

BECOMING A HOLISTIC SOCIAL WORKER: AN AUTOETHNOGRAPHY

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## ABSTRACT

Becoming a Holistic Social Worker: An Autoethnography

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This research project is an autoethnography about my journey in becoming a holistic social worker. The theoretical framework includes critical race feminism, Asian feminism, and yin yang theory. The literature review finds social workers are integrating alternative healing practices in their professional work. The research methods are the process and product of writing the autoethnography. The research question is: what persons, situations, and experiences were influential in my becoming a holistic social worker? The findings indicate the influencing factors: family environment, learning kung fu and Chinese medicine, social justice activities at church, healing professionals, working in mental health field, training in counselling and mental health, and holistic social workers. The discussions indicate white supremacy, patriarchy, capitalism, and cultural appropriation had negative impacts on my life and presented opportunities for resistance.

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## CHAPTER 1. INTRODUCTION

The research project is an autoethnography about my journey in becoming a holistic social worker. I am the researcher who is using myself as the research subject. The autoethnography contains personal experiences with alternative healing practices, social justice, and social work practice. The findings are analyzed with critical social work theories in order to understand the social issues and oppression in my surrounding environment. The theoretical framework includes critical race feminism, Asian feminism, and yin yang theory. The concepts of white supremacy, patriarchy, capitalism, and cultural appropriation are used to examine the societal impacts on me as a Canadian Chinese woman.

The literature review finds social workers are using mixed modalities or alternative practices, such as yoga, meditation, tai chi, and prayer, for their personal use and professional work. There is a shortage of qualitative studies from Canadian social workers describing how they incorporate alternative practices into social work. The literature review made me realize that my social work practice is holistic and incorporates alternative practices. The findings about alternative practices in social work have helped me in forming the research question for this research project. My research question is: what persons, situations, and experiences were influential in my becoming a holistic social worker?

The research methods are the process and product of writing the autoethnography. The process is reflecting and writing about my personal experiences related to the research question. The product of the autoethnography is a collection of personal stories that represent the findings to the research question. The potential benefits of this research project are bringing attention to the effectiveness and relevance of holistic social work, contributing to the existing research knowledge, and contributing to anti-oppression practice.

I conclude this chapter with a reflection on my subjectivity. Subsequent chapters include Theoretical Framework, Literature Review, Research Question, Methodology, and Findings and Discussion.

## **Subjectivity**

The topic of this research project was influenced by my personal experiences and preferences. In my younger years, I learned about Chinese medicine, martial arts, and philosophies from my father. This learning has influenced my use of and preference for alternative healing practices. I have worked with clinical social workers in the mental health field. I was impressed with the work of my colleagues and this contributed to my becoming a social worker. Based on these experiences, I became interested in exploring the integration of social work with alternative healing practices.

My subject position is a Chinese Canadian, woman, good daughter, middle class, social worker, kind helper, and religious/spiritual person. During the research process, I have reflected on the power and privilege associated with the position I was “subjugated to” (Heron, 2005). There were situations where I acted as either the dominant or dominated person in my personal and professional life. I am aware of my complicity in the discourses of patriarchy, racism, sexism, classism, white supremacy, cultural appropriation, and capitalism in my surrounding environment for the reasons of socio-economic survival. As a good Chinese daughter, I obeyed my father to avoid the negative consequences of patriarchy. As a racialized woman employee, I have experienced racism and sexism in the hiring process. My church involvement and religious/spiritual beliefs have shaped me into a kind helper. There were situations in my social work practice where I was overzealous in helping clients without considering their needs beforehand. I was born into a low income immigrant family and became middle class later in

life. I am mindful that my middle class values may conflict with the client's values and to prevent these differences from affecting the client/worker relationship. For these reasons, I have selected the theoretical framework of critical race feminism, Asian feminism, and yin yang theory for the critical analysis of the research findings. My personal development is unlearning these discourses of oppression and engaging in anti-oppression practice in social work.

## **CHAPTER 2. THEORETICAL FRAMEWORK**

The theoretical framework in this research project includes critical race feminism, Asian feminism, and yin yang theory. These frameworks are relevant to this research project about social work, Asian healing practices, and my experiences as a Chinese Canadian woman. Critical race feminism is suitable for critical analysis of racialized women's experiences with racism, sexism, and systems of oppression. Asian feminism is suitable for critical analysis of the experiences of oppression for Asian women in particular. Yin yang theory is suitable for critical analysis of imbalance and disharmony between individuals, between people and environment, and between various treatment modalities for clients. The theory is used to discuss holistic social work practice, worker-client relationships, and people-environment interactions.

### **Critical Race Feminism**

Critical race feminism is also known as anti-racist feminism. The framework includes critical race theory, feminism, and post-structuralism (Collins, 2000). Critical race feminism recognizes the intersectionality of racism, sexism, and classism within oppressive social systems. Critical theory judges social institutions by their own internal values of democracy, equality, and justice and expose the contradictions of oppressive actions (Billings & Jennings, 2001). Critical theory takes a centralized view of power from social systems, such as capital, government, workplace, and family. Post-structuralism has a decentralized view of power that is diffused within society through language and power structures (Billings & Jennings, 2001). Critical race feminism recognizes that power and oppression come from both centralized and decentralized places in society. A centralized view analyzes the oppression of women in the family, workplace, government, and capitalistic systems. A decentralized view analyzes the oppression of women

through disempowering language and inequitable in social relationships. Knowing the location of the oppression guides the direction of resistance and social change.

This section will discuss white saviours, kind helpers, and nationality through the lens of critical race feminism. These concepts examine white women's foundation in the helping professions and inequities in the Canadian nationality system.

**White Saviours.** White women are culturally constructed as saviours of racialized women in the history of colonialization (Razack, 1998). When the European white woman comes into contact with a racialized woman, she views herself as more civilized, liberated, and superior. "If African and Asian women are victims of their cultures, western women can rush in and save them and can affirm their own positional superiority" (Razack, 1998, p. 6). This saviour complex in white women is embedded in the foundation of social work and other helping professions in North America. The early entry of white women in social work has established them as the experts in social work knowledge and practice. This has negative consequences to racialized social workers who have a wealth of knowledge and experience from their culture but they do not have the opportunity to demonstrate their knowledge and skills.

**Kind Helpers.** Historically, white women were shaped into kind helpers through Christian charity work and they later moved into the helping professions (Roger, 2000). In Christian churches, the wealthier white people felt an obligation to be charitable towards the less fortunate people. The historical white Christian women had the social privilege to work in the helping professions, such as nursing, social work, and teaching (Roger, 2000). In current times, the white women have moved into higher status jobs, such as psychotherapy, where they continued as kind helpers to middle-class, white women clients (Roger, 2000). As racialized women moved into the helping professions, it has been my observation that they appear to be

working in the lower paying jobs. Segmented labour market theory explains the positioning of racialized women in jobs of lower status and salary (Calliste, 2000); it suggests that the primary job market has higher paying jobs reserved for white people while the secondary job market has lower paying jobs filled by racialized people.

**Nationality.** People living in Canada are not regarded as equal beings. Thobani (2007) contends that “racial difference, as a system of hierarchy within the Canadian socio-legal system, constitutes the national, Indian, and immigrant as different kinds of legal beings” (p. 28). The nationals are presented as the ideal responsible and caring citizens; the Indians are presented as troublesome in their demands for land claims; the immigrants are presented as coming from backwards and dangerous cultures (Thorbani, 2007). Canada was formed as a nation through the force of colonization. The European founders and their descendants want to protect their power and privilege from the threatening inferior national subjects (Thobani, 2007). White supremacy is the basis for establishing the different kinds of legal beings. Racial inequality creates socio-economic inequalities among Canadians and causes disadvantaged people to seek social services and benefits. Marginalization prevents people from fully participating in society and takes away their political will to advocate for progressive changes in the system.

Racialized Canadians are still regarded as immigrants when they are born in Canada, do not speak English well, or born in developing countries (Dua & Robertson, 1999). I am a third generation Canadian who is often seen as a foreigner because of my Asian appearance. Hence, racialized and First Nations people are regarded as outsiders; whereas, white people, including those born out of Canada, are regarded as insiders (Dua & Robertson, 1999). This social division causes discrimination towards racialized women and makes them vulnerable to harassment and

reduced socio-economic opportunities. Racialized women and their children may seek support from the social services system as a result of socio-economic difficulties.

### **Asian Feminism**

Asian Feminism is a framework that integrates Asian women's scholarship and women of colour's feminist politics in North America (Chai, 1985). I use the term Asian women to describe Asian women who are immigrants, born in North America, or living on the Asian continent. The women of colour's feminist politics, also known as critical race feminism, look at historical oppression and strive for equality in gender, race, ethnicity, class, and sexuality (Chai, 1985). Asian women have different experiences with oppression than other racialized women. Feminism is the political theory and practice about liberating all the women from oppression. Hence, Asian feminism connects Asian women from North America and the Asian continent through a common understanding of the impacts of colonialism, white supremacy, and patriarchy on their lives (Yang, 2002). Asian women around the globe can build solidarity, resist oppression, and work towards social change. This section on Asian feminism discusses the topics of intersectionality, commodification, and visibility.

**Intersectionality.** North America Asian women are affected by the intersectionality of racism, sexism, patriarchy, and white supremacy. There are differences in social issues and liberation needs for first and second generation Asian women in North America. Asian women experience sexism inside their families due to patriarchy. The men in the family have more power and autonomy than the women. Asian women tolerate the sexism in the family as a cultural norm; they feel the racism and classism outside the family are greater concerns (Chai, 1985). In my experience, the first generation Asian women tolerate the sexism in their family settings as part of their cultural upbringing. However, second generation Asian women show

resistance towards sexism from both inside and outside the family settings. They have integrated the cultural values from both Asia and North America where they respect family values, women's equality, and racial equality.

**Commodification.** North America is a white settler continent with interlocking systems of domination such as white supremacy, patriarchy, and capitalism (Razack, 2000). The European colonizers treated the people and natural resources of the colony as commodities for exploitation and consumption. In bell hooks' concept of 'eating the other', she explains "when race and ethnicity become commodified as resources for pleasure, the culture of specific groups can be seen as constituting an alternative playground where the dominating group affirm their power-over the Other" (as cited in Razack, 1998, p. 5).

The commodification of Asian culture makes invisible Asian feminism as a political movement for equality and social justice (Lee, 2006). The general population is consuming Asian culture such as Asian film festivals, foods, products, and healing practices. The people believe they are supporting Asian culture and people through their consumption. However, they are distracted from learning about Asian women's struggles with oppressive conditions such as racism, sexism, and classism (Lee, 2006).

