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Psychic retreats in other places: Clients who seek healing with traditional healers and psychotherapists[1]

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Since the beginning of time, people have been using a range of healing practices to resolve health and mental health concerns. Among these are the traditional healing practices which appear to be growing among immigrant communities in the West, for example, Yoga, Ayurveda, Astrology, Voodoo, Santeria; and, the newer forms, viz., Maat, Morita therapy, Naikan therapy, and many others. These indigenous healing methods seem to address some of the many shortcomings of conventional health care and are practiced in conjunction with, and at times in the place of, modern Western forms. It seems that including two different health care modalities is possible since competing and contradictory cures can be held alongside each other without creating conflict in the client. This paper discusses traditional and cultural healers and healing in non-Western countries and those practices that are engaged with in the diaspora. The paper also considers the use of traditional healing alongside Western counselling and psychotherapy – dual interventions. Finally, the paper explores several strategies that counsellors could undertake when working with ethnic minority clients, particularly those clients who also enter into dual relationships with traditional healers.

Keywords: traditional healers; counseling and psychotherapy; dual interventions; psychic retreats; immigrant communities; mental health

Introduction

A number of studies on alternative, complementary and traditional healing practices have concluded that many Euro-Americans have been increasingly using traditional healing practices alongside conventional or allopathic medicine in the last two decades (Dein & Sembhi, 2001; Heber, Fleisher, Ross, & Stanwick, 1989; Hilton, Grewal, Popatia, Bottorff, Johnson, Clarke, Venables, Bilkhu, & Sumel, 2001; Moodley, Sutherland & Oulanova, 2008; Moodley & West, 2005; Rao, 2006). Indeed this practice has been growing and steadfastly increasing especially with the arrival of new immigrants who bring with them newer forms of health and mental health care practices. For communities and cultures that ''bring along'' their indigenous healing methods, ''in reformulated and un-constituted ways in the West . . . away from the public gaze and sometimes in the silence of the night, these practices appear to address some of the many short comings of conventional medicine and health care'' (Moodley & West, 2005, p. xv). Some of the traditional practices are connected to

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psychic and spiritual ways of healing, such as the Zar cult in Ghana, Ethiopia and Sudan and the Rab cult in Senegal (Asuni, 1986)[2], the use of Marabouts[3] in North Africa, the Medicine Wheel and the Pimaatisiwin Circle[4] among traditional Aboriginal people (Poonwassie & Charter, 2005), and Spiritism[5] in Africa and Asia. Indigenous healers such as the Latin American Curanderos, the Hougans from Haiti, the Hakims from Pakistan, and Vaidya[6] and Shamans from India actively engage the spirit world in their healing practices. Many of the healing practices, such as Ayurveda, Unani, Astrology, Yoga, Voodoo, Santeria and others have been handed down through "tribal law" or religious custom or cultural tradition, and have found their way into the homes of many inner-city dwellers just as acupuncture is privileged in the high streets.

There are yet newer cultural forms of healing that appear to be rapidly growing in significance, for example, sweat lodge therapy (Smith, 2005), Maat (Graham, 2005), Morita therapy (Chen, 1996); Naikan therapy (Tseng & Hsu, 1979), Salish spirit dancing (Lago & Thompson, 1996)[7], and many others. When we add to this compendium of healing modalities the variety of new age therapies (see Poulin & West, 2005, for discussion), such as meditation, massage and fortune telling, the picture tends to get somewhat overwhelming and complex for some clients, and for others it can appear to be very contradictory. For example, Hilton et al. (2001) found that while many South Asians in Canada consider the simultaneous use of traditional and Western health practices to be contradictory, they nevertheless frequently used South Asian healing methods alongside Western approaches. Similar findings were reported by Rao (2006) in the USA, and by Dein and Sembhi (2001) in the UK. South Asians in the USA followed the counter-acculturative (traditional healing) pattern for minor illnesses and acculturative (Western approaches) pattern for major or chronic illnesses (Rao, 2006). Correspondingly, in-depth interviews with South Asian psychiatric patients in the UK revealed that nearly one third of the respondents reported using traditional healing methods concurrently with psychiatric treatments to address their mental health concerns (Dein & Sembhi, 2001). Similar patterns of traditional healing utilization have been reported among other immigrant groups (see, for example, Abu-Ras, Gheith & Cournos, 2008). This seems to be the case for ethnic minority groups in the larger Metropolitan cities of the West; providing researchers with many possibilities and challenges. For example, a large SSHRC sponsored research on the utilization of traditional healing and healers is currently (2006–2009) being undertaken in the greater Toronto area. The focus in this investigation is to ascertain the types of healing practices and healers that are engaging in health care, counselling and education in multicultural Toronto. The authors of this paper are part of this particular project. Another small scale study by Oulanova (2008) considered the integration of Aboriginal traditional healing practices by psychologists (including non-First Nation psychologists). In her study Oulanova concluded that all the psychologists she interviewed were using a variety of different traditional healing practices in their work. From mindfulness meditation techniques, silent time to say a prayer individually or together, and to recommending clients undertake a sweat lodge ceremony were strategies that psychologists seem to be using in their clinical practices.

