

WOMEN'S LIVES IN THE U.S.-MEXICO BORDERLANDS AND THEIR
EXPERIENCES WITH THE 'CAPACITAR PRACTICES' FOR TRANSFORMING
TRAUMA: AN EMBODIED INQUIRY

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A thesis submitted in partial fulfillment of the requirements of Bournemouth University,
United Kingdom, for the degree of Doctor of Philosophy

March 2012

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Addendum: Formatting and Writing Style

This doctoral thesis is formatted according to the requirements of *Bournemouth University Code of Practice, UK*, including margins, headings, indents of paragraphs, and page numbering. Since this international research has been conducted in the U.S., American English and the American Psychological Association's (APA) writing style has been applied, where compatible with the Bournemouth University regulations, such as for referencing, spelling, punctuation, use of italics, and use of single and double quotation marks (*Publication Manual of the American Psychological Association*, 6th edition, 2010). The U.S. *Merriam-Webster's Dictionary* has been consulted instead of the *Oxford Dictionary (UK)*. The terms *doctoral dissertation* (U.S.) and *doctoral thesis* (UK) have been employed interchangeably. Differences in spelling included:

British English (UK)

versus American English (U.S.)

analyse
behaviour, bi-national
centre, enquiry
honour, non-dual
on-going, other-'s, PhD
seven month long, USA

analyze
behavior, binational
center, inquiry
honor, nondual
ongoing, other's, Ph.D.
7-month-long, U.S.

ABSTRACT

Regina Ursula Heß

Women's Lives in the U.S.-Mexico Borderlands and Their Experiences With the 'Capacitar Practices' for Transforming Trauma: An Embodied Inquiry

The purpose of this embodied phenomenological inquiry was to explore the impact of the so-called *Capacitar Body-Mind-Spirit Practices Training* for the transformation of individual and community trauma. A general philosophical framework of transpersonal psychology, particularly drawing on the concept of interrelatedness, has been implemented. This research took place in the U.S.-Mexico borderlands with 14 female co-researchers (Mexican, Mexican-American, Mayan, White American) who live in the twin cities of El Paso (Texas, U.S.) and Ciudad Juárez (Chihuahua, Mexico), who were thus exposed to the constant threat of lethal violence and so-called femicide, to discrimination and the socioeconomic problems that are peculiar to this region. The women's embodied experiences of change as a result of the *Capacitar Training* were investigated with semi-structured multiple interviewing multilingually (English / Spanish / Mayan). Data analysis procedures combined imaginative variation and embodied interpretation that resulted in a general meaning structure with its variations.

The contribution to knowledge made by the phenomenological results consists of the confirmation of past research on the impact of the Capacitar Training that showed the potential of the body-mind-spirit practices for transforming trauma with culturally and spiritually diverse individuals. The most significant research findings of the present study suggest that: (1) the majority of the co-researchers' experiences of bodily change through body-mind-spirit practices initiated further integration of past negative (traumatic) and / or

positive experiences in an embodied way, including interrelatedness to spirituality, culture and nature; (2) the initial bodily felt shift led to the co-researchers' desire for more change; (3) the experiences of change were independent of the cultural or spiritual background of the co-researchers; (4) a desire to support others' change emerged for the co-researchers based on their own experiences of improvement; and (5) ambiguity arose for a minority of co-researchers in the beginning of the training related to cultural and religious barriers, and self esteem issues; and at the end of the Capacitar Training linked with the question of commitment to time and to the engagement with the practices.

To enhance an embodied understanding of the phenomenological results, biographical information from the co-researchers' life experiences related to the borderlands had been compiled during the interviews, which mirrored the body of knowledge on issues in the U.S.-Mexico borderlands and has been presented as a *cultural-spiritual narrative composite*. Furthermore, evaluative information about the co-researchers' experiences of the conveyance of the Capacitar Training has been synthesized, adding their critical reflections about the conduction and the further development of the Capacitar approach.

ABSTRACT IN SPANISH

Las vidas de las mujeres en las tierras fronterizas entre E.U.A y México, y sus experiencias con las ‘Entrenamiento Capacitar’ para la transformación del trauma: Una investigación basada en el cuerpo

Regina Ursula Heß

(Abstract translated into Spanish by Gustavo Beck-Urriolagoitia, Mexico)

El objetivo de esta investigación fenomenológica corporal fue explorar el impacto del ‘Entrenamiento Capacitar’ en las prácticas de cuerpo-mente-espíritu para la transformación del trauma individual y comunitario. Se ha implementado un marco filosófico general de psicología transpersonal, apoyándose particularmente en el concepto de interrelación. Esta investigación se realizó en las tierras fronterizas entre México y Estados Unidos, con 14 co-investigadoras mujeres (mexicanas, méxico-americanas, mayas, caucásicas) que viven en las ciudades vecinas de El Paso (Texas, E.U.A.) y Ciudad Juárez (Chihuahua, México), y que por lo tanto han estado expuestas a la constante amenaza de la violencia letal y de los así llamados feminicidios, así como a la discriminación y a los problemas socioeconómicos específicos a la región. Las experiencias corporales de cambio en las mujeres, resultado del ‘Entrenamiento Capacitar,’ fueron investigadas a través de entrevistas semi-estructuradas, múltiples y multilíngues (inglés/español/maya). Los procedimientos de análisis de datos combinaron variación imaginativa con interpretación corporal, lo cual resultó en una estructura de significados general con sus variaciones.

La contribución de estos resultados fenomenológicos consiste en la confirmación de investigaciones anteriores sobre el impacto del ‘Entrenamiento Capacitar,’ las cuales

mostraban el potencial de las prácticas de cuerpo-mente-espíritu para la transformación del trauma en individuos de diversos grupos culturales y espirituales. Los hallazgos más significativos de la presente investigación sugieren que: (1) la mayoría de las experiencias de cambio corporal en las co-investigadoras, resultado de las prácticas de cuerpo-mente-espíritu, iniciaron una mayor integración corporal de experiencias pasadas negativas (traumáticas) y/o positivas, incluyendo la interrelación con la espiritualidad, la cultura y la naturaleza; (2) el cambio corporal inicial despertó en las co-investigadoras el deseo de más cambios; (3) las experiencias de cambio eran independientes de los antecedentes culturales o espirituales de las co-investigadoras; (4) basado en sus experiencias de mejora, surgió en las co-investigadoras un deseo de apoyar el cambio de otros; y (5) al principio del entrenamiento surgió en una minoría de las co-investigadoras una ambigüedad relacionada con barreras culturales y religiosas, así como con problemas de autoestima; y al final del ‘Entrenamiento Capacitar’ vinculada con el compromiso con el tiempo y el involucramiento con las prácticas. Para incrementar el entendimiento corporal de los resultados fenomenológicos, se recolectó durante las entrevistas información biográfica de las experiencias de vida de las co-investigadoras relacionadas con las tierras fronterizas, la cual refleja el cuerpo de conocimiento sobre temas de la tierra fronteriza y se ha presentado como un ‘compuesto narrativo cultural-espiritual.’ Además, la información evaluativa sobre las experiencias de las co-investigadoras con el ‘Entrenamiento Capacitar’ ha sido sintetizada, añadiendo sus reflexiones críticas sobre la conducción y futuro desarrollo de ‘Capacitar.’

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DEDICATION

My doctoral thesis is dedicated to work around cures of our world that go beyond individual cures as expressed in the following two quotations:

And instead of imagining that I am dysfunctional, my family is dysfunctional, you realize what R.D. Laing said long ago and Freud, of course, too: It is the civilization which is dysfunctional. The society is dysfunctional. The political process is dysfunctional. And we have to work on cures that are beyond my cure. That's revolution. (Hillman and Ventura, 1992, pp. 218-219)

My practice tells me that I can no longer distinguish clearly between neurosis of self and neurosis of the world, psychopathology of self and psychopathology of world. Moreover, it tells me that to place neurosis and psychopathology solely in personal reality is a delusional repression of what is actually, realistically, being experienced. This further implies that my theories of neurosis and categories of psychopathology must be radically extended if they are not to foster the very pathologies, which my job is to ameliorate. (Hillman, 1992/2007, p. 93)

PREFACE

My interest in studying the impact of the so-called *Capacitar Training* for the transformation of individual and community trauma through body-mind-spirit practices training (Cane, 2000), which is the primary subject of my doctoral research, grew out of my personal encounter of surviving the Asian tsunami in Thailand in 2004. It was a major turning point in my personal and professional life: my own development through this nondual experience as well as the experience of being exposed to mass destruction and the trauma of masses of people. Standing there in Thailand, in the middle of devastation, I felt especially touched by, and drawn to, marginalized people, those who had nothing left and who would have no means to recover. On the other hand, being a nurse, psychologist and psychotherapist, I felt somehow ridiculous about what I could do with one-on-one psychotherapy. In that moment, I felt a calling to stop working solely in a generally exclusive *Western box* of psychology and psychotherapy. I experienced a desire to expand my own boundaries towards a more inclusive, open approach to psychology and to healing psychological and cultural trauma, including the body, spirit, culture, community and nature in addition to the “Western mind,” which would particularly allow for culturally and spiritually diverse adaptation and would reach out to the underprivileged masses.

After surviving the tsunami, I felt it was important to follow my sense of destiny and decided to fulfill one of my life’s dreams by obtaining an international Doctor of Philosophy (Ph.D.) abroad. My Ph.D. endeavor is transatlantic-transcontinental: being from German philosophical and psychological background, pursuing Ph.D. studies transatlantic in the U.S. and transcontinental with Ph.D. studies in the UK. In 2006 I moved from Germany to the U.S. and studied for the first part of my Ph.D. at the Institute of Transpersonal Psychology in California, where I was introduced to the holistic approach of the Capacitar Training (U.S.) in my “Somatic Psychology” class. Immediately, I felt that I had found what I was searching

for: The Capacitar Training (Cane, 2000) can serve as an adjunct modality to other treatments of psychological and cultural trauma. Moreover, Capacitar works with underprivileged people around the world in places where mass destruction has taken place. There is a considerable lack of knowledge about the impact of the Capacitar Training and I immediately knew: “This must be my doctoral research”. To study the Capacitar approach not only theoretically, but also experientially in a heuristic way, I participated in the Capacitar Training in San Francisco (U.S.) and got certified in 2008.

Furthermore, I searched for a research location with a global sociopolitical relevance where I could reach out to marginalized people. Whilst living in the U.S., my interest in the complex problems around the *fence*, the militarized divide between Mexico and the U.S. and its impact on the people arose. I lived for several years in West Berlin, Germany, with the “Berlin Wall” and felt intrigued to study the lived experiences of people around “walls” globally. Furthermore, I was concerned about the unprecedented killing of women in Ciudad Juárez, Chihuahua, Mexico, the so-called *twin city* with El Paso, Texas, U.S. Based on my interests stated above, I chose to conduct as my doctoral research a women’s study in this research location.

For several decades, I have been engaged with issues of women’s studies on women’s health and women’s rights. In the 90’s, I received a research grant from the Carl-Duisberg Society, Germany, to explore the topic of ‘Women’s health and reproductive rights’ in India. What I found was violence against women, murder of women and abortion of female fetuses. I had been overwhelmed by the extent of (lethal) violence against women. When I started studying about the femicide in Ciudad Juárez and the difficult borderlands situation, I felt compelled to look at this issue again.

During my field research in India, I started studying Yoga, Ayurveda, Hinduism and Tibetan Buddhism. I became particularly interested in the human experience and knowledge

accessed through the body and healing approaches focusing on the body, including embodied spirituality and interrelatedness with nature. When I returned from India, I continued with my Master's thesis for my German Diploma in Clinical Psychology, where I reviewed models of psychological health and its interrelatedness with health behavior, and examined the impact of Yoga and Autogenous Training for health promotion (Heß, 1997). Furthermore, I pursued training in *Integrative Body and Movement Based Gestalt Psychotherapy* (Petzold, 1996) in Germany because of my strong interest in accessing healing through the body and in accessing *bodily knowing* (Gendlin, 1997a).

In 2008, I moved to Bournemouth University, UK, for the second half of my Ph.D. and specialized in “embodied phenomenological re-search” (Todres, 2007) in the field of psychology. I conducted the first international field research from Bournemouth University with the “Centre for Qualitative Research”, School for Health and Social Care, UK, which is this doctoral thesis: A culturally and spiritually diverse multilingual women's study exploring the impact of the Capacitar Training (Cane, 2000) with the training group at the *Centro de Mujeres de la Esperanza*; [Women's Center of Hope] in El Paso and women's life experiences related to the borderlands of El Paso (U.S) and Ciudad Juárez (Mexico).

With Les Todres' *Embodied Enquiry* (2007), I found that everything I had studied and was interested before, could be brought together under the approach of embodied phenomenological psychological research. The new and crucial part for me in *Embodied Enquiry* was Todres' link to language and bodily knowing. There is one important quote amongst other's that will accompany my work for the rest of my life and has been a life changing moment: “Sometimes, the bodily depth of what one has lived through is *more than words can say*. Yet such experience *looks for words*” (Todres, 2007, x). The language, the words, the *giving voice* including aesthetic expression such as poetry (Galvin & Todres, 2009) had been the missing piece on my journey so far and it was what I had been searching

for. Through Todres' work, aside from Husserl and Merleau-Ponty, I was now confronted with the German phenomenologists Heidegger and Gadamer and could study their original texts. I found my philosophical home in embodied phenomenology and poetic expression. Overall, it felt like several synchronicities had taken place during my life's journey and particularly during my Ph.D. I experienced this process like a *Gestalt* that was closing and bringing together several decades of personal and professional development.

I would like to conclude by personally sharing the following two narrative-mystic poems that I "received" after a few years of my personal work on understanding and integrating the nondual experience of surviving the tsunami in Thailand. I did not "make them up," they were flushed through me—the only two poetic pieces in relation to my tsunami experience so far. The first poem is an expression about near-death-experience and nondual state of consciousness, and the second poem is about receiving a calling for life.

First poem about near death and nonduality:

"in the tsunami's womb—embodying a universal rhythm"

...demons and angels submerged with me in the tsunami's womb...
 captured by the wave
 fearing death
 seeing my life's story passing
 negotiating : it is too early to go

i am not against you - thundered the voice of the great mother - i am with you
 tumbling into a tunnel of light
 saying good-bye, the pain of letting go
 sadness and grace streaming through my body

we are your guardians - whispered a choir of angels in my ears
 hearing a sound of pure love
 embodying the rhythm of death and life
 the universal rhythm of all that was and ever will be
 embodying my destiny
 born into a new life out of the tsunami's womb...

(Unpublished poem, Regina Ursula Heß, Santa Cruz, California, U.S., August 2007)

The second poem is about realizing a “calling” in life after surviving the tsunami:

“trauma and the embodiment of the mystical sacred essence of healing”

tumbling under water, i experienced a place of sweet subtle happiness
like the essence of a drop of honey on my tongue while hearing the sound of a sacred
melody

i was a desire-less guest in the house of the universal rhythm of wisdom
which was welcoming me, but told me that i have to go back to fulfill my destiny in
life:
to give voice to trauma and spread the essence of healing
i was thrown back into life
the universal rhythm of wisdom became my mentor and wants to speak through me to
the world's healing

trauma is kept in my throat where the voice broke down, a speechless and voiceless
space
the trauma in the throat feels like a choir of many wounds from many centuries
after years of voiceless dwelling, there was my initial cry and my life changed
from far away I heard a choir of angels singing a mystical melody from ancient times
with a voice woven in what was the first and initial sound in our world
to heal our collective wounds kept in the throat

words would be too harsh to express the trauma
words would be too harsh for healing the wounds
i experienced that trauma should be expressed in a way
as if you would melt a drop of the most expensive honey on your tongue
or as if you listen to the ‘softest mystical melody you can imagine’
to heal the wounds of our world

time has come for trauma to be expressed
reclaiming our mystical sacred essence through embodiment
is what trauma wants to teach us for our and the world's healing

(Unpublished poem, Regina Ursula Heß, Santa Cruz, California, U.S., November
2007)

I wish you, as you read, an inspiring journey into the multi-layered *borderlands* of this
doctoral thesis and into your own borderlands.

Cologne, Germany, March 2012

Acknowledgement

i chose the following aphorism from the german poet rilke to express my acknowledgement:

zum urgrund
[to the pristine ground]

to all co-researchers of my doctoral re-search,
to adriaan and alex (interpreters),
and the *centro de mujeres de la esperanza* [women's center of hope],
el paso (u.s.), particularly maureen

to my three *super-visors* (doctoral dissertation committee):
les todres, ph.d. (super-visor, bournemouth university, uk),
kate galvin, ph.d. (super-visor, bournemouth university, uk),
mary watkins, ph.d. (external super-visor, pacifica graduate school, u.s.);
and the two examiners of my viva voce:
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immy holloway, ph.d. (bournemouth university, uk)

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to graham sutherland for his 'esl support'

to my family and friends with kids, particularly:
my mother and father (who passed away long ago);
antje, axel+wolfram, regina, brigitte, steffi+leonie+luzy, susanne+hella+david,
ingrid+tina+katharina, annerose+roxanna+laura,
and to my uk colleague and friend jan, who supported my move to bournemouth university

to the diverse audiences of this doctoral re-search,
and to all the children, elders, ancestors, and sentient beings of our world

CHAPTER 1: INTRODUCTION

This embodied phenomenological inquiry (Todres, 2007) explored the impact of the 7-month-long *Capacitar Training* in body-mind-spirit practices for transforming individual and community trauma (Cane, 2000) with 14 women (Mexican, Mexican-American, Mayan, and White American) who live in the so-called twin cities El Paso, Texas, United States (U.S.) and Ciudad Juárez, Chihuahua, Mexico, and being exposed to the ongoing violence and crime prevalent in the U.S.-Mexico borderlands. The central research question examined: What are the embodied experiences of change as a result of the Capacitar Training in body-mind-spirit practices for diverse women from both sides of the U.S.-Mexico border? In this research, the participants are named *co-researchers* based on the assumption that the data collection is a relational, dialogical, intersubjective, and co-creative process (Finlay, 2009a) between the researcher and the participants. With multilingual multiple in-depth interviewing, the co-researchers' embodied experiences of change were investigated multidimensionally in relation to intrapersonal changes, interpersonal changes, and changes in relationship to spirituality and nature.

Embodied in this research is understood as a place where being and knowing meet (Todres, 2007), a bodily knowing that Gendlin (1997a) coined as a *felt sense*, which concerns the relationship between human experiencing and language as the connection to the lifeworld. Embodied experiences are coming from a “living body” rather than merely from a physical alone. The theorem of the *felt sense* (Gendlin, 1996, 1973, 1997a) constitutes a major concept applied throughout this research endeavor. Understanding in an embodied way is aimed to include co-researchers, readers and the researcher. The term *experience* is circumscribed by “something personally encountered, undergone, or lived through” and “direct observation of or participation in events as a basis of knowledge” (Merriam-Webster's Collegiate Dictionary, 11th edition, 2003, online). The word *change* is

understood as “to become different” or “to undergo transformation, transition, or substitution” (Merriam-Webster Online). The researcher anticipates “change” as a dynamic process, a move or movement towards something new.

In addition to the phenomenological data set, which constitutes the centerpiece of this research, two further sets of material have been collected with the aim of enhancing the understanding of the phenomenological data through contextual information, comprising (1) the co-researchers’ narrative reports about their cultural context and life experiences in the U.S.-Mexico borderlands, which have been clustered into cultural topics according to the body of relevant literature; and (2) evaluative reflections that included critical comments of the co-researchers about the conduct of the Capacitar Training and the potential need for changes, which have been summarized in a synthesis.

Purpose and Significance of the Study

The Capacitar approach (Cane, 2000) facilitates training in a combination of body-mind-spirit practices—such as *Jin shin jyutsu* (fingerholds), Thought Field Therapy (TFT)/Emotional Freedom Technique (EFT), *Tai chi* movements, breathing exercises, and acupressure—to foster the release of traumatic stress in an individual. Furthermore, the training includes raising awareness for the healing of global communities and of nature. A characteristic of the modality is the outreach to underserved and underprivileged populations and ethnic minorities around the world that are challenged by war, genocide, HIV, political violence, and natural disasters. The program also reaches out to battered women, children, and refugees. The investigation of the impact of the Capacitar Training needs further exploration across cultures, which led to this doctoral research. The *Capacitar Training* has been developed by Patricia Cane (2000) who is the founder and co-director of the non-profit organization known as Capacitar International. Cane’s (2000) doctoral thesis was the first

study on the Capacitar Training approach, followed by the research findings of the Capacitar report (2011) and additionally only by the conveyance of this doctoral research.

To explore the impact of the Capacitar approach with a population threatened by exposure to potentially traumatic events, this researcher chose the location of the U.S.-Mexican borderlands. The people, particularly women, living at the U.S.-Mexico border are confronted with multiple forms of violence and crime, and multiple forms of traumatic events, including transgenerational trauma as demonstrated in Chapter 1: Introduction, The Social and Cultural Context of This Study. A lack of knowledge exists in the field of psychology about the impact of the multiple traumatic events taking place in the U.S.-Mexico borderlands and about the impact of body-mind-spirit practices as a holistic modality that may support the healing of trauma applied across diverse cultures. The aforementioned gaps in the scientific knowledge base led to this doctoral thesis and constitute the primary significance of this research.

Personal Motivation and Assumptions

The personal outline of why I created this study in this way and why it matters to me has been given in detail in the foregoing “Preface”. My research interest in exploring body-mind-spirit practices that support the transformation of trauma is related to my own experience of surviving a major disaster—the Asian tsunami in Thailand in 2004. In the aftermath of the disaster, being a psychologist (in Germany), I perceived a lack of available, simple, inexpensive, group-oriented, cultural flexible, emergency interventions that might support the “innate capacity to heal trauma” (Levine, 2005, p. 9) of an individual as well as the healing of the communities stricken by traumatic events. In particular, I recognized a need for strategies that are applicable to non-Western societies as compared to individualistically oriented Western clinical psychological interventions. In my

understanding, the Capacitar approach (Cane, 2000) manifests an attitude of outreach to grassroots people and underprivileged communities, simplicity of healing practices, inexpensiveness, and applicability across cultures, spirituality and religious beliefs.

In the following paragraph, I explicate my assumptions in relation to the research subject. Firstly, I believe that the dimensions of body, mind, spirit, culture, and nature are relevant and important in researching the human experience of healing and for the development of body-mind-spirit practices within the field of psychology. The relationship of body, mind, and spirit has been fostered throughout the world in forms such as shamanism and yogic practices (Robinson, 1996). Industrialization and the exclusive focus on the advancement of cognitive and intellectual abilities have greatly offset the body-mind-spirit connection (Robinson). This study attempts to *re-search* the dimensions of the body-mind-spirit connection, including within it society, culture, and nature—based on the concept of interrelatedness in order to broaden the discussion of healing and health toward a holistic integrative perspective of transpersonal psychology (Caplan, Hartelius, & Rardin, 2003). The philosophical framework of *transpersonal psychology* (Braud & Anderson, 1998) constitutes the methodology of this research as outlined in detail in Chapter 3: Methods, and includes a specification of a cultural rationale based on the *psychologies of liberation* (Watkins & Shulman, 2008) as shown in Chapter 1. Within such a transpersonal approach, this study is based on the postulate of *post-postmodernism*, articulated by Finlay (2009b, 2011) with its implication of moving from the deconstruction of a post-modern stance, beyond the form to a post-postmodern approach in phenomenology. This concept is delineated in more detail in Chapter 3: Methods.

My second assumption is that scientific research should have social relevance. The social emphasis of this study is in reaching out to underprivileged and underserved populations, a social orientation emphasized by the Capacitar approach (Cane, 2000). This

assumption is further explicated in Chapter 3: Methods, Evaluation Criteria, Trustworthiness, and Clarifying Researcher's bias.

Research Location and Co-Researchers

The data collection of this research took place in the *Centro de Mujeres de la Esperanza* (CME) [Women's Center of Hope] in El Paso, Texas, U.S., where the Capacitar Training (Cane, 2000) has been facilitated. CME is a culturally and spiritually diverse support network for women in El Paso (Cane, 2007) that provides multi-week and short programs on personal and spiritual growth, preventive health care, and family and community development, as well as skills development (United States-Mexico Border Health Commission, 2003). The center's motto is "women empowering women" [mujéres empoderando mujéres] (Davis, 2007, p. 1). Impoverished women, particularly those of Mexican descent, find support at the center. CME has the goal of helping women heal and transform their lives, as well as the lives of their families and communities (Cane, 2007).

The 14 female co-researchers of culturally and spiritually diverse descent (six Mexicans - two living in Mexico, three Mexican-Americans, one Mayan, and four White American) live with the constant threat of murder, violence, and discrimination, socioeconomic problems (Inter-American Commission on Human Rights, 2002; Schmidt, 1995; Volk & Schlotterbeck, 2007), and transgenerational trauma (Cabrera, 2005) that are particular to the U.S.-Mexico borderlands. Due to the magnitude of socioeconomic difficulties, discrimination, violence, and crime in the border region of El Paso and of the task of coping with the ramifications of these circumstances, the women seeking support at the CME are particularly eligible as co-researchers in the study of the impact of the Capacitar healing practices for trauma healing (Cane).

Definitions

Felt Sense

Gendlin (1996) coined the term *felt sense*, which occurs *bodily* as a physical/ somatic sensation in the *border zone* of the conscious and unconscious. The layer of the unconscious that is likely to come to consciousness next is the felt sense or formerly called *direct referent*. Freud's free association or Jung's active imagination techniques lacked this explicit somatic link. At first glance the bodily felt sense of the border zone of usual bodily sensations is unclear, it is an emotion not a thought. Gendlin developed a technique called "Focusing" that provides certain steps called "Thinking at the edge" to practice the tapping into the border zone, the unknown, which is prevalent in the conscious and ready to be discovered. More details about the felt sense and focusing are explicated in Chapter 2: Literature Review, Chapter 3: Methods and Chapter 7: Discussion. The felt sense is an important "thread" throughout this research project and a voice is given to it in many places, including the researcher's felt sense of experiencing the research journey.

Embodiment/Embodied

It is difficult to define *embodiment* or *embodied* due to the philosophical grounding in "a place where being and knowing meet" (Todres, 2007). Rosemarie Anderson (2001), a transpersonal psychologist working on embodiment, stated the following:

Our bodies are a web, a delicate filament of senses coupled with the world... The body has a kind of intrinsic teleology always pointing in the direction of wholeness and healing... The body apprehends insights and solutions we cannot perceive with our thinking minds... as though the body was an inward field of knowing. Listening inwardly to the body's inner perceptual systems seems to be fine art, requiring the skills of slowing down and listening within. The body reaches out to us in felt senses and impulses that are sometimes immediately translated into words, images, sounds and sometimes not. Even more intrinsic to the body is the awakened body of a vaster intelligence... the body wakes up in enlightenment... I like my full-sensing body more

than the habituated, shutdown, Cartesian divide. I am tired of the split between the body and the world. (p. 95)

Every language definition will threaten the *esprit* of embodiment. However, since it is such an important, and often used term in this research along with the term *felt sense*, it is important to point out the difficulties of defining it. I can only offer a contextual *working definition*, in which I understand and assume *embodiment*. In this research the term *embodiment* is based on the concept of "embodied understanding as a place of knowing and being" as stated in the phenomenological approach of *Embodied Enquiry* (Todres, 2007) and explicated in detail in Chapter 3: Method. The emphasis of *embodied understanding* is on the unknown, the *implicit* and tapping into this *border zone* of conscious and unconsciousness, which is directly linked to the term *felt sense* (Gendlin, 1996) as defined above.

Holistic

Holistic is defined as "relating to or concerned with wholes or with complete systems rather than with the analysis of, treatment of, or dissection into parts" (Merriam-Webster Online) *Holistic medicine* attempts to treat both the mind and the body. Lewis (2002) stated that the word *holistic* derives from the same root as *health, healing, and holy*.

Spirit and Spirituality

The word *spirit* is derived from the Latin word *spiritus*, breath, from *spirare*, to blow, breathe (13th century), and is defined as (a) an animating or vital principle held to give life to physical organisms or (b) a supernatural being or essence (Merriam Webster Online). Lewis (2002) suggests characteristics attributed to spiritual, such as "a sense of love, compassion, and empathy for self and others, a sense of something greater than the self or collective human species, and a meaning of existence that transcends empirical reality" (p. 103).

Spirituality encompasses characteristics independent of religious affiliation. Raheem (1987) defines spirit as the “all-encompassing, creative Order of the Cosmos which is before all beginnings and beyond all endings. Spirit has been called God, the Creator, the Tao, and “All That Is” (p. 6). The transpersonal perspective of this study acknowledges the dimension of spirit and spirituality that will be included in the exploration of the co-researchers’ experiences.

Health

This study is based on a perspective of *health* as “a state of harmony and energy balance wherein the physical, emotional, mental, interpersonal, cultural, environmental, and spiritual aspects of energy are seen as interrelated” (Nezu et al., 2003). The *holistic integrative perspective* within transpersonal psychology defines mental health multifactorial on a continuum, including the factors of body, mind, spirit and society (Caplan et al., 2003).

Trauma Healing and Transformation

The understanding of *healing* and *transformation* of *traumatic experiences* in this research is based on Raheem’s (1987) definition that includes the dimensions of body, mind, and spirit within a framework of transpersonal psychology. Healing is described as a process of an awakening of the whole person, including body, mind, and spirit:

Wounds and limiting patterns should be transformed into valuable resources . . . Bodywork is usually essential during such depth transformation processes, to release meta-program traumas from the tissues, and to assist in restructuring them in the consciousness . . . Depth transformation can be accomplished by bridging new perspectives and / or creating new realities around the traumas. (Raheem, 1987, pp. 164-165)

Furthermore, *healing* is defined as “a learning process of recovering the soul, of liberating the body and consciousness to follow its destiny” (Raheem, 1987, p. 148). Such a perspective focuses on health and wellness, rather than on a traditional Western medical model of

disease. A person's healing process goes beyond the psychological level to include a psychospiritual process.

Transformation is defined as an act, process, or instance of transforming or being transformed; transform means change in character or condition or to become transformed (Merriam-Webster Online). Transformation in this research is understood as a process that leads to or results in a healing experience. Healing is not necessarily understood as absence of disease or a complete state of health but can involve adjustment to chronic or life threatening disease (Knight & Carmic, 2004). Healing, in this research, includes the understanding that all people are on a healing path of becoming more whole and living life more fully (Emeth & Greenhut, 1991). Wholeness is never achieved in this lifetime and that fact of our human condition implies a life-long process toward healing. A differentiation between "the sick" and "the well" (p. 39) is an illusion and implies a hierarchy of superiority—the healthy, and inferiority—the sick or weak (Emeth & Greenhut, 1991). The healing process involves disintegration and reintegration to incorporate each new insight of change/transformation. Raheem (1987) and Cane (2000) understand energy as the underlying and unifying principle in the process of awakening, healing, and transforming.

Energy as Principle for Healing Trauma

The field of energy psychology and energy medicine is vast. Many definitions of *energy* exist that cannot all be covered in the scope of this doctoral thesis. The researcher chose the following working definition to describe the understanding of energy as applied in this study. This study defines *energy* as a factor of life named *chi*, *ki*, or *prana*, depending on the cultural background of the user (Raheem, 1987). Raheem suggests that the energy is flowing when the person experiences a sense of wholeness, whereas, when the energy flow is obstructed, physical, emotional, and mental imbalance results.

Cane (2000) stated that the principle of energy flow forms the healing system of different grassroots traditions and informs the understanding of the Capacitar modality as a core assumption. The Eastern approaches—such as traditional Chinese medicine, acupuncture, Ayurvedic medicine, meditation, *Yoga*, *Tai chi*, *Chi kung*, and the martial arts—share as a key element the concept of energy (Smith, 1999). Energy is understood as a specific force in nature and in the human body. The Eastern practices share common assumptions: (a) the body and the mind form a single entity and cannot be treated separately; (b) harmony, balance, and integration within this entity needs to be maintained; and (c) a necessity for inner awareness and the internal fostering of practices such as quieting the mind, clearing and organizing the body, and integrating mind and body into one well-functioning whole are proposed. The Chinese mapped the human energy flow in their meridian system; the Indians described seven basic energy centers (*chakras*: wheel) that are interconnected and serve the whole body (Raheem, 1987). These energy pathways, or energy centers, serve organs and glands in the body, are correlated with emotional states, and condition consciousness. Energy flow is understood as cutting across all dimensions of the whole person—body, mind, emotion, and soul or spirit. Traditional texts describe the intercorrelation between physical, mental, and spiritual states. The concept of energy constitutes a core element within the Capacitar body-mind-spirit practices as based on the assumption that the Capacitar healing practices help to enhance and balance the energy flow within individuals and communities (Cane, 2000).

Body-Mind-Spirit Practices

Body-mind-spirit practices are understood as energy-based exercises—such as Tai chi, acupuncture, and meditation—that promote harmony and wholeness in the body, mind, and spirit (Cane, 2000).

Grassroots People

Capacitar's international outreach with the Capacitar Training extends primarily to *grassroots people*, understood as underprivileged and underserved populations in developing countries, in marginalized areas, in refugee camps, and in places affected by natural disasters and political violence, and with few material resources (Cane, 2000).

Disaster, Trauma, and Posttraumatic Stress Disorder (PTSD)

The Capacitar practices are applied with populations challenged by trauma and disaster. Norris, Galea, Friedman, and Watson (2006) presented an explicit differentiation between disaster and trauma. They describe *disasters* as “potentially traumatic events” (p. 4). “By qualifying the term traumatic events with the adjective potentially, we acknowledge that while not every disaster will cause death or injury to self or others, certainly all disasters have the potential to do so” (p. 4). Norris, Galea, et al. (2006) categorized disasters as one cluster of *potentially traumatic events* in the general epidemiology of *psychological trauma* and *posttraumatic stress disorder* (PTSD). The DSM-IV-TR (2000) defined a traumatic event within the category of PTSD as involvement in:

Actual or threatened death or serious injury, or other threat to the physical integrity, or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat death or injury experienced by a family member or other close associate (Criterion A1).
(DSM-IV-TR, 2000, p. 463)

The studies on the epidemiology of trauma and PTSD in the general population focused mostly on individual events (e.g., childhood sexual abuse and family violence) and, therefore, produced different results from those of disaster research, which examines the effects of the collective experience on the individual within the stricken community (Norris, Galea, et al., 2006).

Traumatic Stress and Posttraumatic Stress Disorder (PTSD)

In this research, the definition of *traumatic stress* is based on a holistic understanding of health and healing (Cane, 2000) that includes body, mind, and spirit. Traumatic stress is understood as blocked energy, according to Levine (2005), that affects the dimensions of body, mind, and spirit (Cane, 2000).

PTSD, as defined by the DSM-IV-TR, is a complex constellation of symptoms that include “intense fear, helplessness, or horror (Criterion A2), intrusive thoughts (Criterion B), avoidance or numbing (Criterion C), and arousal (Criterion D)” (p. 463). For most people, PTSD symptoms diminish in the first few months, but, for a significant minority of survivors, the symptoms persist (Rothbaum, Foa, Riggs, Murdock, & Walsh 1992). Other adverse mental health outcomes of traumatic stress include major depressive disorders, generalized anxiety disorders, non-specific stress, and physical health problems (Norris et al., 2002).

Community / Societal Trauma and Intergenerational Trauma

In this research the use of the term *community / societal trauma* implies interpersonal traumatic events comprising communities or regions threatened by exposure to, for example, violence, lethal violence including femicide, war, natural disasters, genocide, and forced migration. Such ongoing events are particularly prevalent in the U.S.-Mexico borderlands with the complex problems, as shown in more detail in the next sections of this Chapter, “The Social and Cultural Context” and “Violence and Crime in the Borderlands.” This perspective and emphasis is particularly relevant for the study of the impact of the Capacitar practices, which focus on the healing of individual trauma and community trauma through a multiplicative approach, involving teaching holistic healing practices and rituals to key

people in places threatened by trauma, who then share the practices with their community members (Cane, 2000). This understanding essentially includes healing not only individual trauma but the environment as well. Furthermore, it involves an assumption of “traumatogenic systems” (Capacitar report, 2011, p. 9), such as societies, churches, military and political institutions. Whole societies suffer the wounds and legacy of interpersonal violence and disasters, leading to a vicious cycle of *intergenerational trauma* (Cane). The perspective of intergenerational trauma addresses the family and societal histories of potentially traumatic events, considering the effect of traumatic memories on subsequent generations. Indigenous peoples assume that such traumatic impacts last over seven generations (Capacitar report). With its transgenerational perspective, the definition of community/societal trauma draws on the following statement by Bessel van der Kolk, a trauma expert: “Experiencing trauma is an essential part of being human; history is written in blood. . . . Some people have adapted to terrible life events with flexibility and creativity, while others have become fixated on the trauma and gone on to lead traumatized and traumatizing existences” (Van der Kolk, McFarlane, & Weissath, 1996, pp. 3-4). I am aware that the term is vague and problematic on the “trauma” side. Trauma in this broader context cannot be understood and diagnosed in relation to individual trauma and the psychological diagnosis of PTSD. It embraces the systemic perspective of traumatic events and reinforces the importance of healing approaches beyond individual trauma treatments, as pointed out in the two quotations in the “Dedication” of this doctoral dissertation.

Collective

The term *collective* is defined as “involving all members of a group as distinct from individuals” (Merriam-Webster Online). In this paper *collective* is applied with the emphasis

on the systemic notion as described in the foregoing definitions of “community / societal and transgenerational trauma” and as opposed to only acknowledging the individual trauma.

U.S. Militarized Border

The *militarization of the U.S.-Mexico border* (Palafox, 2000) through federal border enforcement with border patrols and the building of the wall, or so-called fence, at the California-Texas-Mexico border began under the U.S. president Ronald Reagan. It has been continually enforced up to the present day. It is the most highly militarized border in the world between a nation and a peaceful neighbor (Watkins, 2007). The U.S.-Mexico border enforcement and U.S. state repression affect the human rights of migrants.

Defining *borders* is a difficult endeavor (Spener & Staudt, 1998). In this research, border is understood as a process of social construction that is maintained by a variety of actors (Ackelson, 2003). Defining borders as a process emphasizes the changing multidimensional nature of relationships in the border regions (Hansen & Mattingly, 2006). Border is a *zone* without fixed boundaries. The binary division of space into separate countries cannot be mapped onto people’s lives (Hansen & Mattingly). People overcome the binary division of the border as they shift and ignore the border in their daily lives (Velez-Ibáñez, 1996). People are affected by physical mobility across and around the border, paid and unpaid labor, and gender identities (Hansen & Mattingly, 2006). Border regions are places of cultural diversity and hybridity (Anzaldúa, 1987, Villa, 2003, Wright, 2003).

U.S.-Mexico Borderlands

The term *borderlands* is defined as (1) territory or region near a border, and (2) a vague intermediate state or region (Merriam-Webster Online). Casey (2009) articulated

definitions around the current circumstances at *La Frontera*, the U.S.-Mexico border. He suggested the differentiation of *border* from a particular *edge*. Edges “mark the place where things lose their dense consistency and land its sheer extensity” (Casey, p. 1). They influence how we distinguish one place or person from the other. There exist *internal edges* and *external edges*. Edges encompass structures hidden from view. Casey differentiated 17 forms of edges, such as brinks, rims, margins, thresholds, and frames. Furthermore, the terms *borders* and *boundaries* constitute different categories. Both demarcate a given region by creating “two sides.” A *border* is based on conventional treaties or laws based on human history and its vicissitudes. A *boundary* is understood as porous in character. Boundaries are difficult to map, whereas a border is located uniquely in this particular place (Casey).

These aspects of edges, borders and boundaries need to be differentiated in regard to the problems and issues in the U.S.-Mexico borderlands. In this paper, the use of the term *borderland* comprises the terms *edges* and *boundaries* as outlined by Casey in distinction to border and is understood as multidimensional. Building on this assumption, Anzaldúa (1987) adds a feminist conceptual focus on power and domination, resistance and agency for individuals called the *marginalized others* (Segura & Zavella, 2008) in relation to the U.S.-Mexico borderlands as follows:

A border is a dividing line, a narrow strip along a steep edge. A borderland is a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition. The prohibited and forbidden are its inhabitants. (p. 3)

Anzaldúa (1987) also coined the term *mestizia* consciousness to incorporate *border subjects* expressions of agency, including spiritual transformations, psychic processes of exclusion and identification of the *inbetween place* between cultures, languages, and places (Segura & Zavella). Anzaldúa’s innovative take on fluid borders and borderlands constitutes a landmark work in different scientific fields.

Cultural and Border Studies

Cultural studies emphasize the construction of *hybridized border identities* that are never static, but remain dynamic in response to forces from above or below (Hurtado, 2003; Saldívar-Hull, 2000). Since the mid eighties studies on the border have emerged in the field of social and political sciences (Tabuenca Córdoba, 1995). *Border studies* emphasize the phenomenon of border crossings that produce *hybrid identities* (Cunningham, 2004). Villa (2003) describes crossing borders as phenomenon in which differences can be reinforced and opportunities for transnationality strongly denied (Villa, 2003). Cultural studies led to the development of *border theory* (Johnson & Michaelson, 1997; Hannerz, 1997). Findings from border studies suggest that borders themselves cannot be defined as limited to the areas around the international divides but rather constitute *border zones* divided into many areas of social life (Rouse, 1995; Spener & Staudt, 1998).

For a study of the existing literature on the U.S.-Mexico borderlands two perspectives need to be taken into account: The Mexican perspective—from South to North, which focuses on the literature produced within the region, and the U.S. perspective—from North to South, focusing on Chicana/o and Latin American literature (Tabuenca Córdoba, 1995). The bias in this introduction consists in primarily discussing English-speaking literature as based on a perspective from North to South. However, the literature search included reviewing Mexican publications about the border, looking from South to North, that have been made available in English translations. Tabuenca Córdoba states that, in general, there is little literature available in the Northern Mexico region, due to the fact that it is more difficult to be published in the “Third World” than it is for minority groups in the U.S. Other relevant fields of research include migration studies and studies about adaption, which can only be mentioned here but not outlaid within the scope of this paper.

Borderland States of Consciousness

This paper expands the definition of borderlands and Anzaldúa's (1987) *mestizia* consciousness as delineated in the foregoing section towards the inclusion of the holistic dimensions of human experience, embracing body, mind, spirit, community, culture and nature, and assumed on a spectrum of conscious and unconscious. Gendlin (1997a) called this spectrum *border zone of the felt sense*. Todres (2007) named it the *borderline* between the said and the unsaid. The concept of *borderland states of consciousness* is outlined in greater detail in Chapter 7: Further Areas of Research.

"Culturally and Spiritually Diverse" versus Cross-Cultural and Multicultural

The term *culture* was articulated in the fields of anthropology and sociology (Stuart, 2004). Fiske (2002) defines *culture* as the "source of ties that bind members of societies through an elusive socially constructed constellation consisting of such things as practices, competencies, ideas, schemas, symbols, values, norms, institutions, goals, constitutive rules, artifacts, and modifications of the physical environment (p. 85)." *Cultural theories* emphasize the social life and the symbolic products of social activities. Shweder (2007) defined *cultural psychology* as a field of psychology, which assumes culture and mind as inseparable. *Cultural psychology* arose in the 1960's and has received increasing attention since the 1990's. It is distinct from cross-cultural psychology. *Cross-cultural psychology* focuses on the universality of psychological processes, whereas cultural psychology looks at how cultural practices shape psychological practices. Cultural psychology emphasizes cultural diversity whereas cross-cultural psychology concentrates on cultural uniformity. This research leans towards the stance of cultural psychology, nevertheless acknowledging the

search for common universal overlaps across cultures as investigated within cross-cultural psychology.

It is as difficult to define “culture” as it is to define “embodiment” and “spirituality” as explained in this section. My understanding and assumptions do not allow for a separation of culture and spirituality, and therefore suggest *culturally and spiritually diverse* as a practical working term, which, firstly, avoids the vagueness of the term *multicultural* and, secondly, intertwines “culture” and “spirituality”. With co-researchers from diverse cultural, spiritual and lingual backgrounds’, the cultural context, including spirituality, plays a hugely important role in this study, which I acknowledge with the working definition *culturally and spiritually diverse*. What do culture and spirituality mean in the U.S.-Mexico borderlands? There exist both a cultural identity and a collective identity of mixed cultures, religion and spirituality in the borderlands. This is amply demonstrated in the “Cultural-Spiritual Composite” of the results of the narrative findings of this research in Chapter 4. In general, intercultural migration, such as into the U.S.-Mexico borderlands, is a phenomenon of our 21st century (Hong, Wan, No, & Chu, 2007). What does it mean to have a *culturally and spiritually diverse Self*? I suggest expanding the term “cultural mosaic,” coined by Hansen and Mattingly (2006, p. 4), to *cultural-spiritual mosaic*, as outlined in more detail in a subsequent section within this chapter called “Cultural-Spiritual Identity”, and as confirmed by the research findings presented in Chapter 4.

The Capacitar Body-Mind-Spirit Practices

Body-mind-spirit interventions as applied by the Capacitar approach (Cane, 2000) are classified as an adjunct or complement to standard medical practices (Nezu, Tsang, Lombardo, & Baron, 2003) within the field of complementary alternative medicine (CAM). Different CAM methods have been derived from Western traditions such as homeopathy,

osteopathy, and chiropractic, as well as from Eastern systems such as Ayurveda and traditional Chinese medicine (Nezu et al.). CAM approaches promote a reciprocal relationship of psychological and physical experiences (Cohen & Herbert, 1996; Hess, 1997; Pelletier, 1992). CAM interventions attempt to increase awareness, self-discovery, and understanding of how body, health, and well-being are linked (Nezu et al.). Another focus of CAM lies in supporting the person's active approach to health maintenance and the decision-making processes (Nezu et al.).

The Social and Cultural Context of this Study

The psychology of borders, borderlands, and border people can only be understood in historical and cultural-spiritual context. The scope of this doctoral thesis cannot cover a comprehensive description of the complexity of historical, economical, and cultural-spiritual links that bind the U.S.-Mexico borderlands. However, a brief description will follow in order to deepen the understanding of the complexity of the *phenomenon of the U.S.-Mexico borderlands*. The following presentation of a map of the research location aims to support the reader's understanding of the context of this study.

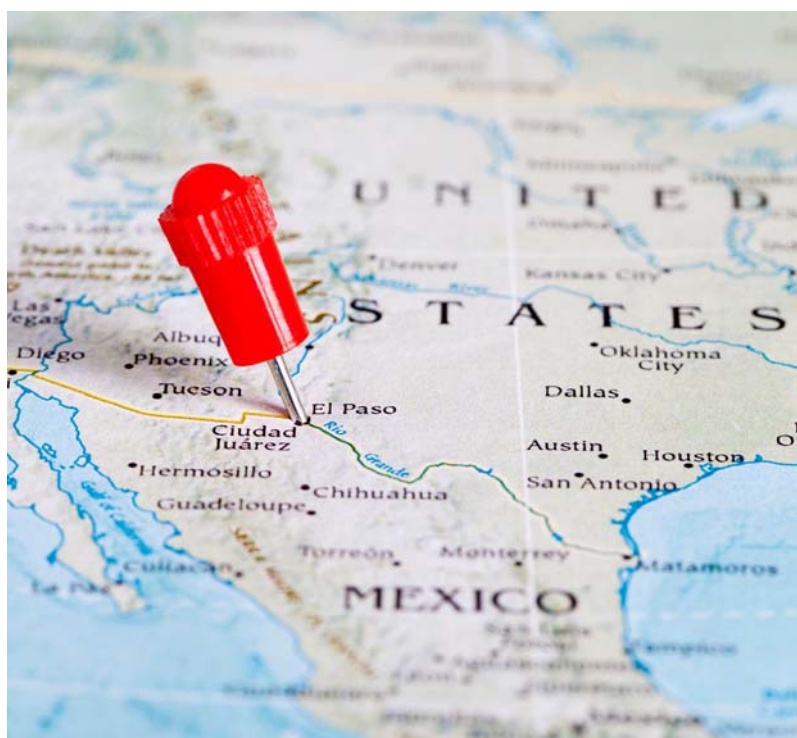


Figure 1. Map of the Research Location

The map shows the research location El Paso (Texas, U.S.) at the border to Ciudad Juárez (Chihuahua, Mexico) (permission for publication gained from istock).

The high percentage of people of Mexican descent in the South of the U.S. today is partially the result of the Mexican war (1848) where Mexico lost about half of its territory (Texas, California, and New Mexico) to the U.S. Between 75,000 and 100,000 Mexicans remained in these under-populated areas after the conflict (Burkhard, 1992, p. 375). Additionally, the labor migration of Mexican people started at the end of the 19th century (Gabbert, 2005). Current Mexican migrants in the U.S. are mostly men who migrated for labor opportunities (Gabbert, 2005). The number of Mexican women migrants has increased in recent years. Some studies show higher percentages of women in some areas than others. In the last two decades, the number of Mexican women employees in particular business sectors, such as clothing manufacture and food service, have increased, as has the percentage of Mexican women migrating as singles, or without their husband and children.

The U.S.-Mexico borderlands are similar to other border regions around the world, yet the high level of interchange makes this binational zone distinct (Martínez, 1994). The modern industrial world merges with the developing world at this border. A major movement of migrants persists toward “developed nations” (Cunningham, 2004; Andreas & Snyder, 2004). Transnational interaction and cross-border interdependence have increased in the U.S.-Mexico borderlands, as has territorial dispute, warfare, violations of sovereignty,

banditry, raiding, ethnic conflicts, protectionism, smuggling, forced migration, and environmental pollution (Martínez, 1994).

The U.S.-Mexico border divides the first world from the third world and influences economic globalization (Hansen & Mattingly, 2006). The Chicana writer Gloria Anzaldúa (1987) describes the U.S.-Mexico border as an “open wound where the Third World grates against the First World and bleeds” (p. 3). The professor emeritus of Latin American history Ramón Eduardo Ruiz (1998) compares the immense economic inequality at the border between the nations of Mexico and the U.S. to “a modern version of David and Goliath” (p. 19). The problematic situation in the borderlands constitutes an intergenerational trauma for the people (Cabrera, 2005; Watkins, 2007). It has been caused by colonialism such as the conquest by the Spaniards and the Protestant pilgrims, in which half of Mexico’s territory passed to the U.S. (Griswold de Castillo, 1990). Furthermore, the rise of the maquiladora industry in the 1960’s that spawned factories particularly in Ciudad Juárez at the border to El Paso (Volk & Schlotterbeck, 2007) set up by the U. S. or other foreign countries to exploit cheap labor (Amnesty International, 2000) added to the borderland crisis.

Poverty forced Mexicans to move to cities and to the border region (Schmidt, 1995). Maquilas (migrants) from central and southern Mexico flooded the newly industrialized border area (Volk & Schlotterbeck, 2007). The big border cities, such as El Paso, Texas-Ciudad Juárez, grew at an above average rate related to military bases, Mexican migration, and the Maquiladora industries. The culture of poverty created irregular settlements, so-called *colonias*, in the binational metropolis El Paso-Ciudad Juárez (Schmidt, 1985). Colonias lack water, wastewater and latrine facilities, and paved roads, and inadequate services such as mail, transportation, and health care. Cultural differences manifest as socioeconomic power relationships between the mainstream society and those not included in the mainstream (Dodgson & Struthers, 2005). Hall, Stevens, and Meleis (1994) define

marginalization as “the process by which persons are peripheralized on the basis of their identities, associations, experiences, and environments” (p. 25). Marginalization implies vulnerability based on genetic, social, cultural, and/or economic circumstances and has immense implications for health care (Dodgson & Struthers, 2005). Watkins (2007, 1994) describes the militarized borderlands and its forced migration as a humanitarian crisis in an era of massive displacement of impoverished people due to genocide, civil war, and transnational capitalism.

Cultural-Spiritual Identity

Border Mexicans and border Americans merged many decades ago and have produced unique cultural-spiritual patterns referred to as *border culture* (Martínez, 1994, p. 53). The transculturation shared by Mexicans and Americans precedes the dichotomy of Mexicans and Americans as reflected in the long-term incorporation of traits from each other’s culture, such as language, religion, values, customs, traditions, holidays, food, clothing, architecture, and art. On the Mexican side, the national side is intermixed with varieties of *norteño* [Northern] culture and the cultures of migrants from states such as Jalisco, Michoacán, Guanajuato, and Zacatecas. The U.S. borderlands have mixed Anglo-Saxon cultures from the Northeastern U.S. with indigenous Southwestern cultures, as well as with migrants from all over the nation. In particular, a multitude of Mexican identities coexists in the El Paso-Ciudad Juárez border region, ranging from generations of Mexican immigrants in the border region to new immigrants from the indigenous South of Mexico (Ruiz, 1998; Vila, 1997). Hansen and Mattingly (2006) suggest the metaphor of a *cultural mosaic* (p. 4) that shapes the people’s lives at the border and includes transnational processes, ideologies, and discourses (Castillo & Tabuenca Córdoba, 2002). This diversity of cultural identity illuminates the lack of validity for a Mexican/American binary distinction (Hansen &

Mattingly). I expand their term to include the diversity of spirituality prevalent in the U.S.-Mexico borderlands and assume it as being inseparable from culture to *cultural-spiritual mosaic*.

Indigenous and Traditional Folk Healing

Many people of Mexican descent believe in a holistic perspective of health maintenance through balance of body, mind, and spirit (Comas-Diaz, 2006). Interconnectedness is a central belief in Mexican folk healing (Ruiz, 1997). A belief in supernatural, magical realism infuses imagination and mystery into reality (Comas-Diaz, 2006). Illness is perceived as imbalance or hubris against the cosmic order. A main goal of spirituality is to achieve healing—*sanación*. Sanación predicates a holistic pan-relational worldview that involves ancestral and sacred affiliations of healings (Morones & Mikawa, 1992). Some Mexicans utilize folk healing in times of crisis. As part of alternative medicine, folk healing is based on the assumption of spirituality providing a participatory experience of empowerment, authenticity, and enlarged self-identity (Comas-Diaz, 2006).

The Mexican culture shows varieties of alternative health and illness beliefs and remedies that originate in ancient *Mestizo*/Indian folklore (Lopez, 2005). *Mestizo* describes a cultural amalgamation of the European Spaniards, and American Indians. Mestizo folklore assumes that causes of illness include social, spiritual, and physical forces. *Mexican folk medicine* today reflects an intermingling of Native American Indian naturalist religions believing that opposing forces of the cosmos could lead to illness and the Roman Catholic notion of health, as God's will attributable to a religious deity. Indigenous Mexican folk healing is commonly referred to as *curanderismo* from Spanish *curare*: to heal (Zacharias, 2006). Curanderismo today includes the assumption of illness as a biological event (Western European perspective) and as having family and socially interrelated causes and cures. The

folk healing systems used by major Latino groups today include folk and religious treatments in an accessible secondary health care system (Lopez, 2005). The local *curandera/o* often represents the sole health resource for the public (Zacharias, 2006). Folk healing is consonant with collectivistic societies such as Mexico in that it restores a sense of cultural belonging and promotes self-healing by maintaining a harmonious balance between the sufferer, family, community, and cosmos (Comas-Diaz, 2006).

Socioeconomic Situation

The research site of this study was located at the *Centro de Mujeres de la Esperanza* (CME) [Women's Center of Hope] in El Paso (Texas, U.S) at the border to Ciudad Juárez (Chihuahua, Mexico). El Paso is one of the poorest cities in the U.S. Factors that cause poverty in El Paso are a high unemployment rate, and a lack of education and language skills (Schmidt, 1995). El Paso inhabitants are confronted with high rates of violence, illness, and environmental threats. The so-called *twin cities El Paso-Ciudad Juárez* form one of the world's largest binational urban populations along an international militarized border (Fernández, Howard, & Amastae, 2007). The combined population in the 2000 U.S. *Census* was 2.1 million (Fernández et al., p. 104). El Paso's Hispanic population increased from 43.6% to 78.2% between 1960 and 2000 (Fernández et al., p. 104). The U.S.–Mexico border region is experiencing unparalleled trade and exchange as cross-border flows of goods and people—such as tourists, shoppers, workers and immigrants—from Mexico continue to increase exponentially (Orrenius, 2001).