Cultural appropriation occurs when white people remove the Asian history, philosophy, and spirituality from the Asian cultural practice and present it as their own invention. Currently, there is cultural appropriation of yoga and acupuncture by white helping professionals; we find yoga studios and Chinese medicine schools with white practitioners who are teaching to mainly white students (Lin, 2018). White supremacy fosters a sense of entitlement for the white helping professional whereby they feel righteous in changing Asian healing knowledge and practices into westernized versions of them.

**Visibility.** Asian American women must have the opportunity to speak their minds and also define, interpret, and write about their own experiences (Chai, 1985). Yang (2002) defines “Asian American Feminism as paying particular attention to Asian American women’s voices, texts, experiences, literature, arts, visual arts, histories, geography, theory, epistemology, pedagogy, sexuality, body and life” (p. 141). These authors encourage Asian women to speak their truth for self-empowerment, correct false images, and bring awareness to the struggles of real Asian women. The authors emphasize the importance of making visible and centering Asian women’s experiences as resistance to the multiple oppressions they experience in their personal and professional lives.

### **Yin Yang Theory**

Yin yang theory is a holistic perspective of balancing different elements in our personal and professional lives, mental and physical health, material and spiritual lives, and interpersonal relationships. Yin and yang are interdependent elements that coexist harmoniously as a functioning system (Liu & Harrell, 2015). The yin yang symbol is a circle where the black side is slightly blending into the white side. In other words, yin + yang = circle. Yin means feminine, passive, dark, or cold, etc. Yang means masculine, active, bright, or hot, etc. Yin yang theory is a philosophy of equality where both elements are regarded as equals and one element is not considered better than the other.

Yin yang theory can be used to create holistic social work practice and holistic social worker and client relationships. When conventional social work (yang) of dealing with distribution of resources and political advocacy is integrated with alternative healing (yin) for mental and physical health, the new creation is a holistic social work (circle) that addresses the multiple needs of clients. When the social worker (yang) is the service provider using anti-

oppression practice interacts with the client (yin) who is the service user needing support, the relationship (circle) between the social worker and client has equality and interdependence.

The overall well-being of a person is dependent on balancing the yin yang energies inside the person in addition to balancing the whole person with the external environment (Lee, 1998). For example, if a person has a busy and demanding (yang) work life, they balance the energies by living a peaceful and nurturing (yin) personal life. The yin yang theory is useful for balancing relationship dynamics and maintaining work-life balance. Yin yang theory is an eastern perspective that can be incorporated into social work practice. The perspective of balance in life is useful as a self-care strategy and understanding interpersonal relationships.

### **Theoretical Summary**

The theoretical framework of critical race feminism, Asian feminism, and yin yang theory has a holistic perspective that is robust and flexible. There is an integration of theories and perspectives from critical theory, critical race theory, feminism, poststructuralism, postcolonialism, Asian American and Canadian studies, and yin yang theory. Critical race feminism is used for analyzing the concepts such as white women as saviours and kind helpers and nationality. Asian feminism is used for analyzing social issues such as intersectionality, commodification, and visibility. Yin yang theory is used to discuss holistic social work practice, equality in worker-client relationships, and balancing work, life, and health. This framework uses the key concepts of white supremacy, patriarchy, capitalism, and cultural appropriation to examine their influence on my becoming a holistic social worker and their impacts on Asian healing knowledge and practices. There is flexibility when using the different theories and key concepts for critical analysis of the literature review and research findings.

## CHAPTER 3. LITERATURE REVIEW

The literature review is an exploration of social workers using alternative practices, such as yoga, meditation, tai chi, and prayer, in professional settings. Studies of social workers across Canada and United States have found them using alternative practices for personal use and professional work (Henderson, 2000; Jayaratne, Croxton, & Mattison, 1997; Partyka, 2014). In this research project, alternative practice is defined as a treatment or intervention from a discipline outside of conventional social work; mixed modality is defined as the integration of conventional social work with one or more alternative practices when working with clients. The terms modality and alternative practice are used interchangeably in this research project. The literature review examines alternative practices in terms of the prevalence, types, effectiveness, scope and competence, and appropriateness.

### **Prevalence**

There is widespread interest and practice of alternative practices among social workers. A study of Canadian social workers found almost all of them believe “social work should consider a holistic, mind-body-spirit approach to practice” (Partyka, 2014, p. 79). In another study it was found that the majority of social workers (in Michigan, USA) believe it is appropriate to integrate social work with other modalities even when they have not done it themselves (Jayaratne, Croxton, & Mattison, 1997). There is open-mindedness and supportiveness among some social workers about the use of alternative practices with clients. Social workers have preferences for certain alternative practices based on their gender, age, and location. Using of tai chi and yoga has greater approval from male social workers and older social workers of both genders; giving advice on a variety of topics has greater approval from male workers, younger

workers of both genders, and rural workers of both genders (Jayaratne, Croxton, & Mattison, 1997).

The majority of the social workers in the United States and Canada using alternative practices are working in the areas of mental health, health care, and private practice (Henderson, 2000; Partyka, 2014). The findings imply professional settings in mental health, health care, and private practice are supportive of social workers using alternative practices. One third of Canadian social workers have formal training in a specific alternative practice (Partyka, 2014). Some alternative practices, such as support groups, imagery, biofeedback, hypnosis, art therapy, and psychotherapy, became integrated with social work over the years (Henderson, 2000). The implication is the future potential of more alternative practices becoming integrated with social work when there is increasing interest and acceptance.

## **Types**

There is a large variety of alternative practices that social workers are using for themselves and with clients. Social workers are familiar with up to 46 different types of modalities and alternative practices (Henderson, 2000). The modalities are placed into the categories as: a) mind-body techniques, b) community-based health care practices, c) professional alternative practices, d) manual healing methods, e) botanical, pharmacological, and biological, f) diet and nutrition, and g) parapsychological practices. There is a comprehensive list of 46 modalities and alternative practices located in Appendix A.

Quantitative studies have found some alternative practices are commonly used by social workers in professional settings. For Canadian social workers, there is common use of relaxation, imagery, meditation, mind-body stress reduction, and diet/lifestyle changes (Partyka, 2014). Social workers in the United States commonly use meditation, imagery, prayer, yoga, and advice

on nutrition/exercise (Henderson, 2000). For Michigan social workers, there is common use of exercise or nutrition advice, prayer, and yoga or tai chi (Jayaratne, Croxton, & Mattison, 1997). The studies above indicate social workers' preferences for mind-body practices, such as meditation, prayer, tai chi, and yoga, in addition to body-only practices such as advising on nutrition and exercise. There are similarities in the alternative practices commonly used by social workers in Canada and United States. Higher usage of certain alternative practices could imply the preferences of social workers and positive effects for clients. It is worth exploring in future research on the effects of mind-body practices compared to body-only and mind-only practices when they are used with clients.

### **Effectiveness**

There are health benefits found in alternative practices such as yoga, meditation, tai chi, and prayer. People from different cultures are using these alternative practices the health reasons. There is a shortage of qualitative studies about social workers using yoga, meditation, tai chi, prayer, and integrative body-mind-spirit (IBMS) approach with clients. The literature found on alternative practices is reviewed for health benefits and positive effects on body-mind-spirit. In addition, the IBMS approach to social work practice is discussed.

**Yoga.** Yoga is an ancient floor exercise originating from India. Traditionally, yoga practice was connecting the person's body-mind-spirit with gentle poses and breathing exercises. Currently, yoga is changed to a mind-body practice for fitness and relaxation by removing the spirituality.

A social worker teaching yoga to a cancer patient has reported resulting health benefits, specifically reduced stress and anxiety and more self-acceptance of their body (Strauss & Northcut, 2014). Yoga classes for clients in a homeless shelter have resulted in reducing stress

and encouraging gratitude (Davis-Berman & Farkas, 2013). These studies only mention the mind-only effects of yoga and any effects on the body are unknown. In both studies, the social workers had supportive chats with clients during yoga lessons. The implication is combining yoga with supportive chats have resulted in reducing stress levels for clients, suggesting there are overall health benefits in using yoga in social work practice.

**Meditation.** Meditation is a sitting practice originating from India and associated with Buddhism. Traditionally, meditation practice was connecting the person's body-mind-spirit to the universal source during quiet sitting periods. Currently, meditation is changed to a mind-body practice for relaxation and renamed to mindfulness practice. Since there is a lack of qualitative studies about social workers using meditation or mindfulness with clients, studies from other disciplines are examined here.

Mindfulness training for secondary school students with emotional/behavioural issues has resulted in improving their personal skills (Wisner & Starzec, 2016). The students experienced improvements in self-awareness, self-regulation of emotions and behaviour, trusting, and relationships with others. Clinical social work students received mindfulness training and enhanced their self-efficacy in counselling skills (Gockel, Burton, James, & Bryer, 2013). These studies only mention the mind-body effects of meditation and any effects on the body are unknown. In both studies, mindfulness practice reduced the participants' stress and anxiety levels which resulted in increased receptivity in learning personal skills and self-efficacy.

**Tai Chi.** Tai chi is an ancient standing exercise originating from China and associated with Taoism. Traditionally, tai chi practice was connecting the person's body-mind-spirit during gentle flowing movements. Currently, tai chi is changed to a mind-body practice for fitness and

relaxation by removing the spirituality. Since there is a lack of qualitative studies about social workers using tai chi with clients, studies from other disciplines are examined here.

Teaching tai chi to older adults in a low income community has improved their overall health fitness level (Manson et al., 2013). The participants showed improvement in their cardiovascular, upper body, lower body, and flexibility. Low income adults with respiratory illness are using tai chi and other traditional practices for self-care (Fuller-Thomson, Lawson, Chaudhuri, & Thompson, 1997). These studies indicate the overall health benefits of tai chi practice. However, these studies measure the body-only effects of tai chi and any effects on the mind are unknown.

**Prayer.** Prayer is a practice in many religions such as Judaism, Christianity, Islam, and Buddhism. Prayer is a form of communication with the creator, higher power, or divine source and commonly used when asking for divine intervention in a personal matter. A person can pray for themselves or on behalf of others. Praying can be practiced alone or with other people. There are articles discussing the knowledge and practices of Christianity (Canda, 1990) and Islam (Al-Krenawi & Graham, 2000) in the context of social work but they are not empirical research studies. There is a lack of qualitative studies about social workers using prayer in client work and studies from other disciplines are examined here. Prayer is regarded as a spiritual practice. In addition, there is a history of prayer being used for mind-body healing (Maier-Lorentz, 2004). African-Canadian women with HIV/AIDS are using prayer as coping strategies, fostering a sense of hope, stability, personal strength, and reduced emotional pain (Aryee, 2011). Muslim women use prayer to calm down during distressing situations (Saleem, 2018). The participants in these studies use prayer in their everyday lives and especially when they are experiencing difficult

situations. Prayer, meditation, and mindfulness have similar positive effects such as relaxation, inner peace, stress reduction, and feeling centered.