Clearly, including two different health care modalities is possible since "competing and contradictory cures can be held alongside or in tandem with each other without necessarily creating conflict" (Moodley, 2000, p. 164). In terms of counselling and psychotherapy this dual intervention approach – a client seeing a

counsellor and traditional healer for the same "psychological" problem appears to be on the increase. For example, Moodley (1999) talks about a client engaged in the process of dual intervention in which the client's experience with the traditional healer was integrated into the psychotherapeutic process. For the client the process was only possible after the client raised it in the counselling session, and more importantly the therapist was open to the idea of another healer concurrently engaging with the same client for the same distress. It seems that the traditional healer may have provided a point of entry into the deeper level of the unconscious through the identification of cultural metaphors, symbols and archetypes which may be outside the parameters of Western counselling and psychotherapy (Moodley, 1998, 1999, for a discussion). Accommodating the client in such a dual intervention allowed for a remarkable transformation of the client's narrative, as well as what is likely to be a new dimension in the counselling process, the inclusion of traditional healing practices. However, integrating traditional healing practices into Western counselling and psychotherapy raises several important issues for clinical practice, viz., boundary issues, counsellor awareness and biases, traditional healer's understanding of counselling and therapy and many others.

In this paper, we consider the use of traditional healing and its role in Western counselling and psychotherapy. We explore the simultaneous use of traditional healers and healing by clients who also undertake counselling and psychotherapy. First, we begin by discussing traditional healers and healing practices in non-Western countries, particularly in Africa, the Caribbean, and Asia. This discussion is followed by an exploration of the use of traditional healing in Western countries, mainly among new immigrant communities in the Diaspora. Finally, the paper explores several strategies that counsellors could undertake when working with ethnic minority clients, particularly those who chose to enter into dual relationships with traditional healers.

Traditional healers and healing practices in non-Western countries

The use of traditional healing is as old as human history. According to Bromberg (1975), the shaman was the first spiritual healer who can be regarded as an archetype of the modern day physician and psychotherapist. Since the beginning of history, people have been using a range of healing practices to resolve conflict, as well as diseases, illness and health concerns. For example, shamanism[8] (see Vitebsky, 2001), Quigong (see Chen, 2003), Bhuta Vidya (see Rao, 1986), Ayurveda[9], Sahaja[10], Bhakti and Siddha[11] (see Kumar, Bhugra & Singh, 2005; Trawick, 1992) are some of the many practices that were used for maintaining the psychological health and well-being of societies that practiced these healing methods (Moodley, 1998). Today, traditional healing practices are ubiquitous in diverse societies worldwide. For example, in Africa, traditional healing methods constitute the following practices: indigenous doctors, herbalists, fetish men, mediums, religious healers and sorcerers (Vontress, 1991) and are synonymous with primary health care for 80% of the population (Ataudo, 1985; World Health Organization, 2002). Once marginalized, these healing practices are now re-emerging alongside modern Western clinics in several large metropolitan cities, for example, in Paris (see Nathan, 2005), in London, UK (see Dein & Sembhi, 2001), and in New York (see Abu-Ras, Gheith & Cournos, 2008). According to Ensink and Robertson (1999), the majority (66%) of

