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A New Way of Healing:

Experienced Counsellors' Perceptions of the Influence of
Ch'i-related Exercises on Counselling Practice in Taiwan

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Abstract

This study examines how Taiwanese senior counsellors with substantial experience of *ch'i*-related exercise (CRE) perceived the influence of their regular CRE on their counselling practice. I am interested in the perceived influence of CRE on both self-care and professional practice.

In this study, CRE refers to any *ch'i* enhancing exercise that coordinates movement with breathing and inner concentration wherein *ch'i* is a first order concept used by practitioners and regarded by them as an embodiment of ideas related to human life and human existence and able to be experienced and refined through any *ch'i*-related exercise. CRE is a set of practices and an intrinsic part of local culture in Taiwan which in recent years, has become popular practice in Taiwanese society.

There are growing numbers of counselling professionals involved in regular CRE in recent years. Studies examining the effects of CRE indicate the benefits of CRE on practitioners' global health and personal growth. However, no previous study has investigated the influence of the long-term regular use of CRE on counsellors' self-care and counselling practice.

The narrative research design for this study was developed from a post-structural theoretical perspective located in the domain of social constructivism. The data were co-constructed between the researcher and 12 senior Taiwanese counsellors with substantial CRE experience using a semi-structured in-depth interview approach. Interview data were analysed using the structure-based approach developed by William Labov in the field of socio-linguistics.

The study reveals an overall benefit of regular involvement in CRE for practitioners' global wellbeing and personal growth and provides evidence of regular CRE as a potential technique for counsellor' self-care. The research findings also reveals the potential of *ch'i* to be used as a way of expressing health and illness and a way of understanding in therapy and CRE to be lived out in therapy as an embodiment. I argue that collectively the narratives, as a whole, give evidence of an increasing integratin of the ideas and practices of *ch'i* into counselling practice in contemporary Taiwan. This might even make up a new form of integrated and culturally appropriate practice, what I term 'a new way of healing.' These are therapeutic practices which value the potential of CRE for counsellor's self-care and personal growth; recognize the integral whole of the human person; promote conscious use of the knowledge and experience of *ch'i* and CRE in therapy as an important aspect of the therapeutic use of self.

Implications for practice such as the potential of CRE to be introduced into counsellor training programmes for counsellors' preparation or ongoing education are provided. Recommendations for future research such as the development of a new healing modality based on the research findings are offered.

Keywords: *Ch'i*-related exercises, *ch'i*, self-care, the therapeutic use of self, healing, personal transformation, counselling practice, experienced counsellors

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Declaration

I, Chin-Ping Liou, declare that this thesis:

- (a) has been composed by myself
- (b) contains my own original work
- (c) has not been submitted for any other degree or professional qualification.

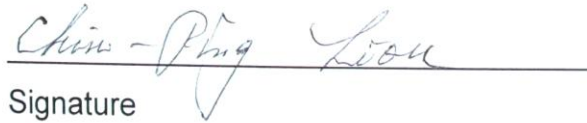

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Chapter 1: The Self as the Starting Point for All Problems: Background and Personal Statement

A problematic starting point: the self...The 'self' is itself something socially constructed, but is able to weave for itself an illusion of coherence through its memory of relationships with others, and actual relationships which confirm its enduring existence for itself. Far from being a reduction to the level of individual subjectivity, reflexivity is a way of questioning the assumption that we should start with the individual 'self' as a taken-for-granted foundation for research. (Parker, 2005, p.30)

1.1 The self as the starting point for all problems

All research is a product of time and space and a view from some perspective or other. I agree with Parker (2005) that the self is the starting point of a problem and the self of the researcher is always the first to be met. This research study deals with Taiwanese senior counsellors' *ch'i*-related experiences and their counselling practices. My motivations to choose and consider this research topic important and worthwhile for the inquiry are underpinned by my personal beliefs and values. These cannot be separated from the political and ideological discourses which form the socio-cultural context and the institutions to which I belong and by which I am influenced (Carrette, 2007).

Carrette (2007) posited that all experiences are objects of interpretation and products of the individual-social binary. As such, for the study of human experiences, it is important to scrutinize the concepts and beliefs through which one perceives and articulates an experience and to examine the cultural context and the institutions to which one belongs and from which one's own concepts and beliefs derive and/or are controlled. Similarly, Lock (1981) stated that 'the concepts of self and culture are interdependent: one cannot exist without the other...Selves are constituted within culture, and culture is maintained by the community of selves' (p.19).

Indeed, I am part of the world that I am researching. My value-system is influenced by the political and ideological climate of the time and space to which I belong. I am part of my research. All aspects of myself including my beliefs, values, experiences, emotions, and knowledge are involved in the research. They guide me in my choices of a research question, an approach to answering the question, and what to include in and exclude from this thesis. It is for this reason that I place myself fully

within the research by writing as ‘I’ instead of ‘the researcher.’ As such, I can take responsibility for the part that I have played in the thesis.

I agree with Morrow (2005) that all research is grounded in subjectivity. There are many approaches to addressing this issue. In this study, I embrace my subjectivity by making transparent to the reader those aspects of myself available to my consciousness. For this, I adopt a reflexive attitude throughout the entire research process. In doing so, I also invite readers to assess the methodological and interpretative decisions which I made and come to their own conclusions about the trustworthiness of my research.

This study is therefore a product of interweaving relations between the research topic, the research participants, the reader and myself. Furthermore as stated above, all research is subject to researcher bias and is context-dependent. Therefore, in the following paragraphs, I will make overt my understanding of the beliefs, values, experiences, knowledge, politics, and ideologies that might have influenced the research.

1.1.1 Personal experiences

1.1.1.1 My personal ch'i-related experience

I began to undertake *ch'i*-related exercise (CRE) at the end of the 1980s when some theologians in the Roman Catholic Church in Taiwan to which I belong, were promoting the spirituality of *ch'i* and sitting practice. Since then, sitting practice has gradually become part of my daily routine. I am used to practising sitting for about one hour daily; and this thereafter, has become one of my most favourite forms of prayer.

By sitting practice, I mean sitting in a squatting position and concentrating on the regulation of my breathing. While doing so, I perceive myself as being totally bathed in and nurtured by the presence of the life-giving spirit. In the process, I notice a gradual change in the way I breathe, think, and feel. After one hour of practice, when returning to the daily routine, I usually find myself able to handle the daily demands of work with the same *ch'i* cultivated through the sitting practice. That is, I perceive such practice as a tangible process of self-becoming, feeling myself being transformed in the process, and able to act differently in everyday life after such practice.

Besides sitting practice, I have also learnt other types of CRE for health enhancement and self-cultivation. These include the 18 movements of *tai-chi-ch'i-kung*, *vipassana*, and various short forms of *ch'i-kung*. When practising the 18 movements of *tai-chi-ch'i-kung*, I stand straight with feet shoulder width apart and parallel to each other, and then move my arms, body, and feet slowly and fluidly in coordination with breathing. Breathing is very important in such practice wherein breathing in is for inward movements and out for outward.

While undertaking such practice, I feel the flow of *ch'i* in my physical body becoming tangible and vivid, the whole body relaxed and at ease, my thinking more active and feelings more positive. In the process, a sense of oneness with the environment and interconnectedness with other beings may also arise, which at times are accompanied with unusual sensations such as tingling at the tips of my fingers which is like a slight electric current running through them and then being turned into a warm sensation in the whole body.

When doing such movements, I often feel myself filled with *ch'i* within and surrounded by *ch'i* without. With the former I undergo a transformation process which is turned into a transforming power working in me and in the world through me. As such, such practice also impacts on the latter. That is, while perceiving myself as different after the practice, I also see and relate differently to others and the environment.

Vipassana is the third type of CRE which I have learnt. In 2005, I took a 10-day *vipassana* course; since then, I have practised it for an hour every day for several years. It is an exercise made up of three components: concentration, mindfulness, and compassion contemplation. Concentration is to develop a certain degree of mastery over the mind by fixing attention on the ever changing breath as it enters and leaves the nostril. Mindfulness is to develop equanimity by observing, noting, and letting go of whatever arises including sensations, feelings, thinking, or inspirations. Finally compassion contemplation is to learn the meditation of '*metta*' which is a Pali word meaning loving kindness towards all; that is, to share the purity developed during the exercise with all beings.

Vipassana is a Pali word which means powerful perception, deep seeing, or seeing through (Goenka, 1994). For me, *Vipassana* is an art of living and a way of self-transformation through self-observation. When focusing on breathing, I feel myself undergoing a process of purification and transformation. As in the sitting

practice mentioned above, the fresh air, the breath, or *ch'i* which enters into and circulates around my physical body is gradually being transformed and turned into a purifier and transforming power. This works in me and brings out whatever impurities in my mind and body when leaving the nostril as I exhale. When observing, noting, and letting go of whatever has arisen in my mind and body, I have learned to accept things as they are non-judgmentally. At the same time, when 'seeing deeply' and realizing that all things are impermanent, I have learnt to distinguish what is essential in life from what is not and to make myself ready to give up the latter. As such, I regain the power over myself. Further, when doing compassion-contemplation, I feel the *ch'i* transformed through the exercise, flowing out of me in the form of blessings, entering into, and healing the hearts of those who are deeply wounded.

There are countless types of CRE; I have learnt and practised regularly the three types mentioned above. They differ from one another in terms of techniques but the function and operation of *ch'i* in and the presence of this around my physical body are similar. For this reason, they are all called '*ch'i*-related exercises' (CRE). Holding a Roman Catholic faith and having developed a spiritual intimate relationship with God the Holy Spirit, of whom some Taiwanese theologians made connection with the Chinese concepts of *ch'i*; I believe that my understanding of *ch'i* in CRE might have been greatly influenced by such a religious/spiritual background. For me, *ch'i* is a life force that transforms, penetrates, purifies, connects, and unites. When undertaking any type of CRE, I create an opportunity and space for *ch'i* to be transformed and to work in me and to influence the environment through me. The complex issues of *ch'i* will be explained further in chapter two.

1.1.1.2 My encounter with other CRE-immersed counsellors

After receiving counselling training, I began to provide counselling services at a university student counselling centre. I undertook CRE regularly as usual but I never thought that there would be any connection between CRE and counselling practice. It was only when I had an opportunity to engage myself in meaningful conversations with other CRE-immersed counsellors that I began to think about CRE as a potential means for counsellors' self-care.

The first CRE-immersed counsellor was a senior counsellor in Taiwan whom I met at a workshop which she facilitated in 2004. The topic of the workshop was 'career planning for counselling psychologists' (Wang, 2004). It aimed at giving

counsellors an idea of how to set up a private practice although the issue of counsellor's self-care was very much emphasized. What impressed me most was the facilitator's sharing information about her daily CRE practice and why she considered CRE the most powerful path for her own self-care. Her sharing challenged me to look at my own CRE experiences in connection to my counselling practice.

The second CRE-immersed counsellor who has inspired me to explore further counsellors' experiences of CRE was a colleague of mine. Before meeting each other in a one-week camp for teachers' self-enhancement in the beginning of 2009, I never knew that she was a CRE practitioner. In the camp, I noticed that she undertook *ch'i-kung* every evening for about 10-15 minutes before going to bed. Out of curiosity, I therefore initiated a long conversation with her. We shared with each other our own CRE experiences and how these related to our counselling work with clients. This conversation planted a seed in my heart to carry out research that might involve CRE-immersed counsellors sharing their CRE experiences in relation to their counselling practices.

1.1.2 Changing political and ideological climate

I locate my research in the context of the changing political and ideological climate. Alongside my interest and enthusiasm arising from my above mentioned personal experiences, is my belief that the *ch'i*-related ideas and exercises as a cultural resource should be taken into account in the process of building up a culturally appropriate counselling practice. This personal belief has arisen from and is supported by the changing political climate and ideology about providing psychological health care both worldwide and in Taiwan.

A noteworthy phenomenon which erupted in the Taiwanese society after the lifting of martial law in 1987 was 'Taiwanese consciousness.' According to Huang (2006), this refers to Taiwanese people's quest for self-identity and search for a new mode of thinking. Taiwan has gone through various forms of colonization both external and internal. The former involves the politically and economic powerful countries such as Japan and the United States and the latter the *Kuomintang* (Chinese Nationalist Party) government from China. Therefore, the abrogation of martial law is a powerful symbol that represents Taiwanese people's regained freedom and along with the fast economic growth and modernization of the country since the 1970s has

contributed to Taiwanese people's increasing self-confidence and greater appreciation of their own local culture.

Parallel to this, is the emergence of an indigenous psychology both in Taiwan and in the academic community worldwide since the end of the 1970s. According to Kim and Berry (1993), indigenous psychology is 'the scientific study of human behaviour (or the mind) that is native, that is not transported from other regions, and that is designed for its peoples' (p.2). Heelas (1981) stated that indigenous psychologies consist of 'the cultural views, theories, conjectures, classifications, assumptions and metaphor - together with notions in social institutions - which bear on psychological topics' (p. 3) in each respective culture. Hwang (2005) maintained that indigenous psychology is the non-western psychologists' search 'for cultural identity in the power structure of the new world order' (p.81) formed after World War II.

Many authors advocated a 'culturally appropriate psychology' (Azuma, 1984, p.53) that 'relies on values, concepts, belief systems, methodologies, and other resources' (Ho, 1998, p.94) and is 'based on and responsive to indigenous culture and indigenous realities' (Enriquez, 1993, p.158). This is because the existing psychological theories may often represent the psychology and cultural traditions only of Europe or North America. Heelas (1981), on the other hand, argued that indigenous psychologies are necessary because they sustain the inner self, sustain and adjust the self towards social and cultural action, and enable social-cultural institutions to operate (p.13). It is only within each indigenous psychology that the unique histories, beliefs, values, needs, and social mores of a particular culture can be addressed.

In Taiwan, scholars in various psychology-related fields including counselling have made an attempt to develop a culturally appropriate psychology that responds to the local cultural realities (Hwang, 2011, pp. 128-129). Several authors have proposed various different counselling models informed by the Chinese culture such as Confucian relationalism, the self-cultivation of Confucianism, Taoism, and Buddhism, and other features of Chinese culture such as pragmatism and the unique way of emotional expression (Chang & Hwang, 2009; Chen, 2009; Chong & Liu, 2002). Yee, et. al. (2004), from the perspective of the hermeneutical phenomenology, also developed an indigenous healing approach built upon the construction of the 'otherwise' ethical experience called 'ethical healing.' Yet, no study has been done to explore the possible connections between counselling practice and the concept of *ch'i*

as a distinctive feature in Chinese culture and CRE as a prevailing cultural phenomenon in Taiwan.

A licensing process for counsellors in Taiwan was started in the year 2000 through the promulgation of the Psychologist Act. This implies a move towards standardization and institutionalization of the profession by requiring all counselling practitioners to take the national board exam with the test questions taken from the designated set of text books in order to become a licensed counselling psychologist. The subjects required for the examination tend to adopt the orientation of the medical model for mental health services and the text books prescribed are mostly translated or discussing theories developed in the West. As a result, the medical-model ideology has become even more dominant in the counselling profession in Taiwan, and the discrepancy between the counselling services provided and the local realities become even greater. Such a move has raised great concerns among counselling professionals/scholars and has challenged them to put in greater efforts to reduce the mismatch.

In summary, the development of this study has arisen from my own experiences of CRE practice and has been inspired by the experiences of other CRE-immersed counsellors. My belief that the *ch'i*-related ideas and exercises as popular cultural value, belief, and resources should be able to contribute to the development of a culturally appropriate counselling practice is supported and informed by current ideology. This ideology is exemplified in the Taiwanese people's greater appreciation for our own local culture and counselling professionals' efforts to bridge the gap between counselling practice and local cultural practices.

1.2 Situating the research

1.2.1 Research question

This thesis intends to find out the perceived influence of CRE which Taiwanese senior counsellors undertake regularly on their counselling practice. The main research question and sub-questions are as follows:

The main research question:

How do senior Taiwanese counsellors who undertake CRE regularly perceive the influence of their CRE experiences on professional practice?

The two sub-questions:

- a. How do senior Taiwanese counsellors narrate the influence of their CRE experience on their self-care?
- b. How do senior Taiwanese counsellors narrate the influence of their CRE experience on their counselling practice?

1.2.2 The current state of empirical research into CRE in relation to counselling

A review of the literature pertaining to the ideas and practices of *ch'i* indicates that the Chinese/Taiwanese way of thinking has been greatly influenced by the idea of *ch'i* throughout history until today and reveals the multiplicity and complexity of the *ch'i*-related ideas. Reviewing the literature relevant to the counselling profession in Taiwan and the Taiwanese views of health, illness, and healing reveals the discrepancy between counselling practice and the popular beliefs of health, illness, and healing. Some scholars have attempted to bridge this gap by developing counselling models based on the various understandings of Chinese culture. Yet, very few have taken note of the importance of the ideas and practices of *ch'i* in the Taiwanese popular ways of thinking.

The review of the literature highlights the gaps in current knowledge and reveals the dissonance between current counselling practice in Taiwan and the Taiwanese popular ways of thinking. It points to the importance of carrying out research that involves Taiwanese senior counsellors with substantial CRE-related experiences sharing their perception of how CRE has impacted on their counselling practices. I will address all these ideas in more detail in chapter two.

1.3 Research concepts

The idea and practice of *ch'i* have always occupied a significant place in the Taiwanese/Chinese culture. There are many different understandings of the idea of *ch'i* and countless types of CRE in Taiwan. It is not possible to define the concepts of *ch'i* and CRE in a few words. The working definitions provided below are a distillation of the complexity and diversity of these concepts. I will explain its complexities and varieties and show how and why I have reached these definitions in the literature review.

1.3.1 The concept of *ch'i*

The concept of *ch'i* in this study is not a quantifiable substance, a subject for objective analysis, discussion, or a problem to be solved. Rather, it is a first order concept used by practitioners and regarded by them as an embodiment of ideas related to human life and human existence and able to be experienced and refined through any *ch'i*-related exercise (Yang, 1993). The following quotes from my interviewees' narratives may illustrate this. 'For me, *ch'i* is invisible and exists in each person and in the universe.' 'Collaborating with consciousness, it [*ch'i*] opens up wherever is blocked and stagnated in the body. Cooperating with love, it [*ch'i*] unites the physical and spiritual.' 'When undertaking CRE practice, I am able to feel the flow of *ch'i* in the palms of my hands and in my body.'

Evidence suggests that *ch'i* is well-known at a popular level of expression in Taiwan (Chan, 2007; Chang, 1982; Cheng, 2002; Chiu, 2009). And as such, it can be said to form a broader worldview underpinning CRE practices which many Chinese thinkers have understood as the source of life or vital life force energy. For example, from interactive holistic theory, Yu (2001) argues that the *ch'i* in CRE practice is the source of all beings existing in the human body and in the entire universe. Chan (2007) posits that *ch'i* consists of various different forms including the postnatal *ch'i* (氣), the essence or the condensed *ch'i* (精 *ching*), the prenatal *ch'i* (炁 *ch'i*), spirit (神 *shen*), and the original nature of the cosmos meaning nothingness (虛 *hsu*). He believes that all things come into being out of nothingness (虛) and that CRE is a path back from all things to nothingness (虛) and from the material world to the spiritual world. Chia (1990) states that the *ch'i* in CRE practice refers to the 'internal *ch'i* of the human body' (p.511) which is the pure life-force and intimately related to the mind and the thought.

1.3.2 *Ch'i*-related exercises

CRE is a set of practices and an intrinsic part of local culture in Taiwan which in recent years, has become popular practice in Taiwanese society. CRE in this study refers to any *ch'i* enhancing exercise that coordinates movement with breathing and inner concentration (Chan, 2007; Chia, 1990; Dorcas & Yung, 2003; Hetherington, 2003; Goenka, 1994; Jarmey, 2003, Khor, 1993; Li, 2000b; Lee, 2000; Lin, 1997;

Suzuki, 1975; Yang, 1993; Yu, 2001). CRE generally consists of two basic forms: the static and the dynamic. In the static CRE such as, quiet sitting, *zazen*, and *vipassana*, practitioners remain in a static position although pure *ch'i* is actively circulating and moving in their bodies. In the dynamic CRE such as, *tai-chi-chuan* and natural *ch'i-kung*, practitioners move their bodies gently and with awareness. There are innumerable types of CRE in Taiwan among which *ch'i-kung*, *tai-chi*, sitting practice, *zazen*, and *vipassana* are regarded as the most commonly undertaken (Cheng, 2002).

1.4 Overview of the chapters in this thesis

The research is placed in context in Chapter Two of this thesis, with an examination of literature pertaining to research frameworks, research concepts, and research contexts. The research concept literature includes *ch'i*-related ideas, practices, and health care, and counsellors' self-care and use of self in therapy; the research context; and the counselling profession in Taiwan. My review of the related literature reveals the dissonance between current counselling practice and the Taiwanese popular culture such as the idea of *ch'i* and CRE. The literature related to the ideas of *ch'i* and CRE highlights the current state of knowledge and research gaps.

The theoretical assumptions underpinning my choice of research design, the research ethics, and the methods for data construction, analysis, and presentation are discussed in Chapter Three. The research design for this study is developed from a post-structural theoretical perspective located in the domain of social constructivism. The analytic approach is based upon ideas developed by William Labov in the field of socio-linguistics.

Chapters four to six present the data constructed in this study and detail the findings resulting from an analysis of the data. In chapter four, I present each of my research participants in poetry. Chapter five presents the data pertaining to the first research sub-question about the senior Taiwanese counsellors' narration of the influence of their CRE experience on their self-care. The data relating to the second research sub-question about senior Taiwanese counsellors' perception of the impact of their CRE experience on their counselling practice is presented in chapter six.

In chapter seven, I draw together the findings of the study presented in chapters four to six and further discuss the data in the light of theoretical concepts including

the ideas of *ch'i* and CRE, self-care leading to self-transformation, and the therapeutic use of self. The research limitations are also explained in this chapter.

In the final chapter, I present the summary of the study, implications for counselling practice, and contributions to the field of counselling research. Recommendations for future research based on the research findings are also provided in this chapter.

1.5 Summary

In this chapter, I have shared the personal experiences, beliefs, values, and knowledge which led me to create this research project, and I delineated my understandings of the politics and ideologies in Taiwanese society to which I belong and by which I have been influenced. I have framed my research question which will guide the research process and defined the working concepts which I use throughout my thesis. I have also provided an overview of the thesis. Therefore, I now turn to chapter two for the review of the literature relevant to this study.

Chapter 2: *Ch'i*-related Exercises, Self-care, and the Use of Self in Therapy: Literature Review

Zazen develops these qualities, not because we try to acquire them but because we learn to tolerate a practice that does not aim to get us anywhere, one that relinquishes improving the self in favour of letting go of obscuring concepts of self. (Thomson, 2000, p.547)

Self is a reflective pronoun, and it has two meanings. *Auto* means "the same", but it also conveys the notion of identity. The latter meaning shifts the question from "What is this self?" to "What is the plateau on which I shall find my identity?" (Foucault, 1988a, p6)

2.1 Introduction

This chapter situates the current study within a broader scholarly and historical context. I offered a critical review of several related bodies of literature explaining the phenomenon under inquiry to build a rationale for the research problem and the need for additional research. As delineated in the previous chapter, this study aims to investigate how senior Taiwanese counsellors who regularly undertake CRE (*ch'i*-related exercises) perceive the influence of CRE on their counselling practice. Guided by the research question, the focus of the literature review is therefore on the studies related to CRE, counselling practice, and the influence of CRE on counselling practice.

To ensure the rigour of literature review, I conducted this in a systematic way following the 'input-processing-output' approach proposed by Webster and Watson (2002). I first chose several keywords that relate to my research topic and performed keyword searches using multiple quality scholarly databases, followed by backward and forward searches. The main keywords used for the literature search involved terms and phrases such as *ch'i* or *qi*, *ch'i*-related exercises (*ch'i-kung* or *qigong*, *tai-chi* or *taiji*, *zazen*, and *vipassana*), counsellor, and counselling practice. I searched for peer-reviewed journal articles, theses, conference proceedings, and book reviews published in English relevant to this study using databases such as PsychInfo, Psycharticles, ProQuest, EBSCOhost, WilsonWeb, and PubMed/MEDLINE. I also looked for aforementioned types of publications published in Chinese using CEPS (Chinese Electronic Periodical Service), TEPS (Taiwan electronic periodical service), and CETD (Chinese Electronic Thesis and Dissertations).

After the keyword search, I conducted a backward search reviewing the references of the articles yielded from the keyword search noted above and a forward search examining additional sources that have cited the article. The literature search continued throughout the entire research process. However, there came a point in time when feeling that no new citations were discovered and articles cited in a new literature piece had already been reviewed, I realized that it was time to end the search and move on to the processing and writing of the literature review (Levy, & Ellis, 2006).

For literature processing, I adopted the PQRS (preview, question, read, summarize) method proposed by Cohen (1990). I first read abstracts or summaries of the literature collected to get a sense of what they were about and decided whether they were relevant to the purpose of the review and whether they were worthy of further reading or being included. In this stage, I also undertook an initial classification and grouping of the articles by type of source including primary sources, secondary sources, and non-research literature. Primary sources are reports written by the original researchers who conducted the studies (Colling, 2003), e.g. Huang, Kao, and Lai (2008) and Chrisman, Christopher, and Lichtenstein's (2009) articles. Secondary sources are summaries or descriptions by somebody other than the original researchers (Colling, 2003) such as, Wu (1996) and Li's (2000b) review articles. And non-research literature refers to theoretical or conceptual material associated with the topic or views or opinions about the subject under inquiry or reports from clinical settings (Colling, 2003), e.g. Chen, et. al.'s (2005) clinical report and Huang (1968) and Rainey's (1992) articles about the concept of *ch'i*.

Following the preview stage, I then carefully read each article being selected. I asked questions associated with the purpose of and methodology used in the research study, and findings and outcomes of the study while reading the original research articles. For a review article, I asked questions relating to the review purpose, review boundaries, and appraisal criteria. For non-research and non-review literature, I focused on the quality of the publication asking questions related to the processes of peer review, the standing of the author(s), and the claims being made. I also paid attention to the content of the publication asking questions about its accuracy and coherence with what was already known in the field.

I noted down the title, the author, the purpose and methodology, the source and full reference of each article being reviewed in the stages of reading and asking questions. Then, in the final stage, I wrote a short summary of each article jotting down key thoughts, comments, strengths, and weaknesses of the publication and incorporated this to the above mentioned list. Below is an example of my actual notes for one primary source.

Title:

- Qigong as a mindfulness practice for counselling students: A qualitative study

Author and year:

- Chrisman, J. A., Christopher, J. C., & Lichtenstein, S. J. (2009)

Journal (full reference):

- Chrisman, J. A., Christopher, J. C., & Lichtenstein, S. J. (2009). Qigong as a mindfulness practice for counselling students: A qualitative study. *Journal of Humanistic Psychology*, 49, 236-257.

Purpose of study:

- To explore participants' perceived effects of *ch'i-kung* practice when they are initially exposed to the practice and after they have practised it regularly for one semester.

Type of study:

- Qualitative research

Setting:

- Educational setting

Data collection method:

- Collected over a span of three years based on students' journal writing assignments.

Major findings:

- Perceived progressive effects of *ch'i-kung* practice on the physical, emotional, and mental aspects and increased group awareness

Recommendations:

- Practical recommendation: suggesting that qigong be widely used for teaching mindfulness to counselling students;
- Research recommendations: suggesting future research look at practitioners' reactions to qigong and how they integrate qigong practice into their daily lives.

Key thoughts/comments:

- Strength: Detailed description of the effects of *qigong* on participants' global wellbeing and personal qualities for professional practice;
- Weakness: conducted with counselling trainees wherein *qigong* practice was

considered to be part of the training requirements; qigong regarded as a skill or technique without much description of its underlying principles and the function of *ch'i*.

For writing the literature review, I adopted an approach modified from Creswell's (2003) model for empirical studies which consists of an introduction, the main topics, and a summary. The main topics for this study include: 1. the concept of *ch'i* and CRE; 2. the context of the counselling profession in Taiwan; 3. the ideas of *ch'i* and CRE in relation to health, illness, and healing; and 4. the conceptualisation of self-care and the therapeutic use of self. These topics are examined one after another following the introduction section and concluded with a rationale for the study in the summary section.

Considering that the ideas of *ch'i* and CRE have rarely been scrutinized in the counselling field, I address the first topic mentioned above in great detail so as to set up the study. I examine the meanings of the concept of *ch'i* and how they have developed over time, arriving at a working definition which reflects how *ch'i* is commonly understood and serves as the foundation ideas for the physical practices (CRE) currently undertaken by the practitioners. I also discuss the meanings of the *ch'i*-related practices addressing the scope of the types of CRE and its various theories and reaching a working definition which reflects the diversity and complexity of these practices.

The second topic deals with the counselling context in Taiwan. I discuss the cultural, social, and political context, the historical development, and the current state of the profession. I also examine the Taiwanese populace's cultural beliefs about health, illness, and healing showing the discrepancy between this and the mainstream counselling approach on the Island.

The third topic is about the ideas of *ch'i* and CRE in relation to health, illness, and healing. In this section, I review literature exploring how *ch'i* works on the practitioners through CRE resulting in their cognitive and emotional change and an altered state of consciousness and influencing their health. I also examine empirical studies on the perceived effects of CRE on personal wellbeing, global health, and counselling practice performed both in Taiwan and worldwide including North America, Europe, South and South East Asia. I do this because in countries such as Burma and India, some types of CRE for instance, yoga and vipassana were developed and in these and other Asian countries such as Thailand these physical

practices are believed to be well accepted (van der Riet, 2011). In the United States and some European countries, mindfulness practices and other *ch'i*-related practices have flourished in the last few decades (Chan, 2007). Besides, a great amount of research into the influence of such practices on health has been performed in these countries (Williams & Zylowska, 2009). A review of the related literature points to a research gap which is discussed extensively in the last part of this section.

The fourth topic involves the conceptualisation of self-care and the therapeutic use of self. I explain why I have chosen Foucault's idea of self-care and discuss the meanings of self, self-care, and the therapeutic use of self. I address the topic relating to self because as stated at the beginning of the previous chapter, the self is the starting point for all problems. Both my CRE experiences and those of my colleagues with whom I have talked indicated the positive impacts of CRE on our 'self' including our self-care leading to personal transformation and our use of self in therapy. By self-care, I mean how to cope with the psychological stress inherent in providing counselling services and to enhance global health, gradually leading to self-transformation. The use of self in therapy refers to the therapists' intentional and conscientious use of self in their professional practice including factors such as knowledge, experiences, and wisdom for the therapeutic benefit of their clients.

In the summary section after the four topics have been addressed, I articulated the rationale for the study which includes the need for and the potential of the research project.

2.2 The concept of *ch'i* and CRE

2.2.1 *The concept of ch'i*

Ch'i as the crucial component of CRE practice has always been an important concept and a distinctive feature in Chinese culture. Even nowadays, the idea of *ch'i* still has a great impact on many Taiwanese people's ways of thinking and belief. *Ch'i* (氣) as a Chinese character and a symbol carries in itself deep meanings and is prevalently used in daily communication amongst the Taiwanese/Chinese.

With such broad and deep meanings, it is not easy to find a word in English to adequately translate the significance of the Chinese character '氣 (*ch'i*).' Yet, in order to have an idea of how it is perceived in an English-speaking world, I will provide a

brief review of the definition of *ch'i* in the English language. Following this, to better understand how the idea of *ch'i* has been engraved on and penetrated into the minds, hearts, and daily living of the Taiwanese/Chinese people, I will offer a brief discussion of the etymology of the Chinese character *ch'i* (氣), its contemporary usage, and the relevance of the idea of *ch'i* in Taiwan today. Then I will examine the idea of *ch'i* in Chinese philosophy and the understanding of *ch'i* in CRE.

2.2.1.1 *The definition of ch'i in English*

Scholars have tried to find terms in English that can describe some characteristics of *ch'i*. For example, Rainey (1992) has enumerated all the possible English translations of *ch'i*: 'Air, wind, vapour, breath, gas, vital spirit, anger, appearance, intelligence, vital fluid, energy, material force, vital force, and subtle spirits' (p. 263). Graham (1992) has translated *ch'i* as 'ether' because both terms are elusive, ambiguous, and vague (p. 31). In English dictionaries, *ch'i* is often described as 'life energy'. For instance, *Encarta World English Dictionary* defines *ch'i* as 'the energy or life force of the universe, believed to flow round the body and to be present in all living things' from the perspectives of Chinese medicine and philosophy (Rooney, et. al., 1999, p. 329). *Mosby's Medical Dictionary* explains that *ch'i* is 'a Chinese concept of a fundamental life energy that flows in orderly ways along meridians, or channels in the body' (Anderson, Anderson & Glanze, 1998, p. 316).

The English translation of *ch'i* seems to mean that *ch'i* is everything on a physical, mental, or spiritual level. The translation really makes *ch'i* sound even more elusive and vague, which may be either a problem of translation or due to the translator's level of understanding of the term. This issue reminds me to make clear my own stance on the understanding of *ch'i*, to review its evolution and meanings in Chinese history and philosophy conscientiously, and to tactically depict it in a way that can be understood by both Easterners and Westerners.

2.2.1.2 *The etymology of ch'i (氣)*

Chinese script belongs to an ideographic writing system in which the form of a character is directly related to its meaning (Xie, 1997). The character *ch'i* (氣), written in its traditional form, is composed of two parts: Vapour (气) and rice (米), which has the etymological meaning of 'steam (气) rising from rice (米) as it cooks' (Xie, 1997). The earliest form of the upper part of the character, i.e. steam (气) was

made up of three wavy lines used to represent one's breath seen on a cold day. The three wavy lines were then substituted by its stylized form, steam (气), which originally meant to provide food for others (Jarmey, 2003; Xie, 1997).

2.2.1.3 Contemporary understanding of *ch'i*

For the Taiwanese/Chinese, almost everything can be viewed and interpreted from the perspective of *ch'i*. This is evidenced by the following statistical figures. According to Chiu's (2009) research findings, 48.9 % of the Taiwanese people believe in the existence of *ch'i* in the human body, 68.6% are convinced that *ch'i* can be cultivated through certain practices, and 52.2% have faith that *ch'i-kung* can enhance health and cure diseases.

The relevance of the idea of *ch'i* for the Taiwanese/Chinese people is also indicated through their extensive usage of the character *ch'i* (氣) in daily communication. Depending on the character next to it, it may form different meanings related to various aspects of life situations including interpersonal relationships, atmosphere, feelings, disposition, temperament, vital energy, breath, and physical environment, etc. Examples which I have personally identified, are as follows:

- a. Interpersonal attitudes: *he ch'i* (和氣 kindness), *ke ch'i* (客氣 politeness), *yu ch'i* (語氣 tone, manner of speaking), *cheng ch'i* (正氣 uprightness), *yi ch'i* (義氣 loyalty)
- b. Atmosphere: *ch'i fen* (氣氛 ambience), *yin yang kuai ch'i* (陰陽怪氣 mystifying), *hsiang he chih ch'i* (祥和之氣 harmony), *ling ch'i* (靈氣 Reiki)
- c. Feelings: *ch'i ding shen hsien* (氣定神閒 calm and composed), *hsi ch'i* (喜氣 happy), *sheng ch'i* (生氣 anger), *hsin fu ch'i tsau* (心浮氣躁 impatient)
- d. Disposition: *ch'i shih ling jen* (氣勢凌人 aggressive), *you ch'i wu li* (有氣無力 lifelessly), *chih ch'i* (稚氣 childishness), *shen ching ch'i shuang* (神清氣爽 refreshed), *hau jan cheng ch'i* (浩然正氣 noble spirit)
- e. Temperament: *pi ch'i* (脾氣 temper), *ch'i chih* (氣質 temperament)
- f. Vital energy: *yuan ch'i* (元氣 vitality), *yong ch'i* (勇氣 courage), *li ch'i* (力氣 strength, effort)
- g. Breath: *tan ch'i* (嘆氣 sigh), *duan ch'i* (斷氣 breathe one's last)
- h. Physical environment: *ch'i hou* (氣候 climate), and *tien ch'i* (天氣 weather)

Coincidentally, after having personally recognized the popular usage of *ch'i* in today's Taiwanese society, I found that a Taiwanese theologian Chang (1982) had a similar statement in his thesis on 'the Chinese concept of *ch'i* and theology.' He

maintained that the Chinese character *ch'i* conveys meanings related to the various dimensions of the human person: body, mind, and spirit. It also carries connotations associated with the different spectrums of human existence: the physical environment, the interpersonal or social relationships, and the spiritual realm.

The foregoing discussion offers a glimpse into the deep meaning of the Chinese character *ch'i* (氣) and the prevalence of the idea of *ch'i* in Taiwan. It also opens a door to the philosophical underpinning of the concept of *ch'i*. In the following paragraphs, I will examine some Chinese thinkers' understandings of *ch'i* from a philosophical perspective. This will be followed by a review of the ideas of *ch'i* in CRE.

2.2.1.4 *The idea of ch'i in Chinese philosophy*

The concept of *ch'i* has evolved over time in Chinese history since the 5th century BC (Wu, 2006). Countless theories of *ch'i* have been constructed throughout history. Based on the type of theories of *ch'i*, Wu grouped them into four categories: ontological, cosmological, practical, and state perspectives.

He explained that the ontological perspective inquires about the meaning, the purpose, the law, and the existence of *ch'i*. The cosmological perspective deals with the pattern and meaning of the change and of the divergence and convergence of *ch'i* and the origin, composition, and the extinction of the universe in relation to *ch'i*. The practical viewpoints are concerned about the reality of the existence of *ch'i* within and without the human body and how this carries out all of a person's activities in the presence of *ch'i*. Finally the state perspectives talk about the quality and condition of *ch'i*.

Wu (2006) also argued that the understanding of *ch'i* has evolved over time in Chinese history. He contended that the emphasis was placed on the ontological and cosmological speculation of *ch'i* in the period of pre-*Ch'in* and *Han* dynasties (475 BC - 221 BC), on the practical application from the Warring States to the Western and Eastern *Han* Dynasties (BC 475-AD220), and on an integrative approach of *ch'i* from the end of the Eastern *Han* dynasty to the beginning of the *Sung* Dynasty (AD 220 – 960).

On the other hand, Yang (1993) posited that the embodiment of *ch'i* has always been accentuated in Chinese philosophy. He argued that 'the concept of *ch'i* has never been a subject for objective analysis, discussion, or a problem to be solved in Chinese

mainstream thinking' (p.18). Rather, the idea of *ch'i* has been regarded as 'the verification of ideas related to human existence' (p.18) and related to human life. He emphasized that the structure of consciousness cannot be separated from body and mind. He proposed that the '*ch'i*-body concept' as an 'experiential metaphysics' (p.19) should be considered as a distinctive Chinese way for the understanding of *ch'i*. He contended that one can only come to understand and appreciate *ch'i* 'through the reflective embodiment of human existence' (p. 19).

Wu and Yang agreed in their understanding of *ch'i* as including both metaphysical and physical dimensions. Yet, they differed in the way that Wu made a clear distinction between the metaphysical and the physical understandings of *ch'i* in Chinese philosophy. On the other hand, Yang who held that body, mind, and consciousness are one and inseparable put greater emphasis on the embodiment and the experiential understanding of *ch'i*. I argue that Yang's '*ch'i*-body' concept is more closely related to the idea of *ch'i* depicted by most of the CRE practitioners. This will be delineated below.

2.2.1.5 The understandings of ch'i in CRE

Most CRE practitioners emphasised that the idea of *ch'i* in CRE practice is both physical and metaphysical. Some of them highlighted the transformative nature of *ch'i* in the process of CRE practice. They described how *ch'i* as physical or biological energy can be transformed into metaphysical consciousness. In the following discussion, I will examine some CRE practitioners/scholars' understandings of *ch'i* in CRE practice.

Yu (2001) enumerated various theories about the belief, operation and function of *ch'i* in the human body during CRE practice. They are such as the interactive holistic, equilibrium, purification, dynamic, *yin-yang*, density, and kinetic theories. The interactive holistic theory refers to *ch'i* as the source of all being and focuses on the interactive nature of the original and the acquired *ch'i* in the human body and the *ch'i* in the human body and in the natural environment. This theory includes a metaphysical dimension, which the rest of the theories do not have.

Lo (2000) held that the idea of *ch'i* in CRE practice is rather ambiguous. It is related to the air but is not the air. It is closely related to the breath but is not the breath. He pointed out that the *ch'i* in CRE practice is a kind of biological energy,

related to cerebral activity. Guided by thought, the *ch'i* circulates in the human body during CRE practice and may flow unevenly when encountering any blockage. Lo assumed that *ch'i* is situated between the physical body and the spirit. The spirit, the *ch'i*, and the physical body are closely interconnected with one another. Lo regarded *ch'i* as a process and believed that through cultivation, *ch'i* can be transformed from its physical form to a non-physical form, from the form of biological energy to the form of consciousness.

Similarly, Chan (2007) also believed that *ch'i* is a process. He offered an explanation of its transformation in CRE in great detail. Chan argued that the postnatal *ch'i* (氣), the essence or the condensed *ch'i* (精 *ching*), the prenatal *ch'i* (炁 *ch'i*), spirit (神 *shen*), and the original nature of the cosmos (虛 *hsu*) are the various forms of the same *ch'i*. He assumed that *ch'i* is material and is composed of the electrical and thermal energy in the form of 氣 (the postnatal *ch'i*). It becomes a transitional biological energy in the form of 精 (the essence or the condensed *ch'i*). It becomes a transitional magnetic energy in the form of 炁 (the prenatal *ch'i*). It is an energy and light in the form of 神 (the spirit). Finally, when in the form of the original nature of the cosmos (虛 *hsu*); it then becomes an information and wave motion.

Influenced by the Taoist philosophy, Chan believed that all things come into being out of nothingness and that CRE is a path back from all things to nothingness and from the material world to the spiritual world. Therefore, in the process of CRE practice, one's consciousness can be transformed from the level of mind in the state of 氣, to the level of both mind and will in the state of 精, to the level of pure will in the state of 炁, to the level of nature in the state of 神, and to the level of ontological essence of the cosmos in the state of 虛. He added that in the state of nature, people tend to find it difficult to put their experience into words, for the nature of this state is emptiness. He also emphasized that although CRE is a path for *ch'i* to go back to its origin. The *ch'i* returned will be no more the same as before for it has been transformed. He compared this to the processing of the wheat grain. When the grains become flour and bread, they will be never able to be processed back again into wheat.

On the other hand, from a Buddhist *ch'i-kung* perspective, Chia (1990) argued that *ch'i* in CRE practice refers to the 'internal *ch'i* of the human body' (p.511). It is

not the breath although both are related. It is not physical either although having a material basis. Chia believed that the internal *ch'i* is inherited, primordial, and pure life-force. It is intimately related to the mind and the thought and is the most important element of the CRE practice when compared with its other two elements, i.e., the breathing and the body movements.

The preceding discussion indicates that depending on the philosophical and religious underpinning of the type of CRE, *ch'i* has been understood differently. The *ch'i* in CRE originated in the Taoist philosophy as depicted by Lo and Chan, is in various forms and can be transformed from one form to another. I argue that the emphasis on the transformation of *ch'i* is related to the core value of the Taoists as to attain immortality, which 'implies the overcoming of the natural tendencies of the body and its transformation into a different kind of the energy constellation' (Kohn, 2001, p. 53). Similarly, the way *ch'i* is understood in the Buddhist CRE as explicated by Chia is also closely connected to the Buddhist doctrine of no-self.

Besides Taoism and Buddhism, there are still many other philosophical or religious grounds from which different types of CRE have developed. This will be discussed further in section 2.2.2 on the concept of CRE. As explained above, the understanding of *ch'i* is inseparable from the philosophical underpinnings of the type of CRE one undertakes. According to Cheng (2002), disregarding other parts of the world, and considering only Taiwan, there are countless types of CRE and each type has a different philosophical origin. It means that the ideas of *ch'i* in CRE will be as many as the types of CRE. Therefore, it will be beyond the scope of this thesis to examine them all.

Even more complex is that regardless of its original philosophical background, each practitioner can re-interpret the meaning of *ch'i* based on his/her own philosophical or religious background. For example, Chang, the Taiwanese Catholic theologian mentioned in section 2.2.1.3, provided *ch'i* with a Biblical connotation (Chang, 1982). He held that *ch'i* is a Chinese version of the 'Spirit' in the Bible. As a *ching-tsuo* (quiet sitting) practitioner himself, he maintained that *ch'i* in CRE is both the breath the practitioners inhale and the way they carry out their life.

Another example is Jarney (2003) who drew his understanding of *ch'i* in CRE based on the connotation of the Chinese character *ch'i* (氣). Jarney believed that the circulation of *ch'i* in the practitioner's body 'is enhanced by the inhalation of air and the digestion of food' (p.16). He assumed that the air which the practitioners take in is the material form of Heaven *ch'i*; and the energy which they absorb from food is the physical form of Earth *ch'i*. He held that the aim of the CRE practice is to extract and utilize maximum Heaven *ch'i* in the form of oxygen and to absorb both Heaven and Earth *ch'i*. Yet Jarney did not explain what the Heaven and Earth *ch'i* meant for him in its original form.

The above review provides a glimpse of the complexity of the ideas of *ch'i*. It also prepares the ground for a further discussion of the relation of *ch'i* to health, illness, and healing in section 2.4. However before proceeding forward to the next section on the concept of CRE, I think that it is important to turn a critical gaze on the preceding review.

The most noticeable is that the literature examined above was mostly published in the Chinese language more than one decade ago. This is possibly related to the political, economic, and academic climate change. Indeed, most works were written between the 1980s and 2000s. I argued that this can be related to the rise of the 'Taiwanese consciousness.' According to Lee (2008), the foreign influences in Taiwan after the Second World War up to the 1970s indeed brought about rapid industrialization and economic growth on the island. Yet, as a result, this 'appeared to overshadow the native culture' (Lee, 2008, p.67). For this reason, the 'Taiwanese consciousness' gradually rose on the island from the 1970s and suddenly 'erupted' like a volcano after the lifting of martial law in 1987 (Huang, 2006).

In terms of the academic climate change, I am of the opinion that the idea of *ch'i* and CRE being able to attract the attention of the academicians in Taiwan at the end of 1980s owes a great deal to the promotion of Dr. Chen, Lu-an. At that time, Chen was the chief arbitrator of Academia Sinica (1987-1996), the highest national academic institute of Taiwan. According to Chan (2007), in 1988 Chen assembled leading scholars in Taiwan to form a CRE study group for a scientific study of CRE. As none of them had ever practised any type of CRE, for this particular research they

were required to undertake one kind of *ch'i-kung* called *chan-mi-kung*. Since then, a few conferences have been taken place in Taiwan and some CRE-related research papers have been published. The literature reviewed in this study in relation to *ch'i* in CRE was mostly papers presented at the conferences held by the Academia Sinica during that period of time.

In recent years, there have been very few academic papers published in relation to *ch'i* in CRE. This guides me to reflect on the academic position of the *ch'i*-related practices in Taiwan. According to Li (2000), all popular *ch'i*-related practices including CRE, fortune-telling, divination, *feng-shui*, geomancy, ancestors-worship, and so on pertain to the 'little tradition.' In contrast to the great tradition, which 'is cultivated through formal education; 'the little tradition works itself out and keeps itself going' (Redfield, 1956, p.70) 'like the catchment of the popular undercurrent' in the lives of the common people. 'Its effectiveness is still felt by the intelligentsia, but "officially" it will be denied or depreciated.' (von Grunebaum, 1955, cited in Redfield, 1956, pp. 48-49) Redfield, the scholar who coined the terms for 'little traditions vs. great traditions', asserted that the great and the little traditions are interdependent and keep affecting each other. Yet, compared with the great tradition, the little tradition or popular culture tends to receive less attention in the academic arena. Even in the counselling field, most academic works relating to the development of a culturally appropriate counselling in Taiwan as mentioned in chapter one have proceeded from the perspective of the great tradition.

Therefore, in view of the few new publications in Chinese in this regard, I would have turned to rely more on the works written in English. Yet, the few literatures related to CRE practice offered either nothing about the idea of *ch'i* in CRE or simply mentioned that the *ch'i* in CRE is the breath the practitioners take in. These include Khor's (1993), Dorcas and Yung's (2003), and Jarmey's (2003) works. Except for Jarmey, whose understanding of *ch'i* in CRE was discussed earlier in this section; the other authors do not offer any explanation in this regard.

In the preceding discussion, I drew on the following points. Firstly, the study of *ch'i* and CRE is heavily dependent on the changing political, economic, and academic climate in Taiwan. Secondly, unless born into or deeply immersed in the culture

where CRE originated, one cannot really penetrate the deep meanings and nuances of *ch'i* in CRE. Thirdly, *ch'i*-related practices as part of the little tradition do not receive enough attention from the formal educational systems. Fourthly, the above mentioned Redfield's work was published in 1956 when there probably was much more illiteracy than today. In today's Taiwan, the total adult literacy rate is 98.2 %, and 38.2% of the total population has a bachelor's degree and beyond (Ministry of Interior, Taiwan, 2012, April). In spite of this, Chiu's (2009) study showed that more than half of the population believe in *ch'i* and that *ch'i* can be cultivated through certain practices. This connotes that in Taiwan, it is not only the 'unlettered' who believe in *ch'i* and undertake CRE practice. Therefore *ch'i* and *ch'i*-related practices can be regarded as an un-featured 'vital force' in Taiwanese society; and thus warrant greater academic attention.