The current population in El Paso, Texas, U.S. is 729,097 (teamNAFTA.com, 2011). Ciudad Juárez, in the state Chihuahua, is the fifth largest city in Mexico and has an official population of 1.4 million, but its estimates on actual population range between 1.8 and 2.0 million (teamNAFTA.com, 2011). Thousands of Mexicans migrated to the area in search of

making a better income. However, decades of growth in this region have been replaced by massive lethal violence (Cave, 2011) as Charles Bowden's (2010) book title *Murder City: Ciudad Juárez and the global economy's new killing fields* expresses. Ciudad Juárez has lost nearly 20% of its population in the last three years, or about 230,000 people (Cave, 2011). Mexico is suffering from the so-called drug war: 30,000 people have died violent deaths since 2007. Ciudad Juárez is officially called the most dangerous city in the world with 3,111 violent deaths in 2011 (Castillo, 2011; bbc.co.uk/news). With the recent danger and escalation of violence, no reliable estimates exist as to how many people have left the area (elpasotexas.gov, 2011).

Violence and Crime in the Border Region

Various forms of crime are highly prevalent in the border region of El Paso-Ciudad Juárez (Webster, 2008), crimes such as illegal immigration (Orrenius, 2001; Verhovek, 1994), drug trafficking (National Drug Control Strategy, 2001), human trafficking (Shirk & Webber, 2004), and femicide (Amnesty International, 2003; Ensalco, 2006; Inter-American Commission on Human Rights, 2002; Volk & Schlotterbeck, 2007). An additional issue of violence is rape (Falcón, 2007). The militarized U.S.-Mexico border reinforces the territory of the U.S., including daily fights against border crossers' in the form of beatings, assault and rape, and harassment by state and federal officials as well as by regional patrols. "Rape as a tactic against women is considered a weapon of war by the international community because of its rampant use in every military conflict" (Falcón, p. 203). The interconnections between militarism, colonialism and machismo contribute to violence against women in the U.S.-Mexico borderlands.

Forced Migration

Forced migration from the South to the U.S.-Mexican border and into the U.S. has continuously increased over the past four decades (Orrenius, 2001). The increase in Texas border crossings beginning in 1990 was concentrated around El Paso (Orrenius). U.S. authorities responded to a surge of undocumented migrants in the El Paso region by increasing border enforcement (Orrenius, 2001). The so-called *fence*, a 20-mile wall of Border Patrol agents along the Rio Grande in the west side of El Paso has been implemented and has reduced the number of attempted undocumented border crossings by up to 75 percent (Verhovek, 1994). El Paso is the site of perhaps the greatest effort to deter undocumented border crossings along the Mexican border (Verhovek, 1994). Migrants hire smugglers, also known as coyotes, when they perceive a higher chance of apprehension were they to attempt a crossing on their own (Orrenius, 2001). As a result of the border offensives, crossing-related injuries and deaths along the border increased. Migrants frequently become trapped in Mexican border cities, unable to cross into the United States. El Paso's local leaders and business owners openly fret about economic slow-downs due to the border enforcement (Verhovek, 1994).

Drug Trafficking

The U.S.-Mexico international border region comprises primary routes for *drug trafficking* or *smuggling* (Office of National Drug Control Policy, 2001). El Paso is a particularly prominent area for illicit drug distribution and money laundering systems (Office of National Drug Control Policy). Murders and kidnapping have significantly increased on both sides of the border in recent years (Webster, 2008). Mexican federal police have discovered mass graves containing numerous unidentified human bodies. Investigators say

dangerous drug cartel bands are operating unchecked in Mexico, Texas, and other parts of the U.S. (Webster). Corruption on both sides of the border assists the drug trafficking organizations in advancing their illicit trade (Office of National Drug Control Policy).

Human Trafficking

According to U.S. and international law, *human trafficking*—or, *trafficking in persons*—encompasses two forms of criminal activity: forced labor and sexual exploitation (Shirk & Webber, 2004). Shirk and Webber (2004) suggested the phenomenon of human trafficking as a “modern form of slavery” (p. 1). Mexico is the largest port of entry with approximately 18,000 people trafficked into the U.S. who stay as undocumented aliens each year.

Femicide in Ciudad Juárez (Mexico)

In addition to the homicide prevalent in Ciudad Juárez, there exists an unprecedented high number of *female homicides*—the so-called *femicides* in this city. During the past decade, hundreds of women have been murdered in and around Ciudad Juárez (Amnesty International, 2003; Ensalco, 2006; Inter-American Commission on Human Rights, 2002; Volk & Schlotterbeck, 2007). The *femicides*—called in Spanish the *feminicidios* in Ciudad Juárez, or “*las muertas de Juárez*” [dead women of Juárez]—involve abduction, sexual torture, rape, murder, mutilation, and disappearance (Ensalco, 2006), explicated in the journalist’s Diana Washington Valdez (2006) book title *The killing fields: Harvest of women. The truth about Mexico’s bloody border legacy*. The campaign to end the killing of women in Ciudad Juárez has been named “*Ni Una Mas En Ciudad Juárez*” [no more one murdered women in Ciudad Juárez] (Segura & Zavella, 2007) with the aim to bring forth the truth

about Mexico's *bloody border legacy*. The term *femicide*, in explicit contrast to homicide, emphasizes the murder of women committed by men (Skilbeck 1995, Russell & Harms, 2001). Evidence suggests that there exists a link between the femicide, the *maquiladora industries*, prostitution, and *trafficking for sexual exploitation* in the U.S.-Mexico borderlands (Inter-American Commission on Human Rights). The situation in Ciudad Juárez has led to an international human rights movement, due to the Mexican government's failure to exercise due diligence with investigations (Amnesty International, 2003; Ensalco; Inter-American Commission on Human Rights; Volk & Schlotterbeck).

Research Overview

Philosophical Framework of This Study

This research's general philosophical framework is rooted in *transpersonal psychology* that advocates the integration of physical and mental health, and includes the spiritual dimension of human existence (Elmer, MacDonald, & Friedman, 2003). Such a holistic integrative and inclusive perspective acknowledges "the whole person, body, emotions, mind, and spirit, in the context of community and culture," (Caplan, Hartelius, & Rardin, 2003, p. 157). Furthermore, the research design is based on a transpersonal pluralistic epistemology wherein the researcher utilizes bodily reactions, imagery, emotions and feelings, intuitions, aesthetic sensibilities, and cognition, and includes both ordinary and extraordinary experiences throughout the research process (Braud, 1998a). A more detailed explication of the methodology of this research follows in Chapter 3: Methods.

Cultural-Spiritual Rationale of This Research

The above-mentioned general methodological framework of transpersonal psychology applied in this research acknowledges the cultural-spiritual dimension of human

experience. In addition, as a cultural-spiritual rationale of this study, I draw on the field of *psychologies of liberation* (Watkins & Shulman, 2008), a philosophical approach compatible and interlinked with transpersonal psychology and particularly relevant for the context of this research at the U.S.-Mexico borderlands. The explicit focus of psychologies of liberation on justice and working with the oppressed (Mary Watkins, personal communication, February 16, 2012) can enhance an understanding of the cultural-spiritual background of this research and its findings and is outlined in the following section. Furthermore, the Capacitar approach, with its explicit emphasis on serving the underprivileged around the world, and working for justice and solidarity, uses a popular education multiplicative approach (Freire, 1997 and 2000). Freire's *pedagogy for the oppressed* can be understood as overlapping with the frame of liberation psychologies, as outlined in the following paragraph.

Psychologies of liberation emerged in the 1980's, particularly in Latin America in times of civil war. A key founder was Ignacio Martín-Baró, a Jesuit priest and psychologist, who was assassinated in San Salvador in 1989. Working with the poor in Latin America, he wrote about the psychology of repression and prejudice, and social transformation (Watkins & Shulman, 2008). Martín-Baró contributed to poststructuralist and postcolonial critical theory with his critique of Eurocentric psychologies: "The healing power of any psychotherapeutic method depends on the dosage of its break with the dominant culture" (p. 120). Fatalism needs to be transformed into critical consciousness. A process needs to be initiated which is "an opening against all closure, flexibility against everything fixed, elasticity against rigidity, a readiness to act against all stagnation" (p. 183). It is a vision of the future that implies a "hunger for change, affirmation of what is new, life is hope" (p. 183). Liberation psychologies assume the health of the individual and the health of communities, including those who are oppressed and those who practice extortion within it, as intertwined and overlapping. It emphasizes processes of inclusion, reflection, initiatives

for self-sustaining alternatives of transformation and change, local participatory dialogue and resistance, decision-making and responsibility. Such a perspective requires a moral re-orientation of psychology for the restoration of individuals, communities, and habitats that have been multiply wounded by collective traumas and injustices throughout the history of colonialism. Such a cultural-spiritual perspective is incorporated in the Capacitar approach. Cane, the founder, worked in the 80's in Latin and South America, where she developed the combination of simple body-mind-spirit practices when working with the poor and with communities stricken by civil war, genocide and natural disasters. She created the Capacitar Training within a spirit of Freire's (1997 and 2000) *Pedagogy of the oppressed* that overlaps with liberation psychology in sharing the explicit focus on working with the marginalized for justice and social change. I embed the lens of psychologies of liberation into this research in the sense of its outspoken emphasis on raising critical consciousness for our colonial past and the goal of enhancing hopes and desires for change through an alternative, inclusive, open-minded construction of new cultures. This perspective is particularly relevant for the context of this study, including the problems of cultures of domination and oppression in the U.S.-Mexico borderland and the co-researchers' exposures to these experiences.

Method: Embodied Phenomenology

Embodied Enquiry articulated by Les Todres (2007) is a method rooted in *phenomenology for psychology*, with its central and innovative focus on our primordial bodily connection with the world we live in, based on Gendlin's (1973) experiential philosophy and psychology of bodily knowing, which Gendlin coined the *felt sense* as explicated in the section of definitions in this chapter, and described in more detail in Chapter 2: Literature Review, Focusing.

Bodily knowing and understanding includes the *implicit*, which moves beyond the form towards the whole with its parts. Our lived bodily experiences contain more than words can say, however there is a longing to carry meaning and understanding forward through language. Todres not only links the embodied experiences of our lifeworld with language, but connects it with poetic expression based on Heidegger's work on poetry, language and being. Todres suggests that poetic writing can enhance our aesthetic resonances of embodied understanding. Acknowledging a nondual embodied vision of existence and pluralistic epistemology and ontology, *Embodied Enquiry* is an extraordinarily *best fit* to my philosophical stance of post-postmodern (Finlay, 2009b, 2011; described in Chapter 3: Methods, Post-Postmodern Paradigm) embodied phenomenology and transpersonal psychology, including psychologies of liberation. The methodology and method is specified in detail in Chapter 3: Methods.

Data Collection and Data Analysis

The collection of original data consists of in-depth interviews with 14 female co-researchers of culturally and spiritually diverse descent from both sides of the U.S.-Mexico border. The multiple in-depth interviewing (one to three interviews per co-researcher) was conducted multilingually (English/Spanish/Mayan) with a Spanish or Mayan interpreter present when needed. The researcher gathered field notes and kept a journal to deepen her understanding of the research process.

The data collection includes three sets of data: Narrative life experiences of the co-researchers, data that has not been analyzed but clustered in cultural-spiritual topics according to the literature review on the cultural context. The central research data set comprises the phenomenological data of the co-researchers' experiences of change as a result of the Capacitar Training. These data have been analyzed with phenomenological

psychological analysis procedures (Dahlberg, Dahlberg, and Nyström 2008; Finlay, 2011; Giorgi, 2009) and aesthetic embodied interpretation (Todres & Galvin, 2008; Galvin & Todres, 2009). The procedures are explicated in detail in Chapter 3: Methods, Data Analysis. The third data sets comprised evaluative information from the co-researchers about their experiences with the Capacitar Training and potential insights, comments and critique of the conveyance of the Capacitar Training that can contribute to the further development of the Capacitar modality. The researcher's field notes and self-reflections throughout the research process are digested in a summary in Chapter 7: Discussion, Researcher's Embodied Understanding Through the Research Process. More details about the data analysis process are given in Chapter 3: Methods.

Furthermore, contributing to my understanding of the Capacitar approach and the cultural context and the rigor of this doctoral research, I discussed the research process regularly with an external supervisor and an external advisor: The external supervisor, Mary Watkins, Ph.D., is a professor at the Pacifica Graduate School, Santa Barbara, California, U.S., who knows the Capacitar Training program and who has studied the situation of the U.S.-Mexico borderlands for several decades. She supported the cultural understanding of the researcher and provided critical reflection of this doctoral thesis. The external advisor, Pat Cane, Ph.D., the Director of Capacitar international provided discussions and reflections primarily on understanding the Capacitar Training and information about the cultural context of this study. The dissertation committee in the UK consisted of the two supervisors Les Todres, Ph.D., and Kate Galvin, Ph.D., from Bournemouth University (UK).

Summary of Chapter 1

Chapter 1 articulated the aim and significance of this research of illuminating the impact of the Capacitar body-mind-spirit practices for transforming individual and communal

trauma with culturally and spiritually diverse female co-researchers from both sides of the U.S.-Mexico border, where an extensive gap of knowledge exists on several levels such as the impact of body-mind-spirit practices for healing trauma in relevant populations, a holistic approach to research and healing comprising the dimensions of body, spirituality, nature, culture and interrelatedness, and lastly the co-researchers' exposure to and experience of trauma in the U.S.-Mexico borderlands, including the epidemiology of trauma. The social and cultural context of the study and its challenges has been introduced and an overview of the methods employed in this research, comprising a transpersonal methodological framework and the embodied phenomenological method, has been given.

The literature review in Chapter 2 presents the body of literature available about body-mind-spirit practices, in particular body-mind-spirit approaches for the transformation of individual and community trauma with a culturally and spiritually diverse emphasis. The knowledge base about both the impact of body-mind-spirit interventions and traumatic stress reduction is extensive, yet the research on traumatic stress reduction using body-mind-spirit intervention has received little attention. In addition to the Capacitar approach (Cane, 2000), other existing approaches applying body-mind-spirit practices for traumatic stress relief are outlined. Current neuroscientific research findings that support the importance of including the body in the treatment of psychological trauma (Ledoux, 1996; Rauch et al., 1996; Van der Kolk, 2002) are shown. Research findings about the impact of spirituality on mental health are given. The influences of cultural factors on mental health are discussed in regard to their relevance for this research with women of culturally and spiritually diverse descent living in the U.S.-Mexico borderlands. Other factors of potential traumatic impact prevalent in the borderlands, such as the impact of violence and crime, human and drug trafficking, and undocumented border crossing, which constitute specific factors of living in U.S-Mexico

borderlands are explicated. In all areas of the literature review of English-language literature, gaps in the knowledge base have been revealed.

Chapter 3 describes the general philosophical framework of transpersonal pluralistic methodology (Braud & Anderson, 1998) applied in this qualitative research and the use of the phenomenological method based on *Embodied Enquiry* (Todres, 2007). To tap all dimensions of a phenomenon being studied, Braud (1998b) suggested that information that is emotional, intuitive, bodily, non-verbally expressive, and based in tacit knowing gives a more complete and balanced understanding of what is being studied by the researcher and co-researchers. He emphasized the acknowledgement of the phenomenon being studied as subject, rather than as object. Therefore, the researcher's interest in this subject, personal experiences that led to this research and embodied understanding of this research process and the field experiences; and information about the co-researchers are addressed throughout the chapters as relevant. Chapter 3 includes the description of the phenomenological psychological data analysis procedures (Dahlberg, Dahlberg, and Nyström 2008; Finlay, 2011; Giorgi, 2009) and aesthetic embodied interpretation (Todres & Galvin, 2008; Galvin & Todres, 2009) employed in this research in detail. The data collection process and the data analysis procedures are illustrated.

Chapters 4 – 6 represent the three sets of findings according to the three data sets: Chapter 4 shows the narrative reports of the co-researchers as a *composite cultural-spiritual tapestry* about their life experiences related to the borderlands; Chapter 5 contains a detailed explanation of the phenomenological research findings of the phenomenon “the embodied experiences of change” and incorporates an aesthetic embodied interpretation of the general meaning structure of the phenomenon to deepen the reader's involvement and embodied understanding; and in Chapter 6 the evaluative findings about the co-researchers' experiences with the Capacitar Training are comprised as a synthesis.

Chapter 7 encompasses the discussion of specific topics that arose as being relevant to the research findings, followed by suggestions for prospective future research. Topics discussed include the embodied phenomenological method in culturally and spiritually diverse multilingual contexts; the use of an embodied transpersonal philosophical framework to *re-search* into holistic subjects; the use of this research as a model for social sciences intervention research and impact evaluation; reflections on past research; the researcher's embodied understanding of the research process; limitations, delimitations and strength of the research; and the conclusion.

This embodied phenomenological inquiry has the goal of adding valuable information internationally relevant to the field of humanistic and transpersonal psychology, health sciences and social sciences, and phenomenological and women's studies, by investigating the Capacitar Training (Cane, 2000) as a potential inexpensive adjunct holistic modality for promoting health and healing individual and communal trauma, with the emphasis on reaching out to underprivileged and underserved populations. In addition, this research attempts to reveal details and increase understanding about women of culturally and spiritually diverse descent and their lives within the context of the violent, traumatic U.S-Mexico borderlands experiences as reflected in Martha Cabrera's (2005) words: "living and surviving in a multiply wounded country" (p. 1). Based on a holistic, culturally and spiritually diverse, multilingual and multidisciplinary perspective, transpersonal psychology, psychologies of liberation and embodied phenomenological approaches can contribute to broadening the Western medical paradigm of health and healing (Elmer et al., 2003) by conducting holistic research into the impact of body-mind-spirit approaches for transforming trauma across cultures in underprivileged communities around the world.

CHAPTER 2: LITERATURE REVIEW

The contribution to knowledge of this doctoral research consists primarily in the illumination of the impact of the Capacitar practices for transforming individual and community trauma with diverse co-researchers living in the U.S.-Mexico borderlands who are exposed to the violence and crime in this region. A gap of knowledge has been identified by the researcher on the impact of holistic practices for healing individual and community trauma as well as on the diverse population in the U.S.-Mexico borderlands and, in particular, women's life experiences in this area.

This doctoral research is based on a holistic perspective of transpersonal psychology that acknowledges the dimensions of body, mind, spirit, community, culture and nature (Braud & Anderson, 1998). It is the goal of this researcher to investigate the impact of the Capacitar Training, a holistic healing approach to trauma, in as an inclusive a way as possible. The research subject is complex and I have had to set priorities in compiling this review. I focused primarily on knowledge gained by the disciplines of clinical psychology and transpersonal psychology, including psychologies of liberation; the latter two providing a holistic framework within which to review the impact of holistically grounded body-mind-spirit practices. The general philosophical framework of transpersonal psychology—applied in this study is presented in detail in the section on methodology in Chapter 3. The literature review has been conducted essentially through both a *transpersonal eye* and a *clinical eye* in psychology.

The literature review informs the reader about the state of the art of three relevant fields of study that provide a theoretical and clinical foundation for research on the impact of the Capacitar body-mind-spirit practices applied for traumatic stress reduction. The first field of review illuminates the Capacitar body-mind-spirit practices training and existing research about it (Cane, 2000; Capacitar report, 2011). Other relevant and comparable

body-mind-spirit approaches such as the *Strength-Focused and Meaning-Oriented Approach (SMART)* (Chan, Chan, & Ng, 2006), *Yoga Programs for Traumatic Stress Reduction* (Gerbarg & Brown, 2005; Telles, Naveen, & Dash, 2007; Wills, 2007) and Mindfulness Based Stress Reduction (MBSR) (Kabat-Zinn et al. (1992) are shown. The second field of knowledge review represents studies on the interrelationship of trauma and healing with a specific focus on the dimension of the body, spirituality and community or culture as relevant for holistic approaches to healing such as body-mind-spirit interventions. Gaps in the clinical literature regarding the integration of the body in the treatment of psychological trauma are identified. Neuroscientific findings that support the integration of the body into the treatment of trauma are interwoven. Examples about the influence of spirituality and culture on mental health are given. The third review area includes the epidemiology of individual and communal trauma with the particular focus on the prevalence in the U.S.-Mexico borderlands. In consideration of the fact of the co-researchers' life context in the violent U.S.-Mexico borderlands of the El Paso/Ciudad Juárez region, adverse impacts of individual and interpersonal violence and trauma on mental health are explicated. Epidemiological findings on PTSD are outlined, revealing empirical gaps in the clinical literature on Mexican populations and in general on the diverse populations of the U.S.-Mexico borderlands.

A review gap inherent in this study is related to Spanish publications, which I could not digest with my basic knowledge of Spanish. Nevertheless, in several places of publications with English abstracts within the U.S. and in Mexico, I found stated a lack of monetary means to get published in Mexico. I could not find research particularly relevant to the border region on trauma and the application of holistic healing approaches. The following sections present the fields of literature review as described above.

The Capacitar Training in Body-Mind-Spirit Practices for the Transformation of Trauma

This first section presents details about the Capacitar Training (Cane, 2000) in body-mind-spirit practices for the transformation and healing of individual and communal trauma as facilitated by the non-profit organization Capacitar International. The Capacitar Training has been developed by Pat Cane as a way to support the trauma transformation and healing of people and communities in Central America and women's groups in the U.S. based on her fieldwork with grassroots people. In 1988, Cane (2008) worked at the popular education center *Cantera* in Nicaragua where she started to share her personal self-care body-mind-spirit practices such as Tai chi and acupressure with grassroots groups to support their caring for themselves in the context of war and trauma in Nicaragua. Her work soon spread to other countries, including Guatemalan union leaders, Mexican migrant workers in California, activists in Chile, and feminists in Latin America. The teaching of the self-care body-mind-spirit practices resulted in the strengthening of self-responsibility and of taking action to improve life conditions and health of the grassroots participants through re-connecting with their own resources what Cane (2008) called "empowerment and awakening" as one of Capacitar's goals.

Out of her field experiences in the aforementioned countries in Central America, Cane (2008) saw a particular "Capacitar spirit" (p. 1) emerging, which she summarized as the four values of the Capacitar worldview: (a) solidarity with the poor, people struggling for justice and peace, and the marginalized and oppressed; (b) compassionate service to empower themselves and others; (c) willingness to take the risk of working in places of trauma and disaster; and (d) awakening to a spiritual life that encompasses being of loving presence, light, and peace to others. Cane (2008) compared these values to the following metaphor: "...[willing to] work in the eye of the hurricane of trauma and violence...[with] ...solidarity, compassion, and awakening to an inner Spirit..." (p. 1). Cane founded the

non-profit organization Capacitar International with the aim to provide the body-mind-spirit practices to grassroots people and communities challenged by trauma and disaster around the world. During the last 24 years, Cane and her international teams taught the Capacitar body-mind-spirit practices to communities suffering from the effects of war, violence, and natural disasters on five continents in a program adapted to the culture, language, and needs of the people. Capacitar additionally works in collaboration with or under the sponsorship of already established organizations, and Capacitar methods are used as part of the outreach programs of those organizations.

Based on her fieldwork, Cane pointed to the societal trauma of the Central American countries where whole societies had been traumatically impacted by their recent history. In addition, she observed that grassroots leaders in these countries report increasing rates of domestic violence, armed violence, street crime, rape, and incest. The increased violence is intertwined with the deeply wounded and traumatized societies. Capacitar has the goal to lend support to the peoples' coping with both individual and communal stress resulting from a violent and traumatized environment. The development of the Capacitar Manual was a response to lack of resources for grassroots people. The manual does not serve as treatment or one-on-one therapy for traumatized people. It is recommended for the use of professional health services that work with severely traumatized persons. The manual is suggested as a complementary support for already existing cultural-spiritual practices and health services. Many areas to which Capacitar International extends its outreach efforts often lack medical or psychological services.

The Capacitar Manual (Cane, 2000) is written in a popular education style to facilitate outreach to grassroots groups, individuals, and leaders. The body-mind-spirit practices for traumatic stress relief are taught with the aim to help promote the inherent healing capacity of the individual and community. The focus of the Capacitar Training is on the application, for

instance, after a disaster, when the emergency relief workers have gone and the people have to start rebuilding their lives. The audience addressed in the manual includes individuals and communities stricken by trauma from political violence and natural disasters, health service workers, workers in centers for popular education, and staff in community centers that support individuals, groups, and communities. The Capacitar Training generally has been taught in four modules over a period of several months. Details about the Capacitar Manual are given in Appendix A.

The goal of the Capacitar Training (Cane, 2000) in body-mind-spirit practices is to support the release of traumatic stress and to increase the energy flow in body, mind, and spirit, including within the individual's broader aspect of community and environment. Cane proposed that several body-mind-spirit practices were effective techniques for traumatic stress release. Furthermore, an emphasis on the spiritual aspects of trauma healing for the individual within the community is stated (Parapully, 1997; Willey, 1997; Wilson & Moran, 1998). Cane's (2000) assumptions were based on her 12 years of fieldwork with grassroots people and on her research findings from her doctoral research.

Research Findings on the Capacitar Approach

Cane's doctoral research is the first study into the impact of the Capacitar practices, followed by this research. In her report of the doctoral dissertation study results, Cane described in detail the different practices included in the Capacitar Manual, as well as reviewing the literature for each of the single practices—a detailed review that will not be repeated in this doctoral thesis. She differentiates four main categories of practices included in the Capacitar Training: (a) practices for releasing and balancing energy, such as breathing exercises, visualization, acupressure, Jin shin jyutsu fingerholds, thought field therapy (TFT), Pan dal gum, and the river of life exercise; (b) practices for nourishing core energy, such as

polarity work, process acupuncture, chakra work, massage and reflexology, meditation, mindfulness, intuitive journaling and mandala drawing; (c) practices for healing the community, including community rituals, the labyrinth, music, dance, and movement; and (d) concepts focusing on individual and communal transformation, such as the map of human consciousness, the partnership model, compassion, interconnection, and nonviolence. The four categories of practices are described in more detail in Appendix A.

Cane (2000) first explored the question of what grassroots people do when faced with the effects of psychological trauma and PTSD in a pilot case study with a woman from Guatemala suffering PTSD symptoms such as flashbacks, insomnia, nightmares, depression, anxiety, and headaches, amongst others. The woman had been on pharmacological treatment from her doctor but had been too poor to buy the medicine and, furthermore, had felt uncomfortable taking the drug. Over a period of three years, Cane took the woman with her when teaching the Capacitar body-mind-spirit practices in Guatemala. The woman's symptoms reduced and they gained more understanding of their lives.

In her doctoral research, Cane then explored the impact of the body-mind-spirit practices applied in her fieldwork of teaching grassroots people the Capacitar practices. She proposed the following assumptions to be investigated in her doctoral research based on her field experience: (a) energy work as the unifying theme of the approach can promote healing of body, mind, and spirit and support the experiences of safety, trust, control, empowerment, self-esteem, intimacy, connection with community, and finding meaning in life; (b) healing requires the unblocking and release of blocked traumatic energy, energy balancing, and activation of the person to develop towards wholeness; (c) individual healing is interconnected with the healing of the family, community and environment; and (d) a popular education pedagogy can empower grassroots people to take action about their own healing, as well as the healing of their communities. Cane's research question investigated the truth of

the statement: “Body-mind-spirit practices promote the healing of traumatic stress in grassroots people” (p. 101). Data were recorded with two different populations: grassroots leaders who received the training and groups, communities, and individuals with whom the leaders worked in El Salvador, Guatemala, Honduras, and Nicaragua. To address the languages represented in the population of Cane’s study, the manual was developed in English and Spanish.

Cane’s (2000) study is primarily based on heuristic inquiry (Moustakas, 1981), yet using a qualitative and quantitative mixed methods design. With in-depth interviews, she explored the participants’ experiences of their trauma from Hurricane Mitch and political violence, their use of body-mind-spirit practices for their own healing process, experiences of grassroots leaders using body-mind-spirit modalities with their groups, and a collection of anecdotal material such as stories and testimonies to be included in the manual. Additional information was gained from focus groups investigating the nature of the communities and cultures and reflecting on the usefulness of the body-mind-spirit practices.

The quantitative part of Cane’s (2000) study collected data with self-developed pre-post self-report questionnaires administered to the grassroots leaders that measured the changes during the Capacitar Training in physical and emotional symptoms corresponding to PTSD symptoms, such as headaches, stomach aches, body pain, insomnia, nightmares, fatigue, depression, anxiety and fear, strong emotions, loss of memory, and other symptoms. A second questionnaire assessed which body-mind-spirit practices the grassroots leaders used for their self-healing. A third questionnaire surveyed which body-mind-spirit practices the grassroots leaders had been introduced to their groups and how many of the participants had been utilized these practices. Additional questions assessed any positive or negative changes reported in the groups.

In Honduras, the questionnaires were administered a second time, after five months, at the time of the second Capacitar Training module as a follow-up measurement (Cane, 2000). In her report of assessments for Guatemala, El Salvador, and Nicaragua only the data from the first training was available. These data were not analyzed, but were partially integrated as participants' stories in the manual. Only the Honduras data collection was analyzed, since it was the most complete data set. For the quantitative part of the research, the sample consisted of 22 participants, with six members of that group participating in in-depth interviews, and six participants selected for the focus group. The sample consisted of popular educators, unionists/activists, prison personnel, psychologists and social workers, and indigenous local Mayans.

Cane's research findings from the questionnaires, in-depth interviews, and focus groups supported the thesis of a lessening of traumatic stress symptoms for the participants after their training in the Capacitar body-mind-spirit practices. The results showed that all participants' responses indicated a positive experience of their use of body-mind-spirit practices for grassroots people in her study. The quantitative results do not generalize well, and the limitations of the design that impacted that outcome will be discussed in a following paragraph, although results showed an overall tendency of reducing traumatic stress in people from the grassroots. Self-reports of the participants in regards to physical and emotional symptom changes showed a decrease in the majority of the traumatic stress symptoms mentioned in the foregoing paragraph. Participants recognized positive effects from the body-mind-spirit practices on their physical, mental, and emotional well-being, as was affirmed in their responses from the questionnaires, focus groups, and in-depth interviews.

Questionnaires and focus groups provided information about the participants' reports on the usefulness of the different body-mind-spirit practices that informed the development of the manual (Cane, 2000). Participants emphasized the need for a variety of practices in

order to have tools appropriate for working with different people and different settings. The participants confirmed the need for popular education material such as the Capacitar Manual and the lack of any previously extant examples of such material on a grassroots level. Participants suggested providing different levels of information in the manual: theory, practice, explanations, examples, testimonies, photos, suggestions for leaders, resources for further study, sharing of personal experiences, popular education methods, principles of team leadership, and culturally and spiritually diverse applicability.

Methodological limitations and delimitations, and a critique of Cane's (2000) research design and research findings follow here. The research design lacked randomization and a control group for data comparisons. The participants were self-selected or selected by their grassroots coordinator, which is a delimitation of the study. The type of trauma, the severity of exposure to the trauma, and pre-existing psychiatric conditions were not differentiated amongst the participants and might have acted as confounded variables. Additionally, factors such as gender, ethnic group, spirituality, religion, and socioeconomic status might have confounded the results. The self-developed non-standardized quantitative assessments lack validity and reliability examinations and, therefore, do not generalize as well as they might have had they been validated in a pre-study assessment. A theoretical framework for the mixed methods design was not developed. Qualitative procedures for data analysis of the qualitative part of the study and statistical analysis of the quantitative part of the research were not explained or reported. Findings have been presented only on a general level.

Cane (2000) suggested further validation of the Capacitar body-mind-spirit interventions cross-culturally. Longitudinal studies should examine the long-term impact of the Capacitar Training. Studies could focus on exploring the impact of one specific practice, such as Thought Field Therapy, and compare the results for that practice across different

Capacitar groups' training. Studies should look at specific populations such as staff in prisons, indigenous communities, political prisoners, torture survivors, refugees, abused women and children, youth and gangs, and senior women to develop specific popular education manuals. Further quantitative validation of the use of the Capacitar methods and its efficacy within the context of traumatic stress reduction, using pre-post assessments and measurement of physiological change, are indicated. Further research should focus on the integration of indigenous healing practices in popular education materials. The Capacitar Manual seems to be an invaluable contribution for grassroots people to support coping with and healing of trauma. Its holistic integrative approach needs further investigation and validation from interdisciplinary fields in addition to the present available research.

Research Findings of Other Body-Mind-Spirit Approaches for Traumatic Stress Reduction

The following section outlines relevant comparable body-mind-spirit approaches to healing trauma and enhancing well-being other than the Capacitar approach presented in the aforementioned section. The use and impact of body-mind-spirit interventions (Hess, 1997) has been studied extensively for (a) cardiovascular disease (Dusseldorp, van Elderen, Maes, Meulman, & Draij, 1999; Linden, Stossel, & Maurice 1996); (b) hypertension (Jacob, Chesney, Williams, Ding, & Shapiro, 1991; Schneider et al., 1995); (c) general pain syndromes (National Institute of Health Technology Panel, 1996); (d) headache (Haddock et al. 1997); and (e) fibromyalgia (Hadhazey, Ezzo, Creamer, & Berman, 2000). However, there exists a lack of research on body-mind-spirit interventions within the treatment of traumatic stress syndromes and cultural trauma. The following section describes three different body-mind-spirit interventions that have been applied within traumatized and disaster-affected populations in not only Western societies and showed some similarities with the Capacitar approach. They include the *Strength-focused and meaning-making approach*

(SMART), Yoga approaches such as *Art of Living Foundation* (AOLF), and *Mindfulness-based-stress reduction* (MBSR). However, the differences between the approaches are still substantial and the Capacitar approach remains being unique in its design and its application to the author's knowledge.

Strength-Focused and Meaning-Oriented Approach (SMART) for Traumatic Stress Relief

Chan, Chan, and Ng (2006) developed a body-mind-spirit approach as a clinical intervention to foster resilience and transformation in populations struggling in the aftermath of crisis. The strength-focused and meaning-oriented approach (SMART) presents a holistic view of health intervention based on Eastern philosophy and concepts drawn from Traditional Chinese Medicine (TCM) to address the physical, mental, and spiritual need of an individual. SMART has been developed for people in acute crises in populations with epidemic chronic illness and in response to the March 2003 Severe Acute Respiratory Syndrome (SARS) pandemic in Hong Kong. The SMART approach is guided by the principle that the mind and body constitute the synthetic whole of a person and integrates physical components such as Tai chi movements, acupuncture, breathing, and massage that can bring emotional changes and reflect a Chinese holistic view of well-being (Chan et al., 2006). Disease is understood as an imbalance of energies. Chan et al. describe healing as strengthening the individual's entire bodily system by restoring the harmony between different elements (internal organs) and systems (physical, psychosocial, and spiritual). In TCM, health and well-being result from a harmonious flow of qi (life energy) within the internal milieu of the person, and between the person and the external environment (Chan, Ho, & Chow, 2001). The SMART intervention model (Chan et al., 2006) attempts to foster healing by: (a) developing alternative meanings through Eastern spiritual teachings; (b) building strength through physical techniques such as tai-chi, qi-gong, Yoga, and meditation;

and (c) establishing new means of approaching healing through psychoeducation such as teaching the mind-body interconnection, emphasizing the potential of growth through crisis, enhancing an appreciation for nature, cognitive reconstruction of a new worldview, promoting social support, and enhancing compassion for the individual and others. Chan et al. (2006) emphasized a strength-focused perspective, which shifts the focus from pathology to strength and resilience (Saleebey, 1999).

Chan et al. (2006) conducted a study with individuals suffering from chronic disease during the SARS epidemic to investigate the SMART intervention outcomes. The SMART intervention was applied in a one-day workshop to 244 eighth grade students and 24 people with chronic diseases. Chan et al. report that participants became more willing to accept facts such as disasters, crime, war, and trauma as part of life after the intervention. For the participants from the Junior High School, the sense of social disintegration and loss of security decreased significantly. Findings were only reported in a general form. Assessments and data analysis were not made explicit in this study. In another study, Ng et al.'s (2004) research findings showed, in a study with a similar intervention with chronic disease patients, a significant decrease in the depressive symptoms and that the drop was sustained after one month, as indicated in a follow-up assessment. The findings showed an improvement of psychological states. Chan et al. (2006) assumed that improvements such as activation of self-confidence and inner strength were due to an increase of personal positive appraisal as a result of the intervention. Further research is needed to explore the impact and applicability of the SMART approach in various clinical settings after traumatic event exposure in diverse cultures. The SMART approach and the Capacitar approach show high similarities in applying the framework of an Eastern holistic health and healing paradigm and in combining body-mind-spirit practices, spiritual teaching, and psychoeducation. Further research could compare the impact of these two approaches across cultures. The SMART approach is, in the

knowledge of this researcher, the most comparable to the Capacitar approach. However, they differ in that the Capacitar approach (Cane, 2000) emphasizes popular education specifically for grassroots people and underprivileged communities.

Yoga Programs Applied for Traumatic Stress Reduction

Telles, Naveen and Dash (2007) conducted a quantitative study about the influence of Yoga for reducing distress in Tsunami survivors of the Andaman Islands. The participants received an eight-day course in Vivekananda Yoga: an integrated Yoga program combining practices intended to balance physical, emotional, intellectual and spiritual levels. Self-report assessments were taken for four symptoms: fear, anxiety, disturbed sleep, and sadness with 47 survivors in the Andaman Islands. Polygraph recordings of the heart rate, breath rate and skin resistance were made. Findings showed a significant decrease in the self-rated symptoms. Heart and breath rate decreased in the group of settlers from the mainland nations such as India (N=31), whereas the indigenous group (N=16) showed decrease only in the breath rate. Telles et al. proposed that the Yoga practice might be useful for psycho-physiological stress management following a natural disaster in people with widely differing social, cultural and spiritual beliefs. Limitations of Telles et al.'s field study include using an assessment with non-standardized measurements, non-randomization, and the lack of a control group.

Wills (2007) described the positive impact of Yoga on people suffering from PTSD. A world expert in the field of body-oriented traumatic stress studies, Bessel van der Kolk (2008), is currently researching the outcome of Yoga as an adjunct treatment of psychological trauma and offers Yoga classes at his trauma center. Van der Kolk (2002) suggested the integration of the body into the treatment of psychological trauma based on neuroscientific findings that show the imprint of the traumatic memory in the body and brain.

His idea has been to confront people's internal sensations with Hatha Yoga practices (Wills, 2007). Yoga might support such survivors in establishing a sense of time and in noticing change and flow inside the body, and appears to be a gentle and safe practice. The assumption has been suggested that relaxation and breathing techniques can help PTSD patients calm themselves down when realizing that flashbacks or panic attacks are arising.

The military is investigating Yoga's therapeutic potentials for veterans (Wills, 2007). A preliminary study at the Walter Reed Army Medical Center in Washington, D.C. with active-duty soldiers diagnosed with PTSD demonstrated a lessening of symptoms of depression and enhanced sleep after 12 weeks of Yoga Nidra, known as yogic sleep, a practice that promotes deep relaxation. At the Atlanta Veterans Affairs Medical Centers, studies are under way examining the effects of a combination of meditation, Hatha Yoga, and other techniques in treating veterans returned from Iraq. Additionally, two pilot studies examine the effects of Yoga treatment on PTSD symptoms through measuring the heart rate variability, and body awareness in traumatized adults (Van der Kolk, 2008). Van der Kolk and colleagues developed a Yoga protocol drawn from their experiences of the impact of Yoga on PTSD patients.

Richard Brown, an associate professor at the Clinical Psychiatry Department at the Columbia University teaches trauma survivors Sudarshan Kriya Yoga, Yoga and meditation practice created by the Indian spiritual master *Sri Sri Ravi Shankar* (Wills, 2007). Gerbarg and Brown (2005) examined the use of Yoga breath programs for emergency traumatic stress relief after the natural disaster Hurricane Katrina, based on the disaster stress relief program of the Art of Living Foundation (AOLF) founded by Sri Sri Ravi Shankar in India (Gerbarg & Brown, 2005). This Yoga program combines stretches, breathing techniques, meditation, group discussion, and psychoeducation. In their study, Gerbarg and Brown (2005) focused on four breathing exercises as an emergency intervention. More than 1000 New Yorkers

received free Yoga breathing courses two weeks after the terrorist attack on 9/11/01 and this continued for six months. Participants in case samples reported a significant decrease in traumatic stress symptoms.

Gerbarg and Brown (2005) collected preliminary data on the impact of the AOLP Yoga program in pilot studies, including reports from first responders, relief workers, news reports, and government documents, with the following results. In an open study with 46 patients with dysthymia, Gerbarg and Brown found a significant decrease of depressive symptoms. Furthermore they found in a randomized controlled study of 45 hospitalized patients with severe depression that the Yoga breathing intervention was almost as effective as psychopharmacological and electroconvulsive therapy. Gerbarg and Brown report that a waitlist controlled study with 2004 Southeast Asian tsunami survivors brought forward a significant decrease in scores for PTSD and depression after eight hours of yogic breath training. Additionally, a pilot study with Australian Vietnam veterans showed a reduction of chronic PTSD symptoms. According to Gerbarg and Brown (2005), a six-week study using breathing techniques and other mind-body interventions with high school students traumatized by the Kosovo war reduced PTSD symptoms. Gerbarg and Brown applied breathing techniques adapted for children that demonstrated rapid reduction in anxiety and depression. The children reported less tension and aggression, their sleep and their energy levels improved, and their positive self-image increased.

Anxiety, depression, and PTSD are associated with sympathetic nervous systems (SNS) overactivity or erratic activity and parasympathetic nervous system (PNS) under-activity (Gerbarg & Brown, 2005). Evidence suggests Yoga-breathing exercises normalize SNS activity and increase PNS activity. Gerbarg and Brown propose a neurophysiologic model demonstrating how Yoga and breathing methods might enhance the stimulation of the vagus nerve, which activates hypothalamic vigilance areas and increases

attention and alertness. Furthermore, vagal afferents stimulate the limbic system and forebrain, inducing joy, pleasure, and bonding. Combined effects on the limbic system, thalamus, and cortex might cause the responses of relief from trauma-related memories, emotions, sensations, and physiologic reactions (Brown & Gerbarg, 2005). Some precautions such as with pregnancy or contraindications such as comorbid medical and psychiatric illnesses apply to these breathing exercises. This Yoga program called Sudarshan Kriya Yogic Breathing (SKY) is available in most major U.S. cities and around the world. The preliminary findings from pilot studies and assumptions of Gerbarg and Brown's neurophysiological model need further investigation.

Brown and Gerbarg (2005) suggest that the SKY program that includes breathing exercises (pranayama), postures (asana), meditation, group discussions, and basic yogic knowledge is potentially beneficial as a low-risk adjunct for the treatment of stress, anxiety, PTSD, depression, stress-related medical illnesses, substance abuse, and rehabilitation of criminal offenders. SKY appears to be a complement to traditional psychotherapy and to be effective in reducing the need for antidepressant and anxiolytic medication. Studies of SKY may lead to more effective approaches for the treatment of PTSD. The SKY program requires a skilled and trained teacher for the safe and effective use of Yoga. Weekly programs and group support improve the compliance. SKY and AOLF and the Capacitar approach show similarities in their use of breathing techniques, body-mind-spirit interventions, and psychoeducation. Future research findings about SKY and AOLF could support the impact of those parts of the Capacitar practices.

Mindfulness Based Stress Reduction (MBSR)

Jon Kabat-Zinn et al. (1992) developed a mindfulness based stress reduction program (MBSR) based on principles of Zen Buddhism and Yoga. Mindfulness meditation constitutes

a core element of the program to help practitioners cultivate greater concentration and relaxation (Kabat-Zinn et al.). The MBSR program is designed for a broad spectrum of patients with both physical and psychological disturbances. The MBSR impact has been studied extensively. Segall (2005) presents an overview of research on MBSR with findings showing some efficacy for chronic pain relief, the treatment of anxiety, relapse prevention of recurrent depression, and for addressing addictions, borderline personality disorder, binge eating, PTSD, and stress-related medical disorders such as psoriasis. Mindfulness is suggested to improve the quality of life of cancer patients and traumatic brain injury patients, and to support immune system functions. Benefits have been suggested for increasing positive hedonic tones in non-clinical populations, reducing stress for professional caregivers, and promoting changes in brain function and structure. MBSR has been applied in populations ranging in age from children to elderly persons. Mindfulness refers to a state of kind and benevolent attention to all that arises in the mind (Wallach et al., 2007). Through mindfulness practice a person learns to partially decouple mental events and voluntary or involuntary actions, including physiological reactions (Wallach et al., 2007). MBSR is widely known and taught in an eight-week highly structured training program in mindfulness meditation, and its manualization makes it easy to replicate or implement (Wallach et al.). Participants benefit from these meditation techniques by learning how to move away from their daily cognitive preoccupation and to become more mindful of their total existence in the present moment (Chan et al., 2006). Studies of this program about its application with culturally and spiritually diverse traumatized populations are required. Aspects of the impact of MBSR might support the positive impact of the Capacitar approach, which needs further exploration.

The Interrelationship of Trauma and Healing

The following section presents a few directions of explanation relevant for a reflection on the body of knowledge about the complex interrelationship of trauma and healing based on a holistic perspective of healing as applied in body-mind-spirit interventions. The dimensions of trauma and the role of the body, spirituality and culture for healing are focused on in this research as they are particularly relevant for the co-researcher's life context. A lack of knowledge about these dimensions and their impact on healing exists due to the fact that these aspects are often ignored or excluded in empirical medical models of research. Within the scope of this paper a comprehensive overview of additional important factors such as cognitive and psychosocial aspects of trauma and healing cannot be covered. Furthermore, this section gives information on the relation of spirituality and mental health, and about the concept of the interrelatedness of culture, nature and mental health, as applied in the Capacitar approach. Holistic or alternative approaches to the treatment of psychological trauma, particularly body-oriented concepts of healing and the impact of culture, nature and spirituality and the concept of interrelatedness are dimensions that play a central role in the Capacitar (Cane, 2000) training program and therefore are important for the literature review of this study.

Individual Trauma, the Body and Healing

This section presents research about the relation of psychological trauma and its impact on the body and about the integration of the body into healing modalities, including neurobiological and neurophysiological approaches. The body of neuroscientific literature on psychological trauma is vast and within the scope of this study only culturally relevant findings can be shown.

Clinical experience with psychological trauma suggests that reconnecting with the body can provide access to emotional and somatic aspects of the inner self in order to facilitate emotional awareness, reducing dissociation and physical symptoms and improving psychological well-being (Fitch and Dryden, 2000; Herman, 1992; Levine, 1997; Ogden, 1997, Rothschild, 2000; Timms & Connors, 1992; Van der Kolk, 2002). According to Levine, the healing of trauma depends upon the recognition of its symptoms (Levine, 1997). Trauma evokes neurobiological responses that need to remain fluid and adaptive, not blocked and maladaptive. Levine suggested “dis-ease” (p. 37) as a continuum from mild uneasiness to debilitation. The maladaptation is not irreversible and can be restored, although when the trapped traumatic energies become chronic it can take a long time to restore the person’s equilibrium and health. Levine stated that in pathologizing trauma as disease, medicine tends to exclude the natural and creative process of healing that he assumes as innate in all human beings. Levine emphasized the importance of preventing trauma and the possibility of enhancing the individual’s resiliency as preventive health care. Furthermore, Levine suggested that the healing process could be an awakening to emotional and spiritual transformation. Levine expanded this potential for healing and transformation to a social and global level. Levine’s approach is based on his clinical practice and thus lacks clinical research supporting his theses.

Neurobiology of Trauma

Neurobiological research has shown that in people with PTSD (defined in Chapter 1), when they are repeatedly confronted with factors of the primary trauma, have psychophysiological reactions and neuroendocrine responses of *fight and flight* occurring as a conditioned response which leads them to react as if they were being *re-traumatized* (Van der Kolk, McFarlane, & Weisaeth, 1996). People with a chronic form of PTSD develop

abnormalities in the neurotransmitters that regulate arousal and attention (Van der Kolk, 2002). A normal stress reaction activates the increased secretion of both stress hormones adrenalin and cortisol. PTSD research has shown that people with PTSD have a low level of cortisol. An increased secretion of adrenalin and low level of cortisol aggravates an indiscriminate “fight or flight” reaction to arousing stimuli (Yehuda, 2002). In a state of high physiological arousal, emotional memories from previous states of high arousal are accessed and cause flashbacks and nightmares. This phenomenon is called state dependent memory retrieval (Van der Kolk). Rauch et al. (1996) found in their neuroimaging research that people who relive their traumatic experiences show a decreased activation of the *Broca's* area and therefore had difficulty putting their experiences into words. On the other hand, they found an increased activation of the limbic system and right hemisphere relative to the left hemisphere, resulting in re-experiencing the trauma and an inability to analyze what is going on in space and time (Rauch et al.).

Psychophysiology of Trauma

When a person perceives a life-threatening event, both mind and body mobilizes energy resources to prepare to fight or escape, in what is known as the “fight or flight” response (Levine, 2005). The blood circulation increases in the muscles and stress hormones such as cortisol and adrenaline are released. The autonomous nervous system such as the limbic system directs blood flow away from viscera and skin to the muscles to prepare for the *fight-flight-freeze response* (Rothschild, 2000). The somatic nervous system carries out the response such as positions, movements, and behaviors, through the skeletal muscles. In combination with proprioception, the somatic nervous system encodes traumatic experiences in the brain, as does the autonomous nervous system. When the life-threat diminishes, the discharge of energy from the body informs the brain to reduce the levels of stress hormones

(Levine). If this message to normalize is not given, the brain continues to release high levels of stress hormones, and the body persists in the “fight or flight” response. Another normal survival strategy in situations of injury or overwhelming situations is the “freezing response” or immobility response or numbness as a form of defense. The high release of stress hormones goes on and floods the brain and the body. According to Levine, trauma is primarily physiological. It happens initially in the body and mind, and then expands to affect the emotions and the spirit of the individual (Levine).

Research suggests that traumatic experiences can lead to the loss of an internal sense of wholeness (Janoff-Bulman, 1992). Damasio (1994) stated that body sensations underlie emotions and are the basis for consequences, deciding directions, and identifying preferences. He defined feelings as primarily giving information about the body and the cognition of visceral and musculoskeletal states.

Levine (2005) suggested that the *felt sense*, the term invented by Gendlin (1978) and defined and described in more detail in Chapter 1, could be a medium in the process of trauma healing. The felt sense is a non-linear bodily awareness of a situation or person or event as mental, emotional, and physical perceptions. The sensation has individual parts as well as a unified whole of experience. By creating a gestalt of close and distant sensations, the felt sense could support the integration of the traumatic experience. The unified sensations can bring information about how to transform the fragmentation caused by the dissociative process of living with trauma and integrate towards a completed gestalt (Levine). The postulates of Levine need explicit research investigation.

There exists a gap of knowledge about the impact of psychological trauma and holistic treatment modalities relevant for the U.S.-Mexico border mixed cultural populations. Little research is available on the impact of body-oriented treatment approaches in “non-White American” populations in the U.S.-Mexico borderlands. The findings from

neuroscience on trauma and healing seem important for a further development of holistic approaches for the transformation of individual and cultural trauma applied in diverse cultural settings.

Trauma, Spirituality and Mental Health

Previously in Chapter 1: Introduction of this research, the cultural-spiritual context of this study has been outlined, including indigenous healing practices and Mexican folk medicine, which are both connected to certain spiritual beliefs and religion. Therefore the factor of spirituality or religion and its role for healing and well-being constitutes an important factor related to the co-researchers of this study living in the U.S.-Mexico borderlands. Studies have shown that many people cope with traumatic or stressor events on the basis of their religious beliefs (Peres, Moreira-Almedia, & Nasello, et al., 2007). A nationwide study after September 11th in the U.S. showed the second common way of peoples' coping was turning to religion (prayer, religion or spiritual feelings) (Schuster, Pargament, & Brant et al., 2001). In cases of severe diseases such as HIV or cancer, research has frequently shown patients' using religion as a way of coping. When people become traumatized they often search for new meaning in life. Spiritual and religious beliefs and practices are prevalent in almost all cultures and therefore may have an important influence on how people cope with and interpret traumatic experiences. Hundreds of studies have investigated the relationship between religion and mental health (Peres et al., 2007). Investigations in the U.S. examined the influence of spirituality on mental health outcomes (Briggs, Apple, & Aydlott, 2004; Davidowitz-Farkas & Hutchison-Hall, 2005; Loy, 2004). Often it was found that higher levels of religious involvement were associated with greater well-being and mental health (Moreira-Almeida, Neto, & Koenig, 2006), also among trauma survivors such as major natural disaster. Negative religious coping is found as well (Smith et

al, 2006). There is a need for more far-reaching research into the impact of different forms of religious coping and psychological adjustment to stress. Furthermore, a gap of knowledge exists about the relationship between spirituality, psychological trauma and disaster in cultural diverse populations living in the U.S.-Mexico borderlands, such as Mexicans. Spirituality appears to play a role in the Mexican culture (Comas-Dias, 2006; Morones & Mikawa, 1992; Ruiz, 1997). However, no systematic studies across cultures or studies on Latin American populations about the relationship of spirituality, trauma and healing, are available. Recent scientific research suggests that religious or spiritual worldviews influence physical and psychological well-being (Davidowitz-Farkas & Hutchison-Hall, 2005). Similar investigations need to be conducted in diverse populations threatened by traumatic events or ongoing exposure to violence across cultures prevalent in the U.S.-Mexico borderlands and the impact of spirituality and religion. A comprehensive literature overview on the link of spiritual beliefs, healing and health cannot be presented within the limited scope of this paper.

Intercultural Trauma and Mental Health

The cultural background and the research location of this study were introduced in Chapter 1. The literature search showed a lack of knowledge on issues around research and theory on the relationship of culture and mental health, particularly focusing on the impact of trauma and approaches to healing of individual and collective trauma across cultures. A few examples are outlined in the following paragraphs concerning trauma and mental health across cultures and the impact of migration on mental health as relevant for the cultural context of this study with its diverse migrant population in the twin cities El Paso (Texas, U.S.) and Ciudad Juárez (Chihuahua, Mexico).

Based on a cross-cultural perspective (as defined in Chapter 1), Butcher, Coelho, Mosch, Tsai, and Nezami (2006) reviewed the complex question of the relationship between culture and psychopathology and suggested that there are cross-cultural similarities underlying personality dimensions. Good and Kleinman's (1985) classic research on the relationship between culture and adverse mental health outcomes suggested that some psychiatric diagnoses are present across cultures but sometimes with different emphases in the expression and intensity of symptoms. Other disorders, such as anxiety and acute distress reactions, may show more variation across cultures and high specificity within a cultural group (Good & Kleinman). Marin and Triandis (1985) found *allocentrism* (or group orientation, as opposed to individual orientation) to be an important characteristic of multiple Latin American nationalities.

Efforts have been made in the Diagnostic and Statistical Manual (American Psychiatric Association, fourth edition, 1994) (DSM-IV) to consider the relevance of culture in the assessment of mental disorders. The term "cultural bound syndromes" (DSM-IV-TR, 2000, p. 898) has been invented to address the influence of psychosocial, environmental, identity, spiritual, and acculturation problems; and to acknowledge their intercorrelation with gender and age (Butcher, Cabiya, Lucio, & Garrido (2007). Yet, Manson and Kleinman (1998) and Hays (2001) analyzed the limitations that persist on the integration of cultural factors in the DSM-IV-TR (2000) axiology. Culture-bound syndromes appear separately from the established diagnostic categories as an appendix in the DSM-IV, a situation that limits the application of these syndromes. A number of authors have cautioned clinicians to evaluate clients who are immigrants in the U.S. on levels of adaptation and acculturation to the new, complex culture (Butcher et al., 2006; Padilla, 1991; Velasquez, Maness, & Anderson, 2002).

