

Choosing to Be Brave:
A Journey of Mindfulness in Clinical Practice
From an Anti-Oppressive Perspective
A Critical Autobiographical Study

by

Amethya Weaver

**A Thesis submitted to the Faculty of Graduate Studies of
The University of Manitoba
in partial fulfillment of the requirements of the degree of**

MASTER OF SOCIAL WORK

Faculty of Social Work

University of Manitoba

Winnipeg

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***Choosing to Be Brave:
A Journey of Mindfulness in Clinical Practice
From an Anti-Oppressive Perspective***

A Critical Autobiographical Study

Amethya Weaver
Master of Social Work, 2008
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ABSTRACT

This thesis focused on an underexplored area of research: mindfulness in clinical practice from an anti-oppressive perspective. The study utilized a hermeneutic phenomenological methodology with critical autobiography being the research method.

I was interested in exploring more deeply what being mindful in clinical practice from an anti-oppressive perspective meant to me. The critical anti-oppressive perspective that was used in this study examined how I attempted to be mindful of socially-constructed knowledge, discourse, and power being carried out in therapeutic practice and in the workplace; how I maintained awareness of my social location in both therapeutic practice and in the workplace; how I strove to be conscious of what I was doing with my tools that led me away from the present moment with my client; and how I attempted to deal with the tension/clashings of the agency's values and expectations and the client needs. The selected "stopping points" in my journey of mindfulness in clinical practice and in the workplace revealed issues of power, resistance, renewal, and transformation, issues which are reflected in critical social work research literature.

Part 1: The Proposal

Choosing to Be Brave: A Journey of Mindfulness in Clinical Practice From an Anti-Oppressive Perspective: A Critical Autobiographical Study

“Trying to live a meaningful life requires a brave heart. Whenever we try to act in ways that correspond with our deepest values and beliefs, we will, by definition, face major challenges.”

-Lama Surya Das (2003, p.128)

“We need to...ask ourselves “Where am I awake, and what am I avoiding? Do I use my (mindfulness) practice to hide? In what areas am I conscious, and where am I fearful, caught, or unfree?”

-Kornfield (accessed Sept.30, 2005, p.2)

Introduction

This thesis focuses on an underexplored area of research: mindfulness in clinical practice from an anti-oppressive perspective. The study utilized a hermeneutic phenomenological methodology with critical autobiography being the research method.

I believe it is our personal and professional responsibility as clinical social workers to be mindful of how our social and political locations impact the therapeutic relationship and process; how our clients' social and political locations influence the relationship and process; and how we make clinical decisions. As a marginalized woman who is oral deaf, lesbian feminist, and having experienced and healed from childhood abuse trauma, my marginalized locations have at times contributed to the challenge for me to live mindfully in my twenties. When I turned the age of 40 in the summer of 2005, I made a commitment to live mindfully as much as possible for the remainder of my life, which includes my profession where I strive to be mindful in my clinical practice.

I was interested in exploring more deeply what being mindful in clinical practice from an anti-oppressive perspective means to me. The critical anti-oppressive perspective that I used examines how I attempted to be mindful of socially-constructed knowledge, discourse, and power being carried out in therapeutic practice; how I maintained awareness of my social location in therapeutic practice; and how I strove to be conscious of what I am doing with my own bag of distraction tricks which may lead me into momentary mindlessness (hooks, 1997; Fook, 1999; Mullaly, 2002).

A brief overview of relevant literature will demonstrate the need for further study in this area, first examining the concept of mindfulness. The area of mindfulness in social work education and therapeutic practice will be explored next. Lastly, the research design will then be examined.

Mindfulness

*"To come to our senses,...we first need to return
to the body, the locus within which the biological senses
and what we call the mind arise."*

-Kabat-Zinn (2005, p.10)

The concept of mindfulness, which is rooted in Buddhist and other contemplative traditions (Brown & Ryan, 2003), has existed for over 2,500 years as a way of alleviating human suffering (Fulton & Siegal, 2005; Kabat-Zinn, 2003). This concept is a relatively new phenomenon in western society, having moved from the eastern spheres of the world approximately 40 years ago (Fulton & Siegal, 2005; Kabat-Zinn, 2003). The promotion

in western society of a growing split between mind and body with its goal-oriented culture, striving for intellectual growth and materialism, however, has for the most part kept mind-body connection practices on the margins of mainstream society.

Kabat-Zinn (2005) defines mindfulness as being "an openhearted, moment-to-moment, non-judgmental awareness" (p.24). On another note, my personal experiences of mindfulness involve being in-the-moment and attending to one thing at a time. For instance, being a parent challenges me daily to be mindful of my interactions with my daughter. I recall a situation when my daughter, 3 ½ years old at the time, was brushing her teeth. I started brushing her hair and she said to me, "One thing at a time, Mommy". I had momentarily slipped into mindlessness by not staying present with her, which resulted in my not watching how she moves her toothbrush across her bottom teeth and perhaps missing how pleased that she was in being able to thoroughly brush her bottom front teeth.

Mindfulness for me is also about carrying out a yoga practice and self-Reiki, a form of energy work which unblocks stuck energy and emotions, thus allowing me to release attached emotions and energy that no longer are part of the present moment. I believe that mindfulness is a way of being, not just experienced/carried out during periods of meditation or yoga practice. Mindfulness, furthermore, is about being aware of my distraction tricks, which move me away from being more fully in the present moment.

With particular regards to my former workplace, I strove to be “fully present with what is unfolding in the moment. Mindfulness...is the cultivation of listening silence opening us to dialogic communication and relations” (Wong, 2004, p.5). It was not only during my meetings with clients that I strove to be mindful, but also before and after my sessions, when I tried to pay close attention to my feelings, thoughts, and bodily sensations as they arose, to let them be and accept them by letting them go. Mindfulness also included being aware of the ways socially-constructed knowledge, discourse, and power were utilized/created in therapeutic relationships and the ways social locations of my own and my clients impact the therapeutic alliances and process. For example, I would need to choose my words carefully so that I am not speaking just to fill the silence. In order to practice anti-oppressively, I needed to constantly confront and challenge my values and beliefs which could be uncovered/revealed as being oppressive towards my clients. After all, “(e)very act can be expressive of our deepest values” (Salzberg, 2002, p.113). A closer examination of the lived experiences of mindfulness has helped me gain a better understanding of what mindfulness looks and feels like to me.

Mindfulness in Social Work Education and Clinical Practice

“The commitment of critical social work to social justice demands us to recognize the experience of difference and diversity in its most fundamental form—the many different ways we know, through our mind-intellect as well as through our bodily, emotive and spiritual experiences.”

-Wong (2004, p.7)

Wong (2004) argues that critical social work pedagogy has largely ignored “bodily, emotive and spiritual knowing” (p.1), factors she believes are essential in teaching students mindfulness skills in preparation for their professional lives. Wong (2004)

demonstrates the importance of teaching students how to connect with other forms of knowing and transformation through the body, emotions, and spirit, rather than relying only on “the conceptual and cognitive processes of learning and reflection” (p.1).

She illustrates in particular how critical it is for social work students to not avoid feelings of discomfort when confronted with issues of domination and oppression. Wong (2004) aims to teach students, through mindfulness of feelings of discomfort, to “become conscious of their habitual mental reactivity to issues of domination and oppression” (p.6). Pema Chodron (1996), a Buddhist author, elaborates on this by describing mindfulness as being about “diving into your real issues and fearlessly befriending the difficult and blocked areas and deep-seated habitual patterns that keep us stuck in ignorance and confusion” (p.301).

Another critical social worker, Michele Butot (2004), touches upon the issue of mindfulness in her thesis in which she explores love as being emancipatory praxis. Her ‘participants’ were critical social workers who engaged in her project over a two-year period. Butot (2004) “sought dialogue with other practitioners in order to conceptualize love, not just theoretically, but specifically in relation to critical practice.” (p.2). With the assistance of her participants, Butot (2004) conceptualizes love as emancipatory praxis to “exist in the interjective space between” (p.107) some of the elements as follows:

- “Recognition of the intrinsic interconnection of all beings;...
- Deep presence (seeing, hearing, perceiving, experiencing and caring deeply), mindfulness and compassion/loving kindness;
- Deep embodied engagement, critical analysis and truth-telling within an atmosphere of acceptance, non-judgement and non-interference...” (p.107)

In response to Butot's (2004) wondering of "(h)ow might we reconcile the apparent paradox of critical analysis and change *with* 'as-is' acceptance and non-interference" (p.7), the participants supported the notion of 'compassionate challenge'. Butot (2004) explains that the participants linked this concept of compassionate challenge "to notions of inherent goodness and acceptance of 'what is', as it is" (p.7).

Regarding mindfulness and clinical practice, Brenner (1997), examines how Zen Buddhist meditation influences clinical social work practice. Brenner (1997), in his dissertation, reveals from completed semi-structured interviews three interrelated themes: awareness, acceptance, and responsibility. Brenner (1997) writes that the participants of his study believe that "(a)wareness permits the clinician to avoid distinctions that separate and divide self and other" (p.71). With particular respect to the theme of acceptance, Brenner (1997) states that the research respondents "did not hold to one way of viewing a situation: they were open to new and varied views" (p.73).

Johnson (2004) examines in her thesis how mindfulness meditation and practice influences psychotherapy from the clinician's perspective. Johnson (2004) demonstrates that the research participants benefitted significantly from mindfulness meditation and practice in their clinical work:

They described being present with clients in a greater way, having an increased, deepened or different ability to tune in to clients. They described the tremendous value of slowing down, noticing decreased reactivity in themselves and being less likely to jump to conclusions (p.48).

Morgan (2005), a clinical psychologist and social worker who has been a meditation practitioner for 25 years, developed a therapeutic approach called a mindfulness-informed approach to depression. While this individual treatment approach rarely involves explicit teaching of mindfulness skills, the effectiveness of this approach largely depends on the clinician's own mindfulness practice. This approach relies on flexibility of treatment process, instead of a planned, sequential process. One area of this approach includes what Morgan (2005) describes as "mindful co-exploration," in which she illustrates mindful inquiry as being "open-ended, without foreclosure or presumption about the patient's experience. It focuses on *what* rather than *why*" (Morgan, 2005, p.135).

Morgan (2005) illustrates further in her article an example of how a therapist can engage in mindfulness while with a client: "(i)n mindful presence, our relationship to experience is one of *engaged equanimity*. To be engaged means to be present, available, and not to turn away" (p.140). This concept is not new in social work education and practice (for example, see Johnson, 1986 and Garvin & Seabury, 1984). Garvin & Seabury (1984), however, do not mention in their first edition the importance of mind-body connection on the part of the social worker, therefore they do not describe how one can be mindful of one's social and political locations and their impact on professional relationships with clients. On a more positive note, Garvin & Seabury (1997) have incorporated this concept in their most recent edition by asserting that social work

(p)ractice must take into account the historical, social, and political antecedents—of yourself, the client system(s) with which you work, and the context(s) within which you and clients live and work. (p.69-70)

On another note, as Wong (2004) demonstrated earlier, critical social work education in particular has neglected to teach students skills which would enable them to make and maintain mind-body-emotive-spirit connections of knowing/being/doing. What Morgan (2005), Brenner (1997), and Johnson (2004) do not address are issues regarding how a therapist can be mindful of discourse, knowledge, and power in the therapeutic relationship, and how lack of mindfulness of one's social and political locations can impact the therapeutic process.

According to Jordan (2000), a relational/cultural model was developed by the theorists at the Stone Center, Wellesley College (Jordan et al., 1991) as a way of addressing some of these gaps identified previously. The core principles or ideas of the Stone Center model are as follows:

- “people grow through and toward relationship throughout the life span
- movement toward mutuality rather than movement toward separation characterizes mature functioning
- relational differentiation and elaboration characterize growth
- mutual empathy and mutual empowerment are at the core of growth-fostering relationships
- in growth-fostering relationships, all people contribute and grow or benefit; development is not a one-way street
- therapy relationships are characterized by a special kind of mutuality
- mutual empathy is the vehicle for change in therapy
- real engagement and therapeutic authenticity are necessary for the development of mutual empathy” (p.1007).

While the relational/cultural model believes that “connection is at the core of human growth and development” (Jordan & Walker, 2004, p.2), it also recognizes that it is inevitable that disconnections will occur in all relationships, including therapeutic relationships, with both the client and therapist at times utilizing strategies of disconnection in moments of fear, anger and shame (for example, see Jordan, 2004a;

Jordan & Walker, 2004). Hartling, Rosen, Walker, and Jordan (2004) elaborate on the experience of shame in which they argue that

The dominant, white, middle-class culture overvalues control and certainty; not to be in control is to be vulnerable to shame. We are shamed when we are told we are not separate and autonomous enough, not contained enough, not neutral enough, that our boundaries aren't good enough" (p.124).

Taking this into consideration, therapists need to be aware of how they deal with their feelings of shame and vulnerability, along with their experiences of 'not-knowing', since the lack of awareness can potentially lead to disconnection from her/his client. Hartling et al. (2004) suggest for the therapist to explore with her/his client: "How can we look together at what's happening in this relationship? How can we bear the uncertainty and vulnerability together?" (p.125). Jordan (2004a) takes this further by outlining the transformation process of disconnection, with the first few steps of the transformation process as involving the therapist becoming aware that the disconnection did occur, either on the part of the therapist or the client, naming it, noticing what was going on at the time of the shift, along with "examining one's part in the disconnection and taking responsibility for it" (p.56).

Exploring the issue of power from the relational/cultural perspective reveals that "(u)nder conditions of racial/cultural stratification, the basic dominant-subordinate mode of waging conflict--the mode of disconnection--is likely to appear" (Walker, 2004, p.96).

With the inherent power that the therapist has in the therapeutic relationship, the therapist needs to be conscious of not utilizing a "power over" strategy with her/his client.

Jordan (2004b) explains that “‘(p)ower over’ by its very nature dictates the form of relationship: one person has the ability to decide the rules for discourse and the direction that the relationship will take” (p.35). This is the kind of therapeutic relationship that therapists working from a relational/cultural perspective strive to avoid because ‘power over’ does not acknowledge that mutual impact occurs in the therapeutic relationship. The relational/cultural model argues that mutual impact occurs through the process of mutual empathy, which is the client’s ability to see that “she/he *has an impact* on the therapist. In order for the person to know that she/he matters, that she/he influences or moves us, she/he needs to see and feel the therapist’s response” (Miller et al., 2004, p.68). The therapist therefore needs to consider if her/his response would be helpful to the therapeutic process by moving toward connection, or away from it.

Unfortunately, a therapist can slip into moments of mindlessness during the therapeutic process by utilizing a “power over” strategy as a way of disconnecting from her/his client. For instance, Walker (Miller, Jordan, Stiver, Walker, Surrey, & Eldridge, 2004) describes a vignette where she struggled with her authenticity in her relationship with a male client:

What threatened authenticity in my relationship was that my efforts to disconnect signaled my resistance to mutual impact; the resistance was expressed in my need to establish and maintain power over this person...(p.80).

Regarding the issue of authenticity, Jordan, Kaplan, Miller, Stiver, & Surrey (1991) define authenticity as being where

the therapist tries to be with the thoughts and feelings occurring in the relationship. It also means that the therapist tries to be with the movement toward connection, the fears of that movement, and the strategies of disconnection. She should be “in” this moment-to-moment interplay. She should try to convey that she has felt with the patient and raise questions when she hasn’t, questions that will help them both move toward the mutuality (cited in Miller, Jordan, Stiver, Walker, Surrey, & Eldridge, 2004, p.65).

Furthermore, since “(m)utuality involves profound mutual respect and mutual openness to change and responsiveness” (Jordan & Walker, 2004, p.3), this means that the therapist needs to acknowledge that she/he changes as a result of the therapeutic relationship, not just the client. Maintaining this perspective thus helps the therapist to avoid taking on a “power over” position in the therapeutic relationship.

Regarding the terms, “mindful” and “mindfulness”, it is interesting to note that nowhere in the literature on the relational/cultural model are these terms used. Yet, as discussed earlier in this paper, the authors describe strategies which involve being or becoming mindful of certain issues impacting the therapist, client, and the therapeutic process.

Furthermore, it has been shown that the relational/cultural model addresses ways that therapists can be conscious of how power and discourse impact the therapeutic relationship and process. Also discussed previously were ways that this particular model addresses how clinicians can be aware of the effects of one’s social and political locations (both the therapist’s and the client’s) on the relationship and therapeutic process.

