

**A HOLISTIC APPROACH IN PRACTICE.
WORKING WITH CARERS FROM CULTURALLY AND LINGUISTICALLY
DIVERSE (CALD) BACKGROUNDS (2010)**

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While the Carers from Cald backgrounds display a similar range of skills and characteristics as Carers from the English speaking background, their identities are also very much shaped by cultural factors and multiple losses associated with the impact of migration. In many cases migration was caused by violent practices against humanity and human beings such as wars, torture, religious and political prosecutions, dislocation and genocide. In a new country many Cald Carers find challenging to cope with trauma associated with their pre-migration experience, emotional and cognitive stress, the loss of extended family support, social isolation, a language barrier, culture shock, a stigma around a mental illness and strong, often unreasonable, expectations from family and community. Other factors might include a distorted sense of belonging, vulnerability, financial instability, relationship problems, and behavioral responses to cognitive and emotional stress such as fear, anger, self-blame, shame and guilt. It appears more than 70% of Cald Carers are women and their role impacts on domestic, social, occupational and leisure routine and personal goal achievement. However, caring in most Cald communities is also viewed as a rewarding experience. The Iranian Carer shared “*my experience of being a Carer of my son has made me a stronger person*” (DVD Stories of Inspiration from Cald Carers from WA, 2008). Often these challenging and rewarding experiences become unveiled in the broader community.

As new comers Cald Carers usually are ignorant of service availability and have a tendency to under-utilize Western based medical models and health services (Bentelspacher et.al 1994 as cited in Rooney, 2006). Generally they have little understanding of a mental illness and reluctant to address their own needs and issues. They are hesitant to recognize the impact of their pre-migration, transition and post migration experiences on their level of social functioning and self care. Often trapped in the unresolved trauma Cald Carers may cope by dissociating themselves from painful memories, blocking them out rather than confronting the hurt. This might result in more damage in a long term (Dr. Gobodo–Madikizela as cited in Rowney, L., 2007:16). Dr. Gobodo–Madikizela argues denying the trauma prevents physical, psychological and emotional healing and the Self stays fragmented, unable to form a ‘normal’ narrative to process the pain (Rowney, L., 2007:16).

A holistic approach in practice helps to manage the embedded symptoms effectively because as according to Robbins holistic models are based on “addressing the whole person – spirit, mind and body – in the context of relations with other people”, a surrounding environment and the inner self (Robbins, 1996 as cited in Grant, 2000). It appears holistic models allow spaces for curiosity, creativity, respect and connection and importantly promote resilience and self determination. A holistic model helps to

effectively response to the diverse needs of Cald Carers from community oriented cultures. It focuses not only on an individual and family but on the whole community. It is reflective, culturally sensitive and inclusive.

At the ISHAR Multicultural Women's Health Centre the Carers Support program offers a holistic model of service delivery to address the complex needs of Cald Carers, restore their health, promote their resilience and help to attain extra self care skills. The approach provides safe and supportive spaces where Cald Carers have an opportunity to develop and foster an insightful relationship with the 'Deeper Self', others and the social environment. According to Grant "appropriate care, compassion and direction, enables" Cald Carers "to overcome destructive impacts of trauma', stress and isolation, "break through restrictive approaches to life and become more soulful and compassionate being in the process" (Grant, 2000:95). Moreover, love and understanding help to recognize, normalize, validate and response to the experience of Cald Carers in constructive and non-harmful ways.

To address the holistic needs of Cald Cares the Carers Support and Skills Development Program at ISHAR incorporates different services including individual counseling, group counseling and therapy, support groups, psycho-education and information, short retreats, referrals, workshops and seminars, special projects, conferences, mental health & cultural events & celebrations.

In regards to mental health Cald Carers are offered psycho-education including talks and seminars as well as therapy groups where they can acquire knowledge and gain understanding of a mental illness and psychological trauma; holistic management of depression, stress, anxiety, fear and pain; natural remedies; naturopathy; Reiki; yoga; kinesiology; essential oils; healthy food and diet, positive thinking strategies and importance of self care. Providing Cald Carers with the relevant information and linking them to the appropriate support service appears to be vital.

The Burmese Carer reported "*I started to realize that I can get help a lot. All those past years I was living in dark like hell. Nowhere to go to and talk about or exchange views. I will try my best to use your service as much as I could and thank you for your warming support*".