Comas-Diaz and Grenier (1998) pointed out that many immigrants (especially immigrants of color) become ethnic minorities in the U.S. and are likely to experience discrimination that might increase the risk for adverse mental health outcomes. The risk of adverse mental health impact due to traumatic border crossing, poverty, racism, marginalization, disease due to environmental contamination, interpersonal violence and community violence might play a role in this research with women from both sides of the U.S.-Mexico borderlands (Pat Cane, personal communication, July 28, 2008).

The fact that Mexico, as a third world country, shares the border with the U.S. has created one of the most multifaceted clusters of the world, including socioeconomic and cultural impediments to well-being (Ruiz-Beltran & Kamau, 2001). Culture as a barrier for integration faces several challenges. The disparities of access and utilization of health services along the border are excessively linked to political agendas, where factors such as lack of language skills or education are secondary. The *Maquila industries* and *NAFTA*, as well as drug and human trafficking, the femicide in Ciudad Juárez, and thousands of daily border crossings of documented and undocumented migrants contributed to such inequalities. Ruiz and Kamau suggested the need for the development of binational partnerships for providing basic health services and trans-boundary health coverage.

Del Castillo (2007) conceptualized the undocumented immigrant as a human person and yielded the practice of social citizenship by undocumented immigrants through their creation of community in the host country. For instance Mexican immigrants have for generations built community and practiced citizenship. Attention to global interconnectedness and discourse on the borderlands can enhance a global, transnational defense of undocumented immigrants through acknowledging the human person and human rights (Del Castillo). Del Castillo coined the term “social citizenship” to express the necessity of standards of civil society, nationhood, and national borders, beyond the state level, which

she called “postnational citizenship” (p. 93). Postnational citizenship is seen as the practice of creating community and the utilization of social rights in the host country, based mostly on informal local activities. Unauthorized immigrants reproduce cultural and social citizenship particularly through the creation of survival strategies in the host country, such as cultural norms, resources, institutions, and informal networks. The risk of adverse mental health outcomes due to traumatic border crossings, poverty, marginalization, interpersonal violence and community violence may play a role in this research with women of diverse cultural and spiritual descent living in the El Paso-Ciudad Juárez region in the U.S.-Mexico borderlands, but may also involve informal cultural and community resources that can contribute to resiliency and well-being.

In times of globalization, multiculturalism and interconnectedness, the impact of politics, economics, and other social issues on the human psyche require re-evaluation (Droždek, 2007). The interaction between the outside world and the individual needs to be in focus to better understand illnesses and health. The influence of history and politics on health has been overlooked in Western psychiatry. Furthermore, collectivistic societies in comparison to Western individualistic societies, a difference described in the prior paragraphs, rely on larger systems than individual action and demand a broader perspective of investigation. A considerable amount of knowledge about mental health problems has been produced, however the “big picture” (Droždek, 2007, p. 1) of contextual thinking of mental health issues lacks investigations. Contextual or systemic thinking approaches assume problems as interconnected and interdependent, and cannot be understood in isolation. The whole is more than its mere sums of parts, and the connection between the parts and the whole contribute new and distinct characteristics to the whole. Systemic thinking is contextual as opposed to analytical thinking. The mechanistic, reductionist perspective emphasizes the parts, whereas a contextual viewpoint focuses on the whole that goes back to

approaches from ancient times. Contextual thinking makes scientific knowledge more complex. The systemic paradigm acknowledges a limited and approximate knowledge in contrary to scientific certainty of the mechanistic paradigm. The Western industrial culture overemphasizes rational over intuitive thinking, analysis over synthesis, reductionism over holism, and linear over nonlinear thinking (Droždek). Within the scope of this study, I cannot go into the history of systems theory, but point to the importance this perspective holds to conduct further research into understanding the complex relationships of culture, trauma and mental health. Culture and trauma are intertwined, universal in occurrence, and stipulate interactions from culture related to healing, treatment and intervention. How culture influences health, mental health, psychological trauma and PTSD, is multidimensional, as well as some universal phenomena are assumed based on research shown in the prior paragraphs. The core symptoms of posttraumatic reactions seem to be more similar than different across cultures. Eisenbruch (1991) described the phenomenon of “cultural bereavement” within the complexity of trauma in refugees. It consists of factors such as loss of home, material possessions, social networks, and the sense of social and spiritual belonging and connection to land, its symbols, and its people. Anthropologist Young (1995) assumed the diagnoses PTSD as just one phase in a dynamic process of individual adaption on adversities in life, and not as a final well-defined problem. Summerfield (1997) pointed out the danger of imposing Western PTSD concepts on post-war non-Western victims that he sees as cultural colonialism. The PTSD concept (defined in Chapter 1) has to be broadened and incorporate contextual problems of ethno-cultural and societal aspects. Furthermore, it is important to expand intercultural trauma treatment and include traditional, cultural-bound healing methods in order to meet the needs from the clients from different cultures. Another important aspect is the need for a shift from a focus on pathology towards health and well-being, including raising awareness for the client’s potential for self-empowerment, and

to foster coping and resilience (Droždek). These foregoing described aspects have been integrated and put into practice in the Capacitar (Cane, 2000) approach. The link to refugee's studies as mentioned above, as well as the field of migration studies and studies about adaption in relation to trauma, healing and health play an important role in this study. Nevertheless, these aspects cannot be covered comprehensively within the scope of this paper. Explicit studies relevant to U.S.-Mexico borderlands populations could not be located to the knowledge of this researcher.

The Concept of Interrelatedness and Healing

The Capacitar approach (Cane, 2000) includes in its training practices the postulate of the importance of embracing our relation to nature and the environment, based on the assumption of interrelatedness. Furthermore, an emphasis on community outreach is embedded through teaching the healing practices with the goal of multiplication and sharing with others in order to support not only the individual healing process, but also the healing of the community and the environment. Capacitar's perspective of interrelatedness draws on the concept of psychologies of liberation (Watkins & Shulman, 2008), which focuses on the community and environmental dimension of psychology and of trauma and healing, with the idea that transformation of awareness brings about social change, an approach described in Chapter 1: Cultural Rationale. Furthermore, the concept of interrelatedness is embedded in the philosophical framework of transpersonal psychology, as outlined in detail in the methodology section of Chapter 3. The approaches of liberation psychologies and framework of transpersonal psychology overlap to some extent, particularly in their assumptions of interrelatedness and of sustaining life (Mary Watkins, personal communication, February 16, 2012).

Shulman & Watkins (2002) suggested that the term *practices of liberation psychologies* be understood in an inclusive way that encompasses concepts and practices from, for example, liberation theology and psychology in Latin and Central America (Freire, 1997; Martín-Baró, 1994), from the African diaspora (Belenky, Bond & Weinstock, 1997) or engaged Buddhism in Southeast Asia (Eppsteiner, 1988). All these concepts are rooted in the understanding that the liberation of self is co-dependent on the liberation of others. Individual well-being is assumed as intertwined with community, ecological, and collective well-being. The practices are dialogical and participatory. Liberation psychologies focus as much on “others” as on “the self”. The concept promotes openness to the future. Giroux (1991) described such a stance as “border crossing”, seen as a mindful step outside the comfort zone of our structure of culture and theories and our relationships to others. The community aspect of liberation psychologies also includes questions about *unwitnessed* individual and collective trauma such as “What intergenerational silences of the past have we inherited? Where has the cognitive frame we are using been simply too small and fragmented to witness what is happening around us?” (Shulman & Watkins, p. 14). Whole societies might not be able to express coherently traumatic experiences of their history. It requires an “awakening to a traumatic gap that exists as a norm in ourselves and our communities” (Shulman & Watkins, p. 15). Taking responsibility for such awakening implies dialogue, listening, and participatory action and research.

Practices of healing reflect their own cultural context, which may or may not address aspects of culture that increase suffering (Shulman & Watkins, 2002). Healing practices evolve out of routines of normalization that are challenged regularly by life circumstances in every cultural environment. Practices of liberation psychologies raise awareness for the restoration of liberation. Such an open awareness changes the way we see the world, the way we understand ourselves, and how we take action. The focus is on the restoration of both the

individual and culture. Shulman & Watkins (2000) suggested the process of “creative restoration” (p. 16) that provides a healing context and restorative work rooted in love and care in a human and spiritual dimension. It is this stance that the Capacitar approach explicitly puts into practice, seemingly successfully within communities around the world. The concept of interrelatedness and the application of “creative restoration” based on an intention of love and care merits further research exploration in diverse cultural-spiritual settings. To the researcher’s knowledge, no particular research on intercultural trauma and interrelatedness relevant to the co-researchers’ cultural-spiritual and life context exists: another gap in the knowledge base.

Epidemiology of Individual and Community Trauma

This section gives an overview of the literature review on psychological trauma as pertinent to the co-researchers of this study who are potentially being exposed to different forms of trauma and PTSD (defined in Chapter 1) and Capacitar’s focus on trauma healing for its participants, which potentially “attracts” individuals with a personal and professional background related to trauma. Again, a gap in knowledge has been located by the literature search, to the researcher’s knowledge, regarding research on diverse cultural populations of the U.S.-Mexico borderlands and in Mexico.

Individual Trauma and PTSD

Extensive epidemiologic knowledge of trauma and PTSD exists due to landmark studies such as the National Comorbidity Survey (NCS) (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995), the National Women’s Study (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993) in the United States, and other large-scale epidemiologic studies in Canada

(Stein, Walker, Hazen, & Forde, 1997) and Australia (Creamer, Burgess, & McFarlane, 2001), which cannot be presented within the scope of this literature review.

However, there exists a lack of knowledge on people of Mexican and Mexican-American descent living either in Mexico or in the U.S. The literature search showed a few studies, whose descriptions follow here. Epidemiologic research on the relationship of violence and adverse mental health outcomes in Mexico documented the risk of major depressive disorder, substance abuse disorders, and other anxiety disorders (Vega et al., 1998). Durkin's (1993) study appears as the first cross-cultural study on PTSD in the Americas, comparing PTSD prevalence rates in California and Chile. The study showed higher rates of PTSD in Chile than in California. However, lifetime rates of PTSD did not differ significantly between non-Mexican and Mexican participants according to the National Comorbidity Survey (Kessler et al., 1995). The first studies on violence and PTSD in Mexico were carried out by Norris et al. (2001); Norris, Perilla, and Murphy (2001); Norris et al. (2003); and Baker et al. (2005). The qualitative analysis of Norris et al. (2001) on posttraumatic stress symptoms among Mexican victims of disaster supported the relevance of PTSD for that population in those circumstances, but additionally found three clusters of symptoms as relevant, specifically *ataques de nervios* (an idiom describing episodes of acute emotional upset) (Guarnaccia, Rubio-Stipec, & Canino, 1989), depression, and somatic complaints (Norris et al., 2001). Norris, Perilla, et al. (2001) cross-culturally tested the multi-criterion conceptual model of PTSD in the U.S. and Mexico after a natural disaster. The results showed that modeling PTSD as a unidimensional construct masked culturally specific differences in symptom severity, which were found when severity of trauma was controlled in the study. The Mexican sample was higher in intrusion and avoidance symptoms (DSM-IV-TR, 2004, criterion B and C, p. 463), and the U.S. sample was higher in intrusion and arousal symptoms (DSM-IV-TR, 2004, criterion B and D, p. 463). These

findings support Marsella, Friedman, and Spain's (1996) hypothesis that intrusive thoughts may transcend cultural specificity, whereas avoidance, numbing, and hyperarousal may be determined by cultural affiliations. Norris et al.'s (2003) study was the first research to assess the epidemiology of trauma (other than from natural disaster) in Mexico. Results in the Mexican population showed lifetime prevalence of 76% exposure and 11% PTSD outcomes (Norris et al., 2003, p. 646). Within the prevalence of 11% as suffering from PTSD, 62% were found in individuals in a chronic form (Norris, et al., 2003, p. 646). Only 42% of the population with PTSD received medical or professional care (Norris, et al., 2003, p. 646). Risk for PTSD was highest for persons of lower SES and for women. Chronic PTSD was highest in the aftermath of sexual violence, but nonsexual violence and traumatic bereavement had a greater overall impact on general health (Norris et al., 2003). Baker et al. (2005) conducted another study on violence and PTSD in Mexico that yielded findings similar to those of Norris et al. (2003). Baker et al. (2005) emphasized the need for epidemiologic data from Latin America to develop culturally sensitive assessment, prevention, and intervention programs. Additionally, there is a need for longitudinal studies with multiple measurements to examine how effects and prevalence rates change over time (Norris, 2006). Such longitudinal estimates are essential for building knowledge about the factors under which traumatic events affect mental health (Norris, 2006). Norris et al. (2002) suggest that further areas of research include the exploration of factors that foster resilience or impede recovery for the individual, for the family, and within community processes.

The limitations of the foregoing findings are in the cross-cultural comparison of symptoms based on the Western diagnostic criteria of PTSD. There is little knowledge as to how well the PTSD construct, which is based on Anglo-European studies, matches Latin American peoples' own constructions of trauma and its effects (Hough, Canino, Abueg, & Gusman, 1996). Comparative studies are needed to distinguish culturally specific from

culturally transcendent expressions of distress (Green, 1996; Marsella, et al., 1996; Norris, Perilla, et al., 2001) in order to investigate both the cross-cultural applicability and cultural diversity of PTSD. To uncover native constructions, the study of posttraumatic stress from a within-culture perspective (Guarnaccia, Rubio-Stipec, & Canino, 1989; Mollica et al., 1992) is as important as culturally comparative studies.

In my consideration of the foregoing research findings, I chose not to assess traumatic stress symptoms as based on a Western concept with the co-researchers of culturally and spiritually diverse descent potentially exposed to different forms of traumatic events. Rather, this research investigated qualitatively any kind of disturbances that may be present for this population through the exploration of subjective experiences of change in the co-researchers. Furthermore, Capacitar does not apply diagnostic criteria in their application procedures as explained in Chapter 3: Methods, Data Collection; and in Appendix A: Capacitar Training Application Form.

Interpersonal Violence and Communal Violence

The following section explicates literature on the prevalence of violence in the U.S.-Mexican border region as relevant for the population of this study and the co-researchers' potential life experiences and ongoing exposure to violence. The literature search has not located specific research on populations living in the U.S.-Mexico borderlands in relation to interpersonal violence and community violence. General findings in the U.S. emphasize the risk of exposure to multiple forms of violence (Dennis, Key, Kirk, & Smith, 1995), particularly community violence for low-income environments (Farrell & Bruce, 1997; Overstreet & Braun, 2000) and women as the primary victims of partner violence (Huang & Gunn, 2001). Data about adverse mental health outcomes associated with exposure to multiple forms of violence are lacking, and, therefore, the understanding of the complexity

is limited (Brown et al., 2005). Commonly found trauma symptoms in populations exposed to partner violence in the literature been reviewed were depression, anxiety, self-doubt, and confusion (Hague & Wilson, 2000). Saunders (1994) showed in his study that the majority of women in domestic violence programs met criteria for the diagnosis of PTSD. PTSD symptoms, such as a sense of foreshortened future, intrusive images of the trauma, and hypervigilance magnify the women's perceptions of having no alternatives and of hopelessness (Brown, et al., 2005).

There has been much research on the effects of domestic violence against women; however, little research has examined cultural differences between Latin American or South American women and non-Latin-American women in the U.S. regarding domestic violence (Goldberg-Edelson, Hakoda, & Ramos-Lira, 2007) or in Mexico. Latin American women might minimize domestic violence, not considering it as a problem that requires help, and, therefore, might stay longer in abusive relationships to protect the family's privacy, based on cultural beliefs and values (Torres, 1991). They are socialized with the value of the importance of the family, the belief that males are entitled to dominance and control within the family and that females are to serve as caretakers for the family (Perilla, Bakerman, & Norris, 1994). Watkins (personal communication, January 09, 2009) witnessed female participants in a substance abuse and domestic violence program in Chiapas (Mexico) who confessed a clear relationship between state corruption, greed, unemployment, and low self-esteem in men, which led to frustration, substance abuse and domestic violence. Women and children were at the end of a long chain of structural violence. Goldberg-Edelson et al. (2007) found in their study that Latin American women in the U.S. who had been victims of domestic violence had significantly higher adverse mental health outcomes related to measures of trauma, depression, self-esteem, and attribution style that did non-Latina American women did. Cultural differences might partly account for these findings (Goldberg

et al.). A lack of data exists in research across cultures on adverse mental health outcomes after trauma and the joint impact of the frequency of trauma, gender, socioeconomic status (SES), society, culture, and environment (Norris, Murphy, Baker, & Perilla, 2003) in the general populations from poor or economically developing countries (de Girolamo & McFarlane, 1996).

The literature review brought forward the complexity of the interrelationship of trauma and healing and the deliberate lack of knowledge particularly on cultural diverse “non-White American” populations living in the U.S.-Mexico borderlands. Efforts of further research into this field are urgently required to enhance an understanding of trauma and healing in communities of the U.S.-Mexico borderlands. A concluding summary follows next.

Summary of Chapter 2

The literature review presented relevant knowledge to enhance the understanding of the potential impact of the Capacitar body-mind-spirit practices training for traumatic stress relief and the transformation of community trauma. The Capacitar approach has been compared to a few other approximately similar body-mind-spirit approaches for healing including the *Strength-focused and meaning-oriented approach* (SMART), which appeared in a way to be closest to the Capacitar approach incorporating psychoeducation, meditation, breathing and movement. Approaches based on Yoga have been shown, and the concept *Art of Living* (AOLF) appeared to be similar in the way of using Yoga practices for individuals and outreach to communities after trauma and disaster. However it has not the explicit psychoeducational piece about trauma and healing as has Capacitar and the Strength-focused and meaning-oriented (SMART) approach. The method of *Mindfulness-based-stress-reduction* (MBSR) has been shown, a well researched adjunct

intervention to psychotherapy in Western societies, using meditation and breathing and psychoeducation. However, it does not have the multiplicatory emphasis and has not been explicitly applied across cultures, including non-Western cultures. Overall, none of the other body-mind-spirit approaches showed such an engagement with the emphasis on healing self and other, including the outreach underprivileged communities around the world. The multiplicatory focus and the diversity focus, such as the 35 countries where the Capacitar approach has been applied so far and the many languages the training and manual has been translated, seem to be unique to the researcher's knowledge. The Capacitar communities spin a worldwide web, which can be seen as a network of global social change and healing movement. Overall, based on a gap of knowledge, further research into the impact of body-mind-spirit practices for transforming individual and community trauma is required.

Findings from neuroscience support the integration of the body into healing modalities. Research on the relationship of spirituality and health shows positive mutual influences of those aspects to a person's wholeness. The influence of culture on mental health has been discussed from a perspective of cross-cultural psychology, cultural psychology, and psychologies of liberation, emphasizing the concept of interrelatedness and outreach to the oppressed. The literature review has revealed research gaps in the epidemiological knowledge of psychological trauma for the diverse in the U.S.-Mexico borderlands.

A transpersonal philosophical perspective as been applied in this research, which acknowledges that dimensions of body, mind, spirit, and environment can expand the conventional clinical framework for the treatment of psychological trauma and cultural trauma. Body-mind-spirit interventions, such as the Capacitar approach and other interventions presented in this chapter, which draw on such a transpersonal holistic integrative perspective of health and healing, encompassing the individual and the

community can serve as a valuable adjunct trauma approach to a medical Western model of healing and can also be integrated into indigenous healing concepts.

The foregoing described gaps in the existing literature, implying the need to research the body-mind-spirit intervention of Capacitar International with women of cultural diverse descent potentially exposed to ongoing femicide, violence, poverty, marginalization, and discrimination through living in the El Paso-Ciudad Juárez region in the U.S.-Mexico borderlands. In the understanding of this researcher, the Capacitar approach fully integrates a holistic perspective, including not only the imperative of restoring the body-mind-spirit unity of the individual, but, just as importantly, emphasizing the need for the healing of the family, community, and society, including nature and spirituality, based on the assumption that traumatic experiences affect the whole system in which one lives. Capacitar puts into practice the concept of *ubuntu* (Cane, 2000). *Ubuntu*, or community building, includes the understanding that one has membership in a greater whole (Anderson & Braud, 2007) and implies that the individual is diminished when others of the community are humiliated or oppressed (Shulman Lorenz & Watkins, 2001). The concept of *ubuntu* creates a basis for this research, as made explicit in Chapter 3: Methodology.

The Capacitar Training in body-mind-spirit practices is an inexpensive “dissemination modality” to transforming and healing individual and communal trauma through the multiplicative approach of teaching body-mind-spirit practices. The social benefit is in its outreach to grassroots people and underprivileged, underserved communities, mainly in developing countries around the world, and in the presentation of its education and training manual as couched in popular language and awareness for cultural terms. Research on body-mind-spirit interventions that include the spiritual dimension, an ecological perspective, and culture can add ontological and epistemological breadth to the transformation of individual and collective trauma within scientific fields such as

transpersonal and cultural psychology, clinical psychology, complementary alternative medicine and embodied phenomenology as research methods.

Traumatic events and experiences can profoundly affect the body-mind-spirit integrity of the individual within the social and communal context and may predispose one to either greater resilience or greater vulnerability to life stressors such as interpersonal, social, political, and environmental stressors (Miller, 2007). The science and practice of psychology needs to prepare for trauma and critical health-related issues in the 21st century of global change. The psychology community must work together from a global perspective of interdisciplinary professional dialogue that includes a holistic conception of human nature with its dimensions of body, mind, spirit, culture/society and nature to face the needs of the 21st century.

CHAPTER 3: METHODS

This chapter presents the methodology and method of this research as outlined in the following sections. Firstly, the research question is stated, followed by the description of methods applied in this study. The methodology is based on a philosophical framework of transpersonal psychology (Braud & Anderson, 1998). The research method draws from embodied phenomenological psychological inquiry (Todres, 2007). The credibility of qualitative research and ethical principles are discussed. Information about my field experiences and information about the co-researchers is given. Data collection, data analysis procedures and different ways of data representation are delineated. The chapter is concluded with a summary.

Research Question

The central research goal was to explore the impact of the 7-month-long Capacitar Training (Cane, 2000) in body-mind-spirit practices for individual healing and community healing of trauma with women of culturally and spiritually diverse descent who are being exposed to the ongoing violence and crime in the borderlands of El Paso, Texas, United States (U.S.) and Ciudad Juárez, Chihuahua, Mexico. The central research question investigated the following research phenomenon: “What are the embodied experiences of change as a result of the Capacitar Training in body-mind-spirit practices for transforming trauma with women of culturally and spiritually diverse descent who are exposed to the ongoing violence and crime in the U.S.-Mexico borderlands of El Paso?” The coresearchers’ experiences of changes were explored on multiple dimensions. The terms in the phrase “embodied experiences of change” have been defined in the introduction of Chapter 1: Embodied is understood as “the lived body of experiences,” which is related to language; and

change refers to the experience in which a person becomes different or undergoes a transformation. Additional information has been collected including narrative reports of the co-researchers' life experiences in the U.S.-Mexico borderlands and evaluative comments of the co-researchers' experiences with the Capacitar Training.

Methodology: Philosophical Framework of Transpersonal Psychology

This research is drawing from a general philosophical framework of transpersonal psychology (Braud & Anderson, 1998) and embodied phenomenological psychological research (Todres, 2007), which both as fields of research honor human experience in as full and transformative an expression as possible. Additionally, the cultural rationale of this research has been presented in Chapter 1 and 2 based on the concept of liberation psychologies (Watkins & Shulman, 2008), which is not repeated or expanded on in this chapter.

Transpersonal research includes the exploration of mystical and unitive experiences, personal transformation, meditative awareness, experiences of wonder and ecstasy, and alternative states of consciousness (Anderson, 1998). Anderson and Braud (2007) proposed a transpersonal vision of research based on the African philosophy and way of life called Ubuntu, with its core expression "I am because we are, we are because I am" (p. 1)—each is incomplete without the other (Braud, 1992). Such a transpersonal vision of research expands from personal growth and transformation of the individual to communal and global transformation. Transpersonal psychology investigates experiences and processes that go beyond the personal or individual (Anderson, Braud, & Valle, 1996). The transpersonal approach seeks to learn how people can integrate the somatic, emotional, intellectual, spiritual, creative, and expressive, relationship, and community aspects of their lives with the goal of becoming more whole (Anderson, Braud, & Valle, 1996). The transpersonal

researcher investigates thoroughly the phenomenon under study by exploring it carefully from many perspectives with the goal of gaining a more complete understanding (Braud & Anderson, 1998).

Significant life processes such as healing and transformation have been systematically excluded from conventional research (Braud & Anderson, 1998) within the academic discourse of 19th-century positivism and 20th-century behaviorism, and from cognitive science in the field of psychology (Anderson & Braud, 1998). Such exclusion may lead to a lack of new and nourishing forms of knowledge and experiences. The goal of an embodied transpersonal research approach is to address all aspects of human experience, including the most sensitive, exceptional, and sacred experiences, and thereby to expand the conventional framework of scientific research. Such an embodied transpersonal conceptualization of research includes complementary, non-experimental methods that acknowledge alternative ways of knowing and of expressing the research findings.

Standardized measures that include all of the following dimensions—body, mind, spirit, society, culture, and nature—have not yet been developed (Caplan et al., 2003). Therefore, the use of a qualitative research approach to these questions is important in order to reveal the complex and subtle variables of human experience (Braud, 2001) on the aforementioned dimensions. Qualitative method is viewed as an interactive process that is primarily descriptive and relies on people's experience as the primary data (Marshall & Rossman, 1989). The researcher's role is to gain a holistic overview of the research subject, attempting to capture people's perceptions of their own reality in their local context (Braud, 1998a). Research into human experience depends upon how the experience is observed, and different methods reveal different aspects. Braud (2001) described the investigator as the "measuring instrument" (p. 2) in qualitative research and emphasized that the success of the research depends upon attitudes of the researcher such as presence, clarity, mindfulness,

discernment, and thoughtfulness. This researcher applied the aforementioned attitudes as much as she was capable of doing so throughout the research process.

Pluralistic Epistemology and Ontology

Braud and Anderson (1998) stated that knowing (epistemology) and being (ontology) are co-constitutive: “We can perceive and know only that for which our sensitivities have prepared us, and these sensitivities depend on aspects of our being” (p. 22). They describe the interdependence of epistemology and ontology as an “endless co-creative, dialogical dance” (p. 22), noting that, as in the words of C. G. Jung (1965), “There is no linear evolution; there is only circumambulation of the self” (p. 196). What a person learns and becomes, is assumed as influenced by all others.

Ibn Al Arabi (1981), the Arab Mystic of Al-Andalus—philosopher, poet, sage, and one of the world’s great spiritual teachers of the 12th and 13th century—described three methods of gaining knowledge: first, through receiving information, such as the knowing of a fruit through reading; second, through gaining experience, such as knowing a fruit through experiencing its qualities; and, lastly, through being, such as consuming and assimilating the fruit into one’s being. In the same century as Ibn Al Arabi, the medieval citizen of Latium (equivalent of today’s Italian citizen), Saint Bonaventura (John of Fidanza), Franciscan theologian and mystic (1259/1953), described three ways of being and suggested three levels of tapping into modes of knowing, using the metaphor of three eyes of knowing: (a) eye of the flesh (physical and sensory realm), (b) eye of the mind (mental realm of ideas, thoughts, and images), and (c) eye of the spirit (transcendental/spiritual realm). Braud (1998a) states that the typical researcher observes the world through only the sensory mode of perception, typically restricted to visual and auditory information. Research should expand the levels of exploration by using other ways of knowing. This researcher utilized the previously

described three ways of accessing knowledge (of Bonaventura and Ibn Al Arabi) throughout the research process.

Furthermore, this research draws upon tacit knowing (Braud, 1998a). The term *tacit* derives etymologically from Latin: *tacitus* for silent, from the past participle of *tacēre* for to be silent (Merriam-Webster online). *Tacit* is defined as “expressed or carried on without words or speech” and as “implied or indicated (as by an act or by silence) but not actually expressed” (Merriam-Webster online). Moustakas (1990) describes the tacit capacity as “sensing the unity or wholeness of something from an understanding of the individual qualities or parts” (p. 20), as based on Polanyi’s (1966/1983) aphorism that knowledge is partially tacit and that, therefore, “we can know more than we can tell” (p. 4). This researcher emphasized the revelation of the tacit dimension. Moreover, the use of the *felt sense* (Gendlin, 1997a) as defined in Chapter 1: Introduction, constitutes my central *bodily tool* to guide the research process as an essential part of seeing the wholeness or unity in the phenomenon being studied, and to tap into the implicit beyond the visible.

The goal of the researcher was to approach this embodied transpersonal inquiry as whole and inclusive as possible in all stages of the research process (Braud, 1998b). Assumptions in the research process were continuously questioned to enhance more flexible and creative thinking. Using an embodied dialogical pluralistic epistemology and ontology, I included in my resonances and reflexivity the assessment of the phenomenon, the information from my bodily reactions, imagery, emotions and feelings, intuitions, aesthetic sensibilities, and cognition while engaged in the research process. Furthermore, based on the choice of a pluralistic epistemology, I kept a journal to collect information about my personal process during the entire dissertation period and included within it events in my life, both ordinary and extraordinary experiences, for additional information. The research process is

assumed as relational, dialogical, intersubjective, and co-creative (Finlay, 2009a) and therefore I name the participants of this research co-researchers.

Method: Embodied Phenomenological Inquiry in Psychology

This section explicates the method of *Embodied enquiry* (Todres, 2007), which is based on embodied phenomenology in psychology as applied in this research. This embodied phenomenological re-search is grounded in a philosophical paradigm of *post-postmodern postphenomenology* (Finlay, 2009b), which is outlined below in order to locate this study in a comprehensive way. Evaluation criteria for qualitative research and ethical principles are demonstrated. The field experience and data collection are described. The delineation of data analysis procedures comprises a summary of phenomenological principles such as dwelling (Finlay, 2011), bracketing (Giorgi, 2009) and bridling (Dahlberg, Dahlberg, and Nyström, 2008), imaginative variation (Giorgi, 2009) and aesthetic embodied interpretation (Todres & Galvin, 2008; Galvin & Todres, 2009). The data representation and relevant audiences are characterized, and delimitations and limitations are detailed.

Post-Postmodern Paradigm in Phenomenology

This study is based on a post-postmodern phenomenological paradigm. Finlay (2009b, 2011) suggested the use of term *post-postmodernism* to explicate a move beyond the modernist-postmodernist divide. Postmodernism is associated with a deconstruction of language and lived embodiment, seen as changeable referents, which does not allow for meaning-making of texts and leads to intertextual representations. Within a post-postmodern or feminist/alternative paradigm, phenomenology can serve to expand boundaries and move beyond deconstruction through explorations of authentic selves and universal phenomena of

lived experiences. Through a multi-voiced reflexive form of phenomenological approach to data representation, the multiplicity of embodied experiences can be taken into account that Ihde (1993) called *postphenomenology*. Gendlin (2004) proposed to overcome the split of modernism and postmodernism through openness to the more than categories that Finlay (2009a) called *empathetic open presence* and Dahlberg, Dahlberg, and Nyström (2008) named *vulnerable engagement* as phenomenological attitudes. The *more* implies experiencing beyond categories and language. Instead of a *borderline* between modernism and postmodernism, I suggest acknowledging *borderlands* of embodied experiences that are on neither the one nor the other side of the modern-postmodern border. Rather, I propose understanding borderlands of human experience as not distinct, as a post-postmodern open space of carrying forward the implicit aspect of experiencing (Gendlin, 2004) that allows for a *re-complexifying* of our lifeworld beyond division, which I call a place of ‘not-knowing’ and wonder. Some considerable time ago, Gendlin advocated already 1973, such a post-postmodern phenomenology as being an experiential interrelated process:

We cannot study experience as it is when its not studied; we cannot state it as it is when it is not stated. What we can do is to study it in the process of being stated. From this new approach we take our standpoint neither in statement, nor in an experience that we can say nothing about. Rather, we study both experience and statement as they occur in the process of affecting each other. (p. 291)

Experience is understood as interplay of the history of the body, culture and situations, partly expressed through language. Explications of their interrelationships carry their processes forward. What is important about the explication is how the statement relates and affects the experience being described. It is precisely such a post-postmodern experiential phenomenological paradigm that I draw on.

The Method of 'Embodied Enquiry'

It is beyond the scope of this section on method to relate to the extensive history of phenomenology. However, the work of Buber (1983/1995), Gadamer (1960/2010), Gendlin (1973, 1992, 1997a, 2004), Giorgi (2009), Heidegger (2000, 2006), Husserl (1977/1996, 1997), and Merleau-Ponty (1962, 1968) provides the main basis for my approach to embodied phenomenology for psychology.

The embodied phenomenological inquiry, developed by Todres (2007) has been applied in this research. *Embodied Enquiry* is drawing on an existential-phenomenological tradition concerned with a nondual vision of existence, where being and knowing meet as a form of embodiment. Todres' concept is primarily based on the philosophy of Gendlin with his link to bodily being and knowing and Heidegger's link to language and poetry. Todres' approach was also influenced by others, such as A. Giorgi's work on descriptive phenomenology in psychology, Merleau-Ponty, Hillman and Gadamer.

Embodied Enquiry focuses on the basic embodied connectedness with the world we live in. Drawing on Gendlin's concept of body, mind and language as interrelational, it emphasizes the implicit aspect of experiencing, "the more than words can say" and at the same time enhances the possibility of expressing this implicit aspect by focusing on the relational process of the parts and the whole. The implicit also carries the mystery, the mysterious, the mystic, the spiritual, the not-knowing and wonder.

Todres addresses a deeper appreciation of the lifeworld that integrates the personal with the transpersonal through his central focus on embodied experience and understanding. The lived body is circumscribed as the "messenger of the unsaid, and provides possibilities for understanding situations that exceed any precise formulation or patterning of it" (Todres, 2007, p. 5). Gendlin (1996) coined the term *felt sense* (as defined in Chapter 1) in relation to bodily experiencing, which he understands beyond inner bodily sensations, as a mirroring of

what is one's lifeworld outside, and therefore the interactional body accommodates the link to language. This important intertwining shows how neither language alone nor the body alone work to express the lifeworld. Gendlin (1997a) aims to create a philosophy of embodied understanding that carries forward the intersection of body, language and others towards meaning-making that is always at the edge of the old and the new, encountering a tension of knowing and not-knowing within an ongoing process of lifeworld experience. Todres (2007) describes embodied understanding as "a procedure, which includes the invitation to experience more" (p. 25). Levin (1997), an analyst of Gendlin's work, described this process as follows: "In response to any interpretation, the body of experience talks back with more intricacy than was contained in the interpretation" (p. 55). Embodied understanding then becomes a practice of *Focusing* grounded in the body and devoted to the emergence of the "said and unsaid" in unanticipated ways. This practice, which has been developed by Gendlin, can be learned, but cannot be explicated in full in this study.

The embodied phenomenological re-searcher has the goal to express embodied understanding of accounts of experiences in a way that takes forward understandings beyond oneself, and sees understanding as interrelated with others (Todres, 2007). Such *interembodiment* or embodied relational understanding includes personal levels of experiences as well as shared, an interrelatedness which Todres (2008) coined "being with that". *Being with that* implicates the concrete relationship of self and other as being affected by each other (parts of the whole), and includes the lifeworld as the whole: We know more than we can tell. Embodied relational understanding calls in an openness to otherness, what Gadamer (1960/2010) had suggested as the interplay of self (familiarity, known) with other (unfamiliarity, unknown) as an *embodied presence*, such as if you are gazing with "soft eyes" not focusing on one particular form, and instead, being open to receive new understandings beyond the form, in the sense of carrying forward (Gendlin, 1973) past understandings.

Embodied relational understanding beyond the form is, what I call a post-postmodern stance to phenomenology according to Finlay's (2009b, 2011) post-postmodern postulate, as explicated in the foregoing section. Such a stance contains all the personal, transpersonal and cultural aspects of lifeworld and therefore can expand traditional conceptions of knowing and understanding.

To tap into the *interembodied implicit* of experiences, *the more than words can say*, Todres suggests the expansion of text towards more aesthetic creative forms of expression such as poetry to embrace existential transcendent realms of human experience. Todres interlinks Gendlin's central focus on body and language with Heidegger's focus on language and poetry to carry (transcendent) meanings of experiences forward. Through poetic embodied interpretation (Todres & Galvin, 2008; Galvin & Todres, 2009), which will be outlined in the later section "Aesthetic Embodied Interpretation" in this chapter, the method *Embodied Enquiry* bridges phenomenology with hermeneutics.

In an embodied phenomenological approach, the importance of balancing the rich texture of individual experiences with the general structures of the general descriptions to retain the richness of the lived experience is highlighted (Todres, 2007). To care for the texture and structure of experiences, Todres and Galvin (2005) suggested gaining a narrative breadth and perusing an in-depth study of the research phenomenon in a descriptive way to be achieved by multiple interviewing. The breadth serves to depict narrative sense-making. Depth is understood as the density of the unique contextual information of lifeworld. Through caring for texture and structure of descriptions of experiences, the researcher has the goal to gain more holistic and embodied expressions of knowing through language. *Embodied Enquiry* particularly resonated with my philosophical stance based on transpersonal psychology and its pluralistic approach to epistemology and ontology, and is alignment with my core interest in bodily experiencing and bodily knowing.

Research Site

The founder and director of Capacitar conducted the 7-month-long Capacitar Training in El Paso at *Centro de Mujeres de la Esperanza* (CME) [Women's Center of Hope], which started in November 2008 and finished in June 2009. A summary about the content of the Capacitar Training is provided in Appendix A. The CME agreed to support the conduct of this research at their site. They advertised the Capacitar Training and handled the enrolment according to the application form provided by *Capacitar International* (Appendix A).

Capacitar International does not use exclusionary criteria in its application procedures (Appendix A) such as medical screening for the Capacitar Training, due to the nature of its work in the field with grassroots people who are usually not examined or diagnosed due to a lack of doctors (Pat Cane, personal communication, July 12, 2008). Their field experience has shown that participants who complete the training do in fact exhibit personality factors of stability and capability beyond those associated specifically with healing from their traumatic experiences (Pat Cane, personal communication, July 12, 2000). Accordingly, this research did not employ exclusion criteria that would have controverted Capacitar's recruitment policies.

The Capacitar Training had been facilitated at the Centro Mujeres de la Esperanza (CME) [Women's Center of Hope] in El Paso, Texas, U.S. A brief description of the CME is provided in Appendix B.

Recruitment

The Capacitar Training (Cane, 2000) is generally administered as a four-weekend training within the time period of 9 months. The co-researchers of this study participated in

the Capacitar Training facilitated by Pat Cane at the CME, El Paso, Texas, U.S. within the following timeline: Module 1 (Nov 22-23, 2008), Module 2 (Jan 10-11, 2009), Module 3 (March 14-15, 2009), and Module 4 (June 20-21, 2009). At the beginning of the training and at the third module of the training, the Capacitar facilitator Pat Cane informed the participants about my research endeavor and asked the group if they agree to this project. She explained in summary my research to the training participants.

Capacitar International does not use exclusionary criteria in its application procedures (Appendix A) such as medical screening for the Capacitar Training, due to the nature of its work in the field with grassroots people who are usually not examined or diagnosed due to a lack of doctors (Pat Cane, personal communication, July 12, 2008). Their field experience has shown that participants who complete the training do in fact exhibit personality factors of stability and capability beyond those associated specifically with healing from their traumatic experiences (Pat Cane, personal communication, July 12, 2000). Accordingly, this research did not employ exclusion criteria that would have controverted Capacitar's recruitment policies.

Selection of Co-Researchers

In June 2009, I was present as a participative observer during the last module of the 7-month-long Capacitar Training in El Paso (U.S.) so that the participants and potential co-researchers could get to know me and vice versa. They seemed to trust me, because I knew Pat Cane personally and I had participated in the Capacitar Training in San Francisco (U.S.). At the beginning of the module, Pat Cane introduced me to the group, explained my research and told them that I already had the Capacitar certificate. I signed a confidentiality agreement to Capacitar to attend this module (Appendix C) and Pat Cane signed a Recruitment Confidentiality Agreement (Appendix D) about my recruitment procedures. The

Spanish interpreter, staff from the CME signed confidentiality agreements for all the interviews were had been involved (Appendix E).

In the Capacitar Training group, which comprised participants from both sides of the U.S.-Mexico border, I briefly introduced myself as being from Germany and getting my doctorate in the U.S. and UK. The participants seemed to relate to and appreciate the fact that I was a non-native English speaker. The Capacitar Training participants were women and many were Mexicans from Mexico or first generation in the U.S., therefore the training was conducted mostly in Spanish. They were impressed that I had travelled from Germany to conduct my research at the U.S.-Mexico border. Some asked me questions about my cultural background and my research.

During the two days of training, I conducted group screening interviews with participants to get a feel for them, for the language, the work with an interpreter, how my questions were received, what answers were given and how much they were willing to share with me. Together with the Director of the Centro de Mujeres de la Esperanza, El Paso, and the Director of Capacitar, I had pre-selected participants for the group screening interviews according to the Participant Selection Criteria (Appendix F). To ensure that there was a wide spectrum of how the participants applied the Capacitar practices in their environment, it was important to have diverse educational backgrounds and diverse ethnicity, while participants also needed to be available for the subsequent one-on-one research interviews. We developed a schedule with six groups, each consisting of three participants and including one who could serve as an interpreter for Spanish. Each group had both Spanish- and English-speaking participants. I conducted the group screening interviews, each lasting about half an hour, during the two days of the last module of the Capacitar Training. This was an important preparation for the actual research interviews. After the group screening, I inquired if the participants were willing to participate in my research. Those who were available all

participated in the individual interviews (10 participants). In addition, four more participants from the Capacitar Training who had not been in the group screening interviews, asked to participate in the research interviews.

The recruitment of the co-researchers included the following selection criteria (Appendix F) of this research: The co-researchers were required to be age 18 or older, to have participated in the Capacitar Training and to be willing to participate in an approximately two-hours interview.

Language

The Capacitar Training was conducted bilingually in English and Spanish, primarily in Spanish because of the high number of Mexican participants who were not fluent in English. The Capacitar Training manual is available in English and Spanish.

The following forms for the co-researchers were provided in English and Spanish, and, therefore, were translated into Spanish and back-translated into English by the Spanish interpreter (staff from the CME) of this research: Participant Eligibility and Demographic Questionnaire (Appendix G); Participant Information Leaflet (Appendix H) and Participant Informed Consent (Appendix I), including Interpreter and Transcriber Confidentiality Agreements (Appendix E).

I understand some basic Spanish and additionally, the Spanish interpreter (staff from the CME) was present during the in-depth interviews with non-English speaking co-researchers. One Mayan co-researcher brought her son with her as interpreter from Mayan and Spanish to English. An interpreter confidentiality agreement (Appendix E) was provided. Limitations and biases resulting from translation and interpreter presence in the interviews are discussed in the Limitations and Delimitations section in Chapter 7: Discussion.

Ethical Principles

Ethical principles of this research were based on the Research Ethics Policy and Procedures (2003) of Bournemouth University. In addition, since the data collection has been conducted in the U.S., and as being a psychologist (German Diploma), this research was at all times oriented on the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (APA, 1992) for Good Research Practice, and Ethical Guidelines for Community/Ecological Fieldwork & Research (Watkins, 2005), Pacifica Graduate Institute, California, U.S., both fully compatible with the ethical guidelines of Bournemouth University.

Avoidance of Harm

An ethical principle to which I adhered in the research process was to do no harm to the co-researchers while conducting the research. The co-researchers who participated in the four modules of the Capacitar Training were considered as stable enough to participate in this study, due to the 7-month-long period of participation in that training (Pat Cane, personal communication, Jul 12, 2008). Braud (1998a) described how co-researchers might experience sharing their stories as a positive and beneficial experience for each of them—an opportunity to gain more understanding about themselves, an aftereffect whose facilitation constitutes an ethical principle in this research. An additional important ethical consideration in this study was a focused attention to matters of cultural sensitivity throughout the entire research process. The researcher demonstrated cultural validity in relation to the cultural-spiritual and lingual context of this study as described in the section trustworthiness of this chapter and in the introduction into the social and cultural context of this study in Chapter 1.

Confidentiality

The researcher was not involved in Capacitar work at the research site (CME), and had access to only that data about the co-researchers gained in the data collection through the in-depth interviews at the end of the Capacitar Training. The co-researchers were assured that all the information was kept confidential, and each was invited to select a pseudonym to keep her identity anonymous (Appendix I). The co-researchers signed the consent form (Appendix I) before participating in the in-depth interview. All interviews were digitally recorded, transcribed, and kept confidential by the researcher, according to provisions of the consent form agreement. An additional consent form included the Spanish interpreter and professional transcriber confidentiality agreements (Appendix E). The researcher guaranteed a safe place at the research site of the CME for the conduct of the interviews.

Informed Consent

I received written Participant Informed Consent (Appendix I) from the co-researchers to carry out interviews, explained the purpose of the research and how I used the interview material. The co-researchers volunteering for this study filled out the following forms: the participant eligibility form and demographic questionnaire (Appendix G) based on the selection criteria (Appendix F). The demographic questionnaire developed by the researcher, assessed information about sociodemographic data according to ethnicity, cultural background, age, marital status, children, faith/spirituality, education, and languages spoken. The participant information leaflet (Appendix H) informed the co-researchers about the study's purpose, the research procedures, and people involved such as Spanish Interpreter and Transcriber Confidentiality agreement (Appendix E).

In addition, I explained my research project to anybody I had contact with, who was interested at the CME, El Paso, and during my field visits in the border region. In turn, I invited their responses and reflections to my research endeavor.

Voluntary Participation

The co-researchers participated voluntarily in this research without monetary compensation and were able to withdraw at any time, as stated on the Participant Information Leaflet (Appendix H).

Justifiability

This qualitative inquiry has the goal of adding valuable information to the field of social sciences by investigating the Capacitar Training (Cane, 2000) as a potential inexpensive adjunct holistic treatment for promoting health and healing trauma, with the emphasis on reaching out to underprivileged and underserved populations. In particular, this research attempts to reveal details and increase understanding about women's embodied experiences of change as a result of the Capacitar Training and their lives in the violent, traumatic U.S-Mexican borderlands.

Integrity

Information about my integrity is included in the preface of this study. In the following paragraph I summarize my background briefly: Since more than two decades, I have been interested in women's health issues across cultures. Fifteen years ago, I have gained experience with field research abroad as a German psychology student, when I received a research grant from Germany for a research project on "Women's Health in India"

in India, where I had been confronted with the issue of femicide. In addition, I worked as fieldwork volunteer with non-profit organizations in the slums of Mumbai, India, and mental health programs in Kathmandu, Nepal. In general, I am interested in gaining knowledge and understanding about different cultures through travelling as a woman for nearly 30 years in different parts of the world. As a psychologist and psychotherapist, I have specialized in somatic approaches and body psychotherapy in Germany for 15 years. I have some basic Spanish language skills that helped me to connect and communicate with Spanish speaking women in the border region. In addition, I had with me an interpreter for the in-depth interviews of my data collection with non-English speaking co-researchers. The interpreter was staff from the CME, El Paso, and in one case it was the son of a Native Mayan speaking co-researcher. The researcher demonstrated cultural validity (as stated in the section “Trustworthiness”) in relation to the cultural-spiritual and lingual context of this study in theory and practice.

Risk assessment

A risk assessment as an ethical requirement of the Bournemouth University “Code of Conduct” had been included in the research proposal to guarantee the safety of the co-researchers and of the researcher in the field and is kept with the records of Bournemouth University, UK.

Governance

Before the commencement of this study, the research proposal was submitted for ethics review by experienced academics and researchers who were members of the School Research Committee, in the School of Health and Social Care, at Bournemouth University,

UK. Prior to the ethic submission, my supervisors Les Todres, Ph.D., and Kate Galvin, Ph.D., guided the implementation of ethical principles in my research. Additionally, the proposal had been developed under the support of my external supervisor Mary Watkins, Ph.D., Pacifica Graduate School, U.S. who is familiar with the borderlands region through her own research and knows the Capacitar approach personally; and the external advisor Pat Cane, Ph.D., Founder and Co-Director of the Capacitar Training program and who is also experienced with fieldwork in the U.S.-Mexico borderlands and international field research.

Field Experiences

In June 2009, just when I was due to start my field study at the U.S.-Mexico border, the swine flu epidemic broke out in Mexico, and Bournemouth University prohibited travel to Mexico and my travel to the border region. This confronted me with the challenges of a field study and the possibility that the research would have to be cancelled for external reasons. Just in time, I was allowed to travel. As an ethics requirement, I had to have a “safety net” consisting of contact with the German Consulates in the U.S. and Mexico, and regular phone contact with my supervisors, and with my family.

To explore the area and get a feel for the research location, its culture, people, etc., I went for field studies in El Paso (U.S.) and Ciudad Juárez (Mexico), including the data collection. Appendix J includes some of my photos taken in the field. I made contact with the research site at the *Centro de Mujeres de la Esperanza* (CME) [women’s center of hope] in El Paso. The staff was very supportive and helped with everything they could. I had the chance to stay as a guest with a congregation of nuns, in El Paso, which helped to make my low budget go further. It was a safe place, and the Sisters supported my work and showed me the area. Since it is a very dangerous district, it would not have been possible for me to travel around on my own. Through the important gatekeepers’ from the *Centro Mujeres de la*

Esperanza, El Paso, and the Sisters, I was shown places, such as the barrios and a visit to Juárez, which I would never have seen otherwise. Another important gatekeeper was the director of Capacitar, Pat Cane, who conducted the Capacitar Training in El Paso. We had several meetings before I began my research and discussed my approach and the interview questions. She gave me a great deal of background information about Capacitar and the situation at the research location in El Paso. I received considerable support from her and this was an important preparation for my field research. Furthermore, Mary Watkins, Ph.D., my external supervisor gave invaluable input in relation to the border region and about the Capacitar approach, in both fields she has many years of research expertise.

Through the important gatekeepers, the co-researchers of my study found trust in me and could open themselves up in an unexpected deep way. I am very thankful for the bonus of trust they all gave me for the conduct of my research. It has been a transformative process for myself, which I explicate further in the section “Researcher’s Embodied Understanding of the Research Process” in Chapter 7: Discussion.

Information About Co-Researchers

I discussed my semi-structured interview questions (prompts) and my demographic questionnaire with the staff of the *Centro Mujeres de la Esperanza*, El Paso, and with the Director of Capacitar, Pat Cane. They felt that the women could be easily intimidated by demographic questions and as a result feel insecure. Therefore, I modified this questionnaire in a way to assure each co-researcher that it would be voluntary information except for the signature on the Participant Consent form. The voluntary demographic information included ethnicity, age, native language, religious or spiritual background, education, occupation, marital status, children, how long they had lived in the borderlands and their cultural-spiritual

background. Some co-researchers did not answer all questions, therefore only an approximate summary can be shown, demonstrated in the following Table 1:

Ethnicity	6 Mexicans	3 Mexican-American s	3 White American	1 Indigenous Mayan
Languages	8 co-researchers spoke Spanish and English (3 Mexican-American, 3 White American, and 1 Mexican)	1 co-researcher spoke Spanish and Mayan	4 co-researchers spoke only Spanish	1 co-researcher spoke only English
Living in the Borderlands (years)	2 co-researchers were born in the El Paso	1 co-researcher since 1 year	11 co-researchers between 2 – 20 years	
Religion	14 Catholics	1 co-researcher was Mayan and Catholic		
Age range	23 – 72			
Education	Varied from 6th grade schooling to a Bachelor degree			
Occupation	11 co-researchers work in a health-related fields			

Table 1. Demographic Information of the Co-Researchers

The table shows demographic information of the co-researchers of this study.

The sample of co-researchers included six Mexicans (2 living in Mexico), three Mexican-Americans, one Mayan, and four White Americans (White American). One White American co-researcher spoke only English, four Mexican co-researchers spoke only Spanish, one Mayan co-researcher spoke Mayan and Spanish, and eight co-researchers spoke English and Spanish (three White American, three Mexican-American, one Mexican). The

age range was from 23 to 72. Three co-researchers had been born in the El Paso region; others had lived in the borderlands for one to 20 years. All were Catholic, and one was Catholic and indigenous Mayan. The educational background varied from sixth grade schooling up to Bachelor degrees. The occupational background of 11 co-researchers was related to health work such as nurses, a social worker, and a reflexologist.

Data Collection

My goal was to explore through in-depth interviewing concrete descriptions of lived through experiences of change as an impact of the Capacitar Training with diverse women (raw data), which I defined as the research phenomenon. I had developed prompts as interview guidelines for the data collection. However, once in the field, I felt that I had to be open to the circumstances as I found them. I seemed to connect with a flow that evolved organically and took me on my journey of data collection. The felt sense was an important guide during the whole process of my Ph.D., but never more so than during the data collection and data analysis. The interviewing process is explicated in the following paragraphs.

Multiple In-depth Interviewing

Before the interviews, all co-researchers signed the participant consent (Appendix I) form and filled out the participant eligibility and demographic questionnaire (Appendix G) voluntarily. All interviews were digitally recorded. The co-researchers could choose a pseudonym. The researcher chose a pseudonym at random for those who did not select their own.

The research interviews were conducted at the *Centro Mujeres de la Esperanza*, El Paso, which was a safe place and familiar to all the women, as was the staff. One of the staff served as interpreter. All these factors together created an atmosphere of safety and trust between the co-researchers, the interpreter, and me, which contributed to the richness of the data collection. I conducted the data collection from a place of *attentive listening* (Finlay, 2011) including openness, empathy, curiosity, compassion and contemplation with the goal to provide a deep and secure ground for the co-researchers' sharings. Fiumara (1990) entitled the place of *deep listening* to symbolic and concrete language as *the other side of language*, a dialogical interaction.

For the data collection, I interviewed 14 female co-researchers, 10 whom I knew from the prior group screening interviews (which have not been analyzed) that I had conveyed at the end of the Capacitar Training in El Paso. After the first one-on-one interview, I realized that the data would be richer if they were related to some biographical content so that the experiences with the Capacitar Training could be understood in relation to the personal and professional background of the co-researchers. I then decided intuitively to include narrative questions about the co-researchers' life experiences in the borderlands and to collect evaluative comments about their experience with the Capacitar Training. Therefore, I decided to use multiple interviewing for data collection. However, it proved impossible to interview several co-researchers more than once because of constraints of time or travel from Mexico to the U.S. With five co-researchers I had two interviews, with nine co-researchers single interview. With five co-researchers, I needed a Spanish/English or Mayan/Spanish/English interpreter.

The following interviewing prompts guided the researcher through the in-depth interviews, without explicitly asking them all directly:

1. In most cases I started the interview with an opening question to gain some narrative information such as: Would you tell me a little bit about your life experiences related to the borderlands?
2. In the next part of the interview, I aimed to gain phenomenological information and asked something like: What changes did you experience during the Capacitar Training? And then explored in more detail the research phenomenon: their embodied experiences of change.
3. In the last part of the interview, I intended to get evaluative information about the Capacitar Training such as: Would you suggest any changes to the Capacitar Training and manual? And to explore previous healing knowledge of the co-researchers, I often asked additionally: Do you know of any healing practices from your mother or grandmother?
4. As a closure of the interview, I always invited the co-researchers to an open space for additional comments: Is there anything you would like to add that I did not ask?