There are studies in the United States about spiritual care between physicians and patients. The majority of patient's felt their primary care physician should be aware of their religious or spiritual beliefs (MacLean et al., 2003). In addition, there is a positive correlation between a patient's interest in spiritual care from physicians and severity of the illness. In another study, physicians offered to pray on behalf of patients and almost all of the patients accepted the offer (Mann et al., 2005). The implication of these studies are patients feel spiritual care from physicians is important; it is acceptable for physicians to pray on behalf of patients; and formal training in spiritual care is not required for physicians. The studies about spiritual care between physicians and patients are used to draw parallels to social workers using spirituality with clients. For some clients, the social worker is their primary care provider and there is a trusting relationship. The client may express interest in spiritual conversations with the social worker.

**Integrative Body-Mind-Spirit.** The IBMS model is a holistic approach to social work practice that uses several alternative practices effecting the body, mind, and spirit (Chan, Ho, & Chow, 2002). Western social work practice is integrated with eastern knowledge such as Buddhism, energy work, body-mind connection, and traditional Chinese medicine, in addition to eastern practices such as yoga, tai chi, and acupressure.

There are studies on IBMS support groups for breast cancer patients, colorectal cancer patients, females with depression, women's wellness, and female trauma survivors (Lee, Ng, Leung, & Chan, 2009). Social workers facilitate IBMS support groups that include therapy, acupressure, qi-gong exercise, and reflections on the meaning of life (Chan, Ho, & Chow, 2002).

These studies indicate positive effects on the clients' physical health, mental health, sense of control, and social support. In follow up studies, these positive outcomes are sustained when the clients continue with the body-mind-spirit practices after they leave the group (Lee, Ng, Leung, & Chan, 2009). Overall, there are wide ranging positive effects and health benefits when using the IBMS approach in social work practice.

Currently, the IBMS approach is not widely used in social work due to a lack of training and research evidence (Rosendahl, 2015). Social work educators are teaching a Master's level IBMS course in the United States. The MSW students in the IBMS course have increased their knowledge and professional use of body-mind-spirit approaches, alternative practices, and improved cultural competence after completing the course (Raheim & Lu, 2014).

### **Scope and Competence**

Research studies indicate there may be barriers preventing social workers from using alternative practices with clients (Henderson, 2000; Partyka, 2014). Social workers who were participants in these studies are unsure if alternative practices fall within the scope of practice for social work. They are concerned about their lack of training in the alternative practices. Studies have found some social workers do not have expert level skills or formal training in the alternative approaches they are using with clients (Henderson, 2000; Jayaratne, Croxton, & Mattison, 1997; Partyka, 2014; Tucker & Norton, 2013). Strauss and Northcut (2014) indicate the importance of having teacher certification before the alternative practice is taught to clients. Some studies express concern about social workers lacking formal training in the alternative practice because they believe there could be harm to the clients (Strauss & Northcut, 2014; Tucker & Norton, 2013). Despite these concerns, Tucker and Norton (2013) confirm formal education for certain alternative practices are not readily available. The authors found social

workers are trained on-the-job in using certain alternative practices. The implications from these studies are some employers do not require formal training in certain alternative practices and they support social workers in using them with clients.

The OCSWSSW's (2008) standards of practice for social workers are explored to address some their concerns about scope of practice, competence, and training. The OCSWSSW's (2008) scope of practice for social workers permits the provision of treatment service, social support, and life skills instruction but there are no specific definitions provided. The implication is social workers may use their professional experience to define treatment service and life skills instruction. My professional definition of life skills are the skills necessary for daily living as well as enhancing quality of life. The positive effects of yoga, meditation, tai chi, and prayer can enhance a client's quality of life. The implication is alternative practices that enhance quality of life can be considered life skills or treatment services.

The OCSWSSW's (2008) code of ethics requires competence in social work practice. Social workers are permitted to use alternative practices when they demonstrate competence in knowledge, training, and experience. In addition, alternative practices are permitted when they are supported by the employer and it is the client's choice. Relevant parts of the OCSWSSW's (2008) code of ethics, scope of practice, and competence are located in Appendix B.

The authors of the studies are social work professors and they presented their views on the necessity of training and education in alternative practices (Henderson, 2000; Jayaratne, Croxton, & Mattison, 1997; Partyka, 2014; Tucker & Norton, 2013). While it is understandable for the university professors to have a preference for formal education, there needs to be more recognition for informal training in alternative practices through on-the-job experience, workshops, and self-teaching. Tucker and Norton's (2013) study indicates some alternative

practices are learned on-the-job and formal training is not available. This study establishes precedence in terms of recognizing the importance of informal training and on-the-job training outside of formal education and training in school and classroom settings.

### **Appropriateness**

Social workers who are personally interested in and knowledgeable of certain alternative practices are most likely to use them directly with clients (Davis-Berman & Farkas, 2013; Henderson, 2000; Jayaratne, Croxton, & Mattison, 1997; Partyka, 2014; Strauss & Northcut, 2014). However, there are questions about the appropriateness of social workers using the alternative practices with clients of conventional social work practice. There are social work considerations when using alternative practices with clients who are vulnerable and marginalized. Social workers provide service to people living with challenges such as poverty, mental/physical health issues, and homelessness. In deciding if alternative practices are appropriate for the client, social workers need to consider the client's specific situation, positive effects, potential risks, and competency in alternative practices.

**Appropriate for Clients.** Alternative practices, such as yoga, meditation, tai chi, and prayer, have positive effects and health benefits and can improve the quality of life for vulnerable populations, as discussed above in the literature. Clients using alternative practices for self-care can improve their health and reduce their visits to health care providers. Yoga practices are beneficial for alleviating stress for homeless people and cancer patients. Mindfulness practice is beneficial for clients needing stress reduction and self-efficacy in improving their quality of life. Tai chi programs can provide health benefits to low income people with health issues. Prayer has mind-body healing, such as reducing emotional pain and gaining resilience, for clients experiencing distressing situations and challenging life circumstances. The studies about spiritual

care between physicians and patients are used to draw parallels to social workers using spirituality with clients. For some clients, the social worker is their primary care provider and there is a trusting relationship. The client may express interest in spiritual conversations with the social worker. The implication is spirituality is considered appropriate in social work practice when there is client preference and employer support.

**Appropriate for Social Workers.** Generally, using alternative practices in social work is considered appropriate when the social workers have competency, employer support, and client's preference. Social workers need to accommodate different client abilities and prevent injuries when using alternative practices. A social worker taught yoga using Skype while the client was at home; when the client was too tired to move, the social worker suggested the patient visualize doing yoga in their mind (Strauss & Northcut, 2014). In another study, a social worker facilitated yoga classes using an unstructured, drop-in format; clients have the choice of using a chair or mat for yoga practice and taking rest breaks as needed (Davis-Berman & Farkas, 2013).

Hodge's (2011) guidelines for helping professionals using spirituality with clients suggest the following considerations: client preference, evaluation of research (quantitative and qualitative), qualifications, expertise, cultural competence, and limitations. These guidelines are general in nature and can be used to assess any type of alternative practice for their appropriateness in social work. The OCSWSSW's (2008) standards of practice share similar principles as Hodge's (2011) guidelines and they reinforce each other as guidance for social workers using mixed modalities. Overall, this literature review provides information to help social workers determine the appropriateness of using mixed modalities with clients.

## **Discussion**

**Limitations.** The research findings in quantitative studies about social workers across Canada and United States may not be accurate or generalizable because the participation rate is very low. Studies about social workers from Canada and United States indicate approximately one third of them are interested in alternative practices for their personal and professional use (Henderson, 2000; Partyka, 2014). However, the participation rate in these studies is only 1% of all social workers who are members of social work professional associations. We can explore possible reasons for this lack of participation in these studies. The social work professional associations provide an access point for researchers interested in recruiting social workers as research participants. However, there may be social workers using alternative practices but they are not members and unable to participate in the research studies. It is possible that some social worker do not realize they are using mixed modalities or alternative practices in professional work. There is an overrepresentation of female social workers in Ontario, Alberta, and Manitoba (Partyka, 2014). This is a reflection of the limited participation and does not represent the cultural diversity of social workers in Canada.

Overall, there is a shortage of qualitative research about social workers using mixed modalities or alternative practices directly with clients. Specifically, there is a lack of qualitative research about Canadian social workers using IBMS approaches in their professional work. The majority of research studies are authored by social work educators. There are greater numbers of social work practitioners than educators. There is a wealth of knowledge from practitioners about holistic social work practice which can be published and contribute towards the body of social work research knowledge. While there is research showing the health benefits of tai chi, there are

no studies about social workers using tai chi with clients. This deficit provides an inspiration for social workers with tai chi experience to incorporate it into their social work practice.

**Cultural Appropriation.** There are incidences of cultural appropriation of Asian healing practices such as yoga and meditation. Asian healing practices connect the body-mind-spirit (Lee, Ng, Leung, & Chan, 2009). Yoga and meditation have many health benefits and people from different cultures are using them. White supremacy and capitalism are dominating systems in North America (Razack, 2000). This environment produces the motivation for white people to westernize Asian healing practices and find ways to profit from it. Meditation was changed into a mind-body practice and reinvented as mindfulness-based-stress-reduction (MBSR) in the United States (Strauss & Northcut, 2014). I contend the removal of spirituality from yoga and meditation as a way to hide the cultural origins. By viewing websites of yoga studios, we see many of the owners and instructors are white people. Overall, these various activities helped in establishing white people as authority figures in yoga and meditation in western societies.

Davis-Berman and Farkas (2013) center themselves as yoga teachers doing charitable work for people in a homeless shelter. The authors discuss their personal growth while teaching yoga to homeless people. The voice of the homeless people is missing even though they are important subjects in this study. We do not hear about their personal circumstances and systemic issues that led them to poverty and homelessness. Historically, the white women living on colonized land were socially constructed as saviours (Razack, 1998) and kind helpers (Roger, 2000) to other less fortunate people such as immigrants and Indigenous people. They had access to working in the helping professions such as social work, nursing, and teaching. Davis-Berman and Farkas are white middle-class women and helping professionals. They are carrying the tradition as saviours and kind helpers at the homeless shelter. Davis-Berman has a therapeutic

perspective but not a critical perspective on the homeless situation. Despite good intentions of teaching yoga, the authors did not use their white academic privilege to discuss the injustices of homelessness, systemic causes, and advocate for homeless people. There was no follow through to help the shelter clients improve their lives and address the problem of homelessness itself.