To restore and support physical health the program integrates the physical activities such as Belly dancing, badminton, walking, lawn bowls, Ten Pin bowling, body balance, swimming and yoga. These activities allow addressing the psychosomatic symptoms and bodily reactions associated with the trauma and emotional stress. According to Dr. Gobodo–Madikizela "*the body remembers sharply what the mind cannot bear to face. The body keeps the score*" (Dr. Gobodo–Madikizela cited in Rowney, L., 2007:16).

The Australian Carer admitted "*...I find Belly dancing very liberating and feminine. I can feel all my body tunes up to the music. I also like the colors of scarves. I always smile when I do belly dancing...When I do not dance I can feel my body craves for the sensations which make me so happy and alive...These moments are very unique*".

Dr. Gobodo–Madikizela argues trauma can fracture the innate sense of belonging to humanity and shatter the sense of trust. The damage can destroy any sense of future, worth and value of others (Dr. Gobodo–Madikizela cited in Rowney, L., 2007:16). It can result in depression, anxiety, PTSD, personality disorders and addictive behaviors, low self esteem and self worth. The program recognizes the importance of spiritual health in trauma recovery and stress management, and incorporates yoga, relaxation, kinesiology, Reiki, pampering sessions, creative Self expression, Interpretive Scarf Dancing, Laughter yoga, art therapy and narrative therapy to help Cald Carers to feel grounded, safe and understood.

It appears through the use of reflective practices such as externalising therapeutic techniques, Cald Carers feel more comfortable to externalise their feelings, emotions and thoughts. As English is their second language and can work as a barrier, art and narrative therapies are seemed the most appropriate and effective to deal with complex problems and predicaments.

The Italian Carer shared her experience of the “Healing Power of Flowers” workshop *“...before the workshop I never thought I would be able to create something so beautiful and meaningful. I felt it was my time and my space. I felt very relaxed. I felt so proud of what I have achieved. This flower arrangement I would like to dedicate to my son... I would never forget this unique experience”*.

Social activities are the essential part of the program as they facilitate a connection, inclusion and understanding. It is observed Cald Carers enjoy picnics and outings, short weekend retreats, boat cruises, lunches, craft workshops, special celebrations and events. The Carers also have opportunities to voice out their experiences and provide feedback on various issues at conferences, symposiums and consultations.

In addition the program offers free interpreting service and bicultural workers’ support. It has to be mentioned that the role of interpreters is crucial. It appears that interpreters and bicultural workers along with a group facilitator or a counsellor facilitate the therapeutic and recovering processes. A skilled interpreter or a bicultural worker is aware of the professional limits and boundaries and supposed to remain curious, open-minded, non-judgmental and empathetic so that Cald Carers feel safe to exploring any issues of their concern.

There are a few specific challenges facing the Program. Firstly inclusion of Carers of people with a mental illness from African communities is still an issue due to the social and cultural construction of the stigma attached to the mental illness in many African families and communities. Secondly there is a limited access to information and a lack of understanding of community services and support available for those who have arrived to Australia just recently. Thirdly reluctance in accepting help from outside is still relevant for many Carers and consumers from culturally and linguistically diverse backgrounds. Finally a networking and a partnership with primary and specialist health services are still not as effective as they should be.

SPECIAL PROJECT: “STORIES OF INSPIRATION FROM CALD CARERS FROM WA” 2008.

It appears issues faced by Carers are largely hidden and greatly undervalued in society. To give a voice to Cald Carers and highlight what they encounter in this special role, in 2007-2008 the Ishar Multicultural Centre for Women's Health embarked on a special project for Cald Carers funded by Carers WA and supported by the Blue Moon Film and Video Company.

The project consisted of two sections. The first section included series for educational and skills development sessions involving topics such as mental health, Carers issues, self care and skills development. The workshops and seminars aimed to provide a forum for Carers to come together, share information, explore coping strategies and develop essential skills in a supportive group environment. It appears the groups enabled to develop trusting and friendly relationships. Sharing information and learning from each other experiences empowered the Carers, strengthened their capacities to undertake the caring role and challenge a stigma around a mental illness. The groups also helped the Carers to alleviate their loneliness and social isolation.