With specific regards to working with children, adolescents, and their families from the relational/cultural perspective, the literature search revealed only one book edited by Hoskins & Artz (2004) titled, *Working relationally with girls: Complex lives/complex identities*. However, the articles in this book do not directly address the concept of mindfulness in therapeutic practice with this population. There is, therefore, a lack of literature which examines the area of mindfulness in clinical practice with children, adolescents, and their families utilizing the relational/cultural perspective.

Much of the mindfulness and clinical practice in literature has focused on using mindfulness as a teaching tool (Deatherage, 1975; Goodman, 2005; Kabat-Zinn, 2003; Segal et al, 2002; Urbanowski & Miller, 1996), rather than examining the experiences of mindfulness on the part of the clinician/therapist/clinical social worker. Dimidjian & Linehan (2003) suggest that there is a need for further research in the area mindfulness being conceptualized “as attitudes and behaviors that the therapist emits, as opposed to behaviors that the therapist teaches the client to do” (p.7).

Given the gaps in the literature, I propose that clinical social workers’ experiences of mindfulness in clinical practice play a critical role in therapeutic relationships and processes. Mindlessness can cause harm to the client in a number of ways such as when the clinical social worker’s egotistical desires overpower the needs of the client by pulling the practitioner away from the present moment, thus away from the client. The lack of research in this area further perpetuates potential harm that clinical social workers can inadvertently cause in their work with clients because there is inadequate information

on developing and utilizing tools aimed to stay awake/mindful in anti-oppressive clinical practice.

Research literature on spirituality in social education and practice has made several references to the concept of mindfulness. For instance, Ballou (1995), in a special issue of *Women and Therapy* on women and spirituality, argues that Western patriarchal society has denied other modes of knowing which do not fit under “material reality, science/logic, power/control” (p.10). Other modes of knowing are “direct experience, intuition, insight, connection with patterns, personal knowledge and other experiential knowing modes” (Ballou, 1995, p.10). With particular respect to the term, spirituality, Ballou (1995) defines it as being “a specific consciousness, resultant from reflection on one’s own lived/felt experience, as connected to and in relationship with self, others, and communities” (p15-16). In other words, by accessing knowledge through felt experience and reflection, this process “leads to experiencing relationship with, and being connected to, in multiple dimensions” (Ballou, 1995, p.16).

Baskin (2002), an Aboriginal social worker, supports Ballou’s assertion that spirituality involves utilizing alternative means of knowing by elaborating that “intuition is usually rooted in a collective unconscious” (p.3). Baskin (2002) also believes that including spirituality in their work will facilitate for social work educators and practitioners a more holistic approach in doing anti-oppression social work and social change.

A critical social worker, Wagler-Martin (2005), believes that spirituality involves making meaning in people's lives, which helps ground people and "frames our view of the world and our deepest beliefs...It finds expression in the way that we choose to live our lives" (p.2). Wagler-Martin (2005) emphasizes the importance of social workers being clear about their own spirituality, otherwise, "(i)t can be all too easy to ignore or pathologize the spiritual beliefs of our clients" (p.2). Mindfulness techniques are used in her clinical practice, such as using breath awareness exercises as a way of "assisting them to listen to themselves as they find the meaning they desire" (Wagler-Martin, 2005, p.5). In this way, Pipher (1996) strives to pay attention to how knowledge is utilized in the therapeutic relationship, as well as how discourse is carried out in the therapeutic process: "(w)e can help people define themselves from within, rather than allowing the larger culture to define them" (cited in Wagler-Martin, p.4).

On another note, feminist social worker Coholic (2005), carried out a grounded theory research study exploring feminist social work practice and spirituality. Coholic (2005) discovered that the participants believed that "feminist social work approaches and spiritualities emphasize process, values of diversity and inclusivity, and social action and change and are collective and personal constructs" (p.55). Furthermore, the research participants voiced a wish to carry out "more holistic approaches-meaningful practices that attend to body, mind, emotions, and spirit" (p.65).

The purpose of this study was to explore from an anti-oppressive perspective what it means to me to be mindful in clinical practice in a child and adolescent mental health

setting. It involved a return to my first-hand lived experience of mindfulness, to uncover dimensions/areas of meaning more clearly. It was hoped that the reader's understanding of mindfulness in clinical practice from an anti-oppressive practice will be deepened as a result of this research project and that the outcomes of this study may resonate with experiences some of the readers have come across.

There are numerous examples in the literature where it has been demonstrated that a social worker's examination of her/his own experience can make a useful contribution to social work knowledge. For instance, Beres (2004) undertook a reflective writing process following a research project in which she reflectively analyzed the supervisory relationship between herself and her clinical supervisor. During the reflective process, Beres (2004) discovered that exploring the links between her spirituality and her social work practice has helped facilitate exploring how she "might be better able in the future to assist clients in reflecting upon the role spirituality plays in their lives" (p.1). Beres (2004) chose "to use a Foucauldian approach of examining the present, tracing backwards to the influences that have shaped my current practices" (p.1). In doing so, Beres states "that this process of reflecting on "taken-for-granted"s (Chambon, Irving & Epstein, 1999) assists us in recognizing the social construction of our spirituality and our social work practice, allowing us to also respect that others will have been socially constructed in different ways" (p.1). While it was comforting for Beres (2004) to be in "a state of contemplation and solitude" (p.5) during her reflective journey, she realizes the challenge for her has been "how to re-channel the energy that can be rejuvenated from that contemplation back into ethical and just practice in the world" (p.5). For social work

educators and practitioners to be engaged in this kind of process of reflecting, Beres (2004) believes that it “will assist in raising questions regarding what constitutes socially just and ethical practice, but also contributes to further growth in the spiritual and professional lives of the person reflecting” (p.6).

On the social work education front, Birnbaum (2005) carried out a study utilizing mindfulness meditation with two groups of undergraduate social work students in which the students were given training on “creative focusing while facilitating connection to inner guidance (inner voice)” (p.1). Birnbaum (2005) was interested in learning how the professional self-concept among the participants was transformed using mindfulness meditation. It was demonstrated that this mindfulness technique apparently allowed the study participants to tap into awareness of new information regarding personal or professional matters. Birnbaum (2005) discovers that the students’ own “connections between new knowledge and self-perception were intuitively formed after or between meditations” (p.8). As illustrated earlier in this paper, Wong (2004) expresses the importance of social work students being taught mindfulness skills in order to enhance “bodily, emotive and spiritual knowing” (p.1). Wong (2004) believes too that by learning how to connect with other forms of knowing and transformation through the emotions, body, and spirit, students will become better prepared for their professional lives.

Clews (2004), another social work educator, writes about teaching undergraduate social work students how to integrate their spirituality with their social work. The following is an illustration of a reflective assignment in which students were,

to explore the feelings that are evoked when they consider social work, the knowledge that they possess and the knowledge that they hope to acquire during their professional education, the skills that they bring to the profession and those that they need to develop and how “heart, head, and hand” are rooted by the soul – how the essence of social work relates to the essence of themselves (Clews, 2004, p.5).

Clews (2004) argues that by providing opportunity for undergraduate students to begin the integration process of spirituality into social work could help sustain them through difficult times in their social work practice, as well as prevention of burn-out.

Miller (2005), an anti-oppressive researcher, teacher and social worker, uses her personal experience as a primary resource of inquiry, to explore “the gap between my lived experience as the wife of a dying person and my experience as a recipient of palliative care” (p.182). What Miller (2005) came to discover has impacted her professional life in that she realized “how I too construct my clients according to particular organizational contexts in a way that benefits me at least as much as them” (p.196). Being aware of this tendency, Miller (2005) now strives to acknowledge to her clients when she engages in a practice that objectifies her clients.

Lastly, Transken (2002) takes on a different angle by stating that engaging with one’s ‘inner poet’ enables social work students to become healthier and more effective practitioners. For herself personally, “(c)reative writing is one of the few spaces in which I feel all the wholeness of my being and my intentions attempting to come together. This is a space, process, and mode for integration and holism” (Transken, 2002, p.5).

Furthermore, since “(c)ommunication’ is the core technology of social work” (Transken, 2002, p.10), tapping into one’s creative writing will add vibrancy to the field of social

work. Transken (2002) believes that writing provides an opportunity to change the world where one's "inner private world can be changed by writing and the outer public world can also be changed by writing" (p.10).

Research Design

"We shall not cease from exploration and the end of all our exploring will be to arrive where we started and know the place for the first time."

T.S. Eliot (cited in Clark, 1993, p.145)

1. Methodology: Critical Autobiography

This research study was undertaken by means of a hermeneutic phenomenological methodology. According to Creswell (1998), phenomenology's roots began with Edmund Husserl (1859-1938) and his abstract, philosophical perspectives and Merleau-Ponty (1968) later asks the question 'What is phenomenology?'. There are a number of definitions explaining this term. For instance, Patton (2002) defines phenomenology as "exploring how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning" (p.104). Van Manen (1990), on the other hand states that phenomenology "is the descriptive study of lived experience (phenomena) in the attempt to enrich lived experience by mining its meaning" (p.38). Lastly, Stewart and Mickunas (cited in Wilcke, 2002) described phenomenology as being a "reasoned inquiry into the world of appearances, that is, anything of which one is conscious" (p.2). The one that resonates with me is the definition by Patton (2002), as it illustrates in more depth what phenomenology involves and I appreciate Patton

demonstrating that the transformation of experience not only takes place at the individual consciousness level, but also at the level shared with other individuals.

With specific regards to hermeneutics, van Manen (1990) defines it as being “the interpretive study of the expressions and objectifications (texts) of lived experience in the attempt to determine the meaning embodied in them” (p.38). Lived experience, according to van Manen (1990), consists of a particular essence, “a ‘quality’ that we recognize in retrospect” (p.36). Moustakas (1994) describes the essence or essential and invariant structure as being the outcome of reducing “the textural (what) and structural (how) meanings of experiences to a brief description that typifies the experiences of all of the participants in a study” (cited in Creswell, 1998, p.235). Lived experience is also a reflective, thematic, and explicit type of consciousness (van Manen, 1990). A ‘being-in-the-moment’ experience is a non-reflective, implicit, and non-thematic form of consciousness, which can, for example, be found in ‘being’ motherly or ‘being’ lovingly (van Manen, 1990). This ‘being’ experience becomes a lived experience after I begin to reflect on it and think about what that experience means to me. Lived experience is, furthermore, reflective consciousness that “is continually fed by this non-reflective dimension of life, which it thematizes” (van Manen, 1990, p. 38). To summarize hermeneutic phenomenology, the aim of this methodology

is to transform lived experience into a textual expression of its essence- in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful: a notion by which a reader is powerfully animated in his or her own lived experience (van Manen, 1990, p.36)

Phenomenology is about meaning-making. I was interested in understanding what my lived experiences of mindfulness in clinical practice were like and what the meaning and significance of this phenomenon was to me. The hermeneutic phenomenological approach utilizes this method to uncover the essence of a lived experience, since meaning “can only be communicated textually-by way of organized narrative or prose” (van Manen, 1990, p. 78). Using this particular methodology has enabled me to strive for connection with readers of my research, with the hope that my research will strike a familiar chord in them and open the door for further self-reflexivity.

In detail, my methodological process included:

- a. Journalling at least 3 days a week – unstructured and free-flowing writing about my thoughts, feelings, and experiences with the thesis.
- b.
 - (i) Selecting a situation/session with a client in advance to reflect upon
 - (ii) Completing a series of Pre-session Reflection questions (See Appendix B for list of questions)
 - (iii) Completing a series of Post-session Reflection questions (See Appendix B for list of questions)
- c. Literature search and reflections – journalling thoughts, feelings, and experiences with new information gathered.
- d. Offering 2-3 “workshops” to my thesis committee as part of gathering feedback regarding thesis work to date, along with evaluating purposes.
- e. Outside Readers – providing pieces of writing to the readers for feedback using a Guideline for reading questions (See Appendix C for list of questions).

2. Data Collection

Van Manen (1990) describes the data collection process for hermeneutic phenomenology as gathering data through the development/creation/production of different forms of texts since “writing teaches us what we know, and in what way we know what we know” (p.127). In other words, “(w)riting constantly seeks to make external what somehow is internal” (van Manen, 1990, p.127). The main focus of data collection then was to develop/create multiple forms of texts– self-reflexive journalling; fieldnotes; poetry; layered texts; visual texts; and written anecdotes as a specific form of stories. With meaning being “multi-dimensional and multi-layered” (van Manen, 1990, p.78), anecdotes are one of the ways in “laying bare the covered-over meanings” (van Manen, 1990, p.119). Utilizing multiple forms of texts can add to the credibility of the study, as Feldman (2003) indicates, “multiple representations that support and challenge one another can add to our reasons to believe and trust the self-study” (p.28).

Self-reflexivity notes/journalling was utilized throughout the research process (data collection and analysis) to critically reflect on data gathered: to closely examine if I was engaging strongly and deeply in the research process; and to examine my decision-making process on what kinds of data to further explore and to contemplate those I choose not to expand on and why. From a critical perspective, “(s)elf-reflexivity brings to consciousness some of the complex political/ideological agendas hidden in our writing” (Richardson & St. Pierre, 2005, p. 964). I also closely examined how I negotiated my specific socio-political contexts when producing these texts (Sharkey,

2004). On another note, reflecting on my lived experience of mindfulness is closely linked with data analysis. That is, van Manen (1990) states “(r)eflecting on lived experience then becomes reflectively analyzing the structural or thematic aspects of that experience” (p.78). I used a strategy of checking with my Thesis Committee members regarding some of these process decisions I made as a way to make them more transparent.

The above forms of texts created by this reflective process, were then used to develop a critical autobiographical narrative. Stone (1981) describes autobiography as being a “simultaneously historical record and literary artefact, psychological case history and spiritual confession, didactic essay and ideological testament” (cited in Tenni et al., 2003, p.2). Griffiths (1995) explains further that critical autobiography “makes use of individual experience, theory, and a process of reflection and re-thinking which includes attention to politically situated perspectives” (cited in Sharkey, 2004, pp. 498-499). Critical autobiography involves uncovering/questioning/examining the impact of my marginalized locations in the producing of my texts. Otherwise, “(l)eft unexamined, autobiography can become a norming practice through which the status quo is maintained and difference is erased” (Sharkey, 2002, p.507). Autobiography is a form of narrative inquiry, and as Sharkey (2004) notes, “it is through narrative that we organize and interpret our experiences” (p.499).

Regarding the process of data collection, Moustakas (1994) and Field & Morse (1985) stress the importance of the first step being to bracket my own preconceived ideas about

the phenomenon of mindfulness in clinical practice, which is called epoche or bracketing (both cited in Creswell, 1998). Gadamer (in Lavery, 2003), however, opposes bracketing as he believes that it is impossible to do so due to prejudices or what he considers to be fore-meanings (Teigas, 1995). Gadamer (in Teigas, 1995) stresses the importance of a person becoming aware of her/his prejudices, “so that one can be in a position to accept the new conditions and meanings the text imposes” (Teigas, 1995, p.39). In the words of Gadamer (cited in Teigas, 1995), “(t)he important thing is to be aware of one’s own bias, so that the text may present itself in all its newness and thus be able to assert its own truth against one’s own fore-meanings” (p.40). Furthermore, Gadamer (in Teigas, 1995) demonstrates that self-reflectivity is an important part of the interpretation process which enables the researcher to be aware of her/his prejudices and adopt new positions. According to Lavery (2003), Heidegger agrees with Gadamer’s (in Teigas, 1995) opposing bracketing as he asserts that “one cannot stand outside the pre-understandings and historicity of one’s experience” (p.14) since he believes “that our preconceptions are an integral part of the process of understanding” (cited in Wilcke, 2002, p.3).

Creswell (1998), in the same vein, notes the challenge of bracketing personal experiences. I agree with both Gadamer and Creswell that it would be very difficult for me to carry out the concept of epoche in this study, especially since the main research method is the critical autobiography, which focuses on my own experiences. Furthermore, I used journalling notes dated prior to the start date of my study. Additionally, since critical autobiographical research involves the continual process of

self-reflectivity and acknowledges the impossibility of research being value-free, I have chosen not to use bracketing as part of this study.

