. So we knew that we had to overcome whatever communication ‘quiet skills’ - I call them ‘quiet skills’ - when you don’t go and advocate for people. You know, we’re kind of taught to mind our own business in our communities sometimes, but we knew as nurses we couldn’t always do that when we saw that our patients needed some advocacy. So those communication skills, for some of us, worked very well. It helped us to be accepted among our peers in nursing education. [Learning those communication skills] had us get accepted by the professors because they expected a certain way of communication and you were tested on that. So we had to make eye contact, we had to touch you; it was the expectation of the profession and our professors. And so we did that but our all time goal was that, when we finished our nursing education, that we would be Anishnawbe. And we didn’t want to lose who we were as people. And so I think, in the nursing program that Lakehead University has, we were able to build a lot of the foundation that gave the nurses the confidence to work in an environment that wasn’t always receptive to Aboriginal people. We know that there was a lot of prejudice, a lot of discrimination about who we were, and we still persevered through that because we know that at the end of it, if we could get that license and that seemed to be our goal, then we could go and work for our people. I knew if I got my university degree, I could go and work up north, that I could meet my goals or help the people that I wanted to help.

The values and practices of Minopimaatisiwin were manifested during the study in the sharing circles with elders and nursing education stakeholders, so now partnerships with Aboriginal peoples are progressing.

Recommendations as per our report to the Ministry of Health and Long Term Care

Policy makers should support innovative approaches to nursing education that will draw a large pool of future nurses from Aboriginal communities. Evidence world-wide shows that the efficacy of mental health interventions is increased when enriched by culture-based knowledge. Aboriginal participants envisioned a Primary Health Care Mental Health Nurse proficient in Aboriginal language and supported by *Minopimaatisiwin*, an Ojibway term meaning *healthy way of life and social and political emancipation from intergenerational trauma*.

Provincially funded professional education and health care agencies must:

- Be held accountable to the appropriate Aboriginal health planning body for deliverables. Nursing Secretariat and Noojimawin Health Authority For Ontario must co-host a strategic summit to:
- Advance an Aboriginal Health Human Resources policy.
- Design a Mental Health Specialist in Aboriginal Health within the Primary Health Care Nursing Extended Class regulation.
- Propose a curriculum that uses multiple learning pathways; that acknowledges Aboriginal Standards of academic success.
- Collaborate with the relevant Ministries and the Council of Ontario University Programs in Nursing (COUPN) and the College of Nurses of Ontario on policy implementation arising from the above Summit.
- Lead integration of Aboriginal staff, students, faculty, and elders into programs.
- Lead integration of Aboriginal content and programs into educational institutions in partnership with clinical affiliates.

Ministry of Colleges, Training, and Universities must:

- Establish an incentive for nursing schools, to demonstrate accessibility for qualified Aboriginal applicants and equitable participation and inclusion of world-views.
- Consider disincentives for nursing schools that resist integrating Aboriginal recruitment, hiring, curriculum, faculty development, and physical space for Aboriginal programs.
- Instrumentally promote an environment that is supportive of Aboriginal people, programs, and curricula, and negotiate positive partnerships.
- Work with Canadian Association of Schools of Nursing (CASN-accrediting body) and COUPN to implement social inclusion practices for students and faculty and to ensure accountability for discrimination, unfair practices, and systemic racism.

Recruiters and all nursing faculty must:

- Navigate the *paradox of self identification of Aboriginal status* for the admission process to be a success.

The Canadian Nursing Students Association & Canadian Association of Schools of Nursing must:

- Support an Aboriginal Caucus with representation from Native Student Associations across Canada in partnership with Aboriginal Nurses Association of Canada.

Government of Ontario must:

- Expand eligibility for OSAP funding to Aboriginal post-secondary students to cover tuition and related living expenses.

First Nations and Inuit Health Branch (FNIHB) Health Canada must:

- Support nurses to obtain formal NP education in exchange for working on or off reserve in Aboriginal health care.

Promote Access and Equity as a determinant of Minopimaatsiwin or Healthy Way of Life

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Circle Methodology and Male Aboriginal Identity Formation

Jean-Paul Restoule

In *Learning from circles: Opportunities and limitations of an Indigenous research method* Porsanger (2004) has provided a succinct description of indigenous methodology:

Indigenous methodology is a body of indigenous and theoretical approaches and methods, rules and postulates employed by indigenous research in the study of indigenous peoples. The main aim of indigenous methodologies is to ensure that research on indigenous issues can be carried out in a more respectful, ethical, correct, sympathetic, useful and beneficial fashion, seen from the point of view of indigenous peoples” (pp. 107-108).

In using indigenous methodology, is an indigenous method essential? In this chapter, I will discuss my rationale for using circles in the education research I undertook with Aboriginal men. I will defend the learning circle as a useful tool for social research and will describe how the circle fits within indigenous methodological traditions and paradigms. I will conclude with a discussion of the merits of circle method and some of its limitations in working with indigenous and non-indigenous research participants. In addition, I will include observations about how the circle method changed the nature of the data and necessitated a theoretical shift from product and definition to process and context.

A note on terminology

As an Anishinaabe and French Canadian scholar, I tend to prefer to use the words a people call themselves in their own language when talking about their cultural identities. In this chapter, however, I respectfully use the words that the research participants or the source material employ. When using a general term referring to various tribal people or peoples, I have chosen to use ‘Aboriginal’ to be as inclusive as possible. In Canada, Aboriginal is understood to include all First Nations / Indians, Métis, and Inuit. Aboriginal, along with indigenous, tends to be the least offensive term to the most people in Canada, although many Aboriginal people would probably concur with a paraphrasing of Robertson’s (1997) that the term is “neither descriptive nor offensive.” Indigenous continues to have a more ‘global’ connotation in Canada even though it is increasingly preferred among us. ‘Native’ is falling out of favour, but continues to be used to refer to people who might otherwise be termed ‘Indian’ or ‘First Nations’ as well as ‘Métis.’ Terminology is personal and conflicting. When I was a young, non-status Indian I identified as Native and as Ojibwe. Years later, I have since been registered as a status Indian, what some might call a ‘C-31er’ after my father was reinstated with the *Indian Act* amendment of 1985. Before these amendments became law, the bill that passed through Parliament was

numbered C-31, and many Aboriginal people still refer to the amended *Indian Act* as Bill C-31. I now identify as Anishinaabe (Ojibwe) and as a member of the Dokis First Nation. The shifting of these identities, historically, but also in particular spaces, such as in the urban Aboriginal communities of Ontario, is what drew me to doctoral studies and to the research that informed this chapter.

In my identity research project I sought to discover how Aboriginal people formed a sense of Aboriginal identity while growing up removed from a homogenous indigenous community (Restoule, 2004). I talked to Aboriginal men, all of whom had resided in cities for the majority of their lives, about how they learned to be Aboriginal. There were two goals to the study. One of these was to better understand how Aboriginal people learn how to be Aboriginal. The second was to better understand how employing an indigenous research method might influence or change the nature of the data. In the study, a learning circle method was used to collect stories. These stories became the primary data. The data were analyzed by themes and, when written up, recreated a medicine wheel model depicting growth and healing. In this chapter, I will focus on the circle method as a way of collecting data, with a discussion of why indigenous methods are significant in working with indigenous people. I have come (oddly enough, ‘full circle’) from being unsure that indigenous methods matter, to thinking they mattered greatly, and back to being unsure again. Ultimately, it is not the method itself that is significant, but the relationships one builds in the process of doing research, in other words, the methodology. Circle methods may encourage the practice of respectful relationships and reciprocity—reason enough to recommend them as a qualitative approach to researching issues of indigenous education. But it is the ethics of those relationships, as well as ways of knowing, that are perhaps more significant. If indigenous research participants feel that they are being respected and that they can benefit in some way from the research, they will be more likely to support the research. As will be demonstrated from this discussion, in indigenous research, who the researcher is can sometimes be more important than the research method. First, I’d like to put in context how I came to use an indigenous method in the research project and what influences I found the use of the learning circle had on the data, the research, and on the participants in the research.

Learning circle as a research method

One reason I felt it was important to use an indigenous research method was to include Aboriginal methods of producing knowledge in academic contexts. In doing so, I found there are times when I make comparisons between concepts familiar to academics and concepts from Aboriginal traditions when they have been translated into English. These comparisons are made for the purpose of intercultural understanding. There is always the danger that these similarities may, consequently, be taken as equivalent concepts. Such an interpretation would be overly simplistic, and have the unintended outcome of appropriating Aboriginal concepts from their original contexts, devoid of the connections and relationships that give them their power. While I have much to learn about Anishinaabe and other Aboriginal traditions, I feel I have something to contribute in engendering greater respect of Aboriginal ways of knowing in the academy.

For this research, self-identified Aboriginal men were invited to participate in a learning circle. For those unfamiliar with circle methods, one might describe the process as similar to a focus group, with two key differences:

- 1) The research leader or facilitator sits in the circle and participates fully in group discussion, and;
- 2) Circles usually have a spiritual component.

The participation of the researcher will be further discussed below, but I want to take a moment to reflect on the distinctiveness of the spiritual component of circles. While there is no explicit reason why spirituality cannot be part of a focus group, it often is not. In texts about research methods, qualitative or quantitative, I have yet to see a discussion of the role of spirit in the research or in the practice of some method. On the other hand, there is no reason why indigenous research using circle methods could not be practiced without spirit, although circles often do include spirit. In Anishinaabe teachings I have received, honouring the spirit is an expected part of striving for or achieving (w) holism. To engage in a research project without acknowledging or including the gifts of spirit would be to leave out a significant part of who one is, what one does, and what people they are from. Even if the indigenous people participating in the research do not practice, believe in, or know about traditional ways, the circle itself comes from a tradition and world-view that did conceive of the spiritual world and the material world as coexisting. To open the circle, one is often expected to invite the spirits in to join the bodies present and to work together in a good way, in a healing way. In Anishinaabe greeting protocols, when being polite, we say “Boozhoo” which is a reference and call to Wenaboozhoo, the first human, who was also spirit. Including the spirits is fundamental to Anishinaabe identity; we can’t say hello without addressing them.

In addition to the spiritual component, circle methods are distinct from focus groups in that the researcher is one of the participants. In circle traditions, the circle is understood to represent equality among all within the circle. All voices are equal and respect is accorded to everyone equally. By participating in the circle, the researcher is honouring this practice of lack of hierarchy. The researcher is expected to share, give, and emote, just as the recruited participants do. The reciprocal relationship, so fundamental to indigenous world-views and methodologies, is an embedded structure of circle method. To engage in circle method is to represent and embody at least two aspects of indigenous methodology: reciprocity and respect. Smith (2005) writes that indigenous methodology can challenge how research relationships, ethics, researcher integrity, and personal conduct are understood in the Western knowledge system. In the circle method, these challenges are inherently required in adhering to the method.

Responsibility and relevance

The recruitment process involved posting notices at urban Aboriginal service organizations and snowballing from participants. It is possible that those Aboriginal people who participated were more likely to be positive about their Aboriginal identity at the time of recruitment (there were participants who had negative feelings about being Aboriginal at different stages in their lives). They would probably be more familiar with some indigenous spiritual practices, based on having been recruited through urban organizations that include elements of indigenous spiritual practice in their work. They would perhaps also be more likely to know about circles and to have participated in one before. Indeed, one of the reasons I chose the learning circle as a method of data collection was in part because they provide a respectful and safe atmosphere for Aboriginal people to share their life stories.

Stories shared by seven men in two separate circles formed the primary source of data for the research. Through the circle meetings, stories were told, and these became the basis for data analysis. Each circle met only once. The participants shared lunch together at First Nations House, the site of the University of Toronto’s Aboriginal Student Services Program, and then held the circle for the rest of the afternoon, approximately three hours. First Nations House was chosen in consultation with the participants. They were asked where they would be comfortable meeting and, as it turned out, most of the participants had studied at or were studying at University of Toronto and felt that the space there was comfortable and welcoming. All the

participants had some post-secondary education, although this was not a demographic that was sought out specifically. We opened our circles with a sweetgrass purification ceremony (smudge) and closed with an acknowledgement of thanks for what we learned from each other that day.

Circles as a method are used traditionally by many Aboriginal cultures for different purposes. Circles represent the cosmos, the cycles of time, and ideals of equality and balance. For this reason, many Aboriginal social institutions were modelled on circles. For example, decision-making processes were traditionally held in circles. "First Nations people have always used the sharing circle for council meetings, spiritual ceremonies, healing, and teaching" (Hart, 1996, p. 68). Attempts today to continue circle-centred decision-making are represented in government bodies, such as the Anishinaabek Nation (Union of Ontario Indians), and in sentencing circles (see Restoule, 1997; Ross, 1996; University of Saskatchewan Native Law Centre, 2001). While these examples demonstrate the circle process applied to governance and justice, sharing circles would represent a model for engaging in social research. Typically, circles are described by what they are being used for. In this research, I used circles to learn how participants identify as Aboriginal people. Accordingly, I refer to the research I did as learning circles. I believe the label of 'learning' circles was necessary for my research because I took the words of participants out of circle for informational purposes. This differs from norms in other types of circles - like talking, sharing, and healing circles - that require stricter protocols on privacy.

Circle methods, such as a 'learning circle,' 'sharing circle,' 'healing circle,' or 'circle talk,' are particularly applicable to social research (Fitznor, 2002). Circle processes are to some degree pan-Aboriginal and have become increasingly engaged in urban settings. Traditionally, in circle, an important topic is discussed by members of a community. The topic is placed (symbolically) in the centre of the circle and everyone has a chance to share his or her views about the topic. The circle process provides for a number of voices to speak to one issue (for more specificity on a typical circle process, see Hart, 1996, pp. 67-68). A round of discussion may generate ideas and stimulate memories for the individuals participating. For this reason, they have an advantage to one-on-one interviews. Also, the circle may act as a form of support and understanding for particular individuals who may have felt isolated in their personal histories, and find their experiences validated by the group. Hart is Nehiyahaw and describes how the Nehiyahaw used circles: "Individual views are blended until consensus on the topic is reached. A community view is developed and knowledge is shared for the benefit of all members" (Hart, 1996, p. 65). Consensus is not always a goal however; it depends on what the circle wants to achieve. In the present study, the circle participants were informed before beginning that diversity of experience and opinion were actually expected from the group.

The spiritual nature of the circle process may be more or less emphasized depending on the group meeting in circle, and the topic under discussion. Prayers may open circles. Our circles began with a sweetgrass smudge. I chose sweetgrass smudges for the circles because I have learned that it is a men's medicine. Since our circles were composed entirely of men, I felt it was appropriate to include the medicine in this way. Circle discussion processes represent the holistic nature of Aboriginal knowing.

Circles are fundamentally about relationships among the people in the circle. I witnessed cooperation, sharing, and learning in our circles. We united in our shared experiences, but we also learned from the differences that existed. In some cases, it was no longer my questions, but those of participants, that were put to the group. Some participants commented on the importance of

using our traditions in the process of the research. For example, George [a pseudonym] mentioned how important it was that we smudged, and that we met over food. For George, meeting over food and ceremony was symbolic of the way in which he understood Aboriginal traditions. Circles are fundamentally concerned with fostering and facilitating a healing process. Indeed, Smith (1999) identified healing or decolonization as analogous to ‘research.’

The circle method has thrived in urban Aboriginal contexts, but one has to be flexible. In urban areas, whose methods and processes will prevail? In Toronto, there are many Aboriginal cultures represented within the Aboriginal community. Accordingly, the methods for undertaking research would likely be a hybrid of traditional approaches. The methods employed in the present research reflected the pan-Aboriginal make-up of the group, and was pan-Aboriginal in execution. Circle work is a method that travels well interculturally. The group can agree upon matters of procedure without greatly compromising their particular cultural approach to circle processes. Indeed, in these circles, participants easily adapted to the circle procedure even if it differed with others they had previously participated in. Participants were willing to accommodate different directions of circle movement (clockwise vs. counter-clockwise) as well as foregoing use of a physical talking "stick" or object. Certain principles remained unchanged, however, such as giving people the option to remain silent, and giving people as much time as they wanted or needed to communicate before talking.

In many ways, the circle process embodies Anishinaabe approaches to knowing, such as collaboration, apprenticeship with Elders, learning by doing, and storytelling (Simpson, 2000). Circles are certainly collaborative, and they use story and narrative to develop knowledge and relationships. They are often facilitated by Elders or traditional teachers. Arising as they do from indigenous traditions, circles are a form of indigenous research because they embody indigenous traditions of learning, sharing, and problem-solving. They exemplify the characteristics Castellano (2000) has ascribed to Aboriginal knowledge; they are personal, oral, experiential, holistic, and conveyed in narrative language.

The applied nature of indigenous research methodology has facilitated comparison to action research. Action research has been described as an informal, qualitative, formative, subjective, interpretive, reflective, and experiential model of inquiry in which all individuals involved in the study are knowing and contributing participants (Hopkins, 1993). Some of the indigenous projects noted by Linda Smith (1999) might be characterized as action research but not all action research could be characterized as indigenous research. Indigenous research has been distinguished from community participatory research as *inherently* participative because “Indigenous traditional values, principles, and knowledge reflect collaborative approaches to knowing, with built in mechanisms to ensure all perspectives are realized” (Melin, 2007, p. 3). This difference is crucial because methodologies that attempt to be culturally sensitive continue to prioritize values and principles from the basis of an outsider knowledge system. Principles inherent to an indigenous research approach may not be emphasized equally in a ‘culturally-sensitive’ approach to research (Melin, 2007). Indigenous research, beginning as it does from the community and the land and the values that arise from these, does not select from a set of values and translate them into another cultural paradigm.

If I try to articulate what is indigenous about indigenous research, I am left primarily with the values underlying the relationships. These values are founded on indigenous cultural values, principles, and protocols and it is the embodiment of these values that makes indigenous research indigenous. Researching in an indigenous community is not, by default, ‘indigenous research.’ Nor is all research undertaken by an indigenous researcher ‘indigenous research.’ A research project could be led by Aboriginal researchers, involving solely Aboriginal subjects or participants, take place in an Aboriginal community, and use Aboriginal methods of information

gathering and still not be 'indigenous research.' One needs only to look at how Aboriginal people have adopted colonial forms of governing to see that just because all the actors are brown does not mean we have indigenous self-government. So too it is with indigenous research. For indigenous research to be considered such, there must be a concern with decolonizing relationships as a goal of the project. Again, Smith's (1999) 25 projects demonstrate this concern. Much of participatory research, community research, and emancipatory research might generally find a place for decolonizing research, but it is the values and principles arising from indigenous world-views that make indigenous research distinct from other forms of emancipatory research.

Who is to determine that those values, principles, and protocols are indigenous? Respected elders from the community embody these principles in their actions, and when we model our research on their actions, we might be closer to doing indigenous research. In an Anishinaabe context, this would mean demonstration of the seven grandfathers' teachings in the work that we do: Wisdom, love, respect, honesty, bravery, humility, and truth. But this is not a checklist, and one cannot simply 'do' these things. They have to be embodied. We do and become these things.

Bringing indigenous knowledge to academia

I do not believe that Anishinaabe research methods are the only methods that will elucidate Anishinaabe realities. They are not necessarily better than other research methods or approaches. My own reasons for employing circle methods in this particular work included a belief that these methods were undervalued in academia. Employing this method in a research project was an attempt to prove their utility in academic research. Various Aboriginal communities and institutions are already well aware of their value (see Bopp et al., 1989; Cajete, 1995, 1999; Morrisseau, 1998; Ross, 1996; Aldred & Chandler, 2002; Spice & Seymour, 2002; Warry, 1998; White, 1996). Smith (1999) has articulated the issues of how conventional research has damaged many indigenous communities. Many Aboriginal people may feel that methods coming from their own traditions are less susceptible to misuse. Embedded within the method of circle work is a form of respect for others, for voice, for spirit, and for the culture. Aboriginal people, weary of conventional ways of being researched, may be more receptive to respectful uses of traditional methods of learning. The question at this point is: what are the ethical issues in bringing Anishinaabe methodologies into university research settings?