As an additional piece of triangulation, I had in mind to collect any materials documenting the creative expression material of the co-researchers that they may have produced during the Capacitar Training. However, most of the co-researchers had produced no such material, and with the exception of one White American woman who shared her drawing during her interviewing, the concept seemed unfamiliar to the other co-researchers.

Phenomenological, Narrative and Evaluative Data Sets

The data collection included a narrative piece, a phenomenological part, which constitutes the core of this research subjected to embodied phenomenological data analysis, and an evaluative component. The narrative information accommodated sharings from the co-researchers about life experiences related to the border region and important previous

healing experiences. This information has been summarized and a composite narrative based on clusters of cultural-spiritual topics has been created out of the 14 co-researchers' reports. This served the additional function of protecting the individual's identity. More details about this process are given in Chapter 4: Cultural-spiritual Findings. At the end of each interview, space was given for co-researchers' evaluative comments about their experience with the Capacitar Training. The evaluative information about the Capacitar Training, such as important practices, need for changes, previous healing knowledge, and additional open comments have been synthesized into the summary presented in Chapter 6: Synthesis of Evaluative Findings. Only the data relevant for the research phenomenon "the embodied experience of change as a result of the Capacitar Training" have been analyzed with phenomenological psychological data analysis procedures. The phenomenological findings are explicated in Chapter 5: Phenomenological results. In the following sections, the data analysis procedures are outlined in detail.

Data Analysis of Phenomenological Data

A main task of qualitative research is to explicate the ways people in particular settings or situations come to understand, accept, or take action regarding an experience (Huberman & Miles, 1994). Creswell (1998) uses the term "data analysis spiral" (p. 142) for a procedure wherein the researcher processes the data analysis as if in moving circles, rather than in a fixed linear approach. Seidel (1998) defines qualitative data analysis as a "symphony based on three notes: Noticing, collecting, and thinking about interesting things" (p. 1). Many interpretations of co-researchers' expressions are possible. The next section gives an overview of the data analysis procedures.

Transcribing the Interviews

The first step of data analysis comprises the transcription of all data collected during the interviews. On my return back home to Germany, all interviews were transcribed, some by myself, and the others by a professional transcription company in the United Kingdom recommended by Bournemouth University. For a copy of the transcript data please see the researcher contact information (Appendix K). The further steps of the phenomenological psychological data analysis are delineated in the following sections.

Embodied Phenomenological Data Analysis in Psychology

Ashworth and Chung (2010) define phenomenological psychology primarily as “exclusively and wholly absorbed in the elucidation of experience” (p. 204). Todres & Holloway (2004) suggest that the description of experience can be seen as “open text” that brings forth understandings beyond the every day situation. As researchers and readers we are part of the lifeworld and can imagine to some extent what an experience is like. We can try to move forward the meaning of the experiential descriptions of others, which are unique and shared at the same time. This is what Finlay and Evans (2009) and Finlay (2011) call a transformative relational approach and what Todres (2008) described as “embodied relational understanding”. In an embodied approach, the body is understood as the carrier of our experiences and through the body we relate to others and the world, which are intertwined and we are transformed through each other. This research focuses on a relational transformative embodied understanding of the co-researchers, the researcher, and the readers.

Phenomenological research aims to grasp the lifeworld descriptions of the co-researchers. Through data analysis procedures the intentional relationships between persons and situations of lifeworld descriptions are sought. Transferable meanings or

essences of the research phenomenon are illuminated through phenomenological psychological reduction (Finlay, 2011) in order to move beyond the everyday description towards more general psychological meanings, what Giorgi (2009) calls the scientific phenomenological reduction. The phenomenological reduction in psychology focuses on the psychological reality of lived experience, as compared to Husserl's (1977/1996) transcendental reduction, where the focus is on the reality itself and on the transcendence of human consciousness. To obtain the psychological reduction of lifeworld descriptions, the researcher needs to bring to awareness and put on hold or bracket previous experiences and knowledge that may intermingle with the givens of the co-researchers, what Wertz (2011) calls a "slowing down" to leave the personal lifeworld behind.

For the distillation of general meaning structures, Todres and Holloway (2004) suggested the term of *gathering authentic lifeworld meaning*. The descriptions of the co-researchers can be seen as entrances to meaning beyond the given expressions through phenomenological psychological reduction that may provide *insightful* general meanings. Merleau-Ponty (1962) summarized this problem of elucidating the general meaning with the statement that the "lived is greater than the known", which is equivalent to what Gendlin (1973) called the "implicit sense". There remains always the "more" than the momentum of what expression (language) can bring forward. Gendlin cautioned that the linguistic summations of general meaning structures could become too static and it could never be the final insight about the phenomenon.

As an alternative, Dahlberg, Dahlberg, and Nyström (2008) posed the term *bridling* as an attitude of openness to the indefinite of the phenomena. Furthermore, Wertz (2011) suggested the term of a "midlevel generality" to offer a bridge between the individual cases and the grasp of general structure. The "art" of qualitative research is to augment the co-researchers' implicit experiences so that the "more" can emerge. However, there

continues the ambiguity and tension that the experienced phenomena cannot be final in description. Embodied phenomenology in psychology has the aim of ensuring rigorous scientific research into psychological phenomena. However, it is the aim of this research to add to the scientific rigor an embodied aesthetic dimension of data analysis to care for the aliveness of the phenomenon and embodied understanding, what Todres (2007) called “the marriage between head and heart”.

In the present research, the following attitudinal stances and procedural steps of scientific phenomenological psychological data analysis have been employed according to Finlay (2011), Giorgi (2009), Dahlberg, Dahlberg, and Nyström (2008) as detailed below. In addition to the standard phenomenological psychological data analysis, the data analysis approach of *embodied interpretation* (Todres & Galvin, 2008; Galvin & Todres, 2009) has been integrated with the goal to add an aesthetic embodied interpretation of the general meaning structure of the research phenomenon. Embodied interpretation moves back and forth between descriptive phenomenology and interpretive body-based hermeneutical phenomenology (Todres & Galvin, personal communication, January 26, 2012) through employing evocative and poetic forms of writing that can carry meaning forward. Embodied interpretation focuses on the relationship between the words and the bodily felt sense, which come together through tapping into the implicit and bringing forth meaningful expressions. Such an empathetic language can enhance the reader’s embodied understanding as an experience what Heidegger (2006) called “homecoming”, feeling familiar, being able to imagine and to feel the meaning of the description, which may enhance an embodied understanding through feeling and relating.

The following section demonstrates the attitudinal stances and procedural steps of the phenomenological psychological data analysis in detail.

Attitude of Dwelling to Embody the Text as a Whole

A basic general attitude throughout my research endeavor has been the stance of *dwelling* (Finlay, 2011) with the raw data so that the implicit meaning can evolve. Furthermore, I endorsed an attitude of wonder and curiosity, which I understand as openness to *not-knowing* as a self-reflective process in relation to the data.

It took me months to immerse myself in the expanse of raw data from the transcribed descriptions of the 14 co-researchers with the goal of embodying the naïve givens of their lifeworld as a whole. During this phase, I revisited my presumptions and knowledge about the phenomena in order to bring them to my consciousness with the attitude of *bracketing-bridling*, which is outlined in the next paragraph. I included this process of practicing self-awareness in my journal.

Attitude of Bracketing and Bridling

Bracketing or *epoché* [from Greek: to pause, hold back] (Merriam-Webster Online) is the primary attitude within the phenomenological psychological reduction (Giorgi, 2009) that involves the identification of presumptions and past knowledge about the research phenomenon, to draw attention to the present experience in order to reduce distractions. It has the purpose of expanding beyond the natural attitude of assumed meanings and understandings (Finlay, 2011). Finlay proposed the phenomenological attitude as a dance between the reductive core and reflexive self-awareness.

As an alternative to the attitude of bracketing, Dahlberg, Dahlberg, and Nyström (2008) invented the term *bridling*, which addresses not only the particular preconceptions that would reduce the research openness, but also the understanding as a whole, reining the horse in order not to understand too fast or not to imply definitions of what is indefinite. It is

an approach of active passivity, a dwelling, till the structure of the phenomenon arises for the researcher as being a “hunter of meanings” (Dahlberg, Dahlberg, and Nyström, 2008, p. 130). It is a forward movement in contrast to bracketing that focuses on a backward movement.

I immersed myself in the data from a *bracketing-bridling* psychological perspective. In the field of phenomenology of psychology (Giorgi, 2009), bracketing is a reflexive process (Finlay, 2011) of the researcher extirpating personal experiences, theories and concepts, in relation to the phenomenon under study. It is a stance of being open to the co-researchers’ experiences as much as viable, so that the noetic-noematic relations of the essence can transpire.

Primarily, I had to bracket concepts and knowledge about body-mind-spirit healing, and concepts of a Western perspective of psychology. I could not bracket or pause, but rather had to accept and be conscious of my “burning interest in deep transformative bodily and spiritual experiences”. Personally, I believe that it is a dynamic flexible spectrum between bracketing and consciously including preconceptions in a reflective open way in the sense of bridling. To me it is an infinite backward and forward movement of igniting meaning.

Depicting Meaning Units

The second step of data analysis comprised the rendering of meaning units from the given text as a whole. Exemplars of meaning units and their transformations are given in Appendix L. In a first step, I used thematic analysis to distil meaning units and to code them with themes. I endorsed thematic analysis, because I was experienced in it from previous research work and therefore felt confident. In my experience, this step helped me to dispel my preconceptions. However, it did not help me to grasp the texture and structure of the phenomenon. I stopped thematic analysis and went back to the original text and dwelled again with the descriptions. I then decided to employ phenomenological psychological data

analysis steps of imaginative variation according to Giorgi (2009). More details of my process of finding “the right tools for data analysis” are outlined in Chapter 5:

Phenomenological Results.

Imaginative Variation for Psychological Reduction

The general structure of the phenomenon needs to be intuited and described. Through *free imaginative variation* the researcher moves beyond the every day meaning of the data (raw data) to bring out the eidetic intuition that is the general structure of the phenomenon. The essence of what is given by the data is carefully described: “Description is the use of language to articulate the intentional objects of the experience” (Giorgi, 2009, p. 89). The given descriptions of the co-researchers are a window into the sphere of the other. The meaning discrimination and intuitive psychological reduction of the raw data towards distilling the essence of the phenomenon or the invariant meanings of the structure are emergent out of the consciousness of the researcher.

The transformation of meaning units into a more general psychological description of the phenomenon is the beginning of second-order description by the researcher. It is the attempt to bring forth the invariant meaning structure of the raw data. It was important for me to bring attention to the texture and structure of the phenomenon “embodied experience of change” given in the descriptions. Therefore, I included two rows in my tabular analysis for the transformation of meaning units: (a) Texture: What does the change feel like (story level); and (b) Structure: How was the change experienced – its inner logic and inner relationship (context level). Exemplars of the table of data analysis are shown in Appendix L.

In a further step of transformation, I combined the rows of textures and structures to gain the general structure of 14 individual structures – the overall description of the phenomenon. With this step, I intended to tap into the implicit beyond the explicit meaning

of the expressions to illuminate the invariant general structure of the research phenomenon. The implicit is the “more than words can say” (Gendlin, 1973), although the experience wants to be “carried forward” into the world (Gendlin, 2004). Through several rounds of free imaginative variation, I transformed the meaning units more and more until an invariant structure – the psychological reduction over all the co-researchers’ accounts appeared. With the use of individual templates as suggested by Finlay (2011) and Wertz (2011) to first delineate the individual structure of each description, I was able to move beyond the naïve meanings of the text. This step again took me many weeks of dwelling with the individual structures, and of going back and forth to the original texts.

At one point, the general overall structure of the data suddenly emerged. It felt like “breaking the sound barrier”. After a long period of incubation with the data, unexpectedly and abruptly a “door” opened and pulled me to another level of consciousness. It felt like a shift in awareness, in order to enter a vast open empty space, beyond form, visually expressed felt it like the space above the clouds when being on an airplane. Through this shift, I was taken into a deeper expanded understanding and seeing of a structure of interrelatedness of the individual structures. Instantly, I could see the implicit meaning structure with its interconnected constituents of the given descriptions and its variations within. The most invariant constituents of the phenomena and their interconnectedness evolved.

In a further step, I aimed to flesh out the variations of the *mean* of the general structure (Giorgi, 2009), I went back again to the raw data and analyzed the individual processes from the perspective of the central tendencies of the general structure “that carry implications and possibilities (Giorgi, 2009, p. 202). The presentation of the invariant structure focuses on the essence of the phenomena and cannot represent all its ramifications. The ramifications of the research phenomenon will be debated in Chapter 7: Discussion.

Additional Comments on the Data Analysis Process

After immersion in the transcribed interviews, I decided to analyze only the richest and densest data relevant for the research phenomenon, which were accounts from six co-researchers. After having an overview of transformed meaning units, my *felt sense* told me that the phenomenon had not been "satisfied" and therefore I decided to include all other co-researchers' data. Giorgi (2009) suggested that all collected data has to be analyzed to gain the general structure of the phenomenon. My experience confirms his suggestion. I then analyzed the remaining eight accounts of co-researchers' transcripts. Only after analyzing all phenomenological-relevant data did I find major constituents of the research phenomenon.

The use of templates with the individual structures to generate the essence of the phenomenon also assisted me in checking the accuracy and adequacy of the description, including referencing meaning units. I developed a general structure and its variations, including direct quotations from meaning units and additionally parts of narrative information to deepen the understanding of the phenomenon. Furthermore, I reflected upon my field notes and journaling during the process of the data analysis to engage with the data more vividly. Some of my reflections and resonances are explicated in Chapter 7: Discussion. Finlay (2011) described data analysis as a relational process of learning about the lifeworld of the *other* that is a form of *embodied intersubjectivity*.

Aesthetic Embodied Interpretation

Phenomenology is furthermore concerned with the interlinkage of science and art such as poetry, which orchestrates expressions of aesthetic dimensions of human experience (Finlay, 2011). The researcher's interpretations are seen as intertwined with the research findings, which is the core assumption in hermeneutical phenomenology. Based on the

above-described assumptions, I had the goal to give space to a more aesthetic expression of the research findings. Therefore I included, in addition to the standard psychological phenomenological representation of research findings, an embodied approach, called *embodied interpretation* (Todres & Galvin, 2008; Galvin & Todres, 2009) as a further data analysis step of the general structure of the research phenomenon.

Embodied interpretation (Todres & Galvin, 2008; Galvin & Todres, 2009) draws on body-based hermeneutical approaches such as Gendlin (1992), Gadamer (1960/2010) and Heidegger (1973). The goal of embodied interpretation is to transcend the limits of language through non-linear aesthetic expressions that touch us and elicit the implicit meanings (Gendlin, 1992) of life world experiences, the *felt sense* (Gendlin, 1997a) that carries understanding forward (Gendlin, 2004) towards “the more than words can say” (Todres, 2007). It is obtained through a “back and forth” movement of embodied understanding between the implicit, the felt sense, and language (Galvin & Todres, 2009). Embodied understanding draws on an existential dimension that comprises *being, knowing, and acting* or, in other words, a *unity of heart, head, and hand* (Galvin & Todres, 2007). Embodied understanding is relational (Finlay, 2011) and both unique and shared (Gadamer, 1960/2010). It is a non-linear experience, such as listening to music—where the experience is much more than the individual notes (Gendlin, 1997a) and can be seen as transformational (Holloway, 2005).

Data Representation of Findings

The research findings of this doctoral thesis are presented as a report of the general meaning structure of the research phenomenon and its variations, including thick descriptions of the co-researchers’ lived experiences. Using Creswell’s (1998) metaphor of a camera lens that “pans out, zooms in, and zooms out again” (p. 168), details of research findings of the

key constituents are highlighted in sharp focus and their interrelationships panned in full breadth. Creswell compares the author's writing of the result's report of a study to the process of composing and organizing architecture. From foundation to closure, the report of findings in this present research is carefully constructed to house the experiences of the co-researchers in such a way as to invite embodied entrance by the reader and ease access to the phenomenon and its variations, and the levels of consciousness that support them.

The data representation of this research is threefold according to the three sets of data: (1) The *composite narrative* (Chapter 4) comprises the co-researchers' cultural-spiritual narrative reports of their life experiences related to the U.S.-Mexico borderlands; (2) the phenomenological findings (Chapter 5) are presented through a summary of the general structure, including embodied interpretation, a more aesthetic evocative form of description of the phenomenon; and a detailed explication of the key constituents and their variations shown through different processes delineating the co-researchers' lived-through experiences; and (3) a synthesis of the evaluative information gained about the Capacitar Training (Chapter 6).

Audience

The audience of this study consists of colleagues from interdisciplinary and culturally and spiritually diverse fields—such as transpersonal psychology, psychologies of liberation, phenomenology in psychology, health psychology, health and social care, complementary alternative medicine, anthropology, sociology, and multilingual research—who are interested in the impact of body-mind-spirit practices and/or the co-researchers' situation in the U.S.-Mexico borderlands; Capacitar Training facilitators from around the world; the co-researchers and the people involved at the CME in El Paso, as well as policy makers, hopefully, and the general public.

The data analysis and presentation of the results will be submitted for publication in peer-reviewed journals and the doctoral thesis will be published and be accessible online. A book and/or film may be derived, based on the doctoral thesis that will allow for an alternative presentation of the study that may appeal to a wider audience by its literary freedom from the constraints imposed by publication in scholarly journals.

Evaluation Criteria of Qualitative Research

The evaluation criteria of qualitative research need to fit the qualitative paradigm, rather than using quantitative validity and reliability procedures for qualitative research (Leininger, 1994). Qualitative researchers consider their reliance on the human instrument and their acknowledgement that many truths exist to be strengths, whereas others may see major flaws and weaknesses in the reliance on human subjects (Merrick, 1999). Due to such relativism among assessments of the reliability of outcomes, it becomes essential to acknowledge the human element involved, along with its strength and limitations, as part of the method. Braud (1998a) suggests the global presence of biases and distortions in all research investigations—in qualitative methods, as well as in well-controlled experimental designs. A major contribution of qualitative methods is the attempt to make visible the researcher's influence and boundaries.

Credibility of Qualitative Research

Multiple standpoints exist about the importance, the definition, and the establishment of quality in qualitative research (Creswell, 1998). To address the central question of how to know that this embodied phenomenological study is believable, accurate, and correct, standards of quality are implemented. Evaluation criteria define factors of strength and

weaknesses in qualitative research. Validity procedures in qualitative research establish the credibility of the study (Creswell & Miller, 2000). Validity in qualitative research refers to the inferences drawn from the data (Creswell, 1998). Some authors suggest three foundational main categories for the evaluation of validity in qualitative research: trustworthiness, reflexivity, and representation (Creswell, 1998; Creswell & Miller, 2000; Merrick, 1999; Mertens, 2005; Stiles, 1993). An expanded view of validity considers all aspects of evaluating quality, including the previously enumerated factors for evaluating qualitative research (Braud, 1998b). Each quality criterion presents a certain perspective of the whole. Each singular criterion ignores other aspects and is, therefore, to be considered as only a part of the measurement that must involve all criteria as interrelated in a holistic outcome.

Finlay and Evans (2009) proposed as evaluation criteria for qualitative research the 4 *R*'s: *rigor, relevance, resonance and reflexivity*. Rigor asks about the plausible coherence of the research. Relevance questions the research's value as a new contribution. Resonance includes how one is touched by the research findings as a criterion of its trustworthiness of this research. Reflexivity encompasses the demonstration of the researcher's self-awareness and openness to the research process. Finlay and Evans conclude with the suggestion that "good" representation of research findings is appropriate to the audience. I have applied the 4 *R*'s in the research process and details are explicated in the findings (Chapters 4 -6) and discussion (Chapter 7). Additional procedures for quality assurance employed in this research are described next.

Trustworthiness

Qualitative researchers (Banister, Burman, Parker, Taylor, & Tindall, 1994; Lincoln & Guba, 1985; Stiles, 1993) have suggested *trustworthiness* as a main criterion for the

evaluation of quality, or validity in qualitative research. According to Stiles (1993), trustworthiness includes elements such as disclosure of the researcher's orientation and intensive and prolonged engagement with the material. The researcher's qualitative processing of the experiences of the participants involves a dialogue with the text (Merrick, 1999). Through increased exposure to the phenomenon, the researcher attempts to reduce own biases and increase trustworthiness (Stiles). Steinmetz (1991) proposed that "trustworthiness is more than a set of procedures . . . it is a personal belief system that shapes the procedures in process" (p. 93). Trustworthiness reflects on the researchers' attitude about how to approach, collect, interpret, and report data (Steinmetz, 1991). In the following section, the validity criteria employed in this study to ensure trustworthiness (Banister, Burman, Parker, Taylor, & Tindall, 1994; Creswell & Miller, 2000; Lincoln & Guba, 1985; Stiles, 1993) are outlined.

Clarifying Researcher's Bias

Research is value-laden and the value sought by the researcher for its results influences all judgments, including methodological and theoretical decisions and mindfulness of influences from individual, societal, and cultural values (Braud & Anderson, 1998). Creswell and Miller (2000) suggest the *clarification of the researcher's biases* as a validity criterion; therefore, I disclose my worldviews in the following.

This research is influenced by the following overarching theoretical paradigms beginning with the selection of the research topic, development of the research questions, continuing through the pluralistic data collection, report of data obtained, qualitative data analysis, and presentation of the findings. Consistent with my choice of a post-postmodern paradigm (Finlay, 2009, 2011) as explicated in the method section of this chapter as the basis for my research, I value the co-researchers' worldviews within their cultural-spiritual context

(Cole, 2003) and uphold the understanding that “we have no way of knowing with certainty the nature of reality” (Bohan, 1993, p. 13). Furthermore, this research draws from the paradigm of pragmatism (Creswell & Plano Clark, 2007). I attempt to contribute implications for practice, in particular about the application of body-mind-spirit practices for the promotion of healing from trauma. Additionally, this study includes aspects of advocacy (Creswell & Plano Clark). In researching the women’s experiences of change, I aim to support the women’s knowledge about themselves and the sharing of their skills with relatives and community members. Lastly, I include the lens of a feminist perspective that values egalitarianism, mutuality, multiple viewpoints and acknowledges the lived experience of all co-researchers in a study (Reinharz, 1992). This feminist perspective emphasizes the lived experiences and subjective voices (Reinharz). The articulation of embodied experiences has been a focal area in feminism and postmodern cultural studies (Amiran & Unsworth, 1992).

Cultural Validity and Prolonged Engagement in the Field

Mertens (2005) describes three aspects of “multicultural validity,” which I term in this paper *cultural validity*, assumed as: (a) prolonged time in the field (Creswell, 1998) to allow for a culturally sensitive perspective; (b) cultural sophistication reflected in such researcher experiences as positive interpersonal connections and conceptualizations of co-researchers’ experiences, facilitation of cultural congruent change, and the drawing of appropriate cultural assumptions; and (c) avoidance of cultural arrogance by means of, for instance, the evaluator’s employing reflexivity about premature cognitive cultural conclusions she may become aware of in herself as she processes the data. This researcher studied the field relevant to this research. In July 2008, Capacitar International celebrated their 20th anniversary with an international conference in Santa Barbara, California. I

participated, met Capacitar facilitators from about 20 countries from around the world, and shared experiences and knowledge about the application and impact of the Capacitar Training in diverse cultures and different traumatic environments.

My preparation for this research included studying Spanish with the goal to at least understand some basic language to get a feel for the Spanish speaking co-researchers of this study. Nevertheless an interpreter had been included in conducting the bilingual (English/Spanish) interviews. (Further details regarding this issue have been made explicit in the paragraph titled Language further on in Chapter 3.

My prolonged engagement in the field comprised the certification in the Capacitar Training (Cane, 2000) with the San Francisco training group, U.S., (2007 – 2008) and the facilitation of Capacitar practices in the somatic psychology course as teaching assistant at the Institute of Transpersonal Psychology (ITP), Palo Alto, California, U.S. (January—March 2008). For my data collection, I spent three weeks in the field at the border of El Paso (U.S.) and Ciudad Juárez (Mexico), where I firstly explored the field with the support of local key persons and then conducted the interviews for data collection, which is described in more detail in the section “Data Collection”.

Triangulation of Data Collection

Braud (1998a) suggested that multiple forms of information—such as creative expression, poetry, and nonverbal expressions of the co-researchers—as well as information from the researcher’s experience, such as journals and field notes, expands the understanding of the research subject. I collected field notes, kept a journal, and compiled creative expression such as poetry, drawings, artwork, music, films related to the research topic and my own experiences, to deepen my understanding of the data during the research process. My goal had been to collect additional information from the co-researchers, such as creative

expression, dreams and diary entries, but it did not work out. It seemed not to be a concept familiar to the co-researchers, even though it had been used within the Capacitar Training.

Reflexivity

Reflexivity is another central criterion for evaluating the validity of qualitative research. Banister et al. (1994) described reflexivity as “an attempt to make explicit the process by which the material and analysis are produced” (p. 49). The qualitative researcher needs to make explicit the process through which her understanding of the study results was formed (Merrick, 1999). Braud (1998a) suggested a complementary view of inclusiveness, integration, and discerning discrimination, three approaches to data analysis, which underlie the process of the researcher’s interpretation.

To address in this study the criterion of reflexivity, I reflected on and critically evaluated the research topic, the methods, the process of data collection and data analysis throughout the conduct of this research, including my own process with a focus on self-awareness (Finlay, 2011). I revisited and reworked the phenomenological analysis through imaginative variation and intertwined it over a long period of time with a reflexive mode to tap into the implicit aspect of the data, what Finlay (2011) called “the dance between reduction and reflexivity” (p. 74), until the final analysis was completed. In the process of the data analysis, it was important to be aware of my own preconceptions, assumptions, and understandings. Interpretation of the research phenomenon in relation to the researcher’s worldview made explicit in the foregoing section *Credibility of Qualitative Research: Validity Procedures* and the reflexivity process is reflected upon in the discussion chapter (Chapter 7).

Persuasive Beauty

What makes “good” phenomenology? In my understanding, based on embodied phenomenology, I include the criterion of *persuasive beauty* that makes for “good” research. Holloway (2005) suggested the term *persuasability* for qualitative research. Commitment and passion can enhance an evocative authentic write-up, based on vivacity and honesty, in such a way that the reader can resonate with the finding’s credibility, as distilled from the co-researchers’ “voices”. Sandelowski (1993) invented the clear expression of the beauty of the phenomenon that transports the original truth, as a *fidelity criterion*. Personally, I feel that *persuasive beauty* has been part of my attempt *to do research from a soulful place and from my spiritual heart*.

Representation

The criteria of trustworthiness and reflexivity are connected with issues of the *representation of research findings* (Merrick, 1999). Representation is an integral criterion of validity in the qualitative research process. The inclusion of narrative and personal material about the researcher, such as transparency of worldviews and disclosure of personal experiences related to the research process, may increase the possibility for the audience of this research to evaluate its findings. The researcher’s task of representation carries several problems, such as the fact that nontraditional forms of scholarly writing are not accepted in mainstream psychology journals. A task in the field of psychology can be to develop qualitative formats for how researchers package what they say about those they study (Fine, 1992; Lather, 1991). Central issues such as what research is, what it is for, and which audience it speaks to (Lincoln, 1995) apply not only to qualitative research; rather, they affect the scientific field of psychology in general (Merrick, 1999).

The research findings of this study (Chapters 4 – 6) are presented in a narrative report with thick descriptions of the co-researchers' lived experiences as a criterion for validity (Creswell, 1998; Creswell & Miller, 2000). Thick descriptions have the goal of enabling the reader to imagine the experiences being described (Creswell & Miller, 2000). Lincoln and Guba (1985) described transferability as the researcher's responsibility in regard to whether the audience can reach a conclusion about the possibility of the research findings. Furthermore, disconfirming evidence (Creswell & Plano Clark, 2007) that arose in the results of this study is reported, thus responding to a further validity criterion (Creswell (1998).

Audit Trail

Qualitative researchers delineate their decision-making for the research endeavor through reflexivity and transparency, including a record of design decisions, selection of co-researchers, researcher's attitudes, ethical considerations, data collection and data analysis procedures, and decisions for data representation, in the *audit trail* (Holloway, 2005).

Transparency has been applied from the preface to the epilogue of this study and the researcher's decisions regarding data collection and data analysis have been made explicit particularly in this Chapter: Methods. As a criterion for evaluation of the credibility of this qualitative research, an audit trail with exemplars of data analysis of meaning units and transformed meaning units (Appendix L) and an audit trail with exemplars of imaginative variation (Appendix L) are shown.

Summary of Chapter 3

Chapter 3 represented the methodological framework of this qualitative inquiry based on a philosophical framework of transpersonal psychology and psychologies of liberation. As

method, embodied phenomenological inquiry (Todres, 2007) in psychological research has been applied. This research explored in depth the human experience of change to investigate the impact of the Capacitar Training (Cane, 2000) for self-healing and community healing. Subjective reports of healing experiences are often excluded from conventional research endeavors. Transpersonal oriented phenomenological research approaches that acknowledge such phenomena and employ a pluralistic epistemology to their exploration can contribute to expanding the scientific discourse in regard to healing, including alternative ways both of knowing trauma and healing and of being in a healing process.

The rationale for the choice of the research site, the recruitment standards for selection of co-researchers, and the potential impact of ethical considerations have been stated. The data collection included in-depth interviews, journaling, and field notes of the researcher. The researcher bestowed alternative ways of knowing, such as pluralistic epistemology and ontology, tacit knowing, and the felt sense throughout the research process. Phenomenological psychological data analysis procedures have been utilized, including embodied interpretation in addition to the traditional report of findings, to enhance the embodied understanding of the researcher and the reader. The goal of this embodied inquiry was to apply as inclusive and holistic a research perspective as possible, from which to study the lived experiences of the co-researchers and to present the research findings in a rich and full way. Such a data presentation can support the possibility for the audience to draw their own conclusions through embodied engagement with the narrative report of the research findings. Evaluation criteria for the credibility of qualitative research have been discussed and credibility procedures applied in this research such as disclosure of the researcher's worldviews, cultural validity, reflexivity of the researcher, and data representation and publication of findings have been demonstrated.

Braud (1998a) suggested that those who participate in transpersonal research might be changed and transformed, the transformation taking place within (a) the professional discipline, through knowledge gained in the inquiry; (b) the co-researchers, as they learn about themselves; (c) the researcher, coming to understand the issues within himself or herself; (d) the readers as they experience new learning within themselves; and (e) the views and practices of society, which can change in response to the research findings or their applications or by direct action. The aim of this transpersonal embodied phenomenological re-search approach is to foster wisdom and knowledge in the people touched by the research endeavor. It is this researcher's hope to contribute, through the presentation of this study's findings, to the attainment of that worthy goal for its audience directly and indirectly for the greater population on whom their understanding will have a concomitant corollary.

CHAPTER 4: CULTURAL FINDINGS

The following section shows the cultural-spiritual narrative reports of the co-researchers' life experiences in the U.S.-Mexico borderlands that have been transformed into clusters of cultural topics, a *cultural-spiritual narrative composite*, which will be presented in the following paragraphs. In addition to the texts, my photos from the field about the border region, compiled in Appendix J may enhance the reader's embodied understanding of this cultural-spiritual tapestry.

The narrative information shared by the co-researchers, has been collected during the in-depth interviews of the data collection. At the beginning of each interview, I asked an initial question along the lines of: "Would you please first tell me a little bit about your life experiences related to the borderlands?" Each co-researcher then shared spontaneously some of their experiences that initially came up to them, which seemed important to share. The researcher shortened the narrative information to a certain extent in order to protect the co-researchers' identities. The data collection with 14 culturally and spiritually diverse women (Mexican, Mexican-American, Mayan, White American), multilingual (Spanish/English/Mayan) included an interpreter in five of the interviews. Editing of the text in English has been kept to a minimum in order to retain the flavor of the original narrative.

During my immersion in the narrative data, I realized that several of the narrative topics shared by the co-researchers mirrored those in the literature on the cultural context of this study reviewed in Chapter 2. Based on this insight, I then created a "cultural-spiritual composite", like a cultural-spiritual carpet, tapestry or quilt, out of the co-researchers' narratives. I had the desire to give voice to each of the co-researchers' narrative report and therefore included each of their vocalization to a certain extent. The aim of this composite is to sensitize the readers to the cultural context of the co-researchers' lives and to deepen their understanding of the co-researchers' biographical experiences in relation to the

phenomenological and evaluative findings presented in chapters 5 and 6. The narrative clusters of the cultural-spiritual composite are introduced in the subsequent paragraphs, including issues such as experiences with the militarized border, migration experiences, racism, cultural-spiritual mix in the borderlands, and traditional healing knowledge and practices. The following sections outline the tapestry of cultural-spiritual topics being put together as a *cultural-spiritual narrative composite*.

The Militarized Border

“Tortilla Curtain” and “Operation Hold the Line”

A White American co-researcher shared experiences about her work in the borderlands:

“The twin cities El Paso (U.S.)-Ciudad Juárez (Mexico) - they say it is the only place in the world where the third and first worlds meet, which I think is true. Before, people would just go back and forth on both sides of the border. When they started *Operation Hold the Line* around 1995, you would drive to the border highway and there were no walls. They called one chain-linked fence the *tortilla-curtain* that people had cut holes in and you could just go through. And people would go through the river [Rio Grande], which hardly ever had water in it, and run across to the U.S. You would see the border patrol chasing them. However, it was nothing like it is now. I know people have a right to protect themselves. However, I think it is overkill. Why are we pointing fingers at just the poor down here, who are literally trying to survive? They say that this border here – is the Ellis Island of the South because it is the largest port of entry in the world e.g. also for Africans and Asians.

The news here does not really report on it so it is easy to ignore, which is scary. If people knew, there would be so much more readiness to help with things. I have mixed feelings about it because having lived there; I did feel a level of safety when the military

arrived. I feel it is the natural human desire, for order, if there are people in uniforms around, I cannot do everything...at least an illusion of safety. Obviously, the military's is not the right option but neither is the 'willy-nilly' killing of people. It is so hard to think about."

Socioeconomic Discrimination of Migrants

Another white American co-researcher explicated life and work experiences in the borderlands:

"It is a difficult city [El Paso, Texas]. Besides racial issues, there is a lot of socio-economic discrimination here and because most of the poorest people are the ones who have migrated illegally then it is all tied-in with many other issues that people have. It is like 90 % Mexican and Mexican-American in this area, but the 10% of the white people and the African-American people are the public officials, which is not something that always happens in other American cities. I think the progress of the city is put on the back burner compared to like immigration issues elsewhere in the U.S. There is not a lot of development in terms of city issues within the broader issues of immigration.

There is a much-defined line between people because of the migration patterns here. So many people come here and they are dirt poor and have nothing, and those are the people who need the most help but then there are the other people who have all the influence. It is just like the rest of the world. There are always lots of more things readily available to those who do not need so much. That division is something that I have struggled with the whole time I have been here."

Migration Experiences

First Generation Mexican-Americans

A first generation Mexican-American co-researcher described her family background and experience of being a migrant family:

“My father was born in New Mexico (U.S.) and my mother was born in Mexico. Then my father was taken back to Mexico and he was brought up and raised there. At early age, he was sent back again to El Paso (U.S.) to work in the farms. My parents met in El Paso and got married. I was born here. I grew up in the *barrios* and graduated from High school in 1978. At that time, I was already working as a nursing assistant in the maternity hospital and then worked in a nursing home. I got married and had my kids. Then I started working for a mental retardation center association for about 10 years...”

Another first generation Mexican-American co-researcher characterized the following experiences about being from a migrant family and her personal development into healing work:

“Coming from a Mexican-American background, being seven girls and three boys in the family, my mother always used to care for us when we got sick with natural remedies. Therefore, I knew there was a lot of ways and different techniques to be able to help yourself without going to a doctor and she believed in the *Curanderos* and the *Sobadores*, which are the ones that would massage the body. My mom would take us to the doctor after she saw that we have got better, just to confirm that we were. All through those years, I saw how effective natural remedies and the alternative modalities are.

I got married with 18 years old, young and immature, and then you find yourself in a marriage with children and everything. Through taking care of my children, I was involved in the schools. I would go and volunteer. I found myself with a daughter in college and needing

to go back to the workforce. Moreover, I started working as a waitress when I was 13 years old. My mom and dad were immigrants from Mexico. My dad was migrant worker, he worked at the Pacific Railroad, and we were out there in the fields and picking cotton, or picking onions. We were out there in nature. I needed to go back to the workforce and did not have the education. I only had high school but my community service opened the door to get a position to work with parents. I gave parenting classes, and made home visits. I would have meetings with parents and teachers. I loved my job, because it did not seem like a job, it was so rewarding. I had the women that came from Mexico that were trying to learn English and were professionals, but they could not work here because of the language barrier. My husband got sick and was laid off. We have three girls in college. I was without a job. He was without a job and I needed to find something that I could do quickly. That is when I studied reflexology. I am open to always learn and to continue. By sharing my profession and how I can help people, it just opens the doors to where I can touch people in different ways. I can touch people's lives. I can make a difference and I can still enjoy my freedom to be my own boss."

Border Crossings

A Mexican co-researcher explained how and why she came to the U.S.:

"I was living happily in Mexico City with my husband and kids. We were active participants in church life. Suddenly, my husband had a bad accident at work that changed our life completely. The employer stopped his salary, which was very hard for our family. Out of desperation, my husband decided to go to the U.S. to earn money. Then, raising the kids on my own, my struggles in life really started. My husband sent money and came back after two years. However, we still could not make a living. He went back to the U.S. again, this time with one of my female friends. Suddenly, he stopped calling and sending money. I felt

something went wrong and I wanted to rescue my marriage and family life. That is why I decided to cross to the U.S. with my eldest son. It was all completely new for me. I asked God to help me. We were in a group of people who were put on a bus and were dropped somewhere. Then we had to walk and crawl in the terrible cold of the night until we reached a highway. I was completely exhausted. We waited quietly for a long time. A truck arrived and we were packed inside with layers of people and were dropped at different places. The *coyote* [the person who was paid to convey them across the border] kept my son and me with him and took us to his house. He wanted to be with me while his wife was there. Finally, he agreed to take us to the place where my husband was. We were stopped by the police and were put in jail until we could be deported. While waiting, I held on to a holy flower from Israel, a gift from my mother that was to protect me for my crossing, and put all my faith in that. I had ‘given myself up to God, to do what He thought was right.’ In that moment, the police just let my son and me go. I had no idea what had happened. The immigration officers never let anybody go. When I finally reached my husband, I realized that he had a relationship with my female friend. I felt horrible and traumatized from all the border-crossing scenes and then experienced this trauma. It was hard for me to keep going.

Then I learnt from my mother that my kids back in Mexico were having problems and I decided to go back and bring them with me to the U.S. For this crossing, we crawled through tunnels. Again, a *coyote* and his mean family kept me back. The experiences there were again traumatic for my kids and me. Finally, we were dropped in El Paso, Texas, and then were told to walk to a shelter. Walking along the street with my kids and having nothing with us, it was obvious that we had crossed the border. I found a church and trusted in God that I could find help again. Someone there helped us and drove us to the shelter.”

Barrios/Colonias

A White American co-researcher talked about her work with underprivileged people in the borderlands:

“There is a lot of pain, sadness and trauma around here in the borderlands. I think families who have to come here and leave their homeland without anything with them is a traumatic experience. They live in fear because they are afraid of being found out. They do not have jobs and would do anything to survive. They do not have a language and do not know the culture. When I worked in the *colonias*, there was nobody out there, no paved roads, and no utilities. People had literally little bits of dirt in the middle of nowhere. However, it was theirs. It was the American dream. There was such resilience for survival. They wanted to make life better for themselves and their children. They taught me a lot about the human spirit and how we can survive.

Through my work, I became aware of the migration issues and the injustices. There were rapes, they were happening by the border patrol and we are documenting that. The fear that people lived in was horrible. I organized refugee services at a legal immigration clinic. I wanted to put a human face on immigration so we started doing programs and churches and schools about knowing your rights and what are the struggles people are dealing with and the injustices.

Drug and Human Trafficking

The White American co-researcher that talked about the barrios shown above, continued to relate experiences from her work with underprivileged individuals in relation to trafficking:

“I worked with the *Border Rights Coalition* to document stories of unaccompanied minors. They crossed the borders without their parents. A lot of them were raped. The kids, the boys

were also sold into prostitution or trafficking. Alternatively, they were asked to be boosters or runners for drugs...until the border patrol actually found them and put them in detention.

There is an anti-immigration sentiment here and throughout the country with the fences going up. More rapes are happening. People are losing jobs. There is a lot of fear and a lot of anger. A lot of unknowing of the lives of people here. It is like creating—almost like a cultural death here. That is why I want to go on and study to be in a place where I can affect change or share some of this experience so that humane laws can be put into place and look after people.”

Torture in Guatemala, Political Asylum in the U.S. and Spiritual Experiences

An indigenous Mayan co-researcher shared her traumatic experiences from Guatemala, deep spiritual experiences, and of being in asylum in the U.S.:

“I am from a small village in Guatemala. My father was a farm worker, my mother a homemaker. At the age of 13, I still was illiterate. I had to move to sisters of our family to get schooling and worked by washing dishes for a woman that would feed us after school. At the age of 18, I finished the sixth grade. I met nuns and a priest and was asked to stay with them in the convent. It was a chance for me to learn more and expand my knowledge and education. I got the personality of leadership and social service since my childhood. I went to communities to help and work with groups of teenagers and teach them languages: Spanish and Mayan languages from Mexico and Guatemala. I converted to the Catholic Church and feel most connected to God, because in my Mayan belief, God is the most powerful Almighty and the cross symbolizes to me this connection. I feel that the prayers and communion are the most powerful in Catholicism. I studied parts of psychology and philosophy. I became one of the leader’s of the Sister’s and travelled to many different places.

When the civil war broke out in Guatemala, I was accused by the Guatemalan army of being with the guerrillas and had other problems I am still afraid to tell. Then I was kidnapped with my few months old son and was held hostage. After several months, I had a strong spiritual experience where I feel we were guided by God to escape from the hostage takers. I was able to climb through a very small window high up, holding my baby, and the army did not see us. I went over high-voltage fences. I kept trying to ‘jump like an animal.’ Through prayers and rituals, I was able to make it to escape through the help of God. I feel it is about believing in something more powerful.

Through Mexico, I made it to the U.S. My little baby and I served for political asylum. When we arrived in the U.S. after our escape of being held hostage in Guatemala, I was in such a bad condition and was diagnosed with cancer that the doctors thought I would not survive. One time in the hospital, one night when I was sleeping, I saw the Virgin giving me something blue to drink. Then the next morning the doctors checked everything, and there was no more cancer found. My friends were coming to force me for a surgery that I did not want to do, and then suddenly that morning the cancer could not be found anymore.

I work as a community worker, counseling women victims of domestic violence. My son goes to school and has won already medals for his excellent marks. At times, I feel like I want to live my own culture and I have no people from my region around here. I cannot live my local rituals or celebrations. I miss my culture, my family and everything there. However, I am able to talk with my family on the phone.”

Racism

White Religious Community Presence

A White American co-researcher spoke about issues of discrimination and the domination of the White through religion and the church:

“What I have been surprised about always is the religious community presence here, all the sisters, like historically, when there was so much turmoil here and poverty, some of the only people who were willing to come to help was the religious community. However, to me this fact creates dangerous dynamics, such as race dynamics, which have always made me feel uncomfortable here.

White Americans and White nuns started many organizations, like social service organizations here - it is all about the missionary aspect. There is a big white religious group here. Then you rather have to weigh like if these people were not here, these services would not be here, and that helped the community here a lot, but what cultural things are you losing at the same time? It maintains a lot of power dynamics within the city that are hard to break, you go up the hill and all the white people live up there, like a segregation of the city, that is disturbing me. But then there are lots of people who are very charitable.”

Mexicans and the White American Church

A Mexican co-researcher shared her experiences about issues of culture and religion:

“Mexicans have rejected the Church to a certain extent because it is mostly been for White Americans...and for White Europeans, and so it is not really culturally practical. Therefore, they have gone to many other religions because of the community aspect. The relationships are very important for Hispanics. They have relationships there and community that is more

fulfilling, more satisfying for them than going into a White Church where everything is very orderly and a rather quiet liturgy and it does not connect with them.”

Fundamentalists and the Fear of the Unknown

Another first generation Mexican-American co-researcher talked about issues of fundamentalism in her Catholic community:

“There have been a lot of changes with the Vatican, but I remember when we were little, there was a lot of fear and it was really coming from our own parents and grandparents who would literally say that if you did not do this, or if you did not do that, there would be consequences and there would be punishment. That is where the fear comes in. We believe in Jesus and we are still stuck back there with a God who punishes. It is not that way now but it is so deeply embedded in us, that it is not easy to let go. You feel that you are doing something wrong e.g., Capacitar Training using Eastern practices that are not in the Bible and that you are not being faithful to your belief and to your religion. However, I have realized and learned it is not about religion, it is about a relationship with the Supreme Being and knowing that He cares about us, and we are stuck as human beings on things like that. I was very active in the Church, I was involved, I was in the ministries, I was a communion teacher...company retreats...but still within my Catholic belief there was something missing.”

Racism Between Mexican-Americans and Mexicans

A White American co-researcher pointed out her struggles about racism not only from White to Mexicans, but also from Mexican-Americans to Mexicans:

“I have always had a lot of trouble here with seeing the racism that happens between Mexican-Americans and Mexicans. Especially when you are crossing the border.

Furthermore, at University of Texas, El Paso, too, there have always been many issues. Like Mexican people from Juárez (Mexico) do not hang out Mexicans or Mexican-Americans from El Paso (U.S.). There has always been prejudice. There are ‘brown’ people here but it is not multicultural. Many of the issues are overlooked because there is this completely different kind of cultural interaction that does not happen. It is like a similar case to like New York in the 20’s or something with Italians and there is always someone you can put below you. It is racism that get’s ignored.”

Lily White Church Versus Cultural Openness

A White American co-researcher shared her family background and her upbringing in fundamentalist Catholic communities and about her development of healing work:

“I was born on a farm in Illinois and married my husband and moved to Syracuse, New York, where we lived for 15 years to get ready to move to El Paso, Texas. That was a big change. I had been home raising four children and I went back to work in public health in El Paso, where I learned not only public health, but I learned Spanish and a whole new culture that really changed my life and networking with nurses on both sides of the border.

I was also involved in my local church. I was a little too progressive for my church and I got wounded there because they like to keep it ‘Lily White’. I was working down in the *barrios* and realized the beauty of other people and at that time, which was like 20 years ago, they were not ready to allow women to participate fully in the church, and so I had some hard lessons to learn there. I was in a warrior mode and I was going to correct the Health Department, which was rather corrupt. I got beat up badly. I felt like I was in the battlefield.

More than 20 years ago, when I was about 55 years old, I took a river raft, was thrown out and got my right shoulder busted in five places. I realized the symbolism of all of that in the river. I was pushing too hard. I was carrying too much and so my right shoulder got really injured severely and I could have died. It was my ‘kick in the butt, two by four between my eyes’. Clearly, it was saying to me, ‘Lady, you are pushing too hard. You are in the wrong place, doing the wrong things.’

Then I set up my own [healing] business in El Paso in the 80’s. I brought in speakers, and teachers, and healers, and I networked with the American Holistic Nurses Association. I have a barn I converted into a healing center where I have a bookstore and a couple of treatment rooms and a sweat lodge where people can come, do sweat lodge, and vision questing. And life seems to be opening up and getting bigger and better all the time.”

Domestic Violence and Health Work

Machismo Culture and Domestic Violence

A White American discussed issues of domestic violence based on her experience of social work in the borderlands:

“There are huge issues of domestic violence around here in the borderlands. I think stress plays a big part and the machismo culture that men are better and they control the women. It goes back to lack of self-esteem for the women that they think their role is to bear their children and serve their husband. Women need to be respected and they need to install that into their children. What I see is that they treat their sons different than they treat their daughters and so they are modeling something and giving a mixed message. Sometimes, they do not even realize that they are in a situation that not everybody is treated that way, like, ‘oh, wow, your husband does not beat you because you do not do this?’

Another White American spoke about her work experience with underprivileged women and issues of patriarchal societies:

“It has been hard since I have been here because when you find out that a woman who comes and talks about her husband and you think that is like a well-functioning couple and then you hear about how he hit her badly. I have a lot of trouble personally to believe in relationships here anymore. When you are in desperate poverty, like most of the people who come to this center, so much of their relationships with people become tied to survival and money, and who is going to take care of them and their children. It breeds violence, when one person is in a lower position than the other is. Nearly all women I work with have had either a direct experience with domestic violence or someone in their family or someone close, in this kind of socio-economic level. It is assumed that it happens and is not spoken about and that the victims feel ashamed to talk about. We have started a domestic violence awareness group, which is a mixture of victims of violence and non-victims. I think in this area especially, with legality issues, so many people crossing the border who do not have papers and then being kind of taken-in by people who have residency or have fake papers or who have some kind of leg-up and then just really abuse their position. I think that happens a lot.

Sometimes, I just get irrationally frustrated and I cannot deal with it. It is just like the same way in U.S. culture that there are some things that are just very ingrained and take a lot of time and work and centuries to get over. I think it is something that has always rather been around. There are many similar things in U.S. culture and we just rather convince ourselves that we have got over it and then you think, ‘Well my mom cooks all the food too.’ Like when we think about things that you do not normally register, such as machismo, and it is not in this aggressive way in our families, but it is still a patriarchal society.

From my experience with some of the women here, I feel like so much of this machismo is this ability to dominate without ever having anyone say you cannot. Women

need to learn to create those boundaries. Some of the men that they are in relationships with are so aggressive and pervasive in their control and if the women learn to respond to that and have a similar power, I think that people respond to the way they treat people. If you are treated in the same way that is because you operate like this in your head. If you are challenged, in the same way you challenge everybody else. I think that has a lot of power but it can also be dangerous. To have people learn ‘No I am not doing everything.’ It is also about the mothers teaching their daughters that they should do this, that you should always have the food ready, and stuff like that. There is a lot of negligence on the female side I think.”

Oppression of the Female Family Members

A Mexican co-researcher marked out problems of domestic violence based on her work experience:

“My work is mainly with victims of domestic violence. They have many problems with their families and their husbands. It is very stressful to listen to all the stories and the situations in their homes. Before, I was working with domestic violence but more with the children and their families in Florida. Recently, I started going to Phoenix University to get a degree in Human Services.

I was born in Mexico. In our culture, women are oppressed, even in my own family. I have seven sisters and six brothers and so we are 13 altogether. My father was like kind of a macho man, who controls everything. I was 20 years old when I came to the United States to become a Sister. I did not have a lot of education because my father believed that women should stay at home, get married, and serve the husband. I did not believe that. He did not want me to come to the United States to become a Sister. My background has been one of fighting with my own family because of the machismo culture. I came I think about 22 years

ago I think. I was 28 years old when I came here to El Paso. I did not know any English when I came to the United States. I joined a congregation of Sisters and started working with the Hispanic population.”

Domination of Man Over Women

A Mexican co-researcher, who works in health services depicted issues of domination of man over women and domestic violence:

“Maybe at the bottom of all this is the dominion of man over woman. There is still that tradition of ‘the woman belongs to the man’, like she has to ask permission to do many things. It is that concept of being possessed by the man. When the woman begins to develop herself, you know, build up her self-esteem and younger women who think in a different way and rebel against this, it leads to more abuse. The other idea is that of marriage and having it is a forever commitment. Therefore, they cannot seem to get out of it because they feel an obligation to stay and especially if there are children already. Many women have said this to me, because I have asked, ‘Why did you stay with him? He does not have a right to beat you or physically or sexually abuse you because you are your own person. You could get away from this. You could break away from this and be yourself, and protect yourself.’ I think they continue to stay because of this obligation, because of the children, because they are not financially independent. They know that there is some security in that. Breaking away and leaving all that terrible situation of abuse would be a great risk for them: ‘What I am going to do? I can not work and take care of the children, and I have no one to help me.’ Sometimes we have had women at the clinic who stay also because they are married to a male U.S. citizen. One of the threats to keep them there is: ‘I am going to report you to immigration, you are going to be deported and you are going to have to leave.’ So again, they continue to stay.

There was a woman who came in our clinic for the women's health part, and she was probably in her late 50's. I asked her how she was, how her family was, just as a matter of conversation before we started her exam. She said, 'Oh my husband died six months ago' and I said, 'I am so sorry and so now you are by yourself?' and she said 'Oh you do not need to be sorry.' She said 'It has been the greatest liberation for me, I feel free now'. There was verbal and psychological abuse. She was like a servant in the home and she could not leave without asking him. She had to tell him all her whereabouts and activities, whatever she was involved in, and whether he agreed or not. It was very surprising to me to what she told me. She seemed happy, very light and very much relieved that she did not have this pressure of this man in her house anymore.

What helped the women at our clinic were self-esteem classes, which could be done on a larger scale. It developed into a support group. In some ways women are responsible for it too because they treat boys and girls differently. Because of their own experience, and the fact that the boys were always first and the girls were in a servant role, and were there to serve, whereas the mothers would do many things for the boys. They do not have the same relationship with each one. It was sort of an awakening that there are notable differences in the way you raise a boy and the way you raise a girl, which lays the foundations for later on. It is sort of the macho concept behind there, so the boy grows up thinking that he is extra special and that he can do things the girls cannot do. And that he has a right to it."

Health Work With Marginalized and Pregnant Women

The Mexican co-researcher continues talking about issues of marginalized Mexican women: "I started working at the border in El Paso with very poor marginalized women. Many who came across the border to have their babies as U.S. Citizen. I worked with the health promoters and did an educational program with them and then we made home visits on all the

women that we saw in the family health clinic. Then I went to Mexico and worked in the poorest communities that they have. I saw very deprived areas very high up in the mountains. They have a very short harvesting period. Therefore, once the corn and whatever vegetables they are able to grow, is gone, then they have very little food. The whole population is malnourished but especially the children. The staff there tries to educate them and talk to them about nutrition, however, their economic status is so poor and they know that the food just is not available once they go up higher into the mountains. In addition, Creole is a bit lower and but it is still high altitude and it is very beautiful areas and it is the area where they have this famous Copper Canyon. People, tourists go there all the time, at least used to go before all the violence increased. It is a very beautiful area. However, higher in the mountains, you cannot even get a vehicle up there, instead you have to walk. When they went into those villages, they had to walk for three days before they could reach them. That just tells how desolate and how isolated these areas are.

When I came back to the U.S., I started working with a program for pregnant women who are not going to use a regular clinic. We always had refreshments and we had lots of visual stuff around that could be used for learning. We had a little corner where we did the physical part of the exam where we listened to the baby's heartbeat, measure, and the usual things that you do. The concept was developed by a nurse-midwife in the 80's at Yale University, to make the maternity experience more life-giving, more a life experience rather than medical. There are physical, emotional, psychological, spiritual assessments included. The women's group becomes a support group because they know each other, and has an educational part as well.

We have a high number of undocumented people who have crossed the border and they want to have their babies born here or they are also fleeing from the violence, but they do not have the money to get a passport and go through the usual process and so they are just

here illegally. Therefore, as long as they give us an address, an El Paso address, and a residence here we accept them. ”

Being Underprivileged and Widowed in Mexico

Dealing With the Loss of the Husband

A Mexican co-researcher, who lives on the Mexican side of the border in Ciudad Juárez, expressed her socio-economic struggles during the illness and the loss of her husband, and how she started working:

“I was going through difficult time because my husband had just died and I had been left alone with my children. I entered a self-esteem program in my community. There I heard about Capacitar and took parts of the training three years ago. This time, I participated in the whole Capacitar Training in El Paso, U.S.