Autobiographical research is increasingly being used by those who are situated in marginalized locations as a way of creating socially-constructed knowledge and creating/using alternative forms of discourse (For example, see Richardson, 2001 and Kimpson, 2005). Laurel Richardson (2001) explains that “(l)anguage does not “reflect” social reality, but produces meaning, creates social reality” (p.36). As a marginalized person, because of my social and political locations of self in my workplace, using language in a way that allows me to be visible in my research is critical for me.

Dominant discourse, which is white male, middle-class, hearing, and heterosexual-oriented, has kept me marginalized in my academic and workplace settings. I believe in order for me to contribute to the academic and work areas of social work, using a critical autobiographical approach will enable me to increase my visibility.

There are a number of critical autobiographies written by marginalized women. For instance, Kimpson (1995) undertook a feminist research study for her thesis in which she explored her “struggles to understand the experience of being a woman returning to study in a university setting, first from the stories of others, then shifting to my own, renders visibility to the process of meaning making” (abstract). Kimpson (1995) explains that her thesis was partially written to present readers “with an opportunity to participate in its generativity, to become part of its fabric” (p.6). Kimpson (1995) stated that her hope is

that readers of her thesis would be inspired to consider the importance of reflecting on their own professional practices.

On another note, Clare (1999) in her autobiography examined her personal experiences of classism, homophobia, and ableism. With particular regards to ableism, Clare (1999) illustrated the importance of naming ableism and describes the process of freeing oneself from the chains of ableism:

(a)nd as for the lies and false images, we need to name them, transform them, create something entirely new in their place, something that comes close and finally true to the bone, entering our bodies as liberation, joy, fury, hope, a will to refigure the world. The body as home (p.12).

A third example of a critical autobiography is by a lesbian feminist educator, Chase (1999), who completed a critical autobiography study for her doctoral dissertation. Chase (1999) aimed to answer research questions including the following: “What capacity do autobiography and personal knowledge have to empower us as learners? Conversely, what are the limitations and pitfalls of this mode of learning?” (p.4). As a result of her study, Chase (1999) discovered that “autobiography is essential to understanding the connection between my lived experience and teaching practice” (p.2). Chase (1999) argues that autobiography is an important research tool in that it

provides a powerful way to bring diverse voices, lives, and experiences, especially those of traditionally silenced or marginalized people, into the center of academic and social discourses. Putting my experience at the center of my writing makes it difficult to keep me at the margins of discourse. Attempting to use my own ‘voice’ makes it difficult to be subverted or subsumed into the ‘master narrative’” (p.57).

Gardner (2002), who identifies herself as being a white, old, and a lesbian feminist scholar demonstrates in her dissertation, for a seeker of feminism, a method of using personal experiences in the struggle for the cumulative achievement of a feminist standpoint” (abstract). Gardner attempts through the use of the critical autobiographical method to “speak to those who wish to engage in the struggle” (abstract).

Lastly, Leighteizer (1993) uses the critical autobiographical approach for analyzing within a socially constructed lesbian culture the presentation of self. Leighteizer (1993) chose the autobiographical method of research for her thesis because she believes that

it is critical that lesbians, who have been historically and socially silenced, undertake to write about our own lives and experiences, and not simply to record our lives, but to analyze them in the light of social analysis in order to understand how we are who we are, both within ourselves and in the context of our social relations with the world (p.16).

Naming my own experiences of mindfulness in therapeutic practice from the centre, rather than from the margins may create and/or identify more possibilities of anti-oppressive practice of mindfulness in therapeutic practice.

3. *Data Analysis*

Data analysis is a continuation of making explicit what is implicit in the phenomenon of mindfulness in anti-oppressive clinical practice. This part of the hermeneutic phenomenological research process, according to van Manen (1990), consists of uncovering or isolating thematic statements utilizing the selective or highlighting approach, along with composing linguistic transformation, which in this case would be the narrative form of critical autobiography.

Themes, which are the experiential structures that make up the experience, are explicated through “a process of insightful invention, discovery or disclosure” (van Manen, 1990, p.79). Furthermore, a “(t)heme is the experience of focus, of meaning, of point” (van Manen, 1990, p.87). Themes as a tool help further cut through the multi-layers of meaning to get to the core or essence of the lived experience, simply by pointing the direction of where a researcher needs to continue digging/mining. A theme is also “the means to get at the notion” (van Manen, 1990, p.87), which involves describing the content of the notion while at the same time further reducing the notion (van Manen, 1990). Since “the meaning structures of reflective experience can never fully imitate lived experience from which they were reduced” (van Manen, 2000), p.11), complete reduction of the notion is not possible. In order for phenomenological insight to take place, a certain reflective attentiveness needs to be practiced, which is the practice of reduction (van Manen, 2000, p.11).

During the process of uncovering thematic aspects of my experience, it was important for me to keep in mind that themes are threads which help weave a web of a phenomenological description of experience. A thematic phrase only points at one aspect of the phenomenon, thus the need for uncovering or isolating a number of themes. In using the selective or highlighting approach for this study, I asked myself the following questions: Were there any thematic phrases that stand out and could I select some part-sentences or sentences that seem to be thematic of the experience of mindfulness? (van Manen, 1990). In order to determine that the themes are essentially-based, rather than

incidentally-based, I considered the questions below as a guideline: “Is this phenomenon still the same if ... (I) imaginatively change or delete this theme from the phenomenon? Does the phenomenon without this theme lose its fundamental meaning?” (van Manen, 1990, p.107).

In composing linguistic transformation, developing a critical autobiographical narrative involved beginning to write notes and paragraphs on the basis of reading my multiple textual forms. As mentioned earlier, the narrative included different forms of texts, which captured the essential themes of the phenomenon in anti-oppressive clinical practice. In addition to the steps above, I also conducted and documented a literature research on each theme as a way of gaining further insight into each theme and specifically what my experiences have contributed to literature (deVries, 2000).

Assessment and Evaluation

“...all interpretive phenomenological inquiry is cognizant of the realization that no interpretation is ever complete, no explication of meaning is ever final, no insight is beyond challenge.”

-van Manen (2002, p.7)

Van Manen (1990) suggests that the following evaluative criteria for hermeneutic phenomenological research be considered:

1. Is my text oriented? In other words, have I linked theory with the lived experience and connected the public with the private?
2. Is my text strong in that I have used my orientation as a resource for “producing understandings, interpretations, and formulations” (p.151-152)?
3. Is my text rich in that I have used a rich , thick and concrete description?

4. Does my text have depth? That is, have I successfully uncovered the multilayered nature of my experiences and its meaning for me? (For example, see also Luitel & Taylor, accessed 2005).

5. Does my text induce in the reader a questioning wonder? Van Manen (2002) explains that for a phenomenological study to be able to guide the reader to understanding the phenomenon, “it must lead the reader to wonder” (p. 5).

These questions are valuable for my research. However, from a critical approach, I would need to explore further the following additional questions:

1. Have I demonstrated how I have attempted or failed to be mindful of the impact of knowledge, discourse, and power on the therapeutic process?
2. Since “(d)iscourse includes not only language, but the rules governing the choice and use of language” (Mullaly, 2002, p.22), have I deconstructed the dominant discourse in my text regarding the therapeutic process? Furthermore, have I exposed “any discriminatory or oppressive assumptions, ideas, and beliefs that may underpin it” (Mullaly, 2002, p.23)? Have I also illustrated the development of anti-oppressive practices or “counter-discourses based on the ideals of equality, fairness, and social justice” (Mullaly, 2002, p.23)?
3. Considering that power “is a fluid phenomenon open to constant influence and change” (Thompson, 1998, cited in Mullaly, 2002, p.21), have I demonstrated in my text this fluidity of power in the therapeutic relationship process?

In addition to the above evaluative criteria, I also chose to apply the following assessment and evaluation guidelines because I believed that these questions address more specifically a critical assessment and evaluation of the autobiographical research method:

1. Did I “engage strongly and deeply with what is going on” (Tenni et al., 2003, p.4) for myself intellectually, emotionally, physically, and spiritually throughout the research process?
2. Did I include the ‘messy stuff’ in my autobiographical research – “the self-doubts, the mistakes, the embarrassments, the inconsistencies, the projections and that which may be distasteful”? (Tenni et al. 2003, p.3).
3. Did I effectively use self-reflexivity to process the data that I have gathered and analyzed by consistently making self-reflexive notes on what I had gathered and analyzed? Self-reflexivity is the process of exploring how knowledge, discourse, and power are utilized in the workplace and clinical practice.
4. Does my study ring true and enable connection with readers? (Bullough & Pinnegar, accessed 2005; Richardson & St.Pierre, 2005).
5. Does my research successfully demonstrate aesthetic merit? (Bullough & Pinnegar, accessed 2005; Richardson & St.Pierre, 2005).
6. Do I think my texts allow for insight and interpretation by readers? (Bullough & Pinnegar, accessed 2005; Richardson & St.Pierre, 2005).
7. Do I think there is “adequate self-awareness and self-exposure” on my part for the reader to make judgments about my point of view? (Richardson & St.Pierre, 2005, p. 964).

8. Do I think my personal narratives will grip "the reader, who loses in language her sense of time, place, and sometimes even of separation: form and content blend"

(Bullough & Pinnegar, accessed 2005, p.18)?

9. Do I think my study will affect the readers emotionally or intellectually? I believe my study will have an impact on readers if it generates new questions for them or move them to write or do things differently in their clinical practices (Richardson & St.Pierre, 2005). This is my ultimate goal.

Part 2: The Journey

Mapping the Groundwork of My Journey: Looking Ahead

“Our journey will necessarily encompass both resistance and renewal, acts that oppose the destruction and acts of creation.” - Starhawk (1987, p.312)

Simply, and unequivocally, I am a true believer in creativity. As a preschooler, I recall being utterly fascinated with words: how they vibrated under my hand on the throat of my speech and language pathologist as she voiced a consonant; and how words sounded with my hearing aids. Being fitted with hearing aids at the age of two opened up a world that I perhaps had forgotten (the onset of my deafness is unclear). Prior to the diagnosis of deafness, being in a world of silence stirred up my imagination, watching people's faces and how their bodies moved as they talked... it was like putting pieces of a puzzle together without sound. I recall being an alert child, soaking in information in different ways. As a young child, my awe and wonder with words moved into the world of reading, taking in delightfully each word as it jumped out of the page into my mind with vivid pictures. Writing poems and short stories during my adolescent years helped me to express deep feelings of pain, confusion, loneliness, despair, and isolation. In my twenties I used visual artwork and writing to help me move through periods of hopelessness, powerlessness, rage, and grief during my time of healing from childhood abuse.

As a clinical practitioner with children, adolescents and their families, tapping into my clients' creativity has always been such an important therapeutic tool for me. Doing so has enabled me to, for the most part, remain focused on my clients' strengths. I would often witness with awe how my clients would connect with their own creativity as a way of honouring their feelings and experiences, whether it is through visualization, collage

work, or through poems. Being a strong believer in tapping my clients' creativity is a large part of who I am. In order to help clients use their creativity as a tool for healing, I need to dip into my own well of creativity. Being creative in my work and personal life is like breathing to me...it brings joy, hope and vitality into my being. Lastly, but not least importantly, my creativity sustains me in my work with my clients.

This thesis is a creation...travelling back through time in my journey of mindfulness at selected "stopping points" for critical reflection. This thesis was not the product that I had initially planned. My original research focus was to be on analyzing mindfulness in clinical practice. However, I was struggling with institutional oppression during my journey of trying to incorporate alternative treatment approaches into my clinical practice. This led me to make the difficult decision to leave the agency. Therefore, while I will provide an analysis of my experiences of mindfulness at the front-line, my main focus is on the selected stopping points in my journey of mindfulness, in my journey of trying to address emotion, body, mind, and spirit in the workplace.

I invite you, the reader, to join me as I reflect on a number of stopping points or landmarks which reveal issues of power, resistance, renewal, and transformation. The need to address a more holistic perspective in anti-oppressive social work practice has been demonstrated repeatedly in research literature (For example, see Butot, 2004; Coholic, 2003; McKernan, 2005). I will explore some challenges I was faced with in doing so and how I attempted to deal with these challenges. The selected stopping points are as follows:

- * *Testing the Treatment Parameters: An Attempt to Bring More of My Gifts into My Workplace (April 2005)*
- * *Starry Nights Re-Light My Soul: A Renewal Commitment to Authenticity in Clinical Practice and the Workplace (April 2006)*
- * *Dark Nights of My Soul: Lessons Learned from an Illness (February 2007)*
- * *Still Not Listening: A Push By My Soul into a Rude Awakening (July 2007)*
- * *(Out)fit No Longer Fits: A Painful Realization (August 2007)*

Examining some parts of my journey using the critical autobiographical approach has led me to discover that “(w)hile part of the process of creative writing is to be fully connected to (my) body to unleash the knowledge and creativity in the body, this process will involve an inherently existential pain” (Damianakis, 2001, p.28). Furthermore, I came to realize how Cameron’s (1996) words about a journey/pilgrimage rang true for me: “A pilgrimage is a physical process, a process that engages our heart and soul, not merely our well-honed intellect” (p.5). While this thesis has not been an easy one for me to write, I believe that I have gained invaluable new knowledge into an underexplored area of study. As you join me in reading about my journey of mindfulness in clinical practice, may you be inspired to reflect on your own journey.

Mindfulness at the Front-Line: Some Reflections

“...the body and emotions are a way of knowing which need to be valued equally along side conceptual knowing”

- Peile (1998, p.39)

Recently my family adopted a 3 month-old kitten. My partner and I agreed that our daughter would name this kitten. My daughter took little time to name her, choosing the name Midnight, simply “because she’s black and white, Momma”. Looking at this small, curious kitten through my adult eyes, I would describe her as more gray than black. Perhaps it is all a matter of perspective-- different shades of black. It is also about being a parent looking through my daughter’s eyes at the blackish kitten with white paws and chest. I asked my daughter what the name, ‘Midnight’, meant for her. Looking at me with wise, brown eyes, she said, “They say that the stars are yellow or gold, but if you look at them, they’re white and the sky is black at night. Midnight is black and white, so the black is the sky and the white is the stars.”

Anti-oppressive clinical practice is about being aware of how we as clinicians interpret client meanings. In the example above, I could have said to my daughter, “No, the kitten is not black. Midnight is not a good name for her”, instead of asking her more questions about what the name, ‘Midnight’ meant for her. That is, I could have jumped ahead and used my parental power and say, “No, she will not be named Midnight”, a move which would have given my daughter the message that her reality was not important. A critical social worker, Clark (2006), supports this assertion in her article, *Listening for meaning: A research-based model for attending to spirituality, culture and worldview in social*

work practice by stating that an anti-oppressive framework in clinical practice means recognizing

the tendency for professional interpretations to override or distort client meanings, and focuses instead on the collaborative creation of shared understanding. It is a framework that acknowledges the impossibility of completely understanding another person's experiential reality, and aims instead for a good enough understanding that honours the mystery and otherness of people's interpretations of the world and their place in it (p.11).

Using the example above again, as a parent I needed to be aware of my body, mind, and emotional responses to my daughter's naming our kitten and to her rationale for having chosen the name, 'Midnight'. When she told me the name she had chosen, I recall my initial thought being, "but she looks more gray than black." Instead of going down that route which would have denied her reality of how she saw our kitten, I recall reflecting on what my role as a parent would be to respond to this. This is when I decided to ask her the meaning behind the name, 'Midnight'. Being a clinician is no different, which is for me to constantly be aware of my emotional, physical, and intellectual states of being when meeting with a client. A research participant in Clark's (2006) study demonstrates this well by stating that critical social workers

have to stay conscious of our own location and how that might be influencing how we're hearing what clients are saying. We have to have the courage to go there... It's about really challenging ourselves as workers to look at how we're taking in information-how we're filtering it... Are we imposing worldviews that don't fit with our clients? (Practitioner S) (p.5).

I need to constantly monitor whether I am imposing worldviews that don't fit with my clients, just as I was conscious not to impose my worldview that Midnight was more gray than black.

Just as I remained aware of my social location as an adult and parent during my interaction with my daughter, being mindful of my social location is critical in my clinical practice. Mullaly (2002) argues the importance of critical self-reflective practice as a component of anti-oppressive clinical practice by stating that

(r)eflexive knowledge is knowledge about our location within the social order, that is, the forms and sources of our positions of both domination and oppression, and how we may exercise power in our professional and personal lives to either reproduce or resist social features that limit others' agency (p.207).