For one, universities are unlikely to accept indigenous knowing on its own terms. Duran and Duran (2000) have cautioned: "It follows that knowledge from a cross-cultural perspective must become a caricature of the culture in order for it to be validated as science or knowledge" (p. 86). This is the case, Duran and Duran (2000) say, because the rules of the academy were made up mostly by white men. Couture (1991a) seems sceptical about Native ways of knowing being fostered in a university setting. He laments that oral tradition does not fare well in universities, when it should be central to program and course development in a Native studies program. Couture (1991a) notes many challenges, including universities valuing intellectualism over intuition; academic vs. colloquial languages; elitism vs. people-in-communities; knowledge of the professional vs. indirect knowledge; and written tradition vs. oral tradition (p. 65). When indigenous people become academics, they too may shift their identities, variously representing either side of Couture's polarities in different situations (see Brayboy, 2000, for a discussion of the tension of being both Native and academic). Lopez (1998) and Tillman (1998) have also raised the issues of power in research, dualisms that are reified in discussions of insider and outsider, and the authorizing nature of research that come into play when activating a research agenda that is named 'indigenous.' Bishop (1998b) has responded to Tillman and Lopez that

“...current research practices and philosophies arrive out of the social history and culture of the dominant race...” which in turn reinforce that group’s social history having negative results for people of color in general (p. 429). Using a research practice and philosophy that arise from a different social history and standpoint then, contributes to the development of the people whose knowledge is being validated. It contributes to decolonizing and to healing. As Bishop (1998b) said, “what makes the process Maori was that it was done using Maori metaphor within a Maori cultural context” (p. 432). Utilizing indigenous metaphors within indigenous contexts is key to unravelling how we name and claim, to paraphrase Smith (1999).

The importance of looking inward as an Anishinaabe way of knowing has been discussed (Restoule, 2000, 2001; Restoule, Harder, & Cuthbert, 2001; Wagamese, 1994). Many thinkers have asserted the importance of starting within for all Aboriginal people. Starting within means first looking to Aboriginal cultures for solutions to Aboriginal concerns: Yazzie (2000) has said: “Ultimately, the lesson is that we, as indigenous peoples, must start within. We must exercise internal sovereignty, which is nothing more than taking control of our personal lives, our families, our clans and our communities. To do that, we must return to our traditions, because they speak to right relationships, respect, solidarity, and survival” (p. 47). Starting within means, secondarily, to look introspectively at self:

[Healing] is a personal process and an internal process to be shared with others. While indigenous peoples may not succeed with ‘macro’ issues such as jurisdiction, land-use control, or dealing with outsiders and intruders, they can succeed with “micro” issues. Taking control of one’s own life is a healing issue. Strengthening the family is healing....If, however, indigenous people take back responsibility for their lives, beginning with the individual, they can achieve internal sovereignty (Yazzie, 2000, p. 47).

Couture (1991b) explains that beginning with self is characteristic of Native ways:

The doing that characterizes the Native Way is a doing that concerns itself with being and becoming an [sic] unique person, one fully responsible for one’s own life and actions within family and community. Finding one’s path and following it is a characteristic Native enterprise which leads to or makes for the attainment of inner and outer balance (p. 207).

Finding one’s path, embarking on personal voyages of introspection, and struggling to retake possession of humanity and identity are circumscribed by duties based on cultural understandings of relationships. As in Hampton (1995), underlying my research question was a personal emotional connection. I was motivated to take up indigenous research methodology for personal emotional reasons (Hampton, 1995). I sought what Battiste (2000) describes as postcolonial education: “The central issue in a postcolonial educational system is to help indigenous students explore the primary questions of who they are, where they live, and how they are to be enriched by learning” (p. 95). Thus my particular concern or relationship to this topic was in attempting to find an indigenous method of research to employ in understanding urban Aboriginal identity.

In writing on indigenous research, the topic of *who* is doing the research is addressed in much greater detail than *what* indigenous research is or how it is to be done. Weber-Pillwax (1999) stresses that in establishing a discourse on indigenous research methodology for the social sciences, the first topic is who will use the methods. That is, who will be the researcher? She

suggests that indigenous researchers will want to use indigenous research methodologies because it is their communities and issues being researched. Smith (1999) writes of the insider / outsider tension in research and suggests that 'insiders' taking on the role of researcher may be viewed as 'outsiders' by their own communities. The action of doing research changes the dynamic of social relationships between the researcher and the community. Battiste and Henderson (2000) discuss how the experience of Eurocentric education gives indigenous scholars a "double consciousness" where they view themselves as "Other" or through the eyes of an Other so that they take on the colonial gaze (p. 88). This affects the research indigenous scholars do. Being an insider requires a great amount of humility and reflexivity to adequately conduct research (Smith, 1999, p. 139). Research, judged by academics for how 'valid,' 'reliable,' 'theorized,' 'rigorous,' 'robust,' or 'real' it appears to be, when undertaken in an indigenous community, is also subjected to community concerns of how 'indigenous,' 'useful,' 'friendly,' or 'just' it may be (Smith, 1999, p. 140).

Smith (1999) writes of University of Auckland's Maori program, where consent is not required of research projects or questions, but rather of the person doing the research. That is, the person has to be seen as credible and capable of trust, and that trust will constantly be negotiated with the community (Smith, 1999, p. 136). Trust is often dependent on the use or observance of protocols. As Menzies (2001) points out, "What is critical is this: *research with First Nations requires a set of protocols that clearly identify the rights, responsibilities, and obligations of research partner and researcher*" (Menzies, 2001 p. 21, emphasis in original). Many researchers (Battiste & Henderson, 2000; Gilchrist, 1997; Menzies, 2001; Webster & Nabigon, 1993) have recommended ways to ensure that Aboriginal or First Nations communities are respected when research is conducted. An underlying assumption in these writings is that the community is relatively isolated, and distinct geographically from non-Aboriginal populations.

The circle in an urban context

I assume an indigenous researcher, as theorized in Smith's and Weber-Pillwax's works, would have ties to a community, even if that would be a community of interest (as in Smith, 1999, p. 127). A community of interest does not necessarily inhabit the same geographic space in which local community research takes place. Smith identifies Maori women as one example of a community of interest. Further examples she provides are indigenous health workers and indigenous researchers. For the Canadian Royal Commission on Aboriginal Peoples (RCAP), urban Aboriginal people were identified as a community of interest and it was suggested they should accordingly have their own governing structure. Certainly my work began from the premise that urban Aboriginal people are a community of interest. Not unlike other Aboriginal communities, urban Aboriginal communities should be treated with respect in any future research projects and relationships. A full discussion of the unique challenges and opportunities of identifying protocols for use in urban Aboriginal communities is beyond the scope of this chapter (see Newhouse & Peters, 2003, for some preliminary discussions). It is important to note here, however, that discussions of indigenous methodology and methods will have to consider the growing importance of urban contexts for Aboriginal populations and research. Some of the implications of the urban contexts are diverse backgrounds and traditions of the Aboriginal community, the involvement of non-Aboriginal allies, and theoretical shifts necessitated by contexts that are culturally heterogeneous.

In the urban context, with the above challenges noted, how is the researcher to arrive at *a set of protocols that clearly identify the rights, responsibilities, and obligations of research partner and researcher*? Circle methods have a protocol, and in the urban context, the protocol governing the circle can be discussed and agreed to at the time of meeting by all the participants.

The main rules and responsibilities, such as listening (and not speaking) when one participant is speaking, refraining from criticizing other circle members, and respecting the privacy of the identities and voices in the circle are common and consistent across cultures. Variations, such as direction of turn-taking in the circle, are often the points of agreement. For instance, Anishinaabek move clockwise in circle; Ongwehonwe move counter-clockwise. Participants can agree to move in one direction for the first turn and the other direction for the next turn. Or if a circle is meeting on several occasions, maybe the circle turns clockwise the first meeting and counter-clockwise on the next meeting, alternating each time. Choices about using sacred objects can also be discussed. A talking stick or a feather is held by the speaker, indicating that as long as the participant holds the object it is his or her turn and all others must wait to speak. Only when the object is passed to the next participant, or is placed in the centre for another to pick up, may another participant speak. In the identity study, we began each circle moving in clockwise direction, and each round subsequently turned in the opposite direction. As the circle progressed and we moved deeper into each topic area, turn-taking became more fluid, with whoever wanted to speak being allowed to do so regardless of where in the circle they were sitting. We had all agreed to the process and it was followed without problem. It may have helped that we, as urban Aboriginal men, had all had some experience sitting in circles before.

Many of the advantages of circle methods for indigenous people must be questioned when non-Aboriginal people are involved, either as researchers or as participants. For instance, one of the advantages of circle for Aboriginal research participants in the identity study was that it was familiar and comfortable to them. It was recognizable as arising from indigenous histories and contexts and for these reasons (among others) contributed to a feeling of safety, protection, ownership, and control. In my experience, non-Aboriginal participants who are familiar with the process may also feel safe in the circle. I've also found that those who are unfamiliar with the process, whether they are Aboriginal or not, may feel some trepidation entering into the circle. They may feel it is 'weird' or that they are voyeurs (some may actually want to be voyeurs, a different problem altogether), or that they don't really belong in the circle. A skilled facilitator may be able to put these fears to rest and bring people to a sharing and an openness that is beneficial to all participating. But they may not be able to give the non-Aboriginal people a sense of pride in the place from which these methods come. That is, the fact that this is an indigenous method was a source of pride for indigenous participants. One participant in the identity circles talked about how it was only a generation ago that Aboriginal people would not have been able to gather in a circle and use traditional medicines and teachings in the university space. He went on to discuss how practices and customs that were illegal in Canada mere generations ago could now take place openly. He related our circle method to this ongoing struggle and saw it as proof that we were moving toward decolonizing and making space in places that previously sought to oppress. This process of reclamation and healing for the participants is an important quality of circles, and it is unlikely that many non-Aboriginal people will approach involvement in the circle in similar ways.

Utilizing the circle method in a study of Aboriginal identity formation necessitated a theoretical shift from 'definitional' approaches to one favouring 'context' and 'process.' By definitional approaches, I mean to refer to those identity conceptions where assumptions are made about 'authentic' Aboriginal identity prior to discussing these issues and definitions with the people and participants themselves. For example, in Berry (1999), it can be inferred that Inuit are more 'traditional' than status Indians, who are more 'traditional' than non-status Indians and Métis, based on whether they said they participated in traditional hunting and gathering practices and spoke an indigenous language. What is not captured is whether the participants may have spoken their language at one time, or whether they are taking steps to learn languages, or

whether they even view these aspects of identity as more or less important in claiming an Aboriginal identity. Searching for the contexts, situational and historical, in which one's Aboriginal identity becomes salient reveals a complexity and subtlety to identity development not fully captured in definitional approaches. I argue that these contexts are important to consider, in order to arrive at a more complete picture of the workings of Aboriginal identities, particularly in urban contexts. The circle method, when combined with an openness to seek contextual influences, helps to elicit this complexity.

This theoretical shift was evident in the ways the identity circle participants spoke of their families, communities, the non-Aboriginal society, and their struggles with stereotyping. Theorizing Aboriginal identity as shifting in various contexts provided a richer view of the processes of self-understanding and self-conscious identity formation. For example, the circle, and the way it elicits depth and richness in narrative, enabled a more complex understanding of the participants who identified as alcoholics. The participants told of how their drinking coincided with a time in their lives when they knew they were Indian but did not have cultural knowledge about this aspect of being. Participating in ceremony, learning original languages, or participating in indigenous music and arts provided the strength to fight or eliminate their addictions. This complexity might not have been revealed so clearly through other methods. Viewing identity development in historical contexts provides a multifaceted understanding of the motivations for variously hiding, expressing, or seeking Aboriginal identities. When the participants spoke of their parents and grandparents' 'choices' to migrate to urban areas, it was clear that macro pressures to assimilate operated behind these 'choices.' The collaborative nature of storytelling and comparing experiences enabled this researcher to see how contexts of time and place motivate behaviour. Choosing to pass, being silent, or alternately, demonstrating great pride in one's identity, could be influenced by the level of violence enacted, enabled, or encouraged by the state. The circle method facilitated the ability to see these shifts and contextual influences on family decisions to hide or make visible Aboriginal identities from one generation to the next and from one area of residency to the next.

The contextual theoretical approach arising from circle also allowed us to see that urban Aboriginal people have remarkably diverse understandings of 'Aboriginal community.' Definitional approaches might limit our comprehension of the diverse processes of Aboriginal community building and relationship networks. Our contextual approach opened up ideas of how Aboriginal people view 'our community.' An instructive example had to do with the participants' demonstrated growth and change in their use of Aboriginal languages. Had a narrow definitional approach been used, such as asking the participants what their mother tongue is or what language they speak at home, we would not have captured the process of continual development that is typical of urban Aboriginal identity. We would have a misleading snapshot in time that misses the importance of the language to urban Aboriginal people. Also, the community membership and participation that the participants describe is different in kind from 'traditional activities' identified in a definitional approach such as Berry's (1999) where he asked Aboriginal people whether they hunt, fish, or trap. I would argue that the community values demonstrated by urban Aboriginal people are an extension of a traditional ethic that is simply expressed differently as a result of a change in environment. Community acceptance and participation have always been an important part of tribal identities, and this tradition continues in a different manner in urban areas. Community acceptance is in fact so important to Aboriginal identity that Canada's Supreme Court, in its *Powley* decision, recommended that community acceptance become an important part of policy development vis-à-vis the Métis. When an Aboriginal definition is required, community acceptance is one of the defining criteria. One cannot claim to be Aboriginal unless the Aboriginal community recognizes the individual.

Relationships between people (and all life) have traditionally been emphasized in Aboriginal cultures, and this relational nature of community has been invigorated wherever Aboriginal people meet in the cities.

The way contextual approaches informed the study of urban Aboriginal relations with non-Aboriginal society was clearly seen in the focus on education. A definitional approach would likely have made an assumption of how assimilated or acculturated an Aboriginal person was based on their level of mainstream education and length of residency off reserve. However, our circles suggested that post-secondary education was being used as a springboard to greater traditional Aboriginal knowledge, especially where language learning was concerned. Urban institutions and organizations actually aid in “retribalization,” contrary to what a definitional approach might see. At most, definitional approaches provide a snapshot of a particular time. With contextual approaches, one has the ability to see the development of complex processes of identity formation. The participants in this study were moving closer to traditional ways of being and were using the tools of modern urban non-Aboriginal culture, such as universities, to get there (see Restoule 2005, 2004).

Being aware of one’s identity and social position, while important in any research activity, becomes immediately apparent in circle method. In holding a circle, one has to be conscious of how his or her sociological identities will influence the circle dynamic and hence, the actual stories (data) elicited. For example, a man leading a circle of women will get different data than a woman facilitating the same group of participants. Imagine further if the topic under discussion were violence in the home, the different dynamic that would occur with men or women leading the circle. Think also of the differences in having all women in circle versus a mixed circle of women and men. As another example, I have learned informally that a mixed circle of Elders and youth might cause the youth to speak less, out of deference and respect to their Elders, and also that some Elders elicit ‘better’ discussions from youth than others (personal communication with the director of an urban Aboriginal organization in Toronto). Clearly, who the researcher is will have a tremendous impact on the nature of the data. This is not to say that the circle is somehow methodologically flawed. Clearly, these factors are operating in the practice of any qualitative method. The degree to which researchers are conscious of this fact varies. One might also argue that the same influence is at work in quantitative data. Who designs a research instrument and who administers it is going to have an impact on the data that is elicited. Because the researcher becomes an integral part of the research process, who the researcher is has to be carefully considered as an influence on what data will be elicited.

There must be recognition of the power wielded by the author of research findings. Circle may encourage equality among participant voices but when the data are written up, the author makes choices about which voices are written and where they appear and where to edit. A check on fair representation is possible if the researcher shares drafts with participants for feedback. Adhering to indigenous protocols of respect, and taking Schnarch’s (2004) OCAP (Ownership, Control, Access, and Possession) principles seriously requires no less than this. Another issue in the research process that is out of Aboriginal participant control is how the data will be used when it ends up in the public realm. When research enters the written domain and is accessible to anyone, it becomes more difficult to control how information gleaned from the research will be used. Subsequent action and uses of research should also follow the guidelines of respectful research. As in the past, however, indigenous people have little control over how others will use their knowledge. Conversations about where and how the research will be communicated and or distributed may be an important consideration in the design stage of research conducted with Aboriginal people.

The burgeoning possibilities of indigenous research methods will require as much space

to discuss and practise as there are indigenous lands and peoples. Indeed, each research endeavour undertaken with indigenous people may require its own “situated response” (Hermes, 1998). As in almost every aspect of indigenous being, the process of learning is continuous. We may never arrive at the final word to say about indigenous research, but the journey, and the process of doing and talking about it, should help us to always contribute to healing, to decolonizing, and to improving the lives of indigenous peoples everywhere.

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Part 3:

Working With Mind and Body in Psychotherapy

‘Embodied Learning and Qi Gong’: Integrating the Body in Graduate Education

Roxana Ng

For about ten years, beginning in 1990, I took over one of my colleague’s courses entitled, ‘Health, illness and knowledge of the body: Education and self-learning processes.’ My interest in this course was a result of my own illness and my healing experience through the years with alternative medicinal systems, notably Traditional Chinese Medicine (TCM). Although I have always believed that the body and mind are intimately linked (how else could we explain our existence?), my experience with TCM led me to raise fundamental questions about the Euro-American conceptual system, beginning from Descartes, which glorifies the superiority of the intellect (simplistically equated with the mind) and denigrates, or at least renders less central, the body and spirit. In the interim years, in addition to incorporating TCM into my health regime, I also took up the practice of Tai Ji Juan, and, more generally, Qi Gong. Both Qi Gong and Tai Ji are forms of meditative and martial arts practice that involve the mind, body and breath – what is commonly known as the internal martial arts. These practices led me to inquire more deeply into their philosophical roots, which also constitute the theoretical foundation of TCM. As I became conversant in Chinese medical theories, Tai Ji and Qi Gong practice, I began to experiment with bringing them into my teaching in a graduate institution in the university setting. Around 2000, I renamed the course on health and illness as ‘Embodied learning and Qi Gong’ to reflect the development of my thinking, teaching, and practice, and to connect the different strands of my scholarship.

This chapter is based on a workshop I offered at the 4th Critical Multicultural Counselling and Psychotherapy Conference. The workshop was divided into three parts: Part I discussed the notion of embodied learning and my starting point; Part II explained what Qi Gong is, and discussed briefly the principles of this ancient form of exercise; and Part III involved doing Qi Gong exercises with the participants, to give them a sense of how this practice works. Obviously, I cannot reproduce the last segment of the workshop in text. However, I can at least explain, in more depth in this chapter, what I considered embodied learning and how I integrate Qi Gong in a graduate program in education.

What constitutes embodied learning in graduate education?

My work on embodied learning asks a basic question: “How do the oppressor and oppressed co-participate in acts of oppression?” This question came out of my theorizing of gender, race, and class as fundamental relations of inequality in our society, and my activism in the feminist and anti-racism movements. It is based on the recognition that even though many of us attempt to do anti-oppression education and work toward change, we reproduce patterns of behaviour that perpetuate oppression and marginality. To explore this question, I rely on Franz

Fanon's (1963, 1967) analysis of the psychology of the colonized, and Antonio Gramsci's (1971) notions of hegemony and common sense. In understanding how colonization worked, Fanon drew attention to how it is internalized by the colonized, so that she adopts the ideas and behaviour of the colonizer, and acts and regulates herself according to the norms of colonial society. Similarly, Gramsci uses the term 'hegemony' to understand how ruling ideas are shared by the dominant and working classes. He asserts that once a ruling idea becomes hegemonic, it becomes common sense and taken for granted; that is, these ideas and ways of doing things are not to be questioned. Using insights from Fanon, Gramsci, and Foucault, we can see how dominant and subordinate power relations are played out interactionally in 'normal' and 'natural' ways. Feminists have drawn attention to how patriarchy works in practice: Men are listened to when they speak; women and minorities are not .