**Social Justice.** Many social workers in the United States are employed in clinical work (Henderson, 2000). The majority of social workers using alternative practices are working in clinical practice (Henderson, 2000; Partyka, 2014). Jacobson (2001) criticizes the social work profession for abandoning its roots in social justice in favour of clinical social work. The author's position is implying my research project in holistic social work practice is ignoring social justice issues. I disagree with Jacobson's (2001) assumption that clinical social workers are not interested in social justice work. Firstly, clinical social workers can use a social justice approach (Swenson, 1998) to help clients talk about their experiences of oppression, facilitate their healing, and bring awareness to their responsibility to other less fortunate people. Secondly, clinical social workers may be active in social justice work outside of their employment work hours. Thirdly, clinical social workers may have additional responsibilities involved in social justice work, such as advocacy, education, policy, and management, where they can influence and contribute to structural changes.

### **Research Question**

The research project began with exploring social workers from Canada and United States who are using alternative practices in professional settings. There is a shortage of qualitative studies from social workers providing rich descriptions of their integration of alternative practices into social work. I have facilitated client groups with a body-mind-spirit approach that teaches personal wellness and self-care skills. My social work practice has a holistic approach

that integrates therapy, meditation, qi-gong, and spiritual discussions about being ethical, compassionate, and helping others. The literature review helped me in forming the research question for this project. My research question is: what persons, situations, and experiences were influential in my becoming a holistic social worker?

## CHAPTER 4. METHODOLOGY

The methodology used in this research project is analytic autoethnography.

Autoethnography is a systematic study of one's personal experiences in the context of the surrounding culture and society (Creswell, 2013; Ellis, Adams, & Bochner, 2011). This is a research study where the researcher examines themselves as the research subject. In addition, the social issues in one's environment are studied in order to bring understanding and meaning to one's personal and professional life.

There are similarities between autoethnography, autobiography, and narrative inquiry. The writing of personal stories with rich descriptions and the exploration of personal meaning are commonalities in autoethnography, autobiography, and narrative inquiry. However, there are important differences between these forms of writing. An autobiography is writing about the author's personal stories but it is not considered a research methodology (Creswell, 2013). A narrative inquiry is a research methodology that examines the stories of other people, how the stories are constructed, and the meaning and background of the stories (Creswell, 2013; Trahar, 2009). Autoethnography and narrative inquiry allows for the use of theoretical analysis in the research study (Creswell, 2013). Overall, autoethnography is the most appropriate methodology because it allows for self-study and theoretical analysis of my personal experiences in relation to the social issues in the surrounding environment.

### **Evocative and Analytic**

Some authors consider evocative and analytic as separate forms of autoethnography. Evocative autoethnography has a writing style with rich descriptions that are visually appealing and emotionally engaging to a wide audience of readers (Ellis, Adams, & Bochner, 2011). The authors' intention is motivating the reader into making personal and social changes. Evocative

autoethnography is influenced by post-modernism where a variety of writing styles and research procedures are equally recognized as credible (Ellis, Adams, & Bochner, 2011).

There are analytic autoethnographers using ethnography approaches for self-study. Anderson's (2006) analytic autoethnography has five key features which includes researcher as group member, analytic reflexivity, visible researcher, dialogue with group members, and theoretical analysis. The author considers analytic autoethnography a subcategory of ethnography. Chang's (2008) analytic autoethnography procedures concur with Anderson's (2006) key features. Both authors have concerns about the exclusive use of personal memory data and social isolation of the researcher. Therefore, they recommend interviewing other people in the social setting to give credibility to the autoethnography.

Vryan's (2006) analytic autoethnography combines evocative and analytic research features. The author concurs with Anderson's (2006) key features except for the requirement of interviewing other people. I agree with Vryan (2006) that autoethnographers can produce credible research with self-produced data alone without the need to interview other people for validation. I am the expert of my life and my knowledge and analysis of my own experiences are credible. Vryan's (2006) analytic autoethnography uses a holistic approach by integrating evocative writing, theoretical analysis, and non-conventional research procedures. Using a holistic methodology is most appropriate because this research project is about holistic social work.

### **Creative and Therapeutic**

This autoethnography is a creative project that merges my personal story with qualitative research design. My personal story becomes a research study when a theoretical framework is used for critical analysis of the findings. Autoethnography is a creative, scientific

work that is also beautiful and artistic (Lemmer, 2016). It is non-conventional research with creative expression in the data gathering and analysis (Ellis, Adams, & Bochner, 2011) and presentation of the findings (Chang, 2008). I am recalling and writing the life experiences that influenced my interest in alternative healing practices and holistic social work. My personal story contains self-reflections of my past experiences. The critical analysis of the social issues surrounding my life will highlight what has influenced my interest in social justice.

The process of writing about personal experiences is therapeutic (Ellis, Adams, & Bochner, 2011; McNichol, 2016). The writing of an autoethnography is a creative process where I rediscover myself, make sense of my history, find meaning in my life, and affirm myself as a holistic social worker. This research project on alternative practices brings awareness of healing practices to people in a social work context. I see a connection between personal healing and social justice. My social work practice includes working towards social change in addition to facilitating people's healing from the negative outcomes of social injustice. This process of writing, discovery, and affirmation is therapeutic and healing for me. As a social worker, it is important that I first heal myself in order to bring healing to others.

Writing an autoethnography provides the author with opportunities for personal expression. The articles about yoga practice as a social work intervention (Davis-Berman & Farkas, 2013; Strauss & Northcut, 2014) have inspired me to write about myself as a holistic social worker. I have a preference for a writing style that is personal and descriptive. I use visual memories of people, conversations, emotions, and environment to develop my stories. Writing this autoethnography meets my needs for personal expression. In addition, this research project adds to the existing body of knowledge about holistic social workers using alternative practices.

## Research Methods

The research methods are the process and product of autoethnography (Chang, 2008; Ellis, Adams, and Bochner, 2011). In other words, autoethnography is both the research process and research report. The researcher moves fluidly back and forth between data collection and data analysis where there is reflecting, writing, and analyzing until the final product is completed.

**Data Collection.** Chang (2008) recommends using several sources such as personal memory data, self-observational data, self-reflection data, and external data. Self-observational data is not applicable in this research project. External data, such as family photos, are used to help me recall memories and induce self-reflections. I am collecting data from personal memories and self-reflections that include life changing experiences (Ellis, Adams, & Bocher, 2011) and significant cultural self-discoveries (Chang, 2008).

I recall memories by reflecting on the research question in addition to the personal, professional, academic, and spiritual areas of my life. Some memories may be triggered accidentally during my activities of daily living. As I recall memories and self-reflections, the data is recorded immediately. The process of recalling and documenting relevant memories is similar to using interviewing methods to collect data. I am interviewing myself when I am reflecting on the research question and the different areas of my life. I am committed to recording authentic data even when they evoke concerns about revealing myself. If there are doubts about the data's relevance, I would record the data with additional comments for review later on. When working from home, the data gathered is written and stored on electronic files in my computer. When I am outside of the home, memory and self-reflection data are written on sheet papers, napkins, or scrap paper. Data collected on paper are copied to electronic files in my

computer and the original paper records are destroyed immediately. I am selecting relevant memories to the research question. I reflect on the relevant memories in order to develop greater details of the emotional and physical situations. These relevant memories are rewritten into personal stories by including the details of the surrounding environment.

**Data Analysis.** Data analysis brings an understanding of the connections and influences between the researcher, other people, and society (Anderson, 2006; Chang, 2008). In addition, data analysis helps us understand the background and meaning of personal experiences (Ellis, Adams, & Bochner, 2011). Chang (2008) recommends using several data sources with interrelated information, framework of literature, and different data analysis approaches. In this research project, the data analysis is conducted by self-reflection on the data sources and theoretical analysis using a framework of literature. I am using the perspective of my current self during data analysis. Autoethnography scholars have recommended procedures for conducting credible research as discussed earlier. Overall, I see variations and flexibility in the research process when evocative and analytic autoethnography is integrated.

**Report Findings.** The research process in autoethnography is invisible to the reader. The data collection and data analysis stages are not written in the research report as in conventional empirical studies. The autoethnography is the finished product and it is written in the findings section of the research report. Lemmer's (2016) autoethnography presented the findings in a series of vignettes with descriptive short stories. Wittig's (2013) autoethnography presented the findings in a series of emotional themes with personal stories related to an emotion. Chang (2008) recommends the writing styles of descriptive-realistic, confessional-emotive, analytical-interpretive, and creative-imaginative style. The author suggests using one dominant writing style with some use of other styles. My writing style is descriptive for academic writing and

confessional for personal writing. For this research project, I am presenting the autoethnography in a series of short descriptive stories with discussions on the theoretical analysis, self-reflections, and limitations in the study. My preference for Lemmer's (2016) vignette format concurs with Chang's (2008) descriptive writing style. This research project is written in plain language to appeal to a wide audience. The intention is to bring awareness to critical race feminist issues and holistic social work and motivate the reader into making personal and social changes.

## CHAPTER 5. FINDINGS AND DISCUSSION

During the data analysis of my life experiences, I found personal stories and situations that were influential in my becoming a holistic social worker. These stories and situations are categorized according to the Integrative Body-Mind-Spirit Model (Chan, Ho, & Chow, 2002). In the body category, there are stories about kung fu, Chinese medicine, and family. In the spirit category, there are stories about community, healing, and social justice. In the mind category, there are stories about mental health and social work. In each of the categories, there is critical analysis of personal experiences pertaining to discrimination and oppression.

### **The Body: Kung Fu, Chinese Medicine, and Family**

My experiences with kung fu, Chinese medicine, and family were influential in my becoming a holistic social worker. This section has stories and situations about kung fu, self-defence, Chinese medicine, acupuncture criminalization, and family environment. There is critical analysis of my experiences with oppression from the legal system and family environment.

**Kung Fu.** Kung fu skills represent strength and discipline and they are used for exercise and self-defence. My father was trained in Hong Kong as a kung fu master. I learned kung fu from him during my elementary and middle school years. He wanted to pass his kung fu skills to the next generation. As his daughter, I did not have a choice about learning kung fu. When I was a small child, I learned simple positions such as the horse stance with fists at my waist. When I became older, my father taught me more challenging kung fu movements. During the lessons, I was punching, blocking, turning, and kicking at an imaginary opponent. In the summer, we had the kung fu lessons in the backyard with plenty of space. In the winter, the kung fu lessons were inside the house. It was tricky doing kung fu in the hallways. I had to be careful with my

movements to avoid hitting the walls or objects and hurting myself. I learned to modify my kung fu movements into graceful, dance-like movements.