Pitner & Sakamoto (2005) elaborate on this further by stating that one needs to develop critical consciousness as part of clinical practice, which they define as involving "the process of continuously reflecting on and examining how our own biases, assumptions, and cultural worldviews affect the ways we perceive diversity and power dynamics at a personal level" (p.3).

As I reflect on these two illustrations above, I am reminded of a situation with a client and parent where I was attending to my feelings, thoughts, and bodily sensations prior to a session with them. I had written in my reflection log that my upper shoulders stiffened slightly with a quicker pace of breathing with thoughts about the oppression of women in a patriarchal society. My shoulders felt momentarily burdened with the weighted burden of the oppression of women...I recall feeling for a brief moment responsible to raise awareness in the female parent about the prevalent sexism in our western society. I quickly reminded myself of my role to be present where the parent was at and be available to provide suitable self-discovery tools for the parent to utilize, if she chooses. This reminder and a few deep breaths helped ground me for the session. My social

location at that moment of reflection on the upcoming session was that of a female therapist who shared a common experience of being female as was the parent. Again, while I did share a common location with the parent, I needed to be aware of not pulling the parent to the same location during the upcoming appointment. Just because I had at that moment located myself as a woman, did not mean that the parent will also locate herself as a woman during the appointment. This did not mean that my social location would have remained the same during the appointment. Carniol (2005), another critical social worker, argues that we have multiple identities that inform our clinical practice role: gender, race, age, sexual orientation, class, disability, ethnic and/or cultural background. Moosa-Mitha (2004), an anti-oppressive social work researcher, illustrates that social identities are fluid in nature, thus different identities come to the forefront in various interactions with others.

I support Peile's (1998) assertion at the beginning of this chapter that one needs to honour the emotional, body, and conceptual/rational knowledge in clinical practice, since I believe doing so helps increase one's mindfulness in clinical practice and also creates a more holistic approach to working with clients. Peile(1998), a critical social worker, summarizes this belief well by demonstrating that holistic social work practice

means that body, emotional and conceptual knowledge is recognized as enfolded in the various levels of one's self, the other, and the broader conceptual, physical and emotional context. Constructive change will require change at all levels (p.55).

For instance, if I were to tap into only rational knowledge during my session with a client, I would be missing a wealth of information from other ways of knowing that would help facilitate further movement in the therapeutic session.

I believe that the therapist's authenticity relies on whether the therapist utilizes more than one way of knowing during the therapeutic encounter. That is, if a therapist was experiencing a disconnection from her bodily sensations throughout the session, s/he may likely experience some challenges in being authentic with a client. Gorman (1993) stresses "the importance of intuition and of tuning into our bodily and emotional responses to other people. We can resonate like tuning forks. Our bodies know" (p.259).

Over the summer I read a book called, "*Letting Go of the Person You Used to Be*" in which Lama Surya Das speaks about each and every person being heroic in their everyday lives. This gave me pause to think about how I view my clients. I came to realize that I do not verbally/in ASL acknowledge enough regarding my view of them being heroic. How do I honour the journey that my clients so bravely choose to undertake with me? I think part of it means honouring my own commitment to walk with them into uncharted territories, my commitment to say, "I do not have all the answers, so let's explore together to find the answers you are seeking".

Upon reflecting on this journal entry, I am reminded of a poem I wrote last spring about discourse in therapy:

Discourse

April 23, 2007

Discourse...

Flows smoothly on the ocean waves,

Gently rippling against the shore...

Words forever embedded into the sandy shores.

My client and I begin to build a sand castle of discourse,

Taking turns to dig a ditch and,

Building each wall together.

The castle is completed,

We stand back to look at our work together,

Taking in the majestic view of the castle

Which is our sacred space.

We then turn around slowly,

Walking away from our castle,

Knowing that the high tides will erode the castle,

With the memories of our discourse forever

Imprinted in Mother Earth.

Next time we meet,

We will start our walk along the sandy shore

And begin once again to create a castle,

With some features reminiscent of previous castles.

The courage that it takes for clients to build a castle with me and not knowing what it would look like in the end, as well as knowing that new discourses will be co-created each time we meet, touches my heart deeply. Co-creating castles with my clients requires for me to maintain an open and a 'not-knowing' stance in therapy. Damianakis (2001) stresses this: the "non-ego, creative, open processes, and an ability to face ambiguity and struggle evokes a more reflexive, intimate, and involved sense-of-self and self in relation to others" (32). I need to be aware of where I am in the castle-building process with my client—who is taking the lead, how, and why; for me to be vigilant with my own need to control the process and how this need is being triggered. For instance, in a closure

session with a client and parent, I found myself feeling tired, emotionally and physically, as well as feeling some sense of guilt for leaving the agency, as if I were letting my client and the parent down. I also felt vulnerable, trying to cope with all the closure sessions that I needed to have with all of my clients in such a short time. I found myself feeling emotionally distant from my client and the parent at moments in time.

In looking back at this session, I realize that I was taking the lead in building a castle with them. Rather than having the therapeutic process to be participatory-oriented, I took an authoritarian stance in leading the session (Hick et al., 2000, p.21). Given that I took the initiative to terminate the therapeutic relationship prematurely by my decision to leave the agency, I used power to do so in that my client and the parent did not have a say in continuing the therapeutic relationship with me. Hick (2000) demonstrates this further by arguing that from a critical social work perspective, power is “assembled and coordinated socially rather than simply possessed” (p.49).

Why did I choose to take the lead in building a castle with my client and the parent? I realize that perhaps it was a way of trying to protect myself so I could get through the rest of the closure sessions. I found myself too future-oriented at times during the session. It was challenging at moments to do what Pitner and Sakomoto (2005) suggest, which was to relinquish “professional power to partner with the client” (p.3). Such thoughts went through my head, “Oh, I am so tired, I can’t wait for this session to be over.” I was experiencing sadness in saying goodbye to my client and the parent. Knowing that I had

a number of closure sessions to carry out yet with other clients further contributed to the overwhelming feeling of sadness.

After I silently acknowledged these thoughts and feelings, I briefly focused on my breath, bringing the breath into an inner place of strength, my heart softening. I then breathed freshness throughout my body, feeling my muscles being revitalized with new life, allowing me to breathe out tiredness. Doing so helped me to let go of the thoughts and feelings and bring my awareness back to the client and parent. Focusing on my breathing also reminded me to be gentle with myself, for one year ago I would have silently berated my tired self. I soon found my self bringing my client and parent into my softened heart, energetically embracing them with light and love. I was more able to witness my client's feelings of grief about the ending of our work together.

Since the majority of my pre- and post-session reflection logs centred around the theme of termination of therapeutic relationships, my pre-session reflections consistently revealed feelings of sadness, along with physical and emotional tiredness. Just prior to one closure session with another client and the parent, I had been feeling *"tired of taking care of others and dealing with their reactions to my news of resignation."* I continued on writing in my log that *"I feel I have nothing more to give to my clients today."* Upon reflecting after the closure session ended, I realized that in spite of these feelings, I was still able to find within me some strength and focus to attend to the client and parent's reactions to my leaving the agency. While I was feeling sad about ending my work with this family, I did struggle with feeling responsible for having used my power to end the

therapeutic relationship. Webb (2000) a critical social worker, elaborates by stating “that power in discourse is to do with the ability of the social worker to control and constrain the contributions of a non-powerful participant” (p.5). As I mentioned earlier in this chapter, my clients had no say in my decision to end the therapeutic relationship. Even though I knew it was time for me to leave the agency, I nevertheless did not feel comfortable about having ended my work with clients prematurely.

In summary, what did I learn from my pre-and post-session reflection logs? I learned that it was challenging to be as present with my clients as I would have liked to be. I learned that while I would have liked to not to end my work so prematurely, I still struggled with feelings of sadness and guilt, along with feeling overwhelmingly physically and emotionally tired. I found it hard to say goodbye to so many clients at once in such a short period of time. I found it hard to hear a client sharing how tears were shed once this client learned I was leaving the agency. I found it hard dealing with my own feelings and thoughts that I was abandoning them. I struggled with knowing that I used the power within my means to prematurely end my work with clients. I would have liked more time to celebrate my work with each client as a way of honouring their journeys that they had chosen for me to walk with them. A few days before my last day of work, I chose to quietly honour my clients’ work with me by smudging the chairs my clients sat in during our times of building a sandcastle together. I also smudged my office, thanking the sacred space that I had the privilege of creating to journey with my clients on their own journeys.

I will now reflect on the stopping points in my journey of attempting to bring in a more holistic approach in clinical practice and in the workplace, with the first landmark having taken place in April 2005.

Testing the Treatment Parameters at My Workplace: An Attempt to Bring More of My Gifts into My Workplace

“No gift is ever given for your private use...The gift calls you to embrace it, not to be afraid of it. The only way to honour the unmerited presence of the gift in your life is to attend to the gift; this is also a most difficult path to walk...The gift alone knows where its path leads. It calls you to courage and humility.”

John O'Donohue (1999, p.62)

One day last fall my feverish daughter was lying on the couch, her face etched in pain with the stomach flu. My daughter cried, “Mommy, please do Reiki on my tummy – it hurts so much!” With my hands on her hot, sweating, and writhing abdomen, I quietly tuned into the Reiki energy, giving thanks for this gift of Universal healing energy.

My hands sensed an uproarious battle in her abdomen, as if delirious-eyed soldiers on their horses were looking for means of escape. Within a few moments, the battle cries of the soldiers calmed down as the Reiki energy assisted them in leaving the battlefield, cleansing the battlefield with its healing presence. My daughter's exhausted body became motionless like a feather held in the windless-air. She soon drifted into a much needed sleep, her pain-free face relaxed.

The Usui System of Reiki is an ancient form of energy healing with roots that were formulated by Mikao Usui in early 20th century Japan (Miles & True, 2003, p.63). Reiki can be given hands-on or above the receiver's body. The receiver subconsciously is in charge of how to utilize the Reiki healing energy. On a personal note, I am trained in first and second degree in Usui Shiki Ryoho Reiki: first degree enabled me to do self-Reiki and hands-on Reiki on people and animals; second degree has strengthened my

ability to give Reiki energy to others during hands-on/above body sessions and to carry out distant treatment (person or animal not in the same room for treatment). In the example above with my daughter, even though she wanted to receive Reiki to help ease her stomach pains (and the Reiki did help this), her body may have subconsciously decided to first use the Reiki energy somewhere else in her body before easing the pains in her abdomen.

There is a limited research literature which has explored the effectiveness of Reiki as a treatment modality. Shore (2004), for instance, undertook an experiential research study to explore the long-term effects of Reiki on individuals experiencing self-perceived stress and psychological depression. Shore (2004) reported that upon completing a 1 to 1.5 hour treatment weekly for six weeks, “there was a significant reduction in symptoms of psychological distress in treatment groups as compared with controls” (p.42).

Reiki and other forms of energy work have been an important part of my life, for I have personally experienced many benefits and also witnessed the positive effects it has had on others. Approximately 18 years ago I first tried energy work when I began my healing journey from childhood abuse. I have since then worked with a number of energy workers who used different energy work modalities –Reiki, therapeutic touch, etc. It has helped me considerably to strengthen the re-connection of my mind, body, emotion, and spirit. Energy work has helped me to become the spiritual being that I am today, something that conventional therapy alone would not have been able to do. It is these

beliefs that led me to the first stopping point in my journey of mindfulness, which is ‘testing the treatment parameters of my agency’.

In the spring of 2005 I became increasingly concerned about the glaring absence of spirit in my workplace. Coholic (2003) reports in her study of feminist social workers’ conceptualizations of spirituality that “social work needs to be more holistic in its understanding and assessment of people and stressed that if social work negates spirituality, it is not capable of working in a holistic manner” (p.58). I felt ready to move to the next level in attempting to carry out a more holistic clinical practice. In the words of Coholic (2003), holistic practice is defined as “meaningful helping approaches that attend to body, mind, emotions, and spirit” (p.58). For me, to carry out a more wholistic practice meant to utilize the modality of energy work more formally.

Walter Isaac, a well-known local and long-time energy worker, believes that energy work also occurs in informal ways, for example, during a therapeutic session using some techniques that may usually be done on the massage table (conversation, January 8, 2008). For instance, Isaac (conversation, January 8, 2008) describes “treating a client with love and compassion” as being a form of energy work, and during a session, he sends love and compassion into the energy field of his client. Isaac (conversation, January 8, 2008) illustrates another technique which could also be done while sitting in chairs --the unplugging technique -- he talks his client through the process of unplugging unhealthy energetic cords from others. This aims to shift the emotion, thought, physical, and energetic states of being. It is his belief that these cords have been created as a

response out of a fearful belief that the other person does not have the inner and external resources to handle whatever is going on.

With specific regards to compassion, Butot (2005), a critical social worker, reported that a number of participants in her research inquiry study described the notion of 'compassionate challenge' as being linked to "notions of inherent goodness and acceptance of 'what is', as it is" (p.7).

On a professional note, I had up to the spring of 2005 already been using energy work in an informal way, as it fits with my therapeutic philosophy of tapping into my client's creativity to facilitate mind-body-emotion-spirit re-/connection. My work has been to help children, adolescents, and their caregivers to listen more closely to what their bodies are trying to communicate to them via words, sounds, smells, textures, and visual images. It is to me about helping clients hear stories their bodies create in an attempt to make sense of and resolve uncomfortable experiences. That is, rather than taking flight from their uncomfortable emotions, my work has been to help them try to stay in their bodies, and connect to the stories exposed there.

In addition to the first technique described by Isaac (conversation, January 8, 2008), I have often used the "unplugging" technique with parents who have frequent power struggles with their children. Parents have reported that the unplugging technique has often helped to alleviate their own fears that their children would not be able to manage without them.

One other informal energy work technique that I have used is the mindfulness-based approach of breath work in which one simply focuses on the breath and notices where the breath is going in the body. This is a form of relaxation technique to help “lighten” the body and let go of tightness of muscles, feelings of anxiety, etc. Individuals have developed patterns of being in the body as a way of coping with stress and experiences, some patterns can cause people harm by bringing about experiences of depression, anxiety, etc. Breathing exercises aim to let go of the familiar but harmful or unhealthy states of being in the body. I often utilize breathing exercises to prepare for guided imagery, another form of energywork. Belleruth Naparstek, who was trained as a clinical social worker, produced a book titled, *“Staying well with guided imagery: How to harness the power of your imagination for health and healing”*. Naparstek (1994) in this publication defines guided imagery as being a “kind of directed daydreaming, a way of using the imagination very specifically to help mind and body to heal, stay strong, and even perform as needed” (p.4). I use imagery work to help clients tap into their own creativity using all the senses – tactile, aural, proprioceptive, olfactory, and kinesthetic. For example, I have used visual imagery with clients to help them imagine themselves in the feared situation and walk them through their experiences in order for them to face their fears, rather than taking flight from them. I have used visual imagery with parents who struggle with feelings of anxiety about their children’s ability to manage their feelings and experiences.

I was interested in using energy work more formally in the workplace as a complementary therapeutic tool as a way of honouring spirit. Energy work as an intervention tool has been supported in social work research literature. For instance, McKeman (2005), in his article, *Exploring the Spiritual Dimension of Social Work*, argues that social work needs to include energy work in social work practice. McKeman believes that “(t)he medium for work that includes the spiritual realm is one of energy – the non-visible life force that is foundational to thoughts, feelings and physical experience” (p.8). McKeman observes that

the subtleties of energy work reach beneath words addressing the formative influence shaping thoughts, feelings and behaviors. Work with energy includes clearing of energy blockages and thought forms as well as the cultivation of higher levels of energy associated with psychological and physical health” (p.8).

Even though there was no other colleague in my program who had energy work training, I felt supported by a couple of colleagues who had successful personal experiences with energy work. Nevertheless, I still felt isolated with my strong belief in the effectiveness of energy work as a complementary treatment tool and did not want to get “swallowed up” by the medical model of mental health. My fear of getting “swallowed up” by the medical model pushed me to the brink of possibilities...possibilities of resistance and transformation. Benjamin (2007), an anti-oppressive social worker, demonstrates that “(t)he process of resistance and transformation means putting self on the line. It means walking the talk. It means risk” (p.203).