My notion of embodied learning, which I am now calling an 'integrative embodied anti-racist feminist approach,' builds on a critique of Western liberal and critical education, which privileges the mind over the body and spirit in educational pursuit. It disrupts the bifurcation of body and mind in pedagogical endeavours in higher education. It seeks to help us develop the capacity not only for critical reasoning, but also for dispassionate observation, in order to alter actions and patterns of behaviour that contribute to the reproduction of dominant-subordinate relations. In short, an integrative embodied anti-racist feminist approach – embodied learning – is an attempt to close the gap between progressive theory and practice.

Embodied learning consists of at least three core presuppositions that I have described elsewhere (see Ng, 2004 for details). These are, first, an explicit acknowledgement that we are all gendered, racialized, and differently constructed subjects who do not participate as equals in interactional settings. This approach to embodied learning therefore recognizes that unequal power relations permeate all social interactions, and that these encounters, positive and negative, have an impact on our mind, body, and spirit simultaneously. In other words, intellectual and social encounters are never neutral; they do not reside only in people's minds. They are exercised through confrontations of bodies, which are differently inscribed. Power play is enacted and absorbed by people physically as they assert or challenge authority, and therefore the marks of such confrontations are stored in the body. The assumption and standard practice in education processes, which only or predominantly focuses on the intellect and on cognition, to the exclusion of other dimensions of human existence is, therefore, a fallacy.

Following from this premise, the second presupposition of my approach to embodied learning is that, in addition to developing critical analysis intellectually, we need to disrupt common sense ideas and practices, and reflect on how we ourselves participate in social encounters by adopting the dominant and normalized ways of being. Based on my own practice of Tai Ji Juan and Qi Gong, I suggest that these two exercise forms, especially Qi Gong, which involves the body, mind, and spirit simultaneously, are tools that lend themselves to this reflection. Thus, in addition to the standard format of university teaching (which usually involves lectures, readings, audio-visual materials, and small group discussions, for example), 'Embodied learning and Qi Gong' devotes a third of class time to the practice of Qi Gong and meditation. As well, students are asked to keep a journal that consists of two components. First is a summary and reflections on the readings, lectures, and other materials. The second component is their reactions to and reflections on the Qi Gong exercises. They are asked to assess and reflect on the textual and other materials using insights they develop from the Qi Gong exercises, if any.

The purpose of using the three modalities (readings, lectures, video and discussions, journaling and Qi Gong / meditation) together is that they complement each other in stimulating the development of thought, insight, and emotional intelligence, so that class participants can develop and enhance their awareness of the ideologies they *embody*, as well as the (possible)

disjuncture between theory and practice. The cultivation of mindfulness is a central aspect of the course. I will go more deeply into the foundations of Chinese medical theory to illustrate how Qi Gong is conducive to mindfulness in the next sections.

The third presupposition of ‘Embodied learning and Qi Gong’ is that eliminating sexism, racism, and other forms of oppression requires that we reflect on how we unwittingly participate in courses of action that implicate us in the perpetuation of acts of oppression. This reflection must be situated in a larger collective vision of an alternative social arrangement to the one we have at present. Thus, an embodied integrative anti-racist feminism goes beyond simple reflection. It is a praxis – the complete integration of theory and practice. Moving from individual awareness to social change is an uneasy process, because it means that we not only have to change our individual behaviour and cultivate integrity in our own praxis, but we also have to bring our awareness and behaviour to bear on the larger societal structures. This is certainly one of the most challenging aspects of the course.

As most writers in the field of transformative learning postulate, in order to transform the world, we have to transform ourselves (e.g., Mezirow, 1990; O’Sullivan, 1999). Thus, I see embodied learning as a form of transformative learning (Ng, 2005). It goes beyond inserting ourselves into existing social and institutional arrangements and securing our positions within these arrangements; it requires that we envision a society free of oppression and that we change both ourselves and society in order to achieve this vision.

Using Qi Gong to undo the body-mind binary

This section of the chapter delves more deeply into Chinese medical theory and Qi Gong to illustrate how I use them to disrupt the mind and body-spirit divide in our thinking. I hope to show that Qi Gong provides a vehicle, albeit not the only one, for reflection and the development of insights – the precursor to changing patterns of behaviours or habits.

Chinese medical theory, or TCM (Traditional Chinese Medicine) is based on the central Taoist principle of unity of opposites – Yin and Yang. According to Chinese creation myth the universe was an undifferentiated whole in the beginning. Out of this emerged Yin-Yang: The world in its infinite forms. In both Taoism and TCM, Yin-Yang is a symbolic representation of universal process (including health in the latter case) that portrays a changing rather than static process.

The important thing to understand is that the two opposite states are not mutually exclusive or independent of each other. They are mutually dependent, and they change into each other. Therefore extreme Yang becomes Yin and vice versa. Health is seen to be the balance of Yin-Yang aspects of the body, and disease is the imbalance between these aspects. This is a form of dialectical thinking radically different from the causal linear thinking and logic of allopathy and positivist science. The body in TCM is seen to be a dynamic interaction of Yin and Yang; it is constantly changing and fluctuating (Kaptchuk, 2000).

Proceeding from this fundamental understanding of the nature of Yin-Yang and health as balance, TCM views illness not so much in terms of discrete diseases but in terms of patterns of disharmony. Thus, TCM goes on to outline eight guiding principles for determining these patterns of disharmony. According to Beinfield and Korngold (1991), the eight principles are four sets of polar categories that distinguish between and interpret the data gathered by examination. These are: Yin-Yang, cold-heat, deficiency-excess, interior-exterior. Again, these are not mutually exclusive, but can co-exist in a person.

A major difference between biomedicine and TCM theory is the way in which the body is conceptualized. **The Chinese body has no Western anatomical correspondence.** For example, Chinese medical theory does not have the concept of a nervous system, yet it can treat

neurological disorders. It does not perceive an endocrine system, yet it is capable of correcting what allopathy calls endocrine disorders. Although TCM language makes reference to what the West recognizes as organs, such as lungs, liver, stomach, and so on, these are not conceptualized as discrete physical structures and entities located in specific areas within the body (see Kaptchuk, 2000). Rather, the term ‘organs’ is used to identify the functions associated with them. Furthermore, TCM does not make a distinction between physical functions and the emotional and spiritual dimensions governed by the ‘organ’ in question. It does not only describe an organ in terms of its physiological processes and functions, but also in terms of its orb, that is, its sphere of influence (Beinfeld & Kornfold, 1991).

For example, in TCM the Spleen is the primary organ of digestion. It extracts the nutrients from food digested by the stomach and transforms them into what will become ‘Qi’ and ‘Blood.’ A way of expressing this is that the Spleen is responsible for making Blood, whereas the Liver is responsible for storing and spreading Blood. As such, the Spleen is responsible for transformation, transmutation, and transportation, and these functions apply to physical as well as mental and emotional processes. At the somatic level, ‘weakness’ in the Spleen means that food cannot be transformed properly into nutrients that nourish the body. At the emotional and psycho-spiritual level, a weak Spleen affects our awareness of possibilities and disables us from transforming possibilities into appropriate courses of action, leading to worry and confusion. Ultimately, it affects our trustworthiness and dependability (Kapchuk, 2000, p. 58-66).

The body, then, is not conceptualized in terms of distinct parts and components, but in terms of energetics or energy flow (Qi). Qi, a fundamental concept in TCM and Chinese thinking, although frequently translated as ‘energy’ or ‘vital energy,’ has no precise conceptual correspondence in the West. Qi is what animates life. Thus, while there is Qi, there is life; when there is no Qi, life ceases. It is both material and immaterial. Qi is present in the universe, in the air we breathe, and in the breaths we take. It is the quality we share with all things, thus connecting the macrocosm with the microcosm. Qi flows in the body along lines of energy flow called meridians or organ networks. Another way of conceptualizing disease is that it arises when Qi is not flowing smoothly, leading to blockage and stagnation, which, if persistent, will lead to disease (that is, pathological changes in the body). Thus, an important part of the healing process is to unblock and facilitate the free flowing of Qi. Different therapies (massage, acupuncture, and herbology) are aimed at promoting the smooth flow of Qi and rebalancing disharmony.

Together with these notions of health and the body, the Chinese have developed exercise forms called Qi Gong (or Chi Kung, depending on the system of translation used). These exercises have been around for at least 2,000 years (some literature dates Qi Gong to 5,000 years of history). Briefly, they are exercises aimed at regulating the breath, the mind, and the body simultaneously. There are literally thousands of forms of Qi Gong, from sitting postures, similar to what the West recognizes as meditation, to Tai Ji Juan, which, at its most advanced, is a form of martial art aimed at honing the body-mind to respond to external attack without force. Indeed, Qi Gong is a recommended exercise form in TCM and is taught widely as a healing art in China (Cohen, 1997).

Practitioners of Qi Gong believe that by disciplining, activating, and regulating the normally automatic, involuntary way of breathing, they are able to regulate and alter other functions of the body such as heartbeat, blood flow, and other physical and emotional functions. Thus, Qi Gong is not *simply* a physical exercise. Nancy Zi, a professional vocal soloist who studies Qi Gong to enhance her singing in classical Western opera, puts it concisely:

The practice of *chi kung*...encompasses the ancient Chinese understanding of disciplined breathing as a means of acquiring total control over body and mind. It gives us physiological and psychological balance and the balance of *yin* and *yang*... (Zi, 1986).

Thus, Qi Gong is based on the same principles as TCM; they are complementary.

I use and teach Qi Gong exercises as a way of integrating the body-mind, not only in theory, but also in practice. For example, I start each ‘Embodied learning and Qi Gong’ class with gentle stretching and breathing. The purpose is to direct the students’ attention to the parts of their bodies that are normally ignored in carrying out intellectual activities (such as reading and discussion). Then I introduce some simple Qi Gong exercises that activate most major meridians (lines and systems of circulation of energy in the body), and ask students for feedback regarding how they feel. I also encourage them to record their sensations and reactions in the notebook and health journal and to observe physical and emotional changes over time as they practice the exercises. Here is an entry from a student's journal:

We moved our arms, as if holding a big balloon, until we found the position that was conducive to E[nergy] flow. My arms didn't make it far from my sides and I could feel a tingling sensation between my arms & body. There was a strange feeling of a magnetic field that kept my arms from moving further out & preventing them from falling back towards my body. We kept that position for a while & allowed the chi to flow and warm our arms, hands.

I talk about acupuncture as a treatment modality in TCM, the anatomical location of selected acupuncture points and their functions, and show students how to find these points on their bodies in relation to the Qi Gong exercises. (The actual bodily discovery of an acupuncture point, which appears so theoretical and abstract, is an ‘aha!’ moment for most students.) Through this kind of experiential learning, students obtain a different view of the body and are encouraged to acknowledge and value their physical and emotional experiences in addition to their intellectual experience. Furthermore, they are asked to use their experiences performing the exercises to reflect on the readings and discussions: Do the theories and conceptions of the body they read about coincide with their own bodily (including psychic and emotional) experience? How may these theories and conceptions inform their experience, and vice versa? How may we use embodied learning to close the body-mind divide? And how may we apply embodied learning to the personal and professional spheres of our lives?

Final comments

Qi Gong is frequently promoted in terms of its health benefits. I maintain that as an exercise form, indeed as a discipline that involves the body, mind, and spirit, its application and benefits go beyond the enhancement of physical well-being. The slow, even breath, coordinated with mental concentration and gentle physical movements, constitutes a form of moving meditation that facilitates and nurtures mindfulness.

In *Full catastrophe living*, Jon Kabat-Zinn (1996) defines mindfulness as ‘the complete “owning” of each moment of your experience, good, bad or ugly’ (p. 11). Departing from this starting point, I see mindfulness as the human capacity to encounter our external environment, be it an interaction with an individual or a group or an encounter with social institutions, with full alertness, awareness, clarity, and intention. Mindfulness enables us to see the world and our inner processes with non-attachment; that is, without judgment. This contrasts with detachment, which is a form of disengagement. In Buddhist thought, non-attachment indicates a person’s ability to

observe what is going on around her with empathy, compassion, and understanding, rather than to *react automatically*, and at times thoughtlessly. Mindfulness therefore gives an individual the capacity to respond strategically, with clarity, to situations, which is what I consider to be the basis of change, individually or collectively.

I am using Qi Gong as a form of embodied learning to promote and cultivate body-mind integration and mindfulness mainly in anti-oppression and transformative pedagogy. I believe that Qi Gong as a form of mindfulness training can be adapted to clinical settings. By sharing my experience of teaching embodied learning in a graduate program of adult education, I hope that I am making a small contribution to new developments in clinical psychology and practice.

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Applying the Scales for Experiencing Emotions to Facilitate Clients' Understanding of Body Cues

Svetlana Lilova

The Scales for Experiencing Emotions (SEE; Behr & Becker, 2002) is a new 42-item comprehensive measure that assesses emotional processes such as making sense of one's experiences, valuing one's emotions, and emotion regulation. It was developed in Germany, where it was shown to be reliable and valid using a large German sample. It was recently validated with a Canadian sample (Lilova, 2006), also showing excellent reliability and validity.

The SEE is a 7-dimensional measure of fundamental facets of emotional processing, including symbolization of bodily experiences, experiencing overwhelming emotions, symbolization by imagination, lack of self-control, experiencing congruence, being comfortable with one's own feelings, experiencing lack of emotions, and emotion regulation. Clients are asked to indicate degrees of true or false on a 5-point Likert-type scale on questions like: "I trust all my feelings," "There's no question for me that I have a right to all my feelings," and "I consider daydreams to be useful."

The SEE is a brief, easy-to-use self-report instrument that unifies central, differentiated constructs of the experience and regulation of emotions. It draws upon concepts associated with Rogers' (1951) theory of personality and therapeutic change. The profile of emotional responding patterns that this measure captures can be used in clinical settings to inform therapy interventions and treatment planning. Having shown to have good reliability and validity in the two aforementioned studies, the SEE has the potential to be used as a diagnostic and outcome measure for both clinical and non-clinical populations, and to serve as a valuable research tool in many fields in psychology, especially in clarifying aspects of Person-Centered theory, emotional processing, and emotional intelligence. The SEE scale that assesses attention to bodily sensations is called Symbolization by Bodily Experience. It contains eight items that gauge the degree of awareness and meaning-making of bodily sensations. Some of the items within this dimension are: "My physical state usually corresponds to my mental state" and "I consider problems in my body to be an expression of mental uneasiness." The recent validity study with a Canadian sample (Lilova, 2006) showed this scale to correlate meaningfully with Private Self-Consciousness and the personality facet Openness to Experience, pointing to its ability to capture adaptive personal processes with regards to the body.

Theoretical background

The SEE is grounded in Carl Rogers' Person-Centered theory of functioning and personality change (Behr & Becker, 2002). Rogers (1951, 1957, 1965) developed his theory based on his observations of how clients referred to feelings, symbolized (i.e. cognitively represented) their feelings, and reorganized their sense of self during therapy, thus achieving change. Rogers also made important links between emotional processing and cognitive

functioning. In particular, he identified the ways symbolization of experiences facilitate emotional processing. By experiencing conflict and becoming aware of feelings, one can begin to sort out feelings and facts, name one's experience, develop positive regard toward one's feelings, and find new ways of self-regulating and responding to a situation.

As a humanist, Rogers also placed great emphasis on subjective experience and the process of referencing it as a valuable source of knowledge and personal change. Thus, his focus was on understanding the client and facilitating deeper feelings and reflections, rather than looking at content and solving presented problems. In the therapeutic setting, Rogers facilitated self-exploration under the core conditions of genuineness, empathic understanding, and positive regard of the client. He focused on the extent to which the client was able to value his experience. Rogers observed that focusing on exploring and valuing of experience led to symbolization, integration of experiences into the self-concept, and improved overall functioning (Rogers, 1965).

A fundamental aspect of Rogers' theory (1951) is the belief that ultimately one lives in his or her personal world and functions out of subjective perceptions, purpose, and choice. Hence, it becomes possible for personal evaluations to be reconsidered and revised and for the person to realize that this process lies within. It is also necessary for people to become aware of their subjective experience, to symbolize it in awareness, and to differentiate feelings. This process allows the person to discover choices where initially there seemed to be none.

It is therefore feasible and valuable to provide psychotherapy and conduct research without limiting clients to expectations of average emotional responses or average duration and intensity. Rather, psychotherapy and research can focus on ascertaining at what point a person experiences incongruence, and ways of facilitating more adaptive functioning. The underlying assumption, then, is that people are the best source of information about their own experiences. The SEE thus assesses subjective emotional experience without ranking individuals' experiences or attempting to map out the vast number of phenomenological variables to differentiate people from an average.

Lastly, Rogers' (1961) theory includes an understanding of the change process in terms of bodily sensations. Rogers regarded the shifts in emotional awareness as first and foremost physiological events. He posited that awareness of bodily sensations and their meaning can be accessed through talking about them. In addition, Rogers made observations of physical changes in clients, such as relaxation following change. This physical component of the change process that Rogers theorized was embraced by Eugene Gendlin, who used it as a basis of his approach, known as *focusing* (Gendlin, 1996). Subsequently, *focusing* – processing felt bodily sensations and exploring their meaning – became a major contribution to the humanistic psychotherapies and demonstrated the value of working with bodily sensations. Focusing currently remains an important concept that enriches the process of therapeutic change, as theorized by Rogers. It highlights the value of the imagination and the vital role of bodily sensations for understanding experiences. The Symbolization by Bodily Experience scale of the SEE allows this aspect of Person-Centered theory to be measurable.

Apart from Rogers' theory, bodily responses are considered inherent components of experiencing emotion (Frijda, 1986). There is ample empirical evidence for the negative physical and psychological consequences of over-regulating or denying emotions, and the positive effects of attending to emotions (Greenberg, Wortman, & Stone, 1996; Pennebaker, 1995, 1997). For instance, research on alexithymia – a severe inability to be introspective, to identify one's emotions, and hence to regulate them – has found this inability to consistently correlate with many medical and psychiatric disorders (Taylor, Bagby, & Parker, 1997). Such findings support emotion process theory and clinical observations that emotional awareness and expression are

connected to physical and psychological health (Taylor & Bagby, 2004; Taylor, Bagby, & Parker, 1997). Gauging one's own physiological changes would contribute vital information regarding one's capacity to process and regulate emotions, and the particular emotional experiences being processed. For the individual, it will also contribute to one's ability to thrive.

Validity findings about the symbolization by bodily experience scale

Findings from the Canadian validity study (Lilova, 2006) showed that the Symbolization by Bodily Experience scale correlated moderately with one of the Big Five personality factors – Openness to Experience ($r = .21, p = .05$), indicating linear relatedness without measuring identical constructs. Openness to Experience is one of five basic, descriptive personality dimension continuums established based on extensive analyses by Costa and McCrae (1992). These traits are considered universal, part of a person's core self, and are regarded as primarily inherent and partly shaped by the environment.

The Big Five personality dimensions have been found to systematically correlate with mental health indices and thus to predict various diseases and disorders. Openness to Experience specifically has been found to relate with flexibility of thought, the need for experience, and with overall well-being (Costa and McCrae, 1992; Miller, 1991; Watson & Clark, 1992). Since some studies have found low correlations between Openness to Experience and emotions (Costa & McCrae, 1992), low correlations were expected between this personality facet and the SEE. The low yet meaningful correlation found between this personality facet and the Symbolization by Bodily Experience scale corroborates the Person-Centered perspective that emotional processing, and in particular attuning to bodily experience, involves openness to one's experience and valuing of the organismic process, and leads to good mental health.