Over time, I learned a long series of movements in a kung fu routine. Next, my father taught me the sword routine with a series of kung fu movements using the sword. He was proud of my sword routine and thought I was good enough to perform in public. During Chinese autumn festival each year, my father and I participated in a parade with Chinese businesses and organizations. We marched with a kung fu club with colourful banners and sounds from a powerful beating drum. The parade ended at the City Hall where I performed the sword routine on stage and my father performed his own kung fu routine.

During my high school years, my father discontinued the kung fu lessons. He was busy with his Chinese medicine clinic and I had more demanding school work. I stopped practicing kung fu and never picked it up again. Instead, I became interested in other forms of martial arts. In my 20's, I took a women's self-defence course to learn how to protect myself from harm. In my middle age years, I started taking tai chi lessons for the health benefits. I practiced tai chi for many years and eventually taught classes in the community. My early kung fu training influenced my interest in health and exercise and inspired me into tai chi practice later in life.

**Self-Defence.** My paternal grandfather was a kung fu master like my father. As a child, my father told me stories about himself and grandfather fighting in self-defence from bullying white men. My father wanted me to understand the importance of kung fu training and using it for self-defence. One story occurred during my grandfather's travel by ship from China to Canada. He lived on the ship for three months before arriving in Canada. On the ship, a group of white men ganged up on him. My grandfather quickly ran to the washroom to prepare for the fight. The washroom was a small space which allowed him to fight one bully at a time.

Eventually, my grandfather defeated all the bullies and they never bothered him again. Another story occurred in my father's workplace in a Chinese restaurant. Sometimes, a white male customer was verbally hostile or looking for a fight with the staff. My father had the unofficial role as bouncer in addition to waiter. He asked unruly customers to leave and accepted their challenges to fight outside the restaurant. Other times, a gang of white men made trouble in the restaurant. My father quickly signalled the other staff to prepare for a fight. The staff used kitchen tools and large pot covers as weapons and shields. Eventually, the gang staggered out of the restaurant in defeat.

These stories gave me the impression that my father and grandfather were powerful men to be feared and obeyed. If I did not obey them, there were painful consequences for me. As a young girl, I learned from my father's stories that white people hated Chinese people and the outside world was an unsafe place. I grew up as an introverted girl and preferred to be alone with a book or my thoughts. When I remember these stories, there is affirmation that I inherited my father and grandfather's fighting spirit. I am passionate about social justice and argued with conviction for my beliefs and positions.

**Chinese Medicine.** When I was a toddler, my father moved to Hong Kong to study Chinese medicine while the family stayed in Canada. My mother worked full-time and took care of my grandparents and the children. A number of years passed and my father returned home as a qualified doctor of traditional Chinese medicine (TCM). He was ready to start his home-based TCM clinic and resume family life. Our house was centrally located and a good location for a home business. I assisted in my father's clinic during my elementary and secondary school years. My father's clients were about 50% English speaking. He spoke very little English and depended on me for interpretation during client sessions. He gave me lessons on diagnosis, treatment, and

herbs. I listened to him attentively when he spoke to the clients. I learned medical terminology and bodily functions in English and Cantonese. I learned how to ask diagnostic questions to determine the client's health problems. I watched my father work diligently as he assessed clients, applied acupuncture needles, and wrote prescriptions for herbal medicine.

My father was adamant about healthy living. During family dinners, he gave us lectures on healthy eating, nutrition, and exercise. My mother had a certificate in Chinese herbalism and she always cooked healthy, balanced meals for the family. My mother taught me cooking with yin yang balance such as stir frying leafy green vegetables (yin) with ginger (yang). One day, my father and I went to Chinatown to pick up a package of herbal medicine. After we returned home, he opened the package of mixed herbs and taught me the name of each herb. He explained the combining of herbs for yin yang balance was essential to bring optimal health benefits. Whenever I was sick, my father used Chinese herbal medicine for my treatment. I had some serious illnesses during childhood and they were cured by Chinese medicine. My early experiences with using Chinese medicine and assisting in my father's clinic had influenced my interest in alternative healing practices. I have a preference for healing practices that are natural and have origins in ancient knowledge and wisdom.

**Acupuncture Criminalization.** Acupuncture and Chinese herbs are the two key treatments in traditional Chinese medicine (TCM). During the 1970's, acupuncture became popular in Canada and United States because the white people in mainstream society realized there were health benefits (Cao, 2015). I saw an increase in white people coming to my father's clinic for acupuncture treatments. He made a good living during those years but his good fortune came to an abrupt ending. According to my father, the Canadian Medical Association pressured the Minister of Health to enact legislation making acupuncture illegal except when practiced by

western medical doctors. He explained to me the western doctors were jealous of the Chinese acupuncturists' success. They wanted to take acupuncture away from Chinese people and use it exclusively for their medical practice.

The family prepared an English petition to protest this proposal to criminalize acupuncture. At the time, I was attending middle school and I brought the petition to class. I asked my favourite teacher, a white man, to sign the petition. I did my best to explain to him the proposed legal changes and how my father will not be permitted to practice acupuncture. My teacher took the petition and said he needed more time to read it. Next day, he returned the petition to me unsigned. My teacher said he did not understand the issue well enough to sign the petition. I felt very disappointed that my teacher did not support my father's situation. My innocent heart expected him to understand the unfairness of the legal changes and the negative impact it will have on my father. All of the teachers at school were white people. I did not have the courage to ask other teachers to sign the petition. I did not feel they were interested in supporting acupuncture and my father.

In the end, the legislation was passed and acupuncture became an illegal act. There was negative publicity in the newspapers and the clients stopped coming to my father for acupuncture. I saw my father's passion and livelihood taken away from him. His moods changed and he became a defeated man. He vented his frustrations on me and other family members which caused us pain and tears.

**Family Environment.** I came from a family that was afflicted with multi-generational trauma. I heard terrible stories about my grandparents and parents living through great hardship such as war, starvation, bullying, low income, legal discrimination, and family violence. These traumatizing experiences had long lasting effects on their lives. As kung fu masters, my father

and grandfather handled conflicts and interpersonal issues with anger and violence. They were over-developed in their masculine qualities but under-developed in their caring, communication, and conflict management skills. They were hot tempered men who took out their frustrations on the family members.

There was a hierarchy of authority in my traditional Chinese family. The men ranked higher than the women. The older members ranked higher than the younger members. After my grandfather passed away, my father became the patriarch and everyone obeyed him. As the youngest family member, I received varying degrees of emotional and physical abuse from the older family members. I have experienced my father's sudden burst of anger followed by an infliction of abuse. My experiences with abuse resulted in long lasting effects in my life such as health issues and personal insecurities.

The negative effects from abuse eventually led me to using professional healing services. I wanted to alleviate my pain, understand myself, and attain happiness in life. I began to take an interest in learning about the process of counselling and healing while I was experiencing the healing effects in myself. My ability to heal myself and move forward in life has inspired my interest in clinical social work.

## **Discussion of the Body**

**Acupuncture Criminalization.** Billings and Jennings' (2001) critical theory and centralized power are used to analyze the criminalization of acupuncture. In a democratic society, health legislation is usually enacted to protect the public's interest. Unfortunately, there are flaws in the legal system. Laws that are unethical in principle are enacted under the pretense of protecting the public. I contend that the criminalization of acupuncture was an unethical law.

It is my impression that the intension was protecting the interests of western medical doctors and eliminating the competition from Chinese acupuncturists.

The government and legal system are locations of centralized power (Billings & Jennings, 2001) which renders the individual powerless. I believe the Ontario government enacted the legislation on acupuncture without the democratic process of consulting the Chinese acupuncturists, their clients, and general public for their opinions. My father and his acupuncture clients were subject to centralized oppression where the resistance through the petition was futile. My father lost his livelihood and his clients could no longer receive the health benefits from acupuncture. The criminalization of acupuncture contributed to my father's psychological issues such as helplessness, withdrawal, and anger (Mullaly, 2002). I was on the receiving end of my father's anger from his internalized oppression. He was unable to fight against the government's legal discrimination; instead, he directed his anger towards me and other family members. This horizontal violence occurs when the person's internalized oppression results in destructive behaviours such as anger and violence towards loved ones and subordinate individuals (Mullaly, 2002).

**Family Environment.** Chai's (1985) Asian feminism and patriarchy are used to analyze the family environment. In my traditional Chinese family, my grandfather was the patriarch before my father took over the role. Patriarchy and sexism are oppressive elements in my family environment. I did not have any choice in learning kung fu or assisting in my father's clinic. My father was demanding, strict, and punitive. Being near him was unpleasant to say the least. He was the patriarch and always right in his opinions and actions. I was not permitted to express my own opinions and feelings. Patriarchy and sexism makes invisible the women's contributions in the family such as child and elder care, domestic chores, and wage earning. My mother assumed

all these responsibilities but my father was abusive to her. My assistance in my father's clinic was expected and taken for granted. I did not receive any appreciation from my father for my contribution.

Asian feminism brings awareness to Asian women's struggles in traditional families and strives to free Asian women from the oppression of patriarchy and sexism in the family environment. Growing up with family oppression stifled my personal development which resulted in a lack of confidence and not achieving my potential in life. Asian feminism supports my desire to be liberated from the oppressive elements of traditional Chinese culture. Asian feminism supports me in adapting the positive elements of the Canadian and Chinese cultures where I value personal freedom from family expectations and constraints while honouring the importance of supporting the family in difficult times.

Liu and Harrell's (2015) yin yang theory is used to analyze my relationship with my father. The relationship between my father and I was complicated. On positive side, I have inherited his healthy lifestyle, healing ability, and fighting spirit. On the negative side, I have experienced emotional and physical abuse that was devastating to my well-being. There was disharmony in the yin yang balance of the father and daughter relationship. My father's aggression represented excess in yang energy which overpowered my emotional yin energy. The imbalance resulted in both of us being unhappy. If my father was more supportive to me and reduced his yang energy, I feel it would have furthered my personal development and increased my yin energy. Overall, I believe the father and daughter relationship could have been a happier one.

## **The Spirit: Community, Healing, and Social Justice**

My experiences with church community, healing, and social justice were influential in my becoming a holistic social worker. This section has stories and situations about eastern spirituality, western spirituality, Unitarian Church, spiritual healing, and social justice. There is critical analysis of my experiences with discrimination.