When my husband got sick and made no income anymore, I started selling hamburgers out of our house. My husband's illness was very long; I could not leave him alone. When he first got sick, our little son was a baby, so I could not work outside the house. Circumstances in my life had always made me having to drop everything and figure out a way to get by. Therefore, I had always sold something. It has always gone relatively well, but then always something disastrous happens, something that just squashes it out and it ruins everything and then I start all over again. However, I do not think that God made me to sell things. I feel like he has something better for me to do. I was a member of a group called *La Amigas*, a women's community group, with a 'neighbors helping neighbors' program. There are many single women who have to go to work and then their children are left without food during the day because they cannot cook their food for them. We prepared inexpensive plates of food the mothers could buy to leave at home for their kids while they were at work.

Between groups of neighborhood women we have adopted a special needs little girl in terms of taking care of this child. Through the little girl, I came to work in a clinic for disabled children and then got a job there. I work with special needs kids and with their mothers, who are really stressed out and tired and have this 24 hour job of taking care of this child. I teach them Capacitar practices such as massages and the Tai chi and it helps them.

In the clinic, we learned like Thai massage and Reiki to do with the special needs kids. However, I learned more background about energy work with Capacitar than with Reiki. I feel that ignorance is a big difficulty in this area when they are explaining to people things like body energy. Many people said it is witchcraft, you do not want that kind of thing near you, and that there is just a lot of close-mindedness about Tai chi, about anything like that. People are not open to it very much.”

Caring for the Special Needs Child

Another Mexican co-researcher, who also lives in Ciudad Juárez on the Mexican side of the border, shared her experience of the loss of her husband and of having a disabled child and the socio-economic challenges she was going through:

“I was married to a very good man for 17 years and was completely dependent on him. I never had to work before and had surrendered my whole life to him. I was battling with the five-year illness of my husband and his death. My husband died from multiple sclerosis. Nurse Sisters in my community helped me to prepare for his death and did treatments for him.

I have a daughter who has an epileptic syndrome. This is how I got involved with this clinic for special needs kids, where I work now as a nurse. The clinic is a blessed place and uses alternative medicine and treatment. The first therapies my daughter had ever received were at this clinic. Before, the doctors had told me that my daughter had motor problems and

that she was not going to walk. Until she came to this clinic with its treatment that just completely changed my point of view. There is no cost for anything at the clinic but the only requirement is that the mothers work with their children there. I really like this program because it requires you, the mother, to do the therapy with your child and that is really important. It is a big step too because many times the children do not want to do the therapy, therefore they are with their parents or their mother and it helps them a lot.

In Mexico, there is no coverage of treatment for special needs kids through social security as it would be in the U.S. and a lot of times officials will just say, 'No, like there is no use in doing this because it's already too far because they are not going to get better.' However, this clinic is very different and they say what matters is the quality of life of the children and that is what is important. It is very important for the mothers to hear that. It is really great because in addition to having the mother come with the child, they also have services to take care of all their other children while they are in therapy so they can bring their other kids and they also give them food while they are at the clinic and they give them a ride there and a ride back.

The organization was founded by a Catholic Father. It is Catholic-based and Catholic-funded, but there was never any pressure to be of Catholic religion, instead all sorts of different religions represented. There is not any requirement based on religion in order to get the services. Private donors fund them. There is no government funding. They do not want to become related with the government because that will undo them. The clinic exists since 10 years and I have been going there for about three and a half years. My special needs girl is almost five now."

Falling in Love With the Borderlands Cultural Mix

Cultural Blend

A White American, who lived for more than 30 years in El Paso, spoke enthusiastically about the cultural mix in the borderlands:

“In the borderlands is a real mix of cultures: You hear a lot of “Spanglish” spoken here.

There are wonderful Mexican celebrations that bring people together. They do love to celebrate because you do not know what tomorrow will bring. I think one of the reasons why I am so comfortable with this culture is that it is similar to the Irish culture I grew up with, such as the farmers, the music, the dances, the sad songs, talking about life, the deep faith of the people. I am of Irish-Polish background and a first generation U.S citizen. I grew up in a very ethnically Irish area in New York City. Like we are all Irish dancers. We grew up with a strong sense of culture. We all ate Irish food. We learned our prayers in Gaelic as children. The Mexican people come here and have their ethnic food, their dances and their songs. In the El Paso region, the people are about 95% Catholic amongst some Jewish and Muslim people. I think the faith, the culture, and the church links together and gives people a chance to express themselves to their faith e.g. the Mexicans do great devotion to the *Lady de Guadalupe* because she was one of them in a sense.

I have studied a lot about the *Chicano* culture and the border culture. I think it is a beautiful combination of cultures. However, there are people who are militant about how awful it is to mix languages etc. There are many unappreciated parts of a puzzle. It is like a third country, there is nothing even remotely like here. It is all mixed together here in El Paso, and it is different from Tijuana and San Diego because they are not physically touching in a way. This is the only place where the U.S. and Mexico are the same city, just with a line through it. People who come from further away feel intimidated about these things. There are

cultural things that people from Mexico can hang on to when they get here. I mean most importantly the language. You can live your whole life in El Paso, Texas, and never have to speak a word of English. When you have a place that has always been so mixed, a lot of problems get ignored or are taken for granted.”

Latin America

A White American delineated how she was brought up and how her life brought her to live and work in the borderlands:

“I was born in Massachusetts. My mom’s side of the family is Dutch and my dad’s family has been in the U.S. for a long time but they are originally French and English. My parents worked in a boarding school that had all these foreign kids who were like “Princess from Saudi Arabia” and all sorts of foreign students. Therefore, I had many foreign influences from that. I would go around the dorm rooms and collect stamps from everybody. Then my dad got a job at an independent school in Virginia, where we were able to go there for free. I was able to get an education that we never would have been able to afford. It gave me many opportunities. Then I graduated with a Bachelor in Latin American Studies and did my senior thesis on the *Lady de Guadalupe*. I had travelled to Honduras and to Mexico and taught English. I got interested in Latin American studies and knew that I wanted to speak Spanish. Then I came here on the border studies trip and taught English classes for the poor in a community center with a group of little kids from five years to fifteen in the same class. After graduation, I came back here to the border and got a job because I liked the border cultural mix so much.”

Borderlands Spiritual Practices

Mexican Prayer Practice Considered as "Spiritual Food"

A first generation Mexican-American shared her personal prayer practice, which had transformed her spirituality, her life and healing work:

"It is spirituality. It is prayer and meditation that believes in the Father, the Son and the Holy Spirit and the Virgin Mary. When you do this prayer you are giving light, and by giving light, this is how you are serving. We are here in this earth to grow. Through our experiences, we are getting closer and closer to God for when the time comes wherein we leave. By doing a prayer, you are not only receiving light but also you are giving light, you make a difference, it expands, there is no distance, and there is no limit. This prayer is 30 minutes long and it is in Spanish. The woman, who gave it to my cousin, was 15 years old when she received it. It was put together through *Divine intervention* and it was written in Spanish. My cousin was very ill and she went to California, where they took her to a place where they do this prayer. Now she is very well and she is very healthy. That prayer is like everything and anything you ever want to say. I know it by memory and I have been praying it for 25 years. I have it on a CD, I have a copy, and I can give it to you. The only thing that we always are asked to do is when you give the prayer, you give it to that person, and you say, 'This prayer should never be sold, it should be given.' If you share it with somebody else, make sure you tell him or her the same thing and this prayer should be prayed daily. When I first started doing it, I could not do it by myself at home, I had to go to my cousin's house, and we would sit and pray. When I came back home, there was this feeling... sometimes... like I am anxious... 'what is going on? What is it? What is it you need from me, God? What do I need to do?' My eyes would go directly to the dresser where I have the prayers. 'He is telling me, I need to pray.' It is considered 'spiritual food.' Your spirit gets a taste of it. Then you feel the need to do it

until it feels satisfied... the spiritual waters turn into food, and this is when peace came into my life. It has developed my gifts and prepared me for what I was going to do.

It really feeds you spiritually and it opens your spiritual eyes, it opens your spiritual ears, and it just ...it is so powerful but at the same time, it is so beneficial and it is not that easy to do. At the beginning, even my husband thought it was unusual for me to be praying at home when we should go to church. We should go to mass. However, in the house, it seemed strange to him. I would sit down with my girls, they were little, we were praying aloud and everything and it just gave me peace. What I felt from that prayer was enough for me to say, 'I am going to continue' because I did not know what I was looking for and what I needed but I felt the results. And I would pray and I would lift people up."

Indigenous Mayan Prayer Healing Ritual

The indigenous Mayan co-researcher (in this narrative piece called "X") suggested the performance of a Mayan prayer healing ritual:

"When I [the researcher] asked the Mayan co-researcher, if she would tell a bit more about her Mayan healing knowledge, X meant that we have talked enough and that she preferred to perform a prayer-healing ritual with me instead, so that I could experience and participate with her Mayan healing knowledge.

It is a place in the El Paso mountains that indigenous people can use as a sacred place to perform their culture and rituals. I videotaped parts of the ritual and recorded some of the things that were spoken and explained. However, most of it is kept in my body. It is an offering ritual to the Almighty God of the Mayans—'the spirit of the world' for receiving healing and power. A fire is made, five candles lighted (with the colors red, blue, white, yellow, green, and brown), and local incense is offered to the 'Mayan encompassing God.' How the fire develops is read as divination of the future. Through the offerings, you give

thanks to have work. The co-researcher and a female friend, who was initiated in this ritual, performed it with her, while the co-researcher's son and I were sitting down. The fire developed the shape of a tree. X read the fire and said, 'It is a very good sign, many good things will come to you, to the people around us, and to the people we love.' When the fire made a lot of noise, she said again 'This is good, it is crackling our instincts.' The fire was turning to all four directions, that X said was very special and will give us all a lot of healing and power. She was performing a prayer and we all held something personal over the fire for receiving blessings and to take them with us. We were all giving incense to the fire. X was chanting prayers and blew a whistle that had the shape of a bull and made the sound like wind, and a bell tinkling. Usually whisky should be offered to the fire, but we did not have this. It is all about giving thanks to the world and our life and to go from here into a new life. In the Mayan tradition the bull is a very important symbol for how the people think and give trust to the bull, e.g. if you see a bull, this will give you a specific sign or a warning.

Co-Researcher's/Researcher's Experience of Synchronicity

An amazing synchronicity happened with X: At a Capacitar conference in Santa Barbara, CA, U.S., 2008, I (the researcher) got a little gift from an indigenous Mayan Guatemalan woman, some herbs from the mountains in a handmade little bag. I took it with me, when I moved back from the U.S. to Europe. When I packed my luggage for my doctoral field research in El Paso, Texas, I thought about what would be good to take as a "good spirit" to accompany me and my research journey. Amongst other things, the little Guatemalan bag with the herbs came to my mind intuitively, and I took it with me to El Paso. Somehow, I forgot about it. On the evening before the healing ritual with X, I found it in my suitcase and took it to the ritual the next morning as an offering to the ritual and to X. She was very touched, when we found out that she knows the woman who gave me the bag. It is a good

friend of X from Guatemala and she will never be able to go back there and collect these specific herbs from her region. We cried together. X offered some of it to the fire ritual that I attended. At the end of the ritual, we were all sitting together quietly at the sacred site of the El Paso mountains, looking to Mexico and the South - at the other side of the U.S.-Mexico border... ”

The Lady de Guadalupe: A Cultural Synthesis

A Mexican co-researcher explained in detail the cultural background and cultural-spiritual synthesis of the *Lady de Guadalupe*, which plays an important role for the locals in the border region and in Mexico (a photo of an original based copy is included in Appendix J): “El Paso County (U.S.) is about 700,000 residents and in Ciudad Juárez (Mexico) it is about 1.7 million. Most people are Catholic and some other Christian denominations. They still have devotion to our *Lady of Guadalupe*. It is a combination of the cultural background here. Our *Lady of Guadalupe* is simple, and she is Native American. In addition, when she appeared the colonizers, the Spaniards, were oppressing the people. She is from 1531 and appeared to Juan Diego who was a Native American. However, he was like a ‘New Catholic’. He had accepted the faith. In addition, when she appeared to him on the mountain, he described her as this beautiful Lady, saying that she wanted a temple built here in this place and that he should go and tell the bishop. He was a very humble man and he said, ‘No, I cannot do that. He will not listen to me. I am just a very poor man.’ Twice she told him to go and the bishop did not really believe him because he was a poor Indian man. The bishop said: ‘Well if this Lady is so insistent that we need to build a temple, ask her for a sign.’ Therefore, Juan Diego goes back and was trying to avoid her. He went a different route around the little mountain but she appeared to him there. He said, ‘Oh! I did not want to be, I cannot talk to you now because I have, my uncle is dying and I have to get a priest.’ She said to him, ‘Do

not worry your uncle is fine. He is going to be healed. I still have this mission for you.' He told her that the bishop asked him for a sign: Can you give me something that he can accept as coming from you? She said: 'Go up higher into the mountains and you will find some roses there. Pick all those roses and come back to me.' 'This was December!' Nevertheless, he goes. He was ready to say, 'It is December. There will not be any roses up there. And up here there are never any roses.' But he went. He did not say anything. He went and there were all these roses, all these beautiful roses. He picked up his apron and held all these roses there. He then went back to her and she rearranged them and said, 'Now do not show them to anyone but to the bishop.' He kept covering them up and protecting himself. He went to the bishop and told him that he had a sign and all these roses dropped out. The bishop dropped to his knees because painted on there was this image of the scene on the mountain.

All of this spoke to the Natives because their nobility dress used these colors and the rose color. And the green, the teal color and the rose were what their royalty wore. They knew that she was a very special person, however, they knew that she was also human. She was not a goddess because the inclination of her head and her hands in prayer; it is as if she is also worshipping God, you do not worship her but God. When they have studied the stars on Juan Diego's mantle, they found it is the constellations that were known in the 16th century. Therefore, that is signifying something. She was in front of the sun so you have all the rays of the sun on his robe. She is standing on the crescent of a moon, which means, you know that they worshipped the sun, the stars and the moon. This was the God for the Native people. So she is saying: 'I am greater than all of these.' The most important thing, every time she appeared to Juan Diego, she said: 'I am the mother of the very true God, the truest God.' It is the pregnant virgin. They identified with this black belt around her robe, which meant when an Indian woman wore it she was pregnant. There is a rose with just four petals, which means like the womb wherein the infant is held. The brocade, they have studied the patterns, which

are natural plants that the indigenous people would have known particular herbs. However, this black crescent signifies evil also. Therefore, she is stepping on it and like oppressing the evil in the world and that she has the power not on her own but because of her son that she is carrying. The angel in the image is supporting this; she is also superior to the angels because she was chosen to be the mother of God. The symbol of the cross is in the image, which all the colonizers wore. The fact that she is wearing it said its okay; it is acceptable to receive this cross. Therefore, those were all symbols that appeared on Juan Diego's robe. This is what spoke to the people.

A new creation, was the color of her skin, she is Brown, which was a mixture of the Native and the White because the colonizers came without women. They took the indigenous women and then, of course, these women became pregnant they did not know what to do with the children who were so different because they had the White from the Spaniards and/or European background and the Indian. They were the *mestizos*. This also said to them to accept their children. They are children of God too. In the Lady's eyes, there is a reflection of Juan Diego and of the bishop on his knees, and she is looking down at them. Juan Diego, the Native Indian who at that time was 53 years old, was very convinced about religion and a simple man. The Virgin Mother always picks simple people to appear to or to send messages to. It is very amazing and unusual. The Holy Mary is found in every culture and she takes on the form of whatever the culture is, as if the European is very light blue eyes and light blue and white or pink, white mostly, and robed in a mantle that is blue. However, here she is very typical of what would speak to the Native Americans.

The original image is housed at the Basilica of the *Lady de Guadalupe* in Mexico City. It is over 500 years old now. It still exists with the same colors and everything and has not faded. Scientists have examined all of this. It is not any natural painting and the material has been preserved. When I was in Mexico City, I went to the mountain and the Basilica.

There is a little hermitage at the top of the mountain where Juan Diego lived for 17 years until the church was built and they hung his robe like tapestry in the church. He had his robe in his room and that is where he told people about his vision and about the Lady. After her appearance there were more conversions to Catholicism in the 17 years than all the time that the colonizers, and the Franciscans and the Jesuits and whatever other groups tried to change the Natives from being so-called pagans to Christians. Sometimes they did it by force. Therefore, that is a very embarrassing thing for the church to have, push religion in a violent way and make people accept what they do not want to accept. However, they do it to survive.

On 12 December the churches are packed, the day when the *Lady de Guadalupe* gave the sign to Juan Diego and the day the bishop accepted the sign. In Mexico, you can watch it on TV at midnight. They have this special serenade for our *Lady de Guadalupe* with people coming from all over. They sing and they recite poetry. They all pray together. There is a mass at midnight to initiate the whole festivity. Then all day long, people process at this huge plaza. They honor Mary that day in a very special way.”

Spiritual Healing Experience

A Mexican co-researcher shared her deep spiritual experience and transformation during a Catholic Church event in El Paso, Texas:

“I had an experience in church that I had not experienced before and was like discovering a new world to me: One time I was going to a specific church event, translated as ‘Renewal through Christ.’ They were singing, praying, chanting, etc. I had never been to anything like that and it seemed strange to me. The pastor instructed us to close our eyes, be silent, and try to open ourselves up to the spirit. I had never experienced such a ritual. People started speaking in tongues. It made me afraid and I did not like it. However, I did close my eyes and was sitting silently, having my hands clapped together. Then my hands started to separate. I

was scared, opened my eyes and put my hands together while the hands separated again. Then I just let it happen and did not know what was going on: The hands separated and rose up, and then went back in a prayer posture a few times. It was not me controlling the hands and I stopped being afraid. When I took the experience as the presence of God, I started to like it. It brought me to God in a way that I had not experienced before, when I could not control my arms.

While my arms and hands ‘were moved’, I saw this brilliant ‘yellow light.’ It felt like ‘the love of God shining over me.’ It had been the most important and influential moment in my life. Something ‘hit my heart’ and I do not think I will ever experience anything like that again. I cried, felt clumsy, and prayed for everybody that I could possibly think of, such as enemies, people I did not like, and everybody I cared for, during this experience. I feel that during this church experience, I had a first healing moment when I ‘prayed all that out.’ I felt light afterwards and my faith in God had been renewed.”

Summary of Chapter 4

This chapter represented the cultural-spiritual narrative reports of the co-researchers’ life experiences in the U.S.-Mexico borderlands. It appeared that the co-researchers’ experiences reflected common topics that are included in the (English-speaking) academic literature concerned with cultural and political issues prevalent in the U.S.-Mexico borderlands. There exists a small field of border studies, mostly coming from sociology. In the field of psychology, knowledge about psychological issues in this region is lacking.

The co-researchers of this study spoke about their experiences of the impact of living at the border to Mexico, a country of the South facing a first world country, the U.S.; about the impact of socio-economic discrimination; their migration experiences of being Mexican, Guatemalan or first generation Mexican-Americans. These co-researchers retained a strong

connection to their own culture. Cultural-spiritual differences became visible in their use and knowledge of indigenous folk medicine. Spirituality and religion played an important role for most of the co-researchers and cultural transformations were apparent. The *Brown Madonna* or *Lady de Guadalupe* of Mexico seemed to be an example of cultural-spiritual transformation and the integration of religious beliefs. Cultural-spiritual integration played a significant role and was like a thread running through the women's narrative reports that will be discussed further in Chapter 7: Discussion.

CHAPTER 5: PHENOMENOLOGICAL RESULTS

Representation of the General Meaning Structure of the Research Phenomenon and its Variations

As outlined in the Methods section (Chapter 3) of this doctoral thesis, the interview transcripts relevant for the phenomenological data were analyzed according to standard phenomenological psychological procedures of imaginative variation, as well as using embodied interpretation. A sample of one co-researcher's account, showing the meaning units, transformation of meaning units and imaginative variations, is given in Appendix L. Several rounds of imaginative variation were applied to generate the general structure of the research phenomenon, of which examples are shown in Appendix L.

The following section explicates the general structure of the phenomenon “the embodied experience of change as a result of the Capacitar Training” in a threefold way with the goal to enhance the embodied understanding of the findings for the reader: (1) Description of the general structure of the research phenomenon and its key constituents, (2) Visual expression of the general structure, and (3) Aesthetic embodied interpretation of the general structure of the phenomenon.

The latter section amends variations of the key constituents of the phenomenon. The experience of change is a process and therefore needs to be understood in its entirety. The variations of the phenomenon are the different individual processes of change in the co-researchers' experiences that include the general key constituents. Through explicating several exemplars of processes of change, the variations are demonstrated through direct quotes from meaning units and narrative information from the co-researchers to ensure the descriptive adequacy (Ashworth & Chung, 2000) and to balance the texture and structure (Todres, 2007) of the representation of the research phenomenon.

General Meaning Structure of the Research Phenomenon

The 14 co-researchers of this research participated in the 7-month-long Capacitar Training that teaches body-mind-spirit practices for the transformation of trauma. It is conveyed in a format of four modules in a 2-day weekend workshop. The participants of the training are expected to practice the body-mind-spirit practices and to study the readings provided in the manual between the modules. Towards the end of the Capacitar Training all participants are required to conduct a small group project involving teaching some of the practices to others and to write up their project and their experiences with it. Throughout the four modules of the Capacitar Training, the co-researchers were introduced to certain body-mind-spirit practices, including psychoeducation, which is primarily about the impact of psychological trauma on health and about the background of all the practices compiled in the Capacitar Manual.

Constituent 1: Ambiguity at the Beginning of the Capacitar Training

After the exposure to the Capacitar Training had started, a *process of individual movements of change* had been initiated or catalyzed for the co-researchers. At the beginning of the training during the first module, some ambiguities arose for several co-researchers (7) around the question of whether or not it would be good to participate in the Capacitar Training. The ambiguities could be called “anxiety of the unknown” that forms *constituent 1* “Ambiguity at the beginning of the Capacitar Training.” The “anxiety of the unknown” emerged for several Mexican and Mexican-American co-researchers related to their more fundamentally Catholic oriented communities, where body-mind-spirit practices could be seen as “evil” or “witchcraft” because they were not included in the Bible. Some

co-researchers felt a sense of insecurity about their own capacities to learn the comprehensive training. Through the dialogical process with the practices and the teachings, most of the ambivalences were transformed into a positive experience of a deeper understanding of themselves and others.

Constituent 2: Initial Change of Awareness

After the second module of the Capacitar Training, an initial movement of change had begun for each co-researcher. During the first or second module of the Capacitar Training, all co-researchers (except one who did not talk about this) experienced an *initial change of awareness*, a *major felt shift through the body* that comprises *constituent 2*. The initial *bodily felt shift* led to a new or deepened connectedness with the dimensions of body, mind, spirit, community, and/or nature and could be called a felt sense (Gendlin, 1997a), which is defined in the Chapter1: Introduction. Those co-researchers, who felt ambiguity in the beginning, experienced a transformation of their ambivalence into trust or belief in the positive impact of the Capacitar Training through their experience of a major initial bodily felt shift. They felt their body consciously and different emotions stored in the body emerged, such as pain, stiffness, sadness, tears, anxiousness, nervousness, but also the feeling of light flowing through the body, of feeling lighter, of warmth and sometimes happiness.

Constituent 3: Desire for Further Change

These initial experiences of bodily change and shift in consciousness were recaptured as an important *AHA-experience* that led to the rise of a *desire for further change* for the co-researchers and represents *constituent 3*. The AHA- experience involved feeling themselves as they had not felt before and connecting with themselves and previous

experiences as they had not understood before related to traumatic experiences, spiritual experiences, previous healing knowledge, and connectedness with Self and Other, amongst other experiences. All co-researchers experienced an expansion of self-knowledge through the integration of previous experiences, through understanding themselves better and through getting new insights. It seemed to be a major factor of change that led to an increasing desire for further change. The intensity of the initial change seemed to indicate the intensity of the desire for further change that varied on a spectrum for all co-researchers. However, the Capacitar Training teaches the assumption “that you have to heal yourself in order to heal others,” which has to be considered as an *external pushing movement* within the process of change of each co-researcher. The intensity of the initial change and the further exposure to the Capacitar Training built up to a further process of movement or change that led to an increased embodied understanding. It seemed that a *longing* or *desire* for further change emerged more and more. *Desire* is defined as “to long or hope for” and “to express a wish for” (Merriam-Webster Online). Through the experience of the initial bodily felt shift in consciousness a desire for further change emanated.

Constituent 3.1: Desire for Expansion of Understanding

The *constituent 3: Desire for further change* is complex. Based on the initial change of (bodily) awareness, all co-researchers experienced an *expansion of bodily understanding (sub-constituent 3.1)*. It seemed that all of the co-researchers experienced an integration of something important in their lives that led to a bodily felt understanding. This key constituent comprises three different sub-constituents of change in the co-researchers’ experiences: The first sub-constituent “desire for expansion of understanding (3.1)” is complex and includes three sub-sub-constituents (3.1.1 – 3.1.3) that are revealed in the next paragraphs.

Constituent 3.1.1: Integration of Previous (Traumatic) and Spiritual Experiences

The *sub-sub-constituent: Integration of previous (traumatic) and spiritual experiences (3.1.1)* carried the desire to expand the co-researcher's understanding. Through the change of bodily awareness, several co-researchers (9) developed a new understanding of previous traumatic life experiences and were able to integrate them more. Other co-researchers (9) experienced an integration of previous spiritual experiences through their change in awareness. The integration of previous experiences led to an increased understanding of themselves and others.

Constituent 3.1.2: Integration of Previous Knowledge

The *sub-sub-constituent 3.1.2: Integration of previous knowledge* and/or transgenerational knowledge emerged for all co-researchers. They experienced an integration of previous knowledge with the Capacitar practices based on their personal or professional experiences, beliefs, practices they had performed before, and previous healing. They could intertwine previous knowledge and experience with their new knowledge and experience through the Capacitar Training that led to an expansion of understanding.

Constituent 3.1.3: New learning

The *sub-sub-constituent 3.1.3: New Learning* arose for all co-researchers. They all learned something new, which they had not known or understood before, or experienced a transformation of a previous understanding or concepts in the sense of a new insight and/or new realization.

Constituent 3.2: Increase of Self-Esteem

Furthermore the *key constituent 3: Desire for further change*, comprises the *second sub-constituent 3.2: Increase in self-esteem*. The co-researchers (9) gained self-esteem through their *initial change of awareness (constituent 2)*, and through the *newly expanded understanding (constituent 3.1)*. The new and important understanding enhanced self-esteem and self-confidence through the experience of being capable to understand the teachings in the training and in feeling more confident of being able to teach these practices to others. The *increased self-esteem additionally intensified their desire for further change*.

Constituent 3.3: Desire to Increase Psychophysical-Spiritual Well-being

The third and last sub-constituent of the *key constituent 3: Desire for further change* is the *desire to increase the psychophysical-spiritual well-being dependent on regular practice (3.3)*. The desire to practice regularly in order to achieve a lasting change of psychophysical-spiritual well-being seemed to vary on a spectrum. Based on the initial experience of bodily felt shift in consciousness, several co-researchers (8) experienced through certain practices e.g. a relief or decrease in body pain, a feeling of being more centered and balanced in the body, and a feeling of aliveness that enhanced their feeling of well-being and led to their desire to regularly exercise those practices. The co-researchers experienced a decrease in well-being again and the return of stress symptoms, if they stopped practicing regularly.

Constituent 4: Desire to Support Others' Change.

Based on the co-researchers' initial experience of change and the desire for further change, the *desire to support others' change* emerged that builds *constituent 4*. The

co-researchers' experience of the initial change led to a desire to support change in others on different levels and with different intensity, in addition to the desire to further their own change. Their intentions to share or teach the Capacitar practices varied on a spectrum: to show the practices to other people (6 co-researchers), to teach them in a more formal setting to practitioners (2 co-researchers), and to integrate them into their work as a practitioner (5 co-researchers). The intentions to teach seemed to depend on the personal and professional background of the co-researchers. However, it is a requirement of the Capacitar Training to conduct a group teaching or to share the Capacitar practices with others, which has to be taken into account as another "external pushing movement" as it had been with constituent 2 as well, which can not be separated out from the *desire for further change*.

Constituent 5: Ambiguity at the end of the Capacitar Training

Towards the end of the Capacitar Training, some different ambiguities arose compared to the beginning of the training. This *fifth constituent: Ambiguities at the end of the Capacitar Training* is related to the co-researchers' (5) experiences of feeling pressure to practice regularly, to the pressure of teaching the Capacitar practices to others, and to some critique about the training.

In addition to the above delineation of the general structure of the research *phenomenon embodied experience of change and its five key constituents*, the following Figure 2 shows the visual expression of the general meaning structure.

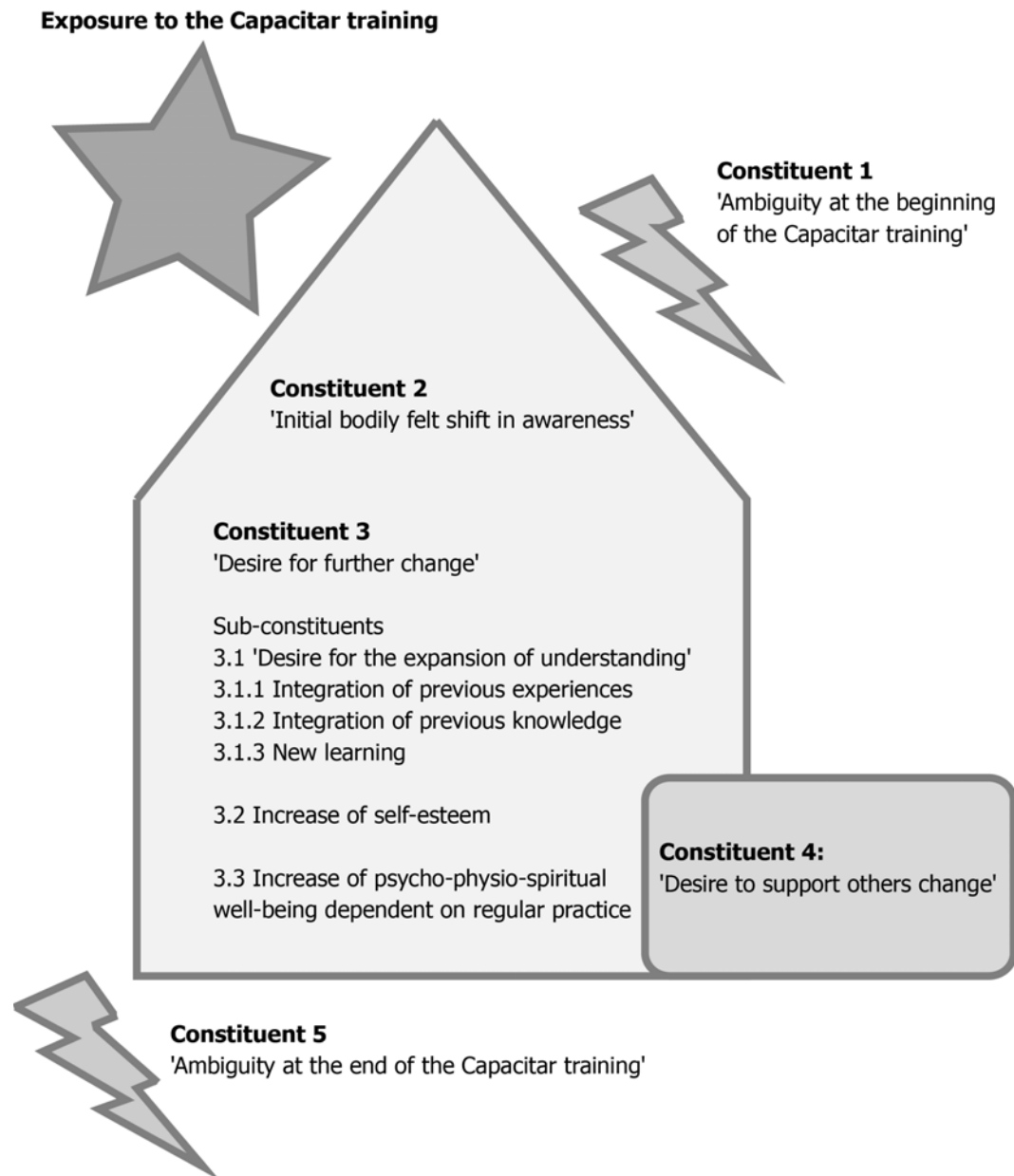


Figure 2. General Meaning Structure

The results of the embodied phenomenological psychological data analysis represented through its five key constituents are depicted in this figure as the *home* of the general meaning structure of the research phenomenon “embodied experience of change as a result of the Capacitar Training”.

Aesthetic Embodied Interpretation

In addition to the “traditional” report of the general meaning structure of the phenomenological research findings shown above, this section attempts to expand academic boundaries by giving an alternative representation of these results. It aims to evoke a more aesthetic form of description through embodied interpretation (Galvin & Todres, 2009) as explicated in more detail in Chapter 3: Methods. The general meaning structure of the research phenomenon is summarized and articulated in an aesthetic embodied interpretative way in the following paragraphs.

The trajectory of the phenomenon “the embodied experience of change as a result of the Capacitar Training” has a pattern, which can be put in a metaphorical image of a *dynamic movement* or process with some blockages or obstacles emerging here and there. Obstacles evolve, block, or slow down or pause the process of change, which could be called *dissonances within harmonies*. The dynamic process implies a *movement towards something more*, which appears as *expansive movement*. *More* can be defined as “greater, additional, further” (Merriam-Webster Online). The dynamic movement has the quality to be *fuelled by certain intentions* of the co-researchers, such as expansion, growth, healing, and well-being. It can be suggested as a *process of embodied understanding of integrating being and knowing* of the women’s lived experiences. A process of change emerged with different intensities at different stages in time that seemed to be infinite. There appears a *desire for the more, a movement towards something*, which occurs to be intentionally *directed to the un-known or implicit*. Merriam-Webster’s Online Dictionary defines *movement* as “the act or process of moving; especially: change of place or position or posture”. The movement implies a change, which is the subject of the research phenomenon “embodied experience of change”.

Furthermore, movement is described as “a distinct structural unit or division having its own key, rhythmic structure, and themes and forming part of an extended musical

composition” (Merriam-Webster Online). This definition shows the dynamic rhythmical quality of *movement*, like an individual composition within different grander compositions e.g. within the biographical, or interpersonal, or global dimension of human experience. *Rhythm* is defined as (a) the aspect of music comprising all the elements (as accent, meter, and tempo) that relate to forward movement, and (b) a characteristic rhythmic pattern (Merriam-Webster Online). Within the co-researchers’ *process of movement or change of embodied understanding*, there were certain *turning points* that can be called *dissonances within harmonies*, such as a change in direction or a new movement, initiated through an important *AHA-experience*, which then catalyzed or potentiated the emergent *desire for more change*.

The metaphor of a *movement composition* depicts the dynamic of the general structure of the phenomenon “embodied experience of change as a result of the Capacitar Training”. It is a composition within many compositions and has many layers like the parts of the whole. The intensity of the movement or change of embodied understanding towards the implicit varies and the results are open, infinite, and change over time. The process of embodying the implicit has its own time and its own rhythm. It is a *never-ending story*, which will never be accomplished—it is an *infinite journey that unfolds organically*. To me, it has something *sacred* to it, which we do not know and that reminds me of one phrase from the (*High*) *Song of Solomon* “...do not raise her, my love, until she is ready...” One of the co-researchers of this research referred to the aspect of timing using a metaphor: “We talked about leading the horse to the water but ... not being able to force that horse to drink water, is that everything has a time table. Everything has a moment and everyone is either ready for that healing and that growth or not ready” (Sa11, Sa12).

Each co-researchers’ process of movement has its own individual rhythm towards a *more than words can say*, which is implicit and infinite, yet longing for expression. This

implicit infinite process of longing for development and longing for expression, to me, is connoted wonderfully in a poem of *Das Stundenbuch* [The book of hours] by German poet Rilke (1905/1972):

“ich lebe mein leben in wachsenden ringen,
die sich über die dinge ziehn.
ich werde den letzten vielleicht nicht vollbringen
aber versuchen will ich ihn.
ich kreise um gott, um den uralten turm,
und ich kreise jahrtausendelang;
und weiss noch nicht: bin ich ein falke, ein sturm oder ein
grosser gesang.”

[“i live my life in growing orbits
which move out over the things of the world.
perhaps i can never achieve the last,
but that will be my attempt.
i am circling around God, around the ancient tower,
and i have been circling for a thousand years,
and i still do not know if i am a falcon, or a storm,
or a great song.”]

It is a process of *not-knowing and wonder* that carries the *desire and longing for change* and development forward, which is initiated through the first *major bodily felt AHA-experience of embodied change* of each co-researcher’s process.

The following section delineates details about variations of the five key constituents of the general meaning structure of the research phenomenon.

Variations of the Key Constituents

This section represents examples of intrastructural variations (Giorgi, 2009) of the key constituents of the general invariant meaning structure of the phenomenon. Since the phenomenon is complex, it did not seem possible to generate a general structure including exemplars of variations. After trying several ways of presenting variations, I then decided to depict certain exemplars of variations as the *processes of change* of several co-researchers to

show in clearer detail different experiences of their process of movement and change from the beginning till the end of the Capacitar Training.

I had a desire to present all 14 co-researchers' voices at some point, with examples of their experiences of change, but then realized that I had initially included too much data and text in the presentation. I became aware that the reader encountering this report for the first time could get lost in the mass of text and could feel either overwhelmed or upset. I had dwelled for some time on how to reduce the phenomenological examples of variations, when it occurred to me that *less is more*. I reduced the amount of phenomenological data representation, and yet there is still a lot of text. I feel sorry for those co-researchers whose experiences are "under-represented" in this part of the report of findings. It feels like I had been struggling with the tension of *letting go* of detailed descriptions of variations, of *giving justice* to the co-researchers' voices, but at the same time creating a concise representation.

As a rationale for my decisions of what exemplars of variations would be included in this presentation, I gave emphasis to rich descriptions of embodied experiences of change according to the research phenomenon. The second rationale for inclusion of examples was a focus on those examples that could show the process of change or movement of change covering several key constituents. It was a question of balancing the texture and structure of the general structure or, in other words, the "dance between the parts and the whole". I felt that it would be important for the reader to understand not only the parts but also the whole of the general structure of the research phenomenon that I have depicted as a *home* in Figure 1. It conveys the tension involved in balancing out the parts and the whole. There is by no means a "right" way for this presentation.

The subsequent Figure 3 shows an overview of variations of key constituents. From each example of variations given in the following section, I selected one sentence (direct quote) that carries to my understanding a central notion of variation.

Ariel (White American): "People look down on taking time for yourself... especially for women" [ambiguity about the Capacitar training remains]

Traviata (Mexican): "I said, this is so silly [the Capacitar movements], I did not like it" [ambiguity gets transformed later through the experience of change]

Megan (Mexican-American): "Like if something was being removed" [from my body] [experience of healing]

Charlene (White American): "It just blew me away, I will never forget" [her new bodily understanding]

Andrea (Mexican): "I just realized that I had found God again in that movement" [connecting her spiritual experience with Capacitar movements]

Jafina (Mayan): "I have been able to get better from the past" [re-connecting with herself through the body]

Lima (Mexican): "My self-esteem is in the sky" [expansion of understanding leads to increase of self-esteem]

Magdalena (White American): " [A change]... that I can't quite put into words" [deep transformation]

Figure 3. Notions of Variations of the Research Phenomenon

This figure comprises central sentences (direct quotes) from the co-researchers' experiences of ambiguity and deep experiences of change.

The following section demonstrates examples of the key constituents variations through four processes of change in the co-researchers' experiences with attention being paid to the texture and structure of the phenomenon "embodied experience of change as a result of the Capacitar Training" in order to let the phenomenon unfold vividly for the reader.

The processes 1 – 3 explicated in the next section include exemplars of ambiguities and the process of transformation overall constituents. Process 4 comprises five examples of co-researchers who had not the experience of ambiguity and shows deep transformations particularly of constituent 2: Initial change and constituent 3: Desire for further change, which constitutes the centerpiece or *heart* of the phenomenon.

The Role of Ambiguity

Ambiguities emerged for some co-researchers primarily at the beginning (Constituent 1) and at the end of the Capacitar Training (Constituent 5). The process of the co-researcher Ariel (White American) demonstrates issues that arose.

Example Ariel: “People look down on taking time for yourself... especially for women.”

Ariel realized that she held a judgmental cultural belief that it is inappropriate, especially for women, to take time for themselves. This cultural boundary blocked her experience to some extent throughout the training. She had difficulty taking her own time to perform Capacitar self-care practices: “...in our culture, people look down on taking time for yourself...it is like selfish especially for women. You should always take care of other people...it has bad connotations” (A1).

Furthermore, Ariel experienced another boundary, a feeling of alienation when touching her own or another person’s body during the Capacitar practices. Nor could she accept or believe in the theoretical concept of energy flow in the body. She realized that, in order to practice self-care, she would need more time to adjust to these new concepts, to overcome her cultural beliefs about, and her resistance to, healing through the body and to allow herself to take herself seriously (Ar25). She felt that the women from a Mexican background could connect with their bodies and the concepts of energy flow more easily than White Americans (Ar26).

Ariel experienced an important shift through a certain practice, the so-called fingerholds (Appendix A). It helped her to differentiate her emotions, which led to a new

understanding and reduced her anxiety level. She felt the fingerholds were like making lists or categories to separate the different emotions. She liked to organize and structure and the fingerholds worked in that way for her: "...fingerholds are like the physical manifestation of lists...you categorize everything...then it feels a lot better...that is what is like satisfying to me is cause I am a very organized person" (Ar9).

Nevertheless, Ariel's experience of ambiguity led neither to a continuing process of change, nor to the clear development of a desire for change, nor to a desire to support the healing of others. Overall, it seems, there was more ambivalence remaining (constituent 5) within her:

"That is the one [fingerholds] I have kept up with...I do not feel I have time for the other ones...I feel like I am silly sometimes when I say that. During the actual training...I liked it...and then the trouble came for me when I needed to put it into practice every day...I kind of got tired, I cannot do it." (Ar10)

Furthermore, Ariel expressed ambiguity in relation to group dynamics of the Capacitar Training group. She felt pressure and stress among the participants in the Capacitar Training resulting from the requirement to conduct group teaching of the practices (Ar19). She felt that competition and rivalry arose as a result of the heterogeneity of the teaching projects being conducted, and observed that some women felt inferior and experienced a decrease in self-esteem, e.g. when only practicing with their families as compared to women conducting courses with groups other than family members. Ariel was concerned about this dynamic because she felt it was as important to share the practices with the family and to support their health and well-being: "...people hesitated ...in sharing because there were some people who had these amazing fifty-person groups...and everybody else was like, well, I did it with my daughter" (Ar20, Ar21). Ariel felt uncomfortable being forced to practice teaching the techniques at home with her family or others. She felt that created resistance or barriers in the group: "...like sharing it [the practices] was when the barriers would come up...with your families...with your husband...there is something in there...ridiculous...nobody wants to do

it” (Ar24). It seems that this kind of pressure triggered Ariel’s own ambivalence and resistance to sharing the practices with others (constituent 5).

Ariel felt that there was a lack of clarity about the requirement to conduct group teaching over a period of time in order to learn to be a leader for others and to multiply the Capacitar practices, which is a core goal of the Capacitar Training. Not all of the participants had known this before they started the training. It contributed to stress and pressure (Ar22). Ariel also felt that the required time commitment for the group project created pressure for women, most of whom were mothers with several kids. Ariel suggested that there should be an option where participants could choose different levels of training (Ar23).

From Ambiguity to a Desire for Change

This example outlines the process of Traviata’s (Mexican) change from ambiguity to a desire for further change comprising the constituents 1-3.

Example Traviata: “I said, this is so silly, I did not like it.”

At the beginning of the Capacitar Training, Traviata felt confused and ambivalent (constituent 1) about the Capacitar practices and the concepts behind them. They were new to her and, at first, she could not believe in their benefit or positive impact:

“Well, I think, first of all is to believe. Because I did not believe in the beginning myself...I did not think that it could help. It is so silly. (Tr8) I mean just like these movements...I did not know how they could work for me. (Tr9) It is so silly to do that [Tai chi movements] ...I did not like this... (Tr10) ...in the beginning, as if I could not believe that the exercise will help me to feel peaceful, to feel less stressed. I did not like it at all...” (Tr11)

The Tai chi movements (Appendix A) that were introduced in the first module created an additional ambivalence in Traviata, because they were slow and subtle. She was used to moving fast and did not have a bodily awareness of what was going on inside her. Slowly,

cutting through her resistance and ambivalence, Traviata experienced a major change in her bodily awareness and well-being through slow Tai chi movement practices (constituent 2):

“...it was sort of very slow for me because I am always running...and work fast...I am very active (Tr12). So these exercises...I said, this is so silly, I do not like it (Tr13) ...but then gradually...I felt peace. I felt like I got to slow down (Tr14)...and just let it go ...my rush...(Tr15)...I discovered that I need to have a space, my own space and to kind of slow down (Tr16).”

Traviata experienced a major change in her bodily awareness through practices that helped her to slow down, to relax and to develop less stress and nervousness. She developed a new bodily connectedness and understanding. Traviata realized (constituent 3.1.1) that she could function better (constituent 3.3) when she was more relaxed, and that in turn facilitated her work and her studies. Furthermore, Traviata developed a bodily awareness of how she felt and when she needed to take care of herself:

“Capacitar has helped me a lot...in doing relaxation practice that helped me a lot...to calm down...(Tr1) I practice to get relaxed and to get peace. (Tr2) Slowing down is very important because...you can make better decisions since you are not rushing...you need to have...the spirit of slowing down and of calmness. To me, it is a good combination of both...the Capacitar and my religious life...(Tr38) I force myself...before I burnout I got to do something about it (Tr20) When I am stressed, I do the fingers [fingerholds] ...the tapping...this helps me a lot (Tr21)...to obtain energy...and the Tai chi movements...to calm me down (Tr22)...and to clear my mind. To be at peace and to be relaxed...so I did it before I went to have my test.” (Tr23)

Through the Capacitar practices, Traviata experienced a new connection with body and spirit while she was able to integrate her religious beliefs (constituent 3.1.2) through her experiences. This helped her to deepen her trust in the Capacitar practices: “I was getting the fullness... in my mind and my spirit...it is not just through your body... it is the spirit also that you are filling up” (Tr28).

Traviata experienced a new, embodied, connection with spirit through the increased bodily awareness as a result of movement practices. Traviata felt that, through this integration, her belief became enhanced:

“...Capacitar...I think it is a combination...it is the spirit too. Like when you do the movements, I feel the spirit moving around us because...who gave us the movements? The Creator? Who is in charge of us? So I feel that when we are doing the movements and the meditation, I think God is there too (Tr32)...Because God inspired that path for somebody...He is the one who found it (Tr33)...when we were doing it ...it almost brought tears to my eyes...when we were doing the ‘Alleluia’...I think it is the spirit moving around inside us (Tr34) ... I integrate it. I combine it...it is enriching...Capacitar and meditating...and praying... (Tr35)...it is like another dimension...the meditation...because I am outgoing...my personality is extrovert (Tr36)...the movement, one is very slow. So it is a good combination with the rushing...it slows me.” (Tr37)

Individual Change and Support of Others’ Change

This process explicates the experience from ambivalence to major change, to a desire for further change, self-healing, and furthermore the development of a strong desire to support others’ healing.

Example Megan: “Like if something was being removed, I had a glow on my face.”

In the first module, Megan (Mexican-American) felt nervous, insecure and inferior (constituent 1) to other professionals participating in the Capacitar Training because she was severely ill with a chronic disease: “...all these professional people...and here I was sick. I was not able to move my arms” (Mg1).

The following narrative sharing of the co-researcher clarifies the scope of Megan’s illness to better understand the extent of change she has experienced through the Capacitar Training:

“During the nineties, I started getting sick. I got scared when my hands got stiff and my legs were swollen. The doctors could not figure out what was wrong with me, until 2007, when I was diagnosed with a severe form of rheumatoid arthritis. In addition, I realized that I was depressed and had a lot of anxiety. The years 2007-2008 were a nightmare. I would cry. Very painful.”

Through her feeling of inferiority, Megan's stress level increased and blocked her learning capabilities. She could not understand the concept of 'energy flow' that was taught in the first module of the Capacitar Training and she could not feel the energy flow that was introduced experientially: "...I could not understand...it was a nightmare for me...I did not feel anything, I was like ice...I tried reading...I did not understand...for the second module of the training, I was not too secure yet" (Mg3, Mg7).

Furthermore, Megan felt stressed or pressurized by one of Capacitar's core assumptions that is taught at the beginning of the training that 'you have to be healthy in order to heal others'. It primarily has the goal to focus on the importance of self-knowledge and self-care in order to support others out of a place of stability. Megan felt she should not participate in the training because of her chronic illness (Mg5, Mg28). At the beginning of the training, the participants learn about the core assumptions of the Capacitar practices and manual, which can initiate a projection of own fears and insecurities for some participants. Through the further process of change her initial fears were transformed.

During the first training module, Megan felt great pain emerging in her body after certain body practices. Through the Capacitar teachings, Megan understood that her pain was memorized in her body (constituent 2) and was actualized through the movements that led to a change in her awareness (Mg4, Mg6).

When Megan went to the second module of the Capacitar Training, she still felt stressed and inferior to the other participants. Through Capacitar acupressure practices (Appendix A), she suddenly experienced an unexpected major shift in her body. A healing process or transformation started for her: "It was something about the head, the pressure points...I noticed the difference...I went home and slept all day and all night. I woke up and was seeing my face differently. Like if something was being removed. I had a glow on my face" (Mg8, Mg32).

Megan's change in awareness evolved further (constituent 3). The next day at the Capacitar Training, she was taught Tai chi exercises (Appendix A) and again, an unexpected change occurred. Megan suddenly felt an energy flow in her body for the first time in her life:

“...I could feel the energy...I could not believe it (Mg9)...I went home real happy...and wanted to tell everybody...I know what they are talking about now. I am able to feel it...I was able to feel a vibration (Mg25)... sensation...something that you could feel on your hands and in your whole body...it was like flowing...moving from one hand to the other...a very good experience.” (Mg29).

In the third module of the Capacitar Training, Megan experienced another major bodily shift through Emotional Freedom Technique (EFT) and polarity practices:

“...it was like if something big was wiped tremendously off my whole body, from the bottom to the top all the way. I could not believe it, I cannot explain how it felt...it was so different (Mg10). What really helped me...was the polarity...that was huge for me. It like removed what I had on me ...plus the treatment from the doctors...and massage, Yoga, water aerobics, the medical treatment...cutting down (Mg23)... and the depression-anxiety pressure points...something was pulled out of my body...I could see and feel different, I was more relieved and I felt happy, that pain was still there but was not as severe (Mg31).”

Through her change in awareness and her improvement, Megan's self-esteem (constituent 3.2) and understanding (constituent 3.1) increased. Her learning blockage had been reduced (Mg30) and her stress level and insecurity decreased. She started to develop belief and confidence in the healing impact of the Capacitar practices through her 3-step initial experiences of change as described above.

Through the major changes and regular exercise (constituent 3.3) of certain practices (Tai chi movements, acupressure points, fingerholds, polarity work, EFT), Megan's pain decreased so that, after two decades of severe pain, she was able to lower her pain medication (Mg16). Megan's anxiety and nervousness level was reduced, leading to relaxation and stress release (Mg21): “EFT helps you control your anxiety, and the fingerholds control your emotions...(Mg17). I hold on to my fingers...and start feeling my pulse and that calms me down” (Mg36). With acupressure points, she was able to release tension and stiffness

stemming from her rheumatoid illness (Mg37) in her body. She improved her functioning level, so that she could stay focused, and her ability to walk increased (Mg19):

“I was always in severe pain, it was hard for me to focus, to function...I am not thinking straight, there is this heaviness all over my body...in pain. When I started the Capacitar techniques ...it has relieved a tremendous amount of tension...and ability to function...” (Mg35)

Once Megan experienced the major changes and confirmation through others, her self-esteem/self-confidence increased to share Capacitar practices and a desire to support others change/healing (constituent 4) emerged. First her family got excited about her tremendous change and Megan started doing practices with her husband and her adult daughters (Mg11, Mg12, Mg18), particularly using the practices that helped herself the most, such as Tai chi movements, acupressure points, EFT and fingerholds (Mg33). Then friends of hers came and asked for help related to her change seen by others (Mg20, Mg26). She taught them practices with the help of the Capacitar instruction DVD and friends improved their well-being as well (Mg22).

However, there remained a portion of pressure and ambivalence (constituent 5) for Megan at the end of the Capacitar Training. She felt that she still needed to get better before she could help others: “...I need to continue doing it ...take care of myself first...so I can help others better” (Mg38).

The Core Constituents in Detail

This section outlines the core constituents of the research phenomenon, which has been experienced by all co-researchers (except one who did not speak about this). The intensity and depth of the co-researchers' experiences of change of the core constituents and its variations reached the most eidetic generalizability of the phenomenological research findings.

The core constituent 3.1: Expansion of understanding includes three sub-constituents: (3.1.1) Integration of previous (traumatic) life experiences, (3.1.2) Integration of previous knowledge, and (3.1.3) New Learning. Five examples of co-researchers' processes of the different sub-constituents are given in the subsequent section. The highest density of rich descriptions in the overall accounts of the co-researchers exists within constituents 2 and 3 (and its sub- and sub-sub constituents). These constituents build the core of the research phenomenon in relation to the importance to the general structure overall of the co-researchers testimonies.

Example Charlene: "It just blew me away, I will never forget."

The following narrative biographical information expands on the understanding of Charlene's (White American) experience of change:

"Long ago, I realized that I had trust issues related to my childhood sexual abuse. I believe that many women struggle with boundary issues. I realized that I had problems setting boundaries e.g. with my husband and with my work with the marginalized women. I was not able to take good care of myself and had severe back pain. I then started working on my abuse with a therapist and realized that because my boundaries had been invaded, I struggled with setting boundaries. I was able to do healing around that and I realized how I had lost myself in my difficult marriage. I became aware of a lack of self-esteem related to my experience of childhood sexual abuse. Through the therapy, I realized that I could take care of myself and make decisions to be a healthier woman. Since then, I had been on a quest for self-healing.

While learning chakra-meditation (Appendix A) practices during the second module of the Capacitar Training, I experienced an initial change of bodily awareness (constituent 2) that formed the basis for the later changes resulting from the training. I could feel different

energy levels in the seven chakras of my body. During this practice, I realized for the first time a lack of energy in my lower chakras of my body (base chakra and sexual chakra): ...when we did the chakras...it just blew me away. I will never forget (C2, C3).

I realized I had a strong connection with the heart chakra, which is connected with the feeling of compassion, and with the higher chakras, which are connected to spirituality and the Divine (C4, C5). I became aware of how I avoided the connection with my lower chakras and how I compensated for this with the upper chakras, particularly through my faith: ...we tend to compensate a lot more if this stuff [lower chakra's] is not flowing...tend to be super spiritual...like my faith has been ...super important (C7).

When I started thinking about my blockages in the lower chakras, I realized that my disconnection was related to abuse in my early childhood (constituent 3.1.1). I started thinking about it, and I just felt...the whole abuse stuff would definitely cause a big disconnect with the pleasure [sexual chakra] ...and with the power to act [solar plexus, third chakra] (C11)."

Since this insight, Charlene tried to do the chakra meditation every night: "I would just visualize the colors, starting with red, and then orange, and then yellow, and the green I would just do that before I fall asleep. I mean I am still struggling with insomnia...it is getting better, though (C12)."

Through this experience of change, Charlene developed for the first time a clear desire to take care of her own health and healing, and not only be a healer for others. Through this deep transformation she was able to overcome more of her issues of neglecting her own needs: "I think it struck closer to home, that whole sense of...how do you continue to find ways to heal yourself so that you can continue to be a healer for others (C20). I think it has just become more like a personal friend program [Capacitar practices]. Before, ...it was a

tool to use for others, whereas now, it is both. I mean it is definitely a personally transformative kind of tool, but it is also something that I want to share (C18).