African psychiatric patients in Cape Town, South Africa indicated that they also use indigenous services for mental-health problems. Additionally, Awanbar (1982) cites the Nigerian Aro village treatment centre founded by Lambo[12] as an approach which blends indigenous African psychology and Western psychotherapy. Grounded in the "village system" of cult healing, this strategy utilizes the dynamic resources of the community as well as cult systems. Such an approach is consistent with the African worldview which is deeply entrenched in animism, the view that everything in the universe is of one source, mind and will and that the world is animated by spiritual entities (Bojuwoye, 2005; du Plessis, 2003; Vontress, 2005). From this perspective, illnesses and disorders are perceived as arising from natural, social, spiritual or psychological disturbances, and would therefore need a form of healing that takes all these variables into account; which traditional healers easily accomplish.

Similarly, Caribbean cultures are deeply rooted in spiritually and religion. Many individuals from the Caribbean believe that mental health problems are caused by spells, spirits and demons, and that such problems represent a punishment for wrongful deeds (Laguerre, 1987; Nicolas, DeSilva, Grey, & Gonzalez-Eastep, 2001; Waldron, 2003). This worldview is not surprising given that the vast array of healing forms in the Caribbean that have their origins in Africa, for example, Santeria or La Regla de Ocha, Voodoo, Obeah, Shango, Spiritual Baptist and Espiritismo are derived from Yoruba-based healing systems[13] and represent an extraordinary complexity of interacting cultural influences. These traditional healing forms were brought to the Caribbean by enslaved Africans and evolved under the inhumane and life threatening conditions of slavery. They are practiced in almost every country in the West, at various social levels that reflect the ethnic, class and historical background of the people (Aarons, 1999; Fernández-Olmos, 2003). In the Caribbean, traditional healing systems are used habitually as a psychotherapeutic method, an alternative medical system, and have taken on the role of a support system both in the Caribbean and the Diaspora (Pasquali, 1994; Sanchez & Kirby, 1998; Nuñez-Molina, 2001; Reyes, 2004).

In Asia, the following practices are experienced: Bhuta Vidya (see Rao, 1986), Ayurveda, Sahaja, Bhakti and Siddha (Bhugra & Bhui, 1998). Many Indian patients, for example, seek the healing method of Bhuta vidya, a magico-religious procedure, before seeking modern treatment (Rao, 1986). This method dates back to 500 BC as recorded in India's philosophical and religious literature, the RigVeda, Upanishads, Yoga and the Bhagavad-Gita. Athara Veda, one of the Vedas, refers to devils and spirits as causes of illness and prescribes cures for them. The general belief that the cause of mental maladies lay in the supernatural reinforced the need to seek remedies in religious and magical techniques (Moodley & West, 2005). In China, therapy has been more influenced by Chinese medicine than by religious thought and movement as in India. However, Tseng and Hsu (1979) suggest that a form of Chinese divination in which "the client is usually warned not to be too ambitious or aggressive, or to do things that are inappropriate for his role or status" (p. 341) is experienced by Chinese patients. Such divine intervention, according to Tseng and Hsu, reinforces the traditional Chinese way of remaining patient, unaggressive and accepting. This notion of acceptance as a corner stone of ancient Chinese philosophy of yin and yang is an integral part of the culture. The balance between the two basic sources of energy is necessary for a harmonious human experience, and the main role of the counsellors (Chen, 2005).

Indeed, regardless of where traditional healing methods are practiced, it seems that there are basic components shared by its diverse forms. While aspects of ritual, classification of the spirits, the schemas used for identifying ailments, the method of healing and the use of symbols may vary the basic philosophy of the healing process remains the same. Koss-Chioino (2006) suggests that these differences are more elaborations of content rather than process. In many instances, the shaman or healer, the client, and sometimes both are said to become possessed by a supernatural power during a therapy session (Moodley, 2005). In this trancelike state, the problem is interrogated and solutions are offered by the spirits. Through communication with the spirits, the healer informs the client of the source of the problem and consequently, the appropriate course of treatment. Thus, it seems that healing and transformation is facilitated by the transmission of supernatural power from the ancestral spirits to their human relatives. In the actual practice of a healing ceremony, spiritist healing can be equated with folk drama in which clients and healers collaboratively dramatize the aspects of the spirit world that are projected by the healers on behalf of their clients (Koss, 1979). The aim of these rituals is to help the client to come into harmony with problem-causing spirits, to forgive them, and in so doing, regulate emotions, lifestyles, physical complaints and destiny. Correspondingly, Dow (1986) posits that the healer and the client share a mythic world and healing is based on the restructuring of ailments modeled in this mythic world[14]. Such reconstruction is facilitated through the healer who acts as a conduit or intermediary between the spirit world and the client.