Given the growing medicalization of the treatment modalities at my workplace, I decided to take the risk and approach my clinical supervisor to see if I could use a more formal

modality of energy work in my clinical practice, Reiki. I chose Reiki as there was more research literature on this modality than other modalities of energy work, which I felt would help increase its credibility somewhat for my clinical supervisor. Before I had approached my clinical supervisor, I was aware of the very high possibility that my request would be denied. I was aware of this possibility because of the materialistic society we live in where scientific and religious fields of thought dominate our public health systems. Mullaly (2002) echoes this awareness by elaborating that “the dominant cultural messages, images, or products are those that present a world view or define reality in ways that privilege... Christians over non-Christians,... Western societies over Eastern societies,... and capitalism over other economic systems” (p.73). I was aware of the risk I was taking because my agency fits under the umbrella of a public health system that predominantly uses the medical model of health. These factors allow very little room for complementary therapies to be incorporated into the public health system. I was also aware of the potential risk for the agency to agree to my request, for do so would mean dealing with possible backlashes from powerful bureaucrats holding both the scientific and religious schools of thought.

Despite knowing these things, I chose to speak with my clinical supervisor anyway for three reasons. The first reason is that as an anti-oppressive practitioner, I believed it was my role to advocate for systemic change in order to better serve the needs of clients. I wanted to use energy work in a more formal way in my clinical practice, an intervention which was not part of the publicly-accepted range of interventions in my agency. This meant for me to approach my clinical supervisor. Mullaly (2002) identifies this role of

reform as “advocating for... ‘top-down’ minor changes in the system (system-tinkering) to reduce the severity of injustice and oppression, but not eliminating their root causes” (p.205). How would incorporating a more formal intervention model of energy work into my clinical practice help reduce the severity of oppression? Since my agency does not charge a fee for service, adding this tool of intervention onto my tool belt would enable clients to have access to this intervention that they normally would not have in the community, where Reiki practitioners in private practice charge for their service and are not currently recognized in health care plans.

The second reason was so that I would know that I had at least tried to do everything I could within my powers to provide the best possible service to my clients. After all, Dominelli (2002) argues that “(i)ntervening on a holistic basis includes paying attention to the power relations which are operating in any given interaction between professional worker(s), service user(s) and meaningful others” (p.87). Believing that I could serve some of my clients better with the additional tool of intervention available to me, I used the power within my means as a staff person to explore with my clinical supervisor (a ‘meaningful other’ in this case) the possibility of doing so. The third and last reason was that I wanted to make the path easier for future clinicians who may decide to test the treatment parameters by seeking permission to utilize more formal modalities of energy work.

My clinical supervisor spoke with her superiors about my Reiki request and the management team requested that I give a presentation to staff, as many members were

unfamiliar with energy work as a treatment tool. I recall feeling initially disappointed and angry that the management team requested this, as it felt that it was another barrier I had to overcome in order to provide the kind of service that I believe my clients deserved to receive from me. However, this disappointment and anger soon dissipated in my burning desire to try to open the door for complementary treatment approaches to be at least considered by management.

During my preparation and presentation time, I was, for the most part, able to see the management team as being part of a much larger system, which is a Regional Health Authority. The Regional Health Authority has been taking stronger control over the direction of treatment philosophies and modalities within the agency, a reflection of a wider trend in the social services field. An anti-oppressive social worker, Baines (2007a), argues that there has been, due to the globalization of corporate power, “a narrowing of alternative visions of human service provision” (p.89) a fragmenting of services through contracting-out and privatization. Therefore, due to the increase of power by the Regional Health Authority over my agency, the services over the past number of years have become more medicalized, accepting a narrower range of “alternative” or complementary therapeutic approaches. For example, my agency has increasingly strengthened the force of the medical model as a dominant treatment model by hiring more psychiatrists rather than hiring practitioners who may utilize alternate therapeutic models, such as art therapists, dance/movement therapists, music therapists, etc..

Prior to my presentation, I had worked very hard to not take management's process and ultimately, their decision personally. When I was told by my clinical supervisor that management turned down my request, I felt a mixture of feelings. While I was initially not surprised, I struggled with feeling powerless, disappointed, and yes, angry. What was more surprising for me was the brief feeling of giving up. I recall that this particular feeling was so fleeting but left a lasting impression in my spirit. Looking back at this incident, I recall feeling as if a part of me died right then upon receiving the news from my clinical supervisor. I recall trying to honour where the management team was at and not to take it personally, but this was challenging at times. I put aside my vision of a more holistic clinical practice. However, in looking back, I also put aside a part of myself and buried it deep in order to continue to function as a therapist in this limiting environment. What I realize now is that I put aside my strong belief in creativity utilizing spirit, body, emotion and mind. I was to go back to the drawing board and figure out how to fit myself into the box created /designated by the agency.

As I reflect further on this incident some questions come up for me. For instance, even though I suspected that management would not approve my request to incorporate energy work into my practice, I wonder, did I secretly hope to somehow miraculously change each member's mindset in the management group and singlehandedly change the agency's range of treatment modalities to be much more inclusive? Did I, subconsciously see myself as "the lone crusader," as described by Fook (2000): a person who is "on a mission" with the belief, like Fook, that I needed "to do it all by myself" (p.191)? Did I, like Fook (2000) in her own reflecting of an incident where this lone

crusader mentality shone through for her, believe that “everyone else has to come around to my way of thinking” (p.191)? I believe that to some degree I did have this lone crusader mentality because I recall some time after the presentation feeling angry at the management team, briefly seeing them as a target for my failed hopes for a more holistic clinical practice. As Fook (2000) would say, I used them for a few moments as “a defining point against which to test my commitment, my ideology, my personal longings and professional failings” (p.192). In other words, during my moments of anger, I “othered” the management team, adding more fuel to the flames of the lone crusader mentality.

I realize now how much the activist stirred in me during this time, longing to see injustice corrected, as I came to see in my clinical practice time and time again how the medical model pathologizes a person’s experience and squishes the creativity out of them, including the potential of creative parenting strategies proposed by the primary caregivers. If anti-oppressive practitioners must “remain open to alternative ideas, frameworks and belief systems, recognizing and valuing alternative perspectives” (Brechin, 2000, p.44), I believe that there needs to be support at the program and agency levels to do so.

How did I attempt to deal with this ongoing struggle of being aware of the increasing power of the medical model in the child and adolescent mental health field? Knowing that I was not allowed to incorporate energywork into my clinical practice, what other strategies did I use to bring spirit into my clinical practice? That is, how did I attempt to

resist and transform the oppression of not being able to more fully utilize a holistic practice? Benjamin (2007) argues that “to be involved in transformative processes is to resist, in multiple ways, standard practices and the social normativity that supports inequities and oppressions” (p.196). Smith (2007) describes ways that participants in a research study have muted resistance “to re-appropriate spaces that would be otherwise administered by practices reflecting domination” (p.154), such as “describing office decorations that represented meaningful and powerful political statements” (p.154).

My office up to that time reflected some of my spiritual beliefs with objects such as crystals, rocks, an amethyst mandala, hanging glass balls, a yoga calendar, and paintings of wolves. I recall struggling with my feelings of powerlessness of not being able to utilize energywork and wanting to somehow avoid feeling further “swallowed up” by the force of the medical treatment model. I recall sitting in my office and reflecting on what I did have control over at that time. Looking around my office helped remind me how I did invite spirit into what I called the sacred space in my office right at the beginning of my employment. Breathing in this sacred space that reflected who I was re-newed a sense of hope and energy for me. I was reminded of my hope that these objects that decorated my office would re-awaken in my clients and their primary caregivers a sense of awe and wonder as they hold a crystal or gaze at the “magic” wand. For instance, I frequently had a primary caregiver glance at the “magic” wand or crystal mandala, wordlessly seeking my permission to pick up the object. After I encouraged her/him to pick it up, s/he would move it around, gazing at it with awe and wonder, being touched briefly by spirit. Something shifts inside her/him with the spirit inside being nurtured.

These seconds or moments are transformative as the caregiver's creativity peeks through the window of spirit.

It is these seconds or moments that have not only nurtured my clients' souls, but mine as well. Not only has the caregiver been changed, but I, too, have been changed by being a witness to her/his being touched by spirit. These kinds of experiences have inspired me and sustained me in my clinical practice. Were these kinds of experiences enough to sustain me over the upcoming years? Time would give me further insight into this as I moved along in my journey at work. The next significant "stopping point" in my journey occurred one year later in the spring of 2006, a stop is explored in the following section.

Critical Lessons Learned and Not Yet Learned

a. Starry Nights Re-Light My Soul: A Renewed Commitment to Authenticity in Clinical Practice and in the Workplace

“Taking refuge... means finding a place of strength, the capacity to live the life we have been given with greater courage and sometimes even with gratitude.”

Rachel Naomi Remen (2000, p.165)

On January 8, 2008, I was writing at my computer desk, while my newly-adopted family kitten, Midnight was exploring my office area. Eventually Midnight found her way in front of the screen monitor, tail slowly sweeping the desk, alert eyes watching the cursor moving across, up and down the screen. Two minutes or so later, Midnight tried to catch the moving cursor with her tiny white paw. Taking in her inquisitive and wondrous nature, I decided to make it into a game with her by quickly and randomly moving the cursor. A few minutes later, I was curious how she would respond to a blank screen, so I turned off the computer, which led Midnight to cock her head to the left side, trying to figure out what happened to the cursor. Midnight attempted to solve the mystery of the “lost” cursor by touching the screen at different spots with her right paw, as well as sniffing the blank screen as if trying to retrieve its scent. Still perplexed, Midnight then looked under the monitor, sniffing and touching the round base that rested the monitor. The mystery was still not solved for Midnight, so she looked back at the screen, touching and sniffing the power button. She then sniffed and touched the desk with a gentle right paw as if anticipating that something may “pop up” in front of her... again nothing happens, no cursor. She apparently decided that she will take a break from this investigative work by leaping off the desk and searching for a new game to play in another part of the house.

A few hours later when I returned to the computer desk to do some writing in my research log, Midnight quickly followed suit. As I sat in my chair writing in my log (computer is off), she immediately climbed up to sit in front of the monitor. Her curious head moved in different directions, with her right paw alternately touching the power button and various spots on the screen. I would have liked to see what she would have done next, but family duties awaited me. How long she continued investigating the mystery of the disappeared cursor, I will never know.

I reflected on this experience of Midnight's inquisitive nature, who constantly explores to satisfy her thirst for awesome experiences. I realized that cats and therapists are similar in their inquisitive nature, being curious what may unfold in the upcoming moment.

Baines (2007b), in her article, *Anti-oppressive social work practice: Fighting for space, fighting for change*, "stresses the importance of social workers in being conscious of how "we sustain ourselves and our analysis in alienating and sterile environments" (p.18). During the spring of 2006, I was experiencing considerable difficulty in working in a spirit-lacking and sterile environment and was experiencing what Butot (2004) refers to as compassion fatigue. Butot (2004) argues that compassion fatigue is caused by blocking ourselves from compassion which stems from how social work practice is structured. In other words, she believes that compassion fatigue "arises from our constant exposure to the oppressive conditions within which we and the people we work with live"(p.13). Butot (2004) elaborates further that social workers may be "suffering from 'hopelessness fatigue' in the light of socially constructed reality that creates

oppression and much more existential pain than necessary” (p.13). Furthermore, I was not as inquisitive and curious in my work with clients as I usually was. This curiosity has been a contributing factor in sustaining me in my work.

On another note, given that “(o)ur bodies wear the damage of being forced to use only some portions (our rational linear Eurocentric portions of our frontal lobe) of who we are” (Transken, 2002, p.7), my body was very tired, needing a rest.

I had also recognized the need to nourish my soul in a spirit-deprived workplace, as shown in a journal entry: *“I need to shut out the world – why? What do I need to do to nurture my soul? My soul feels empty – what do I need to do to nourish my soul? I am feeling stuck”* (April 3, 2006). I was experiencing difficulty feeling compassion towards my self and my clients, a sign of compassion fatigue. I decided to take a three-week stress leave to re-vitalize my energy and re-new my commitment to my work. It was a time of reviewing my time at the workplace... a time of trying to celebrate my strengths as a therapist that I was able to utilize in my work with clients. It was also a time of exploring what I needed in order to continue my clinical practice. It was a time of slowing down, being still.

At the end of my leave, I was feeling stronger, as shown in my journal entry:

“Tonight is my last night before returning to work tomorrow. I have worked very hard the last three weeks on my journey..., one of the issues being Authenticity. I feel

stronger, more centred" (April 23, 2006). Approximately eight months later, I was faced with another challenge, the next stepping stone to be explored in the upcoming chapter.

b. Dark Nights of My Soul: Lessons Learned From an Illness

“Dark nights of the soul are extended periods of dwelling at the threshold when it seems as if we can no longer trust the very ground we stand on, when there is nothing familiar left to hold onto that can give us comfort. If we have a strong belief that our suffering is in the service of growth, dark night experiences can lead us to depths of psychological and spiritual healing and revelation that we literally could not have dreamed of and that are difficult to describe in words without sounding trite.”

Joan Borysenko (1993, p.62)

“Illness comes and challenges everything about us. It unmask all pretension. When you are really ill, you cannot mask it. Illness also tests the inner fibre and luminosity of your soul.”

-John O'Donohue (1999, p.173)

Last night on January 20, 2008, when everyone in my household was in dreamland, I got out of bed to go to the washroom. Realizing that the heat had not been turned down for the night, my feet slowly made their way downstairs to the first floor to turn down the thermostat. Upon returning to bed, my body was not quite ready for deep sleep.

A memory began to stir in my body like a mouse's footsteps across the floor, so quietly that its presence was barely felt. Soon I am taken back across time, into my pre-adolescent body, lying on my back in my bed, body still under a warm and cozy blanket. My hearing aids out of my ears for the night, I was cradled in a world of silence. I then closed my eyes to focus on my right ear...within a few seconds I felt/heard singing coming into my right ear, its volume at such a low level that it is barely perceptible to my deaf ear. The singing was coming from my sister, whose lips were barely touching my outer ear like a soft breeze as her singing carried into my ear. No eyes were needed to

read the gentle song on her lips. No perfect hearing was needed to be touched by the spirit of music, for I recall feeling as if I could touch the music floating across the sky on clouds. While my deaf ear could not make out any words in her song, I began to imagine as a young deaf child would, made-up “words” inside my head, drifting further into the world of music. Even though I created such “words”, it was the rhythm and the flow of her singing that rocked me into sleep, my body filled with peaceful light.

Moving ahead into my adolescent body, I recall lying on the couch in the darkened, cold and damp basement, my FM system microphone situated in front of the speaker for the music system. A different kind of music flows into both ears this time, with lyrics from Anne Murray’s record album, *You Needed Me*, playing over and over again. Having memorized the lyrics of a few songs from this album, I reflect on how I listened to the words, attempting to seek solace and comfort from the words and the musical sound of Anne’s voice. Tears of aloneness rolled down my cheeks as I attempted to reach into the depths of Anne’s music to lift me from a dark night of my soul after having touched its despairing depths of hopelessness.

Going further ahead in my reminiscing to my early twenties...I recall shortly after I came out as a lesbian (not to my family at the time), being in a women’s bar, Ms.Purdy’s, which was a small dimmed place of refuge. One evening at Ms. Purdy’s I felt the dance floor calling to me, to a depth inside of me that I had not experienced before, as if a butterfly was beginning to flutter its wings inside its cocoon. Ready. Waiting. After walking tentatively to the dance floor, I laid my hand on the wall to feel the beat of the

music calling out to my soul. I then closed my eyes, the rhythmic beat finding its way home through my fingertips down into the rest of my body, awakening a sleeping flower about to bloom for the first time, the beat moving to a place of familiar, of knowing. My body soon began to sway to the beat inside of me, thus propelling me to move away from the wall. My feet then found their rhythm with my arms moving in spirit of music, in my spirit. As I danced unaware of the women around me, an image flashed through my mind... of my ex-boyfriend, a quiet and reserved man, who was mockingly mimicking the swaying movements of my arms. I recalled then how my arms quickly found their familiar way at my sides in shame, closing the door to my passion for movement. Back onto the dance floor at Ms.Purdy's, I recall hesitating briefly. Just as the butterfly, having left its cocoon, flew away to explore the world...I, too, having touched the depth of my passion for movement, refused to shut the door again. I continued to dance to my heart's desire, having finally tasted freedom, freedom to finally be me, with no one mocking my love of movement, no one violating my young body physically and sexually. Dancing helped me to return home to my being, my body... for dancing sang to me like a mother crooning to her newborn cradled in her loving arms.