Example Andrea: “I just realized that I had found God again in that movement.”

This example explicates the process of Andrea (Mexican) as another illustration of variation of the constituents 2 and 3:

“During the first module of the Capacitar Training, while learning Tai chi movement practices (Appendix A), I experienced an initial change of bodily awareness (constituent 2). I could feel a connectedness to my body that I had not experienced before. The Capacitar movements reminded me of an important spiritual experience (constituent 3.1.1), I once had at a church event “ (A2, A3, A4, A5) (narrative information of this experience is included in Chapter 4).

Andrea intertwined her previous spiritual healing experience and the experience with the Capacitar movements, which led to a change in awareness about her connectedness to her body, God and nature. Through the Capacitar practices, which were similar to the movements in her church experience, Andrea felt confirmation of her previous spiritual healing experience that led to a deepened belief in God and increased trust in the helpfulness and rightness of the Capacitar practices:

“...That’s what happened to me, when I could not control my arms [during my church experience], was kind of what brought me back to God in a way that I had not experienced before, and when I came to Capacitar later, and talking with Pat about re-connecting yourself with the earth and your own body, and doing movements that were similar to the ones I felt [in the church experience], I just realized that I had found God again in that [movement] (A3).

...the yellow light was what happened to me the first time in church, and I feel that it was kind of the love of God shining over me, and when I came to Capacitar, [I realized] that the [Tai chi] practices of Capacitar were what I had experienced in the [church experience]. It is amazing...to me and re-confirms every time I do [the practices] that God is there (A8). The first time I did it [the movements], I did not want to stop...I felt so relieved...and saw kind of light...really brilliant, yellow light...I was not controlling my hands, that was something that was coming from

inside of me. It felt that it really heals you in a way and when you stop doing it [the movement practices], you notice...you are feeling worse again...(A7).”

Furthermore, Andrea’s change of awareness and integration of her previous spiritual healing experiences evoked memories of previous traumatic life experiences of border crossings and being undocumented in the U.S (narrative information of this experience is included in Chapter 4). Andrea was able to integrate these experiences through giving voice to them in her prayers. This felt like healing to her and she experienced a continuation of her healing process through the Capacitar practices training:

“...I feel that before the experience in the church, I had all this kind of stuff that I was carrying like traumas from my life and fights in relationships that I had in my family, that were not good, and I felt that I was carrying all that stuff. When I had this experience [in church], I felt this kind of first healing moment that when I prayed and prayed all that out, I really felt light afterwards and that just renewed my faith in God.” (A15)

Andrea was able to re-connect with spirit and her body through new and deepened understandings about her life: “Capacitar heals your spirit and makes you think more about yourself, and what you are experiencing and that the body acts accordingly. And if you heal your spirit, the body will follow and will kind of fix itself when your spirit is feeling better...” (A6).

Through her strong personal transformation, Andrea also developed a strong desire to share the Capacitar practices with others (constituent 4): “I want to dedicate myself to showing them [the practices] to other people because I think that they are really important and really do help heal you” (A3).

Example Jafina: “I have been able to get better from the past.”

The process of Jafina (Indigenous Mayan) provided another exemplar of a variation of constituent 2 and 3:

During the first module of the Capacitar Training, while learning body practices (Appendix A), Jafina experienced an initial change of bodily awareness. She felt her past

traumatic memories (constituent 2) as a “hurt” in her body that she had not known before:

“...when I got home, I felt really like everything was hurting. I was very sore” (J2).

Jafina intertwined her past traumatic experiences (constituent 3.1.1) of being held hostage and of physical and mental torture, with her spiritual experience of being guided by God to be able to escape from the captive, and of being healed of cancer (narrative information of the experiences are included in Chapter 4). Her integration of her “hurting body” and past experiences led to a change in her bodily awareness, initiated through Capacitar movements during the first module of the training. Jafina experienced this as the furthering of her healing process, in which she is still trying to heal more: “...After Capacitar I have been able to recuperate. I have been able to get better from the past...they hit me a lot during the time of being held hostage in Guatemala. They did not just mentally but also physically tortured me and I am still like trying to get better by those experiences (J4)”. Jafina’s change of awareness brought back memories of previous traumatic life experiences. She was able to integrate these experiences more: “...it helped me like get over what I had still inside of me. It helped me to get through these past memories (J1). It helps my mind but also physically (J7). Jafina wants you [the researcher] to know that she has not told these traumatic experiences to anyone before. You are the first one she felt confident to tell” (J3).

Furthermore, Jafina was able to integrate her previous indigenous Mayan spiritual healing knowledge and cultural-spiritual background (constituent 3.1.2.) with the Capacitar philosophy: “My father and grandfather taught me, they did not use the word Capacitar but it was related to the same thing, only shorter like coins here and there, and the fingerholds...my whole family is Mayan, they call it like a cleansing...” (J8). Jafina felt that everything is connected and that through Capacitar she could connect with her own indigenous belief as well. She felt that in the core the healing systems and spiritual beliefs are the same. To show

this integration and explicate her insights further, Jafina conducted an indigenous sacred healing ritual with the researcher as described in Chapter 4.

Example Lima “My self-esteem is in the sky.”

Lima’s (Mexican) process shows her experiences of change as follows: Lima experienced an initial change in her emotional state (constituent 2) through Tai chi movements (Appendix A). She felt sad and was in a mourning process after the loss of her husband two years before. She thought it was an illness she was suffering from and then learned that she could change her emotional state through body movements. Lima experienced a major shift within herself that not only initiated a process of healing and improved her ability to cope with mourning but also with life (constituent 3.1.1.). She had not known such practices before (Li1b). The practice that helped her the most was “where you leave the past behind” (Appendix A) [‘push out the past’ through movement]:

“...this is like a rebirth for me because I thought that was kind of an illness, and the doctor said that was a normal process [mourning] and now I have realized that there are alternative ways of dealing with things (Li1), ...because I know that I was always talking about the past and when my husband was there and what I did when my husband was there...and that movement helped me push everything away.” (Li5)

Lima regularly practiced Tai chi movements in the mornings and gained emotional stability through it. It helped her to move on in her mourning process and meant she was able to cope better with her everyday life (Li5, Li6). The emotional balance also led to a reduction of her gastritis problems:

“...my main problem before was physically gastritis, which hurt me a lot, and then emotionally...not being able to be patient, or to let anything go and struggling with my special needs daughter...what I learned with Capacitar is how to let things go a little bit more and be more patient and kind of leave the past in the past.” (Li25)

Lima gained self-confidence (constituent 3.2), believing that she would be able to teach Capacitar practices to others, and realizing that she carried a cultural concept of low self-esteem that she felt many women in Mexico have absorbed:

“...the biggest thing for me was finding this confidence in myself...sometimes it feels like that in the American culture there is more self-confidence built in that you are less afraid to make mistakes...there is more like a complex built in here [Mexico]...of being afraid to mess up with something...and also I realized being so dependent on my husband...I needed to learn to be confident...my self-esteem is in the sky [after the Capacitar Training].” (Li8, Li10, Li11)

She realized that the Capacitar practices helped her with the process of mourning the loss of her husband, improved her well-being, and her ability to cope with life (Li6). These experiences, along with the new opportunities she gained for integrating Capacitar practices into her life and work, improved her self-confidence. At the beginning of the Capacitar Training, she believed that she would not be capable of leading groups (Li7, Li8). Through her group project, Lima gained confidence in teaching Capacitar practices to others.

Example Magdalena: “ [A change] ... that I can’t quite put into words.”

The following narrative biographical information expands the understanding of the experience of change of constituent 2 and 3 in Magdalena’s (White American) process:

“A few years ago, I was diagnosed with breast cancer for the 2nd time. Furthermore, around this time, I was attacked by a man and reported the sexual assault to the authorities. At that time, I was taking the Capacitar Training the first time, and Pat [founder of Capacitar] was teaching me some of the Capacitar practices to support my healing. It helped me to move on. I was really convinced of it. I felt that it was very healing and helpful...I used the fingerholds, tapping and Tai chi (Appendix A) a lot that helped me with my grief about losing my health. The Tai chi exercise - I still practice to this day in the morning and it helps me a lot.”

Magdalena experienced an initial change of bodily awareness and how the life experiences/traumatic experiences are memorized in the body (constituent 2) as a result of the bodywork during the Capacitar Training. This change of awareness built the basis for the following process of changes: "...that is where I come from...you can do talk therapy...this [Capacitar] gets at a very deeper level, because our bodies know. They know what we have been through and they hold that and they store that..." (Ma1).

Magdalena experienced a major shift through her change in bodily awareness and her new understanding/realization (constituent 3.1.1) of how her past experiences were memorized in her body. Through her new bodily awareness, she was able to change further: "...it shifts in how we deal with it and how we come across...I feel like a different person..." (Ma2). Through the Capacitar Training that addresses the dimensions of body, mind and spirit, Magdalena was able to integrate her traumatic experiences and a process of transformation/healing started for her:

"...trying to integrate ...all that into your body. I like it [Capacitar] because it has the emotional piece,...the spiritual, ...the physical...it was all integrated in this experience... It is hard to put into words...but I could feel my body different...lighter." (Ma3, Ma4)

Magdalena learned that the Capacitar Training had a positive impact or change to diverse people from different backgrounds (Ma12) that was a new learning for her (constituent 3.1.3). One advantage she saw of the Capacitar program that it can be easily used through sharing and spreading the practices with others, particularly for underprivileged people: "...teaching people about themselves...is something they can do and they do not need money. They do not need power. And they can teach their children and families..." (Ma13).

Magdalena felt connected to all the people who were involved in the Capacitar Training around the world in a sense of a 'community feeling' that was touching to her (Ma15). She perceived equality in seeing all participants as learners and that everybody experiences different kinds of change/shift inside themselves through the Capacitar Training

(Ma16). Furthermore, the way the teacher of the Capacitar Training [Pat, Director of Capacitar] taught and shared information and materials in a generous way, and her belief in the impact of the practices, made her a role model to Magdalena (Ma14).

Through her change of awareness and new understandings about integrating her past traumatic experiences, Magdalena gained strength and self-esteem (constituent 3.2) to be more confrontational and to fight rather than avoid conflicts and holding on to a victimhood (Ma6). She felt that her energy level changed through the practices and she could use her (traumatic) experiences in a positive constructive way (Ma8): “It helped me a lot in my self-esteem, because I think as a victim of different things we are put down...” (Ma9). Magdalena experienced confirmation of her increased self-esteem through friends who recognized her change as well (Ma10).

Magdalena experienced a shift of energy within herself through the Capacitar practices that reduced her level of anxiety and anger (Ma5). She felt that her emotional and physical well-being (constituent 3.3) had improved: “that I can’t quite put into words” (Ma11).

A detailed representation of the variations of the key constituents of the phenomenon has been given above. The chapter is concluded with a summary as follows.

Summary of Chapter 5

This chapter represented the general structure of the phenomenological findings of this study that resulted from phenomenological psychological data analysis using imaginative variation. The co-researchers experienced a major bodily felt change that initiated their desire for further change and the desire to support others’ change. For some co-researchers ambiguities that emerged at the beginning and at the end of the training related to cultural boundaries and issues around time commitment. Figure 2 demonstrated the general meaning

structure of the research phenomenon with its five major constituents through visual expression. In addition to the “standard” phenomenological data analysis, aesthetic embodied interpretation of the general meaning structure has been applied with the aim of expanding the reader’s embodied understanding through a more poetic description of the results. In the latter section of this chapter, the variations of the five key constituents of the general meaning structure were outlined in detail through exemplars of the co-researchers’ processes of change. Figure 3 introduced key expressions of variations of the co-researchers’ experiences of change. Different examples of the co-researchers’ processes of change explicated the variations of each constituent. The key constituents of the research phenomenon suggest directions for future research e.g. for intervention research within the field of psychology and associated fields. The findings and their implications for future research are debated in Chapter 7: Discussion.

CHAPTER 6: SYNTHESIS OF EVALUATIVE FINDINGS

The researcher collected evaluative information about the co-researchers' experiences with the Capacitar Training and gave room for additional comments. The evaluative data collection consisted of four questions: (1) Which particular Capacitar healing practices facilitated changes in the co-researchers' experiences? (2) In the experience of the co-researchers, is there a need for changes to be made to the Capacitar Training and manual? (3) Do the co-researchers have other healing knowledge transmitted from their mothers or grandmothers? The researcher was interested to get to know about the co-researchers' potential previous healing knowledge transmitted transgenerationally, in addition to potential professional trainings; and (4) Is there anything else the co-researchers feel is important to tell the researcher? As a closure to the interviews, the researcher gave open space to the co-researchers for any comments.

The evaluative data are not analyzed, but rather synthesized and summarized in a descriptive way. For a copy of the transcript data and researcher contact information please see Appendix O. A further description of the philosophical and methodological framework of the Capacitar Training (Cane, 2000) and an explanation of the various practices is included in Appendix A. Capacitar's conceptual framework emphasizes the understanding of psychological trauma and holistic healing and a multiplicity approach to teaching communities based on *popular education* (Freire, 1997). The subsequent section shows the results of the evaluative data.

Capacitar Healing Practices That Facilitated Processes of Change

A description of the Capacitar Training (Cane, 2000) and an explanation of the various practices are included in Appendix A. At the beginning of the Capacitar Training (in Module 1 or 2), 13 co-researchers experienced an initial bodily shift (constituent 2 of the

phenomenon “embodied experience of change”) through a certain practice that they explained in the research interviews. The co-researchers held on to the practices that catalyzed their initial bodily felt shift in bodily awareness leading to all other changes.

The Capacitar Manual (Cane, 2000) contains more than 30 different practices. Based on their 24 years of field experience around the world, Capacitar extracted the *best practices* that most frequently showed major changes in the participants’ experiences and put them together in the so-called *Capacitar Emergency Response Tool Kit*, which includes eight practices (Appendix A). In the present study, six practices of the Capacitar Emergency Response Tool Kit (Tai chi, fingerholds, acupressure, polarity work, Pan dal gum, and Emotional Freedom Technique) were experienced as being responsible for the co-researchers’ initial bodily felt shift. This confirms Capacitar’s assumption of ‘best practices’ as well.

The following healing practices presented in Table 2 facilitated initial changes in several co-researchers and led to them being used regularly:

Tai chi movements	7 co-researchers
Fingerholds (Jin shin jyutsu)	6 co-researchers
Acupressure points	4 co-researchers
Chakra work	3 co-researchers
Pan dal gum movements	2 co-researchers
Polarity work	2 co-researchers
Thought Field Therapy (TFT)/Emotional Freedom Technique (EFT)	2 co-researchers
Hand and back massage	2 co-researchers
Integration of previous prayer and meditation practices with Capacitar practices	4 co-researchers

Table 2. Practices That Facilitated an Initial Change

The table shows the practices that evoked an initial bodily felt change in the co-researchers' experiences.

The next paragraphs give brief descriptions of the practices, which facilitated experiences of change according to the practices shown in the foregoing table.

Tai Chi Movements

The ancient practice of Tai chi and its health benefits have been studied extensively (Cane, 2000). The style of Tai chi presented in the Capacitar Manual is Tai chi chih, developed by Justine Stone (1974). The selected movements are simple, repetitive, and easy to learn. Cane combined the Tai chi chih practices with guided visualization and flowing music with the goal of putting the emphasis on experiencing one's own body energy and body wisdom, rather than focusing on perfecting the form. The movements interconnect the people with the energy flow within and around them. The Tai chi chih movements have become one of the most favored practices used by grassroots people who have been trained by Capacitar.

Fingerholds (Jin shin jyutsu)

Jin shin jyutsu fingerholds support the release of tension and balancing emotions, employing an ancient system that pre-dates acupuncture (Cane, 2000). Jin shin jyutsu is based on the meridians of the body where the life energy flows. The Jin shin jyutsu protocols in the Capacitar Manual are easy to use and support balancing emotions. Cane reports it as one of the favorite practices of the grassroots people she worked with, due to its simplicity and effectiveness.

Acupressure Points

Acupressure points serve to unblock and balance energy, such as in the traditional understandings on which the practices of Chinese medicine and Chinese meridian theory are based (Cane, 2000). Cane found in many cultures that people used rubbing or pressing body areas for pain relief or balancing emotional disturbances. The acupressure points in the manual can be used for release of traumatic stress symptoms such as headache, back pain, depression, anxiety, fatigue, insomnia, and nervousness. As a daily practice, it can be a preventive tool, as well.

Chakra Work

Chakras or “centers of energy” in the body have been recognized in traditional cultures such as the *Kabala* “Tree of Life”, the Christian sacraments, and writings in Mayan culture (Cane, 2000). Cane uses the term *chakra* “as a way to visualize blockages of energy as well as potentials for development” (p. 81). Exercises are introduced to balance the *chakras*. Chakra Tai chi (Raheem, 1987) uses visual images and Tai chi movements with each of the *chakras* to enhance the energy flow in body, mind, and spirit. Cane reports that participants from many different cultures experienced benefit from the chakra work for themselves and their communities.

Pan Dal Gum

Another method that involves movement and energy balancing encompasses the eight exercises of the ancient discipline *Pan dal gum* from China and Korea (Cane, 2000). The eight movements serve to unblock and balance energy in the meridians and promote flexibility and circulation in body, mind, and spirit with the goal of enhancing resiliency. The

movements involve stretches and deep breathing for releasing blockages. They can be combined with breathing exercises and visualization.

Polarity Work

Polarity practices included in the Capacitar Manual (Cane, 2000) have been developed by Randolph Stone (1996) and are based on Chinese and Japanese healing systems integrated with Ayurveda and Yoga from India and with Hermetic and Cabalistic systems from the Middle East (Stone). Polarity is based on the assumption that a pattern of energy in the human body forms a matrix that the body uses when healing itself (Siegel, 1987). In polarity therapy, fields of pulsating life energy are assumed to have different frequencies: positive, negative, and neutral. These frequencies are related to the five elements: fire, water, air, earth, and ether. Gentle rocking and holding movements or contacts (positive and negative poles) in the body are used. The effects of the movements are profound relaxation and releasing traumatic stress symptoms. Cane found that grassroots people in Central America have been familiar with this kind of rocking movement, such as using the hammock or rocking chair, and the practice of women wrapping their babies in shawls to be carried in a gently rocking motion on their backs or hips. Village healers put their fingers on the contact points used in polarity balancing.

Thought Field Therapy/Emotional Freedom Technique

The Thought Field Therapy (TFT) protocol for the treatment of trauma developed by Roger Callahan (Callahan & Callahan, 1996) is another helpful practice, according to Cane's (2000) experience of applying it with grassroots people. The TFT protocol for trauma treatment includes tapping specific acupressure points related to negative emotions, along

with a series of eye movements and sounds. Through practice of TFT, disturbances can be collapsed and the upset related with the traumatic memory eliminated (Callahan & Callahan, 1996). Cane reports that in a Nicaraguan refugee camp TFT, along with Jin shin jyutsu, has been the technique most frequently used. An adapted version of TFT protocols is the Emotional Freedom Technique (EFT) developed by Phillip and Jane Mountrose (Mountrose & Mountrose, 2000) to resolve stuck emotions and self-defeating patterns. The EFT for traumatic stress relief is included in the Capacitar Manual.

Hand and Back Massage

The Capacitar Manual includes simple hand and foot massage (reflexology) practices that date back thousands of years in Eastern culture to promote health (Cane, 2000). Combing pressure on specific points on the hands and the feet, along with massage increases the circulation of energy. Drum massaging the body is a self-massage to energize, stimulate, and relax painful muscles.

Integration of Previous Prayer and Meditation

It was important and helpful for four co-researchers in the present study to find a way of connecting or combining their previous spiritual and body practices, such as meditation, prayer, Yoga and Reiki, with their favorite Capacitar practices that enhanced both their well-being and their ability to practice regularly.

Need for Changes to the Capacitar Training and Manual

This evaluative question brought forward some suggestions of the co-researchers as exemplified in the following section. Several co-researchers suggested that the Capacitar

Training program should be longer so that the people could master the techniques better (five co-researchers). However, an objection was raised to this because the potential time commitment varied between the participants, which could be a problem (one co-researcher). Other suggestions included adding information about nutrition, to form smaller and more homogenous groups (education level), and to reach out to the business world.

Co-Researchers' Transgenerational Healing Knowledge

The following healing knowledge had been used and transmitted by the mothers and/or grandmothers of 11 of the co-researchers. (The researcher did not ask this question to three co-researchers.) Like the cultural-spiritual narrative findings (Chapter 4), these findings partially mirror sections of the literature on the cultural context of this study reviewed in Chapter 2. The data have not been analyzed but grouped into three major cultural-spiritual themes: (1) mom's instinctual healing knowledge, (2) Mexican folk medicine, and (3) Indigenous healing knowledge. The following paragraphs present the information given by the co-researchers.

Moms' Instinctual Healing Knowledge

Seven co-researchers spoke about instinctual healing knowledge from their moms and grandmothers as follows.

Lima: "My husband and I used to always joke around when he would like rub your hands together to generate energy. That is kind of a natural healing thing to do and all comes together when you go and do Capacitar and realize that these practices kind of come out of your body naturally."

Traviata: “I remember when I was probably nine years old, I always had pain in my legs. I used to cry especially when it was very cold outside, and I could not walk. My mommy used to rub alcohol on my legs and covered me with a blanket to make it warm. It helped a lot because then the pain was gone and I jumped up again.”

Jacinta: “From my family background, there was not a time to kind of relax or think about yourself or anything like that. When I think about my mum or my grandma, I realize that there are things that are just somewhat natural that all mums do, like rubbing your back or rubbing your hands, and the bottoms of your feet to make you feel better. I would never have thought, like obviously my grandmother was not thinking she was doing acupuncture or anything like that, that it is all related somehow and that everybody can do those things.”

Andrea: “There is a strength running through my family in finding strength through God.”

Rayo: “...the plants...my mother also had a really big garden and that is kind of something we both like.”

Biba: “No. They did not, not that I know of. My grandmother died when my mother was just a child. My aunt raised that family, and I do not think they used any practices, and I do not think for a farm family, and I do not think anybody...They did not go to the doctor. There is a story of my grandmother standing out the backyard and lancing her own breast because there was some abscess. I mean, they took care of it as best they knew how. However, I would not say that they had a tradition of healing.”

Megan: “Not necessarily...my mother was making fun of it [Capacitar practices]...you remind me about my grandma...using remedies, or teas or plants...”

Mexican Folk Medicine

Two co-researchers shared knowledge about Mexican folk medicine.

Sabrina: “Coming from a Mexican-American background, being seven girls and three boys in the family, my mother always used to care for us when we got sick with natural remedies. Therefore, I knew there were a lot of ways and different techniques to be able to help yourself without going to a doctor. She believed in the Curanderos, and the Sobadores, which are the ones that would massage the body. My mom would take us to the doctor after she saw that we got better, just to confirm that we were. All through those years, I saw how effective natural remedies and the alternative modalities are.”

Adelaine: “My grandmother believed in Mexican folk medicine – Curanderismo. I worked with that and I talked to people about it. My grandmother believed in hot and cold, and the air getting in your body and being trapped, and the massages. She would always massage us when we were sick. By studying some of Chinese medicine, Ayurvedic medicine, Japanese medicine, Hawaiian etc., I was able to understand how and what my Grandmother would see.”

Indigenous Healing Knowledge

Two co-researchers had indigenous healing knowledge as outlined.

Ibana: “My grandmothers and my mother, too, used a lot of home remedies because we did not have money to pay for a doctor. You had to be sick, before you went to a doctor. They used a lot of praying over people, and focused on the spiritual aspect of healing. I have Native American background and they used some of the Native American practices that combine the spiritual with the physical remedy. Putting like a poultice on someone for back pain and at the same time praying, this would be like the laying on of hands and praying for healing. We used a lot of herbal teas, mint for everything and chamomile. We used plants, no tea bags. I saw that in South America, too. They used many plants. Even the ones that go to the clinic, they use herbs. And sometimes I have told pregnant women, chamomile and

especially the strong chamomile from the plant can cause contractions and it can cause very violent labors and the baby gets some trauma from it, too.”

Jafina: “Her grandfathers, they taught her. Like they did not use the word Capacitar but it was related to the same thing only shorter like coins here and there and the fingerholds and everything...her whole family is Mayan...they call it like a cleansing...like they would use lemons and eggs and like use it on her hair, her whole body...”

Furthermore, Jafina shared an indigenous Mayan healing ritual with the researcher, as outlined in Chapter 4: Narrative Cultural-Spiritual Findings.

The transgenerational knowledge of instinctual and traditional healing knowledge and its application will be discussed in Chapter 7.

Open Space for Co-researchers' Comments

At the end of the interviews, the researcher gave space to each co-researcher for additional comments or sharings, they felt important to tell. The comments of the co-researchers have been summarized as follows: Experience of healing through giving voice to their experiences in the interview (2 co-researchers); feeling impressed by the Capacitar Training and teaching material (3 co-researchers); and various suggestions, e.g. taking Capacitar to teachers and doctors, spreading it globally, integrating Reiki, and the problem of time commitment for practicing.

The following examples present co-researchers' comments at the end of the interview, where space was left for them to give voice to themes the co-researchers felt were important to add.

Andrea: “Thank you to you”, because having this opportunity to get everything out and tell it to someone had been really healing for me as well, and just being able to tell

somebody about my story, and to know that it helps with your work, was something that was really exciting for me.

Jafina: After the ritual, we had breakfast together in a breakfast place and, with the permission of Jafina and her son, I spontaneously started a third interview, collecting some more context data and also invited Jafina and her son to tell or ask me other things, things which they felt were important but that I had not asked about. Jafina then started asking me questions about my background and somehow started interviewing me – it seemed important to her to hear if I had a spiritual connection and to learn some of my biography. Amongst other information, I shared one challenging experience from my life: how my mother became severely sick with cancer when I was 13 years old, died when I was 15, and how prayer practices helped me cope with the loss of my mother. Jafina was touched and cried, we cried again together, her son as well. I felt that we connected through some of our difficult life experiences, and Jafina and her son seemed to trust me more, felt more confident and opened up even more through my sharing. I felt happy to give back openness to Jafina and her son through my sharing. We were grateful and thanked each other for our time together.

Biba: “Well, I am impressed with what you are doing and I think it is not only going to benefit you, but Capacitar and the universe. Because as you know everything we do does affect everything. That is the goal.”

This last evaluative question also served as closure for the individual interviews.

Summary of Chapter 6

This chapter of findings explicated the evaluative information gained from the co-researchers. The first question collected information about the specific body practices that initiated changes in the co-researchers experiences as shown in Table 3. These practices confirmed the *best practices* collection that appeared most potent across cultures around the

world in the work of Capacitar as outlined in the so-called *Emergency Response Tool Kit* of the Capacitar Manual (Cane, 2000) and will be discussed further in Chapter 7: Discussion.

The second question asked about the need for changes to the training. Most suggestions were related to issues of time commitment. The third set of information concerning the co-researchers' transgenerational healing knowledge, was related to the fact that cultural-spiritual integration played such a huge role in the women's reports. The last question gave space for additional comments. Several co-researchers spoke about the transformational impact of the research that could be expressed as *giving voice* to particular difficult experiences or deep spiritual transformative encounters. These implications are discussed further in the following chapter 7.

CHAPTER 7: DISCUSSION

The following chapter contains a discussion of the findings in relation to the aim of this study and the research question. The discussion shows how the present research results confirm the theories presented in the literature review (Chapter 2). This study's overall goal was to shed light in, a holistic a way as possible, including the dimensions of body, mind, spirit, community, culture and nature, on the impact of the Capacitar practices for transforming individual and community trauma. A holistic approach to trauma and healing is applied in the Capacitar practices as well. The assumptions on trauma and holistic healing are based on a philosophical framework of transpersonal psychology and psychologies of liberation. The specific research question explored holistically the co-researchers' experiences of change as a result of the Capacitar Training, using the method of embodied phenomenological inquiry. The embodied inquiry method assumes a holistic approach to human experience with a focus on the embodied experience. The research subject of the impact of the Capacitar practices, the methodological framework of transpersonal psychology and psychologies of liberation, and the method of embodied phenomenological inquiry are in alignment with each other through their shared holistic perspective. In addition, narrative biographical reports and evaluative information have been collected to deepen the contextual understanding of the phenomenological findings. A primary interest in giving texture and structure to these research findings has been cared for throughout the study by the focus on embodied understanding of the whole research project. Therefore, the researcher's embodied understanding of the research process is included in the evaluation of this study. The evaluation is followed by the discussion of these research findings, including the embodied phenomenological results, the evaluative synthesis of the Capacitar program and the narrative cultural composite in relation to past research results as represented in the literature review. The discussion comprises the following areas corresponding to the emphasis of the literature

review: (1) the impact of trauma from a holistic perspective, and (2) a holistic approach to healing trauma, including the dimensions of body, spirituality, culture and nature based on the concept of interrelatedness. These areas of discussion are intertwined with the discussion of the two core constituents of the research phenomenon: (1) initial bodily felt shift leads to a process of change, and (2) desire for more change emerged. Furthermore, the other constituents of the research phenomenon, (3) the desire to support others' healing, and (4) the role of ambiguity are debated. Future research implications are interwoven throughout. The additional contribution to knowledge of the narrative and evaluative results is integrated into the discussion. In the last part of this chapter, additional significant future research directions are outlined and conclusions are drawn.

A prior note on the following discussion: I have not found much literature related to culturally and spiritually diverse populations across continents as relevant for the discussion topics of this doctoral research. It seems that the research available is more bound to its own country and continent than I would have expected, for me a shocking realization in this globalized 21st century. If I looked at cross-references, who is citing whom, the result seemed equally limited to me. I recognized that there is a wide gap, e.g. between continental Europe, UK and the U.S., to an extent that I would not have assumed. There seems to be an unexpected, downplayed or tabooed aspect to the dissemination of scientific knowledge. A picture comes to mind of staying only in your own comfort zone and, as a result, knowledge being bound to that particular comfort zone. I am a challenger of that. Magic happens outside the safety zone through intertwining with the unknown.

Researcher's Embodied Understanding of the Research Process

The following section explicates parts of my embodied experiences and embodied understandings gained through this research endeavor including resonances with the data and

the intertwining of biographical reflections, researcher's felt sense and wonderment as guides, reflective metaphors, dreams and synchronicities that emerged during my Ph.D. journey, my own heuristic experience with participating in the Capacitar Training, and field experience. I experienced a deep and ongoing transformation, which is still emerging.

The explication of examples of the researcher's direct involvement with the phenomenon being explored may provide additional embodied insights and contribute to a more comprehensive understanding of these research results. The methodological general framework of transpersonal psychology (Anderson & Braud, 2011; Braud & Anderson, 1998), psychologies of liberation (Watkins & Shulman, 2008) and the method of embodied phenomenology (Todres, 2007) as applied in this research support the inclusion of the resonances and insights of the researcher. It can enhance the embodied understanding of the researcher, who might not have a history of exposure to the cultural-spiritual context of the phenomenon being studied (Burdge, 2006). Such an embodied approach to research can be peculiarly supportive in culturally and spiritually diverse and multilingual research settings and can add to the quality of the study. The enrichment of understanding of the results through an embodied approach may also be important for research into spiritual or transcendental experiences. Throughout history there has been a struggle to express bodily and spiritual experiences that are not commonly shared. The inclusion of experiential data gathered by the researcher may help to bridge the gaps in knowledge and understanding of such phenomena, but depends on the consciousness of the researcher. If so, it is filling a gap of the "inbetween space" (Todres, 2007) or what I would call the *borderland states of consciousness*, a concept explicated in the latter section "Areas for Further Research".

Throughout the Ph.D. process, I have been interweaving my own experiential insights with my field notes and the collected data. Future phenomenological research performed in

culturally and spiritually diverse, multilingual settings may benefit from the inclusion of the embodied experiential insights of the researcher interwoven with the research findings.

Resonances With the Co-Researchers' Data

I still feel very touched by the openness with which I was received in the research interviews and the sensitive sharings of the co-researchers. I felt that the research site gave a *secure haven* and I was able to provide a ground of openness and compassion. I was not afraid of what I would hear. I felt confident that I could hold the space for whatever would emerge. My professional background as a psychotherapist definitely gave me security and experience with interviewing. I had to take care not to enter a therapeutic interview, which I felt I was able to manage. I felt as if I was in a state of not-knowing and at the same time was very curious and interested, somehow like a child who enters a new world and tries to understand. I think that the co-researchers felt this atmosphere of confidence and attitude of openness. I am very grateful for all the co-researchers' voices and what they shared. I cannot express in words my thankfulness for their sharing and the success of my data collection and all the people and environmental factors that supported my research like a blessing.

There were three to four languages in play during the interviews with several co-researchers (Spanish/English/Mayan), whilst I was a non-native English speaker from Germany. I felt that we understood each other pretty well. I can understand basic Spanish. I realized that during the interviews I used my bodily awareness much more when I listened to the different languages and that I was more present, with all my senses sharpened to grasp everything I could non-verbally, so as to understand as much as possible. I felt that the bodily connection between the co-researchers and the interpreter and me was deepened and more intense. We observed each other during the pauses when the interpreter was translating and I perceived an expanded understanding and communication. It was particularly through this

experience that I realized the limitations of purely verbal data collection, whereas the interviewing processes included additional experiential information exceeding language and being communicated in an embodied intersubjective way between co-researcher, interpreter and researcher. Collecting experiential non-verbal information visually and acoustically and ethnographic observations can add to more comprehensive results for future research in culturally and spiritually diverse multilingual settings.

When I immersed myself deeply in the data, I experienced the different ambivalences of the co-researchers emerging here and there as refreshing. Sometimes a blockage was transformed during the process of change, sometimes it remained or some other ambivalence came up. I felt I would have liked to have even more ambivalence of co-researchers who might not have experienced a process of change or other voices of critique. I thought, too, about the introvert, or shy, or less talkative—how I could have reached out to them.

One co-researcher's experiences of crossing the border, being held by the coyotes, her family falling apart, being in a desperate economic situation with her kids, gave me the feeling of carrying so much desperation and sorrow that somehow I felt it in my body as a huge wound in my heart and shed many tears. The sharing of her border crossing experiences brought back to me vivid memories of my time when I lived in West Berlin with the militarized *Berlin Wall* and of people trying to cross from East Berlin to the West. The co-researcher opened herself up to me and her statement that she felt it was healing to her to have the chance to talk about her experiences for the first time in her life was touching for me. I assume that her sharing of her experiences was just the beginning of her longing to give voice to them. During the interviews, I felt she was gaining strength and her voice became more and more determined. When she shared her narrative information, I felt a great deal of anger and sadness and hurt. This co-researcher's spiritual healing experiences and Capacitar healing experiences were impressive and she could say pretty distinctly which practices had

which impact on her, but there was also an overall improvement. It seemed that she had found a strong connection to her body, her spirituality and her resources in a sense of self-healing and self-empowerment.

I still feel very touched by another co-researcher's account. The experience of torture and of political asylum seems to carry so much violence that somehow I feel it in my body as suffering. In my mind, I often saw images of wars and women being violated. This co-researcher performed an indigenous healing ritual with me to share her culture. After the indigenous ritual, sitting in the El Paso Mountains, facing the South, the other side of the border, it was a speechless, voiceless, desperate feeling, but at the same time, I felt hope and confidence – not only about the capacity to survive but also about having the capacity to heal. Sitting in the mountains and seeing the U.S.-Mexico border brought back to me strong memories of the Berlin Wall and its fall, of being German and of my time when I lived in West Berlin with its militarized divide.

I am also very touched by how one co-researcher openly shared parts of her experiences of childhood sexual abuse and difficulties in her marriage and family life. The emotional struggles through her abuse seem like a thread through the interview. Taking good care of herself seems a huge challenge to date. However, she is very motivated to continue her own self-healing and, rooted in her Christian faith, to be a healer for others. With all the struggles connected with sexual abuse, work and family, I got pictures in my mind of women around the world having to deal with these kinds of problems.

When I worked with one co-researcher's data I repeatedly felt her severe sickness, as if I was getting sick myself. The feeling was very strong and I felt her suffering must have been tremendous. With another co-researcher I had a strong feeling of "knowing her from before". Overall, I felt impressed how vibrant the co-researchers spoke about their experiences, including trauma and healing.

Bodily Felt Sense as a Guide

The *bodily felt sense*, a term coined by Gendlin (1997) and defined in detail in Chapter 1, has been a thread running throughout my self-development during the Ph.D. journey. I would say that many movements during my Ph.D. have come from a felt sense. I asked my body, and my body talked back. One important question throughout the Ph.D. endeavor has been: “What is it that I really want this research to be?” Nearly everyday, I contemplated this question and allowed it to take its shape, coming from a place of wonderment.

When I allow myself to be guided by felt sense, I feel I am slowing down, the world is slowing down, and only when I slow down do I feel an organic rhythm of the world emerging, which feels cyclic to me—everything has its own time, like the tide. This experience is mirrored in a description by the American Buddhist teacher Pema Chodron who once said: “When we pause, allow a gap and breathe deeply, we can experience instant refreshment. Suddenly, we slow down, and there is the world.” My experience of bodily felt sense and organic rhythm also relates to the second quotation in my dedication: “...I can no longer differentiate between the neurosis and psychopathology of Self and the world” in a sense of perceiving beyond the only individual Self.

Felt Sense of Coresearchers and Researcher

There may be things that I have misunderstood from the data, but I know that during data collection, I did not take understandings for granted because of the multilingual and culturally and spiritually diverse nature of this research. I was more concerned with trying to understand, rather than believing I would understand. My leading principle was always the

felt sense, if I could feel it bodily, if it would resonate bodily. I practice regularly a set of body-mind-spirit practices and meditation, which makes my expression of my experiences coming from the body. And I had the same experience with the co-researchers—I felt they had a strong bodily felt presence during the interviewing, probably enhanced through the Capacitar body-mind-spirit training, while trying to understand (the interpreter when present) and me.

Wonderment and Curiosity as a Guide

I often felt curious like a child and in a state of wonderment throughout this research project. Curiosity implies a passion to follow unknown processes that opens up the potential to reveal wonder and to experience magic. As Albert Einstein, physicist and Nobel laureate once said: “I have no special talents. I am only passionately curious” (Albert Einstein—To Carl Seelig on March 11, 1952). With a similar notion, Richard Feynman, quantum theorist and Nobel laureate pointed out: “You can know the name of a bird in all the languages of the world, but when you’re finished, you’ll know absolutely nothing whatsoever about the bird... So let’s look at the bird and see what it’s doing—that’s what counts”. Both quotes draw on the epistemological pole of human experience, whereas wonder is based on ontology (Hansen, 2010). Barnett (2004) suggests that to think anew, we need to learn to embrace the uncertain and unknown as a way of living. This perspective implies an ontological turn with a focus on being, not only of knowing and doing of human experience. Wonder is assumed as opening up for a self-transcending and transformative space, what Heidegger called *Lichtung* [a clearing], in which “beings reveal their be-ing” (Hansen, 2010, p. 8).

Wonderment plays an important role in embodied phenomenological re-search. To be in wonder, seems to be the gateway to dialogue with the phenomenon. Van Manen (2002) highlighted the importance of phenomenological researcher stating their wonderment or

making it visible in their writings. *Wonder* is a fundamental personal experience of *not-knowing* and at the same time “hearing” something that seems impossible to grasp and put into words. Being in wonder connects to our being-in-the-world, which can bring forward creative and innovative insight. Finlay (2011) amongst others suggested “being in wonder,” as the researcher’s attitude throughout the research process, particularly in the phase of phenomenological data analysis in psychology when applying imaginative variation. *Being in wonderment* is beautifully expressed in one of Rainer Maria Rilke’s (1904/2000) writings, *Letters to a young poet, Letter 8, 12th of August, 1908*:

For they are the moments when something new has entered us, something unknown; our feelings grow mute in shy embarrassment, everything in us withdraws, a silence arises, and the new experience, which no one knows, stands in the midst of it all and says nothing.

Overall, I felt like *being in a state of wonder* was like connecting with insight that is already there in awareness, but wanted to be *re-searched*. The curiosity of wanting to know seemed to be another *drive* in addition to wonderment, like two sides of a coin, to uncover awareness waiting to be found. I see it like a *DNA of epistemology and ontology of human experience*. The role of curiosity and wonderment and how they impact the research process merits further research investigation. I really did not know what I would find in my research, but I know that I surrendered myself again and again to a place of being in *child-like* wonderment and curiosity and with *big eyes* exploring the lifeworld.

Guiding Metaphors and Dreams

The following paragraphs demonstrate two central examples of my experience of the Ph.D. research endeavor expressed as metaphors and an important dream.

Dark Night(s) of the Soul

The phrase *Dark Night of the Soul* (Spanish: la noche oscura del alma) is the title of a poem written by the 16th-century Spanish poet and Roman Catholic mystic Saint John of the Cross, a Carmelite priest, as well as of a treatise he wrote later, commenting on the poem. It describes the journey of the soul during the night, including the hardships and difficulties the soul meets in detachment from the world, and reaching the light of the union with the Creator. There are several steps in this night: The first is a purification of the senses; the second and more intense of the two stages is that of the purification of the spirit. I cannot go into the detail of John of the Cross' experiences but the metaphor was so strongly present to me that I felt I had to include it here. Furthermore, Clements (2002) mentioned in her *Organic Inquiry* approach a stage in the research process that she called "working in the dark" (p. 101). It can be an experience of disintegration or fragmentation, a moving towards chaos and disorder, and feeling stuck and lost. It is a process of not-knowing where it is going.

I experienced three major "mystical dark nights of the soul" or experiences of "working in the dark" during my research project. The first was my move from the U.S. to the UK, not-knowing how and if I would be able to continue my Ph.D. studies. The second dark night occurred after data collection, returning back to Europe from the field in El Paso (U.S.). I felt overwhelmed by the exposure to the borderlands and the stories of the co-researchers. I somehow "suffered" doubts as to whether I could do justice to the co-researcher's enormous openness of sharing deep and vulnerable experiences. I literally put the data away for about six months to gain enough distance to work and reflect on the data. A third dark night fell upon me during the first stage of the data analysis. I felt desperate about how to manage the vast set of data. What was even more shocking was that my planned data analysis strategy of thematic analysis, in which I was experienced and confident, did not

work out. After I had analyzed all 14 accounts with several cycles of thematic analysis, I realized that it was not working, that I was not getting the “flesh” of the phenomena. I think I achieved rich texture in the narratives of the data and my move then to phenomenological data analysis, using imaginative variation allowed space for both the texture and structure of the phenomena. There were smaller dark moments, when I had the goal of analyzing or writing this or that, and it just did not work out and could not be pushed forward. Time is relative in such a qualitative depth-oriented research endeavor.

Midwifery and Pregnancy

The metaphors of *midwifery* and *pregnancy* accompanied my research process throughout as well. When I started to develop my doctoral research in 2007, I had an important and vivid dream: “In the dream, I received a phone call from the *Great Mother*, telling me that I had to come to India to be midwife for a baby there. I hesitated and told to her that I was not a midwife. She laughed and insisted: ‘You are.’ After waking up in the morning, it felt beyond question that I would follow her calling, whatever that was in the “real world”. One possible interpretation is that I am the midwife of my doctoral research and further contribution to scientific knowledge. Furthermore, during my Ph.D. process, I often felt like I was “experiencing a pregnancy,” it was like Chapter 1-3 was one pregnancy, data analysis was another complete pregnancy, and then Chapters 4-7 and the final write up together were another one, meaning that I have lived through three pregnancies within the five years of working towards my Ph.D.

Synchronicities

During the research process, I realized synchronicities were taking place. C. G. Jung established the theory of synchronicity related to psychological processes, based on Albert

Einstein's invention of synchronicities in quantum physics (Bernstein, 2005). The theory implies a non-causal connection of psychic events, such as a timely coincidence of one or more events that are not causally related, but express a similar meaning. Bernstein reports that the realm of synchronicities plays a more important role in Navajo healing and religion than causal relationships. Their psychic world works more in a synchronistic, circular time than in linear time-space. To me it seems crucial to include non-linear human experiencing to enable a fuller appreciation of the complexity of our lifeworld.

In the text so far I have explicated my experience of two major synchronicities: Firstly, unexpectedly finding embodied phenomenology, which as a method brought together all my previous interests and work, as described in the Preface. Secondly, there was a touching synchronicity with one of the co-researchers, as related in the narrative stories. There have been other synchronicities along the way, such as with my friend and colleague Jan, whom I met at my U.S. University, ITP, and who then supported my move to Bournemouth University, UK and hosted me.

Heuristic Experience of my Capacitar Training Participation

In addition to the theoretical study of the impact of the Capacitar Training program, I have heuristic experience with participating in it and practice experience in teaching parts of several Capacitar practices. I described in the Preface how I became certified in the Capacitar Training in San Francisco (2007/2008), while studying for my Ph.D. at ITP in the U.S. and had already decided that my doctoral research would be about the impact of the Capacitar practices. Since I had previously done a lot of different bodywork and also studied Eastern traditions, I was already familiar with most of the practices. The new and groundbreaking part for me of the Capacitar Training was the simplicity of the practices, the teaching, the theoretical material, and the strong emphasis on the multiplicatory impact. It was what I had

been searching for after surviving the Asian tsunami when I realized that I could no longer focus my work only on individual development or dependence on costly education and long-term training. In my experience, the Capacitar Training is a simple and quick tool for self-help as well as group-oriented community intervention across cultures, languages and gender.

Field Experience

I have loved travelling since I was 15 years old. I wanted to become an anthropologist in addition to being a psychologist. I can see my “ethnographical heart” in this work, particularly in Chapter 4. I very much enjoyed being in the field. My soul longs for learning through diverse cultures, languages and spiritual practices. It expands my horizon and always involves a step outside the comfort zone of the known and leaving the “security of home”.

In Chapter 3: Methods, I wrote about some of my experiences in the field and mentioned that the swine flu pandemic in 2009 nearly thwarted my research plans because of travel restrictions from the United Kingdom. Now, two years later, there are reports of the swine flu “false pandemic” being potentially the pharmaceutical fraud of this century (RT News, 13.01.2010). The Council of Europe has initiated investigations into vaccine manufacturers seeking profit through the declaration of a pandemic by the World Health Organization. It is political dynamics. This experience relates to the first quotation in my dedication, “It is the political process that is dysfunctional.”

The following section shows the evaluation of this study.

Evaluation of the Study

The following section demonstrates the evaluation of this research, including delimitations, limitations and strengths.

Delimitations and Limitations

Delimitations are certain boundaries that the researcher imposes prior to the conduction of the study. Limitations are unintended restrictions, which cannot be controlled by the researcher and may restrain the generalizability of the research findings in some way. Methodological challenges for this research include the following delimitations and limitations.

The literature review covered only the English scholarly publications available mainly from the U.S. The researcher could not track Mexican publications in Spanish due to language, which characterizes a delimitation of this research. The convenience sample of this study consisting of female co-researchers constitutes another delimitation. The sample consists of self-selected co-researchers, which is another delimitation. That the data sample is heterogeneous in relation to demographics constitutes another delimitation. Furthermore, cultural and spiritual factors are likely to have affected the research findings, which is another delimitation. The literature showed that people of Mexican descent seek less help from mental and medical health services. This constructs a selection effect in this study. The Capacitar Training is administered as a bi-lingual program, yet language can constitute another selection effect. Other threats to the quality of this research, such as participant attrition and maturation of participants need to be accounted for (Creswell & Plano Clark, 2007). The use of an interpreter and of a professional transcriber for transcribing the

interviews represents an additional delimitation. The research site is a faith-based Catholic Women's Health Center, which creates another delimitation.

Furthermore, the cultural, spiritual and lingual biases and distortions of the researcher need to be accounted for: I am a White middle-aged woman from Germany. English and Spanish are second languages to me. On the other hand, based on my fieldwork in India and Nepal, and my graduate studies in the U.S. and UK, I have experience of being abroad as part of a minority and of speaking a second language, along with the experience of its problems and difficulties. As an international student in the U.S, I was not allowed to work in or immigrate to the U.S. Furthermore, I have experienced living with a wall and its tragedies: the Berlin Wall. I have experienced the fall of that barrier, as well, along with the cultural-spiritual adjustments, forced migration but also the healing possibilities that that event presented to the people of East Germany and the receiving society of West Germany. The experiences were a link with the co-researchers who live with the militarized *fence* in El Paso, Texas, at the U.S.-Mexico border. They enhanced the researcher's understanding of the co-researchers' experiences of the border issues. Issues around language, including the use of up to three languages by the co-researchers and the researcher, and the presence of a Spanish and Mayan interpreter in the interviews, biases due to translations, and the interconnectedness of language and culture have to be taken into account.

The epistemological complexity of this work constitutes a delimitation of this study. The combination of a methodological framework drawing on a philosophical perspective of transpersonal psychology (Braud & Anderson, 1998) and psychologies of liberation (Watkins & Shulman, 2008) with the method based on 'embodied enquiry' (Todres, 2007) might be regarded as lacking depth in articulating the philosophical ideas of each approach. I was aware of this problem and still chose to integrate these approaches since, through explicating my philosophical understanding, it mirrored the development of this research in an honest

way. Thus it could contribute to the trustworthiness of this study. I made transparent how I came to use the method of ‘embodied enquiry’ and on which ground I put it. It is my personal focus on a nondual perspective and embodiment, including spirituality that happened to be similar to the epistemological stance of ‘embodied enquiry.’ Once I understood the similarities and overlaps it was important to me to integrate the common elements of concepts, in the sense of showing the familiar and unfamiliar aspects of “neighbors.” My emphasis here is on the concept of interrelatedness, a thread running through this work.

The method of embodied enquiry does not assign specific data analysis procedures but suggests balancing texture and structure through movements back and forth during the data analysis process. I implemented a modified form of “imaginative variation” as the first cycle of data analysis for distilling the general meaning structure of the research phenomenon. Imaginative variation is a standard data analysis procedure in descriptive phenomenology that I applied in embodied enquiry, which Todres understands as a body-based hermeneutical phenomenology. Galvin and Todres (2009) suggested the concept of “embodied interpretation” as a body-based hermeneutical approach to data-analysis in addition to classical phenomenological data analysis. It might serve as a complement and with this in mind I performed a second cycle of data analysis using embodied interpretation with the general meaning structure of the phenomenon. I assume descriptive and hermeneutical phenomenology to lie on a continuum: The first cycle of data analysis using imaginative variation is located at the more descriptive end of the spectrum, whereas the second cycle of embodied interpretation is clearly nearer the hermeneutical-interpretative pole. This combination helped in finding a descriptive general meaning structure and working with it further in an embodied hermeneutical way. Again, this is a combination of different epistemological concepts that I chose to integrate. There were two motives behind this integration: Firstly, it has not been my aim to “make this work complex,” but rather to

deal with the complexity of our life-world in a holistic way, including an attempt at integrating philosophical conceptualizations. Secondly, my objective was to employ a “best fit” of methodology and method that would serve and support a nondual holistic perspective on the research phenomenon. With the help of evaluation criteria, I tried to care for the quality of this research based on the “4 R’s: rigor, relevance, resonance, and reflexivity (Finlay & Evans, 2009) as explicated in Chapter 3: Evaluation Criteria. By introducing as much transparency as I could, I aimed to contribute to the rigor of this study. This involved making visible the researcher’s influence and boundaries so that the reader could check the trustworthiness of the study. Other main evaluation criteria included resonance and reflexivity. I described my resonances with the data and reflection on the research process throughout. The data analysis has been the most challenging part of the research process, due to the large amount of data and its complexity, including the interplay of different languages, cultures, and the use of an interpreter. My personal reflection on this has been explicated in Chapter 3: Data Analysis Procedures, in Chapter 4 – 6: Findings, and in Chapter 7: Researcher’s Embodied Understanding of the Research Process. The relevance of these research findings has been interlinked with different fields in the social sciences and health sciences as illustrated in the discussion section of this chapter.

Limitations of this research include the following issues: The quality of this study can be threatened by external effects of treatment interaction with the selection of the setting and the history of the participants (Creswell & Plano Clark, 2007). Another threat is the history of the co-researchers, such as traumatic experiences, mental and physical health status, and the impact of border-transmigration. The factor of “living in the violent U.S.-Mexico borderlands” played an important role in this research, affecting the data of the co-researchers’ experiences as residents there and including the effects of the specific

condition they share with respect to their immigration status. Directly related to this is the factor of the co-researcher's family situations, which differed hugely.

Finally, this study included women of culturally and spiritually diverse descent living in the U.S.-Mexico borderlands, a group which the literature showed to have been previously little studied. Furthermore, the Capacitar body-mind-spirit training is in some ways unique and there is a lack of research on this subject. Therefore it has not been possible to directly compare these research findings with other findings. I only could show partial comparisons of the findings on the impact of the Capacitar training with other body-mind-spirit approaches. The lack of a body of knowledge on both the group chosen as research subjects and on the Capacitar approach constitutes a limitation of the results. However, it has been my goal in this research project to add valuable information and to contribute significant original knowledge to the field.

Strengths of the Study

The strengths of the study include: (a) A large enough sample size (14 female co-researchers) allows for an eidetic generalizability of the general meaning structure of the research phenomenon and its constituents; (b) The inclusion of culturally and spiritually diverse multilingual co-researchers background from both sides of the U.S.-Mexico border can support the appreciation and understanding of diversity; (c) The narrative context information and evaluative information about the Capacitar Training expanded the understanding of the phenomenological findings; (d) An embodied approach throughout the research endeavor added experiential information of the researcher to enhance the understanding of findings; (e) The Significance of this research is filling a gap of knowledge: There exists a lack of research on the Capacitar approach for healing individual and community healing as well as about the situation of women's lives on both sides of the

U.S.-Mexican border. These research findings contribute to shed light on this gap; and lastly

(e) This research comprises a “best fit” of research subject, methodology and method: The investigation of the impact of the Capacitar body-mind-spirit practices training was approached through a holistic, integrative, transpersonal methodology and an embodied phenomenology to understand the co-researchers’ embodied experiences of change, both including the dimensions of body-mind-spirit and culture for research into the holistic approach of the Capacitar body-mind-spirit practices.

The following section delineates an expansive discussion of these research findings.

Discussion of the Phenomenological Research Findings

This part presents the discussion of these research findings, including the phenomenological results, the evaluative synthesis of the Capacitar program and the narrative cultural composite of the co-researchers’ contextual information. The phenomenological findings comprise the core of this research and therefore are discussed in greater detail, firstly in an overall discussion of the general meaning structure of the research phenomenon, followed by a detailed discussion of the five constituents of the general meaning structure. The findings are further discussed in relation to the state of knowledge relevant for this research as shown in the Literature Review (Chapter 2) and in respect to the assumptions of holistic embodied human experience of trauma and healing, based on the theoretical frameworks of transpersonal psychology, psychologies of liberation, and embodied phenomenology. This led to the following structure of the detailed discussion. Firstly, the present results about the impact of the Capacitar approach are discussed in relation to past research and findings of other relevant body-mind-spirit programs. Secondly, the prevalence of trauma in the co-researchers’ experiences of living in the U.S.-Mexico borderlands is compared to existing knowledge. Thirdly, the women’s experiences with healing related to

the dimensions of body, spirituality, culture and nature are discussed comprising constituents 2 and 3 of the general meaning structure. Lastly, the remaining constituents are discussed: Desire to support others' change and the role of ambiguity (constituents 1, 4 and 5).

The following section demonstrates the contribution to knowledge of the embodied phenomenological findings, which is the centerpiece of this study, by exploring holistically the impact of the Capacitar body-mind-spirit practices training (Cane, 2000) for the transformation of individual and community trauma. The results are discussed in relation to past findings on body-mind-spirit practices for healing trauma as detailed in the literature review (Chapter 2).