As expected, the Symbolization by Bodily Experience scale also correlated meaningfully with Private Self-Consciousness ($r = .34, p = .001$). Private Self-Consciousness is a central component of psychological mindedness and refers to the degree of self-awareness a person has, though unlike the SEE Symbolization by Bodily Experience scale, it does not assess whether the individual values that experience. This Private Self-Consciousness variable has been identified in order to operationalize psychological mindedness – the ability and willingness to understand one's self by making links among one's patterns of behaving, thinking, feeling, and interacting (Denollet & Nyklicek, 2004; McCallum & Piper, 2000). Theorists have posited that private self-consciousness is a cognitive construct that involves a rich use of fantasies, and monitoring of and reflecting on bodily and emotion processes (Buss, 1980).

The Private Self-Consciousness Scale used in this study measures the degree of adaptive and maladaptive self-awareness and reflection (Fenigstein, Scheier, & Buss, 1975). Research has supported the claims that individuals high in private self-consciousness are more self aware and have a more accurate and better-articulated self-schema than those scoring low in private self-consciousness (e.g., Nasby, 1989). The moderate correlation found between the Symbolization by Bodily Experience scale and Private Self-Consciousness indicates that attending to and making sense of bodily sensations is related to self-awareness, self-reflection, a better sense of self, and overall adaptive functioning.

These findings show that there is a relationship between utilizing bodily experience and both self-reflection and valuing of inner processes. In therapy, this scale can be applied to capture the client's patterns of responding to external events, and the degree body cues are utilized to gain personal awareness and process negative feelings. As such, the scale as part of the SEE can be used to help clients become aware of their various body signals, understand the meanings of those cues, and reorganize or discover new responses, thus promoting overall change.

Cross-cultural validity

Findings in the Canadian validity study suggest the SEE is culturally specific and that it possibly measures emotional experiences in the German population differently than in the Canadian population. This finding of cultural differences remains inconclusive, given the possibility that other factors are at play, such as notable demographic differences between the Canadian and German samples, and slightly different conditions of administration. In comparison to the German sample, the present sample is more diverse, wider in age range and older. Hence, it is possible that the findings in the Canadian study reflect the level of emotional processing for this demographic group. It is also possible that the difference in reliability found in the Canadian study is due to cultural differences and that the measure performs slightly differently in the Canadian population. According to current emotion theory, emotion processes are expected to show some degree of cultural variation (Scherer, 1984). Emotional experience is shaped by individual uniqueness, as well as by social factors such as early relationships, past experiences, and culture, where individuals adopt patterns of awareness, experiencing, naming, understanding, and making meaning of their emotions. Cultural differences involve ascribing learned automatic meanings to interpretations of events and behaviours (Frijda, 1986). As suggested by the results of the test applied in this study where the Canadian sample reported lower scores than in the German study on the scales, the SEE may portray socially-influenced cognitive variables specifically within German culture. As Person-Centered theory points to universality of emotion processes, and as many findings show more similarities than differences in emotional experience across cultures (Tsai, Knutson, & Fung, 2006), it is clear that emotion processes have fundamental commonality. While the processes remain the same, in this study there are differences in the degree the scales are endorsed.

The Canadian sample reported lower scores than the German study on all scales. Some of the mean scores differed marginally between the two samples, while others differed greatly. Most prominent differences were found on four scales. On the Symbolization by Imagination scale, which measures cognitive ways of coping using imagination, dreams and fantasies, the Canadian sample showed to be less imaginative in dealing with emotions. Canadians also reported greater lack of self-control (on the Lack of Self Control scale) and fewer experiences of or less awareness of emotions (on the Experiencing Lack of Emotions scale). Lastly, on the Regulation of Emotions scale, Canadians reported to regulate emotions more poorly than respondents in the German study. Therefore the greatest differences to appear were in awareness of emotions, cognitive ways of coping, and in emotion regulation.

It is unclear, however, whether observed group differences in emotional experiences occur as a result of cultural or other factors. Past research findings show that other factors, such as heritability and temperament, account for a great portion of differences found across different national samples (Tsai, Knutson, & Fung, 2006), and single observations of group differences are inadequate for definitive conclusions. Moreover, as discussed above, there are important demographic differences between the two samples. Given the reproduction of the same SEE properties, it is possible that the group differences found are a result of demographic rather than cultural differences. Additionally, the lower scoring in the Canadian sample observed in this study may also be impacted by item 21 of the SEE, which was found to skew the reliability of one of the scales as well as the overall reliability of the SEE. Therefore, it is inconclusive whether or not the SEE validly measures emotional functioning in different cultures. Further cross-cultural comparisons would be needed to substantiate these findings and draw conclusions about the cultural specificity of the SEE.

Conclusion

Emotion-focused approach to counselling unifies bodily experience with emotion, language, culture, and meaning-making, along with other facets of the person. The responses of the individual are considered to emerge from the whole person— body and mind. As such, being invited to discover for himself what is meaningful to him, the client can respond with agency and move toward healing, be it physical, psychological, or relational. This new measure of emotional processing, the SEE, includes a scale that assesses attending to and making sense of bodily responses. In a recent validity study, this scale correlated meaningfully with the related constructs of Openness to Experience and Private Self-Consciousness, attesting to its validity and to its distinctiveness from related measures.

The SEE provides a valuable means for therapeutic intervention, individual self-assessment, treatment outcome assessment, and research. The client's experiences and change in therapy take place on both a verbal and non-verbal level. Experiencing in the moment manifests physically, at times visually, and verbally, or cognitively, and awareness of the client's patterns can guide intervention. Since therapeutic change is unique to each individual, and emotion, as we see from the literature, is individually relevant, the use of the SEE can provide a step toward individualizing treatment and outcome assessment. Noting and making sense of his own physiological changes facilitates the client's capacity to process and regulate emotions. Having this information available in the therapy room would be valuable for the client's internal processes and regulatory ability, and allows for a finer differentiation and better understanding of his therapeutic needs.

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Part 4:

Working with Body Image in Psychotherapy

“If I am Thin, I am Safe.”
Speaking Through the Body Following Trauma

Robyn Legge

I was thirteen years old. I was finally a teenager. And I was so excited about being a teenager! There were all these changes happening to my body. I felt excited about it all – all the ways I was becoming more womanly. I had curves in places I hadn’t before. I just remember feeling so happy about my body and feeling really excited to dress in new clothes that showed off my body and getting to do just really girly things. I felt like I had found a sense of style and I was proud of my body.

This narrative was based on the description a client I worked with gave about entering adolescence. As is vividly exemplified here, this client was living in connection with her body – she lived from within her body, experiencing the changes as exciting and something she took pride in. To more fully understand the concept of ‘living in connection with one’s body,’ I turn to Niva Piran’s body image research. Following data analysis from a qualitative study looking at adult women and body image, Piran, Carter, Thompson, and Pajouhandeh (2002) demonstrated that women live in their bodies based on a continuum, from a connected and embodied way at one end and a disconnected and disembodied way at the other end. The connected way of living in the body was described as feeling physical freedom to act and take space; body power and functionality; awareness, comfort, and agency about sexual desire; experiences of joy in and with the body; body care and protection; identifying and voicing one’s body needs and experiences; seeking of relevant information; lack of external consciousness or internalized constraints about the body; lack of critical self talk; and active negotiation with others regarding bodily needs and rights. Piran (2002) found a pattern of connection–disconnection–reconnection in our lived experiences within our bodies. That is, most girls live in connection with their bodies until puberty, where a number of disruptions then occur, causing a disconnection. Piran (2002) described the disconnected way of living in the body as feeling physically constrained; disconnected from the power and functionality of the body; being unaware of or uncomfortable with sexual desire; negative feelings like shame or anxiety about the body; engaging in potentially harmful behaviours; negative self-talk about the body; difficulties identifying and voicing body experiences and needs; self-consciousness about the body; and feeling it necessary to comply with external pressures about the body. These disruptions causing a disconnection are numerous in possibility. For some women, there are facilitators that help them reconnect with their bodies. For other women, there is a lifelong struggle of living in disconnection. As researchers and clinicians, I believe it is important to continue to expand and develop our understandings of the experiences that disrupt and interfere with women living in connection with their bodies. I would like to share a clinical case of a client I worked with and her narrative of lived experiences within her body.

When I began working with this client, whom I will refer to as Mae, she was seventeen years old. Mae is a white, middle class young woman from an immigrant family living in Toronto. Her narrative of her body had changed dramatically from first entering adolescence – it sounded more as follows:

I feel fat and gross. I feel shameful of my body. I can't imagine feeling good about myself. That doesn't seem possible. I hate my body. I don't want my body to have shape or to have curves or to be voluptuous. I just want to hide. I want to hide my body. I don't want any attention and so I do what I can to keep my body from looking like a girl's body.

This dramatic shift, in just a few years, exemplifies Mae's severe change from being in connection to being in disconnection with her body. I first met Mae while she was an outpatient at a hospital for treatment of disordered eating. Mae frequently engaged in restrictive eating behaviours and maintained a very low weight. Mae's disposition was cheerful and pleasant – although her affect did not vary from this. She found it very difficult to express anger or sadness. She struggled with feelings of depression. As another way of coping with her negative feelings, Mae had engaged in self-harm behaviours such as cutting. Mae was seventeen when we began therapy together and she was in her final year of high school. She lived with her parents and had an older brother living in another city. We began therapy by focusing on her struggles with eating and her fear of gaining weight. We also spent time discussing her frequent absence from school – although she had always maintained an A average, she found herself continually feeling like she either could not go to school or needed to leave once there.

Mae described feeling hatred towards her body. When we would discuss these feelings, Mae would talk with complete disdain for all signs of femaleness. In discussing her fears of gaining weight, she would explain that gaining weight meant having a more womanly body, and this was something she wanted to avoid. She stated that she preferred to have a 'boyish figure.' Initially, when attempting to explore this, Mae would state that she just did not want to attract attention to her body. She would make statements like, "Even though I know I'm skinny, I still feel fat and feeling fat means feeling gross and shameful." Eventually, Mae's patterns of restrictive eating caught up with her when the doctors admitted her into the hospital for fear of her low heart rate. Mae was quite devastated by this, as she had believed that she could keep her weight controlled at a level just above where there was risk of admittance. During our first meeting following her admittance, Mae and I spent some more time exploring her feelings about her body. She once again stated that she "hated" her body. I explored with Mae when she last remembered not feeling such a strong hatred towards her body. We started talking about her childhood and how she felt about her body then. She expressed not having really thought much about her body, that she just did what she wanted and had fun. As we went through her childhood years, discussing her feelings towards her body, it was when we reached her Grade eight year that Mae shifted. She stated that there was a major change that year in the way she felt about her body. She described having entered Grade eight with very positive and exciting feelings about her body and about being a girl. She liked the ways that her body had changed during puberty – giving her more shape. She started dressing in a way that made her feel confident in her body and she felt she was having fun being a girl.

For the first time, Mae then shared the story of what developed over her Grade eight year. It was the year that Mae described first becoming critical in examining her body and starting to view it as others might see it – and so for the first time looking at her body from the outside. Mae described Grade eight as the first time she remembers boys making comments about girls'

bodies. This harassment began with statements commenting on the size of girls' body parts – in particular breasts and buttocks. Mae described how this made her feel insecure. She stated that trying to make comebacks about boys' bodies did not seem to impact them. The girls began by trying to tell the boys to 'shut up,' but eventually would just stay quiet, silenced and shamed by the way their bodies were being objectified. This harassment progressed to comparing the girls through a rating system. The boys would make lists and write either compliments or rude comments next to the girls' names and their ratings. The boys then began sexually harassing the girls through touching in the hallways – like hitting girls on the buttocks, putting their arms around girls, touching legs, grabbing bras, and groping at breasts. Again, Mae described feeling insecure and uncomfortable, but she was also frustrated and she attempted to protect herself. She found herself making decisions about where to walk in the school based on where certain boys hung out. The final and most devastating peak of this sexual and gender-based violence was when the boys began engaging in what Mae described as 'swarming.' The first time it happened to Mae she was in a classroom after school by herself, having volunteered to stay and clean the chalkboards. A group of five boys came into the classroom and started taunting her with sexually harassing comments. She told them to leave her alone. They teased her and joked with her and told her not to be so high-strung and worried. They then proceeded to circle around her while making comments about her body, about the way she was dressed, about what she wanted them to do to her. The boys started to grab at her body, push themselves up against her, grope her breasts, her buttocks, her genitals, sticking their hands up and down her clothing. She said, "If you stopped one guy from touching you, there was another right there grabbing at you." This was not the only time that Mae experienced this sexual assault. The boys would repeatedly engage in this 'swarming' throughout the entire Grade eight year. They would look for a girl by herself and proceed to sexually assault her. Mae was victimized in this way numerous times throughout that year. As a group, the girls did not have the words to name what was happening as sexual assault. It became unspoken and hidden. When it was spoken about, it divided the girls – with those targeted more often deemed as deserving it for being the prettiest or for dressing in revealing clothing. Mae was one of these girls. She was targeted and sought after and was one of the girls to experience the most sexual assaults. Mae did not tell her parents what was going on, nor did the girls tell their teachers. Mae described feeling confusion about what was happening. These were, after all, boys she had attended school with since she was five, boys she had considered her friends. She began to blame herself for what was happening. She began to think that indeed she had asked for this through her choice in clothing and her girlish body. As Mae entered high school in Grade nine, she stated that she purposefully made the decision to hide her body in baggy and bulky clothing, believing this would protect her from further attacks. Grade nine was also the year that Mae began engaging in restrictive eating patterns that worsened throughout the next couple of years. That day in her hospital room, Mae shared for the first time the story of how her body was not only objectified and disrespected, but also violated, assaulted, and terrorized. And Mae is not alone.

Fifty percent of North American women will be sexually assaulted at least once in their lifetime. At least 34% of women will be sexually assaulted before the age of eighteen. Ninety-eight percent of assailants will be male (Badgley Report, 1984; Russell, 1984). At least one in seven women will be raped by her male partner (Russell, 1984). In a USA study with 2000 female students, researchers found that 89% of the girls reported having experienced inappropriate sexual comments, gestures, and looks; 83% and been touched, pinched, or grabbed; and 40% said that these incidents occurred daily at school (Stein, Marshall, & Tropp, 1993). In an Ontario study, 83% of female high school students reported having been sexually harassed in the school setting (Ontario Secondary School Teachers' Federation, 1994). These numbers are

outrageous. That we can look around us now and know that one out of every two women will have experienced sexual violence by the end of her lifetime illustrates the powerful misogyny and extreme devaluing of women that exists in our culture. It illustrates how pervasive and accepted violence against women is in a patriarchal system that instills male domination .

The idea that the body is political, that it is linked to a person's social power, value, and their rights and privileges has long been philosophically explored (Foucault, 1979; Rich, 1986; Bordo, 1993). This critical social perspective recognizes that women's personal experiences with their bodies, as well as the way they treat their bodies, arise from and are shaped by complex social systems (Levine & Piran, 2004). Feminism and critical social theorists provide an analysis of the discourse we live in – of North American White patriarchal culture – as one in which there is the implicit permission to rape and violate the bodies of women and children. It is the pattern of men taking power from women and using power and control that allows for sexual assault (McGillicuddy & Maze, 1993). The high prevalence of violence against girls and women reflects our society's discourse of gender inequity in power and privilege within the body domain (Buchwald, Fletcher, & Roth, 1993). Furthermore, the way in which women learn to discipline and punish their own bodies speaks to the socialization process of male-dominated oppressive power structures (Piran, Jasper, & Pinhas, 2004). The critical social perspective examines inequities in power. It examines the relational contexts in which females learn about social worth and rights. It scrutinizes the systems that either collude or resist the dominant social discourses concerning gender, bodies, sexuality, and control (Levine & Piran, 2004).

Linking sexual violence and the development of eating disorders has been discussed theoretically and explored empirically. Women who survive assaults do so with a complete disruption to their sense of embodiment. Survivors often look to regain control through reshaping their bodies as a way of feeling safe – starvation allows one to create physically their emotional desire to become invisible and therefore safe from future attacks. This punishment on the body also acts as a way of coping with the feelings of worthlessness and shame. McGillicuddy and Maze (1993) state:

To accommodate; to conform; to acculturate; to starve; to become preoccupied with body shape; to develop personae whose bodies differ in terms of age, feeling, function, to hold pain from memory; to develop control over breathing; to exercise relentlessly; to follow compelling patterns of thought or action – these are behaviours learned as children, learned in violence, learned in being sexual objects, which shape women's inner lives, our bodies, and our relationship with the world as surely as that relationship has shaped us. A downward spiral of alienation and disconnection from self and others escalates displacement of the physical, makes the body enemy, alien, other (p. 226).

Exploring these theoretical discussions through research has helped to illustrate the powerful assault that takes place on women's bodies, even after the initial trauma.

Research continues to be done illustrating the links between sexual violence and the development of disordered eating (Dansky, Brewerton, Kilpatrick, & O'Neil, 1997; Fullerton, Wonderlich, & Gosnell, 1995; Harned, 2000; Harned & Fitzgerald, 2002; Herzog et al., 1993; Hesse-Biber, Marino, & Watts-Roy, 1999; Larkin, 1994 / 1997; Oppenheimer, Howells, Palmer, & Chaloner, 1985; Palmer & Oppenheimer, 1992; Rice & Russell, 1995; Root & Fallon, 1988; Waller, 1993). One group of researchers (Larkin, Rice, & Russell, 1999) explored qualitatively how experiences of harassment can contribute to young women's uneasiness about their developing bodies, which can lead to intense body monitoring and disordered patterns of eating. Based on the girls' narratives, researchers found that the girls had come to accept as natural the

daily experience of harassment levelled against the female students, ranging from routine experiences of insults and objectifying comments, to periodic threats of rape and murder. These researchers highlighted a disturbing theme that emerged from their research – the way in which girls' excitement about their developing bodies is being crushed by the harassing comments that accompanied their physical maturation (Larkin, Rice, & Russell, 1999).

It is important to also emphasize the devastating effect of feeling shame about one's body following an experience of sexual violence. This shame contributes powerfully to the process of disconnecting the self from one's body – as Frederickson & Roberts (1997) state, shame can generate “an intense desire to hide, to escape the painful gaze of others, or to disappear, alongside feelings of worthlessness and powerlessness” (p. 181). One study found that sexual harassment was associated with decreased self-esteem, which, in turn, predicted higher levels of eating disorder symptoms. Low self-esteem and self-blame following sexual harassment were associated with increased psychological distress, which, in turn, was related to more severe eating disorder symptoms (Harned & Fitzgerald, 2002). Following the experience of sexual violence, feelings of shame propel women into a state of relentless body criticism and punishment. In discussing the aftermath of surviving sexual violence, McGillicuddy and Maze (1993) state:

There are many crises here: flashbacks, body memories, death sensations, despair, ruthless conflicts between parts of the self (between inner selves). The woman will often be experiencing ‘crisis’ in her body as the norm, as that which is most familiar. This may take the form of vomiting, taking in food, gagging, feeling sick to one's stomach, diarrhea, constipation, needing to clean her body out, binding her body, cutting or burning her body. She may be hypervigilant, watching for attack; monitoring her body, her mind, and her environment for danger; preparing for the predictable ‘next time’ (p. 229).

Another common reaction among survivors of trauma that I would like to highlight here is one of self-blame. This reaction increases psychological distress and is also a factor increasing the risk of developing disordered eating. In particular, survivors who blame their assault on their physical appearance may attempt to prevent future victimization by altering their body shape or weight (Harned & Fitzgerald, 2002). As a way of interfering or disrupting female development of the body, women may engage in restrictive eating (Schwartz & Cohn, 1996). Both reactions of shame and self-blame were highly relevant in the struggled coping experience of my client Mae. This experience had robbed Mae of feeling the excitement she had about her changing female body. Instead she felt ashamed for her growing breasts, her shapely hips, her strong legs. She described feeling dirty and embarrassed in her body. Mae also attributed the blame of the attacks on aspects of herself – she blamed the tank tops and skirts she chose to wear as being too revealing and that she was “asking for it.” She wondered if she had somehow invited this behaviour through flirtation or perhaps she had not discouraged enough the earlier, milder sexual advances of these boys. As a way of regaining a feeling of control and safety, Mae clung desperately to any attribution that she could own and therefore change.