The second session was a DVD production. Four Carers from Thailand, Ireland, El-Salvador and Iran had been invited to share their stories of love, hope, faith and resilience. These powerful stories of inspiration were eventually recorded on the DVD. The DVD was titled “Stories of Inspiration from Cald Carers from WA”. The project incorporated a narrative approach which gave the Cald Carers an opportunity to identify their strengths and resources, reinforce their resilience, explore possibilities, reflect on their intentions, values, hopes and dreams, and build a connection with each other. Narratives allow Carers to share their stories from diverse cultural perspectives and explore complexity of issues in a positive and constructive way.

The narrative approach in practice is recommended for reflective practitioners as it requires adopting a curiosity and opening up rather than truth seeking and a pathological position towards a client. According to Dryden & Fletham *‘the basic philosophy of the narrative approach is that people are experts in their own lives, even though this expertise may have been undermined by the structural inequalities which affect many clients’ lives and traditional ways of explaining human behavior, which are often unreliable’* (Dryden & Fletham, 1994).

The project “Inspiring stories from Cald Carers from WA” was attempting to remain curious of the experiences of the Carers from different cultural backgrounds, to focus on their strengths and resources and to challenge biased perceptions and attitudes attached to the Carers experience in society. The project was able to establish a safe and supporting environment which allowed the Carers to explore their meaningful life stories, recognize, promote and honour their resilience and uniqueness.

To help the Carers to construct their stories they were offered a list of interview questions:

- Could you tell me about the person you care for?
- I wonder what your caring role means to you.
- I am curious about a difference of being a Carer in Australia and in the country of you origin.
- Would you like to share with me what challenges and rewards you encounter as a Carer?
- Would you like to tell me about special people in your life?
- I wonder what does help you to cope and succeed in your Caring role.
- I am curious what hobby you enjoy the most.
- I am curious why did you decide to share your story?
- Anything else you would like to share with me?

The Thai Carer in her story “From my Heart” shares that Thai cooking and teaching Thai cooking help her to cope with the caring role. “...I make friendship by my food. I believe everybody must eat. When we eat we are happy. When the stomach full we are happy. When we eat well we have good health. When we have good health we are happy...”

The Irish Carer in her “Story of Hope” believes “hopefully in time I will be able to help other Carers... Self education and seminars helped me to deal with fear of the unknown for me and gained hope for my son’s recovery...Writing down the thoughts in the journal as a form of debriefing was very helpful. Later I decided to write my life story to leave it for my children and grandchildren so they can know more about me. I foster the dogs and this makes me happier, less stressed... and physically fit... I am living proof that we can get our lives back if we accept help, and most importantly - look after ourselves”.

The El-Salvador Carer in “Faith and Hope” reveals that being a primary Carer of a husband with a mental illness “makes her useful because she is caring for another person... Language is a barrier...You have to fill yourself with patience, hope and faith...and have a hobby is important...My story may help other people...”

The Iranian Carer in “Stitch this Pattern” highlights that “...caring for my son means a lot of job. It is rewarding. I enjoy and I am proud of what I did. It has proved I am a strong person. This gives me a good feeling...It is rewarding, you doing something not many people can do. This is the beauty ...I really enjoy stitching... it is like stitching your sadness, your hardship and everything into this pattern...By collecting frames and pictures I have become an interior designer...”

It appears the project was a success. Annika Howell from the Independent Living Centre WA feedbacks “*I recently attended the Carers WA/ ISHAR/ ARAFMI event during Carers week and saw the launch of the fantastic Carers DVD you have recently developed. I was wondering if I could get a copy please and how to do so? It was extremely well done, informative, heart-warming and positive. Great Work!!*”

BENEFITS OF REIKI.

The first introduction to Reiki was conducted at the ISHAR's Carers Support Program in 2008. It was followed by the six months Reiki clinic run by Zofia Dauksza. Many Caregivers have noticed and reported the benefits of Reiki therapy on their health and wellbeing including reduction in stress, fear, anxiety and psychosomatic complaints; alleviation of pain and tension, improvement in sleep patterns and "experiencing of freedom from tension".