In sum, in spite of its limitations as discussed above, the literature reviewed in section 2.2.1 has portrayed the concept of *ch'i* as having deep and broad meanings. It is both metaphysical and physical. It is transformative, dynamic, and experiential. I have suggested that the '*ch'i*-body concept' proposed by Yang as discussed in section 2.2.1.4 can best capture the idea of *ch'i* in CRE in this study. In this concept, *ch'i* as an 'experiential metaphysics,' is believed to be perceivable and tangible by the CRE practitioners throughout its transformation process and in its various states of consciousness. It is therefore that I have reached a working definition of *ch'i* as 'an embodiment of ideas related to human life and human existence and able to be experienced and refined through CRE practice' as stated in chapter one.

The literature also showed the complexity of the idea of *ch'i* in CRE because each type of CRE has its own philosophical or religious underpinning and each practitioner may also have his/her own interpretations of *ch'i* in the CRE undertaken. Therefore, I will further explore the concept of CRE in the section below.

2.2.2 The concept of CRE

Developed out of the need for health preservation and enhancement in ancient China, CRE is a physical activity. Like gymnastics, body movement is also an essential component of CRE. Yet, CRE and gymnastics differ in the sense that the

latter is a pure physical exercise to train the muscles and the physique while for the former, the physical movement is considered as a 'bridge' through which the CRE practitioners may attain transformation of mind and consciousness (Lo, 2001; Yu, 2001).

Like the idea of *ch'i*, the concept of CRE has evolved over time since five thousand years ago (Lin, 1997; Yu, 2001). Yet, due to its nature as emphasizing practice over theory, few works have offered a thorough discussion of the CRE theories. Therefore, in the following review, I will once again rely more on certain sources written in Chinese language and only a few in English. For like most of the CRE-related literature, the latter mainly focuses on CRE as a technique for physical and mental health improvement (Dorcas & Yung, 2003; Jarmey, 2003; Khor, 1993).

There are many CRE theories. As such, there are also a great multitude of CRE schools and CRE types and each type of CRE has its specific function. Therefore, in the discussion below, following the review of literature related to the concepts of CRE, I will also briefly look at the scope of CRE and how it is utilized in Taiwan. I consider this relevant to my study since my research participants are all Taiwanese.

2.2.2.1 The theories of CRE

As delineated above, rather than elaborating on its theory; most works on CRE have focused on the methods. They tend to provide a brief definition of CRE and/or a separate chapter or section on Chinese philosophies to explain the origin of CRE, and little about their connection to the actual CRE practice. For example, in his book chapter 'the principle and principle of *tai-chi*,' Khor (1993) offered an overview of all the major Chinese philosophies including Confucianism, Taoism, Buddhism, the *ying-yang* and five elements, the *I Ching*, 'one of the oldest Chinese books of wisdom' (p.33), the meridian theory, and a short paragraph about *ch'i*. Yet, he did not elaborate the connection between these and CRE. When discussing the 'theory of *tai-chi*' (p.40), he only stated that 'keeping in mind the philosophies of *Tai Chi* as you practise will help you to gain maximum benefit from the exercises' (p.40).

This happens not only in English sources, but also the Chinese ones. For example, in his book '*Ch'i-kung* studies,' Lin (1997) did not provide a philosophical background for his understanding of *ch'i-kung*. Instead, like many other authors, he also only gave a brief definition. For example, Lin (1997) defined CRE as a training of *ch'i* and mind, in which following their own intent, the practitioners learn to adjust

their breathing and postures (Lin, 1997, p.16). Dorcas and Yung (2003) explained that CRE is ‘an indigenous Chinese holistic form of exercise’ (p. 201) which consists of three basic principles: harmonizing breath (*tiao hsi*), harmonizing body movements (*tiao hsing*), and harmonizing the mind (*tiao hsin*). Jarmey (2003) understood CRE as ‘any training or study dealing with *Qi*’ (p. 40), and a ‘system of energy enhancing exercises that coordinates movement with breathing and inner concentration’ (p. 11).

Although presented differently, the three important components of CRE: *ch'i* or breathing, movement or posture, and mind or intent, were included in all the above noted definitions. Yet, none of them elaborated upon the CRE theory. There are a few exceptions however. These include Yu (2001) and Chan (2007). Yu offered a global view of all the theories; and Chan gave a detailed description of the CRE concept which he adopted. I will examine their CRE theories in turn below.

Based on the nature and the thinking method of the existing CRE theories, Yu (2001) classified them into six groups. They include concepts of CRE related to *ch'i*, to *ying-yang* theory, to meridian theory, to the Eight Diagrams and five evolving phases, to *ching* (the condensed *ch'i*)-*ch'i-shen* (spirit) theory, and to the ‘one with nature’ theory. I will examine these one after another in the succeeding paragraphs.

The *ch'i*-related CRE theories concern the nature of *ch'i*. They propose that *ch'i* is constantly evolving and transforming from one state to another. Therefore, the CRE practitioners should be aware of their state of *ch'i* and its rhythm so as to be able to guide it accordingly. The *ying-yang*-related CRE theories propose that *yin-yang* as an attribute of the *ch'i*, is an essential element in CRE. The aim and the postures of CRE are all *yin-yang* related. CRE practice aims to balance *yin-yang* structure in the human body. During CRE practice, the postures such as gentle vs. forceful; passive vs. active; internal vs. external; breathe in vs. breathe out; opening vs. closing up; rising vs. falling and so on are the actual manifestations of *yin* and *yang*.

The meridian theories posit that the structure and function of the meridian systems in the human body are important indicators of health. When the meridian system is unobstructed; the internal organs function normally and the *ch'i* flows freely and harmoniously. Some types of CRE such as ‘the large and the small circulation of *ch'i*,’ were especially developed to open up the meridians. In this way, the pure *ch'i* can be drawn in and circulate freely among the meridians to revitalize the whole body.

The Eight Diagrams refer to the structure of the eight fields in nature. All things in the world can be grouped and located in one of these diagrams. The diagrams

interconnect with yet differ from one another in terms of quality and rhythm of change. Inspired by this, some CRE practitioners developed a unique trigram image system for CRE practice. The five evolving phases are another way of saying the same thing. The five evolving phases, which refer to ‘Fire, Earth, Metal, Water, and Wood,’ are considered to be the fundamental components of all things in the universe. Each of these corresponds to a certain internal organ in the human body. This unification of nature and the internal organs inspired some CRE practitioners to design a distinctive type of CRE that emphasizes following the laws of nature and opening up to the power of nature.

The *ching* (the condensed *ch'i*)-*ch'i*-*shen* (spirit) theory maintains that *ching*, *ch'i*, and *shen* are the three components of a human body. The spirit comes from *ch'i*; and the *ch'i*, from *ching*. *Ching* is the foundation, *ch'i* is the room, and the body is the house of the spirit. These types of CRE practice focus on the training of these three elements and emphasize the importance of nurturing *ch'i*, gathering *ching*, and keeping the spirit.

The ‘one with nature’ theories posit that human beings are an integral part of nature and are interconnected within and without. The integrity and interconnectedness of the human person connotes that the part contains and is able to reflect the whole. Therefore, in CRE practice, adjustment at a certain local area, such as rubbing the palms of the hands, may impact the whole body.

As a conclusion of his overview of the existing CRE theories, Yu emphasized that the nuclear idea of all these theories is harmony. This refers to the harmony within the human body and between the human being and nature. He posited that harmony is the highest state of the CRE practice and the foundation of all CRE theories.

In a closer examination of the above discussion, one can notice that all these theories are related to the idea of *ch'i* in one way or another. Each group of the CRE theories has approached the concept of *ch'i* from a different angle and with a different emphasis. Some focus on *ch'i* as *yin-yang* or the five evolving phases; others take the perspective of *ch'i* as a transforming energy in or a unifying force within and out with the human body. To have a global view of the existing CRE theories is relevant to my study as this helps in taking an open approach to all types of CRE which the research participants undertake. However, to penetrate the nuances of how these theories

operate in a practical sense, it is also important to examine some of these from a micro perspective. For this reason, I will look now at Chan's (2007) theorization of CRE.

From a *ching-ch'i-shen* perspective, Chan (2007) believed that *ch'i* is a transforming energy in CRE. He posited that the practice material, location, and movement are the three important components of CRE practice. The practice material refers to *ch'i*; the location, the abdomen; and the movement, the breathing. He maintained that all types of CRE involve the transformation of *ch'i* processed in the abdomen region through proper breathing exercise. The breath or the air as the postnatal *ch'i* (氣) is thus refined and transformed into the prenatal *ch'i* (炁). As delineated in section 2.2.1.5, Chan (2007) maintained that all types of CRE involve a four-staged transformation of *ch'i*: to refine the *ch'i* (the breath, 氣) and transform it into *ching* (the condensed *ch'i* 精), *ching* into *ch'i* (炁), *ch'i* (炁) into *shen* (spirit, 神), and to refine *shen* back to the original nature of the cosmos (*hsu*, 虛) (Chan, 2007, p.61-62).

It is interesting to note that in his explication of the transformation process of *ch'i* in CRE, Chan stated that this happens in 'all types of CRE.' Yet, obviously according to the various groups of CRE theories discussed earlier, what Chan described is only one particular theory of *ch'i* and its corresponding type of CRE. CRE practitioners, who view *ch'i* from a different perspective, may describe this process very differently.

This leads me to speculate on what has been left out by the literature reviewed so far, namely the element of 'belief.' To undertake CRE, one needs to have faith in the benefits of CRE and the existence of *ch'i* in CRE. To be able to learn a certain type of CRE, one needs to understand the concept of *ch'i* related to that particular type of CRE and for the *ch'i* to operate the way it is understood is also a matter of faith. Yet, none of the above literature has mentioned this. Some proposed that 'the *yi*' (the intent, the thought or the mind), together with the *ch'i* and movements are the three essential components of CRE. Nevertheless, the '*yi*' is not the same as the 'belief.' Another practitioner/scholar Wang (1990) puts emphasis on the importance of the faith of the external *ch'i* receivers and the practitioners' confidence in their ability to

emit the *ch'i* for healing, which will be discussed below. Yet, this is not the same as the 'belief' which I proposed. I argue that to believe in the existence of *ch'i*, and in a certain concept of *ch'i* and CRE, are the crucial and fundamental elements for any CRE theory and practice.

As mentioned above, the proposed belief element refers to a belief in certain *ch'i* and corresponding CRE theory. It does not necessarily have any religious or spiritual connotation. Yet, I consider this to be the prerequisite and the most important element for any CRE practice. Therefore, my version of the CRE theory would be that the CRE practitioners, informed by their belief in certain *ch'i* and CRE theory, use the 'yi' to guide the circulation of *ch'i* in the physical body and their body postures. This understanding of CRE will be the lens through which I look at my research data in search for an answer as to how the CRE-immersed counsellors in Taiwan perceive the impact of their regular CRE on their work with clients.

Before proceeding to examine how the idea of *ch'i* and CRE practices relate to health, illness, and healing, I will first discuss the range of CRE in Taiwan. Most literatures reviewed above are in Chinese. It is supposed that the authors may have discussed CRE from a Taiwanese/Chinese perspective. Many of them mentioned the scope of CRE in general but none addressed the present situation of the CRE practice in Taiwan. As the participants in this study are all from Taiwan, I consider it is important to have a review of the CRE practice in that context.

2.2.2.2 The scope of CRE in Taiwan

Cheng (2002) conducted a longitudinal study investigating the prevalence of CRE practice in Taiwan. He found that the CRE types, CRE schools, and CRE communities in Taiwan are simply countless. Cheng acknowledged that it is impossible to reach them all in one study. On the other hand, Yu (2001) remarked that having a great multitude of CRE types and schools is a distinctive feature of the 'Chinese' CRE.

In this section, I will examine both Yu's and Cheng's works on the scope and function of CRE in Taiwan. Yu's argument was not empirically based but the global view of the CRE types and categories may provide relevant background knowledge for understanding the scope and function of CRE in the present Taiwanese society.

According to Yu, based on the research method and perspective, the types and schools of CRE can be classified in many different ways. He enumerated five classification principles: the basic type, the posture, the theory, the method, and the effect.

First, the basic type refers to the two basic forms of CRE, the static and the dynamic. In the static CRE, the practitioner remains in a static position although the pure *ch'i* is actively circulating in the practitioner's body. These involve quiet sitting, standing, and lying down exercises. The dynamic CRE has body movements. The practitioners can be both active in and out in order to attain the *yin-yang* balance in the body. They can also remain quiet inside while actively moving their body so as to allow the internal organs to have a deep rest. The dynamic CRE is such as *tai-chi-chuan* and the natural *ch'i-kung*. Secondly, based on the body posture, CRE can be classified into four categories: standing, sitting, lying down, and walking. Among these, the sitting posture involves natural, one-legged, and double-legged sit squat, and sitting on the chair.

Thirdly, based on the underpinning principles, CRE was grouped into medicine, martial arts, Buddhist, Taoist, Confucian, popular, and the technique-focused CRE. The medicine CRE is undertaken mainly for health enhancement and for healing. The martial arts CRE which combines the intent, the *ch'i*, and the strength, aims to attain both inner and outer cultivation. The Buddhist CRE emphasizes self-purification and inner cultivation. The types of CRE undertaken include *zazen*, contemplation, breathing exercises, meditation and so on. The Taoist CRE focuses on the change of *yin-yang* and five evolving phases in nature. Compared with other types of CRE, it pays more attention to the sensations arising from CRE and the relationships of the human person with nature. The Confucian CRE underlines the moral purification and cultivation and introduces ethical norms into the CRE practice. The popular CRE refers to the CRE developed in certain localities and is only known and undertaken by people in those areas. The technique-focused CRE emphasizes the practicality of CRE and treats CRE as a technique for physical and mental health improvement.

Fourthly, based on the methods of practice, CRE can be classified into six branches: *Daoyin* (guiding and pulling), breathing exercises, concentration, meditation, circulation, and internal elixir. Finally, based on the effect, CRE includes two categories: the cultivation of nature and the cultivation of life. The former is

related to cognitive function and the training of mind; and the latter, the physical function and training of the human body.

The foregoing overview of the range of the Chinese CRE and its classification provides a basis for understanding Cheng's (2002) research findings on the range of CRE in Taiwan today. According to Cheng, many of the ancient arts and CRE methods were brought into Taiwan and spread throughout the island in the 1980s after the Open-Door policy was inaugurated in China. Together with the CRE methods newly developed in Taiwan and those imported from other cultures, the forms of CRE undertaken by people on this island are simply countless.

In his study, Cheng (2002) classified the types of CRE mostly undertaken nowadays in Taiwan into six categories. They are ancient *dao-yin* practices, the Taoist *dan-dau* practices, the Buddhist *zazen*, the martial arts *nei-gong*, the Traditional Chinese Medicine (TCM) health cultivation, and the yoga practices from India.

Firstly, the ancient *dao-yin* is about breathing exercises, meditation, sitting practice, and visualization. The *dao-yin* practitioners believe that these exercises are beneficial for their health improvement and can help them to attain a state of unity within and without. Secondly, the Taoist *dan-dau* practices refer to all types of CRE developed for the purpose of publicizing the Taoist *nei-dan* (interior alchemy cultivation) practice. These are such as the *yuanji* dancing, *nei-dan*, sitting practice, breathing exercises, concentration, and various forms of *ch'i-kung* and meditation.

Thirdly, the Buddhist CRE commonly undertaken in Taiwan includes *hsiang-kung*, Mahayana *zazen*, and various forms of *ch'i-kung*. Fourthly, the martial arts *nei-gong* includes the 18 movements of *tai-chi-ch'i-kung*, arm swinging exercise, *shao-ling* boxing, eight diagrams boxing, natural *zazen*, and so on. They are a blending of *ch'i-kung* and *tai-chi-chuan*, aiming at health enhancement and the relaxation of body, mind, and spirit.

Fifthly, the medicine CRE for health cultivation is a blend of medicine theories and *ch'i-kung* practice. It includes *chan-sen-xue* longevity, *hua tuo ch'i-kung*, longevity *ch'i-kung*, and so on. Its practitioners believe that undertaking these types of CRE can channel the universal energy into the human body and transform it into human energy for the healing of diseases, health enhancement, or potential development.

Sixthly, the yoga from India has become a popular exercise in Taiwan. The types of yoga commonly undertaken in Taiwan include transcendental meditation, the eight-

limbed yoga of Ananda Marga, and yoga sitting practice. The practitioners believe that yoga practice can enhance their potential, immune function, and self-healing.

There are very few works investigating the range of CRE in Taiwan. CRE is the sort of exercise that can be developed by any experienced CRE practitioner at any time for different purposes based on a particular theory and therefore, the exploration of it cannot be easily accomplished in just a few researches. This on the one hand indicates that Yu's and Cheng's efforts as shown above are exceptional. On the other hand, this also shows the complexity and popularity of the idea of *ch'i* and CRE in Taiwan. It is therefore that in chapter one before stating the working definition of the idea and practice of *ch'i*, I highlighted its complexity and in the working definition of CRE, I underlined its diversity.

Further, as shown in both sources, CRE theories and practices cannot be separated from their Chinese origin. Yu even called this the 'Chinese' CRE. Cheng also found that the yoga practice which originated in India is now a popular practice in Taiwan. On the other hand, according to Chan (2007) and Lin (1997), the 'Chinese' CRE has also spread throughout the world. I argue that this is one of the phenomena of the 'glocalization', a term coined by Roland Robertson (1992). It highlights the dynamic and interactive nature of the globalization movement, in which 'the universalization of particularism' and the 'particularization of universalism' occur simultaneously (Robertson, 1992, p. 178). Therefore, the local is constantly influenced by the global and the global is adapted to the local.

As such, the range of the CRE in Taiwan becomes even wider and the content both richer and more complex. However, as noted above, most CRE undertaken in Taiwan has a Chinese origin. Therefore, in the section below when examining the counselling profession in Taiwan, I will first address the relationship between Taiwanese and Chinese culture.

2.3 The context of the counselling profession in Taiwan

In the discussion so far, my shifts between the terms Taiwanese and Chinese are easily noticed. This indicates the ambivalent connection between Taiwan and China due to its unique cultural and historical background. To better understanding the arguments in this thesis, I will briefly address this issue in section 2.2.1. Further, to better demonstrate the counselling profession in Taiwan to be discussed next, I will also examine the Taiwanese concepts of health, illness, and healing in section 2.2.2.

Then, lastly but not least, I will discuss the counselling profession in Taiwan including its historical development and its present situation in section 2.2.3.

2.3.1 Relations between Taiwanese and Chinese Culture

As a small island located off the south-eastern coast of mainland China, Taiwan emerged in history only in the seventeenth century. At that time, the aboriginal people, believed to be Malay, were the only dwellers on the island. In 1661, the loyal minister of the *Ming* dynasty, *Cheng, Cheng-kung*, arrived in Taiwan and from then on, Taiwan was part of China for more than two hundred years, until 1895. Following defeat in a war with Japan, China (the *Manchu* Empire) ceded Taiwan to Japan as compensation. Taiwan was part of the Japanese Empire for 50 years until 1945, after Japan's surrender at the end of the Second World War, when China regained its sovereignty over Taiwan. Taiwan and China were under the jurisdiction of the same government until 1949, when the Communists formally founded the People's Republic of China in Peking, and the Nationalist leader *Chiang, Kai-shek* fled to Taiwan and established the Republic of China in Taipei.

Since then, both governments have claimed they are the only legitimate government of all China. Although the 'one country-two systems' policy still remains, many cultural exchange activities have been going on between China and Taiwan since the implementation of the open-door policy by the Chinese government in the 1980s (Brown, 2004; Corcuff, 2002). From a political stance, most Taiwanese people, including myself, may prefer a democratic government as it is now, which allows freedom of speech and makes cultural plurality and diversity possible. Yet, from an historical, cultural, and linguistic point of view, it is undeniable that Taiwanese culture is inseparable from its Chinese cultural roots.

However, the modern Taiwan manifests itself as a multicultural society rather than a mono-cultural one. Due either to political or economic reasons, Taiwan has been constantly influenced by many different cultures including Dutch, Spanish, Japanese, American (Brown, 2004; Lee, 2008), Filipino, Indonesian, and Thai (Bureau of Employment and Vocational Training, Taiwan, 2009, December; Ministry of Interior, 2010, January). Therefore, although rooted in Chinese culture, today's Taiwanese are actually living in an intercultural environment in search of a 'new identity' which takes greater account of many cultures besides its Chinese cultural

roots. A Taiwanese slogan, 'keeping feet firmly in Taiwan while casting eyes out to the whole world,' was thus created.

My personal multicultural experiences also have their parallels in modern Taiwanese history as discussed above. Being a Taiwanese of Chinese ancestry, I was born, raised and educated in Taiwan. At age 15, I moved from a village in South Taiwan to Taipei with other family members in order to study. At the age 20, I converted from a religion of Chinese origin to Catholicism, a religion originating in the West. I stayed for a few years in different Western countries for cross-cultural experiences and further education and have lived most of my life in Taiwan with an international religious community.

I hold a Western faith yet practise a spiritual exercise rooted in Taiwanese/Chinese culture. I render service to Taiwanese/Chinese people yet my practice is based on a counselling theory originating in the West. This is the challenging yet enriching multicultural environment in which I grew up; and it is the lens through which I view the world. These personal intercultural experiences reflect perfectly the slogan mentioned above, 'keeping feet firmly in Taiwan while casting eyes out to the whole world.'

I will now proceed with the discussion of the Taiwanese concepts of health, illness, and healing, and then with the development of the counselling profession in Taiwan. The former is related to 'keeping feet firmly in Taiwan;' and the latter, reaching out to the world.

2.3.2 Taiwanese concepts of health, illness, and healing

The *Han* Chinese and the aborigines are the main ethnic groups, which have made most impact on the development of the Taiwanese culture. There are a few works on their concepts of health, illness, and healing from an anthropological perspective. I will take turn to examine Yu's (2002) and Chang's (2009; 2011) accounts of the *Han*'s concepts and then Huang's (1989) explanation of one aboriginal tribe's idea in this regard. The latter is an old source but is the only solid study found so far. Based on his field work with 6 providers and 19 receivers of the 'soul calling-back healing ritual,' Yu (2002) found that the populace in Taiwan tend to believe that the human person is made up of three distinctive yet closely interrelated dimensions: the physical body, the invisible *ch'i*, and the soul. The

physical body involves the biological constitution of a person. The *ch'i* refers to the energy, the magnetic field. It does not have a fixed shape yet it is perceivable and can be cultivated through certain spiritual or physical exercises. The soul resides in the body and like the physical body, is substantial. Illness is brought about by the invasion of or the interference by the evil spirit or the invisible beings with the human soul. This may lead to an unstable state of the soul or cause the soul to leave the body, and/or can be manifested through interpersonal conflicts or tensions. Therefore, healing is about bringing the ill person back to a harmonious and balanced state in his/her relationships with others and with the supernatural beings.

On the other hand, Chang (2009) pointed out that the Taiwanese people tend to hold multiple illness views and seek help from various healing resources simultaneously. From an analysis of his interviews with seven Taiwanese receiving help from various types of folk healing, he found that his participants did not give up taking western medicine while receiving help at the same time from various types of folk healing. Further, they may hold beliefs that such illness is caused by having offended a malignant deity, by the karma of the previous life, the fate in that given year, or other *yin-yang* and supernatural beings related factors as well as the western medicine perspectives at the same time.

The health and illness views are related to the concept of the human person. Chang (2011) explained that Taiwanese people receiving help from folk healing tend to view the human person, the health, and the illness from the perspective of 'the visible and the invisible' (p. 120). The visible belongs to this world; and the invisible, the supernatural realm. It is believed that people have a physical body in this world and an invisible body in 'the other world.' Both bodies can become ill and the illness is manifested on the visible body as physical ailments and on the invisible body as psychological frustration, sadness, anxiety, interpersonal conflicts, and a pessimistic view on life. The physical body is to be taken care of through dietary means, exercises, and so on, and the invisible body through doing good, offering incense and worshipping the god, and cultivating harmonious interpersonal relationships. It is assumed that the two bodies of a healthy individual are both in a harmonious state.

Not only the *Han*, but also the aborigines in Taiwan believe that human life is closely connected to the supernatural existence, and this is intertwined with their views of the human person, health, illness, and healing. There are very few aboriginal studies on the view of the human person. The only works done in this regard were

completed more than two decades ago by Huang (1989). There is no aboriginal study so far on their views of health, illness, and healing.

Huang's (1989) study was conducted with the *Bunun* tribe. He found that the traditional *Bunun* people believed that the human person is made up of three components: *logbo* (the physical body), *hanido* (the spirit), and *is-ang* (the will). Each person has two kinds of *hanido* (the spirit): the *makwan* and the *mashia hanido*. The former leads the person to destructive behaviours, and the latter to altruistic acts. When these two are in conflict, the one which receives support from the *is-ang* will decide the person's actual behaviour. The *Bunun*'s view of the human person is related to their understandings of illness and death. It is believed that when a person dies, his/her *is-ang* will leave the body and become the *hanido*. When the person dies in an accident, his/her *is-ang* will become a harmful *makwin hanido*; when a person dies of illness or old age, his/her *is-ang* will become a *mashia hanido* and may return to the dwelling place of the spirits of their ancestors.

The above studies agree that the human person is composed of the visible and the invisible although the names given to and the number of the components vary. They also indicate an intimate connection between the view of the human person and the concept of illness and healing. Accordingly, illness is believed to be able to manifest itself on and to be caused by factors from both visible and invisible dimensions and the health, similarly, in a harmonious and balanced state of these two aspects. In connection with this, a complete healing is thus the one which embraces these two dimensions.

One may argue about the representativeness of these studies in terms of the small samples purposively selected from the practitioners and receivers of the folk healing. One may also question whether the traditional *Bunun* view of the human person in Huang's study is still relevant for the modern aborigines in Taiwan. Yet there is evidence showing that quite a number of Taiwanese people believe in *ch'i*, the invisible, and the folk healing more than in the psychological services (Chiu, 2009; Lee & Mo, 2004). One example is that when a devastating earthquake struck Taiwan on 21st September 1999, and more than 2000 people's lives were taken and many injured, most of the survivors preferred to seek help from folk healers rather than from the counselling professionals (Lee & Mo, 2004).

This example shows that folk belief and practices still prevail in the Taiwanese society nowadays. On the other hand, it also raises a question for the counselling

professionals in Taiwan about how much we know of the people to whom we offer services. Therefore, the section below will look at the counselling profession in Taiwan.

2.3.3 The development of the counselling profession in Taiwan

The counselling work in Taiwan was initiated by the government in the 1950s when the *Kuomintang* (KMT) government just fled from China Mainland to Taiwan in 1949 after being defeated by the Communist Party of China (CPC). As a newly established regime claiming itself as the sole legitimate government of ‘all China’ temporarily squeezed into one province, the KMT government had to attempt to consolidate its power on the island. In order to do so, one of the strategies the KMT government employed was to widely invite the overseas Chinese to ‘return’ to Taiwan instead of going back to the Communist China.

To help the returned overseas Chinese in their initial adjustment, guidance offices were set up in schools of all levels wherein their children were received. At the same time, a group of teachers and administrators were sent to the United States by the government for further study in guidance and counselling. Departments of guidance and counselling in several institutions for higher education were established, and many training courses were set up which are still running. Then, in the 1970s, the Taiwan Ministry of Education further required the educational institutions at all levels to set up a guidance office to assist students with their academic, personal, and career concerns (Chang & Wu, 1999; Liou, 2008). Toward the last decade of the 20th century, most of the guidance and counselling related matters in Taiwan were directed by the government and were inseparable from educational settings.

However all of these developments took place during the 1950s- 1970s when the Nationalist regime in Taiwan relied largely on the United States for the defence and development of the island. I was therefore led to reflect on the political and economic environment in Taiwan and the relation of this to the U.S. during that period of time. After the Second World War (1941-1945), Taiwan suffered a deep economic recession and was under threat of the Chinese communists’ invasion at any time.

Since the beginning of the Korean War (1950-1953) in 1950 until 1970, ‘as a “neutralization” move’ (Brown, 2000, p. 60), the US Seventh Fleet was sent to patrol the Taiwan Strait to prevent the Chinese Communists from attacking Taiwan. During

this period, the financial and technical aid provided by the U.S. government was considered of vital importance for Taiwan's gradual economic recovery (Brown, 2000).

Taiwan was never colonized by any western state in modern times, only by Japan (1889-1945). Yet, some scholars have maintained that during the postwar era, Taiwan was actually under a new form of colonization due to her profound political, military, and economic reliance on the new post war power, the United States (Brown, 2000; Lee, 2008).

As a former Japanese colony, Taiwan has been profoundly influenced by Japanese culture and most people spoke Japanese when the nationalist regime took over the island in 1945. To consolidate its authority over the island, the nationalists tried to 'make a rigorous effort to remove Japanese heritage and cut off any link of the island to its colonial past' (Lee, 2008, p. 65). They attempted to devalue the native language and culture, substitute the Chinese heritage for the Japanese one, and replace Japanese with English. As a consequence, English has become 'the language for "modern" communication and the American culture the dominant alien culture in Taiwan' (Lee, 2008, p. 66).

It was in such circumstances that a group of teachers and administrators were sent to the United States to receive specialized training in guidance and counselling. As a consequence, the counselling field in Taiwan has become an output market of the mainstream American counselling theories and the counselling services have relied heavily on theories drawing upon western philosophies and cultural traditions, that is, it is a counselling service alienated from its local culture.

During the 1980s, following the lifting of Martial Law and the development of Taiwanese consciousness, indigenous psychologies also began to flourish in Taiwan. The representative figures were such as Yang, Kuo-Shu, Yee, Der-Heuy, Lee, Wei-Lun, Yu, An-Bang, and Hwang, Kwang-Kuo. Yang took the initiative to build up a research team for the study of indigenous psychologies in 1988 and to establish the journal '*Indigenous Psychological Research in Chinese Societies*' in 1993. However the studies on indigenous psychology completed so far in the Chinese communities including China Mainland, Hong Kong, and Taiwan during the last three decades have focused mainly on the area of personality and social psychology and much less on the area of clinical and counselling psychology (Hwang, 2011).

As such, indigenous studies relating to psychotherapy still remain an extensive

space requiring further development. This is further supported by the survey conducted by Ko (2009) with 22 clinical psychologists in Taiwan. As cited by Hwang (2011), the results indicated that all the informants reported their adoption of an ‘imported’ theoretical orientation for their professional work with clients (p.29).

Further, under the request of a group of academic mental health professionals, in the name of protecting clients and providing quality therapeutic services to the public, the Psychologist Act was enacted in 2001. Since then on, to be able to practise legally, counselling practitioners have to obtain a psychologist’s license by taking the national board exam, joining a psychologists’ association, and receiving a prescribed amount of continuing education credits every six years in order to be able to renew their license (Legislative Yuan, R.O.C. Taiwan, 2001; Department of Health, Executive Yuan, Taiwan, 2003).

Similarly, the professionalization of the counselling services in Taiwan, in which the medical-model approach has been overemphasized through the standardization of the subjects for the board exam, has ended up with ‘a psychological training disconnected from the indigenous culture’ (Yee, 1997, p.247). Liu and Wong (2006) also criticized how the overemphasis on the medical model in the counselling field in Taiwan has fallen into the pitfall of overlooking the complexity of the human being as each having his/her own life world, history, culture, beliefs, values, spirituality, and so on.

The above discussion reveals that in the middle of the strong current to systematize the professionalization of counselling in Taiwan, there are some different voices in the field that express concern about the discrepancy between the mental health professionals’ theoretical orientation and the local culture. To bridge this gap, great efforts have been made in the field of psychology (Hwang, 2011). Some works have been written in the counselling field.

A few examples in this regard include the self-cultivation model proposed by Hwang and Chang (2009), which is based on Confucian relational self, Taoist authentic self, and Buddhist non-self for working with Chinese clients. Building on the Confucian ethical teachings, Chen (2009) suggested the self-relational model for Chinese clients with interpersonal conflicts. Chong and Liu (2002) also presented the experience-transformed model for counselling work in the Chinese cultural context. In this model, the Chinese culture was understood in terms of three Chinese cultural features: self and wider society, pragmatism, and the unique emotional style.

Among the works mentioned above, only Hwang and Chang briefly mention the Buddhist meditation in terms of its history and effects (pp. 1023-1025) and the possible integration of Taoist techniques in Western psychotherapy in one sentence (p.1020). The other two were mainly based on the Confucian teachings transmitted through formal education, namely ‘the great traditions’ (Redfield, 1956). Yet, as reviewed in section 2.2.2, there is a powerful life force driving or actively influencing Taiwanese people’s beliefs of health, illness, and healing. This has never been tackled up in the counselling field in Taiwan.

I argue that the ideas of *ch’i* and CRE as an experiential metaphysics, a belief, the *yi* (intent), the breathing, and the body postures, can better capture Taiwanese people’s concept of health, illness, and healing. The next section will examine the ideas of *ch’i* and CRE in relation to this.

2.4 The ideas of *ch’i* and CRE in relation to health, illness, and healing

There are many different beliefs about *ch’i* both physical and metaphysical. Through CRE, *ch’i* can have an impact on the practitioners’ cognitive style, can bring about different sensations, and can induce the practitioners into an altered state of consciousness. The external *ch’i* in CRE can be used for diagnosis and treatment. The idea of *ch’i* is also a lens through which many Chinese people come to understand their relations with self, with others, and with nature. As such, the ideas of *ch’i* and CRE in relation to health, illness, and healing will be examined in section 2.3.1. Further, as discussed above, very little research has been done into the concept of *ch’i* and CRE in relation to counselling practice. In the section 2.3.2, I will review the few studies conducted in different countries including one in Taiwan.

2.4.1 *The ideas of ch’i and CRE in relation to health, illness, and healing*

In this section, I look at how *ch’i* is considered as a frame for understanding health and illness and how *ch’i* in CRE is related to healing. I also examine a *ch’i*-related three-dimensional health model proposed by Li (2000a), in which he explained what a good life means for the Taiwanese/Chinese people.

In his study on *ch’i*-thinking, Lo (2001) depicted how the CRE practitioners were induced by *ch’i* through specific CRE movements into an altered state of consciousness. Based on Lo’s study, Li (2000b) explained how the shamans in the

Chinese cultural traditions in an altered state of consciousness were able to detect people's health conditions and heal their illnesses with their sharpened cognitive functions. To better understand Li's argument, I will first give an account of Lo's description of the characteristics of the '*ch'i*-thinking.'

Observing the CRE practitioners in an altered state of consciousness, Lo found six different characteristics in their cognitive style. They included a decrease in practical motivation, a loss of sense of time, and a lesser engagement in tasks for practical purposes. Their aims for action tend to be inner-worldly oriented. They experienced themselves as dwelling in a non-physical world without boundaries, separateness, or dichotomy, as being without a physical body and as one with all things in the universe.

Lo termed this particular cognitive style '*ch'i*-thinking.' He contended that *ch'i*-thinking leads the practitioners to deconstruct their cognitive style formed in the previous state of consciousness and reconstruct it in an 'other worldly' state of awareness.

Inspired by Lo's research findings, Li (2000b) tried to demystify the 'supernatural powers' of the shamans in ancient China. He argued that this particular cognitive style induced by *ch'i* through CRE practice should be able to explain the shamans' extraordinary abilities to perceive people's health conditions and to distinguish one medicine from another and the functions of the different kinds of medicine. He therefore speculated that these extraordinary powers of the shamans are not necessarily to be understood as 'supernatural,' but rather as functions of a reflective and transcendental state of consciousness influenced by *ch'i* through *ch'i*-related body movements.

Li's proposition echoed Wang's (1990) explanations about CRE practitioners' abilities to locate patients' health conditions through *ch'i* as an information channel and heal them by the infusion of the external *ch'i*. Wang stated that the five senses of some practitioners become very sensitive after undertaking CRE practice regularly for a certain period of time. Some practitioners can identify the nature of the illness which a patient has through their own bodily reactions or through the smell emitted by the patients. Others can detect the patients' illnesses by observing the *ch'i* surrounding their physical bodies or seeing through the *ch'i* within their bodies. Some other practitioners can even diagnose an individual's health condition from afar. They

do this by forming an image of that person in their mind through imagination. Based on the colour of the contour of that image, they tell that person's health condition.

Wang distinguished the colours and smells of *ch'i* in relation to health and illness. He contended that the colours of *ch'i* in a healthy person are perfectly clear, bright, and clean whereas in an ill individual they are turbid, dark, or grey. As to the smell, a healthy individual is more likely to emit a fragrant or sweet smell, and an unhealthy person, a stinking or foul smell. Wang believed that there are two *ch'i*-healing methods. One is done through the ill person's own regular CRE practice to strengthen their immune system leading to recovery from their illness. The other method is through the emission of the external *ch'i* to that person done by a trained CRE practitioner. Yet he cautioned that the infusion of the external *ch'i* is only effective when the ill person has faith in the external *ch'i* and the practitioners have enough confidence in their ability to heal through the emission of the external *ch'i*.

Likewise, from a TCM (traditional Chinese medicine) perspective, Lee (2000) also believed that *ch'i* can be utilized for diagnosis and treatment. He posited that human health depends on the quality, quantity, balance, and flow of *ch'i*. He assumed that the imbalance of *ch'i* can have a negative impact on the cardiovascular, bones and skeletal, muscular, and endocrine systems. The imbalance refers to the quantity of *ch'i* one has, to the balance between *yin-ch'i* and *yang-ch'i*, and to the flow of *ch'i*. The imbalance of *ch'i* refers to an uneven distribution, leakage, scatter, fixation, illness, and collapse of *ch'i* (Lee, 2000, p.17). The imbalance of *ch'i* may reduce one's mental and emotional ability and produce symptoms such as decreased attention span and productivity, reduced productivity and creativity, and emotional imbalance.

Further, when the *ch'i* which individuals have is too low in its density, certain 'extraordinary powers' may possibly occur to them. For example, they might experience themselves as possessing extraordinary human ability or mysterious power. These phenomena may further lead them to a reduced stability, lack of self-control, and even to a possessed state. For healing, Lee agreed with Wang (1990) that the illness *ch'i* can regain its stability and balance through the infusion of *ch'i* done by the CRE masters or through the ill person's own regular CRE practice.

The preceding literature review focused on *ch'i* in relation to health, illness, and healing at a personal level. Li (2000a) further extended the *ch'i*-related idea of health to include a harmonious and balanced relationship with self, others, and nature. Based on his fieldwork in the rural areas of Taiwan for more than 30 years and his

understanding of *ch'i*, he proposed a three-dimensional model of health, which involves the organic, the natural and the interpersonal.

The organic system points to a harmony of a human person within and without; the natural system harmony, a harmony in time and space; and the interpersonal system, a harmonious synchronic interpersonal relationship and a diachronic social order. Most Taiwanese/Chinese people believe that to achieve an ideal healthy state, one has to be in a complete harmonious balance on all these three dimensions.

Drawing on his fieldwork data, Li (2000a) gave a detailed explanation about the idea of health in these three dimensions. He stated that the organic system refers to the physical body and the form, which is the representation of a person. To be healthy, one has to keep balance between hot and cold, and *yin* and *yang* by paying attention to food processing and nutritional supplements. One also has to keep the form in balance by working on the five evolving phases, the number of strokes in the characters of one's name, and the numerology.

The interpersonal system involves the synchronic and the diachronic levels. The former refers to the relationships with one's own family, neighbours, members in the community, and anyone in a relationship with oneself, while the latter, the relationships with one's ancestors and with the supernatural beings. Li contended that a true harmony in this dimension should include both the synchronic and the diachronic levels of relationships.

The natural system harmony is about the 'unity of heaven and human beings' and the practice of fortune-telling, divination, *feng-shui*, geomancy, and so on. Li posited that to maintain a harmonious relationship in time and space is an indispensable condition for health.

According to Li, the components in each of the three dimensions are the various manifestations of the same *ch'i*. He maintained that parallel to the body-mind-spirit continuum, the harmony and balance which an individual experiences in the organic system can be expanded to one's relationships with others and with the world, and can affect one's ethical stance and worldview (Li, 2000b).

2.4.2 The empirical studies on CRE and counselling

A large amount of research has been conducted into impacts of CRE on health and other aspects of personal life in Taiwan and many other countries in Asia, Europe,

and America. A review of the relevant literature from Taiwan indicated that most of the publications are experimental studies or clinical reports evaluating the effects of *tai-chi* or *ch'i-kung* on physical or psychological health of the patients in medical settings. Below are some examples of this.

In Taiwan, Fong, Hung, and Huang (2004) performed a randomized control trial to investigate the influence of *ch'i-kung* on relaxation and emotion by making use of the Electroencephalographic (EEG) technique to detect the variation of brain activity under the *ch'i-kung* state. The results showed that the *ch'i-kung* group was more relaxed and demonstrated more positive emotions than the control group as indicated by the EEG data. In their clinical trial, Chen, et. al. (2005) also reported the beneficial effects of *ch'i-kung* on pain relief. They measured pain intensity of the 32 patients participating in their study using the Visual Analogue Scale (VAS). They found that after the patients had received *ch'i-kung* treatment for 15-20 minutes, the patients' pain level has changed from intense to moderate pain and 57.1% of the patients reported being able to feel the flow of *ch'i* during the treatment.

In Hong Kong, there are also research studies evaluating the effects of *tai-chi* or *ch'i-kung* on the quality of life and psychosocial wellbeing of institutionalized elders, or older people. They are such as Chen, Hsu, Chen, and Tseng (2007) and Lee, Lee, and Woo's (2007; 2010) studies on the effects of *tai chi* or *qigong* on the wellbeing of the elders and Siu, Sung, and Lee's (2007) research on the impacts of *qigong* on the chronically ill patients during the SARS outbreak, just to name a few.

In other parts of Asia, such as Southeast or South Asia, where yoga and vipassana originated, most relevant research from these countries have been conducted into impacts of these two types of CRE on physical or/and psychological health. However, in contrast to relevant literature from Taiwan, publications from this region were mostly undertaken with a wider variety of populations, including students, prisoners, teenagers and retreat participants, and older people in care homes for the elderly. Most, but not all research studies employed experimental or quasi-experimental methods to compare physical or/and psychological health before and after undertaking CRE or between the experimental and the control groups. A few of them made use of qualitative research methods to allow the participants to describe fully their CRE-related experiences. Below are some examples from various different countries to illustrate the foregoing discussion.

In Nepal, Adhikari (2012) studied the impact of vipassana on anxiety and depression at Nepal Vipassana Centre (NVC) with 31 students who undertook such practice for the first time and reported the benefits of vipassana practice for the reduction of depressive symptoms. In Burma, Le Le Win, et. al. (2010) conducted in-depth interviews with 17 inmates and five prison staff as key informants from a prison in Yangon to assess the effects of vipassana on social and behavioural changes. They reported that their participants perceived positive changes in their ways of thinking, physical appearance, and health conditions.

In Thailand, Emavardhana and Tori (1997) conducted a pretest-posttest experimental study with 438 teenagers to evaluate changes in self-concept, ego defense mechanisms, and religiosity following seven-day vipassana retreats. Results of the study indicated a more favourable self-perception and healthy coping style characterized by greater maturity and tolerance of common stressors among those undergoing seven-day vipassana retreats, as compared to controls. In her article, van der Riet (2011) provided a narrative of her lived embodied experience of vipassana meditation in Thailand. Based on her own experiences, she gave voice to vipassana as a potential technique for managing health care issues such as somatic complaints including stress and anxiety.

In India, Bhatia, et. al. (2003) compared EEG changes of 19 yoga practitioners with the EEG pattern of 16 controls. They found that yoga practitioners exhibited significantly greater mental alertness than the control group as shown by an increased beta-activity in the left frontal, parieto-occipital and midline regions of the brain in the former, as compared to the latter. Malathi, et. al. (2000) reiterated the beneficial effects of regular yoga practice on subjective wellbeing and quality of life in their quasi-experimental pretest-posttest study evaluating the effects of yoga practice with 48 volunteers. Further, in their randomized control trial with 120 residents from a home for the aged in India to compare the effects of Yoga and Ayurveda on the self-rated sleep in a geriatric population, Manjunath and Telles (2005) found that the yoga group demonstrated significant improvement in different aspects of sleep quality.

The above relevant literature review from East, South, and South East Asia revealed evidence of the benefits of CRE such as yoga, vipassana, *tai-chi*, or *ch'i-kung* on general health improvement. At the same time, scholars in various health professions have proposed the integration of CRE into health care practice. For example, in the nursing field in the United Kingdom, Smith (2009) advocates that

adequate education on complementary and alternative medicine (CAM) which may include *qigong* and meditation (NCCAM, 2007) should be provided for undergraduate nursing students and that regulations be made to facilitate appropriate and safe CAM use (Smith, 2010). In the mental health field, Chen (2008), a senior psychiatrist in Taiwan, also suggests that CRE as a socio-cultural phenomenon should be further explored in their relation to mental health care.

Wu (1996) even claims that CRE constitutes an holistic psychotherapeutic approach originating in traditional Chinese culture. She lists and explains the benefits and functions of CRE for health care including health recovery and health enhancement, uncovering the potentials and bringing to surface latent and yet-to-be resolved life issues, emotional release, and cultivating new behavioural patterns by asking clients to practise CRE regularly to replace or ameliorate their problematic behaviours. However, Wu cautions that without sufficient preparation and practice, to make use of CRE in therapy, practitioners may run the risk of inducing further psychological problems in clients. Therefore she proposes that therapists intending to use CRE in their professional practice should undergo appropriate training and undertake CRE themselves regularly. She argues that how CRE is used in counselling practice merits further exploration.

The arguments of Smith (2009; 2010) from the United Kingdom and Chen (2008) and Wu (1996) from Taiwan suggested that CRE should be more extensively used and studied in the field of health care. Such arguments are supported by the increasing number of counselling professionals involved in CRE practice in contemporary Taiwan, where my own study is located. In Taiwan, up to February 2013, there are altogether 3587 psychologists including 2408 licensed counselling psychologists and 1179 licensed clinical psychologists according to the statistical data provided by the Department of Health Executive Yuan, Taiwan (Department of Health, Taiwan, 2013). No statistical evidence has been found so far for the increasing number of counsellors involved in CRE in Taiwan. I therefore conducted a quick search based on the practitioners' CRE-related stories posted on the internet, shared in their books, or told me personally, and my personal observations on the growing number of CRE-related workshops held specifically for counselling practitioners and found the following information.

First, there are quite a number of counselling practitioners sharing their CRE-related experiences in their blogs. For example, in her blog, Lin (2012) described her

experiences of *ch'i-kung* and how she has integrated this into her professional practice as follows.

'I began to learn *ch'i-kung* and received psychotherapy training in 2004...I found that *ch'i-kung* practice has helped make me a more effective counsellor and this inspired me to develop my own healing method integrating these two practices... I made use of *ch'i-kung* and *zazen* to help clients release their negative emotions and to stabilise the state of energy.'

Liang-nan (2008) also detailed her experiences of vipassana practice in her blog. Below is an excerpt from her blog post.

I undertake sitting before going to bed...Last night I practised *zazen* for half an hour...My *zazen* experience has inspired and informed my psychotherapy practice.

Several authors and counselors also shared their CRE-related stories and realizations in their publications. For example, senior counselor and scholar Chin (2012) commented in his publication about one of his CRE-related experiences in group: 'dozens of psychologists went to a mountain for *zazen* practice' (p.32). Another experienced psychotherapist and writer Cheng (1991; 2002) also shared his *zazen* realizations in his books: 'I hope to integrate the Eastern Zen practice with the Western psychology and turn this into wisdom of life' (Cheng, 2002, p.6).

Secondly, as I have mentioned in chapter one, before embarking on this research project, several counsellors involved in regular CRE practice told me their CRE-related stories and most of them perceived such practice as beneficial both for their health enhancement and professional practice.

Third, in recent years, I have also observed that an increasing number of workshops on counsellors' self-care through mindfulness practice and courses on *ch'i-kung* integrated psychodrama directors training. Below are some examples to illustrate this.

A four-day workshop on 'mindfulness meditation for counselling psychologists' conducted by professors Chin, Shu-Jen, Guo, Li-Yen, Li, Su-Fen, and a zen master was held in Aug. 2013 in Nan-tou, Taiwan. A five-day intensive workshop on 'mindfulness therapy and helping profession' organized by the clinical psychologists association and others will take place in Taipei in January 2014. And courses on training therapists to become *ch'i-kung* integrated psychodrama directors conducted by Dr. Gong, S. are held twice per year. About 30-40 counsellors are allowed to take

part in each of the workshops or courses mentioned above and some of the courses, such as Gong's have been going on for more than 10 years. The search results presented above are by no means complete or exhaustive. However, they provide cumulative, illustrative evidence for the increasing number of counsellors involved in CRE in Taiwan.

The earlier review of the relevant literature indicated that studies investigating the effects of CRE on health so far have been mostly conducted in the bio-medical fields rather than counselling and with participants other than counsellors. There are hardly any empirical studies exploring the influence of CRE on counselling professionals' self-care and professional practice.

After making an extra effort searching for literature in this regard, I found some empirical studies investigating the impacts of CRE on trainee counsellors' personal wellbeing and professional practice. They were mostly performed in the United States and Europe except for one conducted in Taiwan. I will examine these in detail below as they are all relevant to my research study.

Two studies investigating the effects of CRE on trainee counsellors' personal wellbeing are by Chrisman, Christopher and Lichtenstein (2009) and Shapiro, Brown and Biegel (2007) respectively. In a prospective, non-randomized, cohort-controlled study, Shapiro, Brown and Biegel (2007) explored the relationships between mindfulness practice and mental health with 54 masters-level counselling students. Study results revealed that MBSR intervention helped to increase levels of mindfulness and an association between mindfulness and mental health. More specifically, the findings indicated a tendency that when mindfulness and attention improved, the perceived stress, anxiety, and rumination declined and self-compassion increased.