It appears that with the help of the spirits traditional healers open up their bodies to possession by the spirits, as well as the illnesses that may have become attached to their clients (Koss-Chioino, 2006). Through a process of radical empathy[15], the healer enters into the ''psychic space'' of the client where the specific pain or distress is experienced and held and subsequently, becomes immersed in the inner experiences of the client. Unlike Western psychotherapy, there is no need for the healer to fear that he or she has violated personal boundaries as it is the spirit who invades the ''psychic space'' of the client. Consequently, a spiritual connection is created among the spirits, the healer, the client and at times, those who attend the healing session. Through this spiritual connection, the interpersonal space in which the healing ritual takes place becomes sacred space and radical empathy acts as a path to transcendence, transformation and healing for everyone present (Koss-Chioino, 2006). Even though the healers are guided by their spirit protectors, they nonetheless risk their bodies and experience a great deal of discomfort in the service of healing. The processes of radical empathy and spirit transformation take the healer on a profound emotional journey that very few psychotherapists or medical practitioners would welcome (Groesbeck, 1975; Koss-Chioino, 2006).

In addition to the altruistic nature of the healers, there are several principles that are basic to successful healing in traditional systems. First, the client's problem is understood in the context of a particular culture; the more culturally alike, the greater the understanding between the client and the healer. Vontress (2005) cites NGOMA (2003) who states, ''the most effective therapeutic agents are those who embody the culture of their clients. In a sense, the client's culture is the healing instrument'' (p. 133). Second, traditional healing has been shown to have several benefits including psychological relief from ailments and reduced anxiety through a shared, unquestioned belief in the powers of the healer (Finkler, 1994). When the client consults a healer, he or she is expected to know what the problem is. In this way, the patient is

reassured of the healer's legitimacy in the healing role. Clients also feel confident that the healer knows their anguish because they too have suffered afflictions before becoming healers. This notion of the "wounded healer" (Jung, 1954 [1985]; Nouwen, 1979), refers to the process by which a healer connects with his or her own vulnerability to help others suffering from similar experiences (Koss-Chioino, 2006). This helps to ensure that clients will find a diagnosis that resonates with their understanding of the underlying problems and they are reassured that the healer is well positioned to provide a treatment that they find acceptable and useful. What's more, clients are expected to bring a readiness to heal and a belief in the spirits and techniques of the healer (McCabe, 2007). Other factors include the importance of the quality of the relationship between the healer and the client, as well as the time devoted to the encounter (Press, 1978; Ross, 2008). Traditional healers take their cues from their clients and accept their symptoms in the ways that they are presented, thereby offering the assurance that the client's unique anxieties and illness preferences will be validated. Hence, given the pivotal role of traditional healing practices in many cultures around the world, it seems inevitable that cultures and communities would "bring along" their traditional healing practices wherever they settle.

Traditional healing practices in the West

A number of factors seem to have given rise to traditional healing practices in the West. First, Black and Ethnic Minority groups have introduced their approaches to health and wellbeing into the Western culture through the processes of globalization and mass migrations. Research reveals that the health beliefs and practices of many middle class Black Americans include naturopathy, homeopathy, acupuncture, yogic healing, psychic and faith healing, and the new age therapies (see Heber et al., 1989; Poulin & West, 2005). For most clients from Black and ethnic minority communities, there is no hesitation in seeking help from two or more healers, even for the most negligible of illnesses (Littlewood, 1990). This may be due to the fact that as some studies suggest, these groups use a different conceptual framework to represent and present their illness and psychological discomfort (see Buhrmann, 1986; Good & Good, 1982; Moodley, 2000). For example, Buhrmann (1986) in her work with Zulu people observed that they do not divide their "illness" into various categories of somatic or psychological, nor do they split themselves into good or bad parts; rather, they express their distress as "when part of me is ill, the whole of me is ill, irrespective of what the illness is" (p. 26). It seems that the meaning of illness for an individual is grounded in the network of meanings an illness has in a particular culture, the metaphors associated with the illness and the care patterns that shape the experience of the illness and the social reactions to the sufferer (Good & Good, 1982). Consequently, it appears that there is a close correlation between a client's cultural understanding about the cause of his/her illness and his/her discernment of the treatment of such distress (Moodley, 2000).