Upon reflecting on the spirit of sound, I am reminded of my family dog, Whopper, a rescued greyhound who became a family member in December 2006. Whenever I meditated by chanting the universal sound, "Om", Whopper would immediately join me by "aaarrroooo"ing, his beautiful voice carried throughout the 2 ½ storey house. The spirit of sound not only touches one being, but others as well, a means of acknowledging the interconnection between all beings.

These reminiscings remind me that the spirit of sound, movement, and music moves through us and touches us deeply to our core. Since spirit is everywhere, having spirit in the workplace was important to me.

The beginning of 2007 led me to discover that neither sound, movement, nor music could help me move through another round of dark nights of my soul. I became increasingly concerned about the absence of spirit in the workplace and about the growing split between body, mind, and emotion in the dominant treatment modalities allowed to be utilized in my workplace. I so much wanted to share my passion for honouring the interconnection of the mind, body, emotion, and spirit. I also wanted to show my support for Butot's (2004) belief that it is important to recognize the intrinsic interconnection of all beings. Butot (2004) firmly believes as well that critical social work practice means recognizing, respecting, and showing "reverence for one's own and others' intrinsic wholeness, sacredness, and value as an expression of the diversity of this interconnection" (p.107). Over the years I have attempted to share my passion with my colleagues but often ended up feeling more alone, partly due to philosophical differences.

By December 2006, I found myself no longer trying to speak about my above concerns because there was little space to more publicly invite spirit into the workplace, other than through the decorations of my office. I began to feel increasingly alone in my work... As I write this, tears flow freely down my cheeks, remembering the overwhelming sense of isolation, of wanting to reach out once again to my colleagues to explore further

possibilities of re-connecting body, mind, emotion and bringing spirit into the workplace. Since it is common in Western society “to separate the mind from the body and the spirit and the spirit from the mind and the body” (Transken, 2002, p.8), it is little wonder why I was experiencing such challenges in trying to integrate body, emotion, mind, and spirit in the workplace.

I am reminded of the blanket of darkness that enveloped me in the workplace. Reminded also of wearily attempting to pull off this heavy blanket each time I entered my office. Even though my spirit was tired, I often tried to remind my self of the sacred space I have created in my office to honour spirit and people’s gifts of creativity and healing. One day, my efforts prove to be futile. I recall sitting at my desk gazing at a photograph of a wolf pup looking at me directly in the eyes. I stared at this photograph, trying to see a part of my self in this wolf pup, whose expression was full of pure joy and presence. I realized that I was not able to see me in the eyes of the pup, for this pup was no longer familiar to me. I recall feeling a sense of panic, silently screaming, “Why can’t I see my self in you? Why do I feel so lost?” No gentle nudgings of reassurance. *Just utterly. deafening. silence.* No single thread of connection with this wolf pup, whose clan has for many years been an important companion in my spiritual journey to remind me of my own wisdom and inner knowing.

What kept me from taking risk once again to speak more openly about my concerns about spirit, body, mind, and emotion? It was fear that held me back – fear of standing alone

in the end, of being ostracized. My journal from the end of December 2006 to beginning of January 2007 reflected this multi-faceted fear:

"What's going on? Fear of being my self. Fear of being different. Trying too hard. Why am I getting in the way of the Divine Spirit?" (December 28, 2006)

"Roots – where are my roots? Fear of putting my roots down inside myself, fear of coming home, speaking my Truth, living and dying naturally, fighting against my breath of Life/Death, gulping air as if it will be my last breath of Life/Air."
(January 1, 2007)

Benajmin (2007) echoes my experience of fear:

the fear of being isolated and alone; the fear of reprisals; stated or unstated, when we take a stand; and the fear of the unknown when the stand we take is against oppression... It includes the fear of finding out that you are the only person in your work unit prepared to take a stand, and realizing that you need to take a stand even though you know you will be alone (p.203).

It became increasingly difficult to remain committed to my journey of becoming more authentic, despite numerous attempts to use affirmations in my journalling to honour my gifts:

"I want to continue waking up. What does it mean for my heart to continue to soften?" (December 28, 2006)

"I need to accept and honour my gifts."
(January 1, 2007)

"Remember my Truth and my gifts, don't let anyone tell me any different... It is up to me to stay connected with my Truth." (January 19, 2007)

"My courage looks like sun setting between two mountains at the beach... My courage looks like facing fear and being with it as friends, rather than turning away."
(January 20, 2007)

“Our gifts are blessings from the ancestors, the gods, the creative intelligence of life. If we are open, our gifts will choose us as much as we choose them. To begin we must only listen.”

- Jack Kornfield (2000, p.279)

By the beginning of February 2007, I had much difficulty listening to and honouring some of my gifts in the workplace and found myself ill with a viral illness. I intuitively knew that this illness was much more than a physical illness, as seen in my journal note on February 12: *“The physical illness has been with me for one week. I need to become friends with it, not fight it. I need to surrender to it.”* I find it interesting that I wrote “physical” in describing the illness. As I reflect on this description, I am taken back to that time when I tried to keep terror at bay, feeling as if I was going deeper into a place I had never been before with an illness. Perhaps I wrote “physical” as a way of denying that it was also an illness of my spirit, my soul. Even though I had stayed home in bed that day and the following day, which was Tuesday, I still was not well enough to return to work. However, I pressed myself to go back to work on Wednesday, telling myself that I could not take anymore time from work as my clients needed me. Unfortunately by Thursday afternoon I realized that I was much sicker than earlier in the week, so I went home early to bed that day. The next day I went to urgent care and was diagnosed with double-lung pneumonia.

I had never been this ill in my life and I knew something was seriously wrong. I came to slowly accept over the course of the illness that my spirit was ill and desperately needed attention and care. I also knew that this illness had some important lessons to teach me.

A few weeks before being diagnosed with pneumonia, I was receiving signs of my spirit being not well, as indicated in a journal note on January 20:

“Risk, to go beyond the familiar in order to create/write to get to the Truth, to freedom. In the belly – images of my twirling my baton [as a child] at the Community Centre, in the parade, at the performance at Margaret Park School – spinning out of control, spacy feeling, things happening not within my control, marching forward in the parade at same pace as others, doing the same thing, not allowed to “march to my own drum,” feels “choreographed” – practiced and practiced moves for competition, parade, performance – where’s the spontaneity – being “ordered” being “taught” being “shown” moves for baton – spinning, spinning, twirling but going nowhere. Feeling a like a robot going through the motions...”

In looking back at that time in the workplace, I was having further difficulties in dealing with the absence of spirit in the workplace. Its absence was having a deadening effect on my own spirit, taking a toll on the physical body as well.

The diagnosis of pneumonia was a blessing in disguise as it gave me permission to say to myself, “I need to stay in bed to heal from this illness.” And stayed in bed, I did.

Nevertheless, it was terrifying for me to lay in my bed, whacked in pain from being unable to breathe or move. Green mucous-filled breathing was torturous, trying to hold my ribs in from pulling any more muscles as I coughed in ragged spurts. My bones felt as if hundreds of rats were scurrying along the walls of a sewer tunnel, devouring everything on their paths; as if thousands of dental drills were boring holes deep into the core of my bones with no anesthetic to freeze the pain. My flesh felt as if someone blew toxins from industrial waste landfill into the fleshy pores of my being. This period of immobility triggered childhood abuse experiences where I was physically unable to move from the assaults. My mind was also beyond exhausted, which was a new experience for

me. I soon realized that this illness was going to be such an invaluable part of my spiritual journey, though an extremely difficult and painful one. My illness resonates so well with Moore's (2004) description of illness as being "a dark night of the soul, which needs as much attention as the purely physical aspects"(p. 273).

The physical pain from the pneumonia felt so overwhelming for me that I for once, welcomed being zoned out with prescribed Tylenol 3. For the first time in my life, I realized that in order for me to recover from this illness, my previous coping mechanisms in dealing with past illnesses would not work here. I realized that I had to learn to fully let go of all of my roles and responsibilities as a mother, partner, friend, and clinician. I needed to let go of my feelings of guilt of cancelling my appointments with my clients. During all of my previous illnesses, I never truly "surrendered" to these illnesses in order to allow my being to heal fully physically, emotionally, and spiritually. I realized that I always felt that I needed to be working in one of my caregiving roles. I learned through my childhood abuse experiences that life must always be a struggle, so to give up all of my roles and focus on just being in the moment felt too terrifying for me.

Since I was beyond exhausted emotionally, physically, spiritually, and intellectually, it was easier for me to "surrender" to this illness. I was finally able to truly let go of all attachments. I felt as if I went through a long dark tunnel with no light in sight for hundreds of miles. It was as if a part of me died and became born again: "Illness is often a catalyst of spiritual transformation and the 'dark night'"(Myss, 1996, p.276). Thomas (2004) elaborates on this concept:

“In sickness, the soul comes into the foreground. It asks for attention. If its wounds are addressed, then perhaps the physical manifestations will no longer be necessary. But care of the soul is not a surface activity; nor is it easy. It demands that you finally confront yourself and decide to live fully rather than halfheartedly.” (p.287)

When I was strong enough to sit up and move around, I spent a bit of time reflecting on my journey and some lessons I was learning from the illness:

“Roles/Identities – how can I remain detached from roles and identities so that I remain true to my soul, my spirit? What am I writing for? To allow tears to flow freely down my cheeks, to honour the Divine in me, to begin to live again, to die, to [be] re-born, to transform. To honour that I needed to let go of my work identity and responsibilities so that something dies in order for me to live again, transformed, forever changed, to remember my gifts given and yet given to others. I write because I need to in order to excavate my authentic being, to re-discover my authentic being and to celebrate being a spiritual being. What does this look like? How can I invite my spiritual being more into my work... It’s about surrendering and letting go of attachments and truly be in the present moment.” (March 7, 2007)

I wrote a poem during my illness as an attempt to try to gain a clearer understanding of some of the lessons this illness had to teach me:

Tears

- March 7, 2007

Tears...
 Tears of Transformations,
 Of letting go,
 Of saying goodbye...
 To what?
 To old patterns which no longer are
 A part of my Divine blueprint.

Unlayering...
 Unlayering of an ancient onion,
 The scent becoming stronger
 With each layer unfolding.

Re-discovering...
 Re-discovering my Life Purpose,
 Coming home to my being,
 Releasing all that no longer
 Fit my spiritual path.

I chose to write a poem as a means of acknowledging another way of knowing. Transken
 (2002) believes that

(i)t is possible **that it is only the elitist Western way of thinking about thinking and being** (i.e. blocking of knowledge that comes to us from the body; from our spirit; from intuition; valuing multiple locations, etc...) that is so dismissive and rejecting of poetry as "real knowledge"(p.6).

Therefore, writing the above poem was an attempt for me to go beyond the elitist
 Western way of thinking as described by Transken (2002).

As I gained more strength each day, I was able to find within me a renewed commitment
 to my work:

*"Knowing that [the workplace] is an "ok" fit for me,
 ... trying to find the balance – doing the work, ... and to
 be authentic – quite challenging [but] I know I am moving
 towards this balance." (March 2, 2007)*

"Moving towards balance holistically. I continue to feel more centred and stronger each day. Be proud of who I am." (March 4, 2007)

I returned to work mid-March and two weeks later I remained mindful of my commitment to becoming more authentic at my work, as shown in a journal note:

"Going back to work, somewhat hard today, but I was able to move through the day, remaining focused. ... How can I be more authentic in the workplace...? How can I be more spiritually-connected in my workplace? It is up to me to do this and take the risks to become authentic in the workplace." (March 26, 2007)

For the next few months I began to take risks again with my colleagues and superiors, an attempt to have more fulfilling interactions to bring more warmth into the sterile environment. Did these risks have a significant impact on my clinical practice and also the work setting? I was about to find out in the middle of summer, to be explored next.

c. Still Not Listening: A Push by My Soul into a Rude Awakening

“How are we being called, and are we heeding our deeper calls?”

- Lama Surya Das (2003, p.128)

As an adolescent I cherished the few times I was able to walk alone along the beach at night at a campground frequented by my family, its still waters calming my being, bringing a sense of peace to my soul. I was also fortunate to experience the beauty of the ocean at Tofino, British Columbia a number of years ago, the waves roaring against the gigantic rocks, singing its spiritual lullaby to my soul as I strolled along its shores. I felt the waves of beauty flow effortlessly throughout my body, its rhythm in sync with that of my soul.

Being in sync with the flow of Life was something I was hoping for in my work, to reconnect with and maintain my rhythms. However, sustaining my vision of a more spiritually-present work environment became more of a struggle to the point that my vision was becoming less and less of a possible reality by mid-summer of 2007. This was having a significant impact on my ability to have fuel available for me to drive my vehicle, so to speak, in working with families. Nash and Stewart (2005) speak of the importance of having a spiritual vision by stating that if social workers “do provide hope to those people with whom they work, it may be that it has something to do with the possession of a spiritual vision which serves to energise and sustain them in their work” (p.14). Unfortunately for me, the car I was driving ran out of gas and the car was so old that it was falling apart. The way the job was constructed was not helping me to meet my own standards of practice. I found myself going through the motions since my passion

for my work became squished. I no longer felt energized to be creative in my work with families. A critical social worker, Transken (2002), argues that

women in this mainstream Anglo Canadian Eurocentric American-ish culture have had their **integrative creativity** removed. We have had our imaginations bound. Some of our ways of bringing in and processing knowledge (and living in healthy ways) have been stolen from us (p.8).

Furthermore, I no longer had the energy to deal with the constant clashing of the restrictions of treatment approaches imposed by the agency and the values and beliefs of clients.

This constant struggle led to an outcome of a situation with a family where while I made sure the goal was met, I broke a therapeutic alliance with them. This was not the normal way I have worked with families. I realized I felt so discouraged in not being able to carry out a more holistic practice to better meet my own standards of clinical practice that I gave up, having ran out of gas for my car.

This situation was a rude awakening for me, since I was not listening to my soul's calling. For the next few weeks I spent much time questioning the purpose of my work at this workplace. I experienced many conflicting feelings, as indicated in a journal note:

*"So much going on, I feel like the whole world is caving in on me. I feel so f***ing overwhelmed I want to so much take flight from my position at work – but it's the feelings I want to run away from."* (August 8, 2007). I intuitively knew that this part of my journey in the workplace was filled with transformative possibilities, as long as I faced

my fears and be as honest with my self as I can be. Chodron (2001) advises me that being brave “is being without self-deception” (p.75).

I also experienced an inner knowing that this was a test for me to be gentle towards my being, as Wong (2004) reminds me of the importance to touch one’s vulnerability “with a gentle and non-judging attention of mindfulness” (p.7). Doing so helps support social workers “to confront our implication in the interlocking systems of power relations, without judging ourselves or others as inherently bad or unworthy, or denying our responsibility in the world” (Wong, 2004, p.7). I explored what I needed to do from here, knowing that this was a critical time in my work. There were many messages I needed to listen to, but I came to realize that the message I needed to pay most attention to was that from my soul, which is the main focus of the next chapter.

d. (Out)fit No Longer Fits: A Painful Realization

“In the inner landscape of the soul is a nourishing and melodious voice of freedom always calling you. It encourages you to enlarge your frames of belonging—not to settle for a false shelter that does not serve your potential.”

- John O'Donohue (1999, p.101)

Tasha, a 15 ½ year old grey dog who looked like a miniature-sized Irish wolfhound and a wire-haired terrier, lived with me for over 13 years. Tasha who, despite her elderly and arthritic body, bounced around at the words, “Do you want to go for a walk?”... Tasha, who took utter delight in, despite her poor aging eyesight, running a squirrel up the tree, barking with joy, her front paws digging at the tree as if trying to become a squirrel so she could climb the tree, her tail wagging furiously like a hand mixer on at high speed.