Chrisman, Christopher and Lichtenstein's (2009) work is a qualitative study aiming to explore participants' perceived effects of *ch'i-kung* practice when they are initially exposed to the practice and after they have practised it regularly for one semester. The participants were 31 master's-level counselling students, who took part in an elective course titled Mind/Body Medicine and the Art of Self-Care. The research data were collected over a span of three years based on students' journal writing assignments. Journal writings were part of the assignments of this course. By completing this assignment, the participants received a passing grade for that portion of assignment. The journals included two parts. One was completed immediately after

the participants' initial exposure to *ch'i-kung* exercise during the first class and the other, immediately after their *ch'i-kung* practice during the last class period of the 15-week course. The course involved twice-weekly, in-class, 75-min mindfulness practice, readings, journal writings, and research on empirical studies. The in-class mindfulness practice involved *ch'i-kung*, hatha yoga, sitting meditation, and conscious relaxation techniques. Each class began with a 15-min *ch'i-kung* practice; and the participants were required to undertake mindfulness practice at home for 45 minutes, four times per week.

Study results indicated perceived progressive effects of *ch'i-kung* practice on the physical, emotional, and mental aspects and increased group awareness. More specifically, after 15 weeks of regular *ch'i-kung* practice, the participants perceived themselves as having changed on the physical dimension in terms of increased energy level and balance; on the emotional dimension, feelings of harmony, calmness, and relaxation; on the mental dimension, increased flexibility, quieter minds, concentration and less judgment and performance anxiety. Moreover, the findings also showed that at the end of the course, the participants perceived themselves as having grown in their awareness, acceptance of self and others.

Schure, Christopher and Christopher's (2008) study explored counselling students' perceptions of the influence of mindfulness practices on their personal wellbeing and counselling work with clients. The participants were 33 graduate level counselling trainees enrolled in an elective graduate course titled Mind/Body Medicine and the Art of Self-Care. The research data were collected over a span of four years based on students' final journal writing assignments. By completing this assignment, the participants received a passing grade for that portion of assignment. The types of CRE instructed and undertaken in the course included yoga, meditation, and *ch'i-kung*. The general themes which emerged from this study included physical changes, emotional changes, attitudinal or mental changes, spiritual awareness, and interpersonal changes. The findings indicated greater flexibility, strength, and balance, a stronger immune system, increased awareness and sensitivity to bodily reactions on the physical aspect; increased capability to deal with negative emotions on the emotional aspect; and increased clarity of thought and capacity for reflection. Results also showed greater capacity for empathy and compassion and effects on beliefs and value systems from course readings.

Grepmaier, Mitterlehner, Loew, Bachler, Rother, and Nickel (2007) conducted randomized, double blind, controlled trials to investigate the therapeutic outcomes of *zazen* meditation practice with psychotherapists in training. Under the guidance of an experienced *zen* master, the trainee therapists in the experimental group undertook *zazen* practice each workday before beginning their work for two months. Results of the study revealed that *zazen* practice positively influenced the course of the therapy and the treatment results in their patients. More specifically, they found that *zen* practising therapists reported better understanding of their own psychodynamics, difficulties, progressive goals and limitations. Their patients also reported better progress toward their goals in therapy than those of the non-practising therapists.

Huang, Kau, and Lai (2008) conducted a narrative case study with a young Taiwanese counsellor to explore her personal growth process through *zazen* practice and personal counselling. A five-phase personal growth process emerged from their investigation. This included escaping, exploring, confusion, collision, and stability as its key themes. Study results revealed a gradual process of learning to integrate *zazen* and counselling practice. This included transferring the spirit of *zazen* into counselling works and during *zazen* practice, reflecting and dealing with difficulties encountered when working with clients. On a personal level, the findings also showed the participant's new view of herself as being more energetic, patient, caring, easy-going, thankful, self-challenging, and broad-minded.

As an experienced psychotherapist and *zazen* practitioner, Thomson (2000) explained how *zazen* practice may influence psychotherapy especially in the aspect of the therapists' psychotherapeutic presence with his own examples. He believed that the change in the person of the therapist is more important than change of theories or techniques. He enumerated the perceived impacts of *zazen* practice on his psychotherapeutic works and his personal life. The perceived influence of *zazen* practice on his work with clients included an increased ability to be flexibly present with clients, increased ease in handling countertransference issues, improved affect tolerance, and the ability to create a larger psychological space for therapist and patient to speak and listen to each other. On the personal level, the author also reported having experienced a natural growth of empathy and forbearance.

The above review of the related studies provides valuable information for the present study but it also reveals the methodological flaws and limitations of these

research works. I will first give examples of these shortcomings and then discuss the inspiration which these studies have provided for my research project.

First of all, the first four studies were conducted with counselling trainees and CRE practices were considered to be part of the training requirements. I suspect that the participants' motives may have confounded the research process and the study results. The motives may have influenced the study results in at least two ways. On the one hand, the participants in two of the studies reviewed above were counselling students enrolled in an elective course (Chrisman, Christopher & Lichtenstein, 2009; Schure, Christopher & Christopher, 2008). Students taking this course may have had a pre-existing interest in the subject. This may have an effect on their responses. On the other hand, the research data of these studies were based on students' journal writing assignments. Although the participants did not receive grades for this assignment, one may still wonder how free these students were to choose not to submit or to report any negative effects since journal-writing was part of their course requirement and these students knew that their responses would be viewed by the course instructor.

Secondly, Chrisman, Christopher and Lichtenstein's (2009) study intended to investigate the effects of *ch'i-kung*. However, according to the course description, four additional mindfulness techniques were at the same time instructed and undertaken in class. In addition to mindfulness practices, the course included other content such as reading assignments, research presentations, and group sharing. Therefore, I wonder whether it is appropriate to attribute the perceived course effects only to *ch'i-kung* practice as the authors did.

Thirdly, two of these studies made use of a quantitative research method, which involves quantitative measures such as questionnaires and scoring (Grepmaier, Mitterlehner, Loew, Bachler, Rother, & Nickel, 2007; Shapiro, Brown & Biegel, 2007). Developed on a specific theory, these instruments do not allow participants freely to express fully their experiences of CRE and how they perceived themselves and their work with clients to be influenced by the practice of CRE. The results of a statistical analysis have limitations when it comes to capturing and describing fully the meanings of human experiences (Krauss, 2005; Ponterotto, 2005; Schwandt, 2000).

Fourthly, the above mentioned studies tended to view CREs as skills or techniques without much description of their underlying principles and concepts. *Ch'i* is what makes these practices *ch'i*-related exercises (CRE). To reduce CRE to a

simple relaxation technique is like taking away the spirit from a human body and is to deprive quintessence from these exercises (Tse, 2004).

In spite of the limitations, it is interesting to note that the findings of all the studies indicated positive impacts of CRE on counsellors' global wellbeing and suggested CRE to be a promising path towards self-care for counsellors. Improved counselling qualities through CRE practising counsellors' change were also revealed by some of the above studies. The results of the above studies not only contribute to better knowledge of CRE in relation to counsellors' self-care and their work with clients. They also provide an inspiration and orientation for the present research project. They show the need to have further studies done to explore qualitatively with more senior counsellors their perception of the impact of CRE practice on their therapeutic practices.

2.5 The conceptualisation of self-care and the therapeutic use of self

The foregoing review of the existing studies all indicated the benefits of CRE on the self of the practitioners including their self-care and use of self in therapy. My own CRE experiences and those of my colleagues with whom I talked revealed that self-care is much more complex than undertaking activities to enhance health and prevent illness. Rather, it is 'a matter of the formation of the self' or self-transformation (Foucault, 1997, p.89) – an idea closely related to the concept of self-care proposed by Foucault. Self-care through CRE is closely related to Foucault's (1988a) idea of the techniques of self especially the techniques about 'training in thought and training in reality' (p. 37).

As shown in the literature reviewed earlier in this chapter, undertaking CRE regularly tends to bring about substantial changes in the practitioners' view of the self and their relations to others and their worldviews. Therefore, I discuss the definition of self in section 2.5.2 and the counselling literature from the perspective of the therapeutic use of self in section 2.5.4. I also explain why I use Foucault in section 2.5.1 and his idea of self-care leading to self-transformation and other authors' notions of self-transformation in section 2.5.3.

2.5.1 Why the use of Foucault?

Having devoted much space to examine literature related to the ideas of *ch'i* and CRE, I am aware that CRE is a unique Chinese/Taiwanese path to self-cultivation and wellbeing. Yet, I still choose to use Foucault's notion of self-care and other authors' ideas of self-transformation for data analysis. The reasons are as follows.

First of all, this study is to explore how the Taiwanese senior counsellors with substantial CRE experiences perceive the influence of their regular CRE on counselling practice. The concepts of CRE and *ch'i* are something very particular to the Chinese/Taiwanese people whereas the counselling theories adopted by most of the counsellors in Taiwan have been developed in the West (Hwang, 2011). As such, the research question itself suggests an encounter between East and West in the sense that the Taiwanese senior counsellors are immersed in the Chinese/Taiwanese self-cultivation methods and simultaneously make use of the counselling theories originating from the western cultures.

Secondly, my own lived multicultural experiences also tell me that while being rooted in the local Taiwanese/Chinese culture, one should always take a broad vision to the world. Being a Taiwanese of Chinese ancestry, I was born and raised in Taiwan and received education both in Taiwan and abroad. Being a Roman Catholic, I hold a Western faith yet practise a spiritual exercise rooted in Taiwan/Chinese culture. Being a consecrated person belonging to an international religious community, I have spent most of my life living in Taiwan together with sisters from many different cultures and nationalities. Being a counsellor immersed in CRE, like what mentioned in the previous paragraph, I have also experienced an encounter between East and West in myself. And being a counsellor working in Taiwan, I render service to Taiwanese/Chinese people yet my practice is based on a counselling theory and method originated in the West.

Thirdly, as noted earlier, due to the influence of glo-calization (Robertson, 1992), while beginning to show more appreciation to their own local culture, the Taiwanese people have become more open to other cultures at the same time. Such a movement also has an effect on the circulation of CRE. That is, in the recent years, while people in many different countries other than Taiwan or China have begun to undertake a self-care technique originated in the East, many people in Taiwan have also become

interested in practising various different forms of CRE such as yoga developed in other countries (Chan, 2007; Cheng, 2002).

Therefore, in spite that CRE were developed in a Confucian, Taoist, and/or Buddhist cultural environment and there are many concepts of self-care and self-cultivation rooted in Taiwanese/Chinese culture, I still choose to make use of a western idea of self-care and self-cultivation. Furthermore, while many scholars and many disciplines have advanced in the conceptualization of self and self-care, I still decided to draw upon the French philosopher Foucault's notion of self-care leading to self-transformation. The reasons are as follows.

First of all, Foucault's notion of self-care as a path to individual freedom reflects the conceptualization of healing in this study as to facilitate individuals to become aware of the unavoidable power relations existing in all levels of human relationship and to help them regain power over oneself and others.

Secondly, Foucault's notion of self-care not only takes into consideration the complexity, multiplicity, and wholeness of human life; but also contains concrete steps for a lifelong training for the mind, body, and soul and cultivation of self. Besides, it takes into account both the inside and outside of a person, his/her relationships with the self, others, and the world; and emphasizes the importance of the 'inside-out' thinking, acting, and communicating.

Thirdly, CRE as a popular culture and a powerful undercurrent in Taiwan does not receive much attention from the academic communities and official support from the government for its development and usage in the health-care profession (Chang, 2011). Likewise, 'care of the self' as one of the main rules in ancient Greece for the art of life also remained unnoticed in history until Foucault (1988a) dedicated himself to its 'excavation.' I thus was inspired to discuss the perceived effects of CRE on counsellors' self-care leading to self-transformation from the perspective of Foucault's idea of care of the self.

Fourthly, CRE is a nonverbal path to self-care leading to self-transformation whereas the core technique used in the Western psychotherapy is derived from the practice of verbal confession within the traditions of Christianity (Foucault, 1980). However, this study aims to explore how the senior counsellors in Taiwan with substantial CRE experiences narrate their perception of the influence of regular CRE on their therapeutic practice. In the research process, the CRE immersed counsellors are invited to talk about their perception of the potential influence of CRE on their

professional practice. It is therefore an understanding through discourse on the influence of the nonverbal exercises. I therefore choose to understand my research data from Foucault's perspective of self-care.

Beside of Foucault, I still make use of two more authors' views on personal transformation: Wade and Metzner. For Foucault's notion of self-care leading to self-transformation is comprehensive and relevant to this study although; it did not delineate the transformation process and transformative experiences of an individual who undergoes through it. As discussed earlier in this chapter, during CRE, the practitioners may experience circulation and operation of *ch'i* in the physical aspect which may arouse various sensations or feelings and cause cognitive changes or altered states of consciousness. Wade and Metzner's theories of personal transformation offered a detailed explanation of the process, causes, and experiences of personal transformation. I thus will take their perspectives as a supplement to Foucault's concept of self-care.

Therefore, in the following sections, after examining meanings of 'the self,' I will review Foucault's notion of 'care of the self' and Wade and Metzner's models of personal transformation which will be followed by an examination of the concept of the therapist's use of self in their professional practice.

2.5.2 Towards a definition of the self

Writers agreed that it is not an easy task to define the word 'self.' This has not only aroused the interest of writers from the field of psychotherapy, but also those from other related disciplines such as philosophy, literature, psychology, and sociology. The large amount of psychotherapeutic literature on the self generated from discussions of theoretical and clinical issues is already 'extremely rich, chaotic, and difficult to systematize' (Erwin, 1997, p. 35). The vast body of work on the self produced in the psychotherapy-related fields employing related concepts such as 'ego,' 'soul,' 'mind,' and 'psyche' add still more to the complexities.

However, Erwin still managed to sort out all the self-related terms used in the psychoanalytic theories which include a person, the ego, the mental apparatus, a personality, the core of one's personality, a set of self representations, and an inner agent (Erwin, 1997, p.41). He also made a list of the different meanings of 'self' in

the humanistic psychotherapy such as a person, self-conception, the awareness of being, and an inner agent.

A number of contemporary writers have maintained that the self is a process and an ongoing fluid construction through interaction with others (Andrews, 1991; Cashdan, 1988; Gergen, 1971; 1999; Laing, 1977; Purkey & Stanley, 2002; Wosket, 1999). For example, Gergen (1999) posited, 'we are made up of each other;' 'whatever we are... is either directly or indirectly with others.' (pp.137-138) Laing (1977) also contended, 'Every relationship implies a definition of self by other and other by self.' (p.86) 'One's first social identity is conferred on one. We learn to be whom we are told we are' (p.95). The sense of self, according to these authors, is thus both a verb and a noun (Andrews, 1991, p.6). The self-identity which is initially formed by early relational configuration is further defined by the cultural and historical context to which one belongs (Wosket, 1999).

I share the view that the self is constantly in the process of becoming and that while initially and profoundly formed through interactions with significant others as an infant, the initial self-concept does not remain fixed. Rather, it is 'constantly being adapted and refined in response to environmental factors' (Wosket, 1999, p.10). Such a view of self-in-process resonates with Carl Rogers' notion of self as fluid, growing, and full of possibilities (Rogers, 1961; 1980).

To apply this to the therapeutic conversation, counselling is thus to challenge the way that clients view themselves and their relationships with others and the environment. This may have been formed in their early childhood or shaped by the dominant discourse in the socio-cultural context to which they belong, leading them to give away their power. As such, the task of the therapist is 'to provide the right balance of care and safety with sufficient disconfirmation of the clients' fixed or false sense of self' with 'patience, sensitivity, and tenacity' (Wosket, 1999, p.11).

While helping clients to redefine themselves in the therapeutic relationship, as a co-creator of this relationship, the therapist, to a certain degree, may also undergo a similar process of self-redefinition him/herself. It is, therefore, the argument of Rogers (1980) that the self which the therapist brings to therapy is continuously shaped and reshaped by the client-therapist interaction, and the position of Freedman and Combs (1996) that the counsellor's self is constantly formed by the context where therapy takes place.

2.5.3 Self-care and personal transformation

2.5.3.1 Foucault's concept of self-care

'Care of the self' was one of the main rules for personal and social conduct and for the art of life in ancient Greece. It was based on the principle of the Delphic 'know yourself' as a form of technical advice or rules which were developed and gradually became dominant and took precedence over 'care of the self.' Foucault argued that 'know yourself' which has dominated Western culture over centuries remains the fundamental principle of morality nowadays, for people tend to consider care of the self as something negative, immoral, selfish, or narcissistic (Besley & Peters, 2007).

Foucault (1988a) identified four types of techniques which people used to understand themselves: technologies of production, technologies of sign systems, technologies of power, and technologies of self. Each technology implies certain modes of training and modification of individuals not only in the sense of skills but also attitudes. Foucault contended that the first two techniques were usually used in the study of science and linguistics. In his work '*Technologies of the Self*,' he admitted his increasing interest in the interaction between oneself and others and in the technologies of self.

Foucault elaborated on the techniques developed in ancient Greece for care of the self (Besley, 2005). He pointed out that the technique of self in both Platonic and Stoic philosophies 'was not abstract advice but a widespread activity, a network of obligation and services to the soul' (Foucault, 1988a, p.27). It recommended people to set aside time each day for the self to write, to meditate, to study, to read, and to prepare for misfortune or death. Foucault highlighted that for the ancient Greeks writing was important in the culture of taking care of the self. It not only enabled increased vigilance of one's moods but also broadened one's self-view and promoted self-understanding and self-mastery.

Another technique developed in Pythagorean culture and which re-emerged under Stoicism in the imperial period was a new pedagogical relationship that emphasized silence and listening. Rather than Platonic dialogue style, this pedagogy offered a new way to acquire truth where 'the master/teacher speaks and does not question and the disciple does not answer but must listen and keep silent' (Foucault,

1988a, p.32). The Stoic techniques associated with taking care of oneself involved, first, ‘letters to friends and disclosure of self; second, examination of self and conscience, including a review of what was done, of what should have been done, and comparison of the two’ (Foucault, 1988a, p. 34). The third technique, *askesis*, referred to a remembering, not a disclosure of the secret self. Foucault explained that ‘for the Stoics, truth is not in oneself but in the *logoi*, the teaching of the teachers. One memorizes what one has heard, converting the statements one hears into rules of conduct’ (p. 35). The fourth technique is about the interpretation of dreams.

Foucault contended that these techniques are a set of practices which enable individuals to ‘acquire, assimilate, and transform truth into a permanent principle of action’ (Foucault, 1988a, p. 35). They ‘permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being in order to transform themselves and attain a certain state of happiness, purity, wisdom, perfection, or immortality’ (p.18). Foucault pointed out that ‘the subjectivization of truth is the aim of these techniques’ (p. 35). It means that ‘one memorizes what one has heard, converting the statements one hears into rules of conduct’ (p. 35). And these are ‘characterized by *paraskeuazo*,’ meaning ‘to get prepared’ (p.35).

‘To get prepared’ involved two forms of exercises: *melete* and *gymnasia* (Foucault, 1988a, p. 36). The former referred to a philosophical meditation that trained one’s thoughts to be able to respond to hypothetical situations. The latter was about ‘training in a real situation’ (p.37) which could involve practices of self-deprivation, such as fasting and other rituals of purification. According to Foucault (1988a), in the culture of the Stoics, these practices of abstinence did not connote meanings of ‘purification or witnessing demonic force, as in Pythagoras and Socrates’ (p.37). Rather, they aimed to ‘establish and test the independence of the individual with regard to the external world’ (p.37).

For Foucault, humans are always in the process of ‘becoming’ wherein care of the self plays a central role. He maintained that ‘the care of the self ...has to become permanent medical care. Permanent medical care is one of the central features of the care of the self. One must become the doctor of oneself.’ (Foucault, 1988a, p. 31) Focusing on the self was thus regarded by Foucault as productive and as a keen self-awareness vital for participating in social and political life (Batters, 2011). It is

through ‘an exercise of the self on the self’ that an individual develops and transforms oneself, and attains a certain mode of being self (Foucault, 1997, p. 282).

As such, self-care as self-transformation has the following characteristics: firstly, it is both ‘a mind-set and practice, constant throughout one’s life, in which the individual takes charge of his/her own identity and sense of self’ (Batters, 2011, p.4). Secondly, it involves the whole person. Thirdly, it is ‘a focal point for individual freedom, positive relationships with others, and, potentially ethical participation in politics’ (Batters, 2011, p.4).

Batters (2011) explained that for Foucault, care of the self occurred at all aspects of an individual including body, mind, and spirit; wherein ‘spirit’ or ‘soul’ refers to an ethical, cosmic sense of self rather than deities or religions. To take care of the self, one has to build an ethos and then work towards its continuous improvement. That is, to recognize one’s smallness in the universe and the limits of mortality, and to question one’s socially-formed limitations.

Foucault (1997) maintained that for the Greeks, one’s ethos was the means by which individuals relate to themselves and to others, and the way through which they oppose and prevent absolute and oppressive power. For Foucault, power exists everywhere, in every human relationship and in all aspects of human life. No matter whether oppressed or conscious of it or not, the individual always participates in a sort of ‘power relations.’ Power relations require that all parties involved have certain degrees of freedom. Without freedom and power, an individual is in a ‘state of domination.’ (O’Farrell, 2005; Smart, 1985)

Activities such as meditation, self-writing, and practices of self-deprivation as mentioned earlier were proposed to help individuals bring themselves inside themselves and momentarily outside of their relationships with the world. These practices help individuals discern what they really need and discipline themselves from what is not necessary or perhaps unjust. They also facilitate exploration of a true ‘sense of freedom by maintaining the ability to choose where to fit oneself within society’ (Batters, 2011, p.7).

Askesis as a technique of self and a means for self-care is similar to what CRE does to those who undertake it regularly. They both involve training of mind and physical body, require perseverance and daily practice, and help practitioners to ‘assimilate and transform truth into a permanent principle of action’ (Foucault, 1988a, p. 35).

2.5.3.2 Wade's model of personal transformation

Wade (1998) derived a definition of personal transformation from Newman's theory of health as expanding consciousness, and other related literature. He proposed that personal transformation is 'a dynamic, uniquely individualized process of expanding consciousness whereby an individual becomes critically aware of old and new self-views and chooses to integrate these views into a new self-definition' (p. 716). Antecedents, critical elements and consequences are considered the core components of this concept.

Antecedents refer to any disorienting dilemma that disrupts the order of one's life such as stressful life events, transitions, relationships with others or a new environment. A disorienting dilemma reveals a problematic cognitive and affective meaning scheme in conflict with one's self-perception; and thus leads to 'a painful, threatening and challenging opportunity for reflection and expansion of consciousness' (Wade, 1998, p. 716). This is the point at which the individual makes the decision whether or not to attend to the dilemma. Not to attend to it means that the process of transformation is terminated unless another person intervenes. To confront the dilemma, he/she may change his/her vision of reality and thus mark a point of transition in the process of transformation.

Critical elements are the release of old ways of knowing and the development of a new level of consciousness which unites the mind and heart to form a new self-definition when transformation happens. The individual is thus able to express 'a more differentiated, permeable, and integrated meaning perspective and may choose to validate this perspective with others' (Wade, 1998, p.716).

Consequences involve feelings experienced by the individual such as excitement, satisfaction, freedom as well as sadness associated with loss of the old self once the transformation occurs. These feelings may fade away over time but the individual will continue to live by what he/she has seen and expand his/her consciousness. The purpose of life is changed; he/she will never return to his/her old perspective. Instead, empowered by the newly arising feelings of kinship and unity, he/she may dedicate him/herself to work toward a greater life vision in the service of others.

Wade's conceptualization of personal transformation is limited in the sense that while viewing transformation as a purely cognitive function followed by certain emotional reactions, he overlooks the complex, multidimensional, and intertwining

nature of the human person. He may also have ignored the wholeness of the human person as involving body, mind, and spirit because both the physical and spiritual dimensions of life have been left out of the transformation process. Further, there are some conflicting arguments in the model. For example, personal transformation was first defined as a back-and-forth spiral and a uniquely individualized process, yet later it turned into an 'irreversible' journey and the role of the others seemingly became 'indispensable' in each of the three core components of Wade's model.

2.5.3.3 Metzner's model of personal transformation

Based on a detailed study of transformative experience, Metzner (1998) provided a broad view of personal transformation. He maintained that personal transformation in its stronger sense, that is, when understood as transmutation, is characterized by such experiences as change in the pattern of thought or perception, shift in the psychic structure and functioning, and transmutation of the energy of fear or anger into a different form of expression. As a result, the sense of separateness will disappear and the personality structure be transformed.

Metzner (1998) described the process of personal transformation. He contended that the transformation may occur abruptly and bring about profound changes in a person's life or come as a result of gradual change. The former includes events such as ecstasy, peak experience, or inspired revelation, and the latter may occur through the process of psychotherapy, learning, or meditation. The transformation can be temporary which is referred to as an 'altered sense of consciousness;' or long-lasting as in a 'personality change.'

The possible causes of transformation were also delineated. Metzner (1998) suggested that the transformation may be triggered by external events such as accident, spectacular natural sights, or contact with others or unfold gradually and slowly from within without any external influence. The transformation may be perceived also as given freely through God's grace or as desired changes brought about through conscious effort.

Transformation, according to Metzner (1998), may be invisible or openly manifest. The former is like a pool of muddy water which gradually becomes clear if left to settle. The latter refers to attitudes or behaviours such as selfless love and service motivated by an inner vision or experience that transformed their being, or the

various physical and psychological features or psychic capacities associated with transformative experiences.

Metzner (1998) argued that the transformative experience does not necessarily change a person's life in a positive way. Transformation may be progressive, regressive, or digressive. Progressive transformation leads the individual 'from limitation to freedom, from darkness to light, from fragmentation to wholeness, from separation to oneness ...from illusion to realization' (p.17). Regressive transformation takes the individual in the opposite direction; that is 'from limited "normal" consciousness to even greater limitation or imprisonment, to deeper darkness, more extreme fragmentation and separation' (p.17) and so on. Digressive transformations are changes which are simply different, neither progressive nor regressive.

Metzner's model has provided a comprehensive description of the various variations of the theme of personal transformation. It also takes into account the wholeness of the human person and the interconnectedness of the various aspects of the human life. However, it still remains limited in the sense that this model has left out the socio-cultural context to which one belongs, and by which an individual is influenced. Further, it has also overlooked the power relations unavoidably existing in each human relationship.

From a social constructivist perspective, the present study holds that each individual is at the same time the effect and the 'vehicle' of the techniques of power and that the ideas, values, and feelings are context-dependent. In counselling practice, this may imply that all therapists are 'inevitably engaged in a political activity' and 'simultaneously undergoing the effects of power and exercising power over others' (White & Epston, 1990, p.29). The therapists thus should work to unmask and demystify the hidden power relations involved in the therapeutic practices and facilitate individuals to challenge the 'truths' that objectify them and to resurrect the 'subjugated knowledge.' That means to help clients generate 'alternative stories that incorporate vital and previously neglected aspects of lived experiences' (p.31).

Wade's and Metzner's models offered a detailed explanation of the process of self-transformation which is important for the understanding of the concept. However, they mainly focused on the psychological and the spiritual phenomena of such transformation without any discussion of the somatic one. This is also an important feature of the self-care through regular CRE beside of the psychological and the spiritual aspects. When doing analytical work of the study, I will therefore make more

use of Foucault's notion of self-care leading to personal transformation through training for the body, mind, and spirit. This aims at increasing awareness of the power relations underlying each human relationship and achieving greater freedom and ability to adjust and control power over oneself and others and leads to transformation of one's relations with the self, others, and the world.

2.5.4 The therapeutic use of self

Counselling practice, in Foucault's terminology, is said to be a 'technology of the self' which is to help clients to reactivate their power and sense of freedom. In this, the self of the therapist is the only instrument which he/she has to facilitate the counselling conversation. As such, in this section, I will examine the literature related to the therapeutic use of self.

The therapeutic use of self has been regarded as a means of achieving changes in clients' psychological make-up in the psychoanalytic traditions and has been defined in different ways. Some have emphasized the intentional or conscious use of self so as to distinguish this from the inadvertent self-disclosure of the therapist while others have focused on the dimensions of the therapist's therapeutic use of self such as transparency and self-disclosure (Knight, 2012).

Knight (2012) explored the therapeutic use of self from three theoretical perspectives: person-centred theory, interactional model, and relational theories and found that the therapeutic use of self has been discussed in terms of therapist transparency and self-disclosure. Therapist's genuineness or transparency has been particularly emphasized in Rogers' person-centred theory. In the second dimension, self-disclosure has been the main focus of the other two models and in research on the use of self. Knight explained that the former involves the therapist's nonverbal behaviour and reactions which allow the client to see her/his affective responses (Knight, 2012). The latter refers to the practitioner's verbal behaviour in which he/she discloses information about her/himself or her/his thoughts about and reactions to the client (Knight, 2012, p.20).

On the other hand, Punwar and Peloquin (2000) defined a therapist's use of self as a 'planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process' (p. 285). A similar definition has been provided by Reinkraut (2008) who proposed that the therapeutic use of self is 'the intentional use

by the therapist of his or her abilities, experience, identity, relational skills, moral awareness, knowledge and wisdom in the service of the therapeutic benefit of the client' (p.15).

Wosket (1999) made a clear distinction between the person of the therapist and the therapist's use of self. She posited that the practitioner's self is an inevitable aspect of the therapeutic relationship. Therapists may inadvertently reveal themselves in the therapeutic encounter with clients in numerous small ways through aspects such as age, skin colour, involuntary changes in movement or facial expression, mannerisms, clothing, furnishings of the counselling room, and so on. However, 'inadvertent self-disclosure is not the same thing as intentional use of the self' (p.11). Wosket made clear that 'if the therapist's personhood is a given presence in the therapeutic encounter, their use of self is evident in the way that they extend aspects of their personality with the intention of influencing the client' (Wosket, 1999, p.11).

There are slight differences among the definitions although most authors pointed out that using oneself in counselling relationship should aim at the therapeutic benefits for the clients and be 'guided by the purpose of the interaction and the practitioner's role' (Knight, 2012, p.3). As Wosket (1999) stated, 'use of self involves the operationalisation of personal characteristics so that they impact on the client in such a way as to become potentially significant determinants of the therapeutic process' (p.11).

In addition, most theorists agreed that self-deception and lack of self-awareness are the major pitfalls for the therapeutic use of self. Wosket maintained that we all have a shadow or negative side of the personality which we would like to hide. Yet 'the greatest danger for therapists lies not in the having of a shadow side;' but in our unawareness of its existence and tendency to ignore it (Wosket, 1999, p.190).

Therefore, scholars suggested that counsellors should be aware of how their stories and meanings about their self influence the therapeutic process and should strive to grow in greater self-awareness so that they may recognise the assumptions they bring to the meaning-making process with another person (Page, 1999; Reikraut, Motulsky, & Ritchie, 2009; Wosket, 1999). These writers proposed that therapists should be trained in how to use themselves for the therapeutic purpose so to be able to 'identify, research, evaluate, enhance and integrate attributes of self' and gradually 'meld these into their own unique and individual styles of counselling' (Wosket, 1999, p.12).

In this study, therapeutic use of self is understood as a counsellor's conscientious involvement of self in therapy accompanied by self-awareness and reflection through intentional use of personal attributes, knowledge, wisdom, experiences, relational skills and whatever feelings, sensations, or thoughts are triggered during counselling encounter for the therapeutic benefits of the client. Aiming at searching for an answer to the inquiry about the perceived influence of CRE on counselling practice, this study assumes that CRE could be a potential means to increase practitioners' self-awareness. On the other hand, viewing CRE as knowledge and experiences, it is also presumed that CRE could be intentionally 'used' by therapists as 'use of self' to facilitate the therapeutic process.

2.6 Summary and rationale for the study

Taken together, a review of the literature related to the idea of *ch'i* indicated the prevalence of this in today's Taiwanese society and its active influence in Taiwanese people's way of thinking as evidenced by the extensive usage of the word '*ch'i*' (氣) by the contemporary Taiwanese people in their daily communications. An examination of the literature on CRE showed that *ch'i* is the quintessence of this and the major component of the numerous theories of CRE. The types and the number of the practitioners of CRE in Taiwan are incalculable and keep expanding as well. However, belonging to the little tradition of the Taiwanese culture, both *ch'i* and CRE have not yet received enough attention so far in academic communities in Taiwan.

A critical assessment of the literature on the counselling profession in Taiwan revealed that this has been overshadowed by the North American-originated counselling theories since its beginning up to the present time. Some scholars have made a different voice audible in terms of the discrepancy between the present counselling practice and the local culture, and they have conducted research in relation to the indigenous counselling. However a review of the Taiwanese concept of health, illness, and healing indicated that the *ch'i*-related ideas and practices as a powerful life-force influencing Taiwanese people's belief and way of thinking remained un-featured in these studies.

A growing number of health care professionals undertake CRE for their own self-care and self-cultivation and some use *ch'i* and CRE for therapeutic purposes. Yet an examination of the literature showed that there are a limited number of

empirical studies on the use of CRE in the counselling field and these were mostly conducted in Europe and North America. There is only one case study in this regard done in Taiwan so far. Furthermore these studies were all conducted with counselling trainees who have undertaken CRE for a short period of time and thus with limited CRE experiences.

All research findings have demonstrated perceived beneficial effects of CRE practice on counsellors' global wellbeing and their work with clients but a critical look at such literature revealed various methodological flaws and limitations in spite of the inspiration which such studies have provided for the present research project.

First of all, the existing empirical studies in this regard were all conducted with counselling trainees in which CRE practices were considered as part of the training requirements and the authors/CRE instructors have already had the intention to conduct research with the students undergoing such training before the training program started. As such, the participants' motives and the researchers' intention as well may have possibly confounded the research process and the study results. Secondly, some of such research made use of a quantitative research method such as questionnaires. Such instruments are based on a specific theory that does not allow participants to express fully their experiences of CRE. Thirdly, the available studies in this regard examined in this chapter tended to view CRE as skills or techniques without much description of their underlying principles and concepts. As mentioned earlier, *ch'i* is the core element of the *ch'i*-related exercises (CRE) and to reduce CRE to a simple relaxation technique is to deprive quintessence from these exercises.

In sum, *ch'i* is a fundamental concept of healing and health in Chinese culture, and CRE a popular cultural phenomenon in Taiwan. Counselling and psychotherapy are principally based on Western concepts of health and illness and on Western cultural values. Moreover, many counsellors and therapists are trained in Western-based counselling and psychotherapy practices practise CREs and hold *ch'i*-related beliefs. Some studies have attempted to apply *ch'i* concepts and practices to the helping professions, but as yet no research has been done in the counselling field in this regard.

Therefore, this study will examine how Taiwanese senior counsellors perceive the influence of their regular CRE on counselling practice in which *ch'i* as the essence of CRE will surely be taken into account. I expect that the study findings may have significant potential in the following areas:

- a. It may develop a deeper understanding of how counsellors in Taiwanese society understand the concept of *ch'i* and make use of it in their practice;
- b. It may contribute to the efforts to develop relevant Chinese cultural counselling in the field;
- c. It may work towards a new counselling model based on the concept of *ch'i*;
- d. It may help counsellors better to understand and make use of the intersection of mental health services and *ch'i*-related ideas and practices.
- e. It may expand the knowledge of Western counsellors, mental health professionals and academics with an interest in the idea and practices of *ch'i* and psychological health.
- f. It may also provide a network-building opportunity for therapists with a strong interest in *ch'i*-related ideas and practices in Taiwan.

In this chapter, I have reviewed literature related to the concept of the *ch'i*-related ideas and practices (section 2.2). I have also looked at the counselling profession in Taiwan (section 2.3), examined the ideas of *ch'i* and CRE in relation to health, illness, and healing (section 2.4), and discussed the notions of self-care and the therapeutic use of self (section 2.5). The literature review has explained the topic of this research project and built a rationale for the study. The next chapter, therefore, will be concerned with the research methodology beginning with a discussion of my ontological and epistemological position.

Chapter 3: Understanding through Interpretation: Philosophical Background and Methodological Approach

Unlike the Truth of the scientific ideal; the truths of personal narratives are neither open to proof nor self-evident. We come to understand them only through interpretation, paying careful attention to the contexts that shape their creation and to the world views that inform them. Sometimes the truths we see in personal narratives jar us from our complacent security as interpreters 'outside' the story and make us aware that our own place in the world plays a part in our interpretation and shapes the meanings we derive from them.' (Personal Narratives Group, 1989, p.261)

This chapter looks at the philosophical foundations of this research project, the methodology, and the research methods. The research philosophies refer to my ontological and epistemological positions and the theoretical perspectives which impact on the way the research project is undertaken. I explain my assumptions about the nature of reality in section 3.1.1 and how knowledge of reality can be gained and argued for in section 3.1.2. Then I describe the theoretical perspectives which I have taken for the investigation of the perceived influence of the regular CRE on counselling practice in section 3.1.3.

I discuss research methodology in section 3.2. Research methodology is about the process and design lying behind the choice and use of particular research methods. It makes connections between the philosophical assumptions and the research methods chosen to gather and analyse the data related to the research inquiry. First of all, I discuss the research design of this study in section 3.2.1 and then the research participants in section 3.2.2. Section 3.2.3 is about the research ethics, section 3.2.4 the data generation method and strategy, section 3.2.5 data analysis, and section 3.2.6 data presentation.

3.1 The philosophical foundations of the research

Researchers have pointed out the importance of understanding and making explicit the philosophies that underpin a research project (Blaikie, 2000; Crotty, 1998; Crossan, 2003; Darlaston-Jones, 2007). They indicate that making clear the philosophical foundations of one's work will help the researcher a) to frame his/her research design, b) to understand the interrelationships between the different components of the research, c) to avoid confusion when discussing the theoretical

debates and approaches to the phenomenon under inquiry, and d) to recognize the positions of others in their works and defend those of his/her own.

In her thesis, Higgins (2010) described the philosophical backgrounds of her work as a scaffold that supported the structure of her research project. In this study, I would consider the underlying philosophies of my research work rather as a thread that runs throughout the entire thesis and unites its various components. Therefore, I will describe my ontological, epistemological, and theoretical perspectives in the following sections.

3.1.1 Ontology

According to Blaikie (2000), ontology refers to ‘claims and assumptions that are made about social reality, claims about what exists...In short, ontological assumptions are concerned with what we believe constitutes social reality’ (p.8). What I see is a product of the nature of my own reality and the ways in which I have come to know things. Therefore, in this section, I will describe what I believe reality is and where this may have come from.

My ontological positions are bound up with the perspectives of constructivism and my understanding of reality resonates with that of Berger and Luckman (1966) and of Gergen (1999). Berger and Luckman held that reality is a product of time and space in which the actions take place. Reality is shaped by the historical, political, cultural, and social norms that operate within a particular context and time. Gergen maintained that reality is socially constructed by persons and between persons who experience it. With diverse experiences and understandings of the world, the ways in which people perceive reality can be different. Therefore, my understanding of reality is that it is subjective and multiple: there is no one single reality but diverse realities.

My ontological assumptions I believe to be related to my personal experiences, in particular, my multicultural experiences and my being a counsellor and a CRE practitioner. The former refers to my choice to live in an international religious community and to my religious belief. This allows me to live and share with people from many different cultural backgrounds and with diverse worldviews. This experience challenges me to broaden my horizon and leads me to believe that people are formed by the context and time to which they belong. Each person has his/her own reality, which guides the ways he/she understands the world.

The above mentioned religious belief refers to my Roman Catholic faith, of which I will explain my understanding before proceeding to the description of my other experiences. Based on my religious training, my spiritual practices, and my reading of Savage and Stuart's (2011) book '*The Catholic faith and the social construction of religion*,' I have come to the following understanding of the human subject, the transcendent, the spirit, and the church.

Firstly, I believe that we human beings create the world and ourselves of our own choices and become the way we make of ourselves. That is, we are always in the process of becoming and have a choice to grow into the way we want to be. Secondly, what is transcendent is on the same level of the natural life, not confined to anything in particular. It is the human being who determines what is transcendent and who provides the context for revelation to unfold in the world. Thirdly, people come to know the Spirit or the *ch'i* not based on metaphysical insights but on the experiential effects of thought, feelings, and various revelations and the critical reflection upon those experiences. Finally, church means to me a community of people who are bound together by their shared faith experience. The church does not constitute a world of spiritual reality; but an entrance into that world.

As to my experience of being a counsellor, I consider this has privileged me to share the stories of other persons in an intimate way and within a particular space and time. This experience allows me to witness how an individual can tell his/her story in different ways as the therapeutic process progresses. At the same time, I also realize that my views of self and others have been changed as well, through the therapeutic encounter.

Regarding my sharing of CRE experiences with other counsellors who undertake CRE regularly, I found that each of our CRE-related stories is unique and differs one from another. This and my experience in the therapeutic encounter lead me to realize that reality is constituted by persons and between persons who have the experience and it is subjective and can be changed over time.

The above account of my 'personal experiences' contains several concepts closely related to the present study including the experience, the CRE and *ch'i*, the meaning, the self, and the counselling practice. These concepts will be explored from the constructivist perspective below.

Experience as socially constructed conveys that the experience perceived by an individual through the senses is interpreted and communicated to others through the

media available to him/her within certain socio-cultural context. An experience can be interpreted in various different ways. Depending on their attitudes, interests, beliefs, values, previous knowledge and experiences, people who have undergone the same experience may interpret it differently. An experience can be also represented by the same individual in diverse ways depending on the social context and whom he/she speaks to (Frank, 1995; Polkinghorne, 1988; Riessman, 1993). As such, 'meaning is fluid and contextual, not fixed and universal. It is subject to continuous refashioning' (Gergen, 1999, p.146) and is ambiguous as well 'because it arises out of a process of interaction between people' (Riessman, 1993, p.15).

From this standpoint, CRE and *ch'i* are understood as the meaning constructed by practitioners as they 'attend to and make discrete certain features in the stream of consciousness – reflecting, remembering, and recollecting them into observation' (Riessman, 1993, p.9). Thus *ch'i* and CRE are not regarded as 'a fact' but as 'a narrative among many' (Gergen, 1999, p.169). In the above example when two practitioners shared our experiences of CRE, new meanings were thus co-constructed.

The ideas of the self as socially constructed mean that the self is regarded as being 'formed through social interaction with particular social contexts' (Freedman & Combs, 1996, p.34). From this standpoint, a person is considered as an intrinsic part of the social context and society structures to which he/she belongs, by which he/she is shaped, and on which he/she has an impact. The self is not regarded as a thing which resides inside an individual but as a process or an activity which occurs in the space between people through dialogue and narrative. That is, 'whatever we are... is either directly or indirectly with others' (Gergen, 1999, p.137).

As such, in the counselling practice, the counsellor's self as a social construction connotes that he/she is shaped through interaction with the client, the world each of them brings into the encounter, and the broader social, cultural, historical, and political context in which the therapy takes place (Muran, 2001). Health and illness as socially constructed indicate that they are not regarded as 'facts,' but narratives. That is, in the counselling encounter, the sufferers give their 'illness' account and the counsellors facilitate the healing conversation.

From this viewpoint, the counsellor is therefore not regarded as an expert or someone in a position higher than the client, but as a facilitator of the healing conversation (Rober, 1999) or an architect who co-constructs meanings with his/her client (Rubin, 1997). In the meaning co-construction process, the counsellor makes

use of the self and his/her own subjectivity. He/she becomes aware of the part of the world he/she brings along which is evoked by the client, and makes use of his/her professional knowledge to decide whether and how to utilize this information to further the goals of therapy (Rober, 1999).

In line with the perspective delineated above, I therefore adopt a social constructionist epistemological stance and a post-structuralism theoretical assumption. These will be discussed in turn below.

3.1.2 Epistemology

According to Blaikie (2000), epistemology refers to ‘the possible ways of gaining knowledge of social reality, whatever it is understood to be. In short, claims about how what is assumed to exist can be known’ (p.8). There are different epistemological viewpoints such as objectivism, subjectivism, and social constructivism.

Delanty (2005) distinguished between three kinds of constructivism: social constructionism, scientific constructivism, and radical constructivism. He contended that in opposition to the last two types, social constructionism is ‘the weak argument that social science is principally concerned with interpreting the process by which social reality is constructed by social actors’ (p.140). Social constructionists believe that knowledge is not limited to the field of science but is present in the everyday life of the social actors who creatively construct their world through cognitive structures. The social world is thus considered socially constructed.

Berger and Luckman (1966) described this sense of ‘constructivism’ in their book *The social construction of reality*. They argued that it is through the processes of objectification, institutionalization, and legitimization, that the commonsense knowledge which people share with each other in the face-to-face situation in their everyday life becomes embedded in society. The objectification refers to individuals and groups who interact together over time in a social system and gradually form concepts or mental presentations of each other’s actions. They then let these concepts guide the roles they play in relation to each other. The institutionalization of the reciprocal interactions occurs when the other members of the society are allowed to enter into and play out the roles. The legitimization refers to the actions people take to protect the social order they have established.

It is thus ‘the recognition that social factors enter into science and that science must be seen as historically constituted’ (Delay, 2005, p.140). It is also therefore the belief of the social constructionists that knowledge is socially constructed, context dependent, and governed by the normative rules that are culturally and historically situated.

The core research question of this study is ‘how do the Taiwanese senior counsellors perceive the influence of their regular CRE on their counselling practice.’ From the epistemological stance as delineated above, in search of an answer to my research question, I make the following theoretical assumptions. Firstly, the perceptions of the influence of the regular CRE on counselling practices are considered socially constructed and context dependent. That is, the practitioners construct their understanding of the influence of CRE on counselling practice through cognitive structures and co-construct the meaning of the same with the researcher through language and narrative in the context of research. Secondly, the narrative is recorded and represented in the form of text by the researcher. Thirdly, the final product is read in various different ways by readers from diverse perspectives. As such, the meaning of the narrative is constructed again and again, and differs depending on the people and the context.

Having clarified my ontological and epistemological positions, now I turn to discuss my theoretical perspectives in which my assumptions stated above are embedded.

3.1.3 Theoretical perspectives

3.1.3.1 Post-structuralism and postmodernism

In line with my epistemological assumptions, I have adopted a post-structural theoretical perspective for the exploration of ‘how the Taiwanese senior counsellors perceive the influence of their regular CRE on their counselling practice.’ Post-structuralism was originally developed in France in the 1960s, based on the work of Derrida, Lyotard, Foucault, Deleuze and Baudrillard. It shares with structuralism a common intellectual inheritance and tradition drawn upon Saussure, Jacobson, the Russian formalists, Freud, Marx, and others (Basley, 2002). Yet it moves away from

structuralism's notion of universal reason and its social scientific position which remains deep-seated in Enlightenment philosophy (Williams, 1999).

Henry (1990) argued that the distinction between post-structuralism and structuralism lies in their orientation towards language and the subject (Henry, 1990 as cited in Williams, 1999) whilst Besley (2002) and Besley and Edwards (2005) posited that post-structuralism is the continuation and innovation of structuralism. The continuities centre on a critique of the understanding of the human subject as rational, autonomous, and self-transparent and a common belief in an unconscious process and a hidden structure or socio-cultural forces that govern human behaviours. The theoretical understanding of language and culture as linguistic and symbolic systems is also a common feature of both (Besley & Edwards, 2005).

As to post-structuralism's innovations, according to Besley (2002), it revolves around a renewed interest in history and an understanding of the human subject as becoming, in which genealogical narratives take the place of questions of essence. Post-structuralism offers a critique on structuralism's scientism in the human science and challenges the rationalism and realism underlying the faith of structuralism in the scientific method and in identifying the universal structure of all cultures and the human mind. It rejects the universalising notion and moves towards deepening the notion of democracy, exploring the idea of difference, and respecting the multiplicity of cultures and the dynamics of self and other.

Post-structuralism puts a new emphasis on the 'perspectivism' of interpretation emphasizing that there is no single textual truth and that all texts are open to multiple interpretations. It also invokes a new analysis of power as positive and productive to replace the notion of power as only repressive in liberal and Marxist theory. According to Besley and Edwards (2005), in the last two decades, post-structuralism together with the work of Foucault have greatly impacted the field of social sciences, which includes counselling and psychotherapy. They have challenged many taken-for-granted assumptions and provided new insights into social and psychological phenomena.

Postmodernism is the context in which post-structuralism movement occurs wherein the latter forms much of the philosophical basis of the former and the thought of the former has been strongly influenced by how language is perceived by the theorists of the latter. According to Peters (1999), postmodernism refers to a period or

ethos of 'post-modernity' which 'represents a transformation of modernity or a radical shift in the system of values and practices underlying modernity' (para. 2.5).

There is no clear point of separation between the two eras of modernity and post-modernity nor is there any one definition of postmodernism although many theorists now generally accept that many societies changed markedly after World War II. They view post-modernity as an extension of modernity and a form of post-industrial society.

Similar to that of post-structuralism which is seen as a specific philosophical response to the scientific pretensions of structuralism, postmodernism is considered by some theorists as a complete epistemological, aesthetic, and ethical break with modernity (Besley, 2002). That is, while modernity is characterised by the notions of universality and rationality, postmodern philosophy is one that supports irrationality and local culture.

In terms of the status of knowledge, Lyotard (1984) also pointed out that while modernity makes 'explicit appeal to some grand narrative' (p. xxii), postmodernism expresses 'incredulity toward meta-narratives' (p. xxiv). That is, while in modernism the grand narratives or authorized discourses assert their 'truths' by silencing other discourses or knowledge, the popular and local knowledge finds its place in postmodernism. Further, while the former focuses on the uncovering of particular facts or truths, the latter provides a flexible, critical way of thinking about the world and our relationship to it (Besley, 2002).

3.1.3.2 Discourse and situated meanings

A discourse, according to Burr (1995), is a set of meanings, concepts, images, metaphors, or statements that produce a particular representation of an event, a person, or class of persons to the world. Discourses 'constitute the "nature" of the body, unconscious and conscious mind and emotional life of the subjects which they seek to govern' (Weedon, 1987, p.108). People speak, feel, and behave from discourse, and through discourse they construct meanings and shape behaviour when perceiving the world and their experiences in it.