Second, traditional healing practices appear to address some of the crucial health concerns that may not be adequately addressed by conventional medicine and health care. For example, in mainstream society there is a growing consciousness of the failure of modern medicine to treat the whole person, focusing mainly on the removal of symptoms. Moreover, allopathic medicine has been criticized by the "Back-to-nature movement" for the way in which it has depersonalized patients,

removed choice, and empowered large drug companies to determine research and the future of health and mental health care (see Moodley & West, 2005 for a discussion). As a result, more and more patients are turning toward alternative and traditional methods of healing. While the aim may be to alleviate physical pain and suffering, traditional and alternative forms of healing is also concerned with helping patients repair their emotional state, to cope with disease, distress, disability and recovery, possibly leaving the pathology itself unaltered, and even helping them prepare for death (Waldram, 2000).

Another reason for the proliferation of traditional healing in the West is the discourse on issues of diversity and culturally relevant methods for diagnosis and treatment that has challenged the inherent assumptions in counselling psychology. Through multiculturalism with its focus on difference and its more recent argument for the inclusion of spirituality and traditional healing as part of the treatment process, the indigenous and traditional practices of ethnic minorities have become easier to accept and accommodate and appear to be taking root with its philosophy of seeing the person holistically rather than through a Cartesian divide. At the same time however, many of these traditional healing systems have had to reconstruct themselves within the context of the current political, social and economic environments. The processes of colonialism, imperialism and the colonizing influences of biomedicine have had important consequences for traditional and indigenous healing practices. According to Moodley, Sutherland and Oulanova (2008), ''current cultural healing practices are a response to these processes and must be seen as such if they are to have any relevance to the ways in which we deal with the 'psychological illness' of today'' (p. 155).

Indeed, despite the hegemony of the Western scientific model of medicine and counselling and psychotherapy, there appears to be no universal worldview regarding the causation of illness or the appropriateness of treatment. Traditional healing represents a structured system of ordering, classifying and explaining illness (Ataudo, 1985), not unlike the biomedical system which is also a cultural system in its own right, complete with its system of beliefs, and faith in precise methods and forms of knowledge (Kleinman, 1995). Tseng and McDermott, in reviewing traditional methods indicate that, ''it is becoming more and more clear that such simplistic notions regarding therapeutic approaches as considering one approach universally primary or superior are no longer tolerable and that many techniques seem to be effective with the same problem throughout the world'' (Tseng & McDermott, 1975, p. 378). Furthermore, Field, in reviewing his practice in *Healing, Exorcism and Object Relations Theory*, began to reconsider whether what he feared were serious lapses (traditional healing) from good practice (scientific models) might, in fact, have been appropriate time honored therapeutic responses (Field, 1990). Given that between 65% and 80% of the world's human population is dependent on traditional and alternative medicine for their primary healthcare (World Health Organization, 2002), it becomes necessary that these issues be part of the discourse on health and healing in the 21st century.