**Eastern Spirituality.** Many Chinese people say they are not religious but they follow customs and practices that are spiritual in essence (Fafata & Chun, 2017). Growing up, I watched my mother practice ancestor worship. She kept a shrine with photos of my grandparents in a special place at home. On Chinese holidays, mother burned incense and prayed to the shrine and she made the children do the same. We looked forward to the feast my mother had prepared for the family. I saw this ancestor worship as a way to remember my deceased grandparents, our family life together, and stories of their personal lives. I have memories of my father telling me about Chinese philosophies, such as Confucianism and Taoism. I have seen the yin yang symbol used in Chinese books, clothing, restaurants, and shops to represent balance and harmony. On Chinese New Year's Eve, my father brought out the new Chinese almanac. With the family gathered around the table, he read each person's future predictions for the coming New Year. This future reading was an important spiritual practice in my family. I learned that the universe has knowledge and power that is beyond my understanding.

**Western Spirituality.** In my early 30's I became interested in learning about different religions such as Christianity and Buddhism. I knew of people who attended church regularly. They found religion meaningful and had many friends at church. At the time, I had existential concerns about my life. I was wondered if belonging to a church community would help me find meaning and friendship. I decided to register in a comparative religion course at a community

college. I thought learning about various religions would help me choose one that would be compatible with my beliefs and values. During the course, I learned about different religions from ancient history and the religions practiced in contemporary society. After completing the course, I read through the text books and found some religions that were not discussed in class. I came across a chapter on Unitarianism. The basic principle of Unitarianism is freedom of belief; the church does not require people to follow a specific set of beliefs; they encourage people to seek and follow their own truth (First Unitarian Congregation of Toronto, 2012). These Unitarian principles brought a light bulb moment for me. I felt Unitarianism represented what I was looking for all my life.

**Unitarian Church.** I began attending the Unitarian church and found a community of like-minded people. The church was respectful of other religions and accepted women and LGBTQ2 people as ordained ministers. The church members were actively involved with charitable and social justice activities such as marching in Pride parade, building schools in developing countries, and writing letters for human rights. The church met my needs for community, friendship, and intelligent meaningful conversations. When church members have differences in opinion, they disagreed with each other in a respectful manner. I felt very safe and respected at the church. In fact, I had more freedom in being myself at church than with my family and workplace.

The church was influential in developing my social conscience and interest in social justice. My beliefs and values changed over time as I participated in church-based social justice activities. I became aware of the prevalence of human inequities and environmental problems in local and global settings. My illusions about fairness in society were broken forever and I understood the battle for social equality was a long term commitment. At church, I learned there

is an interconnected web with all of life and everyone is part of the connection. I felt a strong ethical duty to humanity by participating in charitable and social justice activities.

**Spiritual Healing.** One day at church, I was having coffee and chatting with a church member. She talked about an art therapy program she was attending for her depression. The church member spoke highly of the program and the personal qualities of the art therapist. I was going through a rough period and was also experiencing depression. So I decided to register in the art therapy program without knowing what to expect. I thought it would be fun to use creative arts to help with my depression. The art therapist was a kind and gentle, older white woman. She used a Christian approach in the art therapy program and I was open to trying it. The program was a combination of artwork, Christian teachings, self-reflection, and group discussions. I cried during a program session when insights from the discussion of my artwork evoked strong emotions. The art therapy was highly therapeutic and revealing of my personal truth. The church community supported my healing process when a church member referred me to the art therapy program.

**Social Justice.** During an art therapy session, I spoke about social problems and how they made me feel unhappy. The art therapist pointed out that I was talking about justice issues. She asked me to think about protesting and handed me a flyer for a peaceful march organized by a Christian church. I had much respect and trust in her opinion and decided to attend the peaceful march. Several hundred people came out to the march. Media people with microphones and cameras in hand were standing near their vans. We marched in the downtown core and stopped at several locations such as churches, hospitals, city hall, universities, and Aboriginal agencies. When we gathered at each location, there was a speech, dramatic act, singing, music, or poetry reading. I have participated in this annual peaceful march for many years. One year, a reporter

handed me the microphone and filmed me as I spoke about the importance of accessible clean water for everyone. I felt uplifted by speaking up about an important matter. The march opened up my eyes to peaceful protesting as a way to address social issues.

**Discrimination.** The majority of members at the Unitarian church were white, middle-class people. I was one of the few Asian women in a church with several hundred people. My experiences with church members were mainly positive. However, I had negative experiences with discrimination with some white church members.

One day at church, an older white woman started a conversation with me with this opening sentence: “what brings an Asian girl like you here?” I took offence of the question because it implied I did not belong at the church. I responded sharply by saying: “I have a right to be here like everyone else!” The older white woman was surprised by my response and she replied back: “It is because you are born here.” I felt slightly better when she realized I was born in Canada. However, there was discomfort between us and the conversation ended immediately. I felt a sense of loss when this older white woman did not want to continue the conversation with me. Despite being a third generation Canadian, my Asian appearance identified me as a foreigner. I hated being seen as a foreigner because I was taught to believe that immigrants were inferior compared to people born in Canada. At the time, the incident brought difficult memories of job discrimination where the employers did not see me as belonging in their workplace.

Ms. L, a middle-aged Chinese woman, was a newcomer to the church. Some white church members could not differentiate between Ms. L and myself. They would ask Ms. L about the choir thinking they were talking to me. Similarly, they would ask me about my child thinking they were talking to Ms. L. There were striking differences in our physical appearance but some church members appeared to think Asian people looked alike. Ms. L found the situation comical

that some white folks could not tell us apart. However, I was annoyed by the situation because it made me feel invisible and my presence in the church did not matter. Having two Asian women out of several hundred white church members was too much for some people to manage. At the time, the incident reminded me of situations where I heard white people say Asian people looked alike and these were upsetting experiences.

### **Discussion of the Spirit**

**Spiritual Healing.** The art therapist used a holistic approach to her healing practice. According to Liu and Harrell's (2015) yin yang theory, a holistic health practice was created by integrating art therapy with Christian teachings. The art therapy had the gentle healing yin elements while the Christian teachings had the active educational yang elements. The art therapist's holistic healing practice has influenced my interest in integrating alternative practices with social work. I believe using mixed modalities increases the effectiveness in client care when there is yin yang balance.

I had little interest in Christianity before meeting the art therapist. It was through her art therapy and Christian teachings that inspired me to become a Christian and leave the Unitarian church. She was my role model for Christian behaviour because of her gentle, caring personality. According to Razack (1998), the relationship between the art therapist and myself could be seen as the white saviour helping the non-Christian racialized woman. The art therapist's work was connected with her church duties to serve the community and communicate Christian teachings. I was receptive of her healing services and did not feel she was trying to save my soul. She helped me to understand my emotional pain and alleviated my suffering. I prefer to see our relationship as art therapist (yin) and paying client (yang) in a state of yin yang balance. According to Roger (2000), the art therapist was a white kind helper who was shaped by the church into a teacher and

art therapist. My own career path had mirrored the art therapist's vocational path. I was involved with charity work, pastoral care, and social justice activities at church. These experiences had shaped me into a kind helper in the social work profession.

**Discrimination.** Chai's (1985) Asian feminism, white supremacy, and classism are used to analyze my experiences with discrimination at the church. White supremacy exists in the church organization and its individual members. Since the founding of the church, there was a predominantly white membership. The homogenous membership reinforced the white supremacist and classist values of the church and its individual members. I contend that white dominance and classism were deterrents to attracting and keeping racialized and lower income people in the church. The conversations from white, middle-class members included home ownership, travelling, cottages, fine dining and entertainment, and literature reading. As a racialized woman who experienced job insecurity and discrimination, I felt uncomfortable with these white, middle class privileges that were unattainable for me. I have seen the occasional racialized or lower income person try out the church but they did not stay in the longer term. When church members spoke openly about their privileged lifestyles, this form of communication served to reinforce the white, middle class lifestyle as the norm in the church. They seemed unaware of the alienating effects on racialized and lower income people.

Some white church members appeared to think Asians look alike and not make an effort to study our facial features and see the distinctions. I felt they regarded me as an Other (Razack, 1998) by identifying me as an Asian woman with olive skin and black hair rather than a unique individual person. They seemed not interested in knowing me as an individual with unique interests and personality and unlikely to be interested in learning about Asian culture. This situation made me feel invisible among white people and negatively affected my sense of worth.

This research project makes visible and centers my experiences of discrimination and becomes a form of resistance towards oppression. Asian women must have the opportunity to speak their minds and also define, interpret, and write about their own experiences (Chai, 1985).

Billings and Jennings' (2001) critical theory is used to examine the church's internal values of racial and gender equality and the inability of certain members to follow through in action. My understanding of church history is they adopted the changes in human rights and became more welcoming of racialized and LGBTQ2 people as members and supportive of women's equality. However, it appears certain older white church members had difficulty in this transition towards racial and gender equality in the church.

“What brings an Asian girl like you here” asked the older white woman. Her opening sentence was based on white supremacy where an Asian woman did not belong in a predominantly white church. In retrospect, I understand she was not accustomed to seeing many Asian people at church and she was curious to know why I was there. Ideally, I would prefer white person to use sensitive, respectful language when speaking to me. In reality, I am put in the position to educate the white person about myself, Chinese culture, and experiences of oppression. In hindsight, I could have used the conversation to inform this older white woman about the oppressive experiences of Chinese people in Canada. However, I did not have the social work training at the time to do so.

“It is because you were born here” said the older white woman. When she realized I was born in Canada, I became less Asian and foreign in her mind. I became a hyphenated Asian-Canadian and the Canadian side of me belonged in the church. Thobani's (2007) nationality is used to analyze this situation. White supremacy is the basis for the hierarchy of legal beings for people born in Canada and immigrants from abroad. In white people's eyes, Asian people born

in Canada have a higher status than immigrants from the Asian continent (Thorburn, 2007). This hierarchy creates division and discrimination between Canadian born Asian people and immigrants from the Asian continent. White people have the power in social and employment settings and they can grant or withhold social and economic opportunities to racialized people. This hierarchy of legal beings is a reminder of my internalized oppression. In the past, I have sought approval from white people and discriminated against Asian immigrants for their lack of assimilation into Canadian culture. I realize that all Asian women are experiencing the impacts of colonialism, white supremacy, and patriarchy in their lives (Yang, 2002). Asian women around the globe can resist oppression by building solidarity and working towards social change.

### **The Mind: Mental Health and Social Work**

My experiences in the mental health and social work fields were influential in my becoming a holistic social worker. This section has stories and situations about mental health, parent groups, tai chi, American tai chi, and anti-oppression training. There is critical analysis of my experiences with discrimination and cultural appropriation.