For Foucault (1972), discourse meant, '[A] group of statements which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment...Discourse is about the production of knowledge through language' (Hall, 1997, p.44). In this sense, discourse is not only

about what one says (language) but what one does (practice). ‘Discourse defines and produces the objects of knowledge’ (Hall, 1997, p. 44), frames ways of thinking about certain topics, things, and objects, and influences how ideas are carried out and utilized to govern the behaviours of others.

To understand how and why the diverse statements are linked and bound together; Foucault (1972) argued that one must ‘discover the law operating behind them and the place from which they come’ (p.50). For this, several questions should be asked such as, ‘who is speaking?’, ‘who has the right to speak?’, ‘who is qualified to do so?’, ‘who has the right to use this sort of language?’, and ‘from where does one speak?’ that is, the institutional sites ‘from which this discourse derives its legitimate source and point of application’ (Foucault, 1972, p.51).

Foucault (1972) maintained that the meanings provided through language are ever-changing, temporary, and open to question, for power and discourse are ultimately inseparable wherein as articulated earlier, the former is understood as the ‘positioning’ of the latter. For Foucault (1980), power is not about oppression, domination or natural instincts. Rather, it is productive, positive, and strategic. ‘Power reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday lives’ (Foucault, 1980, p. 39). Power relations are diverse and multiple, which extend and circulate throughout the entire social body. Further, for Foucault, power is not a thing, a possession, or a property of a person or a ruler, a social class or a particular group. Instead, it is a relation between individuals and groups and operates through complex micro-relations at every level of the social body (O’Farrell, 2005; Smart, 1985).

As such, power is ‘part of what people negotiate in their everyday lives and social relationships where power is about “positioning” in relation to discourse’ (Besley, 2002, p.138). Each individual is positioned at the intersection of many different discourses in which we engage or participate, and there is a dynamic back and forth quality about how we are positioned by these discourses. ‘Every move to meaning-making comes about from a position of power which is both structuring and structured by the social positions available within the practice’ (Chouliaraki, 2008, p.675). Any such move makes a claim to truth from that very power position that articulates it, yet ‘this is not the truth but a truth effect, a truth-seeking to re-constitute and re-establish power through meaning’ (Chouliaraki, 2008, p.675).

The fact that power exists in all human relationships implies that meaning is contextually dependent. We are simultaneously the effect and carrier of power, and influencing and influenced by the beliefs and values of the socio-cultural context and the institutions to which we belong. When coming together for a face-to-face interaction in a process of meaning-making, people being involved in the process influence and re-create each other.

3.1.3.3 Narrative knowing

As mentioned above, the experience is socially constructed through cognitive structures and represented using the language available in the social group to which one belongs. The experience thus turns into narratives which one tells to oneself and to others as he/she makes sense of the world. Narratives are therefore both creations and expressions. That is, when narrating his/her experiences, the narrator is simultaneously creating and expressing his/her interpretation of the reality through his/her own linguistic choices (Bruner, 1991; Riessman, 1993).

As such, narratives do not mirror events in the empirical world. Rather, they are constructed and give expression to one's worldview, perspective, and linguistic choices. How and what things are said is determined by the narrator's positioning, assumptions about the audience, the purpose of speaking, and the interaction between the teller and the listener. As Riessman (1991) noted, 'Personal narratives are very explicit ways of representing reality, because tellers choose what to include in them. Individuals create who they are and the definitions of their situation that they want listeners to adopt in their biographical accounts' (p.44). Similarly, McLeod (1997) also argued that narratives say as much about the narrators as about the things that they describe, and that people are constantly in the process of creating the self through narrative.

Further, narratives are formed in relation with another person. The narrator's assumption about the status, values, and beliefs of the listener and assessment of his/her position within the power relations will affect how the narrative is shaped. Alongside the narrator's assumption about the audience, is the interaction between the teller and the listener in which the meaning of a narrative is negotiated. That is, as the teller and listener interact with each other, they interpret what they hear, check with each other for better clarity on what the point is, and/or offer alternative interpretations. As such, the narrative is a negotiation between the teller and the

listener, each with a particular worldview. It is thus a co-construction and a product of a particular social and historical context.

Some issues pertaining to narrative knowing warrant attention such as lack of direct access to another's experience, the ambiguity of the language, the narrative as contextually situated, and the truthfulness of the narrative.

'Investigators do not have direct access to another's experience.' (Riessman, 1993, p. 8) We can only access expressions of individuals' interpretations of events in narrative form. As mentioned earlier, narratives are both creations and expressions. As creations, they are infused with the values and beliefs of the individuals and of the socio-cultural context to which they belong. As expressions, they are represented in the form of language, which is ambiguous and context dependent. As such, narratives as individuals' interpretation of events in a linguistic form require interpretations by the audience.

Another issue is that since the narratives are contextually situated and shaped by the context of their telling, the results of researching another's experience through narrative can be only considered as representative of a particular moment and space. A further issue pertaining to narrative knowing is that of 'truth.' There might be instances, for example, when individuals withhold information or deliberately deceive others which could diminish the value of knowledge gained. Other examples include the blocking of memories or concerns about the public opinion views. That is, individuals can only tell what they can remember, or will choose to tell only what is socially acceptable (Riessman, 1993). It is therefore important to take these issues into account when researching other's experiences through narratives.

Narratives are conceived as contextually situated representations; and not as directly referring to events in the empirical world. The focus of the narrative research is 'interpretative practice – the activities through which persons understand, organize, and represent experience' (Holstein & Gubrium, 1997, p.147) rather than objective accuracy or the content of the narrative. As such, its ability to represent the 'historical truth' in the empirical world is limited. 'These truths don't reveal the past "as it actually was," aspiring to a standard of objectivity. They give us instead the truth of our experiences... Unlike the Truth of the scientific ideal, the truths of personal narratives are neither open to proof nor self-evident. We come to understand them only through interpretation' (Personal Narratives Group, 1989, p.261).

3.2 Developing a methodological approach

3.2.1 The research design

Based on the epistemological perspective and theoretical assumptions delineated above, and holding that knowledge is co-constructed through a process of inter-subjective meaning making and story-telling, I therefore adopt a qualitative narrative approach to the research. As delineated earlier, this study aims to explore how senior Taiwanese counsellors with substantial CRE experiences perceive and narrate the influence of CRE on their professional practice. It focuses on narratives of individuals' experiences which can be understood only when the meaning assigned to them is understood. As such, to seek answers to the research question of this study, the notion that 'true knowledge' should be scientific, objective, unbiased, produced in the laboratory, controlled and free from one's own value and cultural context is of little use. Using questionnaires or scoring to measure, and a statistical analysis to quantify human experiences, will encounter numerous limitations, for human experiences are too rich and complex to be captured and described by such research strategies (Krauss, 2005; Ponterotto, 2005; Schwandt, 2000).

Instead, because thoughts, feelings, beliefs, values, and assumptive worlds are involved, the meanings of human experience can only be captured through face-to-face interaction (Marshall & Rossman, 2006, p.53). This involves strategies such as in-depth interviews, some form of case study, and microanalysis or textual analysis. These three broad strategies differ from one another in two continua: the complexity of design and the degree of interaction between researcher and participants. Among them, interview strategies require the closest and most personal interactions and are less complex; case study strategies are less intimate and more complex when compared to the other two; and microanalyses lie somewhere in the middle of the continuum (Marshall & Rossman, 2006).

According to Marshall and Rossman (2006), 'the strategy is a road map, a plan for undertaking a systematic exploration of the phenomenon of interest; the research methods are the specific tools for conducting that exploration.' (p.56) The choice of tools depends on the qualitative genre and the research question. A study focus on individuals' lived experiences typically relies on an in-depth interview strategy so that the deep meaning of experience in the participants' own words can be captured. Studies focusing on society and culture in a group or an organization most likely

espouse some form of case study as a strategy, and research focusing on language and communication typically involves microanalysis or textual analysis.

The focus of this study is on counsellors' subjective views of the influence of their CRE on their professional practice. Therefore, the in-depth interview is considered the most suitable data-gathering strategy for this may help to uncover and describe the phenomenon of interest. Besides, as shown in the literature review, little research has been done in the area of research concerned. Therefore, to be an exploratory study, this research project seeks primary research from firsthand experience and thus requires work interviewing those with experience and those of 'an expert' nature in the topic under investigation. More specifically, in this particular study, it refers to the experienced counsellors with substantial CRE experiences.

Issues pertaining to the selection of the research participants (section 3.2.2), data gathering (section 3.2.4) and other matters related to research methodology including research ethics (section 3.2.3), data analysis (section 3.2.5), and data presentation (section 3.2.6) will be discussed below.

3.2.2 The research participants

3.2.2.1 A purposive sampling approach

This study employs a narrative approach to investigate how the Taiwanese senior counsellors' regular CRE are related to their counselling practice. As delineated earlier, narratives are both creations and expressions; when narrating their experiences, the narrators are constructing and expressing their interpretation of the reality at the same time and 'individuals who can provide relevant descriptions of an experience are primarily those who have had or are having the experience' and 'those who can adequately reflect on their experience and verbally describe it' (Polkinghorne, 2005, p.140). When translating this into criteria for selection of participants, it may denote that the sampling should focus on those who have experiences of the phenomenon under investigation and are able to reflect on and use language to describe their experiences. Therefore this study adopts a purposive sampling approach to select individuals having the above mentioned qualities.

As the sample is taken from Taiwanese senior counsellors, the operational definition of being a senior counsellor and the selection criteria are spelled out as follows.

- a. Holding a license, preferably that of a licensed counselling psychologist.

However, for various reasons, some experienced counsellors never want to take the exam. So as not to have them excluded from this study, those who have been working in the counselling field for ten years and above, and whose professional competence has been recognized by their respective institutions, was also included in the list of invitations. With regard to the level of education received, as it is already part of the requirements for the Board exam takers to have a Masters degree in studies relating to counselling, this will no more be specified here. And,

- b. CRE experience: experienced counsellors who claim to be regular CRE practitioners for over a year.

3.2.2.2 Developing recruitment strategies

The research required access to a small number of individuals who met the criteria mentioned earlier. The strategies adopted for dissemination of the research needs, and the search for potential research participants, involved posting the research invitation on the websites of the various counselling psychologists associations in Taiwan and conducting a Google search. The snowball sampling method (Seidman, 2006) was also employed to get access to potential participants whose details could not be found in Google.

These strategies offered a number of benefits. For example, a variety of potential participants can be identified among those with whom I was not acquainted and a list of a diverse pool of possible participants was thus created. From this, those to be interviewed could be purposely selected (Polkinghorne, 2005). I did not consider recruiting any friends or acquaintances, bearing in mind that the dual relationship created in an interview situation may have the potential to produce ‘distorted information on a key aspect of the subject of study’ or render an incomplete result (Seidman, 2006, p. 42). According to Seidman, when conducting an interview with an acquaintance, it is possible that the interviewer avoids a follow-up or distorts the interview process due to concern for his/her other relationship with the participant. In the case of interviewing a friend, the interviewer may assume that he/she knows what is being said and overlook the need to further explore or seek clarity about events and experiences.

3.2.2.3 *Introducing the study to potential participants*

After ethical approval for the research was obtained, I started to disseminate my sampling needs for this study through the websites of various counselling psychologist associations in Taiwan, the Taiwan Counselling and Guidance Association and through e-mails. I also conducted a Google search for ‘counsellor and *ch’i-kung*,’ ‘counsellor and *tai-chi*,’ and ‘counsellor and *tsuo-chan or da-tsuo*’ to identify potential research participants. I created a list of potential participants and then telephoned or sent an e-mail to each of them explaining to them the purpose of the study, the criteria for recruitment of research participants and the research ethics that I would observe, and clarified whatever questions they might ask (Appendix 1: Information sheet). I actively invited them to participate in my research project if they met the inclusion criteria. If they agreed to take part in this study, I would send them the related interview information to help them better understand the nature of the study and to allow them to reflect on the interview schedule (Appendix 3) beforehand.

A brief description of each of the potential participants was produced based on the information obtained from my initial contact with them; and the time and place for the interviews with the participants was then finalized.

The snowballing recruitment strategy was also employed. Some potential participants, in spite of their willingness to take part in this study, did not meet the selection criteria. However they actively recommended other counsellors whom they thought could be potential participants. I also asked some of the actual participants whether they knew other counsellors who might meet the selection criteria and who would be interested in taking part in this study.

A poetic portrayal of the research participants was created and is presented in Chapter Four and the participants’ demographic information is provided in the section below (Table 3.1).

3.2.2.4 *Sample size*

The sample size was originally decided to be approximately 12-15 individuals. The rationale for this was as follows. Firstly, I decided to include multiple participants instead of one single case because this would provide an opportunity to compare and contrast different perspectives of the experience under study. This would serve to deepen the understanding of the phenomenon under inquiry (Polkinghorn, 2005).

Secondly, I chose to limit the sample size to 12-15 individuals. The method of in-depth interview which this study adopted for data gathering, when applied to a sample of participants drawn from a homogeneous population as described earlier, according to Seidman (2006), can give ‘enormous power to the stories of a relatively few participants’ (p.55). Finally, inspired by Seidman (2006) that ‘enough’ is ‘an interactive reflection of every step of the interview process’ (p. 55); I set a goal for 12-15 participants in the study. However, I continuously assessed the adequacy of data by critically reflecting upon the quality of the data and the value of the emergent findings in relation to the purpose of my research study during the entire data collection process. Furthermore at a certain point of time, as suggested by Seidman (2006), ‘the interviewer may recognize that he or she is not learning anything decidedly new ...That is a time to say “enough”’ (p. 56). In this study, after the twelfth interview, seeing that all interviewees had provided rich information for this study, I decided to stop data collection.

The participants’ basic information is displayed in the table 3.1 below.

Table 3.1 The participants’ basic information

Participants’ pseudonym	Gender	Counselling Practice (years)	Length of CRE (years)	Working context	License	Types of CRE undertaken
May	F	30 and above	20-29	University teacher, part-time counsellor	A	Natural <i>ch’i-kung</i> , free dancing, energy massage, laughter yoga, <i>zen</i> meditation, <i>Kundalini</i> meditation, <i>tai-chi</i> , <i>Sufi Whirling</i>
Jane	F	10-19	10-19	Part-time counsellor	B	<i>Zen</i> meditation
Ladybird	F	10-19	Less than 10	Private practitioner	A	<i>Vipassana</i>
Samuel	M	10-19	Less than 10	Private practitioner	A	Sitting practice
Shu	F	10-19	10-19	Private practitioner	None	<i>Zen</i> meditation; breathing exercise
Michelle	F	10-19	10-19	Part-time university counsellor	A	<i>Ch’i-kung</i> , sitting practice
Tony	M	20-29	20-29	Private practitioner	B	<i>Tai-chi-ch’i-kung</i> ; sitting practice
Calvin	M	10-19	Less than 10	Private practitioner	B	<i>Zen</i> meditation
Jenny	F	10-19	10-19	Private practitioner	A	Sitting practice; <i>zen</i> meditation
Ruth	F	20-29	30 and above	University teacher, part-time counsellor	None	<i>Ch’i-kung</i> , sitting practice
Ay-Chun	F	20-29	Less than 10	Full-time university counsellor	A	<i>Ch’i-kung</i> , sitting practice
Sandy	F	30 and above	30 and above	Part-time counsellor	None	Sitting practice, <i>tai-chi-chuan</i> , <i>tai-chi</i> sword, the meridian strength exercise (<i>ching-luo-shan-kung</i>), the great worship exercise (<i>da-chao-bai-shan-kung</i>)

Note. A: Counselling Psychologist; B: Clinical Psychologist; F: Female; M: Male

3.2.3 The research ethics

A consideration of ethical issues was pivotal to the research design. This is true especially for narrative studies wherein the highly personal nature of narrative, providing details of people's lives, makes participants particularly vulnerable (Chase, 1996; Shaw, 2003). Therefore, McLeod (2003) suggested that 'it is the responsibility of the researcher to do everything possible to ensure the well-being of the person' (p.169). In this study, where the research relationship was crucial to the method; ethical concerns permeated the entire process of the research.

The importance and continuation of ethical issues in the research has led me to look at both the ethics in design and ethics in practice. In the following paragraphs, I will first discuss ethics in design and then ethics in practice.

3.2.1.1 Ethics in design

Any study involving human research participants requires high standards of ethical procedures. This study employs a narrative research approach, where its reliance on detailed descriptive material provided by the research participants may leave them open to being identified. The related ethical issues involve the protection of participants, including assurance of confidentiality and 'that participants have been fully informed about research procedures and the risks entailed, and therefore take personal responsibility for any negative consequences of participation' (McLeod, 2003, p.170).

Based on the *Ethical Principles for Conducting Research with Human Participants* (BPS, 2006), *Guidelines for Minimum Standards of Ethical Approval in Psychological Research* (BPS, 2004) and *TGCA Ethical Principles for the Counselling Profession* (TGCA, 2001), informed consent and confidentiality are two areas of ethical concern for this study which will be addressed below.

3.2.1.1 (1) Informed consent

Informed consent is the fundamental ethics principle in procedural research ethics. It is about respect for the autonomy of the research subjects so as to protect them from being used as a means to the researchers' ends. Guillemin and Gillam (2004) define informed consent as follows:

Informed consent is at heart an interpersonal process between researcher and participants where the prospective participant comes to an understanding of what the research project is about and what participation would involve and makes his or her own free decision about whether, and on what terms, to participate. (p. 272)

According to the ethical principles for conducting research with human participants (BPS, 2006; TGCA, 2001), the researcher should inform the participants about all aspects of the investigation that might influence their willingness to participate and explain all other aspects of the research to them when they ask for clarification.

BPS Ethical Principles of Psychologists and Code of Conduct suggests that researchers should inform participants about the purpose of the study, the expected duration and procedures, the participants' right to withdraw from the research at any time, the foreseeable consequences of withdrawing, the potential risks or discomfort, the voluntary nature of research participation, the procedure used to protect confidentiality and the limits of confidentiality, the research benefits, incentives for participation, contact details and information for questions about the research, and participants' rights. In addition, when audio-recording of the interviews is required, the researcher also need to solicit participants' consent to record their voices and make use of the audio materials in written form for the purposes of the study.

3.2.1.1 (2) Confidentiality

'Participants in psychological research have a right to expect that information they provide will be treated confidentially and, if published, will not be identifiable as theirs' (BPS, 2006, no. 7). To ensure confidentiality is a way of respecting participants' rights to privacy. There are a number of strategies available for making sure that the confidentiality of information provided by research participants is not at risk; for example, concealing all personal data of the research participants, removing all identifying details from a report, using a pseudonym, and so on.

In a narrative research as such, the use of direct quotes from research participants to convey meaning to the readers needs to be balanced with the need to protect participants' privacy. 'Therefore, it is valuable...that he or she [the participant] can make up his or her own mind about whether sufficient anonymity has been achieved, and if necessary make suggestions for further amendments' (McLeod, 2003, p. 173).

Issues of confidentiality are central to the formation of trust within the research relationship. However absolute confidentiality is impossible (Rodwell, 1998). There may be limitations to the levels of confidentiality that the researcher is allowed to keep, 'for example obligations under law, or where there may be a threat to self or others' (BPS, 2004). In relation to this, McLeod (2003) suggested that the researcher should explain to the participants at the beginning of a study about the methods employed to ensure confidentiality and the limits to this, through informed consent. This may increase participants' willingness 'to be open, honest and forthcoming in the information that he or she discloses' (p.173).

3.2.1.2 Ethics in practice

3.2.1.2 (1) Ethical approval

Prior to the commencement of the study, it was necessary to obtain ethical approval from the research ethics committee of the University of Edinburgh's School of Health in Social Science. The application process required me to consider all aspects of the research, with particular regard to the protection of the research participants' confidentiality and to data protection and consent. Ethical approval was granted, based on my original proposal (Appendix 4) allowing me to proceed with my research project.

3.2.1.2 (2) Confidentiality

I have taken several steps to ensure research confidentiality. First of all, I asked each participant to double check his/her own interview transcript to make sure that all identifiable data were concealed and to make other necessary revisions. While most participants read and made revisions to the interview transcripts, some did not reply or replied but did not make any changes. My research experience in this regard reflects McLeod's (2003) claim that 'not all informants are concerned about whether or not they are identifiable in research reports – some are proud to share their "story" with others' (p. 173). However, the researcher should not assume that all participants will adopt this attitude and instead every effort should be made to allow participants to have appropriate control over the information they provide.

In addition to providing the opportunity for participants to double check their own transcripts as mentioned above, there were further steps taken to ensure participants' privacy. These included transcribing and translating the interviews

myself, using participants' pseudonyms in the final research report, and keeping the returned informed consent in a secure place separately from other interview-related materials.

However, as mentioned earlier, absolute confidentiality is impossible especially when information about potential harms to self or others or abuse is disclosed. Therefore, in the informed consent process, I make sure that the potential participant is aware of such limits to the confidentiality before the interview starts.

3.2.1.2 (3) Informed consent

As such, informed consent is not merely a paper to be signed and documented. It involves research participants' understanding and free decision-making. To achieve this, I included in the consent form a) the purpose of the study, b) the expected duration and procedures, c) the participant's right to withdraw from the research at any time, d) the foreseeable consequences of withdrawing, e) the potential risks or discomfort, f) the voluntary nature of research participation, g) the procedure used to protect confidentiality and the limits of confidentiality, h) the need to record their voices, i) the research benefits, j) incentives for participation, k) contact details and information for questions about the research, and l) participants' rights to read, revise, or erase their own transcript (Appendix 2).

To make sure that my participants understood what this research project is about and what their participation involved, I gave explanations to each of them at the beginning of each interview and allowed them time to ask any related question. Before the interview started, both the participant and I signed two copies of the consent form and kept one each. Those who signed indicated that they agreed with the content of the form and were willing to participate in the study. As the participants were all from Taiwan, the Informed Consent Form was translated into Chinese.

3.2.1.2 (4) An alternative practice

Using reflexivity as a tool for ethical research practice, I first made sure that I was prepared to be able to become aware of the 'ethically important moments' (Guillemin & Gillam, 2004, p.262) as they arose and to respond in a way that was ethically appropriate during the interview.

Further, the focus of this study was how and whether counsellors immersed in CRE made use of this in their professional practice involving asking participants about their ways of practising which may differ from the state-regulated practice.

Therefore, it was important that I made my position clear with regard to what belonged to the alternative/unorthodox practice and what harmful practice/ethical misconduct and state-regulated practice referred to before embarking on the interviews. By state-regulated practice, I mean practices that conform to the Psychologists Act and Ethical Principles of Counselling and Psychotherapy (Legislative Yuan, R.O.C. Taiwan, 2001; Taiwan Guidance and Counselling Association, 2001). By harmful practice/ethical misconduct, I mean practices that are contrary to the best interests of the client. On the other hand, alternative/unorthodox practice in this study refers to practices that although they may not conform to state regulations for counselling practice, they do take account of the clients' best interests and are not harmful.

As such, when hearing about any alternative to state-regulated practice during the interview, I reminded myself to keep an open and non-judgemental attitude and allowed the interviewee enough time to fully describe their ways of thinking about healing practice. Below is an example to illustrate how the potential for hearing about an alternative to state-regulated practice was managed.

May and Sandy both disclosed how they worked with clients outside of the counselling setting at the interviews; the former talked with her former student in a café and the latter undertook CRE with her client at the seashore. I remained open, attentive, and non-judgemental, and kept an eye on my own feelings and thinking as I listened to their stories about these alternative practices. through their detailed description of why they decided to work with their clients in this way and what they did with their clients at places outside of the counselling setting, I was able to notice the struggles and tensions the narrators were experiencing while telling their stories.

On balance, I experienced these stories as an account of alternative rather than unethical practice. As stated earlier, a decision or course of action such as to work with clients outside of the counselling setting does not necessarily become unethical or harmful merely because it does not accord with the state regulations for counselling practice. Such experiences were further supported by the fact that none of the participants having told stories about their alternative practices in interview made any corrections in this regard when given a chance to make a revision of their interview transcripts. My interpretations of these accounts are presented in chapter six.

3.2.1.2 (5) Ethics of the self and the intellectual ethics

Foucault's ethics of the self defined as 'that relationship you ought to have with yourself' (Foucault, 1984b, p. 352) has also served as an inspiration and a guide for me when encountering ethical dilemmas in the research process. For example, one of my research participants, Michelle, chose to remove a major portion of her interview from the original transcript when offered the opportunity to double check to ensure that all identifiable data were concealed. That created an ethical dilemma for me. I then looked back at the informed consent signed by Michelle and myself and at the Research Ethics Approval obtained from the University Research Ethics Committee. I also checked the articles pertaining to this issue in the Ethical Principles for Conducting Research with Human Participants (BPS, 2006), Guidelines for Minimum Standards of Ethical Approval in Psychological Research (BPS, 2004), and the TGCA Ethical Principles for the Counselling Profession (TGCA, 2001).

Understanding that I had given the participants the right 'to read, edit or erase' their transcripts (The Informed Consent, point 5) and guided by the ethical principles about respect for research participants' 'rights to privacy, self determination, personal liberty' (BPS, 2010, p. 8); I thus temporarily decided to make use of the revised interview transcript as it was. I discussed the issue with my research supervisor and read over again the revised transcript in comparison with the original one. I later found that the data removal act itself has become a rich and meaningful data source for this study.

Michelle's act led me to think that in the intimacy of the individual interview, she revealed aspects of her beliefs and practices which she then chose to remove when she saw the interview transcript and considered how others might judge what she had disclosed. When comparing with her verbal data and those of other participants, this act guided me further to suspect the existence of a tension between what may be considered orthodox and unorthodox ways of thinking, a tension between personally-held thoughts and feelings and what was thought to be inconvenient to reveal in the face of mainstream thinking.

The above mentioned process of reflection, seeking for advice, and careful deliberation helped me to reach 'the state of being' toward which I aspired. That is, to ensure that the participants' rights were protected, and the integrity, honesty and accountability of the research maintained (CHSS, 2008).

In the process of implementing the research project, Foucault's intellectual ethics has also served as a reminder to me that the task of the intellectual is to engage in communication practices that break from tradition and postpone judgment while ascertaining 'the possibility of constituting a new politics of truth' (Foucault, 1980, p.133). And the work of the intellectual is first for the transformation of self, and when the ideas are presented to the public, it is then probably also for providing grounds for transformation to others (Foucault, 1988a). This keeps reminding me about the meaning and value of such a study throughout the entire research process.

3.2.4 Eliciting and generating narratives: the data generation method and strategy

This study aims to investigate how Taiwanese senior counsellors perceive their regular CRE as related to their counselling practice as represented within their narratives. The data gathering method thus needs to be one that facilitates the telling of narratives. Given the assumption that narratives are individuals' interpretations of events in a linguistic form, in the data gathering process, therefore, the researcher needs to allow participants to tell their narratives in their chosen way and using their own language.

3.2.4.1 Interviews in design

To achieve this, I chose the interview as a method for data gathering. Kvale (1996) defines qualitative research interviews as 'attempts to understand the world from the subjects' point of view, to unfold the meaning of peoples' experiences, to uncover their lived world prior to scientific explanations' (p.1). For Kvale, interviews are conversations. As such, in the process of interviews, the interviewees are allowed to express fully their perceptions of the influences of their CRE-related experiences from their own perspectives and in their own words. The researchers are permitted to explore in-depth any research question-related issue based on the sharing of the interviewees and the interactions between the researcher and the interviewees are also encouraged (Kvale, 1996).

Qualitative interviews have been categorised in various different ways. Depending on the researcher's degree of control over the interview structure, qualitative research interviews are generally classified into three categories: structured,

unstructured, and semi-structured wherein the structured interview has the greatest degree of control; the unstructured, the least; and the semi-structured, somewhere in the middle.

The structured interview involves a standardized interview schedule wherein the interviewee is asked by the researcher to respond to a list of predetermined questions in relation to the research question. In contrast, in unstructured interviews, questions are not pre-determined although researchers will have in mind certain topics they wish to cover and will usually ask questions based on an interviewee's initial response. The unstructured interview allows the interviewee free expression and usually proceeds like a friendly, non-threatening everyday conversation (Siobhan, 2010). Semi-structured interviewing uses an interview schedule covering a number of pre-determined topics relating to the research question. The interview protocol serves as a guide and a starting point for the interview experience but it is up to the interviewer to decide how closely to adhere to the guide (Brinkmann & Kvale, 2009).

For this study, I chose in-depth semi-structured interviews. On the one hand I wished the interviewees free expression of their thinking and feelings during the interview but on the other hand, I was also concerned about the possibility of the interviews turning into directionless idle talk. Further, it was in-depth interviewing. As the interviews were conducted on a one-to-one basis, the method allowed me to delve deeply into the participants' accounts of their CRE-related experiences and the meanings which they make out of these (Seidman, 1998, p. 9). This would have been prevented in group interviewing, due to the public nature of the process.

In the section below, I will discuss how this method was used to create the research data for this study.

3.2.4.2 Interviews in practice

3.2.4.2 (1) Semi-structured interviews as a data generation method

Semi-structured in-depth interviews were chosen as the data collection method involving a single session interview with each participant lasting usually for between 90 minutes and two hours. Interviews took place at a site chosen by the interviewee. All participants consented to the digital recording of their interviews.

As noted, the semi-structured interview is one where the interviewer prepares an interview guide with a list of open-ended 'questions in advance, but with freedom for

the interviewee to raise aspects not necessarily anticipated' (Siobhan, 2010, p.79). As such, guided by the research question, I prepared an interview schedule (Appendix 3) based on the principles that the questions would be open-ended and non-leading as suggested by Siobhan. The former principle allowed interviewees the freedom to respond in complex ways, and the latter indicated that these questions do not imply a preferable way of responding.

In this study, I began the interviews with the same broad open-ended question: 'Please tell me about your counselling practice.' I then asked follow up questions depending on the response given by the participants. For example, in response to my first question to him, Calvin talked about his decision to leave the psychiatric hospital where he had been working as a clinical psychologist for eight years in order to set up a private practice in a community setting.

... I was thus thinking of giving myself a chance to try out in the community setting... Many psychologists doubt whether it is possible to work privately in a community setting and where the source of their clients will be. Well, I just gave myself a trial...

Seeing Calvin sinking into deep thought after saying 'I just gave myself a trial', I thus asked a follow up question to explore this further as follows. 'Yeah, and how was your experience? Tell me more about this!' On the other hand, Jenny elaborated on how she made up her mind to undertake graduate study in counselling and described how two counselling professionals had set good examples for her and how their thoughts had influenced her counselling practice. She mentioned especially their idea that 'people create their reality according to their beliefs and expectations.' I therefore invited her to elaborate on this by asking her: 'Tell me more about this. How do you integrate such ideas into your counselling practice?'

In this way, the interviewer adopts the position of active listener who commits him/herself to understanding what is important to the interviewee rather than strictly following the predetermined interview schedule. Thus the interview is very much a two-way dialogue wherein the interviewees are allowed the freedom to express their views in their own terms and the interviewer also has the freedom to be flexible in asking questions and follow-up questions as long as he/she is broadly addressing the research question.

In this study, the in-depth interview is conceived as a way of constructing, rather than ‘collecting,’ data. It emphasizes the interactional nature of interviewing (Dingwall, 1997; Kvale & Brinkmann, 2009) and takes into account that things can be talked about in many different ways. The interviewer thus plays a role with the interviewee in the co-creation of the data, and the interaction of researcher and participant is placed at the centre of the research process. In this way, the research relationship becomes central to data construction.

3.2.4.2 (2) The research relationship

3.2.4.2 (2.1) Researcher qualities and skills

Interviewing as a method for data generation is a reflection of the interaction between the participants and the interviewers wherein the quality of information obtained depends largely on the trust and rapport built up between them. McLeod (2003) suggests that the interviewer should aim to establish a relationship with the interviewee that is ‘characterized by high levels of respect, empathy, congruence and acceptance, and a sense of process and becoming’ (p. 76). He believes that in such an interview situation, ‘the informant will be more likely to engage with the research in an authentic and constructive manner’ (p. 76). Authors such as McLeod (2003) and Seidman (2006) have highlighted the importance of active listening and reflecting in the interview process because these activities convey the interviewer’s interest in and desire to hear and understand what his/her interviewees say.

During the interviews, I naturally ‘lived out’ the embodied ‘counselling skills’ such as active listening by summarizing, using reflective statements, attending to my own body language, and remaining sensitive to the non-verbal expressions of the interviewees. For example, through my posture, tone of voice, eye contact, and positioning in relation to the participant, I conveyed to the participants my interest in what they were saying, and by paying attention to the non-verbal aspects of the interviewees’ communication, I was able to gain access to the emotional side of their narratives.

The following extracts from Calvin’s interview shows how my reflective statement is used to confirm to the interviewee that I am actually listening, that I have understood what he tries to convey, and I am encouraging him to elaborate further on the same issue.

Calvin: I overcame my feeling of loneliness through sitting practice. I used to ring my friend when being alone and feeling lonely. Once I did so but was not able to reach [name of friend]. I decided to undertake sitting practice. Once when doing so, I got to realize that my life is deeply interconnected with that of others. After that experience, I never think that it is bad to be alone and feel lonely again.

Chin-Ping: Sitting helps you stop feeling lonely when being alone.

3.2.4.2 (2.2) The position of the interviewer

The interview is a process of inter-subjective meaning-making and story-telling and knowledge co-construction. The influence of subjectivities of both the interviewer and the interviewee should be embraced and viewed as an integral part of attempts to understand the phenomena under inquiry. Therefore, the positions of the interviewer should be acknowledged and engaged with throughout the research process.

My being a counsellor undertaking CRE regularly who then conducted interviews with other counsellors with the same experiences and from the same cultural background can be considered as offering an ‘insider’s’ perspective. McEvoy (2001) summarised various scholars’ viewpoints on this and stated that such a perspective is questioned as possibly having the following limitations. Firstly, people tend to take common experiences for granted. Secondly, the insiders lack the distance needed to take a balanced objective view of the social world to which they belong. Thirdly, insiders may feel uneasy when asking questions about well-established social mores. Fourthly, insiders may be unwilling to talk about sensitive issues to another member of the same social group.

By contrast, scholars such as Hinds, Chaves, and Cypess (1992) defended the value of the insider’s perspective. They contended that the insiders may interpret and attach meaning to interview data with unique insights and in ways that are not possible for outsiders. That is, rather than accept interviewees’ accounts at ‘face value,’ an insider’s perspective allows the researcher to read in between the lines of what is said.

On the other hand, my research experiences told me that human beings are multifaceted and that ‘there will inevitably be certain facets of self that join us up with the people we study and other facets that emphasise our difference’ (Narayan, 1993, p. 680). That is, I can be a relative insider in terms of my education, profession, and certain aspects of experiences and at the same time a relative outsider in terms of my

age, gender, and other aspects of experiences. I agree with Naples (1996) that it might be overly simplistic to portray insider and outsider perspectives as absolutes since social group membership cannot be easily classified in clear cut terms. One's status as insider or outsider is fluid. The distinction between insider/outsider is better understood as a continuum rather than as a rigid dichotomy with permanently established and mutually exclusive categories.

From such a fluid insider/outsider viewpoint, various qualities and experiences I have such as my long stay in various different countries other than Taiwan, the particular religious faith which I hold, my being a member of an international religious community, and so on are already sufficient for me to be an outsider in my own country. Therefore, I considered myself both an insider and an outsider when carrying out this research project in Taiwan.

3.2.4.2 (3) Location of interviews

According to Green and Thorogood (2004), an ideal place for interviewing is a private and quiet space which the interviewee may feel is 'theirs.' As most participants are private practitioners or work in an educational setting and have their private office, I gave them the option to choose a setting for interviewing where they would feel comfortable. As a result, most of them chose to have the interviews in their offices or at home where privacy and quietness could be ensured. Only a few such as Jane and Michelle who do not have their own office asked me to arrange a place for our interviews. I therefore decided together with Michelle to have the interview in my office as this is near to her home; and with Jane in a private room of a church near to her house.

3.2.5 The search for meaning: data analysis

Narratives as data generated through the interaction between the researcher and the narrators at interviews are understood as the linguistic representation of the narrator's interpretation of reality in this study. The theoretical understanding of language and meaning is thus of particular relevance when planning for data analysis. Besides, there are decisions which all researchers have to make including what constitutes the unit of analysis and what a narrative is. Therefore, these issues will be discussed in this section.

3.2.5.1 Analysis in design

3.2.5.1(1) Defining the unit of analysis

In line with my theoretical perspective that meaning is contextually dependent and that the structure of narrative contributes to its meaning, this study adopts a holistic approach to analysis. I conceptualize the interview itself as a narrative, a big narrative of the interviewee's experiences and perceptions of the influence of his/her regular CRE on counselling practice. Treating the interviews as big narratives containing many interweaving small narratives allows me to attend to both the structure and the context, the 'what' and the 'how' when interpreting the meaning of participants' narratives. Each small narrative is both independent and part of a great whole. When standing alone, it provides a particular perspective on an aspect of the participant but when woven together, they build the big narrative that is the participant's experiences and perceptions of how their regular CRE is related to their counselling practice.

For the purpose of this study, I have chosen Labov's (1972) sociolinguistic model for data analysis because it is in accordance with Foucault's (1972) idea of discursive meanings. As mentioned earlier in this chapter, for Foucault, power and discourse are inseparable wherein the former is the 'positioning' of the latter. As such, to better understand the situated meanings, it is necessary to look into how things have been said and not only what has been said. Labov's (1972) sociolinguistic model focuses on how the narrative is structured and what kind of vocabulary and syntax are used. It emphasizes the evaluative function of the narrative, that is, how the story has been told rather than what information has been given. I have therefore chosen Labov's model to help my understanding of how and why a story is told in this study.

Guided by Labov's (1972) theories, I thus have defined the unit of analysis as the small narratives and then I set out to identify these small narratives within the interview transcript for analysis. In this system, a minimal narrative is defined as a sequence of two independent clauses which are temporally ordered. 'A change in their order will result in a change in the temporal sequence of the original semantic interpretation' (Labov, 1972, p. 360). Between the two clauses, there is a temporal juncture, and 'a minimal narrative is defined as one containing a single temporal juncture' (Labov, 1972, p. 361). A temporal juncture can be explicitly inserted with

words such as ‘so’, ‘then’, ‘later’, ‘afterwards’, but most of the time it is covert and can be only inferred by the ordering of two independent clauses.

To identify narrative clauses using Labov’s approach, it is necessary to transcribe all the paralinguistic cues encountered in interviews (Riessman, 1993). The method of transcription is thus important to my ability to identify small narratives within the wider text.

3.2.5.1 (2) Narrative structure and meaning

Stories told in conversations share common parameters although they may be put together in contrasting ways and thus have different interpretations (Riessman, 1993). These shared elements are structures that hold personal narratives together. There are various approaches to narrative structures. This study adopts Labov’s (1972, 1982; Labov & Waletzky, 1967) approach to data analysis wherein narrative is defined as ‘one method of recapitulating past experience by matching a verbal sequence of clauses to the sequence of events which (it is inferred) actually occurred’ (Labov, 1972, pp. 359-360).

Labov (1972) suggests that a fully developed narrative contains six common elements: abstract, orientation, complicating action, evaluation, result or resolution, and coda. Abstract refers to the first one or two clauses summarizing the whole story which begins the narrative. Orientation refers to the first few narrative clauses which ‘identify in some way the time, place, persons, and their activity or the situation’ (Labov, 1972, p. 364).

Complication is the main body of the narrative describing the action or events that occurred. Evaluation is the means used by the narrator to indicate the point of the narrative. It ‘reveals the attitude of the narrator towards the narrative by emphasizing the relative importance of some narrative units compared to others’ (Labov and Waletzky 1997, p.32). The resolution is the ‘termination of that series of events’ (Labov, 1972, p.363) and thus the climax of the narrative. The codas are free clauses found at the ends of narratives. They bring the narrator and the listener back to the point at which they entered the narrative. The following account from the interview with May provides an illustration of the foregoing description.

Abstract:

68 People have problems because they are far away from the nature and themselves.

69 All will be well if they are willing to go back to the nature and become part of it.

Orientation:

70 In this Summer,

71 for two to three times,

72 I met them [my students] at the Metropolitan Park.

73 It is the lung of XX City, a forest with big pond, tall trees, and immense green space.

Evaluation:

75 We actually did not do anything there.

76 People change and go back to the original self when ‘doing nothing.’

Complicating action:

77 We arrived there without saying anything or doing anything.

78 I just sat, listening to, and accompanying her

79 when she sobbed all her scars out.

80 I did not worry.

81 While listening, I gave her my blessings from the depth of my heart.

82 When she more or less finished talking, I invited her to take a walk in the park.

Resolution/coda:

83 That’s all.

84 I did not do any ‘treatment.’

Labov (1972) posited that among the six elements, only the complicating action is essential for recognizing a narrative. The abstract, the orientation, the resolution, and the evaluation answer questions pertaining to the function of effective narrative wherein the first three elements clarify referential functions and the last one answers the functional question of why the story was told. However, the reference of the abstract is broader than the other elements because it includes orientation and the complicating actions and the evaluation. As such, ‘the abstract not only states what the narrative is about, but why it was told’ (Labov, 1972, p.370). The coda is not given in answer to any question and is found less frequently than any other elements of the narrative.

Not all narratives begin with an abstract. Labov (1972) contended that ‘a complete narrative begins with an orientation, proceeds to the complicating action, is suspended at the focus of evaluation before the resolution, concludes with the resolution, and returns the listener to the present time with the coda’ (Labov, 1972, p. 369). The evaluation of the narrative as a secondary structure can be found not only in

the evaluation section but in various forms throughout the narrative. The following figure shows the foregoing arguments.

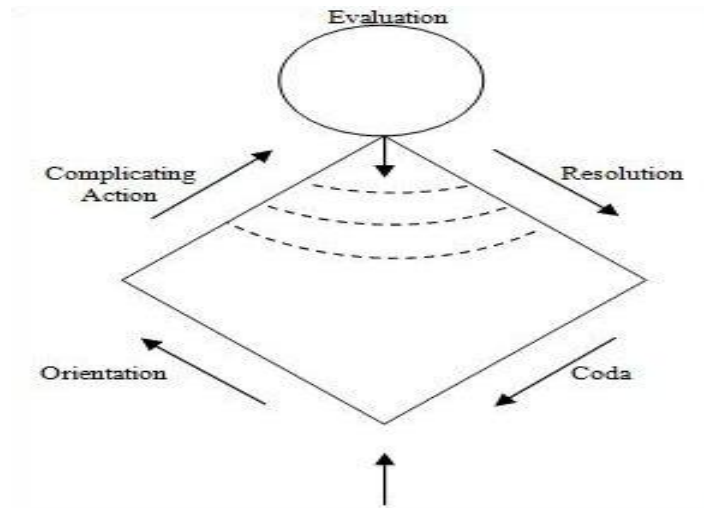


Figure 3.1: Narrative structure
Reproduced from Labov (2006, p.225)

There are many ways through which the speaker can convey the point of a narrative to the listener including the large-scale, external mechanisms of evaluation and minor syntactic elements in the narrative clause. The former includes external evaluation, embedding of evaluation, evaluative action, and evaluation by suspension of the action. The latter involves evaluative elements such as intensifiers, comparators, correlatives, and explications.

The external evaluation is used when the narrator stops the narrative, turns to the listener, and tells him/her what the point is and the embedding is employed when somebody says something. Three steps towards embedding evaluation into narrative include the following: firstly, the narrator quotes the sentiments as something occurring to him/her at the moment rather than addressing it to the audience. Secondly, the narrator quotes him/herself as addressing someone else; and thirdly, the narrator introduces a third person who evaluates the antagonist's actions (Labov, 1972, pp.371-372).

Evaluative action is another way of dramatizing the evaluation of a narrative wherein the narrator tells what people did instead of what they said. Evaluation by suspension of the action refers to the situation that the emotions may have been expressed simultaneously with the action yet when they are expressed in separate sentences, the action stops. By stopping the action, the narrator calls attention to that part of the narrative and conveys to the listener the possible connection of this with the evaluative point. When this is done artfully, 'the listener's attention is suspended, and the resolution comes with much greater force.' (Labov, 1972, pp.374)

As to the evaluative elements in the narrative clause, Labov (1972) contends that all of them involve departures from the basic narrative syntax resulting in a marked evaluative force and that each of them can be carried out in many ways. For example, an intensifier which intensifies narrative events most relevant to the main point may involve syntactic devices such as gestures, expressive phonology, quantifiers, and repetition. A comparator, which compares the events which did occur to those which might have but did not actually occur, involves evaluative devices such as 'negatives, futures, modals, questions, and imperatives' (Labov, 1972, pp. 386-387). A correlative, which brings together two events that actually occurred, involves devices such as progressives and multiple attributes. Finally, an explicative, which refers to separate clauses that explicate the point of the narrative, 'can be qualifications connected with such conjunctions as while, though; or causal, introduced by since or because' (Labov, 1972, pp. 390).

As such, Labov's model, which focuses on both the 'what' and the 'how' of a story and links the surface to the deep structure of a narrative through the use of 'evaluation clauses (the soul of the narrative)' (Riessman, 1993, p. 20), offers a point of departure for the analysis of narrative. That is, to begin with the structure and expand outwards. Labov's model provides a means of grounding the interpretation of the participants' narratives in their own sense-making structures although how meaning is produced through the interaction of researcher and the participant and the context of the narrative need to be teased out further (Riessman, 1993).

3.2.5.2 Analysis in practice

3.2.5.2 (1) Transcribing the interviews

Transforming talk into written text as a representation should be theoretically driven, brings to the fore certain features and leading to particular analysis. Transcription is thus where analysis starts, and the choices which a researcher makes during the transcription process will set him/her on particular analytic paths (Riessman, 1993).

I began with a rough transcription which captured on paper the words and other striking features of the interview including both lexical and non-lexical utterances of the conversation such as uh-huh, mmhm, pauses, crying, laughing, and so forth. The representation of speech makes visible how a narrator actually constructs his/her account including the linguistic choices he/she makes, the structural function of specific clauses, and the role of the listener. It also helps to facilitate ‘an analysis of the relationship between narrative form, meaning, and social context’ (Riessman, 1994, p.115).

As suggested by Coates and Thornborrow (1999), I checked transcripts alongside the audio-recordings to ensure best fit, thus acknowledging the interpretative nature of transcription. While doing this checking, I was able to hear features not heard previously or I would reconsider the punctuation of a speaker’s sentence. Sometimes, a focus for analysis might also emerge or become clearer as I listened to and read what the participants had said during the interviews.

After the initial drafts of the transcript had been produced and scrutinized; I sent to each of the participants their own transcript for them to double-check whether their identities had been concealed and whether they had been understood correctly. They were allowed to make necessary corrections and were asked to send the revised transcripts back to me within one month. Based on the returned material, I then set out to re-transcribe narratives using Labov’s theories.

Narrative clauses were identified within the interview transcripts based on the principles delineated in section 3.2.5.1 (1). Once the boundaries of a narrative unit were chosen, I used Labov’s framework and re-transcribed to parse the narrative into numbered lines, marking the narrative according to the function of each narrative clause (Riessman, 1993). As noted earlier, according to Labov, a well-developed story is composed of a common set of elements and every clause has a function. That is, the abstract to provide a summary of the whole story (A), the orientation to set the scene (O), the complication to describe the action or events that occurred (CA), the evaluation to reveal the attitude of the narrator towards the narrative (E), the

resolution to indicate the outcome, and the coda to return the verbal perspective to the present moment (C). The following Table 3.2 shows the rough transcription (left) and re-transcription (right) of Ay-chun’s narrative using Labov’s framework.

Table 3.2 Re-transcription of narrative

Rough Transcription	Re-transcription
Chin-Ping: Tell me something about your CRE-related experiences!	335 Chin-Ping: Tell me something about your <i>CRE-related</i> experiences! [A]
Ay-chun: During that period of time when I was not yet entirely recovered,	336 Ay-chun: During that period of time when I was not yet entirely recovered [O]
she [Ay-chun’s friend and colleague] once asked me, ‘are you interested in <i>ch’i-kung</i> practice? Try it!’ I read some books about stress management – some English books. I still remember when I was still in the graduate school. Those books introduced me to the traditional Indian yoga, Chinese <i>ch’i-kung</i> , and the biofeedback techniques in the medical field. It was said that they are helpful for the entire biological mechanism such as the parasympathetic nerve, endocrine mechanisms, adrenalin, the pituitary gland, etc. It’s all written in the book. I therefore did not think much. ‘O. K. I’ll prepare myself to fight a losing battle!’ I therefore went to the academy and started to undertake <i>ch’i-kung</i> .	337 she [Ay-chun’s friend and colleague] once asked me [CA] 338 ‘are you interested in <i>ch’i-kung</i> practice? [CA] 339 Try it!’ [CA] 440 I read some books about stress management – some English books. [O] 441 I still remember when I was still in the graduate school. [O] 442 Those books introduced me to the traditional Indian yoga, Chinese <i>ch’i-kung</i> , and the biofeedback techniques in the medical field. [O] 442 It was said that they are helpful for the entire biological mechanism such as the parasympathetic nerve, endocrine mechanisms, adrenalin, the pituitary gland, etc. [E] 443 It’s all written in the book. [O] 444 I therefore did not think much. [CA] 445 ‘O.K. I’ll prepare myself to fight a losing battle!’ [CA] 446 I therefore went to the academy and started to undertake <i>ch’i-kung</i> . [R]

3.2.5.2 (2) Analysing the data

To avoid the tendency to read a narrative only for content, following Riessman’s (1993) suggestion I began with the structure of the narrative asking how it was organized and why a participant developed his/her story in a particular way in

conversation with the researcher. I started from the inside, examining the meaning encoded in the form of the talk and expanded outward, identifying the underlying propositions that made the talk sensible such as what has been taken for granted by both the narrator and the listener. In this way, the particular interactions and the social, cultural, and institutional discourses wherein the individual narratives are situated were taken into account when the analysis was performed.