In our journey together in counselling, Mae struggled to process the effects of her experiences with sexual violence. Initially, Mae was quite resistant to seeing any connection between her disordered eating and insistence on low body weight and her earlier experience of sexual harassment and sexual assault. She fought with her feelings of anger and sadness in realizing the impact and power this group of boys and their behaviour has had on her feeling towards her self and her body. As we explored and processed through her feelings about her

body following the incidences of sexual violence, Mae began to more clearly see how parallel and linked these feelings were to her current hatred of her body. She struggled in linking her treatment of her body – her restrictive eating – to the sexual violence, as this disordered eating was her way of feeling safe. She described feeling in control of her safety through maintaining an almost invisible body.

We spent many sessions exploring her feelings of shame and self-blame. I gently challenged Mae's interpretations of the experience as being because of something that she had done wrong, or because she had asked for it. I emphatically and repeatedly insisted that Mae was not to blame and not at fault. I introduced to Mae the feminist perspective on violence against women. We explored feminist readings as a way for Mae to realize she is not alone in her experiences of violation on her body, nor is she alone in the healing process. Mae and I explored the concept of body ownership – not only the concept of respecting our own bodies, but also the importance of the inherent right to expect others to respect our bodies. We explored the various ways that from a systemic level, men and women are socialized to believe men have a right to dominate women. We looked at ways that this plays out in the daily narrative of interactions between men and women. I validated Mae's efforts to keep herself safe, and encouraged consideration of exploring a more self-loving method to feeling this sense of control and security that until now her disordered eating has provided. We explored the ways in which the disordered eating has also represented a form of repeated violence on her body. Mae continued to retell her story, the dialogue of her body, throughout our work together – we took note of the changing face of her narrative as she incorporated her work in therapy. She began the process of shifting the blame off of herself and onto the perpetrators. She began to recognize the injustice in what had happened to her. The effects of the sexual violence on Mae's self-concept, her feelings towards her body, her treatment of her body, and her ownership to rights of power and control in her body were deeply wounded. Through our work together, we began to reconstruct Mae's belief in her rights to live comfortably in her body and to care for her body. Working from a feminist therapeutic approach was an important element in helping Mae realize she was not to blame for her assaults.

Feminist therapy insists that when counselling on issues of body image and sexual assault, we must examine the ways in which the violence acts on the particular lives of each woman we work with. McGillicuddy and Maze (1993) state:

We work in connection through crises and through witnessing and 'standing with' the woman as she sees her life and permits herself to be seen, standing with women in groups, in meetings, in court, in their families, at rallies. For, to come to our bodies, to take up space, to come back to our bodies, this is always radical and exciting work. There is power here to be held and felt and enjoyed, and used for change (p. 227).

These authors emphasize the importance that the counselling areas working with survivors of sexual violence consider the impact of this violence on women's feelings towards and treatment of their bodies; and that those working in the areas of women's bodies be concerned with not only the effects of experienced sexual violence, but also with the insidious threat of violence that is a normal part of our lived experiences as women (McGillicuddy & Maze, 1993). Larkin, Rice, and Russell (1999) highlight how the process of consciousness raising with their focus groups of young women allowed the women an interpretation of locating their personal experience to a larger, systemic political understanding. They state:

There was a sense of outrage when the young women connected issues about their bodies to experiences of violence and harassment. This was an important moment. Anger is the flip side of shame. Shame is the internalization of oppression that marks an individual. Anger moves the problem beyond the self. This crucial transition provides the momentum for resistance (p. 202).

Feminist therapists work within a critical perspective framework that considers a client's individual factors while also locating clients within the larger system of multiple social experiences that disrupt and shape all women's experiences, views, feelings, and practices towards their bodies (Piran, Jasper, & Pinhas, 2004). I return to Piran's (2002) description of living in connection with one's body. As I repeat this definition, let us all imagine a world where all women lived within a discourse that not only encouraged this type of embodiment, but also truly supported it. The connected way of living in the body was described as feeling physical freedom to act and take space, body power and functionality, awareness, comfort, and agency about sexual desire, experiences of joy in and with the body, body care and protection, identifying and voicing one's body needs and experiences, seeking of relevant information, lack of external consciousness or internalized constraints about the body, lack of critical self talk, and active negotiation with others regarding bodily needs and rights.

I have shared with you the lived experience of Mae – a lovely, strong, resilient young woman – who is testament to the realities of surviving within a male-dominated society that continues to accept and perpetuate an abhorrent treatment of women. She illustrates the complexities of women's relationship with their bodies and the challenges of living in connection with one's body within a patriarchal structure that does not respect women's ownership over their bodies, but, rather, objectifies, devalues, and disempowers. In Mae's story of struggle, of resistance, of sadness and pain, I also see a story of hope, of courage, and of possibility. Everywhere, women, like Mae, speak through their bodies; they demand to be heard, they demand to make sure their stories of experiencing violence will not go unnoticed, and they will not be silenced. Women like Mae inspire a continual fight to ensure that the current status of women as subordinate to men does not continue. Work in the area of eating disorders and trauma cannot be reduced to an individual level. We must work to transform the social discourses that promote violence against women and replace this discourse with one of respect for each person's rights to power and control over their own body and self.

About the Author

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Adolescent Girls' Struggle with the Disruptive Effect of Body Weight as a Determinant of Their Social Worth

Jane Mizevich

In Western culture, body dissatisfaction and weight loss attempts are so common that they have become more of a norm than an exception. Their prevalence continues to increase, mainly affecting women, who account for 90% of reported cases of eating disorders (Smolak & Murnen, 2001). In a recent study, girls as young as ten years old reported feeling “too fat,” and were engaging in unhealthy dieting behaviours (McVey, Tweed, & Blackmore, 2004), which suggests that the drive for thinness is affecting progressively younger populations. Early weight preoccupation has been repeatedly linked in the literature to engagement in unhealthy weight control behaviours, such as restricting food intake and purging (Blowers, Loxton, Grady-Flessler, Occhipinti, & Dawe, 2003). Engagement in such behaviours is especially worrisome when it is done among girls who are just reaching puberty, since it can interfere with the healthy development of their bodies and lead to a variety of health problems.

Literature on weight-related attitudes and behaviours in adolescent girls mainly consists of quantitative research, while qualitative studies exploring the girls' own views and attitudes are scarce and tend to concentrate on narrow areas, such as examining ethnocultural differences in reactions to media images (Mizevich, 2006). Alternately, the study reported in this chapter takes a broader stance in that it examines adolescent girls' responses to more general questions about eating, dieting, and body weight. In this way, instead of hypothesizing about what might be occurring for them, the girls were treated as experts on their lives. It was anticipated that such an in-depth exploration of their views and attitudes would lead to a deeper understanding of their experiences.

The study used qualitative methods to examine the narratives of 12 adolescent girls, ages 12 to 14, related to eating, dieting, and body weight. The data came from a larger study for which 23 girls, ages 9 to 14, were interviewed twice over a six to twelve month period about their self and body experiences. The sample was diverse in terms of the participants' socioeconomic status, ethnocultural group membership, and family make up. It also included girls from both urban and rural communities.

The interviews of the girls were transcribed and imported into a qualitative data analysis program, QSR N6, and the girls' names were replaced with research names of their choice. Sections of the interviews related to eating, dieting, and body weight of the 12 post-pubescent girls were then analyzed for themes using emergent methodology. A coding tree was created that contained themes commonly identified in the literature as well as themes that were frequently repeated in the girls' narratives. Relevant sections of the interviews were coded into this tree, following which related groups of items were examined in order to identify patterns. A discussion of selected themes that emerged from the data follows.

Despite not approving of dieting overall when explicitly asked about it, the girls gave a variety of reasons why someone might want to go on a diet. Reasons that reflected one's internal motivation to lose weight included being dissatisfied with one's appearance, feeling insecure, having low self esteem, not feeling good about oneself, and wanting to look like somebody else, such as a skinny friend or Christina Aguilera. Several girls also talked about dieting as a way of improving the functionality of one's body as well as one's looks.

(Why do you think people go on diets?) Cause they don't feel good about themselves.
(Jessica)

(Why do you think people go on diets?) Cause they're not happy with how they look. They want to change it. (Melissa)

Girls also talked about external pressures to lose weight, which included wanting to be liked by potential romantic partners and wanting to avoid weight-related teasing. For example, Jenna talked about her friends being teased.

(Do they get teased by boys or other girls?) Both. *(Both. What kinds of things do people say?)* They're big and stuff like that. *(So how do you think that makes them feel about their bodies?)* Insecure. *(What do you think would happen if somebody was feeling insecure, what might they do to deal with that?)* Go on a diet or something.

From Jenna's quote, it appears that a connection exists between being teased and feeling insecure, which can then lead to dieting. However, none of the girls explicitly made this connection on their own when asked about the reasons people go on diets. It appears that by continually experiencing weight-related pressures and observing others being teased because of their weight, the girls might eventually internalize these pressures. Having internalized them, the girls stop seeing that the internal feelings that motivate people to lose weight, such as being dissatisfied with one's appearance, were actually caused by external pressures. Instead, girls start seeing body dissatisfaction as the natural response to having any 'excess weight.'

Most of the girls knew at least one friend who was on a diet. When talking about their friends being on diets, the girls tended to describe the behaviours they engaged in as falling on the right-hand end of the dieting continuum, the one closer to eating disorders. Kelly said,

I have this friend who she didn't like how she looked. So her mom would make her smaller meals. But then like, well, her mom would buy lots of junk food for the house, and then because she ate such small meals she would be hungry, so she'd go into the cupboards and eat the junk food. And then my other friend, she doesn't always eat. That exchange student I told you about, she didn't like how she looked, so she wouldn't eat. She would always say she wasn't hungry, even though you could hear her stomach growling. She would say she was dieting.

However, when talking about their mothers being on a diet, the girls tended to talk about it in more neutral terms, often stating it as a fact. The girls whose mothers were on a diet also tended to have more positive or ambivalent attitudes towards dieting. Melissa made a connection between having a mother who is on a diet and the daughter being more likely to go on a diet herself.

(So do you find that girls talk a lot about dieting?) Not a lot, there are some girls who will talk about it but there's not a lot of them. *(What do you think is the difference between those girls - who talk about it a lot and those who don't?)* Well, one girl I know, she has always been kind of bigger but she's not fat or anything and her parents - like, her mom is always going on a diet too so I think that's what has influenced her and how she thinks too.

This suggests that having a mother who is on a diet might normalize this activity for girls, and possibly increase its likelihood. It also emphasizes the importance of taking dieting-related family history into account when developing eating disorder prevention programs and interventions for girls.

When talking about eating, most girls stated that they love to eat. However, upon further investigation it appeared that the girls' relationship with food was not that simple. When questioned further, several girls that expressed love of food also stated that it was because of their involvement in physical activity that they allowed themselves to eat what they wanted. For example, Jessica says,

I do enough sports - like, I have to walk half an hour to school every day so that it's just burning off whatever is not good for me so... I know that I can eat stuff cause it's okay, it will be burnt off.

For some of the girls their love of food was in competition with the fear of potential effect of this food on their bodies. For example, Lauren says,

Sometimes I think eating cookies "Wow, I'm going to be huge some day." I could never be a chef. I would eat everything. It would be bad. I would be sampling everything. It would be bad stuff.

It appears that, despite their love of food, the girls are vigilant about what and how much they eat as well as how they can compensate for the food they consume. They are fearful of what might happen if they ever stopped this constant vigilance and instead were guided only by their sense of hunger or desire for food. It is as though they lack trust in their body's ability to provide them with eating cues and instead are constantly on guard for the moment when their bodies might betray them and gain weight.

When talking about healthy eating, the majority of girls rigidly divided the foods into 'healthy' and 'unhealthy.' The foods that were termed 'healthy' often included fruit, vegetables, and foods that have little fat in them, while foods that were termed 'unhealthy' tended to be sweet and greasy, often termed 'junk food' by the girls.

(So if someone says 'eat healthy', what does that look like to you?) Like eat food that, like, don't have so much fat in them. And like, eat vegetables and stuff. (Brady)

(What does it mean to you to eat healthy?) Like what does it mean? I don't know. Just eating like less fatty foods. *(Yeah, ok. And what would you eat instead of fatty foods?)* Like vegetables, like eat more vegetables and stuff. I don't know. (Chelsea)

Only two of the girls mentioned eating all the food groups in the context of healthy eating, while the narrative of one of these girls still implied the division of foods into ‘healthy’ and ‘unhealthy.’

(What does it mean to you to eat healthy?) Stuff that's not fattening. Like fruit and vegetables. Basically eating all the food groups. (Kelly)

This tendency on the part of the girls to rigidly divide the foods into ‘healthy and ‘unhealthy’ as opposed to seeing healthy eating as consuming appropriately from all the food groups is alarming, considering the fact that the division of foods into ‘good’ or ‘safe’ and ‘bad’ or ‘dangerous’ categories is one of the signs of anorexia nervosa (Goswami, 2004).

When talking about weight, the girls talked about the change that occurs during puberty when appearance, and in particular weight, begin to matter, contrasting it with the carefree state during their childhood when it was not important. Melissa says,

...I never really thought about how my body looked. I didn't care, I just, I was like, fat or skinny there's like no shape or you know. *(So it didn't really even cross your mind.)* No, I never thought about my body. *(Yeah. So when do you remember that first changing for you?)* I don't know, probably Grade 5 or 6. *(And is that because your body itself was changing or was it because...)* I think it had to do with both, like everybody, I don't know. Like I was changing and everyone was changing.

The topic of weight appeared to be an emotional topic for the girls, judging by the fact that they used many feeling-words when talking about it. Following is a table listing all the weight-related feelings mentioned by the girls.

Table 1: Positive and Negative Feelings

Positive feelings: Happy; comfortable; good; proud

Negative feelings: Embarrassed; worried; hurt; jealous; insecure; uncomfortable; annoyed; angry; depressed; unhappy; disappointed

Weight-related positive feelings were conditional on the girl’s body fitting society’s thin ideal. Some girls stated that they were happy and proud about their appearance because they were skinny, or that they felt better about themselves after they had lost weight.

(Is there a time when you remember thinking, like feeling just good about yourself? Being proud of yourself or...) Well I was proud of the way I looked and everything cause like most of my friends were small, like short and fat and that, and they didn't like themselves. And they always wanted to be like me cause I was so tall and skinny. So I felt kind of good about myself cause I was skinny and tall when that's what everyone wanted to be like. (Brady)

It appears that the girls’ self-worth is very much related to their weight. However, feeling comfortable with one’s body seemed especially difficult to attain, as even the girls who stated that they felt comfortable in their bodies were quick to add comments suggesting that it is not entirely the case.

(Would you say that you feel comfortable about your body, or do you like, feel self-conscious or) Yeah, I feel comfortable. I still want to get it, like, skinnier. (Kyra)

Yeah, I'm pretty comfortable with my body. I just hate shopping. It's like; it always makes me feel fat. (Bronwen)

Weight-related negative feelings were much more common in the girls' narratives than positive feelings, as can be seen from Table 1. The girls connected being overweight with feeling depressed and disappointed in oneself as well as feeling embarrassed about one's appearance. Worry was the most common of all the negative feelings and it was mentioned in the context of feeling worried about becoming 'fat.' Feeling hurt was associated with weight-related teasing. Girls also talked about feeling jealous of their peers and media figures that were skinnier than they were, and feeling self-conscious about being different than their peers in terms of their body weight. In addition, the girls mentioned feeling discomfort about exposing their bodies when they found that they were not as skinny as the other girls.

(So one of the questions we had there was, when did you first notice that you had a tummy or that your tummy was different than other girls?) Probably when I was playing soccer in Grade 3. Like I noticed that people were skinnier than me or something like that. I really became, almost jealous that I wasn't like the others because my sister and my cousin were so much skinnier and like, most of my team was skinny too. (Kelly)

(What do you think it would be like if you were to be overweight, if you can imagine what that would be like?) I think it would be pretty hard. *(In what ways?)* It would be disappointing and depressing like because I've tried so hard to be not like that, I'd probably work out, like do clubs and stuff; tennis clubs and try being healthy again, probably lay off all the junk food. (Shannon)

The variety of weight-related feelings mentioned by the girls, and the way they were expressed, emphasize the centrality of body weight for the girls' self-evaluation. What is seen as 'excess weight' is viewed as something to be ashamed of and teased about, while lack of excess weight is seen as something to feel happy and proud about, envious when others attain it, worried about losing it, and disappointed if it is lost.

This obsession with weight can be partially understood in relation to social power, in that the girls who were skinnier were described as enjoying a higher social status among their peers. Being skinny was associated with being popular and being liked by the boys. Being skinny was also an important characteristic named by the girls when they were asked to describe the 'ideal girl.'

(If you were to draw an example girl, of, you know, ideally what a girl should look like, how would you draw her? What kind of things come to mind for you?) Skirts. Like, popular girls wear skirts. No straps, strapless shirts. Their hair down. *(Long hair, short hair?)* Either. Like, kind of long, kind of short. *(Okay. Tall or short?)* Kind of both. Kind of tall, kind of short. *(Thin or chubby?)* Thin. (Brady)

Whereas there is more flexibility when it comes to hair and height, body weight of the 'ideal girl' remains inflexible: she must be thin, period. Kelly talks about her friends complaining about their weight as a way of flirting with the boys. She says,

Um, my friend A., she's really tiny but she's always complaining and saying, 'I'm so fat,' but she doesn't have any fat on her. She's a gymnast and into karate and yet she's always complaining. She probably weighs like 90 pounds, but she's always complaining about her body weight. (*What do you think is going on for these girls?*) I think they're probably just fishing for compliments, like they say they're fat and then wait for someone to tell them they're not. Like she always seems to say it around the guys, and then they're like "No, you're perfect!", and then she's like "hee hee" and I'm just like "argh."

On the other hand, being chubbier than other girls was associated in the girls' narratives with having a lower social status. The girls talked about their chubbier peers being teased and excluded, often by girls of higher social status. Being chubbier was named as the most common reason for teasing.

(*What would be examples of insults to girls; like what were things that girls would attack about people's bodies?*) Oh, they would be like oh you're uglier; I don't like your hair or they'd make fun of just like the way, oh you're fat...that's a big thing for a lot of people you know or you're fat and blah, blah, blah...saying oh guys don't like you or something like that...but fat was a big thing that people made fun about their weight and stuff.
(Lauren)

Considering the rigidity of the thin ideal, the social rewards that are associated with attaining it and the teasing and exclusion that are associated with failing to adhere to it, it is not surprising that the issue of body weight evoked so much emotion in the girls.

The pressure to discipline the body in terms of weight was harsher for the girls than for the boys, as several girls mentioned that girls tended to be teased about their weight more often than boys.

(*Do you know any kids that have been teased?*) Some. (*Yeah. What are they usually like if you think of those people what have they been teased about?*) Being bigger or being smaller. (*Oh ok. So being bigger is that height or weight?*) Weight. (*What, and is that girls or boys?*) Girls. (*Do boys who are bigger in their weight do they get teased?*) No not really. (*So how come there's that difference do you think?*) I don't know. Because there's not many like influences on guys the way they need to look and stuff. (Jenna)

When the girls give in to the pressure to look a certain way, they become more accepted by their peers and potential romantic partners and avoid teasing and exclusion, but these social rewards come with a cost: in the process, the girls are losing a part of their true selves. Bronwen, who is especially insightful about things around her, talks in a nostalgic way about the carefree state of being a kid that is replaced with a restrictive state of having to be "really really skinny" and having to wear "really really tight clothes."

I'm, I find girls who are really, really skinny, like you know almost – anorexic or whatever like you think they are anorexic and they wear really, really tight clothes I'm kinda like that's just sick. I don't know cause I mean...(*What do you, what's your understanding of that?*) I don't know I think they are not like...I guess I am just trying to confer one of my ideals or whatever... but I think they are not staying true to who they are. Because I mean like if you look at like kids, like little kids or whatever, they don't

care. They really don't care, but then once you are like growing up and stuff... Everyone is kinda like, oh, what you wear is so important, whatever and, and what your body image is and everything else.