In September 2006, after numerous unsuccessful attempts to heal her body, whose major systems were rapidly deteriorating, it soon became evident that Tasha's body could no longer shelter her beautiful spirit and her wise soul. My family was faced with the most difficult decision, which was to help Tasha move into the spirit world with the help of a syringe. Tasha was ready to leave the physical world, for her spirit was yearning to be free of such a pain-filled and constricting shelter... her body.

Tasha's body, or “outfit”, no longer fitted her, her spirit and soul. I was to realize twelve months later that a particular kind of outfit no longer fitted me... the outfit suited for my position at my workplace.

Last summer I was experiencing more difficulty honouring my strengths as a therapist in part because I knew that I was leaving out a chunk of who I was as a therapist given the

restriction imposed by the agency on intervention approaches. This struggle created further challenges for me to be authentic in my work with clients. Stiver (Miller et al., 2004), a feminist therapist, stresses the importance of exploring possible reasons for experiencing inauthenticity by asking oneself: “what seems to be interfering with my feeling safe enough to be responsive, and what is interfering with our relating in a genuine, authentic way?” (p.73). I began to realize over the summer that because I was not in a position to utilize all of my therapeutic gifts (i.e. energy work), I began to feel that I was not providing the best possible service to my clients. I believe that this barrier to authenticity in my therapeutic relationships became too significant for me to ignore anymore. Even though I have consistently received positive feedback from my clients about our work together, I still felt that I could “do more” for them, yet my hands were tied with respect to complementary therapeutic interventions. Furthermore, since I was not listening to my soul’s calling of utilizing more of my therapeutic gifts, I was hurting myself. And, not only was I hurting myself, I was also hurting my clients by not role modelling the honouring of one’s own gifts. A participating critical social worker in Butot’s (2005) research study summarizes my assertion nicely: “People need to see that if you hurt another person, you hurt yourself, and if you hurt yourself, you’re hurting another person. And then we begin to see that we are not in this alone. We are in this together. For me, that’s where the true morality comes from” (p.3).

O’Donohue’s (1999) opening quote, above, helped me realize just how important it was for me to examine more closely my soul’s calling. Freedom in part meant for me to tap into my creativity and imagination, but my soul was feeling trapped in the workplace.

The main reason for this was that a large part of my creativity and imagination was 'outside the box' at my workplace which were not pieces of the accepted range of treatment approaches/intervention tools. Transken (2002) argues "that our 'natural' creativity is a way of authentically experiencing the chaos and possibility of the world. To be locked into cubes or silos of categorical thinking is the opposite to creative intuitive thinking" (p.2).

I had been feeling further alienated from my soul in the workplace –this became much more evident during August 2007 when by the end of the working day my heart felt like an old wound re-opened, bleeding profusely with pain and loss of my soul in the workplace. Each day I would arrive home from work feeling battle-torn having desperately tried so hard to remain/be true to my self and others and knowing that my efforts were futile given the nature of the workplace. I began to feel that my heart each day was taking such a huge beating as if someone hammered my heart into pieces and I was left at the end of each working day arriving home exhausted, needing to attend to my responsibilities as a co-parent, partner, and companion to my animal companions. My nights were filled with pain and endless wandering of my soul trying to come back home. By morning I did not feel rested and though my heart felt somewhat a bit healed, I still felt soul-alone, lost, alienated from my soul's yearnings. The hammering of my soul felt as if someone was attempting to hammer my soul's yearnings into non-existence, to flatten into unfamiliarity so that I would no longer recognize my self, my divine yearnings.

A dream on August 15, 2007 proved to be a significant element in making clearer my soul's calling and my work:

"I think I was at my current age driving down the opposite lane towards Macgregor Street on Leila/Partridge Street and crossing over/turning right on Macgregor. There was a transit bus on the same lane coming towards me. I woke up. The saying, "going against the grain of wood" come up for me after I woke up. My Grade 11 French teacher explained this saying to me that if one does this, one would get hurt with the splinters from the wood. [Interpretation:]...Feeling like I stick out like a "splinter" at the workplace, feeling out of place. The bus is my workplace and having woken up before driving further is significant. I feel as if I am in a "holding" pattern/place at my workplace – do I continue going the direction I am going and switch to the correct lane before being hit by the bus or get out of the car, get on the bus and go in the other direction with my workplace, further away from my authentic being, my Truth, my Life Purpose, my dream?"

Given that this dream was such a vivid dream, I intuitively knew that something transformative was taking place...I just needed to listen to its messages. Not only was I receiving important messages in a dream state, but also messages through my body, as evident in my journal note written the day after the dream:

Earlier today at work I was beginning to feel quite ill as if my body was filled from head to toe with toxins and ... I felt as if Life was being drained right out of me. I took flex time and went home for rest of the day...The bloated, toxic...feeling is still in my body – my back, particularly upper back, neck and head (head is pulsating at the back right now), throat and chest (August 16, 2007).

My body was trying to tell me loud and clear that my workplace was taking a further toll on me. Journalling, a form of creative writing, "is one of the few spaces in which I feel all the wholeness of my being and my intentions attempting to come together. This is a space, process, and mode for integration and holism" (Transken, 2002, p.5).

Receiving information through the body is referred to by Shaw (2003) as embodiment:

“(o)ur bodily sense arises from how we perceive the world; this is related to how we have come to know the world, and therefore our embodied sense necessarily incorporates our biographical experience. This includes how we have perceived and have been perceived by other bodies. Thus embodiment is also related to how we relate to others.” (p.36)

A critical social worker, Montigny (2005) takes the concept of embodied knowledge further by explaining that “(i)t is through our bodies, our physical existence and presence, that the world as present arises for us as a pressing series of sensations demanding mediation, engagement and synthesis”(p.131). Two days later on August 18 I journalled about how my body was feeling: *“What a day and evening yesterday. Realized I can’t work at [the workplace] much longer –it’s killing me inside.... It does not mean that I failed. It means I tried to fit in but I am a square peg trying to fit in a round hole.”*

Eight days later on August 26, 2007, I was still experiencing confusion about my path at the workplace, so I made a request in my journal: *“Ask for guidance in my dreams regarding next steps to take at the workplace.”*

My request for guidance was answered, for I received a dream that night:

I was in someone’s house (?) ... there was an informal gathering [my life partner in real life and a person representing my workplace] and some other women. They somehow found out that I traveled through time and all except [my life partner] were in such awe that they saw me as a circus performer. However, after they found out that this skill will quickly wear off within a few hours, [the person representing the workplace] walked away not smiling while [my life partner] just accepted me as I am. When I woke up from the dream, I felt freer, coming closer towards ‘home’.
[Interpretation]- Travelling through time- continuing to stay at workplace? This skill wearing off – choosing at some point not to continue working at my position? ... am I scared that the workplace would not be happy about this [my choosing to resign from my position] and not support me? I think this fear is

unfounded. Does this dream mean that the next step is not to [continue working in my position] – yes, I think that this is what I am being guided to believe.

(August 27, 2007)

Despite feeling torn between the pressures of the agency in utilizing a restricted range of therapeutic interventions and the pressures of providing the best possible service to my clients, I came to realize that the main chains that held me down were the ones I created, as described by O'Donohue (1999): “(t)he chains with which you manacle yourself cut deepest and hold you longest. In a certain sense, no one outside you can imprison you.” (p.106). My above dream was giving me the message that my time was up with the agency and also to trust that things will work out for me in the end.

The unexpected death of my gentle animal companion, Whopper on August 23 due to fast-growing and inoperable cancer, was perhaps a catalyst for me in making the difficult decision to leave my position. I realized that if I did not leave I was heading towards a possible serious illness for I was running on empty for a while at that point. I was giving to my clients, family, and friends, but my soul was crying out for nurturing. I came to realize that my family, friends, and the workplace at that point could not meet my soul's needs and that I needed to take responsibility to nurture my soul's yearnings/longings. This meant for me to resign from my position so then I could more fully honour my gifts and be freer to be more authentic.

The following day I handed in my resignation to my program manager and clinical supervisor. This decision was one of the most difficult decisions for me to have made. However, I knew that it was the right decision for me to leave the agency.

O'Donohue (1999) summarizes very well my experience with the decision-making process by stating that

(w)hen such a moment of choosing is genuine, it is usually preceded by a time of gestation and gathering. Many different strands of your past experience begin to weave together until gradually the new direction announces itself. Its voice is sure with the inevitability of the truth (p.85).

The shoes made for the mental health clinician position became more painful for me to wear and I no longer was able to wear a whole outfit as well. I ended up feeling as if I was only wearing one arm sleeve and one pant leg as I continued to grow out of the position. During my meeting with my superiors to advise them of my decision to leave the agency, I experienced crystal clear moments of knowing that I am a competent therapist because I shared with them that I needed to honour my other gifts (i.e., bodywork, spirituality) in order to be as authentic as I can be with my clients and to honour my clients' own gifts. I experienced during those moments not a single ounce of fear but a deep knowing and acceptance of who I am. As Hagberg (1995) would say, finding my voice was a sacred experience and I was finally able to respect myself enough to be able to listen to this voice. I was also able to truly experience compassion toward myself by accepting my gifts:

Much of spiritual life is self-acceptance, maybe all of it. Indeed, in accepting the songs of our life, we can begin to create for ourselves a much deeper and greater identity in which our hearts holds all within a space of boundless compassion. (Kornfield, 1993, p. 47-48)

Two critical social workers, Fook & Askeland (2006), describe this process of developing a strong self-directed sense of self as being

the ability to move from a sense of self which is relatively defined and determined by social environment...to recognizing the source of this self-definition; separating these sources of definition from their own choices: then making a conscious choice to define and value themselves more in their own terms” (p.48).

Approximately two months after I left the agency, I got in touch with some feelings about my experiences with the agency:

Yesterday I got in touch with deeper feelings of grief that, due to reasons explained earlier in this thesis, the agency was not in a position to more fully honour my authentic self and my holistic values and beliefs. Upon reflecting this, tears now flow freely down my cheeks, being reminded once again how much I struggled to try to make my position “a good fit” for me, despite knowing that I was a square peg trying to fit in a round hole. Why did I choose to remain in this struggle for so long? What held me back from saying, “It’s time to leave, my journey has ended with this position”? Did I have some ulterior motive for choosing to stay as long as I did, other than having chosen to stay for financial security and status reasons? (November 13, 2007)

Why did I not leave the agency sooner? Because I was committed to my clients and the agency – I needed to make sure that I gave it all I had, which was 110%. I was still experiencing seeing clients being empowered and experiencing positive changes in their work with me. As long as I was able to find a tiny window of creative opportunity with my clients, I remained hopeful. As long as I was able to find windows of opportunity to try to bring spirit into the workplace, I remained hopeful. Seeing my superiors and colleagues being so committed to their work also gave me hope. However, despite all of this, the time came for me to accept the fact that the strengthening hold by the Regional Health Authority onto my agency with its reflection of a more global change of narrowing treatment approaches in mental health services would continue to widen the gaps between emotion, body, mind, and spirit in this workplace. I came to realize that I have, indeed, given it all I had to try to decrease these gaps. I also came to realize that in

order for me to bring more of my authentic self into clinical practice, I would need to find another setting that would utilize more of my therapeutic gifts.

When I made the decision to leave the agency, I knew that my journey with my clients, colleagues, and superiors was finished. Since I believe that we are all students and teachers, I realized that there were no more lessons to teach and to learn from others in this workplace. This became very clear to me during my last peer supervision meeting when I thought, "My work is done here". When this thought came up, I felt at peace. Having received this message that I needed to hear from within, I no longer felt guilty about being a square peg trying to fit in a round hole and about leaving the agency. My time as a mental health clinician at this agency has proven to be invaluable, despite a number of significant challenges throughout the years. I have grown tremendously personally and professionally and feel much gratitude for the gifts of teaching I have received from clients, co-workers, and superiors. It is now time to take a different path that would honour more of my gifts.

New Learnings Un/Dis-covered During My Journey of Mindfulness: A Summary

*“In the act of writing we express what we sense or intuit, and
often what we didn’t know we knew.”*

- Holly (1989, p.58)

Why *“Choosing to Be Brave”* as a part of my thesis title? Courage has been the underlying theme in my journey of mindfulness. Being mindful involves choices: to choose to be brave and be in the moment; or to choose to be cowardly and move away from the present experience/moment. Even in moments of mindlessness, the courage to acknowledge that I was being mindless in that particular moment is an act of mindfulness. More importantly, it involves accepting my experience as it is, at the present moment, rather than beating my self on the head for not being as mindful as I would have liked to be.

Up until the last few weeks of my work, I had considerable difficulty with this concept of accepting my experiences of mindlessness. Once I realized how I was not honouring my own therapeutic gifts and made the decision to leave the agency, my expectations toward my self softened considerably. I chose to be brave and honour my therapeutic gifts, those gifts which are a significant part of who I am. I have come to truly accept that it is part of the reality of experiencing momentary mindlessness or disconnections from clients during sessions. It is part of human nature to experience flows of connections/disconnections with others who cross our paths.

My journey of mindfulness in clinical practice is not finished. There is no “destination” of arrival or end sight of the journey. Rather, there are simply stopping points along the

way to critically reflect different aspects of clinical practice, as well as to “just be”. My journey of mindfulness, I un/dis-covered, has not only been about mindfulness at the program, agency, and overall mental health levels, but also at the front-line. I have learned in doing this research that mindfulness means being aware of any tendency to see management as “other” and not forget that the agency operates under a much larger mental health system which reflects the world-wide trend of globalization and further medicalization of public mental health services. I have come to understand more clearly that mindfulness for me means honouring spirit, mind, emotion, and body in both direct practice as well as at the program and agency levels. It means for me being aware of and honouring different ways of knowing. It further means being aware of the ongoing tension/clashing between the agency’s rules and expectations and client needs and how I attempted to deal with this tension. Taking risks for me means to choose to be brave and face my fears, such as my fears of alienation from my colleagues and my fears of breaking therapeutic alliance with my clients. Mindfulness in working with clients means for me to be aware of conceptual and non-rational ways of knowing not only during sessions, but also prior to and after sessions with a client. Lastly, but not least importantly, mindfulness means in order to honour my clients’ own gifts, I need to honour my therapeutic gifts. I also came to realize that in order for me to maximize my effectiveness as a clinical practitioner, my therapeutic gifts in turn need to be honoured by the agency.

Evaluation

To refresh the reader's memory of the evaluation guidelines which I have used for this study, I have repeated the guidelines from the first section of this thesis. These guidelines were suggested by Van Manen (1990) as evaluative criteria for hermeneutic phenomenological research:

1. Was my text oriented? In other words, did I linked theory with the lived experience and connected the public with the private?
2. Was my text strong in that I have used my orientation as a resource for "producing understandings, interpretations, and formulations" (p.151-152)?
3. Was my text rich in that I used a rich, thick and concrete description?
4. Did my text have depth? That is, did I successfully uncover the multilayered nature of my experiences and its meaning for me? (For example, see also Luitel & Taylor, accessed 2005).
5. Did my text induce in the reader a questioning wonder? Van Manen (2002) explains that for a phenomenological study to be able to guide the reader to understanding the phenomenon, "it must lead the reader to wonder" (p. 5).

From a critical approach, I took into consideration the following:

1. Did I demonstrate how I have attempted or failed to be mindful of the impact of knowledge, discourse, and power on the therapeutic process?
2. Since "(d)iscourse includes not only language, but rules governing the choice and use of language" (Mullaly, 2002, p.22), did I deconstruct the dominant discourse in my text regarding the therapeutic process? Furthermore, did I expose "any discriminatory or

oppressive assumptions, ideas, and beliefs that may underpin it” (Mullaly, 2002, p.23)?

Did I also illustrate the development of anti-oppressive practices or “counter-discourses based on the ideals of equality, fairness, and social justice” (Mullaly, 2002, p.23)?

3. Considering that power “is a fluid phenomenon open to constant influence and change” (Thompson, 1998, cited in Mullaly, 2002, p.21), did I demonstrate in my text this fluidity of power in the therapeutic relationship process?

In addition to the above evaluative criteria, I considered the following guidelines:

1. Did I “engage strongly and deeply with what is going on” (Tenni et al., 2003, p.4) for me intellectually, emotionally, physically, and spiritually throughout the research process?

2. Did I include the ‘messy stuff’ in my autobiographical research – “the self-doubts, the mistakes, the embarrassments, the inconsistencies, the projections and that which may be distasteful”? (Tenni et al. 2003, p.3).