As such, after having identified the small narrative within the interview transcript as the unit of analysis, I performed a close textual analysis of each individual's interview. When doing so, I paid special attention to how the narrator had used evaluation devices and syntaxes to organize his/her ideas and highlight the point of the story he/she told. My interpretations were written up for each small narrative, and then for each story, and narrative as a whole. Thus the detailed examination of the small narratives occurred in the context of their function as part of an entire narrative.

Having interpreted the narratives in light of their structure, I focussed on how the individual narratives were related to one another to make up the big narrative that represented the interview as a whole. I observed that, for each participant, there were a number of themes that like threads wove their way through each participant's interview binding the disconnected parts together to form a cohesive whole. These themes bound the various narratives about particular aspects of the participant's experience together to form the big narrative, the story of the practitioner's use of CRE for their self-care and professional practice.

Having analysed each individual interview as a whole, using the category-content approach proposed by Lieblich, Tuval-Mashiach, and Zilber (1998), I compared and contrasted the similarities and differences of the themes emerging from the analysis process and grouped them under two main themes and five subthemes. The core themes are: 1. CRE as a path to counsellors' self-care, and 2. from self-care through CRE to the use of self in therapy. The five subthemes are: 1. where the journey began, 2. setting out on the journey with CRE, 3. *ch'i* as a way of expressing health and illness, 4. *ch'i* as a way of understanding, and 5. CRE lived out as an embodiment. These themes, and the process by which I arrived at them, are presented in chapters five and six.

3.2.6 Presenting the data

The ‘performance turn’ in the social sciences, as a result of postmodern epistemology, raises issues pertaining to ‘writing and representation in our academic field’ (Lieblich, 2006, p. 61). This shift has justified the employment of diverse presentational media by researchers including the use of play, poetry, video, film, theatre, dance, and so on (Lieblich, 2006).

For data presentation, I have first created a poetic portrayal of each participant and then presented the data pertaining to each of the two research questions based on Labov’s framework. Viewing data as a product of co-construction between writer and reader, narrator and researcher, I decided to present participants’ profiles in poetry for ‘poetry commends itself to multiple and open readings’ (Richardson, 1992, p.126). Poetic representation, which ‘plays with connotative structure and literary devices to convey meanings’ (Richardson, 1992, p. 126) allows me ‘to step into the shoes’ of the participants and become ‘more attuned to lived experiences as they subjectively felt’ (Richardson, 1992, p. 132). Further, being evocative and vivid, poetry may have the potential to kindle the imagination of the readers as ‘agent of the text’ who can recognize themselves in the lines as they read and interpret the work from their own particular historical context (Riessman, 1993, p.14).

Scholars who have presented their research findings in poetry have created the poems in different ways. Some created poems based on the themes emerging from data analysis e.g., Hill (2005), while others developed them entirely from their participants’ own words e.g., Richardson (1992), Kendall and Murray (2005), and Wong (2011).

Hill developed poetic portraits of her participants from ‘the emergent themes from interview transcripts and shadowing reflections’ (p.96). She employed the third-person pronoun to portray the participants and used direct quotes from interview transcripts to ‘confirm the themes and to give honour to their voices’ (p.96). Kendall and Murray and Wong used Gee’s (1991) theories and re-transcribed the identified narratives into poetic form. Richardson represented the life of one of her interviewees in a poetic form. She used her interviewee’s own words, tone, and diction and relied on ‘poetic devices such as repetition, off-rhythm, meter, and pauses to convey her narrative’ (p.126).

Guided by Richardson's (1992) method, I have created a poetic portrayal of each of my research participants using their own words and tone and employing poetic devices such as repetition and pauses to convey their narratives. As such, the original drafts of the interview transcript each from 20 to 34 pages long were fashioned into poems of no more than three pages.

Directed by the research question, I first made a rough portrayal of each participant in Chinese based on the Chinese version of the interview transcript. The Chinese version of the portrayal was translated into English afterwards and then based on the English translation of the portrayal, the poems to be presented in the next chapter were created.

The following extract from the interview with May is an example, illustrating how the poem was created from the English translation of the rough portrayal (the upper version).

There's no more helper or helpee. There is only the encounter between an individual with another individual. It is sort of *reflection* or communication without boundary. There's no way to add anything from outside, but an opening-up from within, return, and getting to know the original appearance of each other. (May, the rough portrayal, lines 679-694)

There is no more helper or helpee;
but encounter between an individual with another individual.

There is no way to add anything from outside;
but an open-up from within,
a return back to the original appearance of each other.

There is no more boundary;
but only reflection and communication.

The above extract of May's poem has been developed using her own words, tone, and diction and employed poetic devices such as repetition and rhythm. All the poems to be presented in the next chapter have been created in a similar manner.

The poems help to retain the individual nature of each participant's perception of the influence of CRE on their professional practice. However, in the process of data analysis, I found some similarities in the participants' accounts and felt the need to present them in a way that exemplified such commonalities. I tried various ways of fitting the data together for presentation and each offered a different view of the participants' perception of their experiences. For instance, the analyses could be

fragmented on the basis of the understanding of *ch'i* and experiences of CRE and viewed as narratives pertaining to participants' beliefs about health, illness, and healing.

Yet, as I continued to compare and contrast data, I developed an awareness of the similarities and differences in the participants' accounts pertaining to each sub-research question and found a common thread running through the entire data. That is, the self linking together the core research findings about self-care and the therapeutic use of self.

As such, for the data presentation, I will follow the 'whole-part-whole' principle wherein guided by the research questions, I will first present a poetic portrayal of each participant for the readers to have an idea of the data as a whole and to interpret these from their own perspectives. Then, I will present the commonalities and differences of the data in parts. And finally, as 'the self' is what links the core findings (self-care through regular CRE and the therapeutic use of self) I will discuss this further as a whole in chapter seven.

3.3 Summary

In this chapter, I've discussed my social constructionist epistemological stance and the theoretical perspectives. I have justified the adoption of a qualitative narrative approach, the use of the in-depth semi-structured interview as a strategy for data gathering, and Labov's sociolinguistic framework as an approach to data analysis. I have also detailed the research methods and delineated the ethical principles that have guided me throughout the research.

In the four chapters that follow, I present and discuss the data from this study. In chapter four, I present the poetic portrayal of each research participant. For this, I will only present my 'reading' and 'understanding' of the narratives in poems which have the potential to provoke emotions and kindle the imagination of the readers. There will be no further analysis of the data in chapter four so that readers may be allowed to have a space to recognize themselves in the lines as they read and interpret the work from their particular background and in their own way. The analysis of the narrative structure will be presented in chapters five and six.

In chapter five, I examine the narratives pertaining to research question one: How do the senior Taiwanese counsellors with substantial CRE experiences perceive

the influence of CRE on their self-care? Chapter six focuses on the data relating to research question two: How do the senior Taiwanese counsellors with substantial CRE experiences perceive the influence of CRE on their professional practice? In chapter seven I shall discuss further the core themes emerged from the data.

Chapter 4: 'Finding a Way to Fill a Hole in My Life': A Portrayal of the Research Participants

I feel as though my entire body is opening up as I breathe. It provides me with a sense of body awareness and allows me to be better in touch with what is happening for me mentally and emotionally. It seems as though my body, mind, and emotional state are more integrated. Participating in *qigong* as a part of a group gives me a sense of being in harmony with others, as well as being in harmony with myself... Awareness comes to mind. It seems that on some level I know or witness more of my own interaction with the world. I seem to get tuned in somehow. What I am getting in tune with is a larger question. (Chrisman, Christopher, & Lichtenstein, 2009, p. 249)

4.1 Introduction

This chapter presents the participants' stories in a poetic form. As noted earlier, the data in this study are understood as a product of co-construction between writer and reader, narrator and researcher. Poetic representation, which uses connotative structure and literary devices to convey meanings, allows me to become more attuned to the participants and their subjective experiences. Such poems, being capable of igniting the imagination of the readers, also allow the readers to recognize themselves in the lines and to read and interpret them from their own particular stance.

Guided by the two research questions, the poems portrayed the participants' first encounter with CRE, their perceived impacts of CRE on their global wellbeing and professional functioning, and the use of CRE and *ch'i* in therapy and the related ethical concerns. The presentation of these poems is arranged according to the sequencing of the interview: May (4.2), Jane (4.3), Ladybird (4.4), Samuel (4.5), Shu (4.6), Michelle (4.7), Tony (4.8), Calvin (4.9), Jenny (4.10), Ruth (4.11), Ay-Chun (4.12), and Sandy (4.13).

4.2 May's story

Walking and climbing mountains with my bird-foot-like feet
to school

since being a child.

It was the way of my family's being.

It was the way how I delved into a world of CRE.

In group or alone, we

jump among the river rocks;

make noise in the wild; and

allow the repetitive sounds of chant

to vibrate in the cells

within and without.

Through this,

I grow!

My bone became sturdy;

my heart expanded its horizon; and

my spirit transgressed

into a world unknown.

A world full of *ch'i*

no boundary

no dichotomy

only smile and oneness

Ch'i has no name

I got to know *ch'i* through experiences

I became familiar with *ch'i* through body movements

I am telling you my story of *ch'i* through demonstration

Ch'i is an electric field and part of my fluid body

perceivable

extensible

condensable

with density

with positive and negative

with strength and weakness.

Ch'i is then physical!

Ch'i is a magnetic field and the loving energy

Collaborating with consciousness;

it opens up wherever is blocked and stagnated in the body

Cooperating with love;

it unites the physical and the spiritual

Ch'i is then metaphysical!

People become ill not because of *ch'i*

for *ch'i* is always good and positive!

People become ill because
they are far away from the nature and the self
Ch'i leads people to a state of holistic health,
involving body, mind, and spirit

Ch'i guides people to lay down their self-actualization needs and
go back home to their very nature.
All will be fine if people are willing to go home to the heart,
and disappear.

People come to see a counsellor because
they have not yet disappeared!

When she [the client] sobs all her scars out;
I sit,
listen to, and
accompany her.
Nothing worries me.

While listening,
I bless her from the depth of my heart.

When she more or less finishes talking,
I invite her to
take a walk
in the park.

I stay in step with the other [client]
using my breathing.

When a client feels very sad or very excited;
I keep aware and tranquil.
I breathe calmly
to shake them up.

I am highly aware of tension and relaxation
in my physical body.

I use my relaxation
to activate relaxation in the other; and

I use my openness
to unseal his/her openness.

I undertake sitting practice with the other [the client]
to begin a counselling session.

Our CRE mat is some empty cartons,
which I ask for and place behind the sofa
of the counselling room
in the beginning of each semester.

When a student says that
 he/she is experiencing anxiety, tension, or stress;
I would most probably undertake yoga with him/her first.

The cartons would then become our yoga mats.
I spread them out - without a real yoga mat –
I spread them out
 for our body work.

I do not rely on techniques, but make use of them
 when the situation leads me to do so.
 For the sword player is one with the sword.

Connecting with and making use of *ch'i*;
 my understanding of counselling has been totally changed!

There is no more helper or helpee;
 but encounter between an individual with another individual.
There is no way to add anything from outside;
 but an open-up from within,
 a return back to the original appearance of each other.
There is no more boundary;
 but only reflection and communication.

It is to have one's mind act upon the mind of the other.
It is to make the presence the home and the way.
It is a moment of being or being within being.

This can be accomplished
 when the counsellor has reached a certain healing state.
This can be achieved
 when the counsellor is no more like a counsellor, but him or herself.

4.3 Jane's story

Invited by the directress of my department,
I went with her for a talk held by the club for Buddhist study;
of which I later became a member.

I experienced changes in body and mind
after immersing myself in Buddhist study and sitting practice.

I had no idea why and how this had happened.

During sitting practice,

I felt that my tears and snots kept flowing down through my face.

This had nothing to do with any emotional reaction.

I felt that my sense of time changed; and

I could sit there for hours without any uncomfortable feelings.

I was aware that I sat crooked; yet

I had no desire to make any movement.

I was afraid that this might take away

the comfortable feelings I had at that moment

which had arisen naturally from sitting practice.

I was also aware that

at that moment,

my tears and snot were flowing down; and

my body was swollen. But

I had no idea why or how this had happened.

I had no idea in the beginning; yet,

when the time was ripe;

I became aware that

it was because that I was filled with *ch'i*

so that my body was swollen; and

my tears and snots flowing down on my face.

I came to realize that

the *ch'i* in our body consists of two forces:

shui-da (the big water) and *huo-da* (the big fire).

They constantly resist against and interchange with each other.

People become ill because

these two forces are in an imbalanced state or

the *ch'i* is stagnated and blocked.

People's *ch'i* becomes imbalanced and stagnated because

they do not have a proper dietary habit,

physical exercise, or

daily schedule.

When providing psychological help,

I pay attention to both mental and physical conditions of my clients.

In the first session,

I establish therapeutic relationships with them and
evaluate their health condition.

I look at their complexion to check their mental status;
I gather ideas about their physical health by asking them questions.

Then,
through the language which can be easily grasped or accepted by my clients;
I tell them what is good or what is not so good
to do for the time being.
I let them know about the benefits
of doing physical exercise and perspiration.

I never undertake in-session CRE with clients.

I consider this problematic because of
the condition of a client and the situation of our society.

For, to undertake CRE
with a client who is emotionally unstable;
he/she will have difficulty to sit still; or
with a client who is mentally fragile;
he/she may be prompt to psychiatric complication.

It maybe harmful to clients if
CRE is used by a counsellor without proper training in this regard.

It could be even worse if
CRE is misused by individuals
for their own personal interests
through unethical conducts
as it has happened so often in our society.

Therefore,
I do not utilize CRE in my counselling practice.

Nevertheless,
I am absolutely convinced of the benefits of CRE for health enhancement.
I have been spending time and energy in its promotion;
I have endured all sorts of hardships for its advocacy.

Yet,
For a psychology academician to be able to listen to you;
you need to have a scientific theory of CRE.
This I do not have.
For a psychology academician to understand the relationships between
CRE and psychological services;
they need to have experiences of what you are talking about.
This they do not have.

Therefore, there is still a lot of work to do in this regard.

4.4 Ladybird's story

I kept exploring myself...

I was yearning for a state of mind that is
tranquil,
stable,
transparent, and
pure.

At that time,

I decided to take part in a 10-day vipassana course
under the invitation of one of my former classmates.

I feel my life totally different after immersed in CRE practice.

I feel having been cleansed,
I have become more accepting,
patient,
tolerant,
tranquil,
energetic, and
self-confidant.

I am now able to say that I am knowledgeable about something;
not because of being told by somebody else; but
having experienced it personally at a feeling level.

I believe that

the higher the tolerance I have,
the more the confidence I have on my clients' ability
to cope with his life's adversities.

The more I am self-aware and self-accepting,
the better I am able to understand my clients. And
the more my spirit is stable,
the better I am able to help
my clients in a great inner turmoil to calm down and
get in touch with their inner strength

While practising compassion-contemplation in *vipassana*,

I felt my energy increased,
my mind calm, and
the whole person in a better condition.

I felt empowered to send out blessings to my clients in need; and
I believed that the blessings I sent did indeed reach my clients.

Yet, I do not undertake CRE with my clients.

I provide them CRE-related information; but
I do not teach because
I am not a trained CRE master.

4.5 Samuel's story

I experienced sleeping difficulty because of certain psychological pressure.

At that time,

I don't know from where I heard about the sitting practice.

I began to get up in the middle of the night,

crossed my legs,

closed my eyes, and

sat quietly

in bed

whenever not able to fall into sleep.

Yes, in the middle of the night!

People say that the '*a-piau*' (ghost) may come out

at that hour during the night.

I was not afraid because

I was so desperate to be able to get some sleep!

I have an unusual CRE-related experience.

Every time when I undertook sitting practice,

As long as I closed my eyes for about 5-10 minutes,

There were tears flowing down from my eyes.

It occurred again and again; and

I had to wipe them every 2-3 minutes.

I was not crying; and

It has nothing to do with

my childhood experiences or my emotions.

I think it must be a physical reaction and

a *ch'i*-flow phenomenon.

Sitting practice helped me overcome sleeping difficulty so that

I was able to have enough energy and attention for

my counselling services.

Although as an experienced counsellor,

I could not be so much affected;

I just hoped to be more attentive when working with clients.

I do not teach or undertake CRE during counselling session with clients.

I encouraged them

to practise it at home by themselves before; yet

few succeeded in doing so.

They are already exhausted by struggling with depression and anxiety;

how do they have energy left for the CRE practice?

4.6 Shu's story

I experienced in my life
a big hole, which
cannot be filled with material things;
a feeling of something lacking, which
cannot be satisfied with a psychological explanation;
a low tide, which
called me for a spiritual leap.

I had a friend, who
introduced me to her *zen* master.
I felt attracted by her master's teachings; and
went to meet with this master in Nepal; and
immediately converted into an Esoteric Buddhist.

Since then,
I practise all the self-cultivation exercises
devotedly and persistently.

These include
sitting practice,
breathing exercises,
concentration techniques, and
compassion meditation.

During sitting practice,
I experience circulation and operation of *ch'i* in my body.
This triggers out my childhood experiences;
induces certain images; and
makes surface all kinds of sensations.

When the *ch'i* operates in the body
It is like a drain being cleaned up.
The uncomfortable feelings and pains occur
both at a physical and psychological level.
The pain is like when somebody
holds you,
throws you down
from their back over their shoulder, and
turns you around.
This pain makes you feel no other way but to scream loudly.

When the *ch'i* circulates in the body
I can feel all kinds of sensations.
These include aching,
numbing,
swelling,
itching,
tightness, and
electric current-like sensations.

Sitting practice is related to my counselling practice in various ways.

First of all,

I bring into my counselling work with client,
the state of stability cultivated through sitting practice. And
this enables me to detect where my client is, and
to feel as he/she feels.

As long as I am able to stay in my steadiness;
sooner or later,
the other [my client] will notice this.

In whatever condition one may be,
he/she is provided with a chance
to make his/her own decisions and change.

Secondly,

I bring into my professional practice
the same posture as I undertake sitting practice;.
I keep my eyes open
to look at my client's physical posture and its shift.
I keep my eyes half closed
to observe the flow of *ch'i* in their body.

For me, counselling work is

to prepare the ground for further spiritual cultivation.

I employ various therapeutic modalities
to help clients at the psychological level.

Only after my psychological work with clients;

I undertake CRE with them as a spiritual practice.

Only once when doing my internship in a hospital,

I taught a client with psychosomatic complaints
how to adjust his breathing; and
undertook breathing exercise with him.

I undertake sitting practice with my clients mainly
for spiritual deepening.

4.7 Michelle's story

For years,

I had been a hepatitis B patient.

I had been seeing many medical doctors;
including a leading specialist in this regard.

Yet, I did not find cured.

Until one day,

I met one of my former classmates, who
showed me the beneficial effects of CRE on her health,
which was shining through her beautiful facial skin.

She invited me to join the *Tai Ji Men Qiqong* academy with her.

I said 'yes' to her!

Believe or not,

only after only two weeks of *ch'i-kung* practice,
my ALTGPT (Alanine Aminotransferase) lowered down to
an entirely normal level.

My husband, a western medical doctor, who
took care of drawing my blood for testing,
did not believe that it could happen that way.

Eight months later,

seeing that my blood test results had been all the time normal,
he was finally convinced.

Two years ago,

My mother became very ill and

I was the only one to take care of her.

During that period of time,

I only slept three hours per day; and

I was extremely tired.

Even then, my ALTGPT remained
perfectly normal.

After immersed in CRE practice,

I have become very sensitive to people's health condition.

I am able to perceive the *ch'i*-flow in my clients; and
sense in which area of their body *ch'i* is blocked.

When this happens,

there will be certain somatic reactions in my body.

Sometimes,

jokingly,

I said to myself that

I do not need DSM-IV-Tr. any more.

For

upon their entrance into the counselling room,

I can already tell what kind of mental difficulties they may have
simply by smell.

My five senses have become very sensitive; and
My nose is sharp.
I am able to distinguish one mental illness from another
by smell.
For me,
each illness has a distinctive smell.
Those with depression have one kind of smell;
those with bipolar disorder, another; and
those with schizophrenia, still another.

Ch'i is both physical and meta-physical.
When it is meta-physical,
it is invisible and
exists in each person and in the universe.
In our Eastern language,
it is called 'karmic creditors.'
Whatever you owed in the past,
will find a way back to you.
The mind is where one's *ch'i* comes from.

People become mentally ill
because they have worried too much.
Worry too much causes the imbalance
of *yin-yang* and *wu-hsing* (the five evolving phases) in oneself.

Depressive disorder is related to
one of the five evolving phases, 'the liver.'
The liver *ch'i* is blocked
when one suffers from depression.

Therefore, to become healthy,
one has to change his/her way of thinking; for
change of belief brings about change of the *ch'i-flow*.

In my counselling practice,
I grasp the principle of *yin-yang* balance.
I pay attention to both the visible and the invisible.
I respect the pace of each client; and
I understand that change takes time; therefore,
I ask my clients to put into practice whatever discussed in the session.

When a client is very much disturbed;
I would send him/her my heart-*ch'i* to
Balance the *ch'i-flow* in him/her first.
It is only my immersion into regular CRE;
I came to realize that
what really matters is love, love, and love.

You asked me whether I undertake CRE with my clients.
I tell you, I don't.

Why?

Because *ch'i* is good although, it is dangerous!

Ch'i is related to the karmic creditors, which
tend to find at home in empty hearts.

I am afraid that these karmic creditors
may negatively affect my patients,
who are experiencing certain difficulties in their life.

Therefore, I tell you,

I don't want my clients
to be disturbed further by all these stuffs.

4.8 Tony's story

I had been struggling with my nose allergy problem.

I tried out different physical exercises; but

Only *tai-chi* practice helped me overcome this difficulty.

My nose allergy problem came back when I tried to stop *tai-chi* practice.

My nose allergy is put under control when I undertake it faithfully.

Beside of nose allergy,

tai-chi practice also helps solve
my constipation problem and
my sleeping difficulty.

Tai-chi practice not only enhanced my physical health;
but also my psychological wellbeing.

My thinking is activated and

I feel calm,

concentrated,
invigorated,
strengthened,
relaxed, and
light
during *tai-chi* practice...

Of course, we who have a psychological background
may experience it differently for
we can analyze it and
become aware of its effect.

So, it makes us

feel more vigorous,
active,
calm;

so calm and
focused; and

the ideas emerge and flow smoothly.

It is like that the *ch'i* is circulating

through the entire body
without any obstruction.

Indeed,

the whole person is entirely relaxed; and
the thinking is flexible and active.

Therefore,

I immersed in *tai-chi* practice,
not because of my therapeutic work;
but because of my physical health.

However,

It must be also related to my therapeutic works with clients because
It makes me healthy and makes me feel good.

I think it must have an indirect effect on my clients

through its positive influences on me.

In *tai-chi* practice, we say that
it is the *yi* leading the *ch'i*,
the *ch'i* leading the hands, and
the movements follow.

This is operated through the autosuggestion.
When I do 'the standing' during *tai-chi* practice,
I give suggestion to myself that
the breath reaches
my toes,
the bottoms of my feet, and
my entire body.

Yes, it is accomplished through suggestive meditation.

For me,
ch'i is physical, therefore,
when undertaking *tai-chi*, I can feel
the subtle flow of *ch'i* in every movement.

Ch'i is metaphysical too, and
is related to emotion and loving energy, therefore
when dealing with emotional catharsis,
ch'i will come out, and
when being infused with loving energy,
one will feel strengthened.

People's health condition depends on the quality of the *ch'i*-flow.

When the *ch'i* in them flows smoothly,
People feel comfortable,
free, and
secure.

When the *ch'i* in their body is blocked or distributed unevenly,
People may feel insecure,
uneasy,
anxious, and
depressed.

I believe that
the person of the therapist is
an important agent for client's change.

Therefore,
I try to take good care of myself.
I believe that the counselling work is
to use my wisdom to illuminate my clients; and
to enlighten my clients, who are in the darkness, with my life.

I believe that *tai-chi* practice may have
an indirect impact on my therapeutic work
through its positive effects on me; but

I never apply it directly
in the psychotherapeutic setting.

In my work,
I use my life
to be present with my clients,
to receive all their negative stuffs,
to understand and empathize with them.

In my daily life,
I think
I should let myself really live...

The impact
might be subtle. Yet,
when we are lifeless,
our clients can feel that
your life is
dark,
heavy, and
grey.

I guess
it is perceivable in spite that
the science can not quantify it.
But, it is sort of
ambiance or atmosphere, which
can be easily captured and felt.

I am used to having about 10 minutes of quiet time
before each counselling starts,
I sit quietly and adjust my breathing.
I feel relaxed and clear-minded after doing this.

Therefore, in the session,
I am fully attentive,
fully present, and
fully aware.

Only a little bit of *tai-chi* related exercise,
I have incorporated into the psychodrama therapy.
In psychodrama,
the group members have never learnt *tai-chi*.

Therefore,
I only teach the group members
how to extend,
move, and
relax their body.

This helps *ch'i* flow freely, and
their blood flow smoothly
in their body

4.9 Calvin's story

It was because of a figure of the Mercy Buddha;
installed by my father, who
wanted me to take over when he was ill.
Being interested in knowing more about
the Buddhist and Taoist teachings;
I took it over and
began to engage myself
in reading the Buddhist and Taoist scriptures; and
in sitting practice.

Sitting practice has helped me overcome my feeling of loneliness.
Formerly,

I used to ring my friend when I was alone.

Once,

I rang but nobody answered.

I then decided to sit down and practise sitting.

During sitting practice,

I felt my life being connected with all other human beings.

Since then,

I never feel
bad or anything wrong or lonely
when being alone.

I bring myself and my attitudes cultivated through regular sitting practice
into my therapeutic work.

What I am still learning is

to lay down my desires
to control over myself and others; and
to accept the other persons' differences.

In this way,

you will not be affected so much by the other persons' emotion and
will be able to set a clear boundary with the others.

To undertake sitting practice with clients in counselling session
is my future plan.

I am not sure to be able to do it now.

I hope to be able to do this in the future.

For

without having enough knowledge
about my clients' health conditions; and
without knowing how to use it in therapy;
the incorporation of this into counselling session
can be unhelpful or
even harmful.

4.10 Jenny's story

Feeling frustrated and deeply hurt;
 for having been betrayed by my first boy friend;
Feeling warm and supported;
 for being accompanied and well taken care of by my classmate and good friend;
who invited me to join the *zen* club, and
 this becomes my first encounter with spirituality.
This occurred in the second year of my undergraduate.

Sitting practice has changed my life;
 my relationships with self,
 with others, and
 with the world.

Everything becomes different
 every time when I open my eyes after sitting practice.
I feel rich in thoughts and
 creative in thinking.
I firmly believe that
 there is life everywhere and in all things.
I have a renewed trust in the universe that
 all will be fine at the end.
I become more confident that in the future
 all will reach its suitable destination.

Every time, I thought that I have been falling asleep during sitting practice;
 but actually not.

It is hard to put into words.

Yes!

 That's kind of feeling that I've entered into
 another space and time or
 another world of myself.

I am aware that

 I am not present.

 It is only my body that was present
 at that moment.

My body is very sensitive!

At the start of the sitting practice,

 I usually feel very hot and perspiring

 I put my hands like this (demonstrating her posture).

 I sense two balls of fire

 burning in the palms of my hands.

This makes me feel very warm and comfortable!

Towards the end of the sitting practice,

 I usually feel cold.

 So cold that I need to cover myself, my feet and my body
 with a blanket.

During sitting practice,
I tangibly feel the circulation of *ch'i*.
very, very warm!

Every time after undergoing this process,
I feel that I have gained a better knowledge about myself.
I feel that I can see myself better.

A great realization for me this year is that
sitting practice has enabled me to provide
better counselling services.

It helps stabilize my energy and
maintain greater awareness.
It makes me come to realize that
I don't need to put on my shoulders
what does not belong to me or
what I do not need to.

It endows me with the ability
to perceive the *ch'i*-flow in my clients.
It enables me
to enter into their core issues right away.

I am not very sure; but
I think this must have something to do with my regular sitting practice...

4.11 Ruth's story

I began to undertake CRE when doing my PhD study in USA in the 1970s.

At that time,

I felt that I needed some physical exercises.

My landlord and landlady practised *tai-chi* every morning.

I thus became my landlady's *tai-chi* student.

Listen!

People only learn to appreciate their own culture
when they are in a foreign land.

At that time,

My religious community was promoting Eastern Spirituality.

One of our community members came to USA to share with me about this.

I started to undertake sitting practice by myself since then on.

I persist in practising *tai-chi* every day until now.

I feel like not having brushed my teeth when not doing this.

I persist in undertaking sitting practice every day.

It has become my most favourite prayer method.

Undertaking sitting practice for me is like

going back home to myself,

being with an indomitable spirit (laughter), and
in the presence of God.

CRE has become part of my life.

I am not undertaking this for any special purpose.

I am not undertaking this because I am going to work with clients.

CRE has become part of me.

I do sometimes undertake CRE purposively

when I encounter a client who is deeply disturbed.

This circumstance will naturally lead me into the sitting practice.

I spontaneously pray for and send light to the suffered.

I do teach and undertake CRE with my clients

who are very much emotionally disturbed.

I teach them certain short and simple form of *ch'i-kung*;

I teach them how to breathe deeply in order to

relax their mind and body.

I ask them to continue undertaking this at home themselves.

4.12 Ay-Chun's story

I began to undertake CRE...

At that time,

I had passed the entrance exam for a PhD program; and
I was waiting to start my study.

Twice,

I got car accidents.

I drove, and

it was me who hit others; and the one I hit, hit a tree.

Later,

I was diagnosed to have a brain tumour...

I was not feeling well both body and mind.

My life became fragmented and chaotic.

I was not able to think and judge normally, and
to work as before.

I had difficulty controlling my thinking.

I could no more think logically.

I became blunt and confusing...

I felt so different from the way I used to be.

I was anguished and
very much afraid of death.

At that time,

A colleague and friend appeared in my life.

She is a counsellor and a *ch'i-kung* practitioner

It was about six years ago when I got to know her.

At that time,

I was sick and unclear...

This person is really wonderful...

She used to make a long distance call and talked to me daily.

She helped me know the value of suffering.

She gave me support, encouragement, and consolation.

I was very much touched by her love and patience.

During that period of time,

I was not yet entirely recovered.

Once,

She asked me,

'are you interested in *ch'i-kung* practice? – Give it a try!'

'OK. I'll prepare myself to fight a losing battle!'

I thus joined the *Tai-ji-men Qiqong* Academy;

and started to practise *ch'i-kung*.

Persistently,

I practised *ch'i-kung* every day.
I never doubted
 even that my mind kept wondering around.
I continued practising it because
I believed what my friend had told me.

Sometimes,
 It is only when we have no way out;
 We are willing to do what are supposed to be done.

One day,
 During the sixth month of my CRE practice,
All of a sudden,
 I felt myself entirely awake;
 all the feelings of haziness had disappeared!
I regained the ability to organize the content of a speech.

I was really amazed by what had happened to me!

Since then,
 when undertaking CRE practice,
 I am able to feel the flow of *ch'i*
 in the palms of my hands and in my body; and
 experience a strong sense of euphoria and stability.
After undertaking CRE practice,
 I feel myself like a different person.

CRE practice has great impacts on my work
as a volunteer counsellor for dropout teenagers.
I was able to tolerate them
 when they challenged you!
I was able to remain calm
 when they were disrespectful and used bad words to talk to you!

CRE practice has great impacts on my work
as a full-time counsellor at a university counselling centre.
Calmly and understandingly,
 I was able to listen to my colleague's complaints.
Positively and empathically,
 I was able to say some comforting words to them
 to reduce their anxiety.

When feeling under pressure myself at the counselling centre;
I would most probably
 stand up and
 look for a place for
 ch'i-kung practice
 for 10 minutes.
When coming back to my seat;
I felt totally different.

I am not sure whether this relates to the *ch'i* or not.

Sometimes,

I felt flesh creep

when talking with certain client for the first time.

The one conducting intake interview

did not have the same reaction as I did.

Many times,

I have such an experience.

I do not know why and how this happened.

The flesh creep reaction gave me a hint that

the client must be very much disturbed.

When talking to them;

I found that my intuition was correct;

although I was not able to know exactly

what kind of illness he/she might have.

Since then,

The flesh creep has become a reminder for me

to be more patient with that particular client; and

to consider ways through which I could help him/her better.

Sometimes I lost my patience and began to merely offer suggestions;

Noticing this;

I would immediately pull back;

I took a deep breath;

let *ch'i* run in my body; and

slowed down my pace.

4.13 Sandy's story

I had a desire to explore different kinds of spirituality;
I attended the 10-day *vipassana* course twice during my sabbatical break.

I had an irregular heartbeat;
not able to be cured by Western medicine.
but found remedy through sitting practice.

The regular sitting practice leads me
to observe and accept my emotions as they are;
to open up to the grace of God and
to the power of the nature.

I look at the human person as a whole
involving body, mind, and spirit.
I pay attention to the *ch'i* people emit;
Depending on their
dietary habit,
daily schedule, and
moral conducts;
People emit different quality of *ch'i*.

Being healthy is not the same as not being ill.

Being healthy means
living fully;
that the whole person is open and connected within and without; and
is living on a different level.

Being healthy means that
you can eat and sleep properly;
you have little worry, anxiety, or stress; and
when having them, you know how to handle;
you are connected with the Heaven or with the Nature.

With the power of God or the energy of the Nature at work within,
the human person will live even a better life.

The healing should be holistic
starting from physical adjustment.
For when being physically ill,
a lot of toxins or hurts will be accumulated in the physical body.
Without physical health,
it's hard to deal with the health on the other dimensions.
When everything is open up and connected from within,
the different dimensions of life will gradually unfold.

Most of the clients who come to us are because of having no way out.
When they come for the first time,

I'll let them talk for about 2-3 hours
to have an idea about where they are and what they need.
I also check their physical condition
to know how to help adjust their physical health.

Our healing begins with the dietary therapy.
We suggest certain foods for them to take
to expel toxin from their body.
We ask them to do homework
to adjust their daily routine or
to undertake certain physical exercise.

Our healing continues with CRE practice.
We bring our clients to the beach;
We teach and undertake '*ching-luo-shan-kung*' with them.
'*Ching-luo-shan-kung*' is a special kind of CRE
developed by my sister and myself, which
we use to help our clients.

Firstly,
we activate and loosen the tightness of our body.
Secondly,
we bring out the negative emotions and send them away
by singing or making sound such as 'ah---!'
Finally,
we open ourselves up to receive energy from the nature; and
make promise to do *shan-kung* [good deeds]
to other living beings.
The whole set of CRE only takes about 5 to 10 minutes.

Our job aims at helping clients reconnect with their innate capacity
when they are not able to do so.
Once they get connected with their inner strength;
our mission is then accomplished.

4.14 Summary

In this chapter, I have presented a poetic portrayal of each participant to provide an idea about the whole data so that the readers may read and interpret from their own particular backgrounds. These poems may also serve as a basis to compare and contrast data as presented in the next two chapters.

Chapter 5: 'Feeling Completely Different after Regular CRE': CRE as a Path to Counsellors' Self-care

It seems to me that the real effect of *Zen* practice is not to change the therapist's theories or techniques, but to change the therapist...There is a natural growth of empathy and forbearance that occurs as the practitioner gains insight into the way in which all beings participate in the same nature. (Thomson, 2000, p. 546)

5.1 Introduction

In this chapter, I present the data pertaining to how Taiwanese counsellors perceive their regular CRE as a path to self-care. The stories concerning regular CRE as a means to self-care revolve around the context in which the storytellers' first encounter with CRE occurs. These stories are also concerned with the perceived effects of the regular CRE on practitioners' general well-being as well.

The data will be discussed mainly from Michel Foucault's notion of technologies of the self. I examine how the Taiwanese counsellors' narratives about their CRE experiences has led them to a new view of the self and a new understanding of their relations to others and to the world.

5.2 Where the journey began

The participants all gave an account of how they became involved in CRE practice. They told stories of loss, void, contingency, and/or a 'desire' for something more. The stories of loss centre on loss of health, of intimate relationships and the meaning of life. The stories of 'desire' involve desires to know more, to delve into the deeper mystery of life, and/or to increase physical activity.

The stories concerning loss of health, which were told by Samuel, Michelle, Tony, Ay-chun, and Sandy, were about their struggles with physical illnesses and/or psychosomatic complaints. These included acute, life-threatening, chronic ailments or psychosomatic complaints. The story about loss of an intimate relationship was told by Jenny. She described her grief over the loss of love and of the familiar way of being the self which had been predictable and controllable. The stories of 'desire' were told by May, Jane, Ladybird, Shu, Calvin, and Ruth. They depicted situations that facilitated the realization of their desires.

The stories of loss and/or desires were then turned into stories of ‘doing something’ either to repair the damage that the loss had done, to draw a new destination where life’s map leads to, or to fulfil a desire. Most of the stories were told through different types of relationships including peers, friends, kin, or authorities of the institution to which counsellors belonged. Some were reported in the way of self-exploration or independent inquiry and then evolved into stories of the storytellers’ first encounter with CRE.

The following accounts of Ay-chun, Ruth, and May provide examples that illustrate how stories of loss and need turn into stories of their first encounter with CRE.

5.2.1 ‘I was found to have a brain tumour’: Ay-chun’s story

Ay-chun is a licensed counselling psychologist and has been working as a counsellor for about 20 years formerly in a hospital and now in a university student counselling centre. She also works as a volunteer counselor with students dropping out of school. She has undertaken CRE every day for 20 minutes for the last five years.

In the first account below, Ay-chun describes how the unexpected diagnosis of a brain tumour led her into the ‘limit-experience’ -- the experience of loss, rupture, and discontinuity in her life. In the second account, she narrates how she became acquainted with CRE through a caring friend and colleague.

(Abstract)

I began to undertake CRE...

(Orientation)

At that time,

I had passed the entrance exam for a PhD program; and

I was waiting to start my study.

Twice,

I got car accidents.

I drove, and

it was me who hit others; and the one I hit, hit a tree.

Later,

I was diagnosed to have a brain tumour...

I was not feeling well both body and mind.

My life became fragmented and chaotic.

I was not able to think and judge normally, and

to work as before.
I had difficulty controlling my thinking.
I could no more think logically.
I became blunt and confusing...
I felt so different from the way I used to be.
I was anguished and
very much afraid of death.

In the above account, Ay-chun described how the unexpected illness had led her to the experience of discontinuity and rupture and finally to the ‘decomposition’ of her entire self. She was no more able to function as normal as usual either physically or mentally. She felt that she was not any more the same person as before and death seemed to be the only future waiting for her. This thought terrified her greatly.

Not only this, Ay-chun also narrated how her illness had affected her plan for the future and her ability to work and how she was entirely cut off from her past, her present, and her future, and disconnected with the self with whom she was familiar. She was left at the ‘limits’ of her own impossibility (Foucault, 1991, p.48). She underwent the limit-experience of a life-threatening illness which led her to become aware of the ‘limits’ of the map and destination which had previously guided her (Frank, 1995). The previous map and destination she had had was so predictable and familiar; she was then forced to draw a new map and destination marked with uncertainty and unfamiliarity.

None of her family members was allowed to enter into the scene. The presence of her friend and colleague became ever more significant. In the following account, Ay-chun described in detail how important her friend’s support was for her at that moment and how this has led her to her first encounter with CRE.

(Orientation)

At that time,
A colleague and friend appeared in my life.
She is a counsellor and a *ch'i-kung* practitioner.
It was about six years ago when I got to know her.

At that time,
I was sick and unclear...

This person is really wonderful...
She used to make a long distance call and talked to me daily.
She helped me know the value of suffering.
She gave me support, encouragement, and consolation.

I was very much touched by her love and patience.

During that period of time,

I was not yet entirely recovered.

(Complicating Action)

Once,

She asked me,

‘are you interested in *ch'i-kung* practice? – Give it a try!’

‘OK. I’ll prepare myself to fight a losing battle!’

(Resolution)

I thus joined the *Tai-ji-men Qiqong* Academy;

and started to practise *ch'i-kung*.

In the above account, Ay-chun emphasized how priceless and wonderful her colleague was. She found consolation in the way her friend talked and the help she provided for her to see the meaning of her suffering. By seeing the meaning and value of suffering, Ay-chun reconnected herself to the present; by believing that her present suffering would benefit her counselling work with clients, she saw a future waiting for her. By being able to reconnect with herself and with others, her feeling changed from being anguished to calmness. A new map was thus gradually taking shape which showed her how CRE could be a possible path for her self-care.

In the above account, Ay-chun used two direct quotes to highlight that decisive moment. The first direct quote was concerned with her friend’s inquiry about her attitude towards CRE and encouragement for her to undertake it. The second one was Ay-chun’s response towards the invitation. The invitation was presented in the form of question and encouragement and the response denoted little faith in the suggestion. Yet, Ay-chun was willing to ‘give it a try’ since she had lost everything and nothing more could be taken away from her.

The tentative ways of invitation and response reflect the position of CRE as a health care resource in Taiwan as discussed in chapter two. The concept of *ch'i* in the Chinese philosophy is a distinct cultural feature. Yet the CRE as a popular cultural practice does not receive enough attention and support from the health care professionals in Taiwan (Chang, 2011). Being a marginal, local, popular, scientifically unproven practice in the health care profession, CRE is thus a ‘limit-experience’ as well.

Facing such an invitation, like other participants, Ay-chun also felt hesitation. The reasons for the hesitation were explicitly expressed by other participants, e.g., Jane and Michelle. They both talked about the problem of deceiving. For example,

Michelle who suffered from chronic hepatitis B became knowledgeable about *tai-chi-men-ch'i-kung* practice from her former classmate and would like to 'try.' Yet, in her account, she said, 'I used to pass by xx [the *ch'i-kung* academy]. I have been observing for about half a year already. However, I was afraid of being deceived; I dared not to enter.' Yet, because of her faith in her classmate, she decided to give it a try.

Similarly, putting faith in her friend, Ay-chun also decided to set out on the journey with CRE and as indicated in her narrative, another surprising and unexpected experience occurred 'at the sixth month of her practice.' 'One day during the sixth month, all of a sudden, I felt myself entirely awake...I suddenly felt...I am able to organize the content of other's speech...and able to feel the flow of *ch'i*...' Along with this, in other parts of her narrative as presented in the section 5.3.4.2 and in chapter six (section 6.2.2), she also described how CRE has become part of her self-identity, helped her become more sensitive to clients' needs, patient, and able to stay calm in the moment of uncertainty.

As such, through the experiences of discontinuity, disconnectedness, and rupture, Ay-chun was forced to face the limits of her previous map and destination and was challenged to leave behind her old way of thinking and a predictable way of life. Through CRE, she began to view herself as 'equipped with a powerful resource for self-care,' which she believed to have benefitted her personal well-being and professional functioning.

Most narratives about the first encounter with CRE through the experiences of loss were presented in a way similar to that of Ay-chun. They all started with a story of loss or lacking and then their first acquaintance with CRE either through a friend or through reading books. Tony was the only one who did not mention 'an agency' through which he had his first encounter with CRE. His involvement in *tai-chi* practice was described as considering this the most suitable method among all the self-care techniques he knew which helped him to overcome his illness – the recurrence of nose allergy. The stories were told in different ways, yet they all included an awareness of certain personal limitations and pointed to the importance of counsellors' self-care.

There are other narratives about the first encounter with CRE presented in terms of meeting a personal need or interest or a desire. For example, Calvin and Jane's interest in religions, Shu and Ladybird's desires to either delve into the spiritual world

or to know more about themselves, and May's interest in and Ruth's need for physical exercise.

In the following section, I will provide Ruth's and May's accounts as examples to illustrate the narratives about the first acquaintance with CRE as a path to fulfil a personal need, interest, or desire.

5.2.2 'I thus became a student of my landlady': Ruth's story

Ruth has been working as a counsellor for more than 20 years alongside her full-time teaching position at university. Without a state license to practise as a counselling psychologist, she only provided free counselling services in the church to which she belonged and to students who asked for her help. Ruth has been involved in CRE practice for more than 20 years and is familiar with several types of CRE including sitting practice, *tai-chi*, *ch'i-kung*, and the universe strength exercise (*yu-chou-tsao*). She undertakes CRE for 30-45 minutes every day. In the following account, Ruth describes how her need for physical exercise and decision to learn CRE has turned this into her daily routine and become part of her self-identity.

(Abstract)

I began to undertake CRE
when doing my PhD study in USA in the 1970s.

(Orientation)

At that time,
I felt that I needed some physical exercises.
My landlord and landlady practised *tai-chi* every morning.
I thus became my landlady's [a Chinese] *tai-chi* student.

(Evaluation)

Listen!
People only learn to appreciate their own culture
when they are in a foreign land.

(Orientation)

In the 1970s,
my religious community was promoting Eastern Spirituality.
One of our community members
came to USA to share with me about this.

(Resolution)

I started to undertake sitting practice by myself since 1970s.

(Evaluation)

I persist in practising *tai-chi* every day until now.
I feel like not having brushed my teeth when not doing this.

In the above account, Ruth described her first encounter with CRE as arising out of her need for physical exercise while studying. She began to learn *tai-chi*, which is a Chinese popular cultural practice, with her landlady in a ‘foreign land.’ Ruth expressed a need to integrate her body and mind and to relive an important part of her culture which she had left behind, and she found its fulfilment through CRE.

In her account, Ruth mentioned that it was in the 1970s when she began to take up CRE lessons with her landlady. It was during the decade when the tremendous political, economic, and social transformation happened in Taiwan - the abolition of martial law, the economic miracle due to rapid industrial growth, and the rising of ‘Taiwanese consciousness’ (Lee, 2008). These changes resulted in a greater sense of freedom and national self-confidence among the Taiwanese people. It was during this period of time that Ruth made CRE part of her self-identity, i.e., her ‘traditional’ culture, re-emerge in her life. She re-activated that hidden ‘part of the self’ in the foreign land, in a country which was regarded as an economic and political ‘colonizer’ of her homeland (Brown, 2000; Lee, 2008).

Ruth also stated that it was when undertaking her PhD study abroad that she became involved in CRE practice to meet her need for physical exercise. Being far away from home, Ruth might have felt alienated from her own culture. Intensively immersed in mental activity while studying, she became aware that part of the self was silenced. Such experiences of alienation, disconnectedness, silence, lacking, and deficit can be also considered ‘limit-experience’ which requires attention for it is there that a new story of the self is to be born (O’Farrell, 2005).

In Ruth’s case, this new way of telling the self-story may refer to her account of how CRE has become an integral part of herself. As she said, ‘I feel like not having brushed my teeth if I do not do it [undertake CRE].’ ‘Part of my blood is constituted with CRE.’ ‘CRE is my most favourite prayer method.’ That is, she could no longer separate herself from CRE, which is inside her circulating throughout the entire body, part of her daily routine, and a way to feel interconnected with others, her own culture, and the entire universe.

Most narratives about the first encounter with CRE through a felt need, a desire, or an interest presented the protagonist as having a hole to be filled or as being ‘incomplete.’ This ‘incompleteness,’ lack, deficit, or disconnectedness ‘opens a void, a moment of silence, a question without an answer, provokes a breach without reconciliation where the world is forced to question itself’ (Foucault, 1988b, p.288). It

emerges in the form of a rupture or an interruption ‘to resist and undermine the monotonous empires of conformity and the “normal”’ (O’Farrell, 2005, p.90). Various types of personal relationships were then invited to enter into the scene which then led the protagonists to their first acquaintance with CRE.

5.2.3 ‘Walking and climbing mountains...to school’: May’s story

Like Tony, May did not mention a particular person who introduced her to the CRE practice. Instead, she depicted in detail how her day-to-day practices of ‘walking’ and ‘climbing mountain’ back and forth between home and school have made her ‘thin and bone only, bird’s foot like feet become sturdy and strong’ (May, lines 281-182) and have gradually formed her self-identity. May’s account is displayed below.

(Orientation)

Walking and climbing mountains with my bird-foot-like feet
to school
since being a child.

It was the way of my family’s being in the world.

It was the way how I delved into the world of CRE.

(Evaluation)

Through this,
I grow!
My bone became sturdy;
my heart expanded its horizon; and
my spirit transgressed
into a world unknown.

In the preceding account, May explained that all the hardships she bore in terms of walking back and forth to school during childhood were actually a kind of CRE training. Through the evaluation clauses indicated above, she emphasized that such practice had fortified her entire being and helped her to grow in body, mind, and spirit.

‘Walking and running’ is actually one form of active CRE, called ‘running incense’ (*pao-hsiang* in Chinese), a kind of walking-running meditation and a common practice in the Buddhist monastery. May is the only interviewee who does not mention *tai-chi*, *ch’i-kung*, or sitting practice. Instead, she talks about ‘walking’ and ‘running.’ This may indicate that May’s understanding of CRE is much broader than that of the others. It also reflects what she explained in the later part of her

interview, that she was not interested so much in the types of CRE with fixed steps or movements; rather, she preferred those without.