Psychic retreats in other places

Many clients often see a mental health professional and a traditional healer concurrently (Novins et al., 2004). For example, for spiritual issues a client may

speak to a priest; for ailments of the body, a physician; for emotional concerns, a counsellor and for mental needs, a psychiatrist or an indigenous healer. The growing trend in the West to seek alternative, complementary and traditional healing may be as a reaction to Western approaches to health with its focus on psychopathology (Moodley & Oulanova, 2010). The problem, according to Vontress (1991) is that Western counsellors who focus exclusively on the psychological component are more likely to misdiagnose the ailments of their non-Western clients. He suggests that while psychological measures may be used to recognize the existence of a psychological imbalance, such information by itself may not be as valuable without some insight into the source of the disturbance. Evidently, people who believe that their problems derive from the displeasure of departed ancestors or from demons are likely to be affected by that belief. Indeed, clients who hold such views about problems in living are often confused about the relevance of categorizing personal problems and distress according to a scientifically constructed statistical manual of psychological disorders (Soulayrol, Guigou, & Avy, 1981, as cited by Vontress & Epp, 2000). Furthermore, they may be mystified by the behavior of therapists who expect them to be the primary agents of change; many of them are familiar with powerful spirits and traditional healers who actively resolve their problems.

Clearly, there is a need to accommodate clients who engage in the process of dual interventions. Moreover, there is also a need to establish collaboration between mainstream counselling and traditional healing systems. These traditional beliefs and healing practices function as symbolic representations; they reach into the "psychic spaces" of clients revealing cultural narratives which function as a bridge to the cross-cultural gap between client and therapist and serve as a means to work through difficult problems and to create possibilities for courses of action (Mishara, 1995; Parks, 2003). Hence, there is a great deal that Western counsellors can learn from traditional healers from other parts of the world. According to Vontress (2003), "the world needs this collaboration . . . without traditional healers, many people will have no medical or psychological services" (p. 26). To do this however counsellors must be willing to explore the traditional beliefs that their clients hold about the root causes of their difficulties and the meaning they attribute to their life events. Moodley (1999) adds, "Such a process would inscribe a new narrative for the client, making counselling in a multicultural context 'real' irrespective of the type of approach the counsellor uses" (p. 145).

Nevertheless, accommodating clients who engage in dual interventions may prove to be a challenge in clinical practice. The fact that the field of counselling psychology has historically neglected the spiritual dimension of human consciousness and the important role it plays in determining the ways in which people conceptualize distress by adhering to causality principles and scientific orientations, raises a number of important issues. Indeed, will counsellors acknowledge instances where consulting with a traditional healer may be in the best interest of their clients? Despite the growing acceptance and use of traditional healing in the West, many counsellors may be reluctant to consult with or refer clients to traditional healers given the lack of "empirical" evidence on these healing systems. The issue of efficacy and the lack of empirical evidence in traditional healing systems is a major point of contention in clinical practice. At the same time, Waldram (2000) points out that understandings of efficacy are likely to be imbedded within broader parameters such as the social, economic, historical, and cultural context of ailments and may extend well beyond the locus of the ailment, that is, the client. A client in such a context may

not be looking for medical or psychotherapeutic efficacy; rather he or she may be looking for meaning through efficacy which becomes more of a validation of some sociopolitical, historical or cultural reality (Crandon-Malamud, 1991). Therefore, efficacy must be examined as something that is largely negotiated in each encounter of a client and a practitioner in both mainstream and traditional healing systems.

Another important consideration that may arise with clients engaging in dual interventions involves the therapeutic alliance where transference is interpreted exclusively with the psychotherapist (Moodley et al., 2008).

Engaging in dual interventions reflects a conscious or unconscious critique of Western models of therapy on the part of clients for inadequately meeting their needs. In such situations clients who disclose insufficiently or put up strong defenses in psychotherapy could inadvertently convey the idea that the traditional healing process is a more valuable healing process for them. As long as traditional healing continues to occupy a reductive place in the healing process in mainstream society, this constant comparison about each healing process will always be present in both clients and therapists. Clearly, there is a need for well-structured guidelines for navigating this process of dual interventions.