The embodied phenomenological method as articulated by Todres (2007) was successfully applied in the research for this doctoral thesis with co-researchers from a culturally and spiritually diverse multilingual setting and included expression of transpersonal components based on the general methodological framework of transpersonal psychology implemented in this study such as spiritual experiences, cultural practices and synchronicities. Embodied phenomenology, with its emphasis on bodily experiencing and bodily understanding and acknowledgment of holistic human experience, provided an approach to method that allowed for the emergence of a general meaning structure, which facilitated an understanding of how the co-researchers' "embodied experiences" changed in the course of the Capacitar body-mind-spirit training" and how their experiences of change interacted with their "transformation of trauma and healing".

This research investigated holistically the phenomenon of "the experience of change through the Capacitar body-mind-spirit practices for healing trauma". Although the phenomenon of healing trauma has been investigated and postulated about since the inception of the field of psychology, only in the last two decades has research begun to build an expanded integrated understanding of human experiences of trauma, including bodily and

spiritual aspects of healing, and aspects of community or cultural trauma. This recent research has been supported particularly by research findings from (1) the field of complementary alternative medicine (CAM) approaches such as body-mind-spirit interventions; (2) findings from neurobiology and neurophysiology confirming the importance of the integration of the body into holistic healing approaches to trauma treatment; (3) the field of holistic psychology, such as transpersonal psychology and ecopsychology, with its research into the influence of spirituality and cultural practices on human health and healing, and its relationship to nature; and (4) empirical research on the epidemiology of trauma. In the literature review, other body-mind-spirit approaches to healing have been reviewed and are updated in this discussion section. Epidemiological findings on trauma particularly relevant to women living in the U.S.-Mexico borderlands have been outlined in the literature review and are compared with these research results. The factors of body, spirit, culture and nature, and the concept of interrelatedness have been reviewed in Chapter 2 and results are reflected on in relation to these study findings.

In the following paragraphs the phenomenological findings are discussed in detail according to the key constituents of the general meaning structure of the research phenomenon “embodied experiences of change as a result of the Capacitar body-mind-spirit practices training”. The general meaning structure is complex as explicated in detail in Chapter 5. In summary, the general meaning structure identified five constituents: Constituents 1 and 5 comprise “ambiguities” that arose at the beginning and at the end of the Capacitar Training, and some of them were transformed. Not all co-researchers experienced ambiguities. Constituent 4 encloses “Desire to support others’ change”. However, it is a requirement of the Capacitar Training sharing the practices with others, intended to establish the community-oriented aspect of healing through multiplication. The Capacitar Training participants were obligated to conduct an individual project involving to share the practices

with others. The “desire to support others’ change” emerged in different intensities and applications. The *heart* or core of the general meaning structure of the phenomenon consists of constituent 2: Initial bodily felt shift in awareness and constituent 3: Desire for further change. All co-researchers experienced constituent 2 and 3 in intense but different ways and with diverse emphases.

In the following sections, an overall discussion of the general meaning structure of the research phenomenon is given, followed by a detailed discussion of each constituent with a focus on the core constituents 2: Initial bodily felt shift in awareness, and core constituent 3: Desire for further change, both comprise the most eidetic generalizable findings of the research phenomenon. This section presents a discussion of the available research on the Capacitar approach and comparable body-mind-spirit approaches in relation to the results of this study. The Capacitar body-mind-spirit training approach appears to be unique in the way that many different body practices, spiritual practices and group practices are put together in the training. Furthermore, the explicit emphasis on self-healing and support for the healing of others is extraordinary. An additional outstanding feature is the culturally and spiritually diverse and multilingual application of the training in populations around the world with a particular emphasis on outreach to underserved and underprivileged communities. To my knowledge, there is no comparable approach to Capacitar’s international training program. This is confirmed by the literature review in Chapter 2 and in the updated search December 2011. Therefore these study findings cannot be discussed in direct comparison with other research about other approaches. Research available on the Capacitar Training is limited, too. Prior to this doctoral research, only Cane’s (2000) doctoral thesis, which was the first doctoral research and the updated research as published in the Capacitar report (2011) on the impact on the Capacitar has been conducted. A critique of Cane’s research has been given in Chapter 2. The recently published findings of the Capacitar report are discussed in the

following section. Cane's findings and the results of the Capacitar report are reflected on in comparison with these research results and a few additional research findings will be shown that relate in some way to the Capacitar body-mind-spirit practices approach.

Cane's (2000) study is a mixed method design focused on the level of change in traumatic stress symptoms and overall improvement in the physical, emotional and mental well-being of the participants in traumatized and disaster-stricken communities of South America. Evaluative findings, such as the inclusion of theoretical and practical education material, contributed to the curriculum development. The Capacitar report (2011) summarizes the more than 23 years of Capacitar work around the world and includes research findings about experiences with the application of the Capacitar Training. The report's slogan is "Healing trauma, empowering wellness, a multicultural popular education approach to transforming trauma". *Capacitar*, from a Spanish term meaning "to empower", sees itself as "an international network of empowerment and solidarity with its vision of healing ourselves, healing our world". The Capacitar Manual provides simple practices for healing, team building and self-development to awaken people to their own wisdom and strength. This is understood as empowerment. As a result of empowerment the people can heal themselves, and reach out to work against injustice and for peace with their families and communities, which is envisioned as solidarity. Capacitar uses a popular education approach for disseminating the theory and practice of the training. It has been spread to 35 countries around the world till now. The application of the Capacitar Training focuses on people working with healing and transforming trauma in diverse organizations, communities and societies internationally. The Capacitar Manual accompanying the training and translated into several languages includes trauma theory, research findings and examples of applied curricula. Capacitar integrates a holistic perspective of body-mind-spirit healing, including an ecopsychological community-oriented multiplicative focus and outreach to the communities

in different cultures and languages stricken by the impact of trauma through exposure to violence, crime, war, genocide and disasters.

The Capacitar report outlines research findings, collected through interviews, focus groups, questionnaires, symptom change scales and training evaluations from 210 co-researchers in 18 countries (U.S, Canada, Nicaragua, Guatemala, Honduras, El Salvador, Argentina, Brazil, Ireland, Northern Ireland, England, Timor Leste, Indonesia, Rwanda, Burundi, Tanzania, Ghana and South Africa). All co-researchers included in the Capacitar report had participated in one of the Capacitar Training courses. They comprised helping professions, grassroots leaders and people from the community. The majority of co-researchers had experienced trauma, including genocide in Rwanda and political violence in Timor Leste, Nicaragua, Guatemala, Honduras and El Salvador. The report only gives summaries and indicates trends of the results. Detailed results have not been published yet.

The general trends shown in the results of the Capacitar report were not dependent on culture or country. The present research confirms the general trend shown in the Capacitar report in that this study did not bring to light differences in the experiences of the co-researchers from culturally and spiritually diverse backgrounds, including Mexicans in Mexico, Mexicans in the U.S., Mexican-Americans, Mayan, White Americans in relation to the core constituents. This is shown by constituent 2: Initial felt shift and constituent 3: Desire for further change. These findings support the assumption that bodily experiencing and bodily felt experiences of change are beyond culture and spirituality. Ambiguities emerged for some co-researchers of Mexican and Mexican-American descent, but were transformed through the bodily experience of change, which then confirms again the prior statement of culturally and spiritually independent impact of body-mind-spirit practices.

Symptom scales in the Capacitar report (2011) indicated an overall reduction of symptoms such as headache, stomach pain, nightmares, insomnia, general body pain, fatigue,

anxiety, amnesia, flash backs etc. Qualitative expressions of change were included in the form of drawings, metaphors and descriptors. All co-researchers had reported a significant change such as improved family and work relationships, control of emotions of fear and anger, change of unhealthy situations, finding new meaning and new understanding of their lives. These study findings showed similar overall results of symptom reduction dependent on regular practice, confirming the Capacitar report (2011) and Cane's (2000) research findings (as outlined in Chapter 2).

The Capacitar report demonstrated how and where the Capacitar practices were integrated into health organizations by participants who worked as health workers in health services programs, such as HIV programs and programs for caregivers, single parent, immigrants, and refugees around the world. Staff reported improved relationships with their colleagues and clients. Capacitar can be adapted and implemented in different ways as it models openness to new applications. Capacitar teaches in a multiplicatory way and expects the participants to apply the practices with others. The so-called *spillover effect*, assumed as the *multiplier impact* was investigated in the Capacitar report, with training participants being asked, if they had been able to integrate the practices in their lives and work. Capacitar's multiplier impact puts emphasis on the interrelatedness of self, other and the world based on an ecopsychological community-oriented perspective with the goal "of making a greater difference in the world" (Capacitar report, 2011, p. 48). The report's findings showed that certain co-researchers had implemented the Capacitar practices into their work. A few examples were given in the report, such as from the Rwanda outreach programs; women's human right activism in Thailand; El Paso (U.S.) detention center; restorative justice program, Los Angeles, U.S.; children's program in El Salvador; grandparent's program, Ireland, and care of torture survivors, Ireland. The present research findings showed how the co-researchers developed a desire to support others' change and how they applied the

practices with others', which confirms the "spillover effect" shown in the Capacitar report (2011) and in Cane's findings (2000). Neither research investigated what factors can support a "successful implementation" of the Capacitar practices, which needs further exploration.

Furthermore, the Capacitar report made explicit the challenges of the Capacitar Manual and training. One challenging factor comprises of the need to integrate the body-mind-spirit practice into daily lives in order to have a long-term positive impact on health and well-being. This is congruent with these study findings, where the co-researchers stated that they had to practice regularly to ensure symptom reduction and continuous improvement of well-being, otherwise they experienced a return of their disturbances and symptoms such as insomnia, anger, anxiety, nervousness, feeling stuck and imbalanced. The co-researchers described that when they kept up with one to three practices and practiced them from daily to a few times a week, they were able to maintain the impact of feeling more balanced and experienced an ongoing improvement of feeling well, feeling more at peace, feeling more centered within that made them function better. They could make better decisions and take more constructive actions to improve their life circumstances, which Capacitar calls the "empowerment impact". This impact has been found as well in this study within constituent 3: Desire for more change of the general meaning structure. The experience of improvement evoked the co-researchers' desire for more enhancement of well-being and they could take action to change their lives.

Another challenge described by the Capacitar report concerned issues around language and culture. It is stated that sometimes it had been challenging to find local translators and interpreters in all the regions Capacitar had been applied. Furthermore, the content of the Capacitar Training, such as the concept of energy, healing and popular education, does not easily translate into all other languages. The so-called "best practices" of Capacitar (shown in Appendix A) have been translated into 14 languages. For instance, the

Capacitar Training in El Paso, which has been the subject of this study, was taught primarily in Spanish and included a manual provided in Spanish. However, the report outlined the challenge of adapting the materials to all cultures or finding other alternative emphases of explanation, which adapt to the specific culture. Examples are given such as being accused of “witchcraft” (Capacitar report, 2011, p. 65) in some areas of the world, if for example energy work is misunderstood. This challenge has been found in the present research as well, for instance with some co-researchers from Mexican and Mexican-American background that had a more fundamentalist Catholic belief. In the present study, such challenges are subsumed under constituent 1: Ambiguities at the beginning of the Capacitar Training. Ambiguities experienced by the co-researchers of this study were prevalent at the beginning of the Capacitar Training in combination with issues of “fear of the unknown” and “lower self-esteem” and were transformed as the course progressed. The Capacitar report emphasizes the importance of backing up the practices with theoretical foundations that are trustworthy, such as showing that the practices are based mainly on those from Eastern traditions of healing, which are thousands of years old and the inclusion of official governmental research findings that support trustworthiness for the participants. In the present study the ambiguities at the beginning of the training were transformed for all co-researchers through their experience of initial felt bodily shift in awareness and the following process of integrating previous difficult or positive life experiences, of integrating previous healing knowledge and of new learning, which led to the desire for more change. The ambiguities were transformed through the experiences of change of feeling better in many different ways. It was through the bodily experiencing that the ambiguities diminished across all co-researchers’, thereby supporting the theses stated at the beginning of this overall discussion that the experience of change through the body and the following integration of experiences through the body occurred beyond culture or religion. Therefore even some of

the challenges can be transformed through the bodily experiencing. It appears to be an eidetic generalizability that the initial bodily change and further process of change happens independent from culture and spirituality through bodily experiencing beyond culture and thereby confirming the applicability of the Capacitar practices across culturally and spiritually diverse populations.

Another challenge stated in the Capacitar report is the importance of gatekeepers for gaining trust and being able to spread and implement the Capacitar practices. In all places where the Capacitar Training was conducted, alliances with the right gatekeepers were seen as a crucial indicator for successful implementation. It has been the same experience within the present research about the importance of the “right” gatekeeper, which has been the *Centro Mujeres de la Esperanza*, in El Paso. The co-researchers were familiar with the place and the staff and had build up trust that supported the compliance with the Capacitar Training as well as the co-researchers’ trust in this research.

Overall, Capacitar’s rigor manifests through putting into practice their goals of empowerment, solidarity and multiplier impact across diverse cultures and underprivileged communities within their training approach. This can be confirmed by these research findings of the constituents 1 – 5 of the general meaning structure of the research phenomenon “experience of change”. The co-researchers of this study experienced in an embodied way an increase in understanding about themselves and their lives that “empowered” them, followed by a desire for more change and a desire to support others’ change that puts into practice Capacitar’s goal of solidarity through its multiplicative application. In summary, the present research findings are congruent with and can confirm Cane’s (2000) results and the Capacitar report (2011).

In the following paragraph comparable body-mind-spirit approaches other than the Capacitar Training are discussed. In Chapter 2, similar body-mind-spirit approaches to the

Capacitar Training, such as the *Strength-focused and meaning-oriented approach* (SMART), Yoga approaches to trauma healing e.g. the method *Art of Living* (AOLF), and *Mindfulness-based-stress-reduction* (MBSR) have been reviewed, including empirical research findings, which will not be repeated here. Nevertheless, the aforementioned approaches still differ considerably in one way or another as has been outlined in Chapter 2.

To my knowledge, the only body-mind-spirit practices program that includes an explicitly community-oriented aspect is that founded by the Art of Living Foundation (AOLF), a disaster-stress relief program based on Yoga, and applied in diverse cultures around the world, as described in Chapter 2. Some research on this program is available, showing that it has a positive impact on physical, emotional, mental and spiritual well-being (Bhatia, 2002; Larsen, Yee, Gerbarg, & Brown, 2006; Warner, 2006). It is suggested as an alternative complementary tool for healing individual and community trauma. However, it does not have the same particular multiplicatory focus and is limited by its grounding in Yoga philosophy of Hinduism only, whereas the Capacitar approach is more eclectic and open, though with a strong influence from Eastern healing traditions as well.

The following section gives a detailed discussion of the five constituents of the general meaning structure of the research phenomenon in relation to past research findings. Furthermore, at the end of this section, it is deliberated how the assumptions of the theoretical framework of human experience of trauma and healing seen holistically, can be justified by these research findings. The foregoing section presented the overall discussion of the general meaning structure of the phenomenological research findings in comparison with research on the Capacitar approach and other body-mind-spirit approaches such as AOLF. This section discusses in more detail the five constituents of the general meaning structure of the research phenomenon, particularly the core constituents 2: Initial felt bodily shift and 3:

Desire for further change, on the impact of the Capacitar Training, and how these findings justify the assumption of holistic human experience of trauma and healing.

Over all accounts (except for one co-researcher, who did not speak about it), the co-researchers experienced an initial bodily felt shift in awareness (constituent 2), which in all cases happened abruptly and unexpectedly. The shift occurred in the first or second module of the Capacitar Training and was induced by certain body-mind-spirit practices. Through the experience of initial bodily felt shift (constituent 2), the co-researchers seemed to surrender themselves deeply to the experience of the different Capacitar practices. They gained trust in the transformative impact of the practices and developed confidence that it could help them improve their well-being and life circumstances. The motivation for new learning through the Capacitar Training increased enormously and a high level of compliance or commitment to the training emerged. It seemed that the more groundbreaking their experience of the initial felt shift was, the higher the motivation or desire for further change (constituent 3) was, a finding that can be important for the application of healing interventions.

The desire for further change (constituent 3) emerged out of the experience of the co-researchers' initial bodily felt shift at the beginning of the Capacitar Training and developed further in a process of change throughout the 7-months long training. This core constituent is complex and includes the following sub-constituents: Desire for the expansion of understanding (3.1), including the integration of previous experiences, previous knowledge, and new learning; Increase of self-esteem (3.2); and Increase of psycho-physical-spiritual well-being dependent on regular practice (3.3). The co-researchers' experiences of new insights or new learning through the bodily shift in awareness led to a higher level of embodied understanding and bodily knowing, which increased their feeling of sense-making or meaning-making in life.

Searching for research on further discussion of the core constituents 2: Initial felt bodily shift and constituent 3: Desire for further change of the general meaning structure of phenomenological findings, I recognized a pattern that I had not acknowledged before in Chapter 4: Phenomenological Results. The co-researchers' experience of the initial bodily felt shift was the start of a process of change in awareness. This initial felt shift was prompted by imagining a certain region in the body in connection with Capacitar practices that utilized, for instance, the concept of chakras or meridians and through breathing exercises. The certain pattern of change that I apprehended only now is as follows: The co-researchers' experienced an inward focus on the body that led to a shift, which can be seen as an inner motion or movement; or alternatively the initial felt shift was triggered by an external movement such as Tai chi or Pan dal gum movements, which led to an internal shift or motion; or it was a combination of centering in the body and doing movements. The inner shift led to an inner process of enhancing understanding and meaning and led to an outer shift in the form of becoming active and changing life circumstances. All co-researchers had such an experience, when the inner became the outer and the outer the inner, and through this process the feeling of interconnectedness manifested. These findings support the Capacitar approach with its combination of practices that include practices of both focusing on inwards and outwards movements that can enhance participants' experiences of change.

Furthermore, the process of change occurred for all co-researchers independent of culture. The process of change appeared as a universal human desire for motion, movement and change, which was then individually different moment by moment. In the section on the embodied interpretation of the phenomenological findings (Chapter 5), I have interpreted the results grounded in my bodily felt sense, where I perceived the co-researchers' experience of change primarily as a dynamic shift, motion, or movement. To my understanding, the results of the present study did not show cultural-spiritual differences in which co-researchers

responded to certain practices. Nevertheless, personality traits and states of preferences or dislikes may contribute to the experience of initial shift and process of change that need further exploration.

The following section discusses the interrelationship of trauma and healing according to past research presented in the literature review (Chapter 2) and in comparison with these research findings.

Trauma and Healing

These study findings showed how the initial bodily felt shift and the following process of change transformed the previous traumatic experiences of several co-researchers. The Capacitar Training focuses specifically on the transformation of individual and communal trauma based on their practices and their psychoeducation about the theory of trauma. However, psychological trauma and communal trauma experiences of the participants are not clinically assessed, since Capacitar is not a clinical intervention and does not want to be. In alignment with Capacitar, this research did not survey upfront information on trauma and did not enter a “clinical setting” for the collection of data. Nevertheless, several co-researchers shared traumatic life experiences in the research interviews about how their experiences of change were initiated through certain Capacitar practices and led to a transformation of some of their traumatic experiences as shown in detail in Chapter 5. The co-researchers’ experiences of transformation of trauma were manifested again through the initial bodily felt shift and the following process of change in an embodied way (constituents 2 and 3). For instance, one co-researcher shared how her childhood sexual abuse had manifested in her body and how she was able to transform parts of her disembodiment. Another co-researcher shared traumatic experiences from her border crossings, sexual assault and a difficult family situation. She described how her bodily felt shift through Capacitar

movements helped her to reconnect with her strength rooted in her spirituality, and how it triggered the release of stress, anxiety and fear. Another co-researcher, a torture survivor and victim of rape, experienced a specific release of pain stored in the body through certain Capacitar practices. One co-researcher shared her experience of sexual assault, about how she made a case about this instance, and how she found support from her community. She experienced a transformation of these challenging experiences through body movement practices and felt “lightness” in the sense of relief. Another co-researcher traumatized by the suffering of a severe illness, experienced huge bodily, emotional and mental transformations through specific Capacitar practices. The prior examples are outlined in detail in Chapter 5: Phenomenological Results, “Variations of the Key Constituents”. These findings confirm that Capacitar’s goal of the transformation of trauma through body-mind-spirit practices worked for several co-researchers who shared their experiences. Furthermore, these findings primarily confirm the theoretical assumptions applied in this study that the human experience of trauma and healing impacts the holistic dimensions of body, mind, spirit, culture, community and nature, which constitutes a significant contribution to knowledge. No other research on comparable trauma healing modalities with diverse populations in the borderlands has been located, as shown in Chapter 2.

Furthermore, the traumatic experiences voluntarily shared by the co-researchers partially confirmed the epidemiological research findings on the probable prevalence of traumatic events in the U.S.-Mexico borderlands, which can only be estimated due to a lack of firm data. An overview of the potential epidemiology of trauma in the U.S.-Mexico borderlands has been outlined in the literature review (Chapter 2) based on empirical findings from the field of psychology. Potentially traumatic events prevalent among the female co-researchers of this study have been summarized. They include violence, rape, sexual assault, domestic violence, communal violence; particularly potentially lethal violence and,

in addition, femicide in Ciudad Juárez; drug and human trafficking. Further investigations conducted in a sensitive and caring way can shed more light on the situation of women's lives in the borderlands.

In addition to the demonstration of the epidemiology of trauma relevant for the women living in the U.S.-Mexico borderlands in the literature review, the interrelatedness of trauma and healing has been analyzed in Chapter 2 based on a transpersonal psychology perspective that includes the dimensions of body, mind, spirit, community, culture and nature to healing as shared by Capacitar's conceptual frame. The importance of integrating the body into healing interventions has been supported by neuroscientific research findings (Chapter 2). The impact of spirituality, culture and nature based on a concept of interrelatedness has been reported in the literature review based on research findings from the field of psychology. In all areas of the literature review, a gap in knowledge has been determined. The following section discusses the relevant dimensions of body, mind, spirit, culture, nature and interrelatedness and their interplay with healing trauma, and how these research findings confirm the theoretical assumptions of interrelatedness based on a transpersonal psychology perspective and embodied phenomenology.

The Body and Healing

Neurobiology and neurophysiology have shown how traumatic memories are stored in the body and thus confirmed the importance of integrating the body into the treatment of trauma (Emerson & Hopper, 2011), as presented in the literature review (Chapter 2). The body-based so-called "bottom-up" approaches access the individual's inner life through the bodily experience. The focus is on the connection with the body and on gaining understanding of emotions, cognitions, or spiritual experiences through the bodily connection. Therefore, working with the body through body-mind-spirit practices can have a

ripple effect on well-being because it affects all dimensions of self and the experience of the other in the world, as shown by these research findings.

The co-researchers' experiences of the initial bodily felt shift (constituent 2) and the subsequent bodily shift in awareness that led to a desire for change (constituent 3) reflect Emerson and Hopper's (2011) "bottom-up" approach described above. Emerson and Hopper investigated the use of Yoga as a bottom-up approach for trauma treatment. Yoga-based interventions focus on the connection at the somatic level and move from there to address emotions and cognitions. Posture and breathing are used to enhance the sense of connection to self. Practitioners develop presence to their inner somatic experiences with the aim of building new interrelations with self and others in the world.

Furthermore, mental activity generates new neural structures (LeDoux, 1995) and therefore feelings and thoughts can leave lasting traces in the brain, positive as well as negative. Therefore practices that enhance the positive impact on the brain, such as feelings of happiness and love, can be used to achieve greater well-being (Hansen & Mendius, 2009). Hansen and Mendius suggest a transcendental dimension woven into the mind and our consciousness beyond the physical universe. Since this postulate cannot be proven, they suggest that we "respect it as a possibility" (p. 10). What the co-researchers described about their experiences of the initial bodily felt shift and the subsequent emergent desire for change is further mirrored in Hansen and Mendius' rendition of how the mind shapes the brain and vice versa, and how certain practices can enhance certain developments of the brain. Future research on the impact of body-mind-spirit interventions for healing (trauma) may investigate changes in the individual's neurobiology further.

Another example of explanation of the role of the constituent 2 and 3 of these research findings relates to the field of neurophysiology as outlined in the Literature Review (Chapter 2). The co-researchers of this study experienced a release of fear, pain, stress and

blockages, and restoration of a state of relaxation through body practices, particularly Tai chi movements, Pan dal gum movements, chakra meditation, acupressure, polarity work, and EFT. Levine (2010) suggests that the body work undertaken to release traumatic energy is physiologically necessary to enable the individuals to make contact and receive support, particularly since Broca's area, which is responsible for language, shuts down in a state of hyperarousal. This fact is additional evidence of the importance of the work with bodily sensations as the "language of the reptilian brain" beyond language. Levine's central concept of healing trauma is based on instinct and a view of humans as "human animals". It suggests how clinicians can utilize the reactions of animals' nervous systems to understand and treat trauma.

When humans are threatened, instinctual defensive or protective energies are mobilized. Should the corresponding actions fail, the biological response makes the person freeze or collapse into what is known as *tonic immobility* (Levine, 2010). Some humans remain stuck in this state after such an experience and the paralysis can become an exhaustive response to different situations when similar feelings are aroused. These physiological processes and the biological roots of psychological trauma have been outlined in more detail in Chapter 2, showing that trauma happens in the body, mind and spirit.

Healing trauma requires a re-connection to humans' primordial intelligent biological instinctual commonalities to transform the freeze response so that the traumatized can find a way back into life. Similar responses can be observed in animal body postures such as fear paralysis. The experience of feeling trapped then becomes a prolonged traumatic state, such as with PTSD (Levine, 2010). Levine stated that the combination of instinct, located in primordial parts of the brain (limbic system, hypothalamus, brain stem) and reasoning, located in the most evolved part of the brain (prefrontal cortex) might promote the transformation of trauma responses. This includes both intense and subtle body sensations

and feelings, paired up in the insula and cingulate brain structures. These areas need to be involved in the resolution of trauma. Levine focuses in his clinical intervention called *somatic experiencing* on the uncoupling of the conditioned association of fear with helplessness from the biological immobility response by discharging the hyperarousal energy required for survival mobility. This restores a “dynamic equilibrium”, relaxed alertness, and re-connection to the lifeworld. It is the “undoing” of the fear-helplessness connection through gradual bodily confrontation and relaxation.

Levine (2010) furthermore advances both embodiment and awareness as essential in balancing stress, healing and preventing trauma. They contribute to an enhancement of well-being and equilibrium of body and mind through embodying “goodness and joy” (p. 271). Human experiences are incarnated in the body and sculpture our bodies. Our thoughts are paired with sensations and emotions. This informs our actions in the here and now. Without such interoceptive sensory information, we would be “blind and deaf”, and the world would be one-dimensional. Through the resonances of our bodily sensations we perceive ourselves, and our lifeworld. Our physical and emotional feelings of ourselves, and the lifeworld are based on embodiment. Cave paintings and archeological studies show the evolution of embodied human consciousness, including self-knowledge, symbolism and later written language (Levine). In communities, the bodily sensations also served as social functions, such as impulse control, what we today call social and emotional intelligence. When humans are connected with their bodily sensations and bodily knowing, creativity and a sense of purpose can be amplified, including the transformation of negative thinking. Based on this assumption, Levine (2010) formulated the following definition:

Embodiment is a personal-evolutionary solution to the tyranny of the yapping “monkey mind.” It is one that paradoxically allows instinct and reason to be held together, fused in joyful participation and flow. Embodiment is about gaining, through the vehicle of awareness, the capacity to feel the ambient physical sensations of unfettered energy and aliveness as they pulse through our bodies. It is here that

mind and body, thought and feeling, psyche and spirit, are held together, welded in an undifferentiated unity of experience. (p. 279)

The findings of this research show how all co-researchers' experiences of change included a change in embodied awareness as a result of body-mind-spirit practices that amplified a bodily shift in awareness as a bottom-up processing of experience. Through the increased bodily awareness, the co-researchers were able to integrate or better understand previous experiences and knowledge, and gained new insights. This initial shift was intense and resulted in a desire for further change. In German a distinction is made between *Körper* [physical body] and *Leib* [living body], the latter comprising the deeper meaning, described above, of bottom-up processing of experiences and living, sensing, knowing bodies in search of understanding ourselves and others (Heidegger, 1956; Husserl, 1950; Merleau-Ponty, 1968). The recent findings show how body-mind-spirit practices can promote a gentle re-connecting with the bodily sensations in the sense of a "living body" [Leib], which requires further research exploration.

Spirituality and Healing: A Transpersonal Perspective

The influence of spirituality and religious beliefs on health and healing has been shown in the literature presented in Chapter 2 as relevant for a holistic discussion of healing trauma. In these study findings, several co-researchers experienced a deepened experience of their spirituality or of their religious experiences and beliefs through their experience of initial bodily felt shift (constituent 2) and the following process of integration of previous experiences in an embodied way that led to a further desire for change (constituent 3). The co-researchers experienced changes, such as a deepened and strengthened feeling of connectedness to God or the cosmos, an intensified motivation to integrate their spiritual practices and the Capacitar practices into their cultural and spiritual practice, and a deepened

understanding of previous spiritual experiences. These findings confirm the interrelatedness of bodily and spiritual experiences. This impact relates to Davis' (2003) definition of transpersonal psychology and the concept of interrelatedness as “based on nonduality, the recognition that each part (e.g. each person) is fundamentally and ultimately a part of the whole (cosmos)” (p.7). Furthermore, Prendergast and Bradford (2007) described nondual embodiment as follows:

The conditioned body-mind surrenders to and gradually aligns itself with the deepest truth within us...When we discover the implicit, nonseparate wholeness that we are, all of the parts begin to spontaneously realign or reorchestrate themselves with ‘That’ so that our lives move more harmoniously in service to our deepest truth. Nondual embodiment is an ongoing, open-ended individual and collective process. (p. 14)

The notion of nonduality and nondual embodiment seems relevant for the co-researchers' experiences of bodily felt shift and change including spirituality and religious practices.

Caplan (2007) described the integration of spiritual insight and experience into daily life in the following way:

The call of embodied spirituality is to learn to access the truth of our own dignity, and to infuse all aspects of reality with this awakened attention—beginning with our own bodies, and extending into the greater bodies of family, community, culture, country, humanity, the earth, and the cosmos itself. Our embodiment begins with ourselves and gradually extends outward to heal the world. (p. 184)

The concept of embodied spirituality also allows to conceptualize trauma, illness and psychopathology as interrelated “parts and the whole” including the dimensions of culture and nature, rather than on the individual alone, as expressed in the two quotations of Hillman (1992/2007) and Hillman and Ventura (1992) as outlined in the dedication section of this dissertation. The impact of spirituality on health and healing trauma, based on the concept of interrelatedness merits further exploration.

Culture, Nature, and the Concept of Interrelatedness and Healing

The discussion of holistic healing of trauma presented in Chapter 2 included the dimensions of culture, nature and the concept of interrelatedness both as having an impact on the experience of trauma and in relation to health and healing. Continuing the discussion of these research findings of the co-researchers' experiences of change and its impact on their cultural, spiritual or religious practices as shown in the foregoing paragraphs, several co-researchers encountered a deepened explicit feeling of connectedness to nature and particularly a deepened feeling of interrelatedness, which is, as well encompassed in constituents 2 and 3: Initial bodily felt shift led to a further process of change and desire for change, but also in constituent 4: Desire to support others' change. Through their own experience of change several co-researchers developed a desire to share the benefit of the Capacitar practices with others. These findings confirm the multiplicatory impact of Capacitar and, through the desire to support others' change, a transformation of communal or cultural trauma. This is an important link that requires further investigation.

In general, the concept of interrelatedness and healing plays an important role in transpersonal psychology and psychologies of liberation, alongwith the Capacitar approach, including indigenous healing concepts and ecopsychological approaches. A few co-researchers of this study referred to indigenous wisdom and healing practices, and they are therefore touched on in this section in relation to the phenomenological findings as well as to the evaluative findings, where information about the co-researchers' experiences of grandmother's healing knowledge (Chapter 6) has been presented. However, within the scope of this paper the vast field of shamanism and indigenous healing practices cannot be covered. I can only point to an important aspect in relation to healing trauma based on these research findings.

Indigenous peoples in the Americas explain trauma as “fright paralysis” and as “soul loss” that needs to be healed through shamanic rituals (Levine, 2010). The healer and the person seeking help join together to re-experience for example the traumatic event, while calling on cosmic forces to release energies of demons that might have entered the soul during the trauma event in order to call back the lost parts of the soul. This is another approach to healing and transformation. It relates as well to the community aspect and relation to nature in the realm of healing, as emphasized by the Capacitar approach. For instance, the Yoga asanas also have their roots in the ritual body postures of shamanic cultures (Goodman & Nauwald, 2003). The shaman’s knowledge is used for the welfare of the community and harmony of the cosmos. It is the oldest spiritual tradition of humanity and seen as a “science of experience” (Goodman & Nauwald, p. 5). Shamanic traditions share the assumption that all entities animate a holistic life force, which transcends the principles of classical physics. The life force is seen as a “web of life” in which all entities of the cosmos are interconnected. Extraordinary forces are seen as affecting individuals and events in the ordinary world. Shamanism includes both healing practices and spiritual belief. This concept connects with the co-researchers’ experiences of integrating body-mind-spirit practices for healing into their cultural and spiritual praxis, and their feeling of interrelatedness with nature that needs further research investigation about this complex interplay.

Desire to Support Others’ Change

The co-researchers developed a desire to support others’ healing that varied on a spectrum. For example, some used the practices with their families, some integrated parts of practices into their professional work and some conducted neighborhood groups for sharing Capacitar practices. However, as described in more detail in Chapter 5, it was a requirement of the Capacitar Training to conduct a small group project or sharing of practices with others.

Furthermore, 11 out of 14 co-researchers work in health-related fields. It can be assumed that they brought with them a high interest in healing others and a high motivation to expand their healing work through integrating Capacitar practices, and again this is a goal of the multiplicatory impact of the Capacitar Training. It cannot be separated from the “real” desire that emerged for the co-researchers to share practices with others.

Nevertheless, the desire to support others’ healing is an interesting and important constituent, a field of research that is not covered in the literature review in Chapter 2. It relates to scientific fields such as interpersonal neurobiology and research on psychosocial concepts e.g. empathy and attachment, and approaches from transpersonal psychology as outlined in the following section. It is beyond the scope of this discussion to fully express the field of empathy and attachment research, but a link to neurobiological research, and a transpersonal and ecopsychological direction is outlined in the following.

The comparatively new field of interpersonal neurobiology has integrated recent findings from neuroscience, particularly neuroplasticity (Siegel, 2010) and the concept of mirror neurons, into psychological theories such as psychosocial experiences (Siegel & Hartzell, 2003). Mirror neurons are theorized as complex networks whose central function is to apprehend the actions and experiences of others. A deficit in mirror neurons is linked to social dysfunctions, while a high-functioning mirror neuron system can evoke high levels of interpersonal functions such as empathy and attachment. A sense of self is created by the mirror neuron networks and changed through the experiences and responses from the other (Burdge, 2006). Such processes may be reflected in these research findings in that the Capacitar Training may enhance the building of mirror neurons in the individual through the emphasis on sharing the practices with others.

Furthermore, scientific findings have shown that high levels of self-awareness are related to highly developed prefrontal cortex regions, which are responsible for integrating

memories through time. Highly developed individuals showed an increased ability to link past, present, and future experiences, through reflective thought processes, mindfulness, and sense of self-awareness (Siegel & Hartzell, 2003). The present research findings showed an increase of self-awareness in the co-researchers, which might amplify the development of prefrontal cortex that expands awareness for self and others. These links to neurobiological research merit further investigation.

Based on a transpersonal psychology perspective, Clements (2004) suggested a spiritual dimension to an individual's desire to be of service to others and/or the world. The assumption is stated that in a process of integration of human experiences, including spiritual and mystical experiences, the individual's awareness for others and the world and nature might expand. Awareness and openness may broaden through gaining new meanings and understanding, including the feeling of interrelatedness with the world. Such a process "becomes not only personally but socially meaningful" (White, 1997, p. 97). Furthermore, Ram Dass and Paul Gorman (1985) stated: "We work on ourselves, then, in order to help others. And we help others as a vehicle for working on ourselves" (p. 227). When self-awareness and the sense of interconnectedness expand, a feeling of responsibility for others and the world can increase. Clements (2002) called this process "transformative change:" ...a restructuring of the ego called transformative change, changes of heart and mind that open one inwardly toward self-awareness and increased connection with Spirit as well as outwardly toward eagerness to serve in the world" (p. 95).

The co-researchers' change in awareness needs further research into the potential of a "transformational change" related to the awareness and responsibility for others and the world. This links the emergent "desire to support others' change" of these research findings with the field of transpersonal psychology and ecopsychology, which makes further research important.

Moreover, the following paragraphs delineate a stance for discussion from an ecopsychological perspective. In this paper, ecopsychology is understood as “the study of the relationship of people and their environment with the recognition that they are part of an interrelated whole” (Dedoux, 2011), which resonates with the general philosophical framework of transpersonal psychology and psychologies of liberation as applied in this research (defined in Chapter 1: Introduction and Chapter 3: Methods) and acknowledges the concept of interconnectedness as well. These frameworks overlap in the way they focus on the intertwining of individualistic awareness of healing and well-being towards a collectivistic awareness of health and well-being, including spirituality, culture and nature. Drawing on an ecopsychological framework, Abram (1997) assumes the human mind as not being some otherworldly essence, which houses itself inside our physiology. Instead, it is evoked by the sensorial field including the participation of human body and animate earth. This link is beautifully expressed in another way in one of Rilke’s poems. “The inner sky” (2010):

“Ah, not to be cut off, not through the slightest partition shut out from the law of the stars. The inner - what is it? If not intensified sky, hurled through with birds and deep with the winds of homecoming.”

Or in other words, expressed by Native American writer-poet Navarre Scott Momaday (1991) as indigenous traditions that acknowledge self as one with its world:

I am a feather on the bright sky
 I am a blue horse that runs in the plain
 I am the fish that rolls, shining, in the water
 I am the shadow that follows a child
 I am the evening light, the luster of meadows
 I am an eagle playing with the wind
 I am a cluster of bright beads, I am the farthest star, I am the cold of the dawn
 I am the roaring rain, I am the glitter on the crust of the snow
 I am the long track of the moon in a lake
 I am a flame of four colors
 I am a deer standing away in the dusk
 I am a field of sumac and pomme blanche
 I am an angel of geese in the winter sky
 I am the hunger of a young wolf

I am the whole dream of these things
 You see, I am alive, I am alive
 I stand in good relation to the Gods
 I stand in good relation to the earth
 I stand in good relation to everything that is beautiful...
 You see, I am alive, I am alive."

Another example is a quote from Albert Einstein (1954/1997):

"A human being is a part of the whole called by us 'universe' a part limited in time and space. [She]/He experiences [her]/himself, [her]/his thoughts and feelings, as something separate from the rest - a kind of optical delusion of consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening the circle of understanding and compassion to embrace all living creatures and the whole of nature in its beauty. The true value of a human being is determined by the measure and the sense in which they have obtained liberation from the self. We shall require a substantially new manner of thinking if humanity is to survive."

Furthermore, based on an ecopsychological frame, Macy (2007) moves the concept of world as Self to the "world as a lover" forward. She introduces the world as "an essential and life-giving partner. From the curve of the cosmos to the spinning of atoms, the universe engages in a dance of mutual allurements" (p. 25). An erotic relationship to the world is poetically illustrated in classic texts such as the Hindu Vedic hymns or mystics of other religions. Such an approach to the "inner sky and world as a lover" can offer the field of psychology an expansion towards an ecopsychological perspective. Abram (1997) suggested:

As we become conscious of the unseen depths that surround us, the inwardness or interiority that we have come to associate with the personal psyche begins to be encountered in the world at large: we feel ourselves enveloped, immersed, caught up *within* the sensuous world...as the regime of self-reference begins to break down, as we awaken to the air, and to the multiplicitous Others that are implicated, with us, in its generative depths, the shapes around us seem to awaken, to come alive... (p. 260)

The ecopsychological perspective emphasizes the split of the rational civilized mind and body from the bodily nature of life on earth in general and reinforces a change in consciousness towards an acknowledgement of human-earth-interconnectedness beyond our disembodied culture. Shepard (2010), amongst others, describes the universality of interrelatedness that implies no independent existence, rather that everything exists through

relationship as a unitive nature of reality. It includes thought and sensation, and is experiential. Shepard describes the transformational change of awareness as a journey, “whereby our sensitivity opens to accommodate more and more of the world around us, as it increasingly learns to attune to and come into dialogue with the mindful present” (p. 97). Based on these research findings the change in the co-researchers’ awareness, the desire for more change, and their desire to support others’ change confirms the concept of interrelatedness as shown in the foregoing paragraphs. The findings point to a *potential innate desire* towards wholeness and interconnectedness that necessitates further exploration.

The Role of Ambiguity

The ambiguity experienced by several co-researchers at the beginning and towards the end of the Capacitar Training played a role that needs further attention in the application and future development of the Capacitar. Ambiguity appeared in the data of several co-researchers with slight changes in tone on alternate levels, which were related to different themes with two major “waves” at the beginning and at the end of the training. At the beginning of the training, it included “anxiety of the unknown” based on cultural and religious issues. Furthermore, it comprised the experiences of resistance and problems of lower self-esteem related to sickness. Towards the end of the training issues arose around competition, pressure to conduct a small group project and questions concerning time and other commitment and motivation issues. The impact of ambiguity within body-mind-spirit interventions has not been screened in the literature review of this study. In an update search in December 2011, no relevant research could be located related to the issue of ambiguity within settings of body-mind-spirit intervention programs. Except in the Capacitar report (2011), challenges that arose in different cultures with the application of the Capacitar Training are outlined, such as language and translation, unfamiliarity with healing concepts

that led for instance to being accused of “witchcraft,” and the necessity of having the right gatekeepers for building trustworthiness. The present research findings of this study with regards to ambiguity confirm the findings of the Capacitar report and point to questions about cultural-spiritual adaptability particularly at the beginning of the training. Some co-researchers may have needed more time and understanding to adjust to the practices. Another flavor of ambiguity that arose carried issues about resistance to, for example, being confronted with the body or to connecting with the body in such an experiential way for the first time. Other ambivalences included touching another person or being dependent on another person for a certain practice. It seemed that over time, the co-researchers were able to accustom themselves better to this kind of bodywork.

The experience of trauma might have played an additional role. For example Emerson and Hopper (2011) developed a trauma-sensitive approach to Yoga, giving explicit attention to the psychophysiological reactions accompanying trauma responses as outlined in Chapter 2: Literature review and in this chapter in the section on the discussion of the body and healing. They describe how the body could be seen as an enemy after certain traumatic experiences and how those involved may tend to dissociate themselves from their bodily experiences. They have identified key themes relevant in Yoga with trauma survivors: experiencing the present moment, making choices, taking effective actions, and creating rhythms. These themes are taught in the Yoga classes they conduct, to help the participants to find their way out of the trauma identification. It is intended to help people befriend their bodies through certain body practices. The Capacitar approach puts these trauma-sensitive key themes as stated by Emerson and Hopper and shown above, into action in their training curriculum, which Capacitar calls “empowerment”.

Towards the end of the training, another “wave” of ambiguity emerged for some co-researchers, including the pressure to perform related to the need of practicing regularly

and to accomplishing a small group project of sharing practices with others. This form of ambiguity has been not covered by the Capacitar report (2011) and other relevant research could not be found. The last module of the Capacitar Training includes the presentation of the group project and the submission of a written report. I attended the co-researchers' last module of the Capacitar Training, where many participants showed their projects to the others. The range of projects was vast. A flavor of competition was in the air. There was rising competition in the Capacitar training modality around issues, such as who had the “better” group project, who had applied the practices most, who had practiced regularly, and who had studied the theory most. This form of ambiguity related to competition has been described by one co-researcher, who was concerned about the issue of competing in a way that might block the healing impact and suggested a re-assessment of this particular area of the Capacitar Training modality. This example has been outlined in Chapter 5:

Phenomenological Results, Variations of Key Constituents. The role of ambiguity, particularly the notion of competition requires attention and re-thinking as to how it could be handled differently in relation to the requirement of conducting a group project and of creating a written report. Overall, ambiguity and explication of critique seem to be a *sotto voce* call for attention in the future design and potential further development of the Capacitar Training curriculum. The discussion of phenomenological research findings is now followed by the discussion of the findings of the evaluative synthesis of the Capacitar program.

Contribution to Knowledge of the Evaluative Results

This section shows the contribution to knowledge of the evaluative synthesis, which summarized insights of the co-researchers about the application of the Capacitar program. The practices that initiated a process of change for the co-researchers confirmed the findings of Capacitar (Capacitar report 2011) about the “best practices” of the comprehensive

body-mind-spirit practices manual containing over 30 practices based on their work around the world. The best practices are contained in the “Capacitar Emergency Response Tool Kit”, are translated into many languages and include seven practices (Appendix A): breath work, Tai chi, fingerholds, polarity work, acupressure, Pan dal gum, EFT. The “best practices” collection appeared most potent across cultures around the world in the work of Capacitar. In the present study, six practices that initiated the co-researchers initial felt shift, are content of the “Capacitar Emergency Response Tool Kit” (Tai chi, fingerholds, acupressure, polarity work, Pan dal gum, and Emotional Freedom Technique) as shown in Table 2, Chapter 6, are contained in the “Capacitar Emergency Response Tool Kit”. The results of this study confirm the results of Capacitar’s assumption of “best practices” and the independence of culture.

The initial felt shift and the following process of change for the co-researchers could be summarized as a combination of “inner and outer movement” induced through the Capacitar practices that led to further change. It can be assumed that this pattern of change through internal and external movements is culturally-spiritually invariant and can be seen as a universal pattern of human processes of change assumed on a psycho-physiological-spiritual continuum. Body-mind-spirit practices can be found in cultures around the world and a potential for psycho-physiological-spiritual change seems to be part of an innate human capacity to heal. This innate capacity to heal, as for example described by Levine (2005) has been discussed within the trauma debate in Chapter 2. It seems that body-mind-spirit practices such as the Capacitar practices can serve as tools to induce shift and change in participants’ experiences towards processes of healing beyond culture and beyond psychotherapy. This suggestion merits further exploration.

The second evaluative question asked about the need for changes to the Capacitar Training. The co-researchers talked about (time) commitment. Issues were related to wishing to have more training time, but realizing there would be constraints of time due to family

background and work. Furthermore, commitment had been related to the intensity and comprehensiveness of study. One co-researcher suggested different levels of Capacitar Training such as for private use, professional use or educational use. In my understanding the question about commitment is also related to the factor of ambiguity that arose for several co-researchers towards the end of the Capacitar Training. There were issues around time constraints, self-esteem, interest and motivation, but also about what the participants in the Capacitar Training really wanted and needed. It would be helpful, if Capacitar made the requirements of the training clearer and described them in more detail. In addition, the creation of different levels of training such as basic, advanced and certification as a trainer for multiplying the practices in other settings could offer a more differentiated outreach to different participant populations.

The third evaluative question collected transgenerational healing knowledge of the co-researchers to gain insights into previous healing knowledge and practice other than the Capacitar practices. Some co-researchers had more background than others. This included knowledge from Mexican folk medicine, indigenous Mayan healing and Native American healing knowledge. Overall, it mirrored the cultural-spiritual background of the co-researchers and added to the cultural-spiritual composite of the cultural findings presented in Chapter 4. It showed again the cultural-spiritual diversity of the borderlands, which carries potential, but nevertheless points to the necessity of culturally and spiritually sensitive healing practices and the need to give space to the healing practices of different cultures.

An interesting question arose for me relating to the previous healing knowledge of the co-researchers as shown above: What about the role of women in healing practice and knowledge historically? Assumptions about the role of women have led to the underestimation of the historical role of women healers or shamans (Tedlock, 2005). Even today, there are misinterpretations, mistranslations as well as obstructive taboos such as

menstrual power, which are lived out and transmitted to even today. Historically, there is much evidence of prehistoric women shamans, such as artifacts or cave paintings made in Paleolithic times, or rock art found in America and Australia. Also, the main figure in the earliest known shamanic epic *Wubuxben Mama* (115-1234 CE), an oral narrative in early Jin dynasty was a woman (Tedlock, 2005). In relation to these research findings about the female co-researchers' previous healing knowledge, it seems important to place emphasis on carefully investigating the women's traditional healing knowledge and their role as healers.

Achterberg (1990) demonstrated fields of women as healers, but pointed out the male-dominated system of health care in the industrialized world, which is based on allopathic practices and mostly condemns traditional practices. The question I want to raise is, how the female voice is seen or portrayed nowadays when it's related to ancient healing wisdom and how would the female voice affect society? This refers to the attributes of feminine and masculine myths, traits relatively consistent over time and culture. Feminine and masculine are seen as polarities that constitute the whole of the process of being (Achterberg). They depend on each other in order to come reach their full potential. Some of the typical attributes of traits of the masculine are intellect, rational, linear, sky, public, physical world; and of the feminine: intuition, irrational, nonlinear, wisdom, invisible realm, earth etc. (Achterberg, p. 191). Masculine and feminine energies are inherent in the individual. More and more women and men long to develop the suppressed female and male consciousness that is interrelated, undivided and given equal emphasis. These assumptions seem important and require further exploration.

The last question collated, the co-researchers' additional comments. Several co-researchers experienced the research interviews as having a transformational impact. It is described in several approaches to qualitative research that the research endeavor could be transformational for all involved, including the co-researchers (Braud & Anderson, 1998). I

experienced the transformational impact of the co-researchers through the phenomenon of “giving voice” to particularly difficult experiences or deep spiritual transformative encounters. It seemed as if sometimes their experiences of “process of change” during the Capacitar Training had been deepened through the research interview in a sense of enhancing further understanding and integration. This has to be taken into account moreover as a factor of “research participant maturation”. Furthermore, I suggest that the transformational impact of the research interviews may relate to the debate around empathic listening of the interviewer, a phenomenon that is often discussed in the therapist-client relationship of psychotherapy and merits further investigation in non-clinical settings of healing.

The evaluative information collected in this research brought forward interesting additional information, confirming the available past research on Capacitar (Capacitar report, 2011; Cane, 2000) and added some new insights to the knowledge base, such as issues of commitment related to experiences of ambiguity of some of the co-researchers, and the potential transformational impact of the research interviews. The data had been gathered soon after the co-researchers had completed the Capacitar Training. It would be interesting to look at the co-researchers’ processes of change in a longitudinal way, investigating how the process of change went on and how much the Capacitar practices played a role in a later stage of their processes of change. The reduction of stress symptoms was clearly dependent on regular practice, which has also been stated in the Capacitar report (2011). However, the overall experience of initial bodily felt shift and the further desire for change seems to be independent of regular practice, in the sense that there was an initial shift that then continued to emerge and develop further. It can be assumed that the process of change will depend on many other factors and will be influenced by several other variables, on which longitudinal research could shed light. The multiplicative impact and implementation of the Capacitar practices in other health-care related settings are another important area, which could be

researched further. How multiplication is implemented, what obstacles arise, what new insights are achieved and what adaptations emerge, are areas looked at in the Capacitar report (2011) that need further exploration.

For the impact evaluation of intervention programs based on community-oriented or participatory approaches, Fettermann, an anthropologist (2001) suggested “empowerment evaluation” as “the use of evaluation concepts, techniques, and findings to foster improvement and self-determination...It is designed to help people help themselves and improve their programs using a form of self-evaluation and reflection” (p. 3). “Empowerment evaluators” help program staff members and participants to “determine the type of evidence” required to document and monitor credibly the progress toward their goals (Fetterman, 2001, p. 23-24). This could be a direction of future research to evaluate the impact of the Capacitar approach. The following section presents a reflection on the co-researchers’ cultural-spiritual context and background of this study as shown through the women’s stories voiced in Chapter 4: Cultural Findings.

Contribution to Knowledge of the Cultural Results

The following section represents the contribution to knowledge of the cultural narrative results, presented as a composite that articulated the cultural-spiritual context and lifeworld of the co-researchers of this doctoral thesis. Chapter 4 showed how the composition of the narrative tapestry emerged in relation to the body of knowledge shown in Chapter 2: Literature Review, about the cultural context of this study. The cultural-spiritual mixture of the U.S.-Mexico borderlands and specific issues inherent in the border region were captured by the women’s spontaneous narrative reports. As explicated in Chapter 4, this part of data collection emerged “organically” in the field led by the bodily felt sense of the researcher’s embodied understanding of the research process. The women’s sharings have a flavor of

story telling but in an embodied way and emerged out of their embodied understanding. This relates to Clements' (2002) explication about the impact of stories:

Stories have magical manner of conveying subtly textured and nuanced experiences, a fullness of appreciation, and a rich and resonant understanding that are unmatched by conventional, discursive, academic prose. Therefore, the organic inquirer seeks to communicate her or his understandings and findings through the use of stories—those of the researcher and of the research participants. Encountering these stories, and how these stories may have changed, can evoke greater understandings, in the reader of the research report, of one's own story and how that story might, itself, change...Because stories may weave their magic through their particular, concrete, personal, and embodied qualities, as well as their temporal flow, these qualities are maximized by conveying researcher and participant stories that are rich in detail and filled with the story-teller's own words and voice...In its fullest form, an organic inquiry would present both individual and composite (group) stories—thus serving both idiographic and nomothetic research aims...results presentation would include both "raw," descriptive, participant stories and more 'digested' or processed researcher interpretations...a researcher strategy of showing as well as telling, of evoking as well as explaining. (p. 8)

Bernstein (2005) emphasized the archetypal quality of the story: "As we emerge into our being, into our unique personality, we become revealed to ourselves. That revelation, in its fundamentals, emerges from that original story with which we are born" (p. 145). He assumed an archetypal script of each individual that interacts with the collective story of the world we live in. *Story*, like *history*, is derived from Latin: *historia*, which suggests that if we do not share our stories, they could be lost to later generations (Dedoux, 2011). Pinkola Estes (1992) stated: "The story is far older than the art and science of psychology, and will always be the elder in the equation, no matter how much time passes" (p. 20). The Story then can be a tool that teaches us to respect our elders. The Story connects us with our own and others' humanity by capturing holistic lived experiences.

The stories shared by the 14 co-researchers mirrored surprisingly well the body of literature on topics connected with the U.S.-Mexico borderlands as presented in Chapter 2: Literature review. Once I realized this, a cultural-spiritual composite emerged that could be imagined like a mosaic or tapestry. I cannot discuss and interpret, within the scope of this

paper, all the issues around the borderlands expressed in the co-researchers' stories. Rather, the stories serve to give the reader a feel about the co-researchers' lives, probably like looking at a photo album in addition to the "real" photos from the field (Appendix J). I leave interpretations, questions and thoughts with the reader for their inspiration. The reader of this doctoral research is offered the chance to actively make sense of these research findings. This is the aim for all three sets of the findings of this research. In addition to the narrative women's stories and the photos from the field, the following paragraphs explicate a few examples of "borderland poetry and art" that may supplement the stories shared by the co-researchers and serve, as well, to enhance the empathetic understanding of the reader.

Exemplars of Borderland Poetry and Art

I found two beautiful poems about "borderlands and crossroads" that echo with the co-researchers' cultural tapestry of borderland stories. The first poem was written by Gloria Anzaldúa (1996). She was born in 1942 in Texas, and calls herself a *mestiza*, a combination of Mexican, Indian, and Anglo. Her writings combine English, Spanish, northern Mexican dialect, Tex-Mex and Nahuatl, a Native-American dialect. She is concerned with how we cross borders in a physical, psychological and spiritual sense.