In her account, May highlighted that such 'training' lasted a long time, for about nine years from her primary to secondary education. May described in detail the time that she spent on such a physical exercise since her childhood on a daily basis and she employed various movement-related verbs such as, 'climb,' 'go to,' 'coming back,' 'running,' and 'walking.' This may indicate that physical exercise, which was undertaken initially as a natural extension of her family way of being, has now become part of herself. Being so fascinated with physical movements; these movement-related verbs thus spontaneously flow through her when she is narrating. By emphasizing the gradual development of her interest in the physical exercise and then in CRE, May is telling how life is a continuous process with all its complexity and multiplicity. Whatever occurred in the past may have an effect on the present and together with the present on the future. Likewise, whatever happened in a single part may impact on the other parts and on the whole. She is actually pointing to an alternative way of viewing a human person differing from the currently dominant medical model approach in Taiwan. Such an alternative approach views a human being as an integral whole involving body, mind, and spirit, and as situated in time and space, meaning as being context-dependent.

In short, the narratives indicated that the participants became acquainted with CRE either through an experience of lacking, discontinuity, a felt need, an interest in physical exercise, or as an extension of the family's way of being. None of the participants explained that he/she has learnt or undertaken CRE for the sake of his/her professional practice. Yet, after being immersed in the regular CRE for a long period of time, all participants regarded this as part of their life and as being beneficial for both their personal wellbeing and their professional functioning. This will be further discussed below.

5.3 Setting out on the journey with CRE

Once the participants decided to immerse themselves in CRE practice, their narratives of the self were then expressed through their experiences of CRE. The narratives of this revolved around the experiences of the physical sensations, the perceived effects of CRE on their personal wellbeing and professional functioning, and the use of CRE while working. In the section below, a few examples will be

provided to illustrate how each type of these experiences led to a different view of the self, and relations to others and to the world.

5.3.1 The experiences of the bodily sensations

Half of the participants namely Samuel, Jane, Shu, Jenny, Michelle, and Aychun gave an account of their experiences of the physical sensations while undertaking CRE practice. These experiences were described as the flowing tears and snot and a swollen body, the sensations of aching, numbing, tingling, and shaking, mild electric current sensations, the sensations of heat and cold, gooseflesh, and smell. I will focus on the first two types of sensations as they provide illustrations of the transformation of self-view through these experiences across the narratives.

5.3.1.1 'I had no idea why or how this had happened': Jane's story

Two participants (Samuel and Jane) talked about their experiences of having tears flowing down their face while undertaking sitting practice. Samuel underlined the frequency of this occurrence and the unusual phenomenon he had undergone. Jane highlighted the comfortable feelings related to it and an unknown world she had encountered. In the following sections, I will first focus on Jane's accounts and then Samuel's to illustrate how they perceived their involvement in CRE and the related somatic sensations as a path to their self-care leading to self-transformation.

Jane is a licensed clinical psychologist who has been working in the helping profession for 16 years both in an educational setting and in hospital. Jane was a part-time counsellor in a university student counselling centre and had been involved in CRE practice for 13 years when the interview took place. In the following accounts, Jane described how her previous and 'normal' way of knowing herself and the world was deconstructed and reconstructed through her experiences of bodily sensations in terms of a swollen body and the flowing snot and tears. This, in the second account below she explained as 'being filled with *ch'i*.'

(Orientation)

I was aware that I sat crooked; yet
I had no desire to make any movement.
I was afraid that this might take away
the comfortable feelings I had at that moment
which had arisen naturally from sitting practice.
I was also aware that
at that moment,

my tears and snot were flowing down; and
my body was swollen. But

(Evaluation)

I had no idea why or how this had happened.

Jane emphasized her lack of knowledge about why she was sitting crooked and why there were tears and snot flowing down her face through the evaluation clause indicated above. She described herself as being very much clinging to the comfortable feelings she had at that moment. Yet, where did the feelings come from was another riddle for her ‘at that time.’

Jane’s previous ways of knowing and of relations to herself and to the world were ‘taken apart’ at that moment. She sank into a world ‘unknown’ and felt the self completely lost. Jane was most probably undergoing an experience called ‘*ch’i-kung* state.’ According to Lo (2001), in such a state, a CRE practitioner may experience the deconstruction of his/her former knowledge and self-construction and feel a new way of knowing and self-view emerging.

Jane’s experience of a ‘new self’ was not only felt during CRE practice but also reflected on her actual life as presented in the later part of her narrative, for example in her critique of the medical-model dominant health care system in Taiwan and her eight-year dedication to a ‘*zen*-style’ counselling practice. Through the former, Jane deconstructed her previous learning in the formal education system and through the latter; she constructed a new way of thinking about healing practice.

In the next account, Jane explains how she gradually comes to realize the ‘meaning’ of her new experiences of the self in terms of ‘a swollen body.’

(Orientation)

I had no idea in the beginning. Yet,
when the time was ripe;

(Evaluation)

I became aware that
it was because that I was filled with *ch’i*
so that my body was swollen; and
my tears and snots flowing down on my face.

In the above account, Jane compared her past and her present self. She said that in the beginning, she was innocent but ‘now’ ‘when the time is ripe’ she comes to realize that the physical sensation she experienced has a special meaning in it. It is not

only the ‘overflowing’ water manifested in the form of ‘swollen hands’ or ‘flowing tears and snot;’ but ‘the body being filled with *ch’i*.’

There is a ‘shifting movement’ in Jane’s account, from the past to the present, from what is visible to the invisible, and from the concrete to the abstract. There is a deconstruction of her previous understanding of the world wherein ‘nothing was incomprehensible to her’ and everything was logical, predictable and under her control. But after having had that unusual experience, her previous world was taken apart. Jane was then invited to live with an ‘incomprehensible’ and unpredictable world and a world over which she had no authority. She was led to surrender herself to the flow of *ch’i*, to open to the unexpected and to the unknown, learning to live with a self that is always in the becoming.

5.3.1.2 ‘I have an unusual CRE-related experience...’: Samuel’s story

On the other hand, Samuel underlined the unusualness of the somatic phenomena which occurred to him while undertaking sitting practice.

(Abstract)

I have an unusual CRE-related experience.

(Orientation)

Every time when I undertook sitting practice,
As long as I closed my eyes for about 5-10 minutes,
There were tears flowing down from my eyes.
It occurred again and again every 2-3 minutes; and
I had to wipe them every so often.

(Evaluation)

I was not crying; and
It has nothing to do with
my emotions or my childhood experiences.
I think it must be a physical reaction or
a phenomenon of *ch’i*.

As shown in chapter four (section 4.5), Samuel undertook sitting practice to overcome his sleeping difficulty which he thought to be related to certain psychological pressures he had experienced. He recovered from his insomnia after three years of regular sitting practice. Yet, what has happened to him during such practices, such as the flowing tears, remains a riddle.

In the above account, Samuel highlighted such a still-unresolved riddle – the unusual phenomenon of the naturally flowing tears that constantly accompanied his

sitting practice. He denied a possible connection of such a phenomenon to his emotions or childhood experiences and preferred to interpret it as a natural physical reaction to *ch'i*. As such, Samuel was different from the rest of the participants who tended to be convinced that CRE and the related experiences of *ch'i* have an impact on other aspects of their being. For example, Tony explicitly expressed the view that having the psychological background, it is easier for us to become aware that CRE not only has an effect on our physical self; but also other aspects of the self including our psychological and spiritual self and our worldviews.

However, it is interesting to note that right in the beginning of his story about undertaking sitting practice in the middle of the night; he mentioned '*a-piau*' (ghosts) that might appear at nights. As explained by Michelle in chapter four (section 4.7), *ch'i* can also be manifest in the form of 'karmic creditors'. I therefore assumed that Samuel's 'fear' of ghosts associated to the idea of *ch'i* could be a possible explanation for his refusal to discuss any possible deeper meaning of *ch'i* or to make connection of this to any invisible aspects of his being including the psychological self.

Samuel preferred to regard himself as an 'agnostic' and chose to leave a space for his audiences 'to interpret the phenomenon by themselves.' That is, Samuel admitted the benefit of the sitting practice on overcoming his sleeping difficulty but he declined to explore anything beyond the visible world.

In contrast to Samuel and like other participants, in her narrative, Shu linked her *ch'i*-related sensations of pain, aching, numbing, and electric current to her past and emotions. Shu's example will be illustrated below.

5.3.1.3 '*...like a drain being cleaned up*': Shu's story

Shu presented a narrative of the self through an account of the bodily sensations of pain, aching, numbing, and electric current-like sensations which occurred to her while undertaking CRE practice. Shu holds a license for family constellation therapy. She had been involved in CRE practice for 12 years and had been working as a private practitioner in the counselling field for 10 years at the time of interview. In her account below, Shu described how she arrived at a different view of the self through the experience of the physical sensations which she interpreted as a manifestation of the circulation and operation of *ch'i* in her physical body.

(Abstract)

During sitting practice,
I experience circulation and operation of *ch'i* in my body.

(Evaluation)

This triggers out my childhood experiences;
induces certain images; and
makes surface all kinds of sensations.

When the *ch'i* operates in the body;
it is like a drain being cleaned up.

The uncomfortable feelings and pains occur
both at a physical and psychological level.

The pain is like when somebody
holds you,
throws you down
from their back over their shoulder, and
turns you around.

This pain makes you feel no other way but to scream loudly.

When the *ch'i* circulates in the body;

I can feel all kinds of sensations.

These include aching,
numbing,
swelling,
itching,
tightness, and
electric current-like sensations.

In the above account, through a series of evaluation clauses, Shu depicted how she was opened up, turned around, and led to give voice to her past by the flow and operation of *ch'i*. As she re-activated the parts of the self which have been silenced she was able to give an account of a different self, of being with vitality and with the self's multiple aspects interconnected.

Shu employed various analogies in her account such as 'opening up a drain,' 'a drain being cleaned up,' 'somebody holds you, throws you down...and turns you around,' and fast running of the 'electric current' among the chakras. These analogies were all very powerful and denoted 'forceful actions' wherein the protagonist of the story always played a passive role, that is, she was the object on which the actions acted.

Playing a passive role for the *ch'i* to actively act upon her reflects Shu's ideas about counselling which she expressed in the earlier part of her narrative. Shu compared psychotherapy to gardening. To cultivate healthy soil is always the first step to planting. 'To help the seed grow better; the gardener first has to prepare the

soil; and for this, the gardener has to dig into the earth and take out the stones.’ As such, the one being acted upon is like the ground; and the *ch’i* is the gardener. Shu emphasized that both the client and the therapist need to be acted upon by the *ch’i*, for the goal of healing is that we all become ‘a permanent medical doctor’ for ourselves.

In short, those who narrated somatic manifestations of *ch’i* tended to mention something ‘unknown’ or an invisible or incomprehensible world besides the recognition of the benefits of CRE on their personal wellbeing, in spite of the differences in the degree of their exploration in this regard.

Alongside the accounts of the somatic reactions to the movements of *ch’i* in the physical body are the narratives of the perceived effects of CRE on the participants’ personal wellbeing. The data of this will be presented below.

5.3.2 The perceived effects of CRE on personal wellbeing

The narratives provided evidence of the beneficial impacts of regular CRE on the practitioners’ personal wellbeing including physical health recovery and general health enhancement. The five participants struggling with physical illness and/or psychosomatic complaints mentioned in section 5.2 give an account of their health recovery stories while the others narrate how regular CRE improves their global wellbeing.

In this section, the examples of Michelle, Calvin, Tony, and Jenny will be provided to illustrate this issue across the entire data.

5.3.2.1 ‘My ALTGPT lowered down to the entirely normal level’: Michelle’s story

Michelle was found out to be a chronic hepatitis B carrier at high school. This illness caused her insomnia, interrupted her daily routine, and made her feel weak all the time. She described this right in the beginning of her interview and highlighted all the health recovery efforts which she had made including her regular consultation with a leading medical figure in treating chronic hepatitis B in Taiwan and the great amount of money which she spent on this. She emphasized that in spite of all the efforts made, her health did not improve until her encounter with and regular practice of CRE. In the following account, Michelle narrated her health recovery story.

(Evaluation)

Believe or not,
only after two weeks of *ch'i-kung* practice,
my ALTGPT [Alanine Aminotransferase) lowered down to
an entirely normal level.

(Orientation)

My husband, a western medical doctor, who
took care of drawing my blood for testing,
did not believe that it could happen that way.

Eight month later,
seeing that my blood test results had been all the time normal,
he was finally convinced.

Two years ago,
My mother became very ill and
I was the only one to take care of her.
During that period of time,
I only slept three hours per day; and
I was extremely tired.

(Evaluation)

Even then, my ALTGPT remained
perfectly normal.

In the above account, Michelle highlighted how unbelievably fast, scientifically proven, and time-tested her recovery through CRE was. She pointed out three crucial time points: after two weeks, eight months, and two years ago. In the time of two weeks after her regular CRE practice, she found that her 'ALTGPT lowered to the entirely normal level.' At the eighth month, the blood test showed that she was 'totally OK.' As such, her recovery was scientifically proven. And then, two years ago, her 'ALTGPT remained perfectly normal' even when she was extremely tired through which she provided evidence that her recovery was time-tested.

In her account, Michelle allowed two figures to appear in the scene: her husband and her mother and specifically mentioned that the former is a Western medical doctor and the latter severely ill. A medical doctor is someone capable of confirming her health. This medical doctor is at the same time her husband who took special care of her when she was ill and the ill mother the one Michelle took care of. Through these two characters, Michelle was probably saying that her health condition was good enough to take care of others and her role has shifted from a patient to a carer.

In her story, Michelle described how regular CRE helped her health to be restored and she changed her view of the self and her relations to others. In the next

account, Calvin narrates how regular sitting practice was beneficial to him in dealing with his emotional problem.

5.3.2.2 '*I overcome my feeling of loneliness*': Calvin's story

After his service in a psychiatric hospital for eight years, Calvin decided to set up a private practice in a community setting. The reasons why he made this decision and the hardships this involved was the first issue he narrated at the very beginning of his interview when being asked about his counselling practice. He then quickly turned to the topic of sitting practice and detailed how this had helped him to change his way of thinking and attitudes towards self and others and to learn to put aside his need to control. In his account below, Calvin gave an example to illustrate how regular sitting practice helped him to overcome his feelings of loneliness and changed the way in which he related to others and to the world.

(Abstract)

Sitting practice has helped me overcome my feeling of loneliness.

(Orientation)

Formerly,

I used to ring my friend when I was alone.

Once,

I rang but nobody answered.

I then decided to sit down and practise sitting.

(Evaluation)

During sitting practice,

I felt my life being connected with all other human beings.

Since then,

I never feel

bad or anything wrong or lonely
when being alone.

In his account, Calvin described how his thinking, feeling, and doing changed after being involved in CRE. He gave an example of how he overcame his feelings of loneliness when being alone to demonstrate the contrast before and after undertaking CRE. He emphasized that the feelings of interconnectedness naturally arising during his sitting practice helped him to overcome his feelings of loneliness.

As sitting practice was the only type of CRE which Calvin undertook, I suspect a possible relation between his feeling of interconnectedness and the mechanisms of this specific type of CRE. During sitting practice, the practitioners cross their legs sitting straight on the floor with the arches of their feet upward and hands placed on

the knees with palms upward. The sitting posture denotes that the whole person is opened up and ready to receive *ch'i* from the universe and to sit on the floor signifies that the whole person is rooted in the earth and interconnected with all beings. Practitioners tend to report feelings of oneness with others and with the universe when undertaking sitting practice. For example, in this study, most participants involved in sitting practice such as Ruth, May, Ladybird, Jenny, and Shu also expressed their feelings of 'being interconnected with heaven and earth' and of 'steadiness' during sitting practice.

Similarly, Calvin felt himself interconnected with all other human beings during sitting practice. As a result, he had a different view on solitude and a different way to make use of his time of being alone. He no more needed to utilize a friend to get rid of his feelings of loneliness. That is, his view of the self and relations to others and to the world have been transformed.

Like the two examples presented above, Tony also considered his CRE experience a positive one in spite of the type of CRE which he undertook, and the benefits which he described were different. In the following account, Tony explained how his *tai-chi* practice had an impact on his whole person.

5.3.2.3 '*I feel calm, concentrated, invigorated...*': Tony's story

Tony became involved in *tai-chi* practice because of his nose allergy complaints. Familiar with various types of physical exercises, he found nevertheless that only *tai-chi* could help to prevent the recurrence of the above mentioned complaints. He also admitted that after years of regular practice, his constipation problem and sleeping difficulty were also solved. Tony considered that *tai-chi* practice has had both physical and psychological impacts on him. The physical effects are as mentioned above and the psychological and the whole person impacts are presented in the account below.

(Abstract)

Tai-chi practice not only enhanced my physical health;
but also my psychological wellbeing.

(Evaluation)

My thinking is activated and
I feel calm,
concentrated,
invigorated,

strengthened,
relaxed, and
light
during *tai-chi* practice...

Of course, we who have a psychological background
may experience it differently for
we can analyze it and
become aware of its effect.

So, it makes us
feel more vigorous,
active,
calm;
so calm and
focused; and
the ideas emerge and flow smoothly.
It is like that the *ch'i* is circulating
through the entire body
without any obstruction.

Indeed,
the whole person is entirely relaxed; and
the thinking is flexible and active.

In the above account, Tony described how he perceived the effects of *tai-chi* on his entire person during and after his practice. He felt his physical body invigorated, thinking reactivated, and felt calm during the practice. After the practice, the *ch'i* flowed freely throughout his entire body and his whole person relaxed after the practice.

Tony emphasized that the effects of his *tai-chi* practice were on his whole person, describing this through both what he said and how he told the story. The former was shown through the words he employed such as 'the entire body' and 'the whole person;' and the latter his going round and round repeating the same words such as calm, concentrated, relaxed and so on. *Tai-chi* movements are characterized by their being easy, slow, circular, and expanding. Tony had been involved in *tai-chi* practice for 25 years when the interview took place and I therefore suspect that the '*tai-chi* spirit' might have affected his ways of thinking and speaking, and his emphasis on the wholeness as well.

Tony underlined the importance for a therapist 'to be holistic' throughout the entire interview by which he meant 'to be relaxed' and 'to be fully present' and 'attentive' according to what he has explained at the interview. I therefore argue that

his understanding of ‘wholeness’ echoes his perception of the effects of *tai-chi* practice as well. In other words, through his narrative, Tony was trying to communicate that he felt his whole being ‘coloured’ by ‘*tai-chi* spirit’ and the entire body ‘filled’ with the free flow of *ch’i* after the practice. He was saying that a new ‘CRE-self’ which is characterized by a new way of thinking, feeling, and acting has emerged in him.

In sum, the data presented above indicated that the perceived effects and the types of CRE varied though all participants described a new view of self, and relations to others and environment as a result of their regular CRE practice. Besides, the new sense of the self tended to be characterized by the ‘spirit’ of the type of CRE they undertook. For example, Calvin’s feeling interconnected with all human beings is associated with the sitting practice; Michelle’s new sense of self as being healthy and able to care for others is considered to be related to the *tai-chi-men-ch’i-kung* which she undertook; and Tony’s sense of wholeness to his *tai-chi* practice. Therefore, I argue that alongside the perceived beneficial effects of CRE on their global wellbeing, there is a ‘CRE-self’ arising in the participants. That is, CRE has been regarded as an important part of their self-identity.

This CRE-self is perceived as having impacts on the participants’ counselling practice to various extents and in various ways. The narratives in this regard revolve around the participants’ perception of how their CRE-self operates in their counselling encounter with clients and how their perceived personal benefits of CRE have an impact on their counselling practice. The data pertaining to the former will be presented in the next chapter and the data relating to the latter next section.

5.3.3 The perceived effects of CRE on the professional functioning

All the narratives indicated beneficial impacts of CRE on the counselling practice through its positive effects on the participants’ personal wellbeing. The perceived personal beneficial effects of CRE which lead to beneficial impacts on the counselling practice include abilities to be relaxed, greater self-confidence and self-acceptance, increasing energy, tolerance, patience, and a feeling of stability. The positive effects considered to be brought about by the above mentioned personal effects of CRE involve higher levels of awareness and attention, abilities to be fully

present in the counselling encounter, trust in the counselling process, and obtaining a deeper level of understanding of the clients.

This section provides the examples of Jenny and Ladybird to illustrate this issue across the entire narratives.

5.3.3.1 '*...enabled me to...maintain greater awareness*': Jenny's story

Like most of the participants, Jenny also believed that her regular CRE has benefitted her personal wellbeing greatly. This includes an altered sense of time, space, the self, and relations to the world during her sitting practice and feelings of stability, being relaxed, at ease, and a higher level of awareness afterwards. Among the above mentioned effects, she particularly mentioned that a feeling of greater stability and greater awareness had both enabled her to provide better quality counselling services to her clients.

(Evaluation)

A great realization for me this year is that
sitting practice has enabled me to provide
better counselling services.

(Evaluation)

It helps stabilize my energy and
maintain greater awareness.
It makes me come to realize that
I don't need to put on my shoulders
what does not belong to me or
what I do not need to.

It endows me with the ability
to perceive the *ch'i*-flow in my clients. And
it enables me
to enter into their core issues right away.

As indicated in the above account, Jenny came to realize that CRE is beneficial for her counselling practice because it helped her to stabilize her energy, maintain a high level of awareness, and make a conscious choice to 'let go' what does not belong to her. Jenny considered it crucial to have her energy stabilized because as she described in other parts of her narrative, she considered herself a 'very sensitive' person who easily experienced somatic reactions to the emotional states of other people. She believed that her regular sitting practices have helped her to overcome this difficulty.

In her account, Jenny admitted that she only became aware of the benefits of her regular CRE for her counselling practice ‘this year.’ This reflects the situations of all the participants that none has become involved in CRE in order to better their counselling services. Yet, after years of regular CRE practice, all came to realize the positive impact of CRE on their professional lives.

Jenny recognized the benefits of CRE for her counselling practice through its positive effects on her own personal wellbeing. Yet she did not explain in which way it contributed to her therapeutic work with clients. By contrast, in the following example, Ladybird clearly pointed out that the positive effects of CRE on herself, such as increasing self-acceptance, tolerance, and patience, have helped her better to understand her clients and to increase her trust in them.

5.3.3.2 ‘...my ability to understand my clients grows...’: Ladybird’s story

Through a desire to achieve a better self-understanding and a greater self-acceptance, Ladybird began to become involved in CRE practice, and through her increasing self-knowledge and self-confidence, her ability to understand and trust her clients grew as well. In the following accounts, Ladybird explains how her new self-view as a consequence of the regular CRE has benefited her therapeutic work with clients.

(Abstract)

I feel my life totally different after immersed in CRE practice.

(Evaluation)

I feel having been cleansed,
I have become more accepting,
patient,
tolerant,
tranquil,
energetic, and
self-confidant.

I believe that

the higher the tolerance I have,
the more the confidence I have on my clients’ ability
to cope with his life’s adversities.

The more I am self-aware and self-accepting;
the better I am able to understand my clients. And
the more my spirit is stable;
the better I am able to help

my clients in a great inner turmoil calm down and
get in touch with their inner strength

Ladybird's account as presented above showed a parallel relationship between the effects of CRE on personal wellbeing and the impacts of this on the therapeutic relationships with clients. For instance, Ladybird believed that her ability to face the adversity in her own life as an effect of CRE has increased her trust in her clients' ability to face the same in their own lives. And her perception of a greater acceptance of her own emotion brought about a greater ability to understand her clients. It is through a desire for greater self-knowledge and self-growth that Ladybird came to her first encounter with CRE. It is also a greater degree of self-acceptance and self-confidence that she found in herself as she persevered in the practice. When bringing this 'new self,' the self with greater self-acceptance and self-confidence into the counselling encounter, Ladybird realized that she was better able to enter her clients' world and help them to become aware of and live out their potential.

5.3.3.3 '*...to have enough energy and attention...*': *Samuel's story*

Like Jenny, Samuel also narrated how sitting practice has helped him to become more attentive during counselling practice although he described this in a very different way.

(Abstract)

Sitting practice helped me overcome sleeping difficulty.

(Evaluation)

I therefore was able to have enough energy and attention
for counselling practice.

Although as an experienced counsellor,

I could not be so much affected;

I just hoped to be more attentive
when working with clients.

Instead of directly talking about the benefits of sitting practice on improving his attention; Samuel highlighted the effects of such practice on his sleeping quality. He once again limited the CRE-related topic to within his physical being and emphasised that as long as he was having enough sleep his energy level would increase and the attention needed for his counselling practice would grow. Yet, through his account,

Samuel pointed out the importance of counsellors' self-care as the basic foundation of our professional practice, and for this, CRE could be a suitable path.

In the sentence that follows, Samuel repeated again the importance of having enough sleep as the prerequisite for better attention in a counselling session. This once again confirmed his position on the value of sitting practice on improving sleeping quality, leading to increasing energy and attention.

The above examples showed that the effects of CRE on counsellors' professional functioning were perceived as a manifestation of the practitioners' self-growth brought about by their regular CRE as a means for self-care. That is, the participants commonly agreed that counsellors' readiness for providing quality counselling services largely depend on how much they take care of themselves, and that CRE is an advisable path for counsellors' self-care.

In the next section, the data to be presented explain how some of the participants also utilize CRE as a means for the immediate care of the self while working.

5.3.4 CRE for counsellors' self-care while working

While all narratives indicated the use of CRE for long-term self-care, a few described the helpfulness of CRE for 'immediate care' as well. The participants who explicitly mentioned their CRE practice when they work include Jenny, Tony, and Ay-chun. Jenny talked about undertaking a brief CRE before any meeting; Tony before starting a counselling session; and Ay-chun when feeling the atmosphere in the office extremely heavy. In this section, the examples of Tony and Ay-chun will be provided to illustrate this issue across the narratives.

5.3.4.1 '10-minute quiet time before each counselling session': Tony's story

Tony set up his private practice in a community setting after retiring from his work as a clinical psychologist in a psychiatric hospital for more than years. In this new set up, he mentions himself as beginning to have the habit of undertaking 10-minute quiet sitting before a session starts. In the following account, Tony describes how he does it and the quality of his presence in the counselling session which he thinks to be possibly related to the CRE.

(Abstract)

I am used to having about 10 minutes of quiet time

before each counselling starts.

(Evaluation)

I sit quietly and adjust my breathing.

I feel relaxed and clear-minded after doing this.

Therefore, in the session,

I am fully attentive,

fully present, and

fully aware.

In his account, Tony indicated the time point, the length, the method, and the purpose of his undertaking CRE while working. Before the above account, Tony described at length the benefits of his regular CRE for his physical and psychological wellbeing. He emphasized the ‘indirect help’ of CRE to his client through its positive effects on himself. I therefore invited him to explain further what he meant by an ‘indirect help.’

The above account is an example which Tony gave to explain what the ‘indirect help’ meant to him. He said that the purpose of sitting quietly for about 10 minutes before a counselling session began was to adjust his breathing and to help himself to relax and to clear his mind. He found that he was able to be ‘fully present and with a high level of awareness and attention in the counselling sessions’ after doing this although he was not sure whether it is because of his CRE or not.

The ‘purposes’ for the brief pre-session CRE which Tony mentioned echo the perceived effects of his regular CRE as presented in section 5.3.2.3 among which ‘to be relaxed’, which Tony considered to be closely related to a state of ‘wholeness’, was especially pointed out. I thus argue that through the above account, Tony is probably communicating that the brief pre-session CRE is for him a reminder of his CRE-self or of the state of ‘wholeness’ related to his regular CRE. That is, as long as this CRE-related aspect of the self can be ‘re-activated,’ he will be able to be fully present and to share his light and wisdom with his clients in the counselling session. He emphasized this as his understanding of counselling in other parts of his narrative.

Tony undertook brief pre-session CRE to remind him of the aspect of the self related to CRE, i.e., a CRE-state of himself as described in 5.3.2.3. He tried to return to that state by sitting quietly to adjust his breathing, relax, and clear his mind. Similarly, in the next account, Ay-chun also takes time to undertake CRE when working in the office. By doing so, she also feels able to go back to a CRE-state of being calm and relaxed.

5.3.4.2 'I...look for a place for 10-minute CRE practice': Ay-chun's story

Working as a full-time counselling psychologist in a university student counselling centre, Ay-chun has to take care of the administrative work as well as to provide counselling services to students. At interview, she spent much time talking about her work pressure and the heavy atmosphere in the office. As shown in the data presented in 5.2.1, Ay-chun had suffered from a brain tumour, which led her to her first encounter with CRE, and she believed that her illness has been cured through her regular CRE practice.

Ay-chun described her health recovery through CRE as a profound experience of the *ch'i*-flow in her physical body which was then turned into a sign of health for her. She believed herself to be more productive, effective, and better able to provide quality care for others. In the following account, she explains when and how she undertakes CRE in her work place and the differences it makes.

(Orientation)

When feeling under pressure myself at the counselling centre;

I would most probably
stand up and
look for a place for
ch'i-kung practice
for 10 minutes.

(Evaluation)

When coming back to my seat;

I felt totally different.

Ay-chun did not talk about doing this in preparation for a meeting like Jenny or for a counselling session like Tony. Instead, she thought of undertaking CRE when feeling 'under pressure.' By being 'under pressure,' Ay-chun referred to the heavy atmosphere in her office, i.e., 'when there is a lot of works after you or when others [her colleagues] get mad and the entire environment [in the office] is heavy.'

This was the situation when Ay-chun chose to 'leave' for a while to undertake CRE. She said that when returning to her seat after CRE practice, she felt different. That is, although back in the same 'heavy environment' she felt able to emotionally 'distance' herself from and reflectively observe the situation. For example, she described a situation when one of her colleagues became very angry because one of her student clients missed appointments with her three

times and began to scold the student over the phone in front of all the others in the same office. Ay-chun said that she was able to observe the situation quietly and thought that if she were the one, how she would handle the situation.

After that example, Ay-chun then explained in what way CRE has helped her. 'I feel that *ch'i-kung - ch'i-kung* practice has helped me to become more aware of my emotional and physical changes caused by the outside situations and find ways to adjust to them.' That is, even in the most chaotic of situations, she was able to keep an eye on what was going on inside her and find ways to make some changes. Thus she was prevented from being carried away by the 'heavy' current and instead, she was able to utilize CRE to let *ch'i* run freely again and return to dwell in her CRE-state.

5.4 Summary

This chapter has focused on how the Taiwanese senior counsellors with substantial CRE experiences perceive the influence of regular CRE on their self-care leading to self-transformation. The data demonstrated participants' coming to know about CRE through various different ways, yet they all acknowledged the benefits of regular CRE for their self-care. The narratives highlighted the emergence of a new self-identity and a new world-view as a result of the involvement in CRE. These will be further discussed in Chapter seven from the perspective of self-care leading to self-transformation. The next chapter goes on to present data pertaining to the perceived influence of CRE on counselling practice.

Chapter 6: 'In Therapy as in CRE': CRE in Counselling Practice

When I started to make my interpretation, I had a growing awareness of the affects I was experiencing and their relation to my patient's dynamics, but what I was aware of was a 'letting go' of the current ego state, the practice so vividly described as 'opening the hand of thought.' (Thomson, 2000, p. 545)

6.1 Introduction

The data pertaining to the Taiwanese senior counsellors' perceptions of how their regular CRE has impacted on their counselling encounter with clients will be presented in this chapter. The narratives in this regard revolve around *ch'i* as a way of expressing health and illness, *ch'i* as a way of understanding, and CRE as being lived out in counselling as an embodiment.

Some participants gave an account of their somatic sensations such as gooseflesh or different smells which occurred during their encounter with clients in the therapeutic settings. They believed that such somatic reactions related to the *ch'i*-flow of their clients which was assumed to be a manifestation of their health status. The idea of *ch'i* was therefore understood as a way of expressing health and illness.

Participants also depicted how they created an ambiance that conveyed their acceptance of and deep empathy with their clients in distress and/or how they sent light or blessings to clients with severe emotional disturbance, during or outside of the counselling session. The atmosphere of acceptance and empathy, the light and blessings believed to be related to the *ch'i*-flow of the therapists were thus a way to communicate the counsellors' deep empathy to clients.

The narratives indicated that CRE was enacted in counselling as an embodiment rather than as a separate technique outside of one's self. The participants described how they lived out their CRE-self, meaning their CRE identity, in their counselling practice. Some participants admitted that they instructed and undertook CRE together with their clients. They did this at the beginning or at the end of a counselling session in preparation for a deeper psychological contact with their clients or for clients' homework assignments. The data on the above-mentioned issues will be presented below.

6.2 *Ch'i* as a way of expressing health and illness

Michelle, Ay-chun, Jenny, and Shu talked about their physical reactions as a manifestation of their client's *ch'i* and an antenna to their clients' health status. These physical reactions included smell, gooseflesh reaction, stomach ache, and vision.

These physical reactions as participants' subjective experiences in response to their clients' ill *ch'i* provided the former with information about where the latter were and what attitude or approach to adopt for the counselling encounter. At the same time, these reactions also 'reminded' the counsellors of their self-care resource CRE and to make use of it, to adjust their *ch'i* when necessary and to 'infuse' healthy *ch'i* into the counselling encounter. The healthy *ch'i* was expressed in terms of 'patience,' 'heart-*ch'i*,' 'love,' or 'respect for client's pace.'

In the following paragraphs, I will provide the accounts of Michelle and Ay-chun as examples to illustrate this issue across the narratives.

6.2.1 *'I can smell a client's ch'i': Michelle's story*

In the account below, Michelle described how her five senses have become sharper after being involved in CRE practice and how she experienced her clients' *ch'i* through the sense of smell and thus was able to determine her clients' health condition. In the second account, she narrated how her subjective experience of her client's *ch'i* has served as a reminder of her CRE-self and for her need to take a certain special care in helping the client.

(Abstract)

After immersed in CRE practice,
I have become very sensitive to people's health condition.

(Evaluation)

I am able to perceive the *ch'i*-flow in my clients; and
sense in which area of their body *ch'i* is blocked.

When this happens,
there will be certain somatic reactions in my body.

Sometimes,

Jokingly,

I said to myself that

I do not need DSM-IV-Tr. any more.

For

upon their entrance into the counselling room,

I can already tell what kind of
mental difficulties they may have

simply by smell.

My five senses have become very sensitive; and
my nose is sharp.
I am able to distinguish one mental illness from another
by smell.

For me,
each illness has a distinctive smell.
Those with depression have one kind of smell;
those with bipolar disorder, another; and
those with schizophrenia, still another.

The above account indicated how Michelle became knowledgeable about her client's health condition through the embodiment of her client's *ch'i*. Through the sense of smell, Michelle absorbed her client's ill *ch'i* and allowed her client to temporarily become part of herself. By becoming knowledgeable about her client's health condition, she temporarily lived in her client's world. In this close encounter, Michelle began to perceive her capacity to contain 'the Other' through smell and to enter the world of 'the Other' through the information provided by her subjective experience of her client's *ch'i*. She became aware of her growing ability to be deeply connected to her clients through *ch'i*.

Becoming aware of this newly emerging personal power in herself, Michelle said, 'jokingly I would say that I don't need any manual for mental illness.' She presented a challenge to the existing dominant discourse in the Taiwanese mental health profession. That is the overemphasis on the medical model wherein the 'Diagnosis and Statistical Manual of Mental Disorders (DSM-IV-Tr.) is regarded as the norm and the standard for the assessment of mental health. Consequently, it has been designated as a required subject for the national counselling psychologist licensing exam in Taiwan.

Michelle 'jokingly' said that she no longer needed any manual to determine her client's problems. 'Joking' is a way Taiwanese people use to express their unpleasant feelings or to deal with an embarrassing situation (Genzberg, 1994; Liao, 1998; 2001). Being a licensed counselling psychologist, saying that she no longer needed the DSM-IV-Tr. to determine her client's problems, Michelle might probably speak of her doubt about the medical model approach which she had once completely accepted. It could be also an indication of her struggle over whether she should move away from the current dominant discourse in Taiwan and follow her personal conviction of her

newly emerging capacity to detect and identify a mental illness. I therefore argue that the use of the word ‘jokingly’ may indicate Michelle’s confidence in her newly emerging capacity to detect and identify a mental illness on the one hand. On the other hand, it may also denote a certain degree of reservation about using the DSM as a comparator.

This ambivalence or tension conveyed in Michelle’s above account resonates with her ‘nonverbal communication.’ That is, her decision to remove part of her interview data when offered an opportunity to read through her interview transcripts. This may indicate that Michelle did not want to make public a part of her interview narrative. From a relational analytical viewpoint it was perhaps significant that what she disclosed in interview was different to what she wished to present to the public.

Riessman (1993) contended that people’s narratives are intertwined with social discourse and power relationships and that they change over time depending on the circumstances. Is it possible that Michelle’s reluctance could be accounted for in these terms? In the intimacy of the individual interview, she revealed aspects of her beliefs and practices, which she then chose to remove when she saw the interview transcript and considered how others might judge what she had disclosed. In other words, there was a tension between what may be considered orthodox and unorthodox ways of thinking, between personally-held thoughts and feelings and what was thought to be inconvenient to reveal in the face of mainstream thinking.

Nevertheless, in the next account, Michelle permitted her path to her clients’ world to be made public wherein she mentioned ‘sending heart-*ch’i*’ and love.

(Orientation)

When a client is very much disturbed;
I would send him/her my heart-*ch’i* to
Balance the *ch’i*-flow in him/her first.

(Evaluation)

It is only after my immersion in regular CRE;
I came to realize that
What really matters is love, love, and love.

In the above account, Michelle repeated ‘love’ thrice and talked about sending ‘*ch’i*’ from her ‘heart.’ The heart is often a symbol of love. I therefore argue that in her account, Michelle is saying that to help a client under severe distress, the first and foremost thing is love. A counsellor should hold such a client in a safe environment

with love and become a ‘container’ for his/her ill-*ch’i* rather than label the client and to reduce him/her to a ‘disorder’ to be fixed. Through her story, Michelle is also describing how it is through the experience of being nurtured by the heart-*ch’i* that the ill-*ch’i* can be transformed. It is through the experience of being empathically understood by the ‘Other’ that a new possibility may emerge from the midst of the rupture and discontinuity.

Taken together, *ch’i* as a way of expressing health and illness provides a new language for the health care profession to describe people’s health and suffering other than the dominant bio-medical one. This new language emphasizes the wholeness and interconnectedness of all aspects of the human person. It takes into account the interplay of multiple factors influencing health and recognizes the intrinsic relationships between culture and ideas of health and illness.

6.2.2 ‘I felt flesh creep...’: Ay-chun’s story

In the account below, Ay-chun expressed her feeling of uncertainty about whether her physiological reaction to a client under severe distress was related to *ch’i*, but her experiences told her that her flesh creep provided information about her client’s health condition.

(Abstract)

I am not sure whether this relates to the *ch’i* or not.

(Orientation)

Sometimes,

I felt flesh creep

when talking with certain client for the first time.

The one conducting intake interview

did not have the same reaction as I did.

Many times,

I have such an experience.

I do not know why and how this happened.

(Evaluation)

The flesh creep reaction gave me a hint that

the client must be very much disturbed.

When talking to them;

I found that my intuition was correct;

although I was not able to know exactly

what kind of illness he/she might have.

The above account indicates that Ay-chun was not only unsure about whether her

physiological reaction was *ch'i*-related, she was also uncertain about how her flesh-creep happened, and why it only occurred to her and not to her colleague. She admitted that there were still many things on which she was still pondering. Yet she kept searching for an answer while learning to live with uncertainty and to be content with half knowledge.

In her account, Ay-chun repeated the words and phrases 'feel,' 'experiences,' and 'severe distress' and said that she was not able to 'know exactly' what kind of sickness the client had. The repeated words and phrases may indicate that Ay-chun was open to a new way of knowing and allowed herself to be 'informed' and 'changed' by her subjective experience. By admitting her inability to know things exactly, she most probably connoted that her former way of knowing was not the only way to access knowledge.

In the next account, Ay-chun narrated how she was informed by her subjective experience and sustained by her CRE-self in the actual counselling encounter.

(Resolution)

Since then,

The flesh creep has become a reminder for me
to be more patient with that particular client; and
to consider ways through which I could help him/her better.

(Evaluation)

Sometimes I lost my patience and began to merely offer suggestions;

Noticing this;

I would immediately pull back;

I took a deep breath;

let *ch'i* run in my body; and

slowed down my pace.

The above account indicated that Ay-chun's physiological sensation not only informed her about the severity of her client's health condition but also reminded her about what attitude and counselling approach to adopt. Following her subjective experience, Ay-chun found 'patience' a good way to enter into her client's world and stay connected with her client. She also found that through the adjustment of *ch'i*-flow, she could find her way back when noticing herself becoming impatient.

To compare the above account with that of Michelle, Ay-chun's indicated a greater emphasis on how the somatic reactions to client's ill-*ch'i* had an impact on herself as a counsellor. Ay-chun detailed the effects of the flesh creep on her and how the adjustment of *ch'i* helped her. She described a sense of certainty in the midst of

uncertainty by following the information provided by her subjective experience. She also narrated her restoration of patience through the adjustment of the *ch'i*-flow when noticing herself acting impatiently.

6.2.3 'People's *ch'i* becomes unbalanced and stagnated...': Jane's story

In Jane's account below, she shared how she explained and talked about health and illness from the perspective of *ch'i* as comprising two contrasting forces: *shui-da* and *huo-da*.

(Evaluation)

I came to realize that

ch'i in our body consists of two forces:

shui-da [the big water] and *huo-da* [the big fire].

They constantly resist against and interchange with each other.

People become ill because

these two forces are unbalanced or
the *ch'i* is stagnated and blocked.

People's *ch'i* becomes unbalanced and stagnated because

they do not have a proper dietary habit,
physical exercise, or
daily schedule.

As demonstrated in chapter five, Jane reported somatic sensations during *zazen* including a swollen body and flowing snots and tears. She later came to realize that those were the various different manifestations of *ch'i*. Out of curiosity, Jane began to explore the meaning of *ch'i* from the perspective of *zazen* and came to understand *ch'i* as consisting of two forces as shown in the account below. At the same time, she also utilized the language of *ch'i* to explain and talk about health and illness to her clients.

Like many of the other participants, Jane also made use of the ideas of *ch'i* to communicate with clients about health and illness. As such ideas have been developed from her own experiences during *zazen* and her further exploration of *ch'i*; Jane was actually employing her knowledge and experiences and a language easily understood by clients for exploring health and illness issues. I therefore argue that like those mentioned above, Jane was also using the self in her counselling practice for the therapeutic benefits of her clients.

6.3 *Ch'i* as a way of understanding

Participants including May, Ruth, and Ladybird employed metaphors such as blessings or light instead of *ch'i* to describe their subjective experiences arising from CRE and related to their client's health conditions. May quietly gave blessings to her client during the counselling session while Ladybird and Ruth did so outside the counselling sessions during their regular CRE practice. In this section, the narratives of May, Ladybird, and Ruth will be presented one after another in order to illustrate how they allowed themselves to become a channel of blessing and light for their clients.

6.3.1 'I gave her my blessing from the depth of my heart': May's story

In the following account, May described how she quietly sat with, listened to, and gave blessing to her clients during a counselling encounter.

(Complicating Action)

When she [the client] sobs all her scars out;
I sit,
listen to, and
accompany her.

(Evaluation)

Nothing worries me.

(Complicating Action)

While listening,
I bless her from the depth of my heart.

When she more or less finishes talking,
I invite her to
take a walk
in the park.

The above account was an example May gave to illustrate her belief about the possible cause of the human problems and her view on healing. A few lines before the account presented above, May had explained her view that 'people have problems because they are far away from the nature and themselves.' She believed that 'all will be well if they are willing to go back to the nature and become part of it' and 'go back to the self.' However this can be accomplished only when people allow themselves simply to be and to 'do nothing.'

May described how before the above encounter occurred; she was approached by the person asking her for counselling service. Then she put a question to her saying, 'are

you sure that you need a counsellor? You want counselling or a friend?’ May did not say what her potential client’s answer was. She only mentioned their decision to meet at a coffee shop in a metropolitan park.

May depicted the environment of the park in detail. She said, ‘It is the lung of xx City, a forest with big pond, tall trees, and immense green space.’ May and her client sat at the coffee shop near to a window with a view of the pond outside the shop and their ‘spirit can get connected with the one(s) up there.’ Then she explained what she did during the encounter. She said that she only sat quietly, listened to the storyteller, and blessed her from the depth of her heart. Like the trees in the park, May breathed in her client’s ‘carbon dioxide’ and breathed out her ‘blessings’ in return while listening to the client’s stories. Being in nature, she sat quietly to let nature run its course so as to help her client to resume his/her ‘original appearance’ and to reconnect with the self and with the environment.

May emphasized that she was ‘doing nothing’ while her client narrated her story and cried during their encounter. By ‘doing nothing,’ May became an empty vessel for her client’s story and sorrow. While receiving and containing the latter, May was invited to enter into her client’s world and turned into part of her client temporarily. This reflects the metaphor of ‘disappearance of boundary’ which May employed to describe one’s healing state in the later portion of her narrative. She said, ‘those who come for counselling are those who still keep their boundary.’ ‘If the boundary has disappeared, they will have no need to come for counselling.’ Therefore, she said that her work aimed at making the boundary disappear. From May’s humanistic transpersonal theoretical frame, this may refer to ‘tearing down the wall of defensiveness’ and ‘reconnecting with and living one’s authentic self.’

Yet the goal can be only reached when a counsellor allows him/herself to do nothing. In May’s account presented above, she included ‘giving blessing quietly’ to her client as part of her ‘do nothing.’ Giving blessing or sending *ch’i* to other living beings is included in some types of CRE practice such as *vipassana*, *changshengxue* (longevity), or *ching-luo-shan-kung*. Having been involved in CRE for 26 years and being familiar with a great variety of CRE, to bless her client quietly during the counselling encounter can be considered as using the *ch’i* associated with her regular CRE intentionally to provide therapeutic support to her clients in distress.

As such, in the empty vessel which May’s counsellor-self has prepared for her client’s negative emotions there was also blessing arising from the self being shaped

by her regular CRE. The encounter of the former and the latter led to the emergence of new possibilities such as the transformation of *ch'i* and the change of perspective. This was 'narrated' through May's inviting her client 'to take a walk in the park' 'when she more or less finished talking.' May invited the client to change her position from sitting to walking, from talking to action, from being passive to active, from gazing at the pond to looking forward to the road ahead. The change of posture and the 'movement' made may represent the occurrence of certain changes at that moment.

Unlike other participants, May changed her posture and made body movements several times during the interview. For example, when she had finished sharing her experience of 'the altered sense of time and space,' with tears in her eyes, she stood up and walked around her office where our interview took place. The tears indicated how deeply she re-entered into that experience in the past, and the change of position, the change of posture and the physical movements demonstrated her self-adjustment and effort to return to the present. In the same vein, by inviting her client to take a walk in the above account, May was probably indicating the need to make a mental shift after the counselling session and at the same time pointing in the direction heading towards the future. That is, an invitation for her client to stay connected with nature and her authentic self. It seems that her client captured the meaning of this symbolic action. May described how the same client went back to take a walk in the park by herself several times after their meeting.

The word 'nature' was often mentioned in May's narrative. It refers to both the natural environment and the not-yet-socialized spontaneous and authentic self. May conducted a counselling session in a metropolitan park which could be very symbolic and meaningful. It was a natural environment located in a busy and highly populated urban area. This contrast reflects the co-existence of the different aspects of the self: a natural and spontaneous aspect and a more 'sophisticated' and 'socialized' one. According to May, people have problems because they are cut off from nature and deprived from connecting with their spontaneous self. Therefore, to conduct a counselling session in the park may serve as a reminder for the client about the spontaneous aspect of the self.

On the other hand, to conduct a counselling session in a public place, at a coffee shop, might run the risk of breaching a client's rights to privacy (Legislative Yuan, R.O.C. Taiwan, 2001; Taiwan Guidance and Counselling Association, 2001). Yet she shared this with me at the interview and did not make any change when offered an

opportunity to revise her transcript. I thus suspect that through this, May might want to say something to the public and I associate this with the other part of her narrative presented later in her interview. That is, her question about the quality of the licensed counselling psychologists' service in Taiwan today. 'It is that when the state issues you a license for psychologist and you are doing something in the helping profession, then the work you are doing is called counselling.' May disagreed with the idea that the provision of a license guaranteed quality counselling services.

Therefore, May preferred not to be called a 'counsellor' and said that she was no longer 'doing the orthodox counselling.' This may explain why she asked the person in need of her counselling service whether she wanted counselling or a friend. She described her 'counselling service' as accompanying an individual on the way to reconnecting with his/her authentic self through the process of encounter and 'heart-to-heart communion with each other.' In this process of encounter, the counsellor provides an accepting and supportive environment for an individual under distress to be relieved, strengthened, and to take a step into his/her own 'becoming.'

6.3.2 'I...send light to and pray for them [my clients]': Ruth's story

Similarly, Ruth also held her severely distressed clients in her own emptiness wherein for her is the dwelling place of the light. It is there that she wrapped her clients who were under severe distress with the light and hoped that a transformation process might occur.

(Abstract)

I do sometimes undertake CRE purposively.

(Orientation)

It is when I encounter a client who is deeply disturbed.

This circumstance will naturally lead me into the sitting practice.

(Complicating Action)

I spontaneously pray for and send light to the suffered.

In the above account, Ruth emphasized that sitting practice has become an integral part of her self just as counselling practice is also part of her self. They are different aspects of the one and only self and are inseparable. Therefore, when providing counselling service, the CRE-self is present, and when entering into the CRE experience, the counsellor-self is also there. For this reason, Ruth said that she did not undertake CRE purposively for the sake of her counselling practice.

Just a few lines before the above account, Ruth had described how the sitting practice has become an indispensable part of her daily routine and how significant it is in her life. Brought up a Roman Catholic and being a member of a Roman Catholic religious community, she is used to dedicating a specific period of time to prayer every day. In the 1970s, her religious community in Taiwan began to promote Eastern spirituality and sitting practice as an Eastern form of prayer. At that time, she was studying for her PhD in the US and one of her community members flew over to the US to share this information with her. Since then, Ruth has undertaken sitting practice daily and considers this her favourite form of prayer..