3. Did I effectively use self-reflexivity to process the data that I have gathered and analyzed by consistently making self-reflexive notes on what I had gathered and analyzed?

4. Does my study ring true and enable connection with readers? (Bullough & Pinnegar, accessed 2005; Richardson & St.Pierre, 2005).

5. Does my research successfully demonstrate aesthetic merit? (Bullough & Pinnegar, accessed 2005; Richardson & St.Pierre, 2005).

6. Do I think my texts allow for insight and interpretation by readers? (Bullough & Pinnegar, accessed 2005; Richardson & St.Pierre, 2005).

7. Do I think there is “adequate self-awareness and self-exposure” on my part for the reader to make judgments about my point of view? (Richardson & St.Pierre, 2005, p. 964).
8. Do I think my personal narratives will grip “the reader, who loses in language her sense of time, place, and sometimes even of separation: form and content blend”? (Bullough & Pinnegar, accessed 2005, p.18).
9. Do I think my study will affect the readers emotionally or intellectually? My study will have an impact on readers if it generates new questions for them or move them to write or do things differently in their clinical practices (Richardson & St.Pierre, 2005).

My Perspective on Assessment and Evaluation

With specific regards to whether my text was oriented to an anti-oppressive perspective, I have demonstrated that I did so by consistently referring to critical social workers to support my lived experience. For instance, when I was reflecting on my experiences to request permission to incorporate Reiki into my clinical practice despite my fears, I referred to an assertion by critical social worker, Benjamin (2007): “(t)he process of resistance and transformation means putting self on the line. It means walking the talk. It means risk” (p. 203).

On another note, I used a personal story to begin each chapter as a way to gently invite the reader into a stopping point during my journey. For instance, in “*Still Not Listening: A Push by My Soul into a Rude Awakening*”, I began the chapter by reflecting on being in sync with the flow of Life by walking along the beach. I then moved into exploring my

struggles with being in sync with the flow of Life in my work. I believe that having used a parallel format has added strength to the depth of my text. Feedback from one Outside Reader confirmed this impression.

As part of determining whether I have succeeded in meeting some of the above evaluative guidelines, I selected three individuals to be 'Outside Readers' for my thesis: Walter Isaac, Monique Rimbault, and Lisa Passante. Their role was to read a chapter of my critical autobiography (each Reader had a different chapter from the other Readers) and respond to the following list of questions:

1. What kinds of feelings and thoughts come up for you as you read this particular writing?
2. How, if anything, does this particular writing resonate for you? For example, does this particular writing remind you of your own experience?
3. Does this particular writing move you intellectually, emotionally, physically, and/or spiritually? If yes, how? If not, what do you think is missing for you?
4. Have you learned something you did not know before? If yes, what did you learn?
5. Does this particular writing intrigue you to learn more or think more about the issue it raises or brings forward?

I met with each Outside Reader individually to receive their feedback. Generally, all of my Outside Readers shared with me that my work led them to wonder about their own experiences. For instance, one Outside Reader wondered what strategies rebels use to survive in the workplace. My work provoked feelings of sadness and a sense of isolation

in the workplace. This Reader suggested “rebels like ourselves” gather for dialogue and support as one way of alleviating the sense of isolation. Another Outside Reader commented that my work gently challenged how he/she had not been not living in line with personal values and that my writing helped this Reader think of issues previously thought about in a different way.

Furthermore, the Outside Readers shared that my writing generated new questions for themselves to aid in reflecting on their own practices. On another note, the Outside Readers expressed wanting “more, more” of my writing, wanting to learn more about my lived experiences, and that they got “hooked” into my thesis.

In the chapter, “*Mindfulness at the Front-Line: Some Reflections*”, I demonstrated how I attempted to be mindful of the impact of knowledge, discourse, and power on the therapeutic process in my poem, “*Discourse*”. I explored in this poem how the process of sandcastle-building can change from moment to moment, depending on who is leading the process, thus showing the fluid phenomenon of power. Furthermore, I explored how I came to realize I was, during one session, leading the sandcastle-building as a way of coping with my emotions and bodily sensations.

On another note, I illustrated in this thesis that I engaged “strongly and deeply with what (was) going on” (Tenni et al., 2003, p.4) for me emotionally, intellectually, physically, and spiritually throughout the research process. For example, just prior to exploring my

experience with pneumonia, in *“Dark Nights of My Soul: Lessons Learned From an Illness”*, I wrote about my struggles in dealing with the lack of spirit in my workplace:

“I recall sitting at my desk gazing at a photograph of a wolf pup looking at me directly in the eyes....I recall feeling a sense of panic, silently screaming, “Why can’t I see my self in you? Why do I feel so lost?” No gentle nudging of reassurance. *Just utterly. deafening. silence.* No single thread of connection with this wolf pup, whose clan has for many years been an important companion in my spiritual journey to remind me of my own wisdom and inner knowing.”

Overall, I believe that I have effectively done what I had set out to do - to gently welcome the reader in joining me on my journey of mindfulness in clinical practice and the workplace from an anti-oppressive perspective; to invite the reader to use this thesis as a springboard for their own self-reflection regarding their life and clinical practice; to encourage the reader to tap into her/his well of creativity in order to look at their own lives with a re-newed sense of awe and wonder, thus revitalizing and stirring their own desire to be connected or re-connect with their authentic self; and finally, to re-/instill a stronger sense of commitment to being mindful in their own clinical practice.

Implications for Future Social Work Research and Practice

How might my experience help social workers and social work students understand more clearly why mindfulness is an important aspect of anti-oppressive clinical social work practice? This research illuminated some of the processes and struggles during my journey of mindfulness in clinical practice. For instance, this study uncovered the significance of honouring different ways of knowing – bodily, emotive, spiritual, as well as conceptual-logical ways of knowing. Furthermore, with the growing medicalization of the mental health field, this research demonstrated a need for understanding the tensions/clashings of an agency's values and expectations and the client needs and how a critical social worker strives to deal with these tensions/clashings.

While issues of power, resistance, renewal, and transformation uncovered in this study supported previous anti-oppressive research in social work practice, further exploration is needed to understand in more depth how critical social work practitioners can sustain themselves in their work. For example, given that anti-oppressive clinical practice ideally be holistic in addressing spiritual, bodily, emotive and conceptual-logical ways of knowing and healing, how can such a practice be carried out in a continually-entrenched medicalization of the mental health system? It may be helpful for critical social work practitioners and educators to come together for dialogue in addressing these questions and for support in sustaining their own work. With particular regards to child welfare social workers, how may they deal with the daily tensions/clashings of institutional oppression and the client needs, along with self-care strategies to prevent burn-out and "hopelessness fatigue" as previously described by Butot (2004)? With the

overwhelmingly high caseloads and the nature of the work in child welfare settings, it is crucial that the provincial government support child welfare agencies to explore how anti-oppressive practice could be incorporated into the system. Perhaps a working group of front-line workers, management, and a representative from the provincial government could begin to explore how this may be possible.

With specific regards to undergraduate and graduate social work students, they need training to develop mindful ways of attending to the issues of power, resistance, renewal and transformation in clinical practice. Social work education needs to honour different ways of knowing, as well as complementary healing approaches, such as energy work. An undergraduate or graduate elective course on mind-body-emotion-spirit connection in social work practice may be introduced to begin addressing the above issues and to develop mindfulness strategies. Additionally, the field of social work needs to focus more on the experiences of practitioners in clinical practice and in the workplace as a whole. Social work practitioners and educators can play an invaluable role in contributing to enhancing the well-being of their clients and their workplaces if they remain mindful of their own experiences and honour different ways of knowing. After all, I believe that it is our responsibility to be mindful/to stay awake in clinical work if we wish to practice compassionate living as a way of working toward social justice. Pema Chodron (1994) summarizes this belief well: “(e)verything in our lives can wake us up or put us to sleep, and basically it’s up to us to let it wake us up” (p.69). Further exploration of the questions identified earlier in this chapter may help others “**wake up**” in their education and practice.

Merits and Limitations of the Methodology

With particular respect to advantages of the chosen research method, one advantage of using critical autobiographical research was that it allowed me as a marginalized researcher to write/speak/present myself more visibly (For example, see Kimpson, 2005; Smith & Watson, 1998). Further, the personal format of the study may bring about recognition in readers, including social workers, of my experiences as being “congruent with their experiences—their untold stories” (Richardson & St.Pierre, 2005, p.965).

In addition to the above merits, Griffiths (1995) argues that as long as the researcher remains aware of relevant theory and one’s political position, as well as reflecting and re-thinking one’s “understanding of the experience over time” (p.11), the critical autobiographical research approach could be useful in producing new knowledge. After all, in the words of Griffiths (1995), “ultimately knowledge can only be produced through the careful consideration of individual experience” (p.11). Sharkey (2004), on another note, demonstrates that one other usefulness of this research method is that it encourages “writers to go deeper with their interpretations, to connect those interpretations with their views of the world, and pursue the consequences of those beliefs on their own lives and the lives of those around them” (p.499). Lastly, Lewis-Beck, Bryman, & Liao (2004) illustrate that the autobiographical method

can imply a greater self-awareness of the research process, research relationships, and the researcher-self, as well as a clearer appreciation of the value of LIVED EXPERIENCE and personal knowledge as part of social science scholarship” (46).

On another note, while the context is unique, the analysis and emotional experience has a high degree of transferability. That is, the themes of power, resistance, renewal, and transformation can be applied in future studies for further exploration of such themes in anti-oppressive practice.

Several factors limit this study. One limitation of the methodology is that autobiographical memory can also be a problematic/limiting factor in autobiographical research (Clements, 1999). Clements argues that memory fades with time, which may negatively impact the process of remembering an experience. Further, Clements state that having “self-schematas on how we view ourselves” can influence us to “remember an event in such a way that it is consistent with our present self-image” (p.25). Secondly, due to the self-study form, there was danger of forgetting what it is I wish for readers to learn about me and hopefully learn about themselves and social work practice. That is, autobiographical research can at times lead the researcher to forget her/his audiences and just focus on needs of self. Lastly, in terms of genres, such as the use of poetry, some readers may not connect as easily as others to my study due to the genres I have chosen to use for my research.

I needed to be mindful of striving for a balance between writing/presenting without keeping my audiences in mind and writing/presenting/speaking in a way that helps readers to learn about themselves as well as I learn about myself. Using self-reflexivity throughout the research process; checking with my Thesis Committee; and seeking feedback from selected ‘Outside Readers’ has helped to maintain this balance.

Afterword: Looking Back

“This moving away from comfort and security, this stepping out into what is unknown, uncharted, and shaky--that’s called liberation.”

-Chodron (2002, p.44)

I had no idea what I was getting into when I decided to write this thesis. As I sit here writing this section of my thesis, I look out the window and a squirrel comes out on my neighbour’s roof twelve feet in front of me, gazing at me for what feels like an eternity. As the squirrel and I look at each other, I feel something shifting inside of me, feeling nurtured by this connection. Looking deeply into this beautiful animal’s eyes, I feel a deeper knowing stirring quietly inside of me. A couple of minutes later, the squirrel begins eating, looking down for food in the eavestrough then back at me repeatedly at a quick pace. I decide then to continue writing. When I look up shortly from my pages, I see that the squirrel is no longer there on the eavestrough. I am left wondering what lesson the squirrel has to teach me. After quietly thanking the squirrel for its visit, I search the Internet for information regarding an interpretation of the squirrel from an Aboriginal perspective. I soon learn that the squirrel symbolizes being a planner and a gatherer.

I ponder this new information and wonder what it is that I am planning. Perhaps it is a message that this thesis was a plan all along, with a deeper force guiding me in planning and writing this thesis. I frequently have felt this deeper force nudging me both quietly and loudly at times, encouraging me to write this thesis, despite how painful it sometimes was to reflect/re-member some difficult points during my journey. I often felt some reassurance that writing this thesis was a part of what I needed to do, a part of my

journey,... that in writing, I will learn/uncover knowledge that was deep within me. There were many times I cried, however, uncertain if I could bear seeing the deeper truths being uncovered in print. I often felt overwhelmed with feelings of vulnerability knowing that this thesis will soon be printed for others to read. This thesis was one of the most challenging things I have undertaken, yet I would do it all over again. I have learned many things about my self and what it means for me to be mindful in clinical practice from an anti-oppressive perspective. I also believe that writing this thesis was to help me carry out my role as a teacher to others who may be embarking on a similar journey.

“A ‘Mandala’ is an image, often complex, which represents the great circle of existence, sacred wholeness, a complete world.”

- Kornfield (2000, p.162)

Perhaps this thesis was also a gathering of inner and outer resources, strengths, experiences, and knowledge woven into a much larger web -- the web of Life, of all that is. In my twenties, I changed my first and last names as a way of honouring my spiritual journey – “Amethya” was created from the crystal, amethyst, which represents spiritual wisdom and healing; “Weaver” was chosen to represent my being a weaver to weave into the sacred web of Life. Many years later this printed fibre...this thesis, has been created to be woven into this web of interconnection with the hope that you, the reader, will see yourself as a weaver and inspire you to honour your own gifts in clinical practice.

Appendix A: Informed Consent Form

Informed Consent Form

Research Project Title: *Anti-Oppressive Possibilities of Mindfulness in
Therapeutic Practice:
A Critical Autobiographical Exploration*

Researcher: **Amethya Weaver**

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what this research is about. If you would like more detail about something mentioned here, or information not included here, please feel free to ask. Please take the time to read this carefully.

I am a Master of Social Work student at the University of Manitoba. I am currently writing a thesis which will use a critical autobiographical research method. This is an unusual research methodology. This research approach means I will be reflecting on my part of the therapeutic process. This will involve writing some notes about the interaction I have with individuals in some therapeutic sessions, which may or may not include my sessions with you and/or your child.

I will not be identifying names in my notes. The focus will be on me: what I thought, what I said, and what I did. I will not introduce any type of new interventions or experiments as a part of my self-study. This means I will not change treatment strategies in my work with you and/or your child.

If you do not want any information about my participation during my interaction with you and/or your child to be a part of my self-study, please feel free not to sign this consent form. If you choose not to sign this form, this will not change my work with you.

If you choose to sign this form and wish to read my self-study report, please feel free to contact me.

If you sign this form, it means you feel comfortable to have me make notes on my participation during my time with you and/or your child. In all times, I am obliged to maintain my professional role as a therapist with you. You are free to withdraw from the study at any time without prejudice or consequence.

You should feel free to ask for clarification or new information throughout this research study, which will run from August 2007 until approximately December 2007.

Principal Researcher: Amethya Weaver (phone number)
Research Supervisor: Kim Clare (phone number)
Program Manager: (name and phone number)

This research has been reviewed by the University of Manitoba Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at (phone number), or e-mail (a-mail address). A copy of this consent form has been given to you to keep for your records and reference.

Legal Guardian

Date

Relationship to Client

Researcher

Date

Appendix B:
List of Reflection Questions

**Choosing to Be Brave:
A Journey of Mindfulness in Clinical Practice
From an Anti-Oppressive Perspective
A Critical Autobiographical Study
- by Amethya Weaver**

List of Reflection Questions

Pre-Session Reflection Questions:

1. How am I feeling at this moment with regard to _____?
2. How does my body feel when I think of _____?
3. What are my thoughts about _____?
4. What is my social location in relation to upcoming session with client with regard to _____?

Post-Session Reflection Questions:

1. How am I feeling at this moment about the session?
2. How does my body feel?
3. What are my thoughts?
4. What was my social location in connection with the session?
5. How was I aware of my power and how did I use my power?
6. How was knowledge created in this situation?
7. How was discourse created in this situation?

Appendix C:
Questions for Outside Readers

**Choosing to Be Brave:
A Journey of Mindfulness in Clinical Practice
From an Anti-Oppressive Perspective:
A Critical Autobiographical Study**

- by Amethya Weaver

List of Questions for Outside Readers

- 1. What kinds of feelings and thoughts come up for you as you read this particular writing?**
- 2. How, if anything, does this particular writing resonate for you? For example, does this particular writing remind you of your own experience?**
- 3. Does this particular writing move you intellectually, emotionally, physically, and/or spiritually? If yes, how? If not, what do you think is missing for you?**
- 4. Have you learned something you did not know before? If yes, what did you learn?**
- 5. Does this particular writing intrigue you to learn more or think more about the issue it raises or brings forward?**

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