Guidelines and Codes of Ethics

While the guidelines and codes of ethics that monitor and support counselling and psychotherapy have recognized the immense diversity among clients' cultural and ethnic backgrounds, these documents do not always provide sufficient guidelines when it comes to supporting dual relationships (Moodley & Oulanova, 2010). For example, the Code of Ethics of the Canadian Psychological Association take into account cultural and ethnic diversity by stating that clinicians need to: ''consulting with, or including in service delivery, persons relevant to the culture or belief systems of those served [. . .] and, recommending professionals other than psychologists when appropriate'' (CPA, Standard II.21). Clearly there is an acknowledgement, encouragement and professional acceptability of the possibility for dual relationships but no guidelines are offered. In the absence of any professional body guidelines it seems important for counsellors to:

(1) Acknowledge that indigenous, cultural and traditional healing practices are age-old methods by which the Aboriginal and ethnic minority communities have historically been using to alleviate their physical, mental and psychological problems.
(2) Acknowledge that the belief in empirically supported interventions has the potential to exclude traditional healing practices and may not be applicable to culturally diverse clients. Indeed, while little empirical research has been carried out to establish ''evidence'' for the therapeutic benefits of indigenous healing practices, qualitative accounts suggest their critical role in restoring an individual's mental well-being and their ability to enhance Western counselling (Juntunen & Morin, 2004). Therefore, it is crucial for Western counsellors and psychotherapists to understand traditional healing approaches and to find ways to be therapeutic without imposing their psychotherapeutic ''science'' on clients who are socialized in spiritually-oriented societies (Torrey, 1986). In this respect counsellors can increase their

awareness of the work of traditional healers and their healing practices by engage in continuing professional development (CPD) programs.

(3) Be open to discussing the role of traditional healers and their practices in the counselling sessions if clients bring up the topic. Counsellors can also make clients conscious of the current research in this area, especially "good quality practices and practitioners", as well as the problematic areas of traditional healing practices, such as the work of charlatans and bogus practitioners who may exploit unsuspecting and vulnerable clients, and the use of non-monitored medications which may contain level of minerals and poisons unacceptable to North American standards.

(4) Be informed about the local immigrant community's traditional, indigenous and cultural healers and healing practices through the local community centres, religious places of worship, and also through the local traditional healers associations (if there are any). Consequently this will lead to professional partnerships within which referrals can be made by the counsellors as well as the traditional healers. This may eventually lead to the possibility of shared practice or consultation between the counsellor and the traditional healer, in the same way that the psychiatrist Toby Nathan is accomplishing in Paris (see Nathan, 2005; Streit, 2006).

Conclusion

At first glance traditional beliefs and healing systems may appear to be at odds with Western approaches to health and wellbeing. However, Vontress (1991) argues that the culture in which people are socialized determines the beliefs that they hold about the nature of their problems, consequently, healing practices are also by-products of such a worldview. Over time, immigrant and Diaspora communities have developed their own worldview in which conceptualizations of health and illness are fundamental components. Moreover, Vontress (2001) argues that the lack of a shared reality or worldview appears to be one of the reasons why many attempts at cross-cultural therapy have been ineffective. Indeed there are several reasons for this situation, but the most crucial one is that what appears to contain clients in particular structures influencing their worldview is the current dominant practice of fixing ethnic groups into defined categories such as Africa-Canadian, Asian-Canadian, Native-Canadian, etc. This has led to reinforcing illusionary and mythical worldviews even though the process of acculturation and integration has been successfully achieved amongst many clients. Other reasons, such as cultural hegemony, social discrimination and economic inequalities also play a part in this process.

While the new developments in multicultural counselling, such as culture infused counselling (Arthur & Collins, 2005), multicultural competencies (Sue & Sue, 1998), racial identity theories (Helms, 1990), and the integration of spirituality (Fukuyama & Sevig, 1999) have made much difference in addressing the difficulties in counselling ethnic minority clients, it still appears to be constructed within the paradigms of a Eurocentric discourse, viz., individualism, problem-solving and mind-body dialectic. Traditional healing, on the other hand, is anti-Cartesian by engaging the whole person in a mind-body-spirit complex. Traditional healers also involve the client's family and community in being a part of the therapeutic process. Since traditional healing constructs for clients the possibility of a culture sensitive practice, and many

do engage with it in their "inner city hamlets" (ethnic areas), it seems vital for counsellors to seriously think about entering into counselling contracts with ethnic minority clients that will support dual interventions (Moodley et al., 2008).

Finally, in engaging with some or all of the strategies discussed above counsellors and psychotherapists can challenge and interrogate the negative Colonial beliefs that some traditional healers are "evil" (e.g., witch doctors, voodoo healers) and that the time honored cultural practices are heathen practices. The acknowledgement and eventual integration of indigenous and traditional healing as critical practices of multicultural counselling may be necessary if counsellors are to work in an anti-oppressive and ethical way with ethnic minority clients.