The socioeconomic status of the girls' families intersected with the girls' social status and body weight in that money often restricted what a girl could do in order to become accepted. Not wearing the right clothes could lead to teasing, just as being chubbier than one's peers.

(So what kinds of things would people get teased about at the new school?) They get teased for being bigger than everyone else. And like for the way they like dressed and stuff. *(So when you say 'bigger'... you mean fatter or taller?)* Fatter. (Chrissy)

Since not everyone can afford buying brand name or fashionable clothes, losing weight is sometimes the only way for the girl to gain more social power and become accepted. Kelly, who comes from a family of low socioeconomic status and who feels self-conscious about her bum, talks about her limited choices in clothing.

Well, I don't like wearing jeans, but I don't have really anything else to wear, so I wear those but I don't like just wearing jeans and then a t-shirt or something. I always have to have like a sweater, a big shirt over top of them.

Gaining weight was the most common concern the girls expressed when asked about their future. Brady, who is currently thin and popular and who stated that she is happy with her body, said,

I want to stay skinny. I don't want to grow up and be fat. And - *(What is it about that that scares you? Or worries you or)* Growing up too fat, because like, I have friends that their moms were so skinny when they were small. And then as they grew up they got fatter and fatter and fatter, and then now they're like two hundred and ten pounds and stuff. And I don't want to grow up like that. *(...What do you think would be bad about that?)* I don't know, like growing up to be a mother it would be harder on my kids because they'd be embarrassed of it.

This powerful quote highlights the tenuousness of the thin ideal, which can never be attained and held on to. Instead, even a girl who enjoys a great deal of social power and currently fits that ideal has a fear of becoming an embarrassment for her children as a consequence of gaining weight.

So what does all this mean clinically, in terms of working with adolescent girls in trying to prevent eating disorders? The fact that girls tend to rigidly divide the foods into 'healthy' and 'unhealthy' suggests that the girls need to be taught about a healthy diet as including a moderate amount of all the foods, including sweets, which were often seen as 'junk food' by the girls. This rigid division of foods into 'good' and 'bad' categories is important to address as early as possible since it is one of the characteristics of anorexia nervosa (Goswami, 2004). The findings also emphasize the need to assess dieting-related family history of the girls, since girls whose mothers were on a diet tended to have a more neutral or positive attitude about the issue and might therefore require different interventions. In addition, the findings highlight the prevalence and the intensity of body weight-related pressures on the girls during puberty that come in the form of rewards, such as acceptance by peers and potential romantic partners for those who

adhere to the thin ideal, and in the form of punishment, such as teasing and exclusion for those who refuse or cannot conform to the thin ideal. The fact that these pressures intensify during puberty, as well as the fact that the girls often do not connect them with their own desire to be thin and the fear of gaining weight, suggests that it might be useful to provide the girls with a safe space to explore this issue. This could be done in groups where the girls could discuss their own feelings and experiences, be taught to identify body weight-related pressures, and begin to evaluate these pressures critically in order to become more aware of their effect on their own attitudes and behaviours. Not having this kind of safe space leaves the girls on their own to struggle with the powerful thin ideal that is currently ruling the lives of so many women.

About the Author

Jane Mizevich is a Ph.D. student in the Counselling Psychology program at the Ontario Institute for Studies in Education, University of Toronto, where she also completed her M.A. in Counselling Psychology. For her Ph.D. dissertation she plans to examine the protective factors that help women resist the pressure to be thin.

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Part 5:

Jungian and Psychodynamic Themes in Therapy

Self-image and Psychological Problems: Jung's Viewpoint of Self in Counselling

Azarmidokht Rezaei

Our self is at the very core of every communication activity that we engage in. Self for Jung (1971) is also a totality of the psyche, both conscious and unconscious. The self is seen as purposive, acting as an organizing centre that tries to maintain the integrity of the personality by maintaining intra-psyche homeostasis. It is the centre of totality just as the ego is the centre of consciousness. The 'I' or ego is of tremendous importance to Jung's clinical work. From Kohut's view (1977), self is the way a person experiences himself as himself, a permanent mental structure consisting of feelings, memories, and behaviours that are subjectively experienced as being 'me.' Each person may have different selves: there may be Descartes's intuitive 'self,' Adler's creative self; Freud's self as ego; Jung's self as total psyche or personality; and Mead's social self.

According to Jung, the self depicts its own processes within the psyche by the production of specific imagery in dreams and fantasy. Self-image is comprised of different selves of a person, which together bring wholeness and meaning. Jung (1969b) refers to neurosis as the result of inner cleavage, resulting in different aspects of the personality operating in opposition to one another. For Jung, this leads to the problem of how to reconcile oneself with one's own nature. Thus, he describes psychic pathology as caused by internal splitting when the experience of the internal unity of personality is lost.

Self-image is not present at birth; it arises out of social experiences and interactions. It is formed within family, school, economy, church, and culture, and is continually affected by the immediate social environment. The imagination of our appearance to other people and the imagination of their judgments of our appearance can lead to feelings such as pride, or to modification of behaviours. The self is thus not a literal looking glass image or an exact reflection, but rather the imagination of the evaluation of our reflection within another mind. We are not only obliged to interpret the other's perception of us, but also to interpret his probable response to what he has observed in terms of his own value and attitudes. Whatever knowledge we have about ourselves cannot be entirely without reference to other people. Dimbleby and Burton (1985) suggest that self-image of everyone is composed of physical image, emotional image, and intellectual image; the question of self as 'I believe I am' is lying in these different self-images.

Physical self-image

The physical self-image that one has of oneself can affect feelings and self-expression. There is a relationship between physical self-image and self-esteem. The more positive one's self-image, the higher one's self-esteem. Self-image is related to communication and performance: if we believe that we are ugly we may expect to be rejected. We may then

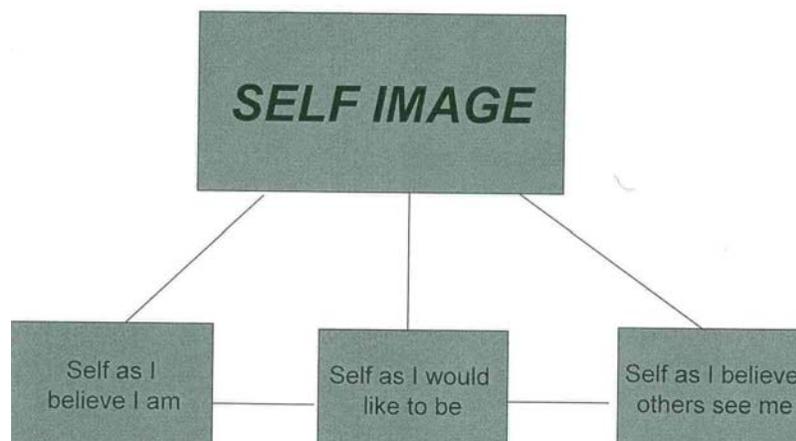
enter into communication expecting rejection and thus present ourselves in a way that actually invites rejection.

Emotional self-image

Generally we have some knowledge about our emotional capacities and characteristics. We know that we are optimistic or pessimistic, short tempered or calm, and so on.

Intellectual self-image

What we believe about ourselves is the result of our experience of educational success or failure; there is a relationship between self image, self-esteem, and our academic performance. If we know ourselves as bright and intelligent, we may approach problems with more confidence and a better attitude. Therefore, the images that we carry about ourselves and our feelings about the way people judge us are an important factor in making adjustments to life and coping with problems. In this research we focus on self-image and its relation to psychological problems and Jung's perspective of the self.



Methodology

A total sample of 30 participants with different levels of depression was selected. All were undergoing counselling and therapy in a counselling clinic in Shiraz, Iran. Semi-structured interviews were conducted, and then the self-concept questionnaire of Komarsarsoat (1981) was administered to find out the correlation between the participants' self-images in physical, social, emotional, moral, and intellectual dimensions and their level of depression. Correlational analysis was computed to analyze the raw data.

Results

Table 1: Physical self-image and depression level

<i>Depression level</i> / <i>physical self image</i>	<i>High</i>	<i>less</i>	<i>Low</i>	<i>Total</i>
<i>Positive</i>	2	4	16	22
<i>Negative</i>	5	2	1	8
<i>Total</i>	7	6	17	30

$$\chi^2=19,21 \quad df=2 \quad sig.=0.001$$

Results of the above table show that depressive subjects with negative physical self-image had higher level of depression (sig.=.001)

Table 2: Social self-image and depression level

<i>Depression level</i> / <i>social self image</i>	<i>High</i>	<i>less</i>	<i>Low</i>	<i>Total</i>
<i>Positive</i>	3	5	13	21
<i>Negative</i>	5	4	1	10
<i>Total</i>	8	9	14	31

$$\chi^2=14,46 \quad df=2 \quad sig=.004$$

Subjects with negative social self-image show higher level of depression at .004 level of significance.

Table 3: Emotional self-image and depression level

<i>Depression level</i> / <i>emotional self image</i>	<i>High</i>	<i>less</i>	<i>Low</i>	<i>Total</i>
<i>Positive</i>	<i>2</i>	<i>3</i>	<i>18</i>	<i>23</i>
<i>Negative</i>	<i>5</i>	<i>2</i>	<i>0</i>	<i>7</i>
<i>Total</i>	<i>7</i>	<i>5</i>	<i>18</i>	<i>30</i>

$\chi^2 = 24,57$ $df=2$ $sig.=.000$

Table 4: Moral self-image and depression level

<i>Depression level</i> / <i>moral self image</i>	<i>High</i>	<i>less</i>	<i>Low</i>	<i>Total</i>
<i>Positive</i>	<i>1</i>	<i>3</i>	<i>17</i>	<i>20</i>
<i>Negative</i>	<i>6</i>	<i>3</i>	<i>1</i>	<i>10</i>
<i>Total</i>	<i>7</i>	<i>6</i>	<i>18</i>	<i>30</i>

$\chi^2 = 16,17$ $df=2$ $sig.=.002$

Table 4 shows that subjects with negative moral self-image have higher levels of depression at .002 level of significance.

Table 5: Intellectual self-image and depression level

<i>Depression level</i> / <i>Intellectual self image</i>	<i>High</i>	<i>less</i>	<i>Low</i>	<i>Total</i>
<i>Positive</i>	3	6	15	24
<i>Negative</i>	3	2	1	6
<i>Total</i>	6	8	16	30

$\chi^2 = 27,32$ $df=2$ $sig.=.000$

Results of above table show higher levels of depression in depressive subjects with negative intellectual self-image (sig.=.000).

Discussion and conclusions

Different dimensions of self-image relate to depression and its intensity. As results showed, depressive subjects with negative physical self-image had higher levels of depression and negative feelings about themselves as compared to others. Self-image gives a person good or bad feelings about himself and it affects the person's coping with his life. Distorted self-image and feelings and poor judgment of self lead to a negative self-concept, which can be seen in most depressive persons. Jung (1969) describes psychopathology as caused by internal splitting due to excessive intensity of the emotional difference between such fragments, so the experience of the internal unity of the personality is lost. High levels of depression found in participants with negative social self-image show how difficult it is for these people to cope with social demands and sudden lifestyle adjustments. In social situations, depressive persons tend to think of themselves as unwanted, unacceptable, or incompetent, which leads to increased levels of sad feelings and decreased levels of self-esteem that sometimes can lead to suicide (Rezaei, 1991). Depressive subjective with negative moral self-image were found to have high levels of depression. The relationship found between negative intellectual self-image and higher levels of depression indicate that low intellectual self-image leads to feelings of weakness in performance and problem solving.

The implications of this study are that helping a person to correct his negative and distorted self-image, by paying attention to his images, dreams, idealizations, and fantasies, can have strong benefits in the person's everyday life coping strategies, confidence, and general performance. As Jung's (1973) notion indicates - in the deepest sense we dream and imagine not out of ourselves, but out of what lies between us and the others.

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Instinctual Energy as a Guide for Spiritual Growth.

An van Hauwermeiren

Since I was a child, questions about human nature have deeply interested me. I felt the joyful and playful energy of trees, clouds, flowers, and bodies. Being open and curious, I experienced life as an adventure and a quest. I longed for knowledge, for a kind of knowing that would give me insight into things: What does it mean to be a woman? What does it mean to be sexual? What is love? What will give meaning to my life? Who will show me the way?

Every day, I heard a mystery singing and flowing through my blood. It longed to be discovered and to be lived. I thought I felt like this because I was a child. I was too young to realize what the meaning of this longing was, and because adults never mentioned it, I thought it would disappear as I grew older. I also hoped that, maybe, I would learn about this longing at school and at university. But school and the academic education never spoke to my heart, never touched my skin, nor satisfied my hunger. The only thing I gradually understood was that life was hard and serious, asking for a well-educated mind and a hard working body. I understood that, in one way or another, my natural, joyful physical energy was somehow wrong. I was asked to ignore it, to imprison my body. I was told that my beautiful instinctual nature had to be submitted to severe discipline.

Yet, the song in my blood never died. Eventually, it forced me to turn towards myself, towards my body and towards my own inner life. It forced me to start a never ending quest that brought me to the very heart of my conflict: Are the natural energies of my body – especially the sexual energy – ‘bad’ and do I need to suppress them? Does a true spiritual life ask me to cut off my sexual energy? Does psychic growth ask for the sacrifice of my natural sexual instincts? Is my natural physical sensual, and sexual energy the enemy I have to fight, or can it be a friend, even a guide on my quest?

Reading mystic poetry, and being in Freudian analysis, I became deeply confused. My heart was moved by the poetry of St. John of the Cross, where he writes:

*In the inner wine cellar
I drank of my Beloved, and, when I went abroad
through all this valley,
I no longer knew anything,
and lost the herd that I was following.*

*There he gave me his breast;
there he taught me a sweet and living knowledge;
and I gave myself to him,
keeping nothing back;
there I promised to be his bride.*

*Now I occupy my soul
and all my energies in his service;
I no longer tend the herd,
nor have I any other work
now that my every act is love.*

And I was shocked by the words of Teresa of Avila:

It pleased the Lord that I should sometimes see the following vision. I would see beside me, on my left hand, an angel in bodily form – a type of vision which I am not in the habit of seeing, except very rarely. Though I often see representations of angels, my visions of them are of the type which I first mentioned. It pleased the Lord that I should see this angel in the following way. He was not tall, but short, and very beautiful, his face so aflame that he appeared to be one of the highest types of angel who seem to be all afire. They must be those who are called cherubim: they do not tell me their names but I am well aware that there is a great difference between certain angels and others, and between these and others still, of a kind that I could not possibly explain. In his hands I saw a long golden spear and at the end of the iron tip I seemed to see a point of fire. With this he seemed to pierce my heart several times so that it penetrated to my entrails. When he drew it out, I thought he was drawing them out with it and he left me completely afire with a great love for God. The pain was so sharp that it made me utter several moans; and so excessive was the sweetness caused me by this intense pain that one can never wish to lose it, nor will one's soul be content with anything less than God. It is not bodily pain, but spiritual, though the body has a share in it – indeed, a great share. So sweet are the colloquies of love which pass between the soul and God that if anyone thinks I am lying I beseech God, in His goodness, to give him the same experience.

I was moved and shocked by the sexual language of both mystics and by the intensity of their experience. I sensed that their experience could not be understood as a purely symbolic description, as an image of something that happens at the psychic level only. Clearly, the body, with its natural sexual instinct, was involved. How to interpret this? Were those people neurotic because of the absence of a sexual relationship, or did they give words to a true natural mystery? Do we see here a neurotic development because of the suppression of natural instinct, or does the sexual instinct show its deepest meaning? Is this psychic regression, or psychic growth?

The urge to take those questions seriously and to explore them deeply came through a dream that repeated itself since puberty. The scenario of this dream was always the same:

I was dreaming an ordinary dream and suddenly, totally unexpected, a big stallion appeared, trampling down my dream as if it were only a piece of paper. Then, it showed itself: proud, strong, wild, fiery – its black skin shining like the sun. And always, I felt a deep admiration and an incredible desire to sit on its back, to feel its energy between my legs, to ride it, to make it mine. I knew, I just knew the horse was showing up to challenge me, to invite me, to give me a chance to come close. I tried to grasp its mane, to get on its back. Every time I failed. I was not strong enough. The horse was too big, too wild – there were no bridles, no stirrups to help me.

Through the years, every time we met, the horse gave me only one chance to try to ride it – only one chance. I failed – every time. Then it ran away, wild and free and God – so beautiful! I wanted to scream, to cry out: Don't go away! Don't leave me! I love you! I want you! Come back!

But it ran away – wild and free.

Through Jungian analysis, I learned to work with my sexual images and dreams at the symbolic level; I learned to dive deeply into my desires and my questions. I developed my spiritual and creative life. Yet, that did not seem to be enough. I felt a certain embarrassment with my body and its passions, especially at the sexual level. How was I to work with that? Was it possible – even necessary perhaps – that I had to bring in the instinctual energy into my work in a more direct way? Would it be possible to get a deeper understanding of my process by turning towards the instinctual physical level? Does instinctual sexual energy at a cellular level play a fundamental role in the process of psychic and spiritual growth?

Giving birth to my first child, my quest was given a new depth and a new understanding. In one way or another, in the act of bearing, nature gave me the key to the answer: an answer drawing and releasing patterns in my cells as old as life itself, yet surprisingly new and fresh for me. The soft and gentle pulling and relaxing of my womb had been the annunciation, the introduction, the overture, a kind of prelude, the soft rising melody of the trembling violins, suddenly changing into a full orchestra – pulsing, beating on the rhythm of a roaring tiger, breaking the membrane, introducing a long intense orgasm of pain, yet giving a new kind of deep pleasure and joy. Step by step, the pain had taken away every kind of rationalization. Slowly, layer after layer, I was forced to open myself, to surrender – for the first time in my life – to what happened in my body. My body that could not be ignored anymore now, my body at the very centre of life now – and this wild, exciting realization: *this* is my sexuality; *this* is what it means to be a woman. This was my first meeting with authentic spiritual creative life, a first decisive meeting: Birth, teaching me that creative spiritual life is not a matter of mind and psyche only, but a conscious opening of body, receiving with love and tenderness the messages of the instincts, flowing with them, going with them, expressing them in an authentic act, shaped by womb, breasts, and blood.