Ruth narrated her sitting experience as a return to her ‘very self,’ that is ‘the self in the presence of God’ wherein she described herself as simply ‘existing’ without any attempt or any specific purpose. It is a space where she experienced the fullness of God and the emptiness of the self and an ambience where there is only the Light. Therefore, when dealing with a client under severe distress, Ruth said that she spontaneously entered into her sitting experience, sent light and prayed for the person. This could mean that in such a case, an encounter between her client-self and CRE-self often naturally occurred. That is, she right away sank into that space of light with her experience of the client and let her experience of the light transform the latter.

6.3.3 ‘...I send out blessings to my clients’: Ladybird’s story

Different from May and Ruth, Ladybird gave an account of her experience of sending blessings of light not in the counselling encounter but outside of it when undertaking her *vipassana* practice alone. Ladybird is a licensed counselling psychologist and has been working as a counsellor for 10 years, formerly in an educational setting and now in community-based full-time private practice. She has been involved in CRE practice for four years. *Vipassana* is the only type of CRE that she knows and undertakes regularly. In the following account, Ladybird described how she included her clients in part of her *vipassana* practice.

(Evaluation)

While practising compassion-contemplation
in *vipassana*;
I felt my energy increased,
my mind calm, and
the whole person in a better condition.

I felt empowered to send out blessings
to my clients in need; and
I believed that the blessings I sent
did indeed reach my clients.

In the above account, Ladybird described how she developed a more positive self-view through the process of the *vipassana* practice which led her to be better able to be a channel of blessings for her clients. For Ladybird, a client's change starts from a counsellor's self-transformation. The self, including self-exploration, self-knowledge, self-acceptance, and self-transformation has always been an important issue in her life. She made efforts to gain better self-knowledge and help her self-growth through receiving counselling, reflection on major life issues, psychology and counselling studies, and attending self-exploration related workshops. Yet it was only after her regular practice of *vipassana* for some time that Ladybird felt herself becoming more self-accepting and more self-confident.

According to Goenka (1994), each *vipassana* session includes three components: concentration, mindfulness, and compassion-contemplation. The first two components are for the practitioners to work on any evil thought or negative emotion which they might have through the help of the *vipassana* techniques so as to reach a state of inner balance, calmness, and happiness. The third one is for cultivating an attitude of kindness, compassion, love, and concern towards all living beings. The purification practice is thus a process of preparation for the practitioners to be better able to channel their experience of happiness and compassion to others.

The process of purification and self-transformation was very much valued by Ladybird. This is evidenced by the above account wherein she expressed her conviction that counsellors' self-transformation can bring about certain effects on the quality of their counselling services. It is also shown through her nonverbal expressions such as her careful selection of a pseudonym for this research report. Ladybird spent some time in deliberating and deciding on a pseudonym for herself, which may indicate the significance of this name for her.

The name chosen, 'the ladybird' is a well-known insect belonging to the family Coccinellidae. As baby-beetles, they are ugly; yet when they grow bigger, they become very beautiful. The ladybird can protect farm crops from the damage done by aphids, which they eat. As such, they are often considered as a sign of good luck and a

symbol of unselfish service. Through the choice of her pseudonym, Ladybird conveyed the importance of the counsellor's self-transformation and her conviction about the benefits of this to clients.

Therefore, as indicated in the above account, after undertaking the purification practice, Ladybird gained a more positive self-view and felt able to 'send out blessings' to her clients when practising compassion-contemplation. It means that after undergoing the process of self-purification which led to her change of self-view, she felt being able to experience the *ch'i* in the form of blessings flowing from her to her clients in need imaginatively.

6.3.4 '[I]t is sort of ambiance or atmosphere...': Tony's story

On the other hand, Tony believed that there must be something else present in the counselling encounter besides the counsellor and the client, which he called 'ambiance' or 'atmosphere.' This is unquantifiable but Tony was convinced of its 'subtle' impacts on the counselling relationship.

In the following account, Tony described how the person of the counsellor may have an impact on the therapeutic ambiance and the growth and change of 'the Other' during the counselling encounter.

(Orientation)

In my work,
I use my life
to be present with my clients,
to receive all their negative stuffs,
to understand and empathize with them.

In my daily life,
I think
I should let myself really live...

(Evaluation)

The impact
might be subtle.
Yet,
when we are lifeless,
our clients can feel that
your life is
dark,
heavy, and
grey.

I guess
it is perceivable in spite that
the science can not quantify it.
But, it is sort of
ambiance or atmosphere, which
can be easily captured and felt.

The above account was narrated in the context where the importance of counsellor's self-care was emphasized. Tony believed that in each counselling encounter, both counsellor and client bring with them their subjective experiences of the self, of their significant others, and of their culture and environment. Therefore, while making efforts to 'understand and empathize with their clients, the counsellors lived temporarily in the world of the latter. In the same vein, whatever the counsellors bring into the counselling encounter, including the ambiance created, could also be taken by the clients into their imaginative world.

As such, when perceiving themselves as 'lifeless,' counsellors may feel themselves not able to create an optimal environment for holding their clients. In his account, Tony stated that he would not be able to light up his clients' life and to illuminate his client's wisdom using his own wisdom if he did not live his own life fully. He also said that he might become lifeless like his clients if he continued to work with them.

In short, the foregoing data presentation demonstrated that in counselling practice, *ch'i* could be used both as a way of expressing health and illness and as a way through which the counsellors communicated acceptance and deep understanding to their clients. *Ch'i* can be therefore regarded as a Chinese/Taiwanese culture-related therapeutic language. This will be further discussed later in this chapter and in chapter seven.

6.4 CRE lived out as an embodiment

Convinced of the benefits of CRE practice through their personal experiences as presented in the previous chapter, participants all made an attempt to bring their CRE-self into the counselling encounter in one way or another. Most narratives indicated that the participants' change of self-view and relations to others and the environment through CRE practice had a beneficial impact on their counselling practice. Some focused on how the counsellors' embodiment of *ch'i* and CRE led them to a deeper encounter with their clients.

Whilst most narratives focused on *ch'i* as a therapeutic language of health and illness and a way of expressing understanding, some centred on CRE as being lived out in the counselling sessions as an embodiment. Nearly half of the participants described CRE as being lived out and/or taught and undertaken together with clients during counselling sessions for different purposes.

Some participants described how they conducted counselling in a similar way to how they undertook CRE. That is, they paid close attention to the movement of their physical body, the concentration of mind, and the flow of *ch'i* during the counselling encounter. Others narrated how they taught and undertook CRE together with clients during their professional practice.

Participants who narrated CRE-instruction and practice in the counselling encounter together with their clients include May, Tony, Ruth, Sandy, and Shu. The data revolving around how CRE was instructed and undertaken by the counsellor together with the client will be presented in sections 6.4.3 to 6.4.6. In sections 6.4.1 and 6.4.2, the data of Shu and May will be presented as examples to illustrate how CRE was lived out during their therapeutic practice.

6.4.1 '...in the same state of mind as in the sitting practice...': Shu's story

Having broad interests, Shu described herself as being always open to learn new things and as constantly making an attempt to incorporate them into her therapeutic practice. Alongside the sitting practice, she has also learnt the energy reading, meditation, breathing therapy, Osho therapy, family constellation therapy, and music therapy and tried to make use of them in her counselling practice when appropriate.

In the following account, Shu described how she lived out CRE in her counselling encounter with her client.

(Abstract)

I bring into my professional practice
the same posture as I undertake sitting practice.

(Evaluation)

I keep my eyes open
to look at my client's
physical posture and its shift.

I keep my eyes half closed
to observe the flow of *ch'i*
in their body.

Before narrating the above account, Shu had given a detailed explanation about the physical position and concentration strategies accentuated by the type of sitting practice she specialized in. She emphasized the steady and relaxed posture and the concentration of mind. To attain this, practitioners should keep their spine straight and their eyes closed or slightly open, relaxed, and concentrating on an object such as ‘a blue flower.’

Shu brought her CRE-self into the counselling encounter and sat with steady posture, concentrated mind, and eyes half closed and half open as she did during the sitting practice. In the above account, she described that with her eyes wide open, she was able to see the physical posture and the body movements of her clients and with eyes half-closed, the flow of *ch'i* in him/her. This provided her with information about her client's health status.

As indicated in the earlier portion of her narrative, Shu considered herself as being able to assess an individual's emotional and cognitive state through his/her nonverbal communications such as facial expressions, body movements, and voice quality. She also described herself as being able to determine a person's physical health status by the flow of *ch'i* in him/her. Therefore, no matter whether sitting with eyes wide open or half closed, they were both ways for Shu to gain better knowledge of and access into her client's world.

Throughout her narrative, Shu stressed the importance of staying in her own steadiness. For example, in the above account, she stated that it is when staying in her steadiness that she was able to gain access to her client's health condition. In the earlier portion of her narrative, she also repeated that staying in steadiness enabled her to have a deep empathic understanding of her client.

(Evaluation)

I bring into my counselling work with client,
the state of stability cultivated through sitting practice. And
this enables me to detect where my client is, and
to feel as he/she feels.

Therefore, for Shu, staying steady is both a requirement for undertaking sitting practice and a condition for a deeper understanding of her client. As such, the steadiness is a space where Shu's CRE-self meets with her counsellor-self and a path

for her to enter into her client's world. At the same time, it is also an invitation for her client to make a decision and to be transformed.

(Evaluation)

As long as I am able to stay in my steadiness;
sooner or later,
the other [my client] will notice this.
In whatever condition one may be,
he/she is provided with a chance
to make his/her own decisions and change.

As long as the client notices the counsellor's state of steadiness, the former is offered a chance to enter into that state, the same as the latter is in him/her. Thus the steadiness is also a meeting place for the counsellor-self, CRE-self, and client-self. It is an environment where a counsellor's subjective experience of the client can be transformed.

6.4.2 'I stay in step with the other through my breathing': May's story

Instead of the steadiness, May tried to enter her client's world through breathing and body awareness. In the following account, she explains how she passed on her calmness, relaxation, and openness to her client, who was under strong emotional stress, through the use of conscious breathing and body awareness.

(Abstract)

I stay in step with the other [the client]
using my breathing.

(Evaluation)

When a client feels very sad or very excited;
I keep aware and tranquil.
I breathe calmly to shake them up.

I am highly aware of tension and relaxation
in my physical body.
I use my relaxation
to activate relaxation in the other; and
I use my openness
to unseal his/her openness.

The above account was an example given by May to explain how she no more depended on the techniques although she still made use of them when necessary. Yet

she considered that they were not ‘techniques’ as such because they have been internalized into part of the self. That is, ‘the sword holder and the sword have become one.’

In the above account, May described her use of the three major factors of CRE in the counselling practice. In the CRE practice, it is the mind guiding the *ch'i* and the body movements. Similarly, in her account, May also let the concentration of mind guide her breathing and body movements which is evidenced by the way she talked, for example, employing the word ‘aware’ before the phrases ‘use my breathing’ and ‘use my relaxation.’

May conducted counselling encounters the way she undertook CRE. She tried to keep herself as ‘active’ as her client with strong emotions, so as to be able to ‘stay in step with’ him/her. She ‘shook,’ ‘opened up,’ and ‘unsealed’ in order to make a connection with her client. Thus she created a space of tranquillity, relaxation, and openness wherein the client was invited to dwell, to take courage to challenge his/her old story, and to develop a new self-story.

6.4.3 'I usually start with sitting practice for warming up': May's story

May is teaching full-time in a university and working as a counselling psychologist for half a day a week at the university student counselling centre. In the following account, she described how she incorporated CRE practice into an individual counselling session with a student client at the counselling centre where she worked.

(Abstract)

I undertake sitting practice with the other [the client]
to begin a counselling session.

(Evaluation)

Our CRE mat is some empty cartons,
which I ask for and place behind the sofa
of the counselling room
in the beginning of each semester.

When a student says that
he/she is experiencing anxiety, tension, or stress;
I would most probably undertake yoga with him/her first.

The cartons would then become our yoga mats.
I spread them out - without a real yoga mat –

I spread them out
for our body work.

The above account indicated the time point, the space, the purpose of, and the equipment needed for CRE practice. May undertook sitting practice with her client at the beginning of the counselling session either for the preparation of the encounter or to help a student with strong emotion calm down. Without a real yoga mat, she took out the cardboard box kept behind the sofa of the counselling room and spread them out flat on the floor for the practice.

The sitting practice was undertaken at the start of the counselling session using the cardboards collected in the beginning of semester. Just as these cardboard boxes packed with books were in preparation for the new semester; the sitting practices were for the counselling encounter. Once the books were taken out from the boxes, some of the cardboard boxes were then stored behind the sofa in the counselling room. These boxes which were once full of books were then turned into exercise mats to support students under emotional distress.

The cardboard boxes to be used as exercise mats were just behind the sofa so that they could be taken out at any time when necessary. They were hidden because they had been internalized and become an intrinsic part of 'what is visible,' the sofa. Just as May said, 'all the swordsmanship should be forgotten so that the sword and the sword bearer may become one.' That is, the techniques may become 'invisible' once being learnt and internalized.

May discovered the potentials of CRE for health care practice and then moved towards the edge, took the cardboard out, placed them into a larger space, and made them visible. May's tendency to side with people who are marginalized and different is evidenced by the account of her active involvement with those less fortunate in Taiwanese society. They included the foreign spouse groups, prisoners, and students from low-income families or in danger of becoming involved in criminal activity.

CRE is a popular cultural activity in Taiwan. Yet, how it can be useful for the counselling profession still remains hidden from the majority of the helping professionals. May exhibited a high interest in CRE practice and its relationship to health care practice. She even added her course syllabus on 'Theory and Practice of Body-mind Integrity' to her transcript when given a chance to read and make necessary revision to it. The syllabus showed that she integrated a great variety of CRE into the course. That is, she taught and undertook CRE practice such as sitting

practice, *tai-chi*, yoga, and breathing exercises with her students in class. I therefore would like to argue that May's narrative indicates an attempt to promote the visibility of CRE in the counselling profession in Taiwan.

May's narrative pertaining to the instruction and practice of CRE with clients during the counselling encounter was told from the perspective of a counsellor working in an educational setting. The following account provides another example of how CRE practice was taught and undertaken in the group from the viewpoint of a private practitioner working in community setting.

6.4.4 'I just teach them how to extend their body...': Tony's story

Tony is a licensed clinical psychologist running his private practice in his own clinic. He is a trained psychologist in the psychoanalytic tradition and specialized in art therapy and psychodrama. Tony has been involved in *tai-chi* practice for more than 20 years and undertakes it regularly one hour per day. In the following account, he described how he incorporated *tai-chi* practice into psychodrama group therapy.

(Abstract)

Only a little bit of *tai-chi* related exercise,
I have incorporated into the psychodrama therapy.

(Evaluation)

In psychodrama,
the group members have never learnt *tai-chi*.

Therefore,

I only teach the group members
how to extend,
move, and
relax their body.

This helps *ch'i* flow freely, and
their blood flow smoothly
in their body

The above account indicated the purpose, function, and time point of using *tai-chi* in psychodrama group therapy. Tony emphasized that the purpose of teaching *tai-chi* was to help the group members to 'extend their body' so that their *ch'i* may circulate freely and their body become relaxed. The psychodrama therapy usually begins with a warm-up exercise to help the group to feel relaxed. Instead of other kinds of exercises, Tony taught and undertook a few steps of *tai-chi* with the group in

the beginning of the session as a 'warm-up' activity.

Based on his own personal experiences, Tony was convinced of the benefits of the *tai-chi* practice for enhancing personal wellbeing. In the earlier portion of his interview, he had described the impacts of *tai-chi* practice on him as helping him to feel more active and calm, concentrated, a better flow of *ch'i* in his body, relaxed, flexible, and energetic. Therefore, besides incorporating it into psychodrama therapy, Tony has even thought of developing a form of *tai-chi* that helps deal with emotional issues. '[I]f I do develop something related to *tai-chi*, I think it should be something related to emotional issues.' Besides, it must be something 'different' and 'new' so as to be able to create a new market and let clients feel that the *tai-chi* they undertake in the counselling session is not the same as those practised outside. Newly setting up his private practice, Tony immediately associated CRE as a possibility for creating more business.

However, Tony did not devote time to actualize his idea mentioned above. He said that he did not have the spare time to do so and thought that there are already enough counselling methods and techniques available. He therefore did not consider that there is a need to develop a new one.

When Tony was still working in the hospital, a similar idea also came across his mind namely to 'replace bio-feedback relaxation techniques with *tai-chi*.' He mentioned this when narrating his experiences and perceived effects of CRE in the earlier part of the interview. He said that since '*tai-chi* helps relax and is something from our own culture.....I was thinking to introduce *tai-chi* for medical relaxation usage.' Tony was convinced of the benefits of CRE for health care and considered important its connection with the Chinese culture. However he did not carry this out either because he was not 'really interested in the relaxation techniques.'

Tony perceived the great potential of *tai-chi* for the health care profession yet he did not develop this idea further. Tony was not interested in using CRE as a counselling technique. Rather, he emphasized CRE more as a path to his own self-care and self-transformation. He believed that the positive impacts of CRE on him will certainly benefit his clients. Like May, Tony placed greater value on the self of the counsellor as an agent of change rather than the technique. CRE is useful but it is the CRE which has been integrated into part of the self and turned into the 'wisdom,' 'light' and 'life,' not the CRE as a 'technique' outside the self.

6.4.5 ‘...so that they can take it home for self practice’: Ruth’s story

Specialized in Jung’s dream interpretation theories, Ruth taught a course on dream analysis in her university and often interpreted dreams for her students and the parishioners in her church. After being involved in CRE for more than years, she considered CRE as part of the self. She brought her CRE-self into her therapeutic work with clients and spontaneously entered into her sitting experience when the person in front of her was ‘deeply distressed.’

The type of CRE which Ruth taught her clients was not the sitting practice and *tai-chi* that she herself undertook daily. She taught her clients a type of *ch’i-kung* which was much shorter and simpler. In her account below, Ruth explains how she made use of this short form of CRE in the therapeutic encounter.

(Abstract)

I do teach and undertake CRE with my clients
who are very much emotionally disturbed.

(Evaluation)

I teach them certain short and simple form of *ch’i-kung*;

I teach them how to breathe deeply in order to
relax their mind and body.

I ask them to continue undertaking this at home themselves.

Similar to May and Tony, in her account Ruth also explained the time point and purpose of her use of CRE in the counselling encounter. Ruth mentioned that she only undertook CRE with clients who were under severe emotional distress which was different from May and Tony’s accounts. For May and Tony, it has become part of their practice to use CRE practice as a starter to prepare themselves and their clients to enter into a deeper psychological encounter.

The time point for CRE practice was also different. Ruth did it at the end of the session and she emphasized that the type of CRE should be simple and short so that the clients could continue practising this by themselves at home. Ruth narrated this at the end of her interview and while explaining this, she stood up from her seat and demonstrated the movements. Her narrative indicates the importance of instruction and demonstration when contemplating using CRE in the counselling encounter and the type of CRE should be short and simple.

Seeing that Ruth has been long involved in CRE has experienced its benefits for her own self-care, I argue that Ruth's CRE 'homework assignment' to clients may indicate her belief in the potential of CRE for clients' continuous care for the self outside of the counselling session. It may also signify Ruth's conviction that the 'Light', her subjective CRE experience, may also find a home in the client and his/her world as well.

6.4.6 '[W]e teach and undertake *ching-luo-shan-kung*...': Sandy's story

In comparison with other participants, Sandy exhibited greater reliance on CRE both for her self-cultivation and for her professional practice. Besides, together with her sister, she also developed a particular type of CRE to help their clients which is shown in her account below.

(Abstract)

We bring our clients to the beach;
we teach and undertake '*ching-luo-shan-kung*' with them.

(Evaluation)

'*Ching-luo-shan-kung*' is a special kind of CRE
developed by my sister and myself, which
we use to help our clients.

Firstly,

we activate and loosen the tightness of our body.

Secondly,

we bring out the negative emotions and send them away
by singing or making sound such as 'ah---!'

Finally,

we open ourselves up to receive energy from the nature; and
make promise to do *shan-kung* [good deeds]
to other living beings.

The whole set of CRE only takes about 5 to 10 minutes.

Having been immersed in CRE and counselling practice for more than 30 years; Sandy developed a special kind of CRE reflecting her ideas of *ch'i* and concepts of health, illness, and healing to help her clients. As described in her portrayal in chapter four, Sandy believed that illness is a manifestation of the accumulated toxins or hurts in the body so that to be healthy again, one needs to open up for cleansing and for reconnecting with the self and with others and the environment. As such, her self-developed CRE can be regarded as an embodiment of her ideas of *ch'i*, health, and

illness, and to undertake this in therapy is thus the use of wisdom and her accumulated experiences.

Sandy emphasized that her self-developed type of CRE was short and specially designed for therapeutic use. She also mentioned that she and her sister undertook CRE with their clients on a beach close to their house which I was able to see through the window of their parlour where the interview took place. That is, Sandy not only made use of the resources existing in the self, such as wisdom and experiences mentioned above, but also those available in her surroundings for the therapeutic benefits of her clients.

6.5 Ethical considerations about the use of CRE in counselling

In spite of the use of CRE and *ch'i* in therapy in its various ways, the narratives indicated some ethical concerns about this. The major concern raised by the participants was the level of their own expertise in the use of CRE in therapy. Convinced that the operation and circulation of *ch'i* during CRE can be manifest in various different ways with every client, the participants expressed concerns about their ability to handle clients who might react to *ch'i* in a way unfamiliar to them.

In this section, I will give examples of Jane and Calvin to illustrate this topic across the data set. I will focus on Calvin's example first and then Jane's.

(Abstract)

To undertake sitting practice with clients in counselling session
is my future plan.

(Evaluation)

I am not sure to be able to do it now.

I hope to be able to do this in the future.

For

without having enough knowledge
about my clients' health conditions; and
without knowing how to use it in therapy;
the incorporation of this into counselling session
can be unhelpful or
even harmful.

In spite of an ardent desire to integrate CRE into his therapeutic works, Calvin did not consider that he was capable of doing it for the time being. He emphasized that to be able to use CRE in therapy in a helpful way the therapists should be properly trained. Otherwise, it can be very harmful especially when CRE is used with

clients who are too vulnerable. Thus the data demonstrated Calvin's ethical considerations related to the use of CRE in therapy including his own competence and his clients' rights to be free from harm.

The following example demonstrated Jane's concerns about the use of CRE in counselling practice. She explained why she thought this could be harmful when used by a therapist without adequate expertise.

(Abstract)

I never undertake in-session CRE with clients.

(Evaluation)

I consider this problematic because of
the condition of a client...

For,

to undertake CRE
with a client who is emotionally unstable;
he/she will have difficulty to sit still; or
with a client who is mentally fragile;
he/she may be prompt to psychiatric complication.

In the above account, Jane talked about the possible complications of undertaking CRE with clients who are mentally weak and the practicability of such practice with a client under emotional stress. She emphasized that when considering the use of CRE in therapy, counsellors should know how to identify the symptoms possibly triggered by CRE and know how to deal with such a situation.

The above narrative pointed out that the major concern related to the use of CRE in therapy was whether this contributed to the clients' wellbeing. It also highlighted the importance of counsellors being 'equipped with the needed professional knowledge, training, experience, and qualification' (TGCA, 2001, 2.2.1.d, 3.1.4, 3.1.5) when considering using CRE in their professional practice.

In other words, the narratives revealed that the participants were convinced that CRE is a resource that they have at hand for the therapeutic use. Yet, they emphasized that the wellbeing of clients was their primary concern when deciding whether and how to use it in their counselling practice.

6.6 Summary

This chapter has focused on how the Taiwanese senior counsellors with substantial CRE experiences perceive the influence of their regular CRE on their counselling practice. The data demonstrated the use of *ch'i* and CRE in therapy in

various different ways including using *ch'i* as a language of health and illness and a way of understanding and CRE as being lived out as an embodiment. The narratives also revealed certain ethical considerations in relation to the use of CRE in counselling practice. This will be further discussed in the next chapter from the perspective of using *ch'i* and CRE in therapy as the therapeutic use of self.

Chapter 7: From Self-care through CRE to the Use of Self in Therapy: Further Discussion

The main interest in life and work is to become something else that you were not in the beginning. If you know when you began a book what you would say at the end, do you think you would have the courage to write it? What is true for writing and for a love relationship is true also for life. The game is worthwhile insofar as we don't know what will be the end. (Foucault, 1988a, p. 9)

7.1 Introduction

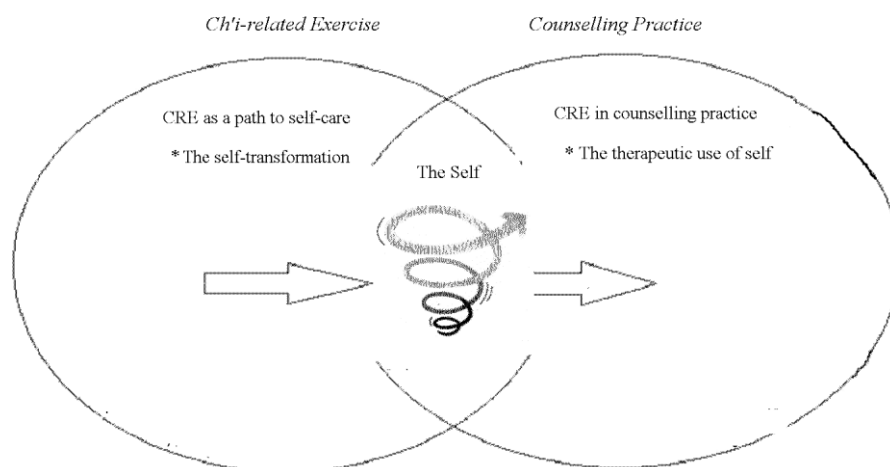
This thesis is about the senior Taiwanese counsellors' perceptions of the influence of their regular CRE on their professional practice. This study sought to answer two sub-research questions: firstly, how do the Taiwanese senior counsellors perceive the influence of their regular CRE on their self-care? Secondly, how do they perceive the influence of their regular CRE on their counselling practice?

Through a process of inter-subjective meaning-making and story-telling, the data were constructed, analysed, and presented in the previous three chapters. In chapter four, I presented a poetic portrayal of each participant, in chapter five, the data pertaining to the first sub-research question, and in chapter six, the data relating to the second sub-research question.

The themes emerged from the data in relation to self-care through regular CRE revolve around from limit-experiences to self-care and self-care leading to self-transformation. And the themes associated with using *ch'i* and CRE as the therapeutic use of self include a growing sense of awareness, the intentional use of *ch'i* and CRE as the therapeutic use of self, for the therapeutic benefits of clients, and towards a new way of healing.

The above mentioned themes will be further discussed in this chapter. The figure below illustrates the perceived influence of CRE on the self and on counselling practice through the self.

Figure 7.1 The perceived influence of CRE on counselling practice through the self



The above figure is made up of two overlapping circles, two right pointing arrows, and a spiral-shaped upward pointing arrow. The left circle represents CRE and the right one counselling practice. The overlapping area with a spiral-shaped upward pointing arrow indicates the self being continuously forged by CRE and the same self being brought into counselling practice. That is, the self in a continuous process of becoming. The two right pointing arrows emphasize that the process of becoming occurs in space and time, that is, at a given time and in a certain historical and social context. In this chapter, I will discuss in turn the ideas illustrated in the figure above and follow with a discussion of the research's limitations.

7.2 Self-care leading to self-transformation through regular CRE

As delineated in chapter two, the notion of self is fluid. The self, which is initially formed through interaction with significant others as an infant, does not remain unchanged but keeps growing and evolving. The concept of self is constantly refined in response to environmental factors and redefined by the cultural and historical context to which one belongs. Change in the sense of self can be triggered by external factors such as accidents, stressful life events, spectacular natural sights, or contact with others or it unfolds gradually from within without any external influence (Metzner, 1998).

7.2.1 From limit-experiences to self-care

All participants in this study gave an account of how they had gone through certain ‘limit-experiences.’ For instance, Samuel, Michelle, Tony, Sandy, and Ay-Chun narrated how they had suffered from physical illnesses such as insomnia, a nose allergy, constipation, generalized aches and pains, hepatitis B, and a brain tumour. Jenny disclosed how she had grieved to the extent of wishing to die due to the loss of an intimate relationship without any warning.

The ‘limit-experience’ has been described by some people as something that is capable of tearing them away from themselves (O’Leary, 2008, p.14). The participants depicted themselves as having reached a state of ‘decomposition’ and ‘impossibility’ (Foucault, 1991, p.48) and as being estranged from their familiar ways of thinking, feeling, and doing things while undergoing such experiences. They also described themselves as having been led into a process of deconstruction and how they felt in need of ‘a new map and destination’ (Frank, 1995, p.1) to replace the old ones which were no longer useful. This is particularly evidenced by Ay-Chun and Jenny’s stories.

In the case of Ay-Chun, after being diagnosed with a brain tumour, she had to give up her plan to pursue a Ph. D and to leave the job which she loved in addition to suffering from physical and emotional distress, cognitive fuzziness, social isolation, and uncertainty about the future. During that period of time, she depicted her life and world as being completely turned upside down. In those days, Ay-Chun said that her friend and colleague’s daily long-distance phone call was the only consolation and support that she received, gradually leading her to discover a new map and direction for her life. Similarly, when noting that she had been betrayed in an intimate relationship, Jenny shared that she would rather die than endure such humiliation, torment, and pain. Like Ay-Chun, Jenny also depicted how her peer and friend has accompanied her in the process of her mourning and stress and has led her to explore a new possibility of life.

The limit-experiences described by the participants mentioned above echo with Wade’s (1998) idea of the antecedent of self-transformation which is defined as any disorienting dilemma that disrupts the order of one’s life and is regarded as a ‘painful, threatening, and challenging opportunity for reflection’ (p.716). Indeed, all participants have regarded the limit experiences that they underwent as opportunities

inviting them to launch an intimate dialogue with themselves and/or others and to make a decision as to whether and how to deal with the challenges that they were facing.

Other participants have depicted the ‘limit-experiences’ they underwent in ways different from those discussed above. The limit-experiences they narrated were like a sense of disconnectedness, either from their own culture, themselves, or others. For example, Ladybird was constantly working to understand herself better and to have more self-confidence. Calvin often felt alienated from self, others, and the environment and experienced loneliness. While studying abroad, Ruth felt the need to undertake some physical exercises and be re-connected to her own culture. Whilst satisfied with all her material needs being met, Shu still felt empty and kept searching for something deeper. Such feelings of incompleteness and emptiness could be an enduring issue which stimulated the need to keep exploring and which served as a driving force for change.

Different from the limit-experience as the antecedent of personal transformation as defined by Wade (1998) although, those described as a sense of disconnection and experience of emptiness are more like a gradual process of unfolding and developing from within explained by Metzner (1998), as I delineated in chapter two. The limit-experiences which the participants narrated as having undergone were varied although they have served as stimuli for the participants to decide to face their life challenges by involving themselves in CRE. This has marked a point of transition in the process of transformation.

However, the narratives also indicated that it has not been easy for most participants to arrive at such a decision. Even after they have begun to undertake CRE as their friends have advised them to do so, some of them still doubted its efficacy. For example, Michelle shared how it took her nearly a year to make a decision on whether to register for CRE lessons with the *Tai Ji Men Qigong* Academy due to the fear of being cheated. Suffering from an acute and life-threatening illness, Ay-Chun followed her friend’s advice and began to undertake CRE just for the sake of giving it a try in order to seize any chance for survival.

A possible explanation for this phenomenon is that the participants’ decision to undertake CRE was initially only to please their friends or to try out whatever suggestions had been given to them to relieve their suffering. Yet CRE which requires long-term involvement and regular practice usually does not show immediate results

and this may make some participants who expected to see an immediate effect suspicious of its impact and doubt about whether they should continue such practice or not.

Another possible explanation is that CRE as a popular cultural activity is an intrinsic part of the 'little' tradition of the Chinese/Taiwanese culture. As such, CRE 'works itself out and keeps itself going' (Redfield, 1956, p. 70) in the lives of ordinary people and has never been transmitted through formal education and rarely put under scholarly scrutiny. As a result, the Taiwanese intellectual community including the counselling professionals who tend to put themselves under the leadership of scientism may thus feel 'inadequate' to make public their undertaking of such a practice regarded as less scientific.

Examples are counsellors such as Tony and Michelle. Tony said repeatedly that his nasal allergy disappeared after his undertaking CRE and it never re-occurred so long as he continued his daily practice. On the other hand, he enumerated all the other art and physical activities which he undertook such as painting and horse-riding. He emphasized how he took the cultivation of his own humanistic quality seriously and expressed his uncertainty about whether it was his regular CRE which has cured him of his nasal allergy or something else. Similarly, Michelle also hesitated to make known to the public the information about her very personal experiences of CRE and *ch'i* which she disclosed to me during interview. She decided to retract all such information when she took the opportunity to read and correct her interview transcript.

7.2.2 Self-care leading to self-transformation

In spite of some hesitation, the participants all made an attempt to break through the prison of the orthodox way of thinking (Bernauer, 1999), opened themselves up to 'the other,' and set out on their journey with CRE. As they moved towards 'the catchments of the popular undercurrent' (Von Grunebaum, 1955 as cited in Redfield & Wilcox, 2008, p. 28) and involved themselves in CRE, they became connected to the little tradition of their own culture.

Except for Samuel who stopped practising CRE after being cured of his sleeping problem, all other participants kept doing it daily for at least four years of whom eight practised for more than 12 years and two for more than 30 years. There was a great variety in the types of CRE which they undertook including both static and dynamic

CRE and the six groups of CRE classified by Cheng (2002) as described in chapter two (section 2.1.2.2). The static CRE undertaken by the participants included sitting practices, *vipassana*, and *zazen* and *Kundalini* meditation, and the dynamic CRE involved *ch'i-kung*, *tai-chi-chuan*, *tai-chi* sword, the meridian strength exercise, and the great worship exercise and so on as shown in Table 3.1 in chapter three.

Most participants undertook both static and dynamic CRE. For example, May and Sandy were involved in a wide variety of CRE including both static and dynamic ones. Michelle, Tony, Jenny, Ruth, and Ay-Chun were involved in both sitting practice or *zazen* and *ch'i-kung* or *tai-chi*. Some of them, e.g., Sandy and Ruth even developed their own style of *ch'i-kung* characterized by being brief, simple, easy to learn, and for the inclusive training of body, mind, spirit, and emotions. Sandy used her self-developed CRE both for her own daily exercise and professional practice.

Most of the participants undertook CRE both in groups and alone. For example, Michelle and Ay-Chun, who were registered members of a formal CRE organization, the *Tai Ji Men Qigong* Academy, practised CRE in a group regularly, received continuous training, and took part in group activities for sharing with one another. In addition they also practised CRE daily by themselves. For instance, Michelle did it alone for 15 minutes in the morning and another 15 minutes in the evening, every day. Others who did not join a formal CRE organization were more likely to undertake CRE together with other CRE practitioners at a mutually agreed time and place and practised alone at other times. For example, Tony undertook *tai-chi* in a group every morning for one hour and practised quiet sitting on his own for 10 minutes before beginning a counselling session. Samuel was the only one who practised CRE alone all the time.

No matter whether in groups or alone and regardless of what type of CRE the participants undertook, they all talked about their ideas and/or experiences of *ch'i*. The names they gave to *ch'i* varied depending on the type of CRE undertaken. At different times, some participants may also call *ch'i* by different names. For instance, speaking from a particular school of *zen*, Jane distinguished between two kinds of *ch'i*: *Huo-da* (big fire) and *shui-da* (big water). Involved in *tai-chi*, Tony talked about *ching*, *ch'i*, and *shen* (*essence*, *ch'i*, and *spirit*). Michelle made use of the *ying-yang* theory, the five-evolving phases, and the notion of 'karmic creditors' to explain her understanding of *ch'i*.

The multiplicity of the type of CRE as discussed above echoes with Cheng's (2002) research findings that in Taiwan, the forms of CRE undertaken are simply countless and the complexity of the ideas of *ch'i* resonates with Lo's (2000) proposition that the idea of *ch'i* in CRE is rather ambiguous. I argue that CRE and *ch'i*, being part of the little tradition of the Taiwanese culture, could be an explanation for such phenomena. For according to Redfield (1956), the little tradition has never been put under scholarly scrutiny yet it keeps flourishing in the lives of the ordinary people. As such, it allows space for CRE practitioners to develop a new form of CRE and construct a new way of thinking about *ch'i* based on their own experiences. As a result, the type of CRE keeps ever growing and the idea of *ch'i* becomes ever more diverse and complex.

However, in spite of its complexity and multiplicity, the ideas of *ch'i* described by the research participants can still be classified into the two categories proposed by Chan (2007) and Lo (2000). That is, the physical and the nonphysical or the biological energy and the conscious energy and these two categories are closely interrelated. The participants believed that the *ch'i* experienced as somatic phenomena such as flowing water drops, feelings of a swollen body, and all kinds of somatic sensations as shown in chapter five, can be transformed into a nonphysical state of existence. This was manifested through the ways in which they thought, felt, viewed the self, and related to others and the world.

As such, the participants' ideas of *ch'i* reflects Chan's (2007) arguments that *ch'i* is transformative and dynamic and can be changed from one state of existence to another, that is, from a physical entity described as somatic phenomena during CRE to a non-physical one narrated as ways of thinking, feeling, loving, energy, and ways of relating. Such transformation of *ch'i* as narrated by the participants tended to be regarded by them as a crucial turning point in their lives. The narratives indicated that the participants believed that such unusual, unexpected, or extraordinary experiences of *ch'i* manifested on their own physical body have dramatically changed their ways of thinking and feeling, and their relationships with others and the world.

On the other hand, such transformation believed to be a result of the regular practice of CRE also resonates with Foucault's (1988a) notion of technologies of the self. It involves both 'a mindset and practice, constant throughout one's life' (Batters, 2011, p.4) which enables increased vigilance of one's moods, broadens one's self-view, promotes self-understanding and self-mastery, and helps individuals to 'acquire,

assimilate, and transform truth into a permanent principle of action' (Foucault, 1988a, p. 35). Foucault (1988a) did not mention the idea and practice of *ch'i* in his book, *Technologies of the Self*. However, the emphasis that the practice should be done constantly and aim at converting what is heard and learnt into 'rules of conduct' or at what Foucault called 'the subjectivization of truth' (p.35) are similar to that of CRE. That is, undertaking CRE regularly has led the participant to perceive themselves as being able to 'acquire, assimilate, and transform truth into a permanent principle of action' (Foucault, 1988a, p. 35). As such, they believed that through their regular CRE, they have gained a certain degree of independence with regard to the external world.

As mentioned above, CRE undertaken by the participants can be generally classified into two groups: static and dynamic. Static CRE is mainly for the cultivation of the human nature or for the training of the mind whereas the dynamic CRE is for the cultivation of life or for the training of human body. Yet, as discussed earlier, most participants practised both types and only a few just undertook the static CRE. That is, most participants took care of both body and mind through regular CRE and reported a different self-view after being involved in CRE for a long period of time. Even those immersed only in the static CRE, such as Jane and Shu, they also talked about healing and transforming the whole person including body, mind, and spirit after having experienced the somatic manifestations of *ch'i* on their physical bodies.

Further, the self-transformation as depicted in the narrative tended to begin with the restoration of health and relief from feelings of emptiness, disconnectedness, lacking, and incompleteness associated with the limit-experiences that the participants mentioned. They then proceeded to talk about the influence of CRE on other aspects of their life. For example, Tony first mentioned how his regular *tai-chi* had relieved him of his nasal allergy problems and other illnesses such as insomnia and constipation. From there, he proceeded to enumerate the psychological effects of CRE on him such as increasing his active thinking, more positive emotions, greater awareness, and so on. Jane first talked about her *ch'i*-related somatic experiences and then described how she had turned into a 'believer' in something beyond proof or explanation. Jenny narrated firstly how she recovered from her grief related to the loss of an intimate relationship; and then her experiences of an altered sense of time, space, and consciousness during CRE.

Moreover, participants such as May, Michelle, and Ay-Chun also shared perceptions about their increasing sensitivity to the needs of others, growing concern for others and volunteering to provide free counselling services for the less fortunate after being involved in regular CRE for some time. As such, self-transformation through regular CRE tended to be described as involving the whole person and expanding from one aspect of life to another both within and out with the person. The gradual development of the self-transformation through CRE reflects Metzner's (1998) notion of transformation as gradually occurring through a long-term conscious effort and the holistic impact of regular CRE on the practitioner's life resonates with Foucault's notion of self-care leading to self-transformation.

By self-care, Foucault (1988a) refers to a set of practices which 'permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being so as to transform themselves' (p. 18). Such practices may also facilitate exploration of a true 'sense of freedom by maintaining the ability to choose where to fit oneself within society' (Batters, 2011, p.7) and allow an individual to establish positive relationships with others. Foucault's idea of self-care reflects the study results in terms of the perceived effects of CRE as the transformation of the entire person including body, mind, and spirit, increasing quality of social involvement and greater connectedness to others.

Results of this study in respect of the perceived effects of CRE are also in line with the research findings of Shapiro, Brown, and Biegel (2007), Chrisman, Christopher, and Lichtenstein (2009), Schure, Christopher, and Christopher (2008), and Grepmaier, Mitterlehner, Loew, Bachler, Rother, and Nickel (2007) conducted with trainee counsellors as reviewed in chapter two. They are similar in the sense that they all reported a positive influence of CRE on all aspects of the participants' life including their global wellbeing: physical, emotional, mental, and social health and their professional work. However they are not exactly the same because this study detailed how the quintessence of CRE, *ch'i*, functions in the process of change.

The narrative also indicated that the participants perceived their regular CRE as beneficial for self-care not only in terms of stress reduction, increasing self-compassion, and growing awareness and acceptance of self and others; but also for the transformation of the whole person. In this regard, the results of this study echo with Huang, Kao, and Lai's (2009) research findings on the personal transformation

of a young counselling professional through regular *zazen*. As reviewed in chapter two, although not mentioning the role of *ch'i* in the process of change, Huang, et. al.'s study revealed that self-transformation through CRE is a process of a gradual expanding and becoming and is holistic, involving all aspects of the practitioner's life.

Similarly, the findings of this study also agree with Li's (2000a; 2000b) three-dimensional model of harmony through CRE as reviewed in chapter two. He suggested that the harmony and balance experienced by the CRE practitioners in the organic system could be expanded to the interpersonal and natural system, that is, to their relationships with others and the world, and affects their ethical stance and worldview. They also coincide with Foucault's notion of self-care which takes into account both the inside and the outside of a person, emphasizes the importance of the 'inside-out' thinking, acting, and communicating, and highlights the primacy of taking care of the self as the starting point of all things.

An ancient saying in China taken from one of the Chinese classics 'The Great Learning' may adequately reflect the research findings regarding the influence of CRE on counsellor's self-care gradually leading to the transformation of all aspects of the practitioner's life:

Those of antiquity who wished that all people throughout the empire would let their inborn luminous virtue shine forth put governing their states well first; wishing to govern their states well, they first established harmony in their households; wishing to establish harmony in their households, their first cultivated themselves... (Confucius, The Great Learning)

This suggests that all things begin with the self. If an individual knows how to cultivate him- or herself; he/she will know how to help his/her family and the larger community and even the world. If a person sets out on his/her journey of on-going self-becoming and activates power over him- or herself; he/she will be able to do the same to others. This echoes the research findings regarding the perceived transformation effects of CRE on one aspect of the practitioner's life and expanded to another, with a special emphasis on the primacy of self-care and self-cultivation.

On the other hand, the perceived changes in the ways of knowing, the feelings of interconnectedness, and the increasing altruistic thoughts and behaviours also resonate with Wade's (1998) notion of the critical elements and consequences of personal transformation as described in chapter two (section 2.5.3.2). However, there are important differences between the data shown in this study and Wade's characteristics

of personal transformation. The major one is that the perceived changes believed to be brought about by CRE has the physical manifestations of *ch'i* included. By contrast, Wade's model only focused on the cognitive and affective dimensions.

The divergence may be related to the path through which the perceived changes occur. For example if CRE is a 'physical activity;' those who undertake CRE as a path to their self-transformation might have paid special attention to the physical dimension as an integral part of the human person. By contrast, Wade's (1998) model only focused on the cognitive and affective confusion brought about by a disorienting dilemma, whether one makes a decision to enter into the process of transformation, and the cognitive and affective consequences of the transformation. He did not mention a specific practice leading to the transformation. I thus argue that the use of CRE as a path to self-transformation is a possible explanation for the overall attention to the somatic changes in my research findings.

Although data indicated that more than half of the participants reported unexpected, unusual or extraordinary experiences of *ch'i* resulting in marked changes in their self-view, these tended to be described as accumulated effects of their long-term immersion in CRE. Such *ch'i*-related experiences, considered as moments of high tide in their ongoing process of becoming, gave a great impetus to their continuous involvement in CRE. For instance, Ay-chun began to tangibly feel the flow of *ch'i* in her physical body in the sixth month of her regular CRE. She interpreted such experience as the accumulated effect of the effort made during the previous months and saw a change in her self-view, her relations to self, others, and the environment as a consequence of her CRE involvement. She also described how the perceived benefits of CRE have served as a key driving force for her to continue her regular CRE practice.

One exception to the above discussion is the narrative of Samuel, who gave a vivid account of his somatic reaction to *ch'i* which he acknowledged had resulted in his recovery from insomnia and marked improvement in his concentration. Yet he hesitated to admit the benefits of this on his professional practice. Instead, he kept repeating that his rich experiences and expertise in counselling practice would ensure quality service even when feeling tired. He did not identify a possible deeper meaning of his experience of *ch'i*. On the contrary, he criticised those intellectuals who believed in the meta-physical meaning of *ch'i* and reproached them for their superstition, backwardness, and unscientific minds.

The contrasting example of Samuel's narrative illustrated a typical situation of the counselling profession in Taiwan wherein the small narratives of one's personal subjective experiences tend to be subjugated by the dominant discourse of the medical model. The local and popular knowledge is suppressed by the knowledge claimed to be universal, objective, and neutral in the health-care profession (Yee, 1998). On the other hand, Samuel's example may also reflect limitations of gathering narratives in interviews. For instance, knowing that the research report would make public someday could be a reason for the interviewee to conceal some important information from the researcher (Riessman, 1993). This will be further discussed later in this chapter.

To sum up, the above discussion indicated that CRE is a potential path for counsellors' self-care practice leading to self-transformation which has the following characteristics. Firstly, it is a gradual process of becoming possibly accompanied by certain unexpected, extraordinary, *ch'i*-related experiences which may accelerate and intensify the process of self-becoming. Secondly, it is a result of a conscious effort and a continuous CRE activated through limit-experience and pushed forward by the perceived beneficial effects of CRE. Thirdly, the transformation is both holistic and progressive, influencing all aspects of life and continuing to expand from the inside out. Fourthly, as a consequence, a new self-view grows and a new relation to self, others, and the world develops. It means that the great majority persevering in the regular CRE perceived themselves as being able to become aware of, and reactivate the power existing in all aspects of their lives and thus grow towards greater freedom.

The manifestation of this in counselling practice will be the focus of the discussion below.

7.3 The use of *ch'i* and CRE as the therapeutic use of self

According to Knight (2012), the therapeutic use of self refers to therapists' intentional use of personal attributes, knowledge, wisdom, experiences, and whatever sensations, feelings, or thoughts are triggered during counselling encounters. It is 'guided by the purpose of the interaction and the practitioner's role' (Knight, 2012, p.3) and is for the therapeutic benefit of the clients (Wosket, 1999). By persevering in daily based regular CRE, the participants gradually integrated CRE movements and CRE-related ideas of *ch'i* into the way how they identify themselves. Besides, the narratives also indicated their growing awareness of whatever may be going on inside

the self, in the clients, and in the counselling relationship. Most participants reported their intentional use of CRE and *ch'i* to facilitate their therapeutic conversations with clients for the benefits of the latter as well.

In the following paragraphs, I will discuss the perceived influences of the regular CRE on counselling practice which include a growing sense of awareness (section 7.3.1), the intentional use of *ch'i* and CRE in therapy as use of self (section 7.3.2), for the therapeutic benefits of clients (section 7.3.3), and towards a new way of healing (section 7.3.4).

7.3.1 A growing sense of awareness

The narratives indicated a growing awareness and an increasing attention believed to have resulted from regular CRE and perceived as beneficial for the practitioners' therapeutic practice. For example, Tony who undertook *tai-chi* daily and 10-minute quiet sitting before a counselling session revealed that such practices helped him to remain fully present and highly aware of whatever occurred in himself, in his clients, and in the therapeutic interaction during psychotherapy. Similarly, Ladybird also reported how her regular *vipassana* had helped her to become more self-confident and increasingly aware of how this had influenced and benefitted her professional work. Samuel, in spite of his hesitation, also admitted that his regular CRE not only helped to improve his insomnia, but also increase the attention needed for his professional practice.

Whilst all participants reported an increasing awareness during counselling practice believed to be a result of their regular CRE, some narrated certain unexpected somatic sensations occurred to them in therapy. The narratives indicated that these participants not only became aware of such sensations, but also made use of this as a source of information for developing a better understanding of their clients and as a cue for a deep psychological contact with the latter. For example, as presented in the previous chapter, Michelle described her ability to evaluate her clients' mental problem by using smell, for each mental illness has a particular smell which she believed to be related to the *ch'i* which her clients had. Ay-Chun also shared how her gooseflesh reaction to a client at the first encounter was usually an indicator of the severity of that client's mental health problem.