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Notes

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2. Zar cults are found in Ethiopia and Sudan or Rab cult found in Senegal are processes of folk or social therapy (Asuni, 1986). During these group therapy dances patients tend to be spiritually elevated. The sessions can last for a duration of 3–7 days or in multiples of seven, up to 3 months depending on the established ritual practices and the severity of the illness (Awanbar, 1982).
3. Marabouts are places occupied by a saint (living or dead) where people request help through the process of spiritual meditation. During the process of Islamization some of these shrines were destroyed (Moodley & West, 2005).
4. The teachings of the Medicine Wheel and Pimaatisiwin Circle are used by traditional Aboriginal people to help maintain or restore life to balance and harmony. Good life or good health is perceived to be a balance of physical, mental, emotional and spiritual elements (Poonwassie & Charter, 2005).
5. Spiritism is based on a belief in reincarnation and the use of mediums who mediate healing through a process which stresses the concept of spiritual "fluids", around the body (Hohmann et al., 1990).
6. Vaidya is a traditional Hindu healer using Ayurvedic medicine. Also see Philip Rack's *Race, Culture and Mental Disorder* (Rack, 1982, pp. 181–192, for a discussion on traditional healing). Ineichen suggests that patients "may side-step conventional medical services and prefer to approach Hakims or other alternative healers" (Ineichen, 1990, p. 1670).
7. See Lago and Thompson (1996) for a discussion on Sufism, gourd dancing and Sioux sun dancing.
8. Shamanism – the word Shaman comes from a Northern Siberian tribe, the Tungus. Shamanic practitioners are known by different names in different parts of the world. A Muslim healer is called a Pir or Sayana, and a Hindu healer may be known as Baba, Ojha, or Tantric healer. Shamans regard themselves as conduits between the supernatural and

the patient, and, through the processes of "possession", and "exorcism" therapy is conducted (Kumar, Bhugra & Singh, 2005).

9. Ayurveda is a healing system of India, dating back to 1500BC, as described in the classical texts of Susruta and Caraka (200–400 BC). As part of the Vedic sciences which include yoga, meditation and astrology, Ayurveda is the branch that deals with the physical body, and its treatment includes herbal medicine, body work, surgery, psychology, and spirituality (Frawley, 1989).
10. Sahaja – therapy signifies the "innate nature" that a person is born with. It is closer to humanistic psychology with an emphasis on the social and environmental aspects of a person's wellbeing (Kumar, Bhugra, & Singh, 2005).
11. Siddha – medicine. A system of healing, dating back to 5000 BC, originated in Southern India. Similar to Ayurveda, treatment is directed at restoring balance and equilibrium of the three humors (vattam, pittam, and kapham). Treatment is individualized to meet each patient's needs (Kumar, Bhugra, & Singh, 2005).
12. Lambo is regarded as the "father of modern psychotherapy in Africa" (Awanbar, 1982, p. 211).
13. The traditional healing practices in the Caribbean have their origins in the Yoruba tribe of West Africa. They developed on islands where African slaves were indoctrinated into Roman Catholicism. Initially, enslaved Africans had to adapt to the religious customs and practices of other enslaved Africans from different African cultures, and soon after, they had to adapt to the religion of their masters. This complex process of encounters, adaptations, assimilation, and syncretism is often referred to as creolization and these healing traditions are often referred to as Creole religions (Fernández-Olmos, 2003).
14. "For the African, the religious-magical system is a great poem, allegorical of human experience, wise in its portrayal of the world and its creature" (Awanbar, 1982, p.168). These truths may be more salient than scientific truths because they represent solutions to personal human problems (Dow, 1986).
15. Radical empathy is a concept defined by Koss-Chioino (2006) as a process which takes empathic behaviour to a further degree in that a wounded healer actually enters the feelings of suffering and distress of a client as well as those who attend the healing sessions. The healer experiences the feelings as they are felt by the sufferer via the communication of spirit visions and/or spirit possessions.

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