**Mental Health.** In my professional life, I worked in the business environment before transitioning into social work. After a career in human resources in corporate business, I took personal time off to contemplate a career change. When I was ready to return to work, I accepted a position as program coordinator at a mental health agency. The agency had a wide range of programs and services for mental health, children, and parents. The agency had a good environment with supportive management and highly engaged employees. My manager gave me autonomy to perform my work and remained supportive in the background. Over time, I expanded my role at the agency with additional responsibilities such as facilitating parent groups and working in a youth group home.

In addition to community services, the agency offered counsellor training programs on a fee-for-service basis to the public. The agency provided employees with education discounts to encourage them to take the courses. I took advantage of the training opportunity and enrolled in a variety of courses. Over time, I acquired skills in counselling and mental health that were invaluable for my career in social work. In addition to formal training in counselling, I learned a wealth of information about clinical social work from discussions with my colleagues. Eventually, I was inspired to return to school for social work education.

**Discrimination.** I was comfortable working at the mental health agency. However, I noticed there was discrimination in the placement of employees in job positions. The white women worked in the higher pay, full-time jobs such as counsellors and managers. The white men held the senior management positions. Most of the racialized women worked in the lower pay, part-time jobs such as program workers and administrators. It appears racialized women were hired for their language and cultural skills in order to work with racialized clients. By looking at job postings and employees working in their jobs, I found the racialized women performed work of similar value to the white women's work. However, the agency did not fairly compensate the racialized women for the work they performed.

At the agency, I had several part-time jobs but preferred to have one full-time job. One day, there was a job posting for a junior full-time position at the agency. This job posting was junior compared to my program coordinator position. I preferred to have a junior full-time job than an intermediate part-time job. I applied for the position and was invited to an interview. However, a white woman from outside the agency was hired for the position. A member of the hiring team had a meeting with me. She apologized for not hiring me and explained the person they hired had more experience. I was disappointed about not landing the job but not overly

upset about it. In less than one year, the white woman resigned from the position. When the agency reposted the vacant position, I applied for the position the second time. The hiring manager called me into a meeting. She informed me the job requirements were changed and I did not have the skills for the position. The new job requirements were similar in skill level to my program coordinator position. Eventually, another white woman was hired for this position. I realized the hiring manager may not have wanted me in her department. As a racialized woman, I felt hurt about the lack of prospects for a full-time job at the agency. Within a year, the white woman resigned from the position. I felt relieved that I was not hired for the position as the high turnover suggested there were inherent problems with the position.

**Parent Groups.** I used an integrative body-mind-spirit (IBMS) approach to social work practice. I developed and facilitated a stress management program for parents using IBMS. The stress management program was six weeks in duration, consisted of weekly sessions of two hours, and client registration and commitment were required. The program contents included topics pertaining to the mind (psychology, mental health, substance use, anger, interpersonal relationships), body (nutrition, exercise, sleep), and spirit (meditation). At the beginning of the program, there was a different group of clients with varying interests and needs. I customized the group sessions and included relevant information for the clients. There were times when a client asked about my expertise and qualifications regarding certain topics. I made sure the program materials were credible by using research and references from other helping professionals. At the completion of the program, I gave the clients a certificate for recognition of their training.

Over time, I found the clients were interested in discussing topics that were not planned. I remained flexible and put aside my agenda for the group session. Some clients were involved with child welfare services and had an urgent need to talk about their concerns and resistance.

The discussions on child welfare involvement were serious and intense. Other times, the group experiences were light and comical. I remember a time with a women's group of substance users. A client began talking about sexuality and her preferences and needs. Then, the other women joined in the discussion with great enthusiasm. I decided to sit back and listened to the clients with an open mind since they were the experts in their own lives. One week, I introduced walking meditation to the group for managing stress and reducing substance use. I took the group into the hallway and we walked silently close to the walls, single file, and spread apart. Some clients giggled like school girls because it was a new and funny experience to them. After we returned to the class, some clients had signs of laughter on their faces. The walking meditation was meant to be a calming spiritual exercise to bring stress relief. It turned out to be a comical experience for the clients and brought stress relief in a different way. The comic relief from the walking meditation lifted their spirits.

**Social Work and Tai Chi.** I worked at a community agency that offered a wide range of programs such as free meals and clothing, recreational programs, legal and housing support, and spiritual programs. The social workers used mixed modalities in their work with clients. The agency fully utilized the social workers' personal interests and creative skills in the programs. A social worker, who had a personal interest for healthy eating, coordinated the food skills program. Another social worker, who was a professional musician, coordinated the music band program.

I was interested in health and wellness and practiced tai chi. I spoke to my supervisor about teaching tai chi to the clients as an additional responsibility to my existing job. The agency did not have funding to hire a tai chi teacher and depended on volunteers or staff to teach tai chi. My supervisor and other staff were excited about a tai chi program at the agency. This was an

opportunity for me to create a holistic social work practice by integrating tai chi. I used an accommodative approach when planning the tai chi class. In the tai chi room, I placed chairs along the walls for people who needed to sit during the class. The tai chi classes were weekly, drop-in format, and offered for three months. For the flyer, I selected photos of people from diverse ages, races, and disabilities. I walked around the agency's neighbourhood and posted flyers at various places. A diverse group of people came to the tai chi classes. Some people attended the program regularly for three months while others dropped out earlier.

I developed program evaluation tools to assess the tai chi's health benefits and client satisfaction. Before the program, the clients were asked to complete a questionnaire and rate their health status and stress level. On the program's last day, the remaining clients were asked to complete a different questionnaire and rate their satisfaction with the tai chi program in addition to their health status and stress level. The overall results from the program evaluation indicated the remaining clients experienced improvement in their health status and stress level and they were satisfied with the tai chi program. In addition to the program evaluation, the clients gave unsolicited verbal feedback to me and my supervisor about improvements in their energy, flexibility, and depression. The tai chi experience motivated a male client to take better care of himself. He began taking Chinese herbal remedies and noticed he had more energy and less depression. A woman client commuted on public transit for two hours each way because she found my tai chi classes and supportive conversations beneficial. Another client practiced the tai chi at home in between classes to gain additional health benefits.

**American Tai Chi.** I practice an American style of tai chi that is different than traditional tai chi. During my training, I learned the 20 movements of American tai chi which can be completed in 20 to 30 minutes. I prefer this short and simple version of tai chi instead of

traditional tai chi which has more challenging movements. According to my tai chi teacher, the originator was a white American man who developed his own style of tai chi for the average North American person; he trademarked the real name of his new tai chi and established a school for training and teacher certification. My tai chi teacher was certified by this school. She was a white woman and the majority of students in the tai chi class were white people except for myself. I did not feel like I was learning an Asian practice because the class was filled with white students and the teacher did not explain the Chinese history and philosophy of tai chi. At the time, I did not know the history and philosophy of tai chi well enough to speak up and reclaim tai chi as a Chinese invention. Instead, I remained silent to show respect and avoid jeopardizing the rapport with my tai chi teacher.

**Anti-Oppression Training.** One day, my supervisor and I were discussing anti-oppression training for the volunteers at the agency. As a social worker, she felt the training was important because most volunteers were not familiar with anti-oppression concepts and understanding anti-oppression could improve their relationship with clients and staff. I shared my ideas about training the volunteers with a gradual learning process. I proposed a training presentation with topics on diversity, discrimination, human rights, oppression, and anti-oppression. My supervisor liked my ideas and asked me to develop the training materials. I developed a training presentation that began with understanding diversity and respect. Next, discrimination and consequences with human rights laws were discussed. This is followed by presenting the concepts of oppression, power, and privilege. In the end, the importance of anti-oppression was discussed. Developing this training was an opportunity to utilize my education in anti-oppression and share this knowledge with other people. In addition, this work reinforced my

knowledge and commitment to anti-oppression practice. Overall, my tai chi classes together with the anti-oppression training represented holistic social work practice.

### **Discussion of the Mind**

**Discrimination.** Collins' (2000) critical race feminism and white supremacy are used to analyze the over-representation of white people in the higher status positions at the mental health agency. During the founding of the agency, the white men worked in the management positions and white women worked in direct client service and administrative positions. Historically, white women had the social privilege to work in the helping professions and they established their places in these professions (Roger, 2000). In recent years, racialized women were hired for program worker and administrative positions but the white women continued to dominate the higher paying counsellor positions. The labour market is segmented into lower paying jobs for racialized people and higher paying jobs for the white people (Calliste, 2000). As a racialized woman, I did not have any prospects for a full-time position at the agency because these positions were reserved for white women.

Billings and Jennings' (2001) critical theory and Roger's (2000) critical race feminism are used to analyze the discrimination against male counsellors at the mental health agency. The majority of clients using counselling services were elementary and middle school aged boys. The staff had indicated a lack of male counsellors for these boys who did not have positive, male role models in their lives. Yet, the staff claimed suitable male counsellors were not found during the hiring process. Thus, the agency seemed reluctant to hire male counsellors. White women were shaped into kind helpers through their roles in the family and church (Rogers, 2000) while men in general were not considered as kind helpers. Later on, white women moved into the helping professions where they continued as kind helpers (Rogers, 2000). Thus, white women's

historical role as kind helpers and establishment in the helping professions have reinforced the employer's impression that white women are more suitable as counsellors compared to men in general. I contend the reluctance to hire male counsellors is reverse gender discrimination.

Although contrary to recognizing the historical sexism against women in the workplace, it is my personal opinion that hiring was biased towards women rather than looking at men and women as equal contenders for these roles. There is human rights legislation against gender discrimination in employment settings and it is based on the principles of equality for women and men (Ontario Human Rights Commission, n.d.). While this legislation exists, the mental health agency is not providing equal opportunity for all women and men to be kind helpers and counsellors.

**American Tai Chi.** Razack's (2000) concepts of white supremacy, capitalism, and cultural appropriation are used to analyze the issues with American tai chi. These concepts are inter-connected with white privilege, money-making, and westernizing tai chi. The originator of American tai chi is a white man who was trained in traditional tai chi. I have the impression that white supremacy gave him a sense of entitlement to culturally appropriate traditional tai chi and create a westernized version of it. It appears capitalism motivated him to create a monopoly for American tai chi by establishing a school and certification process for teacher training. Only certified teachers from his school are permitted to teach American tai chi. I was trained by a white woman and certified teacher in American tai chi. The tai chi classes consisted of mainly white students except for myself. Cultural appropriation of tai chi occurs in a white dominant environment where tai chi is regarded as a commodity they can consume and knowledge they can own. The white students are enjoying their consumption of tai chi without being aware of Chinese women's struggles with racism, sexism, and classism (Lee, 2006).