Below is an article "Use of Reiki to Facilitate Comfort. For the People Who Experienced Trauma" written by Zofia Dauksza. Zofia is a philosopher, Flower Essences therapist, Reiki (Master) practitioner & teacher. She has practiced in Europe and Australia for 20 years. She is a Reiki Association (WA) Inc. Member. She is a founder of **Bright-on** Healing Natur-ally. Zofia can be contacted zodau@hotmail.com

USE OF REIKI TO FACILITATE COMFORT. FOR THE PEOPLE WHO HAVE EXPERIENCED TRAUMA (Courtesy of Zofia Dauksza)

This article presents the meaning of Reiki used as a tool to bring balance into the lives of people affected by trauma and related issues. Reiki, a form of natural therapy using energy flow, is extremely useful in cases of people affected by trauma.

People who have been exposed to disaster, community violence, civil or international war, imprisonment, torture and related traumatic life – events often require help in coping with the effects of these experiences. While many people rely on family and friends for support and some require professional social work, psychological assistance and medical treatment, there is an increasing reliance on complementary therapies. The basis of confusion, anxiety, fears, loneliness, impatience, apathy, strange or odd behavior – in general, a negative outlook and unhappiness, may seem to have a common reason: past trauma, yet because each individual is unique, in the times of need they require a unique treatment. The type of individuals highly benefitting from Reiki are often sensitive; have been in prolonged forms of treatment without much result; do not like taking medication; frustrated due to the past trauma and its after – effects, which may appear as chronic or recurring problems; especially those whose emotional pain defies description due to the language barrier in situation of emigration and finding refuge in their new country. (They do not need to talk during Reiki.)

To use an example, named J.H. – a well educated middle aged woman was a member of the "Solidarity" freedom movement which started in Poland against the foreign communist suppression. During martial law introduced by Polish government, J.H. suffered imprisonment, multiple interrogations, finally released as a result of lack of proof for her "criminal activity", J.H. left Poland in 1982. She went through a refugee camp in Austria, over some time qualified for refuge in Australia. The memory of psychological and physical abuse experienced about 25 years ago in the home country

was negatively affecting her, manifesting itself through time by the heightened anxiety, feeling of resentment and hatred towards her oppressors; she was experiencing body shame, anger, sadness, a feeling of being unsafe, unable to forgive, detach and let it go. J.H. made a great effort to settle in WA yet despite using different therapies to release this tension, many problems were still preventing her from living a quality lifestyle. J.H. was introduced to Reiki and during this series of Reiki ‘treatments’ she experienced transformation. The first sessions were turbulent, with tears and tension dissolving from her muscular system. The next sessions resulted in J.H. responding and feeling much lighter, to finally sensing a great pleasure. She felt that Reiki helped her to put herself back together. In consequence of this improvement, her relationships became more open and fulfilling, and her life more pleasurable.

After a few months J.H. decided to take part in the process of learning Reiki, thus guiding positive change and making her dreams come true: initially, she had a fear of public speaking - which became released over the course of Reiki attunements and following self-healing, and J.H. found this new pleasure in performing a profession that had previously required so much courage. J.H. also became ready to visit her beloved Homeland which in the meantime had become a free country. The example of J.H. invites us to consider Reiki as a valuable and useful tool in the “healing toolbox”.



Reiki is derived from an ancient form of healing and has been developed after a long, wide and disciplined process of searching by Dr. Mikao Usui (1865 – 1926) in Japan; it is also known under the name “Dr. Usui’s System of Natural Healing”. Reiki is founded on the notion that an energy flow that supports life exists within all living beings. This energy is known as *ki* in *Japan*, *chi* or *qi* in *China* and *prana* in *India*. Reiki is a Japanese word referring to this “universally guided life force”; it consists of two Japanese words “*Rei*” which means “the hidden force” or “spiritual” and “*ki*” which means “life energy”.

Reiki influence on the living being is based on balancing of the energy field located around and within the body. Every person is surrounded by an invisible energy field called the aura (detectable by Kirlian’s photography or other modern devices). The aura provides the energy that is responsible for sustaining the human complex system of body – mind – spirit; every person’s aura is different and unique. There are seven layers to the auric body system; each layer has its own frequency characteristics and a set of seven major energy centers – *chakras*, originating at the level of etheric body. The chakras are connected to the cellular structure of the physical body through the subtle energetic channels, *nadis* which allows energy flow between the auric layers. The nadis are interconnected with the nervous system; this complex structure works as an energy transformer between universal energy field and human energy field. The quality of nerve transmission within the central nervous system is highly affected by the efficiency of the chakras and nadis’ functioning.