The data further demonstrated that the participants made use of the somatic sensations not only as a cue to gain knowledge about the nature of their clients' illnesses, but also as a guide to facilitate their therapeutic conversation with clients. For example, when sensing a client's awful smell, Michelle disclosed that she tended to keep the therapeutic conversation at a shallow level, to energize her clients by sending them her 'heart-*ch'i*,' and to advise them to see a psychiatrist or a traditional Chinese medical doctor. When experiencing gooseflesh at the first encounter with a client, Ay-Chun realized that she had to slow down and to have more patience with that particular client.

As such, the results of this study as mentioned above agree with the research findings of Huang, Kao, and Lai (2008) and Thomson's (2000) thesis that the regular CRE – *zazen* was what referred to in those articles - had the potential to increase counsellors' awareness of their own sensations, feelings, and thoughts in therapy, and their sensitivity to their clients' needs and to what happens in a counselling relationship. The narratives in terms of an awareness of the *ch'i*-related ability to assess clients' problems as mentioned above also reflects Wang's (1990) findings as reviewed in chapter two that the five senses of some practitioners become very sensitive after undertaking CRE regularly for a certain period of time. As a result, they were able to assess the health status of individuals and even to heal them.

Attention and awareness as qualities needed for therapists have been largely emphasized in the counselling literature. For example, Freud, who believed 'evenly hovering attention' to be essential to the psychotherapeutic practice (Freud, 1912, p.112); and Karen Horney, who argued that the analyst's attention is what 'set something going' for the patient in terms of their self-awareness and self-realisation (Horney, 1951, p. 189). Epstein even considered 'attention is, in itself, healing' (Epstein, 1996, p. 110).

Theorists such as Wosket (1999), Page (1999), and Reinkraut, Motulsky, and Ritchie (2009) considered therapists' awareness to be an essential element for the use of self in therapy. They agreed that self-deception and lack of self-awareness are the greatest pitfalls for the therapeutic use of self and suggested that counsellors should be aware of how their stories and meanings about their self can influence the therapeutic process. In her book, *The Therapeutic Use of Self*, Wosket (1999) enumerated various ways through which therapists may deceive themselves. They are such as being overly involved in our professional role in order to bolster our fragile

sense of self-esteem or using clients to fulfil our unmet needs or to define or confirm ourselves.

White and Epston (1990) who developed the narrative therapy based on Foucault's (1980) notion of power/knowledge emphasized that therapists are at the same time undergoing the effects of power and exercising power over others. To help clients to challenge the techniques that subjugate them to a certain dominant discourse, as therapists, we should become aware that we are inevitably engaged in a political activity and are often involved in questions of social control when providing counselling services.

The narratives revealed an overall beneficial effect of counsellors' regular CRE on increasing their awareness and attention. Although there are many paths for counsellors to improve their awareness and attention in therapy, based on the study results, I would argue that CRE could offer a unique contribution to counsellors' preparation and daily self-care. The main reason is that the regular CRE provides an opportunity for the practitioners to get in touch with and make a decision on how to deal with the materials existing at our unconscious level. For example, through his regular CRE, Calvin shared how he became aware of his need to control himself and his clients, and described how he gradually learnt to lay down such need.

Another reason is that the awareness believed to have resulted from the regular CRE is not only deep but also broad including the somatic, psychological, spiritual, and contextual awareness. There are individual differences in narrating the perceived influences of CRE in terms of emphasis. For example, Michelle focused on the somatic and spiritual awareness and Ladybird and Calvin underlined the psychological aspect of awareness. However, I argue that this rightly points to the great potentials of the regular CRE for the cultivation of counsellors' awareness and demonstrated the need to further explore in this area.

Further, an awareness of the flow of *ch'i* accompanying the somatic sensations in therapy can be also considered as something unique brought about by the regular practice of CRE. The somatic phenomena and the meaning and function of energy in professional practice (Shaw, 2004; Wehowsky, 1998) have been largely explored in the field of the body-oriented psychotherapy. However, whether the energy and somatic phenomena they talked about the same as the *ch'i* resulted from the regular CRE and the *ch'i*-related somatic sensations narrated by the participants in this study are still questionable. Besides, not all participants reported experiences of *ch'i*-related

somatic sensations in therapy and the narratives did not show a connection of this to the type of CRE they undertook or the length of time they had been immersed in CRE. I therefore suggest that future research should make a further inquiry into the above mentioned phenomena.

7.3.2 The intentional use of ch'i and CRE in therapy

Beside of showing the participants' conviction that the regular CRE improved the attention and awareness needed for their professional practice, the data also revealed their intentional use of *ch'i* and CRE in therapy. They made use of *ch'i* to provide therapeutic support to their clients and to assess their health status; and they lived out CRE as an embodiment and taught and undertook CRE together with clients in therapy as well. This will be the focus of this section.

The narratives indicated that most of the participants described their use of the information disclosed through their clients' complexion, facial expressions, and ways of breathing, walking, and speaking for a better understanding of their clients' suffering and as a cue for a deeper psychological contact. They considered such information a manifestation of the quality, amount, and distribution of *ch'i* in an individual and an indicator of his/her health status. For example, Tony described how he gained knowledge of his clients' emotional state by observing their breathing from which he inferred the state of their *ch'i*-flow. Shu also talked about her ability to detect her clients' *ch'i*-flow based on the way they walked or talked; and Jane and Sandy based their information on their clients' complexions and facial expression.

The narratives about the use of *ch'i* in therapy reflect the major arguments of *ch'i* reviewed in chapter two as both physical and nonphysical (Chan, 2007; Chia, 1990; Lee, 2000; Wu, 2006; Yang, 1993; Yu, 2001) which are closely interconnected and interchangeable. The physical *ch'i* refers to a sort of 'bio-energy' including the air one breathes in and the food one eats whereas the nonphysical *ch'i* involves mental and spiritual phenomena such as thinking, feelings, consciousness, and spiritual beings.

Most of the CRE practitioners and authors as mentioned above believed that how *ch'i* circulates and distributes in the physical body can be observed through one's outward appearances such as facial and eye expressions, conducts, manners and so on. They were also convinced that the quality and the flow of *ch'i* can be an indicator of an individual's health status. Therefore, by observing the outward appearances, most

of the practitioners with substantial *ch'i*-related experiences are capable of assessing the state of *ch'i* of their clients from which the health of the latter is inferred.

Some participants did not talk about whether they used *ch'i* to assess their clients' mental difficulties. Instead, they narrated their use of *ch'i* to create a therapeutic ambience and support to facilitate their therapeutic interaction with clients. For example, May sent her blessing to a client experiencing severe emotional distress during a counselling session. Ruth and Ladybird sent blessings to their clients with severe emotional disturbance during CRE, outside of the sessions. Michelle made use of *ch'i* both for client assessment and support.

Developing an optimal psychotherapeutic ambience allowing clients to experience safety so to open up and explore personal issues has been greatly emphasized in the counselling field especially within the humanistic and psychoanalytic traditions. Experiencing something beyond words or something greater than the self in the therapeutic setting has been largely discussed by the humanistic therapists as well. However, it is not common in the counselling literature that the idea of *ch'i* is used to describe such therapeutic phenomena. As such, the findings add to new knowledge in the counselling field.

In their narratives, the participants employed the word '*ch'i*' as a therapeutic expression seemingly without any effort. The *ch'i*-related words they used are either based on the *ch'i* theory associated with the types of CRE which they undertook or taken from their popular usage in the daily conversations. The former include '*shui-da*' (水大) and '*huo-da*' (火大) which are *zen* terminology; and *yin-yang* (陰陽), the five-evolving-phases (*wu-hsing* 五行), and the original/innate and the cultivated/acquired *ch'i* which are common expressions of the Taoist CRE. The latter are such as '*ch'i-chih*' (the disposition which an individual exuded, 氣質, '*huo-ch'i-da*' (high internal heat 火氣大), and the '*yuan-ch'in-chai-chu*' (the karmic creditors 冤親債主).

In other words, when employing the idea of *ch'i* to conceptualize their clients or to describe therapeutic phenomena, the participants were utilizing either their own CRE-related experiences and knowledge or the language relevant to the socio-cultural context to which they belong. According to Kerby (1991), 'world, self, and language belong inseparably together, and develop together' (p.66). 'We are educated into a

broad realm of symbols and signification and educated into the socio-cultural sphere' (p.66) and we use language to grasp reality and to make known our individual perspectives on the world both to others and to ourselves. Therefore, when using *ch'i* as a therapeutic language to assess, to conceptualize, to better understand, or to strengthen clients, I would argue that the participants were actually adopting a cultural resource from their own socio-cultural world as the use of self in therapy for the therapeutic benefits of their clients.

Besides narrating about their use of *ch'i* in therapy, the participants also talked about how they lived out CRE as an embodiment as well. For example, May described how she tried to convey a deep level of empathic understanding to her clients and to challenge them to grow by adjusting her breathing pace and her posture either in accord with or different from her clients'. Shu shared how she strove to keep the same mind-set in therapy as in CRE, looking at her clients with half closed eyes to observe the *ch'i*-flow in their physical body and with eyes fully open to note their outward appearance such as facial expressions, movements, and so on.

The narratives about how May and Shu kept the same mind-set in therapy as in CRE reflect Thomson's (2000) position that doing psychotherapy in a *zen* state of mind allowing the practitioners to be more flexibly and intimately present with their clients as reviewed in chapter two. However, like many other authors interested in the impact of CRE on counselling practice as mentioned in chapter two, Thomson did not discuss whether or how he made use of the body posture and breathing pace to work with clients.

Paying attention to nonverbal communications in therapy is part of the basic attending skills which counsellors are equipped to help their clients. However, therapists consciously adjust their body posture and breathing pace to express empathy or challenge clients that is something else. They are different because the latter is something being lived out or enacted as an embodiment not as a technique. For body postures, breathing, and mind-set are the three core components of any type of CRE (Chan, 2007; Dorcas & Yung, 2003) wherein, breathing as the movement together with proper body posture and mind-set is what contributes to the transformation of *ch'i* which according to Chan is the practice material.

When undertaking CRE, the practitioners experience the transformation of *ch'i* in their physical body which they believe to have led them to their personal healing and transformation. Based on such conviction and perceived effect of their regular CRE, when doing psychotherapy, the practitioners empathize with their clients and challenge them to regain the power they have given away by consciously adjusting their breathing pace and body posture. As such, I argue that when doing so, the practitioners are consciously living out or enacting CRE as an embodiment not as a technique. In other words, CRE has become important aspect of the practitioners' self-identity after their being immersed in CRE for a long period of time and is consciously lived out by the latter as an embodiment in their professional practice.

On the other hand, the narratives indicated that CRE was not only lived out but also taught and undertaken with clients by some participants in the counselling sessions. For instance, May let her client experiencing worry, anxiety and tension undertake sitting practice before the counselling session began. Ruth taught her client with severe emotional distress a short-form *ch'i-kung* for them to continue practising it at home. Sandy was fully convinced of the benefits of CRE on the wellbeing of body, mind, and spirit and practised her self-developed short-form *ch'i-kung* with almost every client.

By teaching and undertaking CRE together with clients, the practitioners made explicit what they have lived out themselves alone in a counselling session. They explained and demonstrated to their clients how to extend and move their bodies and how to breathe properly so to be able to release their negative emotions. They did this either at the beginning or the end of a session whenever they considered this beneficial for the client. As such, they not only used CRE to create a therapeutic environment but also to empower their clients with a 'technology' for them to continue taking care of themselves.

The way CRE was used by these participants reflects the position of most of the mental health professionals that CRE has the function of catharsis. For example, Gong (2003) and Wu (1996) believed that '*tung*' (通, unobstructedly, freely) or the free and harmonious flow of *ch'i* is the main indicator of an individual's being healthy and were convinced of the cathartic effect of CRE. They explained that when undertaking

CRE, the *ch'i* at any part of the body that is obstructed or blocked will be opened up so that the practitioners will feel relaxed, emotionally released, and more clear-minded.

As such, to facilitate the free flow of *ch'i* has become the key focus of the participants' use of CRE in counselling practice. However, as discussed earlier, *ch'i* exists within and without the whole person and the *ch'i* transformed within a person can influence that exists outside of him or her. That is, the *ch'i* transformed through CRE can make a change to one's self-view, one's worldview, and relations to others and to the world (Li, 2000). Therefore, I argue that the effort the practitioners made to facilitate the free flow of *ch'i* in their clients is actually to help them reactivate the power they have given away so to be able to regain their freedom, to challenge the dominant discourse suffocating them, and to make their own life choice (Foucault, 1980).

The above argument applies to both the therapeutic use of CRE including living out CRE during counselling sessions and teaching and undertaking it with clients and the use of *ch'i* as a therapeutic language. For when doing the latter, the *ch'i* was believed to be circulating within each of the entities involved in the counselling sessions and in the midst of the counselling context. As such, the counsellors were able to evaluate their clients' health status based on their own somatic reactions to their clients' ill-*ch'i* and through nonverbal observation and to create a therapeutic ambience and to provide therapeutic support by sending heart-*ch'i* to their clients in the form of blessings.

Similar to the therapeutic use of CRE, the use of *ch'i* as a therapeutic language is also to facilitate the free and smooth flow of *ch'i*. As such, the practitioners help their clients to reactivate their power so to be able to identify and challenge the dominant discourse by which they have been constrained and regain freedom and courage to share their own personal stories and develop their own voice.

On the other hand, I would also argue that when employing *ch'i* and CRE in therapy, the practitioners are making use of self in their professional practice. For after their long-term immersion in CRE, *ch'i* and CRE are not tools outside of themselves; instead, they have become part of their self-identity. They are familiar

with the flow of *ch'i* within and without and they know from their own experiences how *ch'i* may operate and have impacts on the CRE practitioners. During counselling session, they intentionally make use of such knowledge and experiences they have for the benefits of their clients which according to Knight (2012) and Wosket (1999) is called 'the therapeutic use of self.'

7.3.3 For the therapeutic benefits of clients

However, as discussed earlier, not all participants made use of *ch'i* and CRE in their professional practice. Even if they did, the extent to which they employed these also varied. Besides, the narratives also indicated caution on the employment of *ch'i* and CRE in counselling practice and underlined the importance of screening clients for undertaking CRE in therapy. Examples are such as Calvin, Michelle, and Jane who expressed their concerns about the possible harmful effects of CRE on their clients when talking about whether to teach or undertake CRE with their clients during counselling sessions.

Calvin and Jane believed that CRE might have harmful consequence to the clients when CRE were employed in therapy by an inexperienced or untrained counsellor. On the other hand, convinced that *ch'i* exists in various different forms, Michelle considered it possibly harmful for clients when the *ch'i* in the form of the karmic creditor operated in the therapeutic setting or mixed up together in the case of group counselling.

The narratives in terms of teaching and undertaking CRE in a counselling session reflects Wu's (1996) position that CRE may either evoke the practitioners' hidden potentials and help them in their ongoing process of becoming or stir up material buried deep in their unconscious and temporarily hinder their growth. The latter at times may lead to the onset of psychotic symptoms, an uncontrollable emotional outburst, or an unclear mind. Therefore, she recommended careful screening of clients for undertaking CRE and suggested that clients who are severely mentally ill and emotionally disturbed should not be advised to undertake CRE.

The data in this particular study showed that those who disclosed their undertaking CRE with clients during counselling sessions tended to emphasize how they made careful screening of clients. And those who said that they never did so were more likely to talk about their being worried about the possible harmful impacts

of CRE on their clients as they never received adequate training for this. That is, no matter teaching and undertaking CRE with clients in their professional practice or not, the narratives indicated participants' special concerns for the clients' welfare. In other words, the narratives demonstrated that the therapeutic benefits of their clients were the first and foremost concern of the practitioners when deciding whether and how to make use of CRE in their professional practice.

However, as noted in chapter 3, power exists in all human relationships and meaning is contextually dependent. Every move to meaning-making comes about from a particular position which is structuring and structured by the social discourses available within that practice. Therefore, to understand how and why the diverse statements are linked and bound together, it is important to discover the law operating behind these and 'from where does one speak' (Foucault, 1972).

The narratives revealed that some participants exhibited hesitations about whether they should disclose their in-session use of CRE or not. For example, Michelle decided to retract a large portion of her interview transcript when offered a chance to read and to make necessary amendments. That is, she did not want to make it public part of what she chose to disclose to me at the interview. Another example is Tony. In spite of being convinced of the benefits of CRE for his global wellbeing and his professional practice, he exhibited uneasiness about disclosing his use of CRE in a counselling session. At the beginning of the interview, Tony said that he never employed CRE in a counselling session. However, as the mutual trust gradually built up as the interview proceeded, without being asked again Tony began to describe how he enacted CRE in a group setting.

Speaking from a position of being a registered licensed psychotherapist to a researcher being regarded as a 'colleague', whom he did not know well, Tony had a valid reason to be concerned about the view of the professional body to which he belonged. As examined in chapter two, the medical model is the current dominant narrative of the counselling profession in Taiwan and a licensed counsellor is classified in the category 'medical personnel.' It implies that any 'alternative' practice could be put under strict scrutiny from the professional body (Chang, 2011).

Furthermore as discussed in chapter two, the counselling practitioners in Taiwan tend to embrace the mainstream American counselling theories without discrimination. This was further confirmed by Ko's (2009) survey results showing that all psychotherapists adopted an 'imported' theoretical orientation for their professional

practice. As mentioned earlier, *ch'i* and CRE being part of the little tradition of the Taiwanese culture was more likely to be regarded as unscientific, backward, and even superstitious. Therefore, speaking from a position of being a private practitioner to myself as the interviewer, a research student currently receiving her education in the West and a potential client, Tony had all the more reason to take into consideration the view of his immediate audience.

In other words, the narratives are contextually situated and shaped by the context of their telling; thus are representatives of a particular moment and space. The narratives do not refer to events in the empirical world or reveal the past as it actually was. Rather, they show how the individuals involved in the process of meaning making understand, organize, and represent their experiences (Riessman, 1993). Therefore, to understand why and how the participants have told a certain story or have put a special emphasis on certain aspect of a story such as the therapeutic benefits of their clients in their intentional use of CRE and *ch'i*, one has to take into account the place from where they come and speak. That is, to look into the socio-cultural context to which they belong and by which their concepts and beliefs are influenced and how they positioned themselves when they spoke.

Taken together, the narratives indicated the participants' improving awareness and attention needed for counselling practice as a result of their long-term involvement in regular CRE and revealed their intentional use of *ch'i* and CRE in therapy as the use of self for the therapeutic benefits of their clients. The data suggested a conviction that the conscious use of *ch'i* and CRE is helpful for clients to reactivate their power and to regain their freedom so to be able to develop their own personal narratives. The narratives also showed how the socio-cultural context and the position from where the participants spoke have influenced how they told their stories and what they said.

7.3.4 Towards a new way of healing

Based on the above discussion, I would like to argue that the narratives, as a whole, give evidence of an increasing integration of the ideas and practices of *ch'i* into counselling practice in contemporary Taiwan. This might even make up a new form of integrated and culturally appropriate practice, what I call 'a new way of healing,' which moves away from and provides a challenge to the medical model

approach currently dominating the mental health field in Taiwan. These are healing practices which value the potential of CRE for counsellor's self-care and personal growth; recognize the integral whole of the human person; and promote conscious use of the knowledge and experience of *ch'i* and CRE in therapy as an important aspect of the therapeutic use of self. They will be discussed in turn below.

Valuing the potential of CRE for counsellor's self-care and personal growth. The findings of this study resonate with psychotherapists Thomson's (2000) observations that regular CRE enable practitioners to live in the here and now, to be more patient and flexible, and to value their own personal change and growth. They also support the findings of most of the empirical studies reviewed in chapter two in terms of the perceived beneficial effects of CRE on global health enhancement. These studies include those conducted in Taiwan such as those of Chen, et. al. (2005), Fong, Hung, and Huang (2004), Jong, Fang, and Chao (2004) and those performed in South East Asia and in the United States for instance, the studies of Adhikari (2012), Bhatia, et. al. (2003), Emavardhana and Tori (1997), Frye, Scheinthal, Kemarskaya, and Pruchno (2007), Le Le Min, et. al. (2010), Malathi, et. al. (2000), and Manjunath and Telle (2005).

Further, the results of this study also reflect the findings of Chrisman, Christopher, and Lichtenstein (2009), Grepmaier et. al. (2007), Huang, Kao, & Lai, 2008; Schure, Christopher, and Christopher (2008), and Shapiro, Brown, and Biegel (2007) that CRE practice not only improved counsellors' global health, but also brought about personal changes beneficial for their professional practice. These changes include being more energetic, positive, patient, tolerant, caring, relaxed and spontaneous in interpersonal interaction with others, being more thankful, self-challenging and broad-minded, and improving awareness.

In other words, this study supports previous research findings regarding the benefits of CRE for practitioners' global health enhancement and personal change and growth leading to better practice in counselling. I therefore argue that CRE could a potential technique for counsellors' self-care and should be widely promoted in the counselling field so that professionals interested in the ideas and practices of *ch'i* can make use of this for their personal and professional benefits.

Recognising the integral whole of the human person. The results of the study echo with Chan's (2007) and Li's (2000) notions that human person is a unified whole

in which the *ch'i* can be enhanced and transformed through CRE involvement; that CRE can bring changes to one's physical body, cognitive style, emotions, state of consciousness, and worldviews. The research findings also reflect Li's (2000) concept of health as harmony with self, others, and nature which can be enhanced through regular CRE practice. In other words, it is the recognition that human being is an integrated whole involving body, mind, and spirit, and that concept of health and wellbeing is necessarily dependent on the socio-cultural context.

As delineated in the earlier part of the thesis, the self is constantly in the process of becoming which, while initially formed through interactions with significant others as an infant, is further defined by the cultural and historical context to which one belongs (Wosket, 1999). That is, the cultural context and the institutions to which we belong are where our concepts and beliefs come from and/or by which our concepts and beliefs are controlled (Carrette, 2007). A person cannot separate from his/her socio-cultural context. I therefore argue that any healing practice that claims to be effective and beneficial for human health should take this into account.

Such notions of human persons and health move away from the idea that being healthy is simply about not being ill and healing is the same as a cure. Counselling professionals who view human person as an integral whole refuse to categorize and label people or treat sufferers as objects (Liang, 1977). They acknowledge the complex and intertwined aspects of a human person and offer people holistic health care including meeting their spiritual needs.

Promoting conscious use of the knowledge and experience of ch'i and CRE in therapy as the therapeutic use of self. The findings that counsellors involved in regular CRE make use of their knowledge and experiences of *ch'i*-related ideas and practices and personal qualities formed through regular CRE practice to facilitate their therapeutic conversations with clients echo with Knight's (2012) notion of the therapeutic use of self. The results of this study respond to Wosket's (1999) caution about the danger of using self in therapy without sufficient self-awareness in the sense that the narratives indicate an increasing awareness as a result of being involved in CRE. I therefore would argue that CRE can be a potential means to facilitate conscious and conscientious use of self in therapy for the therapeutic benefits of clients. CRE can also be lived out as part of one's self-identity rather than just a relaxation technique as it is used in many existing CRE-integrated therapeutic models (Segal, Williams, & Teasdale, 2002).

On the other hand, the narratives about the ideas of *ch'i* as a therapeutic language being used as a way of expressing health and illness and a way of understanding reflect Chang's (1982) observations about the extensive usage of the idea of *ch'i* (氣) by Taiwanese/Chinese people in their daily communication. These call for a broader understanding of *ch'i* in therapy rather than what is specified or explained in the existing healing models proposed by Gong (2003) and Lee (2000).

7.4 The research limitations

While the regular CRE is perceived as beneficial for the counsellors' self-care leading to self-transformation and for their use of self in counselling, the theoretical perspective and research design of this study place particular limitations on the generalisability of the findings of this study. First of all, this project is a qualitative narrative research study exploring a group of Taiwanese senior counsellors' perceptions of the influence of their regular CRE on their counselling practice.

As discussed in Chapter Three, narratives are individuals' interpretations of events in a linguistic form. They are both creations and expressions. As creations, they are products of the narrators' beliefs, values, previous experiences, attitude, knowledge, political stance, and so on. As expressions, they are represented in the form of language, which is ambiguous and context-dependent. This implies that the same situation can be interpreted differently by different individuals or even by the same individual in a different context.

The findings of my study indicate that there are differences between the narratives of for instance, a specific impact of CRE or way of employing the idea of *ch'i* or CRE in the counselling encounter. However, they also demonstrate that there are a great many similarities in the perception of the benefits of CRE for counsellors' self-care and its various uses in the counselling practice as an embodiment. The commonalities among this group of practitioners in my study lead me to assume that other counsellors/CRE practitioners may share similar perceptions. This means that the findings are not directly transferable to other practitioners' perception but they may serve as a reminder for the counselling profession to take notice of the potential of CRE for counsellors' self-care and counselling practice.

Secondly, another issue about narrative knowing is that of 'truth.' Individuals can only tell what they can remember or may choose to reveal only what is socially

acceptable. Even after having disclosed certain information in the context of interview individuals such as Michelle in my study still may choose to retract when opportunities are given. The retrieval of information due to concerns about the views of others could diminish the value of knowledge gained. Yet, as discussed in Chapter Five of this thesis, the act of taking back the information given was taken as a valuable data for analysis. It means that the narratives of that particular participant represented in the form of 'how' have provided powerful information for this study as well.

Thirdly, the narratives in this study are conceptualized as co-constructed between researcher and participants and are contextually situated. As such, it follows that the data produced for this study cannot be replicated by another researcher or in another social or historical context.

Finally, the sampling method and sample size also place limitations on the generalisability of the findings. The sample size in this study was limited due to the practicalities of dealing with large amounts of narrative data. The self-selecting nature of the sample in this particular study may imply that only those individuals with a positive CRE experience would persevere in their regular CRE for over one year and were thus eligible for this research. This means that the findings of this study cannot be taken as being representative of the general population of all counsellors/CRE practitioners.

7.5 Summary

The results of this study highlight the importance of counsellors' self-care as an ongoing holistic growth and self-transformation to which the regular CRE can be a potential path. This study also found some characteristics of self-care leading to personal transformation through regular CRE. The findings give voice to regular CRE as a means to build greater self-awareness enabling the therapists' conscientious use of self for the therapeutic benefits of their clients. The research results also indicated that CRE was intentionally lived out as an embodiment in therapy. While being concerned about public opinion and the stance of the professional body, the participants still disclosed how they intentionally taught and undertook CRE as an integral part of themselves in a counselling session with their clients. This study challenges the perspective of the current dominant medical model and provides a basis for developing a new healing model. Although having some unavoidable

methodological limitations the results of this study nevertheless contribute new knowledge to the counselling literature and indicate directions for further research. This will be further elaborated in the next chapter.

Chapter 8: The Self as the Starting Point for a New Way of Healing: Summary and Implications of Research

Whenever I bring up the subject of unorthodox practice in the company of one or two therapists I find agreement that there is a place for this and often ‘private confessions’ that people work in progressive and personally determined ways in their own practice. Yet within large gatherings or the public domain I experience less of a readiness for therapists to admit to unorthodox or innovative work. The research ... records my invitation to experienced therapists to give a voice to what I consider to be the healthy sub-current of dissent that I have come to believe is vibrantly alive within our ranks. (Wosket, 1999, p.13)

8.1 Thesis summary

The effectiveness of counselling does not so much depend on the utilisation of techniques and systematic theories as on the enlightened use of self. The person of the counsellor as intrinsically intertwined and interrelated to the cultural context to which he/she belongs is the only instrument available in the counselling practice. When a counsellor meets with a client in a therapeutic setting, they each bring to it their own world and culture and this may have a significant impact on the counselling relationship.

CRE is a popular physical activity and an intrinsic part of the local culture in Taiwan. Studies indicate the benefits of CRE on practitioners’ general health and personal growth and the utilization of CRE by some health care professionals. There is a growing number of counselling professionals involved in regular CRE in recent years. A few studies have examined the effects of CRE on trainee counsellors’ general health or counselling performance. Yet no previous study has investigated the influences of the long-term regular CRE on counsellors’ self-care and counselling practice. I therefore undertook this research project to explore how the Taiwanese senior counsellors with substantial CRE experiences have perceived the influence of their regular CRE on their counselling practice.

The narrative research design for this study has been developed from a post-structural theoretical perspective located in the domain of social constructivism. The data were co-constructed between the researcher and 12 senior Taiwanese counsellors with substantial CRE experiences using a semi-structured in-depth interview approach.

All interview data were analysed using the analytic approach based upon the ideas developed by William Labov in the field of socio-linguistics.

As expected, all practitioners reported the beneficial influences of their regular CRE on their overall wellbeing and personal growth. The results support the findings of the empirical studies reviewed in chapter two and reflect my own CRE experiences. Yet unexpectedly, and without being asked specifically in the interviews, the counsellors each narrated a story of their own limitations and how they set out on their journey with CRE through such experiences and others such as persons or reading materials. A possible explanation for this is the significance of such an experience for each of them, because the interview question which I asked has been broad enough for them to develop an answer from any angle. The fact that they all told a story about their first encounter with CRE may indicate the importance of such an experience to them.

Further, as expected, all counsellors perceived their regular CRE as having brought about positive changes in various aspects of their life within and without. Yet surprisingly, the influence of CRE has been described as very deep and extensive, and their experiences of *ch'i* have been depicted as so extraordinary, unusual, and unexpected. Such unusual experiences of *ch'i* were described not only as extraordinary but also as something resulting in a new view of self, and a new relation with others and the world. The practitioners' experiences of *ch'i* arising from CRE are rarely reported in current literature in the counselling field. The perceived self-transformation is beyond what was described in the self-care literature. It is one characterized by such features as being holistic, progressive, and continuously expanding and it occurred as a result of conscious efforts. As such, this finding contributes new knowledge to the profession.

As to the influence of CRE on counselling practice, the research findings revealed that the practitioners with substantial CRE experiences tended to perceive that their regular CRE is beneficial for improving awareness and attention in their counselling practice. The awareness believed to be brought about by the regular CRE is both deep and broad covering the unconscious, the somatic, psychological, spiritual, contextual, and the flow of *ch'i*.

The results of the study demonstrated that after being immersed in CRE for a long period of time, the practitioners considered CRE as an important part of their self-identity. The practitioners made use of *ch'i* as a therapeutic language and lived

out or enacted CRE as an embodiment in their professional practice in order to assess client health status, create a therapeutic environment, provide therapeutic support, communicate empathy, and empower and challenge clients. I argue that when the practitioners consciously employed *ch'i* and CRE-related knowledge and experiences in their counselling practice, they were actually making an intentional use of the self in therapy with an aim to helping their clients regain the power and freedom they had given away when being ill. The co-constructed data also indicated the practitioners' caution about disclosing their use of *ch'i* and CRE in counselling practice which I would argue, is associated with the place they chose to speak.

The counselling practice incorporating CRE as narrated by the senior counsellors in this study exhibited some distinguishing features which make such practice differ from the existing healing models integrating CRE and from the medical model approach currently dominating the mental health field in Taiwan. Such features include a great emphasis on the practitioners' on-going self-care leading to self-transformation through CRE and living out or enacting CRE intentionally and conscientiously in therapy as the use of self. Therefore I would argue that such a healing practice as depicted by the practitioners has the potential to be developed into a new way of healing.

8.2 Implications for counselling practice

This study demonstrated the perceived benefits of CRE as a path to the practitioners' self-care leading to self-transformation and a process enhancing their conscientious use of self in therapy. The finding implies the potential for CRE to be introduced into counselling training programs for their professional preparation or ongoing education.

Many empirical studies (Butler & Constantine, 2005; Figley, 2002; Lushington & Luscri, 2001) have shown that to care for those who are in emotional distress is itself stressful and that the stress-related psychological impairments may negatively impact counsellors' personal relationships, self-esteem, and professional effectiveness. A number of studies (Grepmaier, et. al., 2007; Shapiro, et. al., 2007; Thomson, 2000; Huang, Kao, & Lai, 2008) have indicated also that a counsellor's personal readiness and continuous self-growth may positively influence professional functioning. All this reveals the importance of the person and wellbeing of counsellors. Furthermore my study has demonstrated the potential of CRE for counsellors' overall health and

personal growth, implying that CRE can be a potential resource for counsellor's self-care.

Another implication of this finding is that the counsellors engaged in regular CRE could create a networking space for mutual support and for sharing of their CRE experiences in connection to their counselling practice. As one of the participants Tony said, 'we who have a psychological background may interpret our experience of CRE differently from those from another discipline.' Therefore, although most participants can share with friends who practise the same type of CRE, opportunities to talk to other counselling/CRE practitioners are still important. These colleagues provide a space in which to discuss CRE experiences from the perspective of their counselling practice.

Besides, the findings also indicated that CRE is a facilitating factor for counsellor's personal growth which is a spiral and a continuous process of self-becoming. As noted earlier, a counsellor's personal growth is closely related to the effectiveness of therapy. Therefore, it could be beneficial to provide such a space for the counsellors/CRE practitioners to share their stories of personal growth through CRE as a facilitating factor.

8.3 Contributions to the field of counselling research

This study provides a detailed account of the Taiwanese senior counsellors' perceptions of the influence of their regular CRE on their professional practice. Being the first attempt to explore this connection this research project thus makes a significant contribution to the current literature of the counselling field.

Besides, as discussed in Chapter Two of this thesis, some efforts have been made to bridge the gap between the Chinese/Taiwanese culture and the counselling practice in Taiwan, yet the idea of *ch'i* and CRE being the local and popular culture in Taiwan has never been included in research so far. The exploration of the influence of CRE undertaken by the Taiwanese senior counsellors on their counselling practice thus adds new knowledge to the current literature on the indigenization of counselling (Chen, 2009; Hwang & Chang, 2009; Yee, 1997).

The results of this study confirm previous research findings in terms of the beneficial effects of CRE on overall wellbeing, self-growth, and professional functioning. They also provide an additional account with respect to the unusual and unexpected experiences of CRE such as the unexpected recovery from serious illness

or somatic sensations during CRE. This may indicate the potential of CRE to expand the potential of human beings yet to be discovered, and thus points to a direction for future research.

My study also demonstrated new understandings and ways of using the idea of *ch'i* and CRE in the counselling practice. That is, to live out or enact CRE as an embodiment and to use the idea of *ch'i* to conceptualize clients and to detect what is going on in the therapeutic space may lead to a better use of self in therapy. There are some healing models developed in attempt to integrate the idea of *ch'i* and/or CRE into theories and treatments. However these models tend to treat *ch'i* as a substance which is quantifiable and capable of being manipulated and they use CRE as a technique for stress reduction or mindfulness cultivation.

By contrast, my study has focused on the self of the counsellors, that is, counsellors' self-transformation through CRE and their therapeutic use of the self shaped by CRE. I would like to argue that this has the potential to be developed into a new healing model which has counsellors' self-transformation as its focal point and CRE as a path to self-care and a resource for the counsellors' conscientious use of self in therapy.

8.4 Recommendations for future research

A number of research strands can be developed from the broad base offered by this study. First of all, the overall positive perception of the impacts of CRE on counsellors' personal wellbeing, self-growth, and professional functioning requires further research that includes the perceptions of others such as their clients, colleagues, or significant others. Future research might also be undertaken to compare the effects of CRE against other resources utilized by counsellors for self-care, such as various types of physical exercise.

Secondly, the narratives of unusual or unexpected experiences such as the somatic sensations during CRE also merit further exploration to examine their possible causes. The study might focus on factors such as the type of CRE, the mode of practice for example group vs. individual, and other individual differences such as the length of involvement in CRE, gender, age, and so on.

Thirdly, the findings that the practitioners' use of CRE as a path to their self-care leading to self-transformation and as a means to facilitate their conscientious use of self in therapy also point to a new direction for future research which might possibly

aim to develop a new healing modality. Fourthly, a variety of outcome studies could be undertaken to compare the therapeutic use of self between counsellors with substantial CRE experiences and those without such experiences. Such outcome studies could also be conducted to compare the self-care practice of counsellors engaged in regular CRE with those using only CRE and those at the same time involved in other kinds of self-care activities.

8.5 Closing discussion

My project was built on the idea that the therapist's self is the most basic and primary of the tools which he/she has for bringing about client change (Knight, 2012). As an old Chinese saying goes: 'Good tools are prerequisite to the successful execution of a job;' to be able to make good use of self in therapy, a counsellor must take good care of self first. CRE as a local Taiwanese/Chinese cultural practice has greatly impacted the life and way of thinking of many intellectuals and counselling professionals in Taiwan. Previous studies have demonstrated the benefits of CRE on counsellors' personal wellbeing and effective practice. This study further pointed out the unique characteristics of using CRE as a path to counsellors' self-care leading to self-transformation and demonstrated the distinguishing features of a counselling practice incorporating *ch'i* and CRE. It showed how CRE can be lived out in therapy as an embodiment to help clients regain their power and freedom which they have given away when being ill. The co-constructed data also give voice to the potential of a counselling practice highlighting counsellors' on-going self-care through regular CRE and their living out or enacting this in therapy as the therapeutic use of self to be developed into a new way of healing.

Currently dominated by the medical model and moving towards an emphasis on uniformity, institutionalization, and normalization, the counselling profession in Taiwan runs the risk of overlooking the value of the 'difference' - the local culture and the power of the subjective experiences of the individual. Over-emphasizing the specialty techniques, mental health professionals may run the risk of ignoring the wholeness, complexity, and multi-dimensional aspects of the human person and its needs to continuously take care of self. Therefore, I argue that the regular practice of CRE as indicated in this study, perceived as a process leading to a new way of thinking and healing, may have the potential to make up for what is lacking in the current trends of the mental health profession.

In conclusion, I would like to echo the words of Val Wosket (1999) presented at the beginning of this chapter with the following poem wherein the 'I' may either refer to the researcher, the participants in this study, or anyone who agrees with such ideas.

I feel free

to narrate my use of *ch'i* and CRE in counselling practice
when in a private conversation and

I feel cautious

about telling a similar story
while in public.

I am aware that

the self of the counsellor is the only instrument in therapy and

I am convinced that

my experiences of *ch'i* and the regular CRE make a unique contribution
to my continuous self-becoming and
to my professional practice as a counsellor.

This leads me to see the need

to create a space

for counselling professionals interested
in such a potential new way of healing
to share with one another.

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Appendices

Appendix 1: Information sheet for participants

INFORMATION SHEET FOR PARTICIPANTS

Dear Participant,

You are invited to take part in a research study to examine relationships between *ch'i-related* exercises (CREs) and counselling practice. I would like to interview you to ask you about your experience and understanding of *ch'i*, CRE and counselling practice. This research is part of my PhD thesis at the University of Edinburgh, Scotland.

Before you decide whether to take part in the study, it is important that you understand what the research is for and what you will be asked to do. Please take time to read the following information and discuss it with others if you wish. You will not be paid for your participation. It is up to you to decide whether or not to take part. If you decide to take part, I will give you this information sheet to keep. I will also ask you to sign a consent form before the interview. You can change your mind at any time and discontinue your participation without any negative consequences.

The purpose of the research study is to explore the relationships between *ch'i-related* exercises (CREs) and counselling practice. I would like to ask you questions about your a. professional practice, b. CRE experiences, c. perception of personal and professional impacts of the regular CRE, d. experience and understanding of *ch'i* in CRE, e. perception of the connection between your understanding of *ch'i* and CRE with your counselling practice and, f. use of CRE in the counselling setting.

You have been chosen because you are an experienced counselling psychologist and a regular CRE practitioner. The interview will take approximately 2 hours. If you choose to take part, I will arrange a place for the interview which is convenient to you.

Your participation in this research study will help clarify ideas about *ch'i* and *ch'i-related* exercises in relation to counselling practice and your contribution will enrich the on-going dialogue between counselling practice and Taiwanese/Chinese culture.

Most interviewees will find the discussion interesting. However, if you feel uncomfortable in any way during the interview, you are free to decline to answer a certain question or to stop the interview at any time.

The interview will be audio recorded and then transcribed onto a computer which can only be accessed with a proper password. The audio tapes will be stored in a locked, secure place at all times. The recordings will all be destroyed in approximately two years, after the end of the study. Your participation in the research will be confidential and will be identified only by code numbers or false names. I will do the transcription and data analysis by myself. The transcripts will be made available for you to read, edit or erase if you wish. You will also have the opportunity to double check the analyzed data to make sure that all identifiable data are concealed. At the end of the

research, I will write up my PhD thesis. The results may also be published in peer reviewed journals and conference presentations. Yet, you will not be identifiable from any publication.

This study has been reviewed and approved by the Research Ethics Committee at the University of Edinburgh. Please do not hesitate to contact me if you need further information. If you need objective advice or wish to make a complaint, please contact Ms. Siobhan Canavan at siobhan.canavan@ed.ac.uk

Thanking you in advance,

Yours sincerely,

Chin-Ping Liou
E-mail: [C. Liou@sms.ed.ac.uk](mailto:C.Liou@sms.ed.ac.uk)
Counselling and Psychotherapy
School of Health in Social Science
The University of Edinburgh, Medical School
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Appendix 2: Informed consent form

I volunteer to participate in this research project conducted by Chin-Ping Liou, a PhD student at the University of Edinburgh. I understand that the project is designed to investigate the relationship between *ch'i-related* exercises which experienced Taiwanese counsellors undertake and their counselling practice.

1. My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without any negative consequences.
2. I understand that most interviewees will find the discussion interesting. However, I am also aware that if I feel uncomfortable in any way during the interview session, I have the right to decline answering a specific question or to even terminate the interview.
3. Participation involves being interviewed by the researcher for approximately two hours. During the interview, notes will be taken and an audio tape of the interview and subsequent dialogue will be made. If I don't want to be taped, I will not be able to participate in the study.
4. I understand that my participation in this study will remain confidential.
5. I understand that the transcripts will be made available for me to read, edit or erase if I wish to do so. I will also have the opportunity to double check the analyzed data to make sure that all identifiable data are concealed.
6. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.
7. I have been given a copy of this consent form.

My Signature

Date

Signature of the Researcher

Appendix 3: Interview schedule

1. Participants' professional practice:
 - Please tell me about your counselling practice.
2. Participants' CRE experiences:
 - Please tell me about the type of CRE you are practising.
3. Participants' perception of personal and professional impacts of the regular CRE.
 - As you have practised CRE for some time, can you tell me about its effects on you personally and professionally as you have perceived them to be so far.
4. Participants' experience and understanding of *ch'i* in CRE:
 - Please tell me about your experience or understanding of *ch'i* when doing CRE.
5. Participants' perception of the connection between their understanding of *ch'i* and CRE with their counselling practice:
 - Please tell me about whether or how your understanding of *ch'i* and CRE influences your counselling practice.
 - Do you see any connection between concepts of health and healing from your counselling training and your understanding of *ch'i*? In what way, if any?
6. Participants' use of CRE in the counselling setting:
 - Do you apply CRE in your counselling session? If yes, in what way?
7. The conclusion of the interview:
 - Anything else you want to say?

Appendix 4: Research ethics approval form

THE UNIVERSITY OF EDINBURGH SCHOOL OF HEALTH IN SOCIAL SCIENCE

COUNSELLING AND PSYCHOTHERAPY

FULL RESEARCH ETHICS APPROVAL FORM

This form is adapted from the College of Humanities and Social Science ethics checklist. It should be completed by postgraduate students as part of the process of designing their dissertations. Please append a brief description of the research project to this form. For Masters students this will normally be a copy of the dissertation proposal form. Please also include copies of any information leaflets, flyers, questionnaires, consent forms and interview schedules you plan to use.

If the answer to any of the questions below is 'yes', please give details of how this issue is being / will be addressed to ensure that ethical standards are maintained. You may append documents providing further clarification or make reference to your information sheet, consent form etc.

Please do not submit this form without the express agreement of your research supervisor/s.

1 THE RESEARCHERS

Your name	Chin-Ping Liou
Your degree programme	PhD in Counselling and Psychotherapy
Provisional title of research	A Phenomenological Study on Relationships between Taiwanese Experienced Counsellors' <i>Ch'i</i> Related Exercises and Their Counselling Practice
Time scale for research	August 2010 – October 2010
Will anyone apart from you be involved in conducting the research?	No

2 EXTERNAL ETHICAL SCRUTINY

Is the research proposal subject to scrutiny by any external body concerned with ethical approval?	No
If so, which body?	
Date approval sought	
Outcome, if known <i>or</i>	
Date outcome expected	

3 RISKS TO, AND SAFETY OF, RESEARCHERS

Do you (or others conducting the research) need further training (additional to courses for which you are currently registered) in order to conduct the proposed research safely	No
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and in accordance with the ethical principles set out by the College?

Are you (or others conducting the research) likely to be sent or go to any areas where your safety may be compromised **No**

Could you (or others conducting the research) have any conflicts of interest? **No**

Could the research induce any psychological stress or discomfort for you (or others conducting the research)? **No**

4 RISKS TO, AND SAFETY OF, PARTICIPANTS

Could the research induce any psychological stress or discomfort? **No**

Does the research involve any physically invasive or potentially physically harmful procedures? **No**

Could the research adversely affect participants in any other way? **No**

5 DATA PROTECTION

Will any part of the research involve audio, film or video recording of individuals? **Yes. My interviews will involve audio recording.**

Will the research require collection of personal information from any persons without their direct consent? **No**

How will the confidentiality of data, including the identity of participants (whether specifically recruited for the research or not) be ensured?

1. The identity of the participants in the research will be identified only by code numbers or false names.
2. I will do the transcription and data analysis by myself.
3. The transcripts will make available for the participants to read, edit, or erase if they wish.
4. The participants will also have the opportunity to double check on the analyzed data to make sure that all identifiable data are concealed.
5. The names of the participants and any identifiable information about them will be hidden from the transcription and the research report.

Who will be entitled to have access to the raw data? **Myself (the researcher) only**

How and where will the data be stored, in what format, and for how long?

1. The interview audio-tape recording will be transcribed onto a computer, which requires password to access.
2. The audio tapes will be stored in a locked secure place at all times.
3. The recordings will be all destroyed at the

<p>What steps have been taken to ensure that only entitled persons will have access to the data?</p>	<p>end of the study.</p> <ol style="list-style-type: none"> 1. A password is needed to access the computer, where the transcribed data are saved. 2. The audio tapes will be stored in a locked secure place and I am the only one who have access to it.
<p>How will the data be disposed of?</p>	<ol style="list-style-type: none"> 1. The interview audio recordings will be deleted from the digital recorder and computer. 2. All the informed consent forms with participants' signatures on will be <i>shredded</i> upon completion of the study.
<p>How will the results of the research be used?</p>	<p>Interview data will be only used for the purpose of this study</p>
<p>What feedback of findings will be given to participants?</p>	<p>The participants will have the opportunity to give comments or suggestions to the analyzed data.</p>
<p>Is any information likely to be passed on to external companies or organisations in the course of the research?</p>	<p>No</p>
<p>Will the project involve the transfer of personal data to countries outside the European Economic Area?</p>	<p>No</p>
<p>6 RESEARCH DESIGN</p>	
<p>Does the research involve living human subjects specifically recruited for this research project.</p>	<p>Yes</p>
<p>How many participants will be involved in the study?</p>	<p>Approximately 12-15 participants</p>
<p>What criteria will be used in deciding on inclusion/exclusion of participants?</p>	<p>Taiwanese counselling psychologists with 10+ years of experience in the counselling field, and 1+ year of CRE experience.</p>

How will the sample be recruited?

1. After the ethical approval is obtained, I will disseminate my sampling needs for this study through the and e-mails.
2. Based on the feedbacks, I will create a list of potential participants of about 12-15 counsellors.
3. I will then give phone-call to each potential participant to invite him or her for this study.
4. I will actively invite them to participate in this study if they conform to the sampling criteria.
5. If they agree to take part in this study, I will send them the related interview information.
6. I will then finalize the time and place for interviews with the participants after the above matters are settled.

Will the study involve groups or individuals who are in custody or care, such as students at school, self help groups, residents of nursing home?

No

Will there be a control group?

No

What information will be provided to participants prior to their consent? (e.g. information leaflet, which should be appended; briefing session).

1. I will explain the purpose of the study, criteria for recruitment of research participants for this study, the research ethics I will observe, and clarify whatever questions they may ask.
2. I will also provide them the Information Sheet for the participants to keep.

Participants have a right to withdraw from the study at any time. Please append the consent form and tick to confirm that participants will be advised of their rights.

Yes. Participants' right to withdraw from the study at any time without any negative consequence is specified on the Inform Consent Form.

Will it be necessary for participants to take part in the study without their knowledge and consent? (e.g. covert observation of people in non-public places)

No

Where consent is obtained, what steps will be taken to ensure that a written record is maintained?

Before the interview can start, both the participant and I will sign two copies of this Form so that the participant and I can keep one each.

In the case of participants whose first language is not English, what arrangements are being made to ensure informed consent?

1. The participants and I are all Taiwan/Chinese. Therefore, my explanation of the research purpose and the research ethics, the communication, and interview will be all in Chinese.
2. The written Informed Consent Form will be also translated into Chinese for the participants.

Will participants receive any financial or other benefit from their participation?

No

Are any of the participants likely to be particularly vulnerable, such as elderly or disabled people, adults with incapacity, members of ethnic minorities, or in a professional or client relationship with the researcher?

No

Will any of the participants be under 16 years of age? **No**

Do the researchers named above need to be cleared through the Disclosure/ Enhanced Disclosure procedures? **No**

Will any of the participants be interviewed in situations, which will compromise their ability to give informed consent, such as in prison, residential care, or the care of the local authority? **No**

Signature of student: Chin-Ping Liou

Date June 4, 2010

Appendix 5: Publications related to this thesis

1. A published journal article:

Liou, C. P. & Prior, S. (2012). Taiwanese senior counsellors' *ch'i*-related experiences and their Counselling practice. *Asia Pacific Journal of Counselling and Psychotherapy*, 3, 18-28.
<http://www.tandfonline.com/doi/abs/10.1080/21507686.2011.638310?journalCode=rapc20#preview>