In North America, the trademarking and teacher certification of tai chi is a form of cultural appropriation. In Chinese history, there are five styles of traditional tai chi named after the originators (Tai chi, n.d.). I have not found information about the exclusive ownership, trademarking, and certification of traditional tai chi practice. It seems traditional tai chi is free and available for everyone to practice. In my opinion, being a tai chi teacher is considered a calling rather than a profession. In Chinatown, I have seen competent tai chi teachers who volunteer their time or accept an honorarium. Tai chi teachers are allowed to teach when the employers and students recognize their experience and reputation. My employer did not require me to have tai chi teacher certification in order to teach the clients. I used the generic name 'tai chi' to describe my practice instead of using a trademarked name. This is my resistance towards the cultural appropriation of tai chi by white people.

The cultural appropriation of tai chi has negative consequences for Chinese people. The white people receive recognition and economic gains from the American tai chi. However, Chinese people become invisible when their invention is taken from them. I am continuing with my Chinese tradition of practicing and teaching tai chi as a form of resistance against the cultural appropriation of tai chi. I feel it is important to bring the recognition for tai chi back to Chinese people. When teaching tai chi to white clients, I will use a decolonizing process by explaining the Chinese historical, spiritual, and philosophical backgrounds of tai chi.

## CHAPTER 6. CONCLUSION

This conclusion includes the summary of findings, implications for social work and anti-oppression practice, ethical considerations, limitations, and future research.

### **Summary of Findings**

My father was influential during my early years. His kung fu lessons and dinner lectures on healthy living had contributed to my interest in health and exercise. This had inspired me into tai chi practice later in life. My early experiences with using Chinese medicine and assisting in my father's clinic had influenced my interest in alternative healing practices. I have a preference for natural healing with origins from ancient knowledge and wisdom.

The church was influential in developing my social conscience and interest in social justice. My beliefs and values changed over time by participating in church-based social justice activities. I have experienced discrimination which made me realize respect and equality are ideal concepts that require ongoing efforts. I am passionate about social justice and have participated in peaceful marches with hopes of bringing awareness to the issues and making systemic changes.

The mental health agency was instrumental in inspiring me towards social work education and training in mental health and counselling. I learned a wealth of information from my colleagues in clinical social work about their client work. I acquired skills in counselling and mental health that were invaluable for my career in social work. The agency's supportive environment had contributed to my personal and professional development.

The healing professionals from whom I received services have contributed to my interest in holistic social work. My ability to heal myself and move forward in life has inspired my interest in counselling work. I had an art therapist who used a spiritual approach. The spiritual

healing I received brought inner peace and connection to the universe and humanity. This experience influenced my interest in using spiritual approaches in my social work practice.

### **Implications for Social Work and Anti-Oppression Practice**

There is evidence in the literature review and through my own experiences noted in the findings chapter on the positive effects of alternative practices used in social work. Integrating alternative practices with social work has the potential to increase the effectiveness and relevance of social work practice for clients. This research project contains examples of my social work programs using alternative and integrative body-mind-spirit (IBMS) practices with clients. The intention is encouraging social workers to consider using alternative practices with clients and increase their professional capacity by seeking training in alternative practices.

Social workers need to be mindful of anti-oppression when using alternative practices with clients. The cultural appropriation of traditional practices, such as tai chi and yoga, has negative consequences for Asian people. The non-Asian social workers may receive recognition and praise for their use of traditional Asian practices but the Asian people can become invisible when their invention is taken from them or not credited to them. When teaching tai chi or yoga to clients, it is recommended to use a decolonizing process by explaining the Asian history, spirituality, and philosophy of these traditional Asian practices. I am continuing with my Chinese tradition of practicing and teaching tai chi as a form of resistance against the cultural appropriation of tai chi. I feel it is essential to bring the recognition for tai chi back to Chinese people.

### **Ethical Considerations**

This research project has received approval from the Ryerson University Research Ethics Board and the file number is REB 2017-019. There are ethical considerations about the

disclosure of other people mentioned in the autoethnography (Ellis, Adams, & Bochner, 2011; Lemmer, 2016). I have taken measures to protect the identity of other persons mentioned in this research project. The family members mentioned in the study are deceased and their privacy is no longer a concern. Some individuals mentioned in the study are no longer in contact with me and acquiring permission is impossible. I have used pseudonyms instead of their real names. The person's professional title was referred to in generic terms such as healing professional, church member, teacher, and social worker. The locations and events mentioned in the study are disguised by using general descriptions such as Chinatown, church, parade, and social justice activity. In doing so, I have tried to address the issues of confidentiality and consent that are unique to autoethnography (Lapadat, 2017).

### **Limitations**

This research project is focused on my individual experience as a holistic social worker and my perspective on using alternative practices with clients. This project is one person's experience and does not represent the personal and professional experiences of other holistic social workers. A review of literature found a shortage of research studies involving one or more social workers with descriptive details about their use of alternative or integrative body-mind-spirit practices with clients. To address this issue, there were options for conducting research with a group of social workers, an individual social worker, or self-study. I have chosen self-study with autoethnography to fill this gap in research, as a creative and therapeutic process for me. Despite the limitations mentioned, this research project contributes to the existing body of knowledge.

## **Future Research**

The intention for this research project is encouraging social work practitioners and educators to practice and publish their experiences using alternative or integrative body-mind-spirit (IBMS) practices with clients. Specifically, Asian women social workers are encouraged to publish literature as a form of resistance and exhibit their artistic creations as socially engaged art. Social work educators have a valuable role in supporting social work practitioners in the publishing of their professional work using alternative practices with clients.

The social worker may experience situations where research is not available to substantiate the use of an alternative practice or IBMS approach. It may be necessary for them to conduct informal research and obtain employer support if necessary. Informal research includes interviewing, observing, and gathering materials from other helping professionals who are using the alternative practices with clients. Informal research can support social workers in the development of new programs and services for clients. New program and services using alternative or IBMS practice can lead to future research studies.

APPENDIX A

**Table of Modalities & Alternative Practices**

<b>Modalities and Alternative Practices</b>	<b>Partyka 2014</b>	<b>Henderson 2000</b>	<b>Jayaratne 1997</b>
<b>Mind-Body Techniques:</b>			
Meditation	X	X	
Imagery	X	X	
Hypnosis	X	X	
Biofeedback	X	X	
Mindfulness-based Stress Reduction	X		
Relaxation Techniques	X		
Tai Chi	X		X
Qigong	X	X	
Movement Therapy	X		
Yoga	X	X	X
Prayer	X	X	X
Mental healing		X	
Dance therapy		X	
Art therapy	X	X	
Music therapy	X	X	
Exercise			X
<b>Community Health Care Practices:</b>			
Support groups		X	
Native American Indian health care, ie. Sweating, purging, herbs, shamanism	X	X	
Latin American rural practices, ie. Curandrismo, Espiritismo, Santeria		X	
<b>Professional Alternative Practices:</b>			
Ayurvedic Medicine	X	X	
Homopathy	X	X	
Anthroposophically Extended		X	
Naturopathy	X	X	
Traditional Chinese Medicine, ie. Acupuncture, moxibustion, cupping, herbs	X	X	
<b>Manual Healing Methods:</b>			
Osteopathic		X	
Chiropractic	X	X	
Massage therapy	X	X	X
Acupressure		X	
Feldenkrais		X	
Alexander technique		X	
Trager psychophysical integration		X	
Reiki	X	X	
Reflexology	X		
Kinesiology		X	
Polarity therapy		X	
Cranio-sacral therapy	X	X	
Therapeutic Touch	X		X
<b>Botanical, Pharmacological, and Biological Treatments:</b>			
Chelation therapy		X	
Cartilage products		X	
Ozone therapy		X	

<b>Modalities and Alternative Practices</b>	<b>Partyka 2014</b>	<b>Henderson 2000</b>	<b>Jayaratne 1997</b>
Western herbal remedies	X	X	
Immuno-augmentative therapy		X	
Neural therapy		X	
Electro-magnetic Therapy	X		
Light-Colour Therapy	X		
<b>Diet and Nutrition:</b>			
Vitamin therapy	X	X	
Mineral therapy	X	X	
Orthomolecular medicine		X	
Alternative diets	X	X	
Nutrition counselling	X		X
Lifestyle Changes	X		X
<b>Parapsychological Practices:</b>			
Astrology		X	X
Palmistry		X	
Tarot		X	
Numerology		X	
Channeling		X	
ESP – Psychic Readings		X	X
<b>Total Modalities:</b>	<b>32</b>	<b>46</b>	<b>10</b>

Sources: (Henderson, 2000; Jayaratne, Croxton, & Mattison, 1997; Partyka, 2014)

Note: Categories for modalities are developed by Henderson (2000)

## APPENDIX B

### **Code of Ethics, Scope of Practice, & Competence: OCSWSSW (2008)**

#### **Code of Ethics:**

4) A social worker or social service worker shall have and maintain competence in the provision of a social work or social service work service to the client.

#### **Scope of Practice:**

SW1 - The provision of assessment, diagnostic, treatment and evaluation services within a relationship between a social worker and a client.

SW3 - The provision of social support to individuals and/or groups including relationship building, life skills instruction, employment support, tangible support including food and financial assistance, and information and referral services.

SW5 - The development, promotion, management, administration, delivery, and evaluation of human service programs including that done in collaboration with other professionals.

#### **Competence:**

2.1.1 College members are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly (1). When a client's needs fall outside the College member's usual area of practice, the member informs the client of the option to be referred to another professional. If, however, the client wishes to continue the professional relationship with the College member and have the member provide the service, the member may do so provided that:

- (i) he or she ensures that the services he or she provides are competently provided by seeking additional supervision, consultation and/or education and
- (ii) the services are not beyond the member's professional scope of practice.

#### **Footnote 1:**

The scope of practice statements describe the professions' scope of practice, but do not exclusively limit the performance of the activities described therein to social workers and social service workers. Such statements provide three types of information – what the profession does, the methods the profession uses, and the purpose for which the profession does it. There is a scope of practice statement for social work and a scope of practice statement for social service work set out in the Standards of Practice Handbook. Note that the scope of practice differs from a job description, in which an employer defines the parameters of the various roles and duties to be performed by social workers and social service workers they hire. An employer is not obligated to allow a social worker or social service worker to perform all of the activities described in the scope of practice statement. Additionally, an employer may require a social worker or social service worker to perform activities that are not described in their scope of practice provided that the College member is permitted by law to perform those activities and the College member is competent to do so.

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