Dysfunction in the energy flow is the cause of pathological changes in the nervous system and, therefore, is a starting point to any disease or illness. Imbalance of energy (*ki*) flow in the human system distorts perceptions and dampens feelings, which makes experience of life limited. It happens because of connection of the human energy field with the universal energy field, which operates on the base of consciousness manifesting itself through seeing, hearing, sensing, feeling, intuiting or direct knowing. It is therefore important to increase the flow of *ki* through the system, to live life to its fullest potential.

Reiki is a safe and useful technique to promote and support the body's natural self-healing ability (using it for ourselves, other people and even animals or plants) - helping to restore the flow of energy, thus bringing about balance in the body, mind and spirit, aiding relaxation and promoting a sense of calmness; benefitting those who suffer from pain, stiffness, injury, illness and emotional stress, imbalance or trauma. Most people receiving Reiki find that the mind becomes peaceful, the body relaxes and tension drops away, giving rise to an overall sense of wellbeing. Research done during 1980s into what is happening during the practice of Reiki has shown that the brain waves of practitioner and recipient become synchronized in an alpha state that is characteristic for deep relaxation and meditation, likewise that the waves pulsate in unison with the Earth's electromagnetic field.

This therapy is facilitated by a system of positions of the therapist's hands lightly touching the recipient while placed on the head, front and back of the torso in a systematic way, to connect the universal life-force energy with a person's own innate power to heal; in some cases practitioner may hold their hands slightly away from the recipient's body. Reiki treatment is performed with the recipient fully clothed and either lying down or sitting in the chair; the recipient can be awake, asleep, conscious or unconscious. A full session usually lasts 45-90 minutes, though may be much shorter in some cases. Each session is unique and its benefits various. The flow of energy is usually experienced as gentle warmth by both: practitioner and receiver. It may also be felt as a fine tingling or tremor and in some cases of extreme need – as a deep chill. Research has shown that biomagnetic field around the practitioner's hands during Reiki session is at least 1000 times greater than their normal, yet it does not destroy delicate tissues or nerves and is absolutely harmless.

The Reiki practitioner's role is not to promise a cure or healing, only to be a humble facilitator/ally to assist in the body/mind effort to reach a greater equilibrium - presenting a compassionate and empathetic (non judgmental) attitude, preferably administering the session in a secure, comfortable and sacred (dedicated) environment, thus giving the best possible sense of wellbeing. The Universality of Reiki makes it known worldwide.

Anyone can learn Reiki. The way to become a Reiki practitioner leads through the process of gaining an understanding of Reiki, the ethics and structure of a Reiki session, plus the participation in a series of attunements (initiations) that enhance the flow of Reiki within a practitioner – administered by a Reiki teacher (called master).

With appropriate training and experience in the art of healing with Reiki, we can reap the rewards of this universal gift. Reiki is taught at three levels.

Level one: the participant is “tuned in” to the Universal Life Force.

This process creates their openness to applying Reiki for the rest of their life.

Level two: additional techniques are taught to help explore and resolve hidden emotional/mental conflicts (preferably a minimum of 6 months of practice from level 1)

Level three is for those who wish to dedicate their lives to teaching Reiki (preferably a minimum of 3 years practice from level 2).

For the people experienced by trauma, learning and practicing Reiki may become an effective way for accelerating and promoting the ability to discover, develop and learn how to take responsibility for own healing process and wellbeing.



For low intensity stress reduction – a short series (3-6) of Reiki sessions are usually satisfactory.

However in circumstances when people are affected by the consequences of a deep trauma, it would be overoptimistic to expect instantaneous improvement of their condition; in this situation a program involving a minimum series of ten sessions run by a dedicated practitioner would be beneficial, plus a repetition after some time.

Photo: A typical Reiki session;
One of the twelve basic hands positions.

To summarize, this article is to address the possibilities of using Reiki as a natural, simple, safe, effective and balancing tool for rejuvenating body-mind-spirit, working without side-effects, also useful in circumstances when people are affected by trauma and related issues. The basic premise is that in these times of widespread emotional imbalance and experiencing consequences of trauma occurring for various reasons, which happens throughout the world in families of all racial, ethnic and social backgrounds, the general community can gain the knowledge about an efficient way for self - healing and self - improvement.

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