Becoming a mother opened something in my body that I could never close again. At that time, I did not know what happened to me. The only thing I felt was the love in my blood, the tenderness dripping out of my fingers, that incredible desire to touch the whole world with my hands, with my feet, with my legs, with my breasts, with my mouth, with my face, with my hair, with my vagina, with my skin, with my tongue. I wanted to make love to the trees, feeling with my skin the rugged bark, sensing that we share the same sap in our veins, the same roots in our feet, the same flowers in our skin. I longed to lie down, my skin covered with mud, being held and loved and supported by beautiful brown earth, longing to feel its tender fingers drawing lines and love on my skin, longing to receive its wet rainy kisses, longing to melt in its warm sunny embrace on the sand, longing to cover its green shelving face with my hair, longing to run naked through the fields, communicating with the clouds, the flowers, the plants, the animals: not using human words but skin – exchanging touch, sweat, wisdom, knowledge, experiences, stories buried in the earth and in our blood, smelling and tasting each other – learning the essential things: what it means to be born, what it means to have to die, what it means to be a woman. The experience of giving birth had opened that deep instinctual world beneath the thin cultural layer, inviting me into something I had no idea of. I could not go back to my old life and live the way I had lived before. My life was turned inside out and all the wet sensual songs in my body forced

me to step out of my conventional life in order to search for a more authentic one. I experienced what Esther Harding (1990) puts this way:

But no sooner is a modern woman released from the yea and nay of Mrs. Grundy, than she finds herself immersed in instinctive desires and ways of acting which threaten to drown all that is human in her. She cannot go back but must ask herself whether there is any way forward. Can she be saved from drowning in the flood, and yet not lose the values of the life-giving moisture? (p. 124)

The promise of new life and new understanding, inviting me to accept this kind of initiation, came through a dream:

Together with my parents, my sister and brothers, I was travelling through Germany. We were travelling by car. My father was driving. At a certain moment, we arrived at the market place of a small German town, where my father decided to stop to take a short break. At the moment we were all leaving the car, I saw a bus with tourists, stopping at the same place. The tourists were leaving the bus; they decided to visit a famous cathedral in this town. One of the tourists was a black woman, accompanied by her daughter. The woman was about forty and her daughter must have been about twelve. The woman was very quiet and very beautiful. Her skin was almost shining like the sun. Somehow, I could see she had a very mature sensuality, but also a mature spirituality. I could feel she deeply knew and trusted her instincts; that she combined a warm, sensual and sexual life with a deep spiritual knowledge and practice. She seemed to feel completely at home in her female body. As soon as I perceived these qualities in her, it felt as if my heart was cut open. All my misery and pain flew out towards her, and inside, I started crying: "Please teach me, teach me what it means to be a woman. Please teach me how to handle my burning sensual energy, please, please, help me. Please, tell me what it is to be spiritual. Please, accept me as your daughter." I felt completely vulnerable and ashamed. I saw she took the bus to visit the cathedral. I forgot all about my family and stepped on the bus too. I was not interested in visiting the cathedral; I just wanted to be with her. On the bus I took a seat close to hers. I tried hard not to look at her, but my eyes couldn't help it: they were so hungry for her. Inside, I felt confused and the crying went on. I felt ashamed about my own behaviour.

The next moment, I was in the cathedral with her. We were both sitting on the floor, in a dark corner. No one seemed to notice us. Everyone was watching the beautiful paintings, sculptures, and windows. I still felt confused, not knowing what to say or what to do. The black woman didn't say a word. She was simply looking at me. She started taking off my clothes. She did that in a very slow way. Every time she took away something, I experienced a chaos of fear, desire, questions and shame. Although she didn't speak, I felt she knew the chaos I was in. All the time, she was watching me carefully, only taking a next step in this process when she knew I was ready for it. I felt extremely vulnerable, because I was not allowed to help her. I had to let it happen. Everything was in her hands. I was scared. I was terrified to be naked because then, she would see my white skin. She would see I was a white woman and I thought that therefore, she would not accept me as her daughter. I was scared she might say that I belong to a part of the human race that is destroying earth and its wonderful nature; that has used her people as slaves. I was scared that she would refuse to teach a white woman. I felt ashamed again,

because I was aware of the fact that often, white people feel superior and that their culture has had little respect for nature and its laws.

When all my clothes had been taken off, she laid me down on the floor and spread my legs. She was sitting between them. Once again, I felt confused. What was she going to do to me? Very gently and very softly, with the back of her hand, she touched my vagina. The quality of her touch brought about a deep silence. Had I ever been touched that way? In her touch I felt no desire to possess me, nor to live out her passions. She did not take anything from me; there was only a deep respect and a deep love for my body. I felt she profoundly honoured and loved my female body. My body responded by opening itself. I felt the warmth and the love of her touch spreading all over my body. I wanted to thank her for that touch; I wanted to say something, but I could not bring out a word. The experience totally overwhelmed me. She waited. Then she touched me again in the same way. This time, the inner chaos, the fear, the confusion and the questions disappeared. My body opened at a deeper level. There was immense rest and silence. I felt loved, held and accepted. Again, she waited. It felt as if she was taking time in order to allow me to experience everything to the fullest. Then, she touched a third time. I couldn't hold back anything anymore. I surrendered completely. I gave my body, my breath and my heartbeat; into her hands I completely trusted and died. I felt the floor of the cathedral opening and I fell down into earth, my head first. I was in a total darkness. I was no longer aware of my body. Nothing was there. There was a complete absence of every material thing and yet, I felt deeply connected with everything.

There was consciousness and deep knowing, yet I did not know what it was I knew. I felt completely held and loved. In this void, in this complete absence of everything, I experienced the fullness of life. I was held, I was loved, I was known. I knew that this love without beginning, without end, without reason and without any purpose was the very ground of my being.

After a long time, I heard music playing. I felt someone was beating and kicking my body. I felt very irritated. I did not want to leave this dark void. Why would I take up a difficult life again? Here, I felt loved. Here was where I wanted to stay. I tried to open my eyes. They felt as heavy as lead. I could not move my body. The rhythm of the music became wild now. I heard the drums and the flutes; it was African music. Finally, I could open my eyes a little bit. I saw the black woman, dancing around my body. While she was dancing, she was beating my body at the place of the heart, and with her feet, she was kicking it continuously. She was sweating; this was hard work. I realised she wanted to bring the body to life again; she was doing a kind of reanimation. I felt split: part of me wanted to stay in that darkness; part of me longed to cooperate with her. I couldn't decide what to do. I was struggling, trying to make a choice. Eventually, I decided to cooperate and to leave this dark nothingness. At that moment, I woke up.

It was not the first time in my life that I entered this void, which is in fact the fullness of life. I had had this experience while listening to music, first becoming the music myself - experiencing no duality between the music and me anymore - and then finally falling deeper into this void. I had called it a spiritual experience, enabling me to understand life in a completely new way, opening the door to strong challenges and psychic growth. This experience in my dream was new: I had entered this void through a sensual-sexual experience, through physical

pleasure. The energy of the immense pleasure had not been used in order to have an ordinary sexual experience by letting the energy flow into the direction of more physical excitement, ending in an orgasm. The energy had been directed towards a quiet enjoying of the pleasure, deepening the relaxation, the silence and the opening of the body until the openness was so extreme that I “died,” falling into the void. The dream seemed to suggest that this way of using sexual energy was able to open the mystery of life itself, that the “ordinary” instinctual energy carries a promise, a secret, a deep mystery that can be discovered if one knows how to use it. The dream suggested that my sexuality was connected with my spirituality. And here is where my deep personal work started: to learn to work with the natural sexual energy *in* my body. I wanted to explore the possibility to use it in the service of personal growth and spiritual development and also find out if there exists a theoretical framework that can help to explain this kind of work. Because I had had a scientific education, I was familiar with doing experiments and drawing conclusions. So, I decided to work the way a scientist does, only the object of my experiments would instead be my own body, my own spirit, my own emotions, and my own feelings. I started with the very beginning: my fear of my own body, with its instinctual desires I always had to control and suppress. I decided to free them, gradually, step by step, and to follow their deepest hunger - all on my own, in my living room.

I knew I did not dare to move my body freely. I was too scared, too shy, too ashamed. I was afraid that my strong, sensual energy would be seen by others – and be judged. So, gradually, day after day, I learned to lock the door of my room calmly, not to be surprised by the cold sweat on my back and on my face, my cold fingers wanting to make circles in the air – trying to remember the dance. Every day I learned to go deeper, further. I put on the music I loved, and invited my body to start dancing, rolling, touching, singing. I was never trained to do this, never supposed to remember my instincts, never supposed to return to the point where movement becomes pleasure, never supposed to know that moving starts where movement ends, never supposed to discover that my body is not a slave, not a machine, but a question of head, arms, breasts, and legs asking for fulfilment, asking for the smell of the wilderness, asking for that calm ecstasy of a prayer slowly danced by moving feet, pulsing heart, and the quiet flow of nerves drawing unique patterns, bleeding colours – leaving traces for the next generations. I learned to accept the excitement of feeling the support of the floor, of feeling my fingers investigating intensively after having been numbed for years - now feeling the refreshment of touch again, learning how it is to touch in a slow, deep tender way, learning to listen to tensions, songs, rhythms, blood, skin, and bones. Slowly, I made it more difficult: I took off my clothes, and started dancing, moving... naked. I learned to watch my belly, my breasts, my thighs, my feet, my knees, my flesh. I learned to touch the floor with them; I learned to taste with my skin, my hair, my lips, my tongue, my fingers, my toes. I discovered I could bring my full sensuality into the movements. Flowers burst open in and over my body. I didn't know what happened. I felt shame and guilt. What was I doing?

I decided to go further. I took a mirror and sat down in front of it. I took off all my clothes. I sat down, naked and vulnerable, watching and touching my face with all the tenderness I could possibly feel for myself. Slowly and consciously, my hands started to touch. They softly started to stroke my face, my arms, my legs, my hips, and my vagina, until my whole body trembled and could have no more. I held it in my arms like a child, facing shame, guilt, blame, loneliness; teaching myself to let them be, yet also holding on to the pleasure, to being moved deeply, to the pain of my crying instincts. And the next day, the play went on: I learned to open my vagina, to penetrate deeply, to love her with all my heart. I touched my stomach – just another stone in my body. Carefully, my fingers told me their diagnosis, gently shoving towards my gallbladder, my liver, my belly – all rocks: insensitive to touch, closed, scared, having turned

away, not breathing anymore, almost dead. Slowly and tenderly, my hands started to move, first very softly, not pressing at all, only caressing, inviting, whispering – promising safety and understanding, promising time and patience, promising food and sunshine, water and rest, promising respect for wild nature and instinctual beauty, begging nature to teach my fingers how to listen. I played – a naked child. I played – all alone on the wet grass surrounded by the open hands of God.

At a certain point, the sexual and sensual pleasure had been explored long enough to take a next step. So again I sat down, loving, holding, caressing my body, exciting it, slowly bringing it to the point where an orgasm would be inevitable. Instead of taking this known path, explored already, I stayed in the fiery energy. Instead of enjoying the explosion of energy, I closed my eyes and listened to the music, to the waves of love the violin was spreading in the room. In a very concentrated way, still and tense like an animal, I took in the music I loved so much like the way I would take in a lover. My body was totally open; my heart, my womb, my blood, my skin drinking the sounds - the music like a soft blanket caressing my body – inside and outside – and concentrated, still, yet exploding with growing, effusive excitement I started making love to the music. I let the energy explode in a quiet, deep dance, being totally “woman” by taking in, being totally “man” by expressing. I moved – my sensuality, my fire, my tenderness, my courage, my shyness, all open and visible in the movement. I moved in ecstasy – the music, my bones, my movement: all intensively alive; my cells, the air, the floor, the window vibrating with meaning and fulfilment I had never known before. Walking this path every day, my body became an open flower and gradually my movements slowed down: no need to show – it showed itself. Gradually, I could allow stillness to rise up in my body and in my mind: no need to be still – it stilled itself. Thoughts, emotions, and desires fell away. I surrendered in a totally concentrated way: listening, moving, feeling, breathing. Here and now. I didn't need sexual desire anymore. My body was open and ready – always. The sexual energy simply waited for my decision, for the direction I would choose.

Living my sexual energy this way became my daily training, my unique spiritual path: not only in the bodywork I did, but also, gradually, in every kind of situation: penetrating whatever moment and at the same time opening and surrendering completely. Going in so deeply that time, shape, feeling, and knowing no longer existed. Step by step, treading nothingness, finding the deepest meaning of life in the endless twisting, moving, reaching, touching, and flowing with whatever situation: writing, teaching, playing the recorder, working with a client, being with a friend... all those very different situations simply ask of me to open my body cells by allowing the sexual energy to rise, and then to relate through the fundamental openness this energy creates in my body.

To my big surprise, descending into my body cells deeper and deeper, I discovered that they have no ideas, no images and no judgments. They do not know fear, for they accept and simply live what *is*. They even do not seem to know fear of death, for they know the cycle of life goes on and they know that, one way or another, they are part of it. They are not interested in a bigger house, more money, more success. Their deep, open nothingness seems to be filled with energy, love, readiness to live, and readiness to explore every situation in a creative way, not interested in their own profit, but in the possibility to live their creativity in a more conscious way. They seem to be interested in discovering themselves. Surrendering to this way of living, life becomes very simple, very uncomplicated, and surprisingly enough, full of meaning. This kind of life seems to still the deepest hunger of my soul. Life becomes authentic. It doesn't place “me” in the middle anymore, but, rather, life itself. My cells seem to know that this bodyshape known as ‘An’ is only temporary, and that they long to serve and to live the ongoing unfolding of consciousness through me. Everything that is not needed is, slowly, burned away. Only the

very essence remains. Learning to live this way is the easiest thing to do and yet, it is also the most difficult.

Too often in analysis, the body is understood as a place where physical symptoms become manifested. But as Jung (1994) says: "In reality, there is nothing but a living body. That is the fact; and psyche is as much a living body as body is living psyche" (p.396). Working with matter and with physical sexual energy itself reveals the same kind of process we know from working with the psyche at a symbolic level. This kind of physical work seems to reveal that instinctual physical energy and psychic energy are two aspects of the same. By celebrating my natural instinctual energy, by following it and by playing with it in a free, yet disciplined way, I stepped into sacred space; the same kind of space psychic work opens to us. Two things showed me the way: my instinctual desire for deepening my pleasure and my strong, focused desire to meet everything this play would bring me: shame, despair, excitement, ecstasy, pain, doubts, deep loneliness, many tears, and joyful laughing. Diving into matter, into the natural world of cells, bones, blood, and skin opens the body until a crucial openness is reached, where one meets the fundamental spiritual nothingness - being Fullness itself – of matter and at the same time of the whole universe. Living daily life from this creative level – being an open flowing nothingness, communicating with Nothingness all around – becomes the challenge. It is the challenge of individuation lived to its very end. It brings healing, wholeness and compassion. It gradually shifts the focus of the consciousness from the small personal life to Universal Creative Empty Love. *In this whole physical process, the role of the sexual energy is crucial and fundamental:* Because the body is hungry for pleasure, it opens for the sexual energy so deeply – when one is able to work through shame, guilt, and embarrassment, the fundamental spiritual level is touched. Playing gently and lovingly with the body in this way, at the same time being focused on going deeper, instinct is very willing to show us the way. Of course, this physical process is reflected in powerful dreams. Out of Nothingness, present in every single cell of our body, images rise up in order to help us to understand and to integrate the experiences. Physical play with the body; touching and moving muscles, skin and bones, seem to invite our cells to give birth to images hidden in their Nothingness. It is as if, by opening the cells and assuring them we are prepared to listen, they enrich and guide our lives with images that tell us about knowledge and a wisdom as old as humankind itself. Themes from earlier dreams may be developed during the process. After having worked with my sexual energy for a few years, the black stallion re-appeared in my dream. I wrote about that:

This night was different.

The horse returned. I had not seen it for years. I had forgotten about it. I was very surprised it showed up again, challenging me once more.

I felt an enormous strength rising up in my body

a firmness

a deep certitude: I started running

I seized its mane, taking a huge jump

I landed on its back.

As soon as the horse felt I was there, it started running. It ran as fast as the wind.

It felt big, supple, strong.

I was not afraid.

I pressed my legs around its beautiful body, clasped its neck with my arms.

Wild triumph flew through my blood.

Songs and sounds rose up out of my lungs.

The horse was running so fast that it felt like flying. Its hooves hardly touched earth.

It took me all over the world.

I remember watching beautiful earth, seeing its continents – their shape, their colours and a wild love and joy filled my heart.

The whole night, we were running together. Then I made it stop its wild run, got off, and looked for a rope to strap around its neck.

I wanted the horse to stay close – forever. I admired its beauty and stroked its neck.

I felt excited because it was finally mine.

I said: You are mine now

We will work together

I will ride you

I will train you – together we will be one body, one soul.

I will honour your beauty and your energy and you will bring me where I have to go to.

Through the years, I started wondering if there was any theory available that could help me to understand the very nature of matter; why “material processes” seem to be analogous to psychic processes and why creative bodyplay can bring forth inspiring and guiding images. I found that quantum mechanics can be helpful here. Reading works by quantum physicists (e.g., Goswami, 1995; McTaggart, 2001; Wolf, 1996; Zohar, 1990), thinking their words over and over, I started realizing that the world they discover at the very depths of matter – at the subatomic level – is the same kind of world I discover playing with my matter and with my psyche. Let me explain this a little bit:

1. First of all, matter that in our daily experience seems to be so “solid,” consists of “open space” and “clouds of probability.” Those clouds are “tendencies to exist.” The very ground of our whole universe seems to be a void that gives birth to matter, to existence. This void is not “empty,” it is an ocean of quantum fields, an ocean of energy and activity, an ever moving flow of particles jumping in and out of existence. In his book *The Spiritual Universe*, Fred Alan Wolf (1996) calls the vibrations of the void “spirit.” The void is filled with those vibrations. They can give birth to everything. Ken Wilber (1996) points out that the third level of transpersonal growth – the causal level - consists of the experience of Nothingness. One is absorbed in the void, a void that is not empty, but that is full, the fullness of Being itself. Both science and spiritual tradition know this “emptiness” that, at the same time, is the fullness. I would call this void the Eternal Womb that gives birth to everything: the emptiness that is full of activity and potential manifestation. The void discovered in the very depths of matter is the same void that is discovered on the spiritual path. It is this void the black woman opened in my dream, simply by opening my “matter” by pleasure, showing me the deep ground of my own body, my own being, my own life. This void can be seen as a huge field, a kind of penetrating, energy-loaded background. The existence of this field means that all matter in the universe is connected through waves that travel through space and time. One of the most important aspects of waves is that they carry and exchange information. If all the subatomic matter of the world is in constant interaction with this fundamental basic field of energy, then the subatomic waves of this field will constantly register everything that exists. This Zero Point Field is a messenger and a container of all waves and frequencies, a kind of shadow universe for all times and a kind of collective memory of everything that ever existed. This field can explain the existence of Jung’s archetypes: they are accumulated human experiences about certain important repeating themes in the life of every human being. This experience has been registered and preserved by this field. It reveals itself through images that rise up out of the void. Research has shown that when we are in an altered state of consciousness (dream state, deep relaxation, meditation, deep need for insight, deep

interpersonal contact) we have access to the information of this field (McTaggart, 2001). This field, with its fundamental connecting quality, could also be the source of what Jung has called synchronicity.

2. Matter seems to have two aspects: a wave aspect and a particle aspect. When not observed, subatomic particles seem to be waves of probability. That means that, being a wave, we cannot define the position of the electron in ordinary space and time. Between observations, the electron spreads out; it exists as a possibility form; it can be at more than one place at the same time. When we observe it, the wave collapses and becomes a localized particle. We can only focus on one aspect: whether we will see the wave or the particle depends on our way of observing. Do we not know this experience from our own inner process? When we are exploring a dream, moving our bodies in a free way, searching for meaning, insight, understanding,...we are “waving”: seeing all kinds of possibilities, all kinds of directions that are open, moving and turning, looking for what it is that wants to become conscious. Then, suddenly, we “see” it: we recognize where we are, what it is we want, who we are. Then, consciousness identifies with a certain “position” it chooses: out of many possibilities, one position, one possibility is chosen and identified with: the endless wave becomes a particle. After some time, this position is given up again, we are moving on: searching, asking, trying out, “waving” again until a new position is found. In fact we always are both the “wave” and the “particle,” but they cannot be seen at the same time. Either we focus on the “wave” aspect, seeing our process, or we focus on the “particle” aspect, seeing where we are.

3. The principle of uncertainty: we can never determine both an object’s velocity and its position simultaneously with absolute accuracy; strict determinism does not prevail. Again, we know this so well from our inner process. When we are flowing with it, we don’t know where we are exactly, nor where we are going to. When we stop and identify with a certain position, we do not know what direction the process will take next. We have to get used to a certain degree of uncertainty.

4. A quantum object ceases to exist here and simultaneously appears in existence over there; we cannot say it went through the intervening space. This is called the “quantum jump,” a quantum discontinuity. Quantum motion acts in discontinuous steps. The same is true for our inner psychic process: only if we have stayed in a certain phase long enough, if we have given enough energy to it, if we have done enough work, a next “jump” – a next step - will be possible. Our process develops in a discontinuous way.

Seeing a fundamental analogy between material and psychic processes, can we conclude that matter and psyche are two aspects of one and the same creative consciousness? This would mean that the work with instinctual body-energy, such as the sexual energy, is able to show us the deepest nature of Nature: an open nothingness that longs to become manifested through creative instinctual-spiritual expression, in this way allowing psychic growth to happen. This also means that the “non-material” images that come to us are strongly related to our individuation process as “material” beings. Both matter and images seem to have a common source. Eternal wisdom speaks to us both through our physical desires and through images. They both stimulate us to discover our human possibilities and understanding of ourselves. It is my own experience that the bodywork clarifies the image and that the image clarifies and deepens the bodywork.

In our Western culture, the relationship between human beings and the Divine is often understood within the image of the mother-child relationship or within the image of the father-child relationship. No matter how beautiful and rich these images may be, we remain children. They suggest that we, as children, are depending on an almighty Father or Mother. This kind of relationship leaves us little room for equality. Relating to the Divine through the sexual function creates a completely different kind of relationship. We can understand ourselves as adult beings – having an adult sexuality and sensuality – ready to enter a relationship based on equality: We need the Divine as much as the Divine needs us. The meeting between human and Divine becomes a real love affair that is the ground for an adult creative life. Through our mature sensuality and sexuality, we become co-creators, not only at the material level, but also at the symbolic level. We need to connect to the Divine in order to be nourished, inspired, and initiated. The Divine needs to connect to us in order to become manifested. Opening creative life by working with our sexual energy is able to transform our lives into manifestations of the Divine. This does not mean that we become gods or goddesses; it means that we find our creative place in this world and that we have the courage to accept our humanity in all possible ways.

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The Body Speaks About the Human Being

Véronique Dufour

At present time in France, primarily developmental psychologists publish research on human figure drawings by children (e.g., Baldy, 2002). Clinical psychologists have all but abandoned this type of drawing as a form of projective testing. However, in practice, all types of psychologists - including clinicians - use children's drawings as support for their work. Undoubtedly it is psychoanalysts, beginning with Sophie Morgenstern (1926/2003), who have shown most interest in this tool. The research reported in this chapter aims to demonstrate the value of the human figure drawing (or "Test du Bonhomme" as it is known in France) as a projective test. Hence the title of this article, "The Body Speaks about the Human Being," a phenomenon that we can observe by analyzing such drawings and which we believe to be of interest. All this supposes that personality is projected through the drawing of the human being, depending on the manner in which the body is represented figuratively.

Psychometric testing in France

A review of the evolution of psychometrics in France shows that the first developments were given momentum by the introduction of obligatory schooling in 1885. The work of Alfred Binet from 1884 to 1911 in "L'Année Psychologique" generated numerous educational and psychological experiments intended to respond to the many questions arising from schooling, in particular the proposal for special classes for children classified as "abnormal." At that time, psychometric testing was aimed at the child's adaptation to school. Thus, Binet initiated the emergence of the "Echelle Métrique de l'Intelligence" (1905), which was subsequently published in 1916 in a revised version known as the Stanford-Binet Intelligence Test in the United States.

During the same period, Florence Goodenough (1926) developed the Draw-a-Man Test. Subsequently, Pasquasy (1967) produced the Manual for Interpretation of this test in Belgium. It allows for the calculation of an IQ in terms of mental age, which follows the same theoretical logic as the metric scale. The authors have described different stages of drawing, which can be interpreted in developmental terms. As Pasquasy (1967) emphasized, "The drawing test, in particular that of F.L. Goodenough, which is very subtle, can obviously not be compared to an intelligence scale as a measure of IQ. It is only an additional tool, which is complementary to traditional testing methods. As a periodic control method, it has proved to be very satisfactory"¹⁰ (p. 21).

Subsequently, Machover (1965) initially applied the Goodenough test (1926) as a measure of intelligence. She then included the children's comments, which she had decoded.

¹⁰ « Le test du dessin, et particulièrement celui de FL. Goodenough, qui est assez ténu, ne peut évidemment être comparé, comme instrument de mesure du QI, à une échelle d'intelligence. Ce n'est qu'un outil d'appoint, qui vient s'ajouter aux épreuves traditionnelles. Comme moyen de contrôle périodique, il s'est révélé très satisfaisant. »

She introduced the concept of projection as follows: “The representation of a human figure as the fundamental vehicle for the projection of these structures through the language of the body - a specific and subtle language - is a novelty ...”¹¹ (Machover, 1965, p. 374). She provided the impetus for research relating to identification (an initial human figure drawing is solicited, and then a drawing of the opposite sex), a theme which has also been studied in France by Corman (1961/1990), and which has been further developed by Ada Abraham (1959) in Belgium. This is undoubtedly one of the main strengths of the human figure drawing, which allows for an analysis of the child’s identifications based on her representation of the body. This also explains the interest of psychoanalysts in such questions.

Machover’s work (1965) leads to the postulate that personality develops through movements, feelings, and emotions of a specific body. She writes: “It is because the body, with its visceral and muscular tensions, is the battlefield of the different factions of “needs” and influences (“press” according to Murray’s terminology), that it can be used for the study of the personality. In general terms, the drawing of a person represents the expression of oneself or of the body, in the environment. That which is being expressed can be entitled ‘the body image.’ The body image can be considered as the complex reflection and conception of the self-image.”¹² (Machover, 1965, pp. 377-378).

However, if Machover introduces the idea of the drawing as a projective tool, she does not specify a theoretical framework of reference. She produces a classification based on “Basic structural categories” (size of the drawing, background) and “Contents of the drawings” (parts of the body, facial expressions).

In France, clinical psychologist Jacqueline Royer (1977) has developed a “Maturity Scale” based on the developmental level ascertained from the human figure drawing, and has proposed that the child’s drawing allows for the testing of their entire personality: “The data provided by the human figure drawing could be used to reveal not only the intelligence, but the entire personality of the child”¹³ (Royer, 1977, p. 14). She established:

1. A Maturity Scale (population age 3 years to 12 years 11 months)
2. The interpretation of the drawing in terms of affect.

She confirmed that “for a psychologist the drawing can be a precious means of corroboration”¹⁴, (Royer, 1977, p. 14). Her publications are, without doubt, as with those of Machover’s, very interesting for the number of clinical descriptions they contain. We experienced greatest difficulty finding her book on human figure drawings¹⁵, which led us to believe that it was no longer used and did not get the attention it deserved. We suppose that the scales she has proposed were too long and complex, hence unusable in clinical practice. This does not lessen the interest in her descriptions (858 cases) or her theoretical constructions, particularly since she has always

¹¹ « La représentation d’une figure humaine comme véhicule fondamental pour la projection de ces structures dans le langage du corps, langage spécifique et subtil, est une nouveauté... »

¹² « C’est parce que le corps avec ses tensions viscérales et musculaires est le champ de bataille des différentes factions de besoins (needs) et d’influences (press) (pour employer les termes de Murray), qu’il peut servir à l’étude de la personnalité. En termes généraux, le dessin d’un personnage représente l’expression de soi ou du corps, dans l’environnement. Ce qui est exprimé peut être appelé « L’image du corps »... L’image du corps peut être considérée comme la réflexion complexe, la conception – de l’image de soi.»

¹³ « Les données du dessin du bonhomme pourront être utilisés pour révéler non pas seulement l’intelligence, mais la personnalité entière de l’enfant. »

¹⁴ « pour le psychologue le dessin peut être un précieux appoint »

¹⁵ Royer, J., (1977), La personnalité de l’enfant à travers le dessin du bonhomme. Editest-Bruxelles.

made the link between standardized research and clinical practice. We use the work of all these authors as a base to continue our work.

It is to Ada Abraham (1959) that we owe the discovery of the link between the theory and the practical application of research into such drawings. Ada Abraham conducted a scientifically based research project on human figure drawings. She examined the technique in the experimental, projective, and clinical sense by questioning theoretical premises.

As described above, Goodenough (1926) measured intelligence with a certain correlation with the Binet-Simon test. Machover (1965) influenced psychoanalysts through her research aimed at understanding the influence of emotional factors. Using Machover's work as a basis, Abraham developed that: "The work of the psychologist with the human figure drawing test is by its nature clinical"¹⁶ (1959, p. 8). Nevertheless, at the time, "Most of the material which we have encountered in the literature is dependant on the experimental method characteristic of today's psychological tests – including projective tests"¹⁷ (Abraham, 1959, p. 8). Abraham emphasized the importance of relating theoretical aspects to the technique being constructed: "All science, physical or human, must originate from theoretical premises. The empiricism of psychological testing is nothing other than a means of normative classification. [...] The clinical psychologist [...] wonders how to reconcile a generalization with a particular case."¹⁸ (Abraham, 1959, p. 8)

If we consider the evolution of projective tests throughout the 20th century, we see that most are currently used in a psychopathological context (for example, in France, the rating form for the Thematic Apperception Test developed by Chabert and Brelet Foulard in 1990-2003). This is not the case with the Draw-a-Person Test. As a result of this situation, we now propose an exploration of the interest in following up on the research described above, for example by developing a new rating form. With this aim, we are using part of the general rating form already drawn up in our laboratory, but with the hypothesis that it will be useful to produce another one, more efficient, more exhaustive, and one that is more focused on the human figure drawing.

Framework of the research

The objectives of the longitudinal study "CoPsyEnfant" are to understand how the child constructs her self-representation (body image and the representation of identity), the representation of her family, and of the inter-generational links, the representation of her links to others, within the current conditions of family and social bonds. The study of the representation of the family and of self-image is being undertaken using free drawings, drawings of the family, and the human figure drawing, which gives the double advantage of being dependent on cultural representations, and independent of spoken language. This material allows for the international part of the research and can be used in the different theoretical fields of psychology - clinical, social, developmental, cognitive, and neuropsychology - involved in this generalized study.

Three phases of identity construction are being studied:

- The construction of body image in relation to others in the social, emotional and sexual domains (3 to 6 years).
- The construction of social identity through identification and learning (6 to 11 years).

¹⁶ « Le travail du psychologue avec le test du dessin de la personne est de nature clinique. »

¹⁷ « La plus grande partie des matériaux que nous avons rencontrés dans la littérature relève de la méthode expérimentale propre à la testologie, même projective, d'aujourd'hui. »

¹⁸ « Toute science, physique ou humaine, doit procéder de prémisses théoriques ; l'empirisme de la testologie ne recouvre rien d'autre qu'un mode de classification normative. »... « Le psychologue clinicien [...] se demande comment il va accorder une loi fréquentielle au cas particulier »

- The construction of adult sexual identity (gender identity or sexual identity) at puberty or post-puberty (11 to 16 years).

The research places particular emphasis on the study of two aspects of childhood construction of identity that are pertinent to current manifestations of child pathology:

1. The construction of social identity in relation to the construction of roles within the framework of the evolution in the representations, and the types, of family structure and authority in modern times.
2. The final construction of sexual and gender identity, which is linked to the new, ideal social representations of the functions of men and women.

The quantitative research (conducted in 2005-2007) involves randomly selected subjects aged 3-16 years (from a school setting), as well as the clinical study (to be conducted in 2007-2008) of children in difficulty who are in the care of specialized mental health services. From the first part of the work we obtain quantitative results without clinical interpretation, which we can obtain in the second part of the work. All the materials (4 drawings per child) are analyzed and stored in Strasbourg. The research protocol involves the children's drawings (free drawing, human figure drawing, and drawing of the actual and ideal family) in conjunction with rating forms (Sphinx software) and a clinical approach (interview and psychological evaluation).

Method: Test administration

We have established a systematic order in which the different drawings are elicited from the subjects.

1. Free drawing, in order to allow the child to enter into the test situation in a spontaneous manner and to evaluate their graphic and drawing ability. This is also a drawing through which the impulse dynamics of the child can be evaluated.
2. Human figure drawing which, in association with the free drawing, allows us to evaluate the child's identity construction by comparison with the human figures depicted in the following drawings.
3. Drawing of the actual family. This drawing allows evaluation of the construction of the difference between the sexes (hair, clothes, etc.) and the generations (size, clothes, etc.) in the framework of the actual family structure of the child.
4. Drawing of the ideal family. Comparing this with drawing 3 allows an interpretation of the psychic representations of the child and the influence of the actual family on the child's identity construction.

In order to complete the protocol the child is asked to write her name, age, and gender on each drawing – with the teacher's and/or researcher's help if necessary.

Some of the children will be seen for a second time (in 2008) for an individual interview, with the agreement of their families, in order to clarify particular individual family structures or problems. The research has already taken place in Russia (Poldolski & Druzhinenko) and in France (Lesourd, Dufour, et al.). It is underway in Brazil (Decat de Mouras), in Canada (Bléton), in Tunisia (Labidi & Belghacem), and in Vietnam (Schauder & Berger). The first phase of the present study has been undertaken by a group, corresponding, in general, to a school class. Therefore, we do not have the data from clinical interviews at this stage, but rather an international statistical study on the representations of self and the family.

The general hypothesis of the study is that there is confusion in the construction of the differences between the sexes and the generations. This raises questions in the first instance about the nature of the Oedipal construction in contemporary children. Numerous consequences arise from this: the child's relation to others, their self-image, and their construction of the unconscious body image and of learning processes.

Data analysis

After reviewing the different existing methods, we are currently experimenting with rating forms for the different drawings constructed for this research, including one in particular that allows for analysis of the difference between the sexes and the generations and the construction of identity. The latter is currently composed of 146 questions formulated on the Sphinx software. First, it is necessary to score all the drawings. Afterwards, the Sphinx software allows us to examine and compare the data for the 146 questions. This rating form has allowed us to consider the importance of the representation of the body, first of all in the human figure drawing and secondly, in comparison with the drawings of the family. For example one of the questions is:

The gender of the human figure is:

1. male
2. female
3. undifferentiated
4. irrelevant

Another one is:

The clothes of the human figure are:

1. masculine
2. feminine
3. ambiguous

Based on a protocol that is identical for all the countries and a standardized way of administering the test, we currently have scored data for the children and adolescents who have participated in the study from nursery school to 9th grade (3^{ème} in France, see table 1 below for age/grade correspondence), and the corresponding levels in Russia. The nursery school classes are being treated separately and are not the object of this report. Half of the sample is made of boys and half of it is made of girls. We have obtained numerous results, including those on certain themes that we targeted using the above questions.

Table 1: Sample (number of subjects)

Grade Age Population	CP 6	CE1 7	CE2 8	CM1 9	CM2 10	6 ^{ème} 11	5 ^{ème} 12	4 ^{ème} 13	3 ^{ème} 14
France	64	79	59	73	68	47	46	49	45
Russia	56	56	44	34	58	25	36	84	70

Statistical analysis

We chose to present the segment of the results that shows the link between the second drawing - human figure – and the third and fourth ones. First we discussed in detail whether the instructions given to the French subjects for the human figure drawing might induce a masculine identification because of the term ‘bonhomme.’ Preceding studies (Abraham, 1959; Baldy, 2002) relating to this question have already demonstrated that the human figure was drawn as a function of the sex of the person drawing. Baldy (2002) argues that, “Whatever the type of

instruction, the majority of boys draw masculine figures and the majority of girls draw feminine figures”¹⁹ (p. 103). In the present research we have confirmed this finding.

Table 2: Sex of human figure drawing as a function of sex of subject

Sex of human figure drawing/sex of subject	Boy	Girl	TOTAL
Male	84,2% (411)	16,7% (84)	49,9% (495)
Female	5,7% (28)	76,8% (387)	41,8% (415)
Unclear	8,0% (39)	5,4% (27)	6,7% (66)
Irrelevant	2,0% (10)	1,2% (6)	1,6% (16)
TOTAL	100% (488)	100% (504)	100% (992)

Table 3: Completeness of human figure as a function of sex of subject

Incomplete figures/sex of subject	Boy	Girl	TOTAL
No response	0,2% (1)	0,4% (2)	0,3% (3)
All are complete	59,4% (290)	46,2% (233)	52,7% (523)
All are incomplete	17,0% (83)	23,0% (116)	20,1% (199)
Some are incomplete	23,4% (114)	30,4% (153)	26,9% (267)
TOTAL	100% (488)	100% (504)	100% (992)

Percentages in the columns relate to 992 observations of the drawing of the actual family carried out in the following grades: CP, CE1, CE2, CM1, CM2, 6, 5, 4, 3. Percentages relate to question 71 of the rating form (sex/generations).

The body parts that are incomplete or missing are usually the hands and/or feet, most often the mother’s, followed by the child’s own, followed by the father’s. This confirms that the missing elements are often related to the identification with the parents and the construction of the subjects themselves. It should also be noted that 33.9% of children do not represent themselves in the drawing of the actual family in our current sample of 992 children. Considering the entire sample, 46.2% of girls draw complete figures compared to 59.4% of boys. Therefore a large proportion - nearly half of the children and adolescent participants - draw incomplete figures. It is interesting to specify the distribution between the different ages and countries.

Table 4: Completeness of human figure as a function of sex, age and nationality

Complete figures/sex Actual family drawings	Boys	Girls	Total	Chi-square (X2)	ddl	1-p .01level	Dependence
France	58 55,8%	28 29,5%	86 43,2	13,57	2	99,89%	Highly significant

¹⁹ « Quel que soit le genre de la consigne, les garçons dessinent majoritairement des personnages masculins et les filles dessinent majoritairement des personnages féminins. »

6-7-8 years old	Russia	33 61,1%	20 34,5%	53 47,3%	7,78	2	97,96%	Significant
	France	89 60,1%	93 51,1%	182 55,2%	3,33	2	81,05%	Not significant
From 12 to 15 years old	Russia	57 68,7	55 51,4%	112 58,9%	5,49	2	93,57	Low significance

Differences are significant between boys and girls at 6, 7 and 10 years of age and more pronounced among the French subjects than the Russian subjects. The proportion of 1st and 2nd grade (6-7-8 years) girls who draw complete figures is very low. The development of girls from the first elementary school grades through to the grades of junior high and high school involves important changes. For boys, the pattern of development is very different. The proportions of complete figures vary very little from one age group to the other. Our current method does not lend itself to the interpretation of these results. However, the second part of the study based on the same protocol but completed by clinical interviews and projective tests will allow for the interpretation of these findings.

Examples of drawings

Case 1: Drawings by Corinne, 8 years 7 months - France



Drawing 1: Free drawing.



Drawing 2: Human figure.



Drawing 3: Actual family (From left to right Drawing 4: ideal family right: girl, mother, cat, father). (From left to right: father, girl, mother).

These are four drawings by a young girl whose development is considered to be ‘normal.’ We can see the similarity in the representation of the body in the four drawings, including the heart body, which has its own hands. The human figure drawing is the same representation as that of the subject in the actual family. The difference between the sexes and the generations is well represented in the actual family drawing but the hands and even the arms are less well depicted than in all the other drawings. The difference between the generations is not present in Drawing 4, and the close bonds between the girl and her father are characteristic of the Oedipal fantasy. The bodies are more completely represented in this drawing.

Case 2: Drawings by Luc, 10 years – France.



Drawing 2: Human Figure



Drawing 3: Actual Family (left to right: Luc, mother, father, brother).

These drawings by a young boy show the disproportionate place that he takes in the two drawings. The human figure is the same size as the palm tree in Drawing 2. In the actual family, his body is larger than all the others. The parents are under-represented in terms of body size.

We can see in these two cases that the human figure presents an interesting comparison with all the other figures - including the child who has drawn it - that are represented in the families. We have no way to interpret this at the moment without meeting the child.

Conclusion

The initial results of this study confirm our hypothesis concerning the value inherent in comparing the representation of the body in human figure drawings (without the influence of family-related effect) with the self-representation in the drawings of the family, whether actual or ideal. It has already been recognized that the personality is projected in such drawings (Morgenstern, 1926; Machover, 1965; Abraham, 1959, 1976; Anzieu, 1996; Baldy, 2002; Mantz Le Corroller, 2003), and we would like to highlight the value of a rating form for interpretative purposes. This is the project that we intend to put in place for the next phase of our research.

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