"To Live In The Borderlands Means You"

To live in the Borderlands means you
are neither hispana india negra espanola
ni gabacha, eres mestiza, mulata, half breed
caught in the crossfire between camps
while carrying all five races on your back
not-knowing which side to turn to, run from;

To live in the Borderlands means knowing
that the india in you,
betrayed for 500 years,
is no longer speaking to you,
that mexicanas call you rajetas,
that denying the Anglo inside you

is as bad as having denied
the Indian or Black;

Cuando vives en la frontera, people walk through you,
the wind steals your voice, you're a burra, buey, scapegoat,
forerunner of a new race, half and half—both woman and man,
neither—a new gender;

To live in the Borderlands means to
put chilly in the borscht,
eat whole wheat tortillas,
speak Tex-Mex with a Brooklyn accent;
be stopped by la migra at the border checkpoints;

Living in the Borderlands means you fight hard to resist the gold elixir beckoning from the
bottle, the pull of the gun barrel, the rope crushing the hollow of your throat;

In the Borderlands
you are the battleground
where the enemies are kin to each other;
you are at home, a stranger,
the border disputes have been settled
the volley of shots have shattered the truce
you are wounded, lost in action
dead, fighting back;

To live in the Borderlands means
the mill with the razor white teeth wants
to shred off
your olive-red skin, crush out the kernel,
your heart
pound you, pinch you roll you out
smelling like white bread but dead;

To survive the Borderlands
you must live 'sin fronteras'
be a crossroads.

The second poem is by Aurora Levins Morales (1986), born in 1954, a Puerto Rican Jewish
writer and poet, and activist within Latina feminism and other social justice movements.

“Child of the Americas”

I am a child of the Americas,
A light-skinned mestizo of the Caribbean,
A child of many diaspora, born into this continent at a crossroads.
I am a U.S. Puerto Rican Jew,
A product of the ghettos of New York I have never known.
An immigrant and the daughter and granddaughter of immigrants.
I speak English with passion: it's the tongue of my consciousness,

A flashing knife blade of cristal, my tool, my craft.

I am Caribeña, island grown. Spanish is my flesh,
Ripples from my tongue, lodges in my hips:
The language of garlic and mangoes,
The singing of poetry, the flying gestures of my hands.
I am of Latinoamerica, rooted in the history of my continent:
I speak from that body.

I am not African. Africa is in me, but I cannot return.
I am not taína. Taíno is in me, but there is no way back.
I am not European. Europe lives in me, but I have no home there.

I am new. History made me. My first language was spanglish.
I was born at the crossroads
And I am whole.

The third example, shown next, is a borderland art piece by Ana Maria Vasquez-Leon, a
Columbian activist and artist.



Figure 4. Artwork *Lady de Guadalupe*

In this artwork, the *Brown Madonna* or the *Lady de Guadalupe* embodies the U.S.-Mexico borderlands, symbolized as a new tree of cultural synthesis that grows in her heart. The tree has new roots in her womb, in addition to the strong roots stretching down deep into Mother

Earth. The originator of this piece, the Columbian artist Ana Maria Vasquez-Leon, gave me permission to publish it in this doctoral thesis. I am grateful for her generosity.

Ana Maria Vasquez-Leon is an eco-artist and musician, actively engaged in different border projects such as www.bridgesacrossborders.org, an international non-governmental organization that addresses causes of violence and hatred in the world. The project's emphasis contributes to enhancement of understanding of our global community, including the preservation of ancient cultures, the teaching non-violence, the promotion of universal human rights, and the particular collaboration with local artists, musicians, performers, activists, students, educators, and others who embrace cultural-spiritual diversity and global peace.

The co-researchers' stories about their lives in the borderlands and the borderland poetry and art are examples of how we can be touched by more creative expressions of human experiences. It can enhance our feeling, empathy and understanding of Self and Other, leading to the interrelatedness of "the borderlands is you and me." As a further research project, I long to develop a film script based on the narrative stories of the co-researchers and to integrate all kind of borderland art, with the explicit goal being to convey the message that "The borderlands is you and me" in the region of El Paso (Texas, U.S.) at the border to Ciudad Juárez (Mexico), at the so-called *bleeding border*. Finding this material is serendipitous, since I had a desire to make a film as part of social sciences research, even before my data collection. Now I feel that I have the basis for a film script in my hands. I "only" need to put that wish out there in the universe to find funding. I yearn to build a bridge between embodied phenomenology and performative sciences research. Integrating poetry, visual expression, music, dance, performance etc. into the representation of research findings can be a way to push back the boundaries of presentation in order both to enhance an embodied understanding of the audience and to outreach to a broader public, provoking

interaction with the data beyond simple mental apprehension. It can contribute to the integration of the performative sciences into social sciences research (Jones, 2012, cited by Reisz; Jones, forthcoming). The publication of a creative-poetic illustrated book and the production of a documentary would permit an alternative presentation of this study that may appeal to a wider general audience by its freedom from the constraints imposed by publication in scholarly journals and further the contribution to knowledge of this doctoral research.

Areas for Further Research

The audience of this doctoral research will consist of colleagues from interdisciplinary cross-cultural fields—such as humanistic and transpersonal psychology, neuroscience, health psychology, health care and nursing sciences, complementary alternative medicine, anthropology, and sociology—who are interested both in the impact of holistic healing practices as an adjunct treatment of psychological trauma with culturally and spiritually diverse populations and in the outreach to underprivileged and underserved people around the world. Furthermore, the context of this research has global socio-political relevance regarding the situation in the militarized U.S.-Mexico borderlands e.g. for policy-makers, international organizations such as the UN and the WHO, and the general public. In addition, the future research project of creative-visual representation of major research findings of this study based on methods of performative sciences can contribute to pushing back the scientific boundaries with its central focus on embodied understanding of all involved in the research endeavor, the co-researchers (participants), the researcher, and the audience.

Throughout the discussion of the findings in this chapter, future research implications have been indicated. Therefore, the following outline is a summary of implications for future

research and points to additional areas of research, by pursuing the goal of expanding or complementing the research brought forward in this doctoral thesis. The following section is again three-fold according to the three chapters of findings: Narrative cultural-spiritual composite, phenomenological findings and evaluative synthesis.

Narrative Findings

The narrative findings, composed as a *composite tapestry*, particularly invite for further research bridging the social sciences with *performative sciences*. As explicated in the discussion section, creative expression, such as examples of borderlands poetry and art, can enhance the embodied understanding of the audience. Future research should investigate the impact of migration to the borderlands on marginalized women. I suggest the further collection of narratives about women's lives in the border region, especially exploring particular cultural and spiritual aspects of the co-researchers' "inner borderlands", and how they find self-identity and a sense of belonging. The data collection could include in addition to the interviews, creative expression, rituals, art, songs, etc. that might emerge during or after the women's sharings.

Furthermore, future research could expand academic boundaries by giving an alternative representation of research results, in addition to written scientific reports, to evoke a more aesthetic form of description such as poetry (Galvin & Todres, 2009) and through visual representation of scientific findings (Sandelowski & Barroso, 2007). Alternative forms of representation could be a book including art and poetry and the production of a film. The development of the film script could be based on the "composite story" of the co-researchers of this doctoral research, and in addition collect metaphorical expressions through images, music, and poetry. The use of poetic and visual methods for the presentation of research findings would contribute to the integration of qualitative research and performative social

sciences (Jones, forthcoming) in order to overcome the limitations of data results in written form only and to promote an embodied understanding of human experiences beyond only mental apprehension. Creative methods resonate with our aesthetic sensibilities and as non-linear expression enable us to access the “more than words can say—the implicit”, which nonetheless looks for words to be expressed. As an addition to publications for scientific communities, the *creative book* and the *film* could be used as teaching material on qualitative research in higher education worldwide. Additionally, the film could be screened internationally on TV channels, at film festivals, and at conference talks. The next section demonstrates a future research direction derived from the discussion of the phenomenological results.

Phenomenological Results

The discussion of the phenomenological findings in this chapter has been extensive, due to the complexity of the general meaning structure of the research phenomenon and the many potential directions for discussion and further research. The comments on future research implications, which have been given throughout, are not repeated here. In this section, I delineate an additional major research direction amongst many other possible directions, which I believe is of importance.

In my understanding, the *core* of the research phenomenon is comprised with constituent 2: Initial bodily felt shift, which led to a process of change: The desire for further change (constituent 3), and the desire to support others’ change (constituent 4). The change in awareness initiated an expansion of embodied understanding of the co-researchers’ experiences. The co-researchers’ initial bodily shift and change in awareness can be linked with the expansive area of consciousness studies, including the body-mind-spirit-consciousness debate. This thesis requires more thinking, discussion, and

research for theory building. However, further research into the awareness and consciousness debate based on transpersonal psychology and an embodied phenomenological perspective could be an interesting future contribution to knowledge. Therefore, I suggest the following thesis:

The co-researchers' initial felt shift of awareness leads to an expansion of embodied understanding. Embodied understanding accommodates a potential "borderland state of consciousness" by bridging the unconscious and the conscious, the mysterious, the not-knowing, which constitutes all the spectrum of the implicit.

This requires further investigation and could be an important direction for future research.

Research into the unconscious, such as Freud's view of the scope and power of mind processes beyond consciousness (Damasio, 2010), emerged in the last quarter of the nineteenth century. Freud focused on dreams, which revealed a substantial depth of unconscious processing. The arts, music, film and lucid dreaming also aim to bring forth images from other ways of knowing or other levels of non-standard "paradoxical consciousness". The mysteries around the discussion of brain and consciousness have yet to be resolved. Science needs to develop and debate a much broader sense of mind-consciousness. Spirituality might serve as a bridge to the deep nature of consciousness to overcome the limited reductive materialistic medical model of consciousness.

A particular concept of consciousness, the so-called *Borderland consciousness* developed by Bernstein (2005) and its essential relevance for the discussion of these research findings is briefly delineated in the following paragraphs. It is directly related to the foregoing stated thesis and area of future research of investigation of the spectrum of embodied understanding in the border zone of the implicit, which is the borderland between the conscious and the unconscious. Bernstein (2005) developed the term *Borderland consciousness* (p. 223), which aligns well with the thesis I have stated in the foregoing paragraph. In this paper, his term may serve to summarize what this research is concerned with. Bernstein defines it as follows: "I see the Borderland as the dimension in which a new

consciousness is emergent and evident, one that incorporates transrational reality” (p. 223). *Transrational experiences* include communication with plants, animals and somatic identification with the earth’s exploitation. Bernstein understands *Borderland* as a dimension of dynamic tension that arouses the transcendental function, as opposed to a “fence”, which implies the body-mind-consciousness split inherent, for instance, in a Cartesian medical perspective. The Borderland is seen as the “Place-of-Potential-Meeting” (p. 239). Bernstein created a model of Borderland consciousness that emphasizes the re-connection of ego, self and nature. He draws on Navajo indigenous beliefs and healing systems. The threshold between ego and self, struggling to function as co-evolutionary partners, is seen as Borderland. He assumes the Borderland as the emergent evolutionary transcendent consciousness of our time. A critical factor left out in the evolution of consciousness is the role of the unconscious as a foundational layer of humanity (Bernstein). Symbolic and mythical expressions evoke out of the unconscious and may connect humans with transcendental wisdom. The unconscious can be seen as great mystery that transcends wisdom beyond rational interpretation.

It has been my attempt to show how Todres’ (2007) embodied phenomenology based on Gendlin’s (1996) philosophy of the “felt sense” can contribute to the further development of inclusive embodied transpersonal approaches for healing and research. Taking Todres’ work further in my own way, I suggest as a future research direction based on these study findings, the investigation of the human embodied understanding as *borderland states of consciousness* through research and theory building. Such a perspective implies embodied understanding as nondual and as linked with culture, spirituality and nature, moving beyond an individualistic Western orientation of psychology towards an inclusive approach of interconnectedness in order to facilitate a re-connecting with *ourSelves* in the world. Future research could further the development of an inclusive model of healing and global

well-being with being rooted in an expansion of embodied understanding assumed on a continuum of *borderland states of consciousness* (Heß, forthcoming). The following section shows a future area of research related to the evaluative findings on the Capacitar approach.

Evaluative Synthesis

The collection of co-researchers' evaluative information about the Capacitar Training confirmed the evaluative findings of Cane's doctoral research (2000) and the Capacitar report (2011) and furthermore added some new insights into issues around ambiguity of the Capacitar Training participants, including the question of commitment, and the suggestion of potential different levels of training for different purposes and needs of participants. The few evaluative simple questions of this research, as shown in Chapter 6 and discussed in the foregoing section of this chapter, can inform the future development of qualitative impact evaluation, an approach articulated by Fettermann (2001). A future model of *impact evaluation* with a focus on the needs of the participants and future implementations of the Capacitar practices in existing healing systems and institutions, approached in a participatory community-oriented way, could be developed. Furthermore, an *inclusive impact evaluation model* can be suggested, based on this research approach that includes the collection of narrative background information about the life context of the co-researchers, the phenomenological exploration of the impact of the intervention, and evaluation of the conveyance of the intervention. Such an inclusive approach would allow for more understanding of participants' experiences of the intervention within their local culture and life context and deepened by phenomenological exploration. More sensitive conclusions for further application could be drawn. The following section presents the conclusion of this doctoral research.

Conclusion

This section condenses the *so what* question of this research endeavor, including significant contributions to knowledge, suggestions for future study and what I have learned from this research journey. This doctoral research aimed to illuminate the impact of the Capacitar practices for healing individual and community trauma. It is based on a holistic integrative perspective of transpersonal psychology, psychologies of liberation and embodied phenomenology with a primary emphasis on the concept of interrelatedness and its importance for a holistic approach to the impact of trauma and healing. These study findings confirmed the concept of interrelatedness and the holistic impact of the Capacitar practices on healing and transforming trauma. The phenomenological research findings uncovered a general meaning structure for the research phenomenon “experiences of change as an impact of the Capacitar Training,” consisting of five constituents: Ambiguity at the beginning and the end of the training, initial bodily felt shift, process of change that led to a desire for more change, and desire to support others’ change. The core constituents, initial bodily felt shift, and process of change that led to a desire for more change, were experienced by 13 culturally and spiritually diverse co-researchers (one co-researcher did not talk about it) and therefore are the most eidetically generalizable results of this research. Their experiences of change manifested independent from culture and spiritual background. The present study included multilingual (Spanish, Mayan, English) women from both sides of the U.S.-Mexico border (Mexican, Mexican-American, Indigenous Mayan, and White American). The co-researchers’ further process of change comprised the integration of previous experiences, such as traumatic events or deep spiritual encounters, and new learning. These all contributed to an experience of transformation, which led to a desire for ongoing change. The desire to support others’ change included from integration into the co-researchers’ own families, into

social networks and professional work. Most of the co-researchers (11 out of 14) were involved in some kind of health work.

What stands out about the phenomenological findings? The most salient feature is the co-researchers' experience of change independent of cultural and spiritual background and the transformation of difficult or traumatic life events, as well as the integration of positive transformative experiences such as deep spiritual events and feeling connected to nature. Cane's (2000) assumptions, which reflect the aim of the Capacitar Training that body-mind-spirit practices can support the release of traumatic stress and can increase well-being, including spirituality, within the individual embedded in community and environment, are confirmed by the results of these phenomenological research findings. More specifically, I suggest that body-mind-spirit practices and community rituals such as the Capacitar approach may enhance the connection with bodily knowing and expansion of embodied understanding, which can in turn further the healing of emotional trauma, community trauma, and transgenerational trauma and contribute to well-being, including the dimensions of culture, spirituality, community and nature.

Another significant finding was on the role of ambiguity, which emerged at the beginning and the end of the Capacitar Training. At the beginning of the training, ambiguities developed around cultural barriers and self-esteem issues, most of them were transformed in the course of the training. These issues of ambiguities have been found by the Capacitar report (2011) as well. Towards the end of the training, ambiguities arose related to issues of commitment to practicing and feelings of competition concerning the requirement of sharing the practices with others or implementing them in a certain setting. These themes of ambiguity have not yet been researched by Capacitar, nor been found by past research, and need attention for the further development of the Capacitar Training modalities.

What is striking about the narrative results presented in this research as a cultural-spiritual composite of the co-researchers' reports? Firstly, the format of a composite enabled me to give voice to all the co-researchers' life experiences related to the U.S.-Mexico borderlands, as I felt that it was important to me to represent lived experiences of all co-researchers, at least to some extent. What was significant was the women's trust and openness of sharing such deep personal material. I have expressed my gratitude in different places in this paper. Furthermore, the women's sharings reasonably mirrored the knowledge base demonstrated in the literature review of this research about the cultural-spiritual and socioeconomic background of the U.S.-Mexico borderlands, including different experiences of violence and trauma. An expansion of the present narrative findings towards performative sciences, such as developing a film and a "creative" book, has been suggested in Chapter 7: Discussion.

What did the evaluative synthesis add to the understanding of these research findings? The evaluative findings highlighted issues around commitment and motivation, which led to the suggestion of developing different levels of Capacitar Training according to the different needs of participants. In addition, the narrative result and evaluative synthesis deepened the understanding and illumination of the general meaning structure of the phenomenological findings and its constituents. The three-fold collection of data has been suggested for future application as a possible general model of holistic intervention research and of impact evaluation in health-related fields, as outlined in Chapter 7.

What aspects about the methodology and method of this research deserve particular attention? The methods and the research subject were in alignment with each other and this contributed to the depth and richness of the data gained. A philosophical framework drawing on a holistic integrative perspective of transpersonal psychology and incorporating an emphasis on liberation psychologies has been applied. The method employed was one of

embodied phenomenology. Like the Capacitar approach, both methodology and method in the present study assume holistic dimensions of human lifeworld and interrelatedness, including body, mind, spirit, culture, community and nature. The research question explored the co-researchers' experiences of change related to the holistic dimensions mentioned above. With the aim of deepening the embodied understanding of the findings, embodied interpretation of the data analysis, involving a more aesthetic non-linear expression, has been implemented. This addition to the "classical" phenomenological data analysis served to enhance a fuller holistic understanding of human experience and the presentation of the research results. An expansion of the method of *Embodied Enquiry* and embodied interpretation towards the performative sciences, such as developing a film based on the narrative findings and furthering the phenomenological findings through the inclusion of art, poetry, music, and dance etc., has been suggested in Chapter 7.

Amongst other implications, the idea of investigating embodied understanding based on a concept of *borderland states of consciousness* has been proposed as a major area of further research. It has been suggested that the co-researchers' initial bodily felt shift and the subsequent process of change enhanced their embodied understanding. This assumption has been expanded into the thesis of embodied understanding tapping into the *border zone* of the conscious and unconscious. The conceptualization of "borderland states of consciousness" as a continuum has been proposed, meriting future research investigation. Embodied understanding, as a non-linear experience, requires articulation in ways that include non-linear expression such as art, poetry, music, dance, myths and film. These media allow room for the emergence of the implicit, which may enable us to embrace the deepest and fullest expression of human experience and thereby create a "place of humanness" that can provide a "sacred space".

The integration of culturally and spiritually diverse practices and concepts into an embodied way of understanding has the potential to further the conservation of biological and biocultural diversity and as such may contribute to our world's well-being and healing. I once heard a Chinese Buddhist *lama* described how in China the metaphor of *Shangri-La* is seen as the last place on earth left "intact" or, in other words, in a state of harmony. I see it as our life's journey, to find our inner "Shangri-La" as a place of inner balance, so that healing can happen. A transpersonal approach assumes cultural practices to be rooted in the deeper, spiritual aspects of the mind (Wall & Louchakova, 2002). The integration of biocultural-spiritual diversity can enhance the sustainability of diversity and of healing, which may contribute to mental health and wellbeing on a global scale. There is a lack of knowledge in the social sciences and humanities about the concepts of Self and Other, which are important factors in maintaining wellbeing. An elaboration of differences and an understanding of diversity can provide support for the individual's self-identity and sense of belonging in the world and thus contribute to sustaining biocultural-spiritual diversity. Such human openness to the integration of diversity can lead to the humanizing of global migration and transformation of cultural trauma through an existential exploration and embodied understanding of the *visible and invisible borderlands* of our time and *Zeitgeist*. To acknowledge the "inner and outer borderlands" on a spectrum implies "movements in the inbetween" and places Self and Other into the *borderland dance of the borderlanders that are you and me*. Arnold Mindell once shared two "*process koans of borderlands*":

Imagine a stream running into a lake or the sea. Where does the stream end, and the sea begin? Imagine a hill. Where exactly does the hill begin to be a hill? We name and believe in "things", but things are only approximate, they are fluid processes. Where do you begin and end?

The findings of my doctoral research and the assumptions stated above on the global dimension and the sustainability of bio-cultural-spiritual diversity, on healing and wellbeing

based on “borderland embodied understanding” need further exploration, particularly to investigate how “visible borderlands” impact “invisible borderlands” and vice versa, Examples of such “invisible borderlands” are cultural identity, spirituality, proximity to nature and a feeling of belonging in general, and in particular those of marginalized women who have migrated to the U.S-Mexican borderlands of El Paso (Texas) and Ciudad Juárez (Chihuahua, Mexico).

Lastly, what have I learned from this research journey and from the co-researchers? I included my embodied understanding of the research process in the discussion (Chapter 7) and will not repeat it here, except to point out the most striking aspect to me that is “how” I have approached this doctoral research project. In addition to furthering my education, gaining knowledge, prestige, and bolstering my ego, etc., through the Ph.D. endeavor, I consciously tried to utilize the enormous amount of time dedicated to this venture as a path of inner discernment surrendering myself to a “sacred greater good” in the sense of envisioning the “big picture” of our world’s need for healing. I have had three main inner guides: the felt sense, wonderment and curiosity, and the *feminine and masculine inner team players* that helped to ensure my work came from *my spiritual heart*. I, in turn, willingly received what was given to me. I experienced *sacred* moments during the data collection phase when I provided an open heart and safe space to the co-researchers and subsequently received deep sharings from the women. Several co-researchers spoke of their transformative experiences during the research interviews as well. Another major learning experience for me was that of synchronicities. Through my surrender to the not-knowing and grounding in my heart, I feel that I experienced my path unfolding in unexpected ways. One example of this, which feels like a blessing, was my move from the U.S. university to the UK university, not-knowing that there I would find such an enhancement of my work through the method of embodied phenomenology. I am still in a state of awe and grace about these experiences in the course of

my transformational research journey: “To be touched by the revelation of love or scientific discovery is among the greatest and most wondrous blessings of being alive” (Levine, 2010, p. 19). It feels like the full circle of a “Gestalt”. In addition, the aspect of “caring for the research endeavor” emerged as being important to me. It included caring for myself and expressing my caring for others and the world within this research journey.

Another exceptional experience for me was the realization of a “dance” of feminine and masculine qualities within that I was drawing on and integrating into this doctoral dissertation journey. I applied a “masculine” discipline and rigor, being analytical and determined, solution-oriented, structured; and a “femininely” free, fiery, intense, deep feeling of acknowledgement, allowing for the darkness, the not-knowing, the grace of wonderment, not being interested in a goal but instead in a state of being. In every chapter I struggled to balance this ‘polarity dance’ within me, both poles being internally strongly developed. An element of “distancing” or a “change of perspective” helped me to achieve an attitude like a moderator or mediator, negotiating a joyful, acknowledging, equal, democratic, and non-judgmental balance within me. As I see it, an approach involving the practice of embodied understanding can assist such a balancing and interplay of feminine and masculine qualities. The important question for me now is, how this integration of masculine and feminine “inner and external borderlands” can change human experience-based research, society, culture and spirituality in the 21st century?

Anderson and Braud (2011) recommended that researchers who adopt transformative approaches to research, “must not follow the dictates of political and industrial agendas, but rather *lead* in dedication to the good of all that lives” (p. 317). I suggest that both to get to feel in an embodied way and to acknowledge equal masculine and feminine forces within oneself and in the outside world can increase empathic embodied understanding, reduce harm, violence and destruction, and enhance healing and health. Understanding these forces

in an embodied way, so that we are not dissociated from our embodied experiences and feelings or the feelings of others, may even lead to social change. Lewis, Amini, and Lannon (2000, p.166) asked in their exploration of the psychobiology of love: “How does healing happen?” As a *vision*, meriting further consideration, discussion and exploration, I propose that embodied understanding conceived as *borderland states of consciousness* be seen as an *innate human right*. Through embodied dialogue, humans tap into the border zone of the unconscious and conscious, and may be able to connect with a *sacred innate capacity* for individual, cultural and environmental healing and social change.

EPILOGUE

unplugged

i have come *home* through my transformational ph.d. journey

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APPENDIX A: The Capacitar Training Manual

Development of the Capacitar Manual

The development of the Capacitar Manual *Trauma healing and transformation: Awakening a new heart with Body Mind Spirit Practices* (Cane, 2003) had been initiated in 1998, after Hurricane Mitch had devastated Central America. Cane (2000) was invited to teach Capacitar body-mind-spirit practices for traumatic stress relief to grassroots people devastated by political violence and by the Hurricane in Honduras, El Salvador, Guatemala, and Nicaragua. This experience reinforced Cane's interest in developing popular education material as the Project Demonstrating Excellence for her doctoral research. During an eight-month period, Cane applied selected materials with approximately 300 grassroots leaders. The *Trauma Healing and Transformation Manual*—in short, the *Capacitar Manual*—was created out of the materials Cane (2000) piloted during these workshops. Cane (2000) proposed the following theoretical foundations and research findings as her conceptual framework for the *Capacitar Manual* (a) psychological traumatology within the western medical model, (b) understanding of trauma and healing based on holistic approaches, (c) international holistic programs for trauma relief, (d) issues of intergenerational trauma, and (e) popular education.

There are valuable medical and psychotherapeutic methods for the treatment of psychological trauma based on Western medicine that show positive effects on the treatment of PTSD and other comorbid disorders (Cane). However, most of these methods require extensive clinical training and skills. These treatment methods would be neither available nor financially affordable or culturally appropriate for most of the grassroots people such as those in Central America. Grassroots people traditionally lived with a holistic connection to nature, connected to their intuitive body wisdom, and employed for their health herbal remedies and

energy medicine. In the attempt to broaden the discussion of trauma and its treatment to a holistic worldview that acknowledges body, mind, spirit, and nature, the limitations of the reductionist Cartesian Western medical model becomes apparent.

Holistic models of healing have been recognized for centuries in Eastern cultures (Cane). In a culture that acknowledges the unity of all being, the experience of psychological trauma can be different from the Western experience, as was found with Tibetan refugees who did not exhibit the posttraumatic stress symptoms widely found in Western populations. Only within the last two decades have scientists begun to expand the Western medical model into a biopsychosocial model of health and healing. However, the body-mind-split is still widely inherent in the Western medical worldview. Cane proposed a holistic view based on interrelationships, wholeness, and unity as a key to the healing of psychological trauma. This holistic view of health and healing is rooted in ancient Chinese, Vedic, Egyptian, and traditional indigenous cultures. Such a holistic model recognizes the whole system in harmony and balance within the cycle of nature, in contrast to the Western medical model that focuses on disease and the treatment of symptoms.

Cane's review on international holistically oriented programs for traumatic stress reduction returned few results. The Center for Prevention, Treatment, and Rehabilitation of Torture Victims and their Relatives (CPTRT) in Honduras is based on an integrative interdisciplinary approach using alternative therapies with victims of torture, with the founder/director Juan Almendares (M.D) coming from his perspective as a *curandero*, a traditional healer in a lineage of Honduran indigenous healers. In South Africa at the University of Witwatersrand, scientist Gillian T. Eagle promotes the integration of Western and indigenous South African systems of healing for traumatized local people that support a culture of peace building.

Cane pointed to the importance of working with individuals and communities stricken by trauma and disaster on physical, spiritual, cognitive, emotional, and practical levels. There exists a lack of recognition of the larger systemic context of trauma in the existing literature. Cane acknowledges the individual trauma and healing within a dimension of intergenerational violence and trauma of communities and the whole society and proposes the integration of intergenerational factors within the individual and community experiences of trauma within the holistic model of health and healing.

The Capacitar Manual (Cane) is based on the popular education approach developed by Paulo Freire (1997). Freire proposed a theory of popular education described in his book *Pedagogy for the Oppressed*. Freire's dialogical theory is based on his own biography and fieldwork with grassroots people in developing countries, particularly in Latin America. Freire's (2000) rejection of class-based society has been radical and revolutionary. His goal has been to support the oppressed in finding their way to life-affirming humanization. He stated that the oppressed are destroyed when reduced to being treated as if they are mere things. To regain their humanity, they must fight as human beings, and that results in a radical shift. He proposed a humanizing pedagogy "in which the revolutionary leadership establishes a permanent relationship of dialogue with the oppressed" (p. 68). Teachers (revolutionary leadership) and students (people) must practice *co-intentional education*, meaning both are subjects that co-intend reality and re-create knowledge. As they gain this knowledge of reality through reflection and action, they realize themselves as re-creators.

The popular education pedagogy of the Capacitar approach focuses on supporting the grassroots people in what they can do for themselves through the application of the Capacitar body-mind-spirit practices with training participants who have faced death, death-threats, and intense suffering and loss. Additionally, community rituals, dances, and group exercises are emphasized as a way to support the healing of the group or community. Spirituality is

addressed in itself and as a path of healing, such as through group rituals, meditation, and mindfulness. A detailed overview of the body-mind-spirit practices and community rituals is shown in the following section.

Description of the Body-Mind-Spirit Practices

The Capacitar Manual contains verbal and visual descriptions to demonstrate instructions relative to the body-mind-spirit practices found to be effective in the application with traumatized populations (Cane, 2000). Additionally, the manual provides theoretical background, explanations, a bibliography, and a discussion of the impact of the practices; narratives of people's healing experiences through the use of these practices; popular education style of presentations to allow for simple access to the information. Translations of the manual into the languages of specific countries ravaged by violence and disaster are provided. Four main categories of practices are included in the Capacitar Training manual (Cane): (a) practices for releasing and balancing energy, (b) practices for nourishing core energy, (c) practices for healing the community, including community rituals, the labyrinth, music, dance, and movement, and (d) concepts focusing on individual and communal transformation, such as the map of human consciousness, the partnership model, compassion, interconnection, and nonviolence as outlined in the following sections. Practices that had been relevant in this present research have been outlined in Chapter 6: Evaluative Synthesis.

Capacitar Practices for Releasing and Balancing Energy

Cane draws on the theory of Peter Levine (1997), who taught that traumatic stress symptoms involve blocked energy, or so-called freezing responses, as defined in Chapter 1 of this present doctoral thesis. Based on Levine's assumption, Cane proposed, with the cluster "Practices for releasing and balancing energy" tools that support the release of traumatic energy by unblocking, moving, and balancing energy. These practices promote the awareness

for a healthy lifestyle through a regular use of body-mind-spirit practices that can help heal and transform the persons' experience of trauma. These practices include breathing exercises, visualization, acupressure, Jin shin jyutsu, thought field therapy/ emotional freedom technique, Tai chi, Pan dal gum, and 'the river of life visualization.'

Capacitar Practices for Nourishing Core Energy

The applications and effects of the practices for releasing and balancing energy as described in the foregoing paragraph and the practices for nourishing energy outlined next do overlap (Cane). However, the selected practices are particularly effective for nourishing the core energy of a person, some performed by the individual and others by another person, including polarity practices, process acupressure, chakra work, massage and reflexology, mandala drawing, and mindfulness meditation.

Capacitar Practices for Healing the Community

Cane focuses on the importance of healing the trauma of the individual, as well as of the community. In many cultures where Capacitar International works, family and community play an important role, such as in Central and South America, as contrasted with individualistic societies such as in the U.S., where the community is a less important factor. The following Capacitar practices (Cane) address the healing of the community: Community ritual, labyrinth, music, dance, and songs.

The Concept of Individual and Community Work for Transformation

Cane (2000) emphasized that many grassroots peoples she worked with in areas of Central and South America were familiar with the concept of transformation or change, such as in their commitment to revolutionary struggles, liberation theology, union movements, the women's movement, and nonviolent protest for social change in their communities,

governments, and countries. Often the grassroots activists have become frustrated and burned out, or became victims of violence, such as torture. They broke, and, in turn, became violent and destructive against themselves and others. What was missing was the respect for and awareness of the body, mind, and spirit of the individual and community. The Capacitar Manual with its practices might enhance healing and transformation of the individual and community (Cane). Practices in many cultures acknowledge the transformation of consciousness and the recognition of the sacred spirit in the individual and the community. The Capacitar practices support grassroots people returning to their cultural knowledge in their quest for healing for themselves and their societies. The Partnership Model developed by Riance Eisler (1997) is an approach presented in the Capacitar Manual (Cane) for working with groups to develop transformation. Grassroots people, particularly in Central and South America, often live in oppressive societies affected by abusive patriarchal structures of “machismo” (Cane, 2000, p. 98). Working with partnership models, instead of domination, along with the introduction of the people to the body-mind-spirit practices offers grassroots people a larger context of healing and transformation for the individual and society.

Capacitar Training Description Flyer

The researcher has permission from Pat Cane, the Co-Director of Capacitar International to reprint and publish the Capacitar Training Description in the present doctoral thesis.

Training in Multicultural Wellness Education

The Training in Multicultural Wellness Education is a one-year program offered under the sponsorship of Capacitar International. The training was developed by Patricia Cane, Ph.D., Founder/Co-Director of CAPACITAR, an international project of empowerment and solidarity. The program focuses on developing personal and community vision and skills in those who are working in service of others in health, education, ministry, psychology, social work, community organizing, spirituality and volunteer work.

Goals of Training:

The Training in Multicultural Wellness Education has the following goals:

- To form persons working in service of others with a sense of their mission and vision of personal, communal and global healing and transformation.
- To form local trainers with skills and expertise in wellness practices and with a learner centered educational method in multicultural wellness education.
- To work with healing of the healer/educator/facilitator as a first step in the process of global healing and transformation.
- To inspire a holistic understanding and integration of body-mind-spirit leading to a deep healing of Self and the world.
- To impact the healing and transformation of communities through outreach in multicultural wellness education based on principles of justice, nonviolence, interconnection, community building and compassionate service.

Outcomes and Objectives of Training:

As a result of the Training in Multicultural Wellness Education, participants will demonstrate:

- A basic proficiency in the following wellness modalities which have been shown by research to be effective with physical and mental problems: Tai chi movement meditation, breathing practices, simple massage practices, polarity, visualization, energy exercises, active listening, acupressure protocols.
- A working understanding of theories and research underlying the healing practices, traumatic stress, along with training in the multicultural application of the practices.
- A commitment to one's own personal healing process as a prerequisite to being a trainer in the work of community health.
- The application of the learning, modalities and theories to a specific group or culture in the local community using a learner-centered popular educational model.

Training Schedule: The training will consist of 20 hours each quarter based on a curriculum that covers theory and readings, specific wellness practices, methodology and pedagogical practices, and analysis of the multicultural application of the wellness

practices. Each participant will be responsible for applying the learning in an internship with a specific group in their community or area of work during the training.

Capacitar Training Application Form

The researcher has permission from Pat Cane, the Co-Director of Capacitar International to reprint and publish the 'Capacitar Emergency Response Tool Kit Practices' (English/Spanish) in this doctoral thesis.

Capacitar Training in Healing and Transformation, 2007
Presented by CAPACITAR, Inc., Santa Cruz, U.S. and Centro Mujeres de la Esperanza, El Paso, Texas, U.S.

Application Form

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

E-mail: _____

Please respond briefly to these questions using an attachment to this application form.

What is your previous experience with/exposure to CAPACITAR programs?

What is your present service work, professional work or volunteerism, which will be enhanced by Capacitar Training?

How do you plan to utilize Capacitar Training in the future?

Describe the individuals, culture or group you intend to work with during the Practicum portion of the training.

Describe your educational background. Include any degrees/certification programs. Include any workshops on holistic health/healing over the past two years.

Are there any physical, emotional or mental health issues that we should be aware of to ensure your full participation in the program? Are there any health practitioners that you need to consult before applying for the training?

Will you be able to attend all four of the scheduled sessions?

Will you be likely to need overnight accommodations while attending the weekend sessions?

Do you have any dietary restrictions?

Send this information by _____ date with a non-refundable application fee of \$50 made payable to Capacitar, Inc., Applicants will be notified of their acceptance within 2-3 weeks of receipt of the application. If you have questions, please contact capacitar@capacitar.org

Capacitar's Best Practices "Emergency Response Tool Kit"

Pat Cane, Co-Director and Founder of Capacitar International gave me permission to include the *Emergency Response Tool Kit* in this Appendix as it is available for free download on the website www.capacitar.org. It has been called the collection of *best practices* of the Capacitar body-mind-spirit practices (Cane, 2000; Capacitar report, 2011) and as confirmed by these research findings as well.

CAPACITAR



Emergency Response Tool Kit

Patricia Mathes Cane, Ph.D., Capacitar Founder/CoDirector

Tools for Wellbeing

The health of body, mind and emotions is continuously affected by trauma, violence, weather, diet, environment, daily news, and the challenges of life. The use of simple ancient healing skills can empower us to live with peace and wellbeing no matter what is happening around us. The following Capacitar exercises are offered to be used at times when we feel drained, scattered or depressed. These tools are for all of us, whether we are survivors of trauma, caregivers working with others or persons overwhelmed and stressed by daily life. The challenge is to build these practices into our lives and lifestyle, so they become second nature and can be readily called upon whenever we are aware of traumatic stress, energy drain, depressed feelings or loss of center. Please copy, distribute and use these with yourself and with others. More practices and theory can be found in our manuals and website www.capacitar.org.

BREATHWORK

Breath is the source of life, bringing fresh energy into the tissues and cells to nourish body, mind and the whole person. When we breathe out, accumulated stress and toxins are

released. Breathing through a stressful time is an effective way to let go of the tension that accumulates in the body. A few long deep breaths at a difficult moment can completely change the way we handle a situation. Breathwork combined with images of light or nature can promote feelings of peace, calm and focus.

- **Abdominal Breathing** Sit comfortably supported and close your eyes. Breathe deeply and center yourself, letting go of all worries and thoughts. Place your hands on your abdomen, breathe in deeply through your nose and imagine the air moving down through the body into your center within your abdomen. Imagine that your abdomen fills with air as if it were a balloon. Hold your breath for a few moments and then exhale slowly through your mouth, contracting the muscles of your abdomen, letting go of all the tension in your body. Continue abdominal breathing for several minutes. If thoughts come into your mind, gently release them, returning to the image of the air moving in and out of your body.

- **Breathing in Nature** Nature is a great resource for healing and grounding. With feet on the ground, breathe in deeply imagining that your feet are long roots running into the earth. Breathe in earth energy, breathe out stress, tension and pain.



TAI CHI ENERGY EXERCISES

The Rocking Movement

Stand with feet separated shoulder-width apart, hands at sides. Raise your heels and with palms facing upwards raise your hands to the level of your chest. Turn your palms downward and move your hands downward while you lower your heels and raise your toes in a rocking movement. Continue slowly rocking back and forth, breathing deeply. With each move drop your shoulders, relax your arms and fingers. Do the exercise smoothly and slowly. Breathe deeply and imagine that your feet are planted securely on the earth. As you raise your hands imagine that you are able to bring down into



body and mind healing energy to cleanse and fill you. This is a very beneficial movement for trauma and depression.

The Shower of Light

With left foot forward, raise your hands up over your head, then move them downward as if showering yourself with light. Feel the energy cleansing and filling your being. Repeat on the right side, with right foot forward. Breathe in the shower of light, and then exhale and let go of any negativity within you. Feel the light cleansing and renewing you. This is an excellent for persons who are depressed or dealing with past wounds of trauma.



Let Go of the Past and Open to Receive

With left foot forward, palms curved softly downward, push your hands outward in a gentle arc, letting go of all tension, negativity, and violence within you. Turn palms upward and draw them back towards the chest, breathing in peace and healing.. Repeat with right foot forward. Breathe out the pain and violence. Breathe in peace and healing.



Fly through the Air

With your left foot forward, your left hand upward, swim or fly through the air. The motion should be free and light with arms and shoulders relaxed. Repeat the movement on the right side starting with your right hand upward. Fly freely through the air letting go of all that weighs you down, feeling light, alive and free. Open your heart to all the possibilities for your life and healing. This is good to release pain in back, shoulders and head.

FINGERHOLDS TO MANAGE EMOTIONS

The following practice is a simple way to work with emotions by holding each finger. Emotions and feelings are like waves of energy

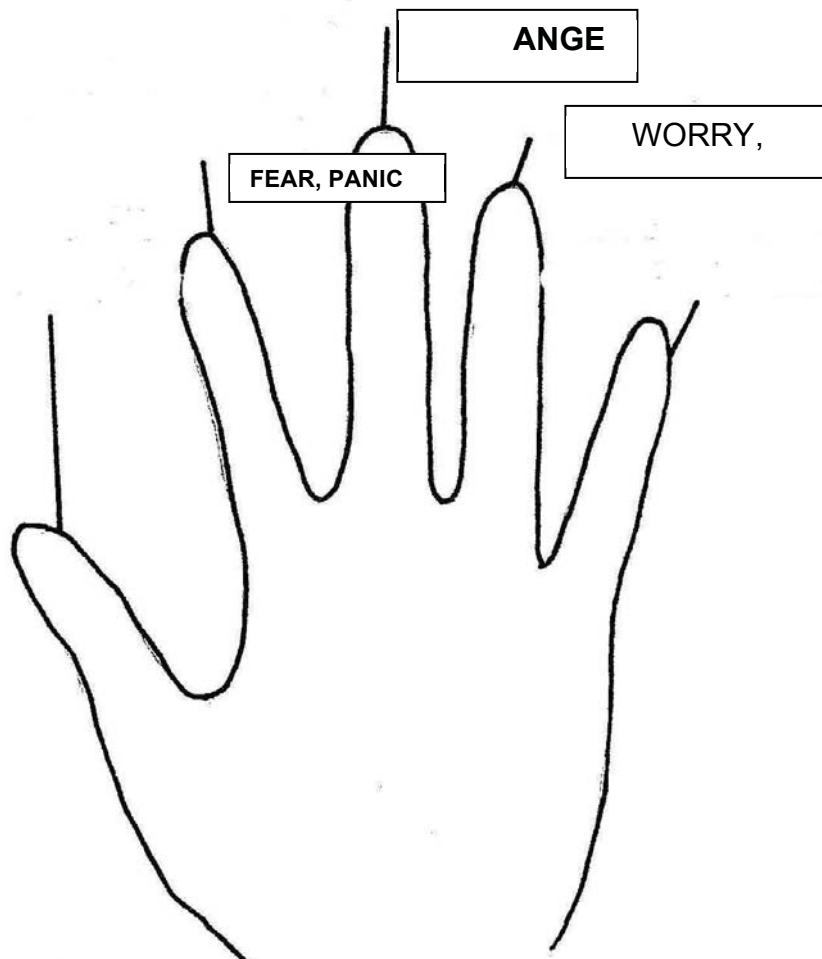


moving through the body and mind. Through each finger runs a channel or meridian of energy connected with an organ system and related emotions. With strong or overwhelming feelings, energy can become blocked or repressed, resulting in pain or congestion in the body. Holding each finger while breathing deeply can bring emotional and physical release and healing.

The fingerholds are a very helpful tool to use in daily life. In difficult or challenging situations when tears, anger or anxiety arise, the fingers may be held to bring peace, focus and calm so that the appropriate response or action may be taken. The practice may also be done for relaxation with music, or used before going to sleep to release the problems of the day and to bring deep peace to body and mind. The practice may be done on oneself or on another person.

FINGERHOLD PRACTICE:

Hold each finger with the opposite hand 2-5 minutes. You can work with either hand. Breathe in deeply; recognize and acknowledge the strong or disturbing feelings or emotions you hold inside yourself. Breathe out slowly and let go. Imagine the feelings draining out your finger into the earth. Breathe in a sense of harmony, strength and healing. And breathe out slowly, releasing past feelings and problems.



Often as you hold each finger, you can feel a pulsing sensation as the energy and feelings move and become balanced. You can hold the fingers of someone else who is angry or upset. The fingerholds are very helpful for young children who are crying or having a tantrum, or can be used with people who are very fearful, sick or dying.

LACK OF

TEARS,
GRIFF

EMOTIONAL FREEDOM TECHNIQUE—EFT

The Emotional Freedom Technique (EFT) developed by Gary Craig, Ph.D., is very useful for unblocking and healing strong emotions, fears, anxiety, emotional pain, anger, traumatic memories, phobias and addictions, as well as for alleviating body symptoms and pain, such as headaches and overall body pain. The technique is based on the theory of the energy field of body, mind and emotions, along with meridian theory of Eastern medicine. Problems, traumas, anxiety and pain can cause a block in the energy flow of the body. Tapping or pressing acupuncture points connected with channels or meridians of energy can help move blocked energy in congested areas and promote the healthy flow of energy in the body and in mental and emotional fields.



(Adapted with permission from the EFT materials of Gary Flint, Ph.D. Emotional Freedom Technique.)

EFT Practice:

1. Think of an issue to work with and measure your anxiety level:

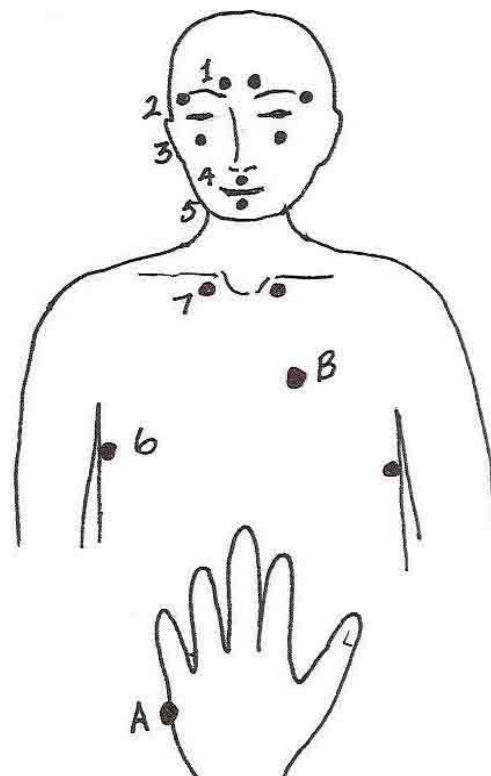
Choose to work with a problem, worry, phobia, anxiety, traumatic memory or negative self-concept. Using a scale of 0—10, measure the level of anxiety that you feel when thinking about the issue. (0 means no anxiety, 10 means extremely high level of anxiety). If it is difficult to quantify or measure with a number, use a simple scale such as: (none, small, medium, large) or (big to little) or (tall to short).

2. Tap the sequence of Acupressure Points 7-9 times:

Breathe deeply and tap 7 to 9 times with index & middle fingers

:

- Points above where the eyebrows begin 1
- Points at the side of the eyebrows 2
- Points below the pupils of eyes on bone 3
- Point below the nose 4
- Point below the lips on the chin 5
- Points below armpits (about 4 inches down) 6
- Points below clavicles on sides of sternum 7



3. Tap point A at side of hand and say:

Tap the Polarity Reversal Point A at the side of the hand while saying 3 times:

“In spite of the fact I have this problem, I’m OK, I accept myself.”

(Wording may be adapted for culture or age of

person.)

4. Repeat the sequence in #2 & #3

Repeat sequence until anxiety level is down to



0-2.

5. Rub the Sore Spot B:

Rub or press the Sore Spot located on the left side of the chest about 3 inches below the left collar bone and 2-3 inches to the side of the sternum.

THE HOLDS

This practice consists of several simple energy holds that may be done on oneself or on another person for anxiety, emotional or physical pain, traumatic memories, strong emotions, such as anger or fear, insomnia and for deep relaxation. Through the energy of our hands we have the power to bring profound peace, harmony and healing to body, mind and emotions. As the practice is used on oneself or on another, hold in mind and heart a deep sense of peace, light and spaciousness. The holds can be done for several minutes each, accompanied by deep abdominal breathing to promote greater release. The touch is very light, and if someone fears touch because of pain or their history of abuse, the holds may be done off the body working in the energy field. Always ask permission when you do any practice involving touch of another person.



Halo Hold



Head Hold

One hand lightly holds the head high on the forehead; the other hand holds the base of the skull. The energy of the hands connects with parts of the brain related to memories and emotions.



Crown Hold

Thumbs of both hands together contact crown center at the top of head. Fingertips softly touch area across the forehead. Along with deep breathing this hold is used in different bodywork modalities to promote emotional release.



Shoulder Hold

The hands rest lightly on the shoulders, the place in the body related to anxiety, excess baggage or the burdens of life.



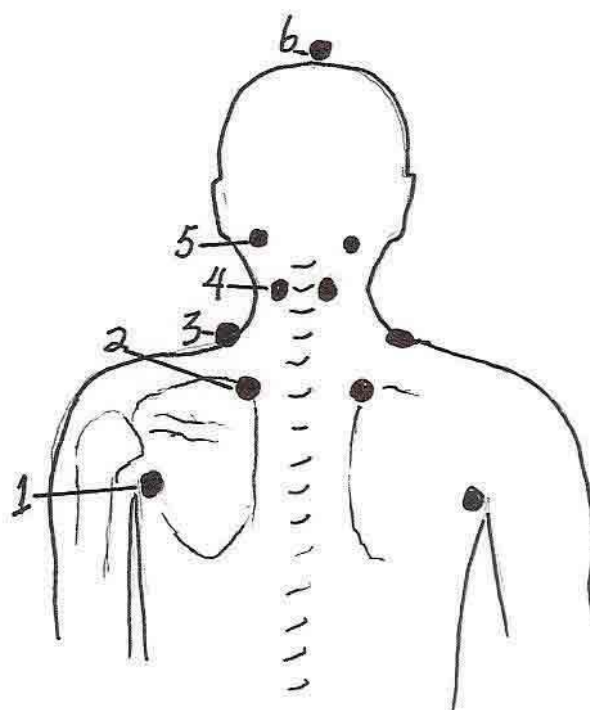
Heart Hold

One hand rests across sternum high on chest. The other hand touches upper back behind the heart. The heart area often holds emotional pain, wounds of the past, grief and resentment. Breathe deeply and imagine the heart pain draining down into the earth. You can also do this hold several inches off the body respectful of the person's boundaries.

To finish, Lightly brush off the energy field with the hands. The tops of the feet may also be held to ground the person.

HEAD NECK SHOULDER RELEASE

This acupressure practice releases pain, tension and congestion in the upper back, shoulders, neck and head. Often with trauma and stress, energy becomes blocked in shoulders, neck and head. Most of the energy channels or meridians flow through this area, resulting in a "bottle neck" of tension in some people. This practice can easily be



done on oneself, or on another person, either seated or lying comfortably face-up. This is a very good practice for anxiety at night or when one is unable to sleep. If doing this with another person, be sure that you keep clear boundaries, and if you feel their energy coming into your hands, imagine that it can flow through and down into the earth. With slightly curved fingertips, press into each of the sets of points (1-6) for 1 to 2 minutes, or until the energy pulse is clear, strong and flowing. The points will usually be very sensitive. During the practice you can imagine energy flowing upward and out the top of the head while breathing deeply. To end the practice imagine that your feet are rooted to the earth to ground you. If working on another, you can hold the tops of their feet for a few moments to ground them.

(Adapted from the work of Aminah Raheem and Iona Teegarden.)

Sets of Points:

1. About an inch outside the bottom of the shoulder joint where the arm connects to the trunk of the body.
2. At the top of the inside curve of shoulder blades about 2 inches from the center of the spine.
3. On top of the shoulders at the base of the neck in the trapezious muscle.
4. Midway up the neck in the band of muscles on either side of the spine.
5. In the hollows at the base of the skull at the sides of the head.
6. The crown center at the top of the head.

To Finish:

Hold the tops of the feet for grounding or if done on oneself, imagine that the feet are rooted in the ground. Breathe deeply and feel peace and harmony in body, mind and emotions.

ACUPRESSURE FOR PAIN AND TRAUMATIC STRESS

Depression

These acupressure points are for depression and emotional heaviness to bring a sense of peace and wellbeing.



Crown of head

Hold lightly the top of the head. There are three acupressure points in a line in this area.

Forehead between the Eyebrows

With the fingertips of one hand hold the sensitive area between the eyebrows where the nose connects with the forehead.



Base of Skull at the Sides of the Head

Interlace fingers, place your hands behind your head, and with the thumbs press the two points at left and right sides of the base of the skull in the indentation between the muscles and bones.



Anxiety, Crisis & Overwhelm

Point in the Outer Wrist

Press point in the indentation on the outside of the crease of the wrist, down from the small finger.

Point on Top of the Shoulders

With the fingertips of both hand hold the points on top of the shoulders. The arms may be crossed if this position is more comfortable.

Sore Spot

Locate a spore spot in the left side of the chest about 2-3 inches down from the collar bone and about 2 inches to the side of the sternum.



Fainting, Crisis & High Blood Pressure

This point can be used on oneself or another if a person is fainting or in crisis.

Point Beneath the Nose

With index fingertip or knuckle of the finger, press into the point directly below the nose on the upper lip.

Insomnia

Point in Forehead with Point in Center of Chest

Hold at the same time the point in the middle of the forehead and the point in the middle of the chest.

TRAUMA AND THE INSTINCT TO HEAL

There are many new methods being developed to treat depression, anxiety and traumatic stress. Medical professionals studying the impact of trauma on the body, now recognize that the human brain is composed of a "cognitive" brain responsible for language and abstract thinking, and a "limbic or emotional" brain responsible for emotions and the instinctual control of behavior. The emotional brain controls much of the body's physiology,

autonomic responses and psychological wellbeing. Cognitive psychotherapy and medication are the usual methods used for stabilizing and treating traumatized persons, but in many cases this approach is not enough, nor is it appropriate in many cultures. In his book The Instinct to Heal, psychiatrist David Servan-Schreiber, M.D. (2004), says that "emotional disorders result from dysfunctions in the emotional brain. . . The primary task of treatment is to 'reprogram' the emotional brain so that it adapts to the present instead of continuing to react to past experiences... It is generally more effective to use methods that act via the body and directly influence the emotional brain rather than use approaches that depend entirely on language and reason, to which the emotional brain is not receptive. The emotional brain contains natural mechanisms for self-healing: 'an instinct to heal'." This instinct to heal is the natural ability to find balance and wellbeing in body, mind and emotions.

Capacitar: A Popular Education Approach to Trauma Healing

In working with the traumatized, Capacitar's methods involve awakening and empowering this "instinct to heal". Because the experience of grassroots trauma is so vast, Capacitar uses a popular education approach rather than an individual therapeutic approach, placing in people's hands simple body-based skills they can use for themselves to release stress, manage emotions and live with balance in the midst of the challenges of life. A key to this approach is the inherent "instinct" or wisdom in the organism to return to balance and wholeness. Healing occurs through the release of undischarged energy as well as through a strengthening of the natural flow of energy. With the renewed flow of energy the person returns to a state of balance and wellbeing.

Living in Wellness

Living with wellbeing is a very different experience of health than stabilizing symptoms or curing mental or physical disease. In contrast to a scientific worldview of health that involves "fixing or curing", wellness in Eastern and indigenous models is based on

wholeness and harmony in the energy or life force of body, mind and emotions. When energy is flowing freely and without obstruction through the channels and energy centers of the body, the person experiences good health, emotional balance, mental clarity, and overall wellbeing.

The practices offered in this Capacitar Emergency Tool Kit help to awaken this state of wellbeing, providing tools for the healing of past wounds and for the recuperation of inner strength and energy in the person. The practices have been used with many thousands of people in 26 countries and many different cultures. They have been found to be helpful for persons with traumatic stress, as well as for self care for those working with others. These practices are meant to be used as part of daily life to help rebalance depleted, congested or excessive energy, as well as to nourish and build core energy. Regular use of practices such as Tai Chi, acupuncture, and breathwork help to alleviate traumatic stress symptoms manifesting as headaches, body pain, stomach disorders, diarrhea, insomnia, anxiety, and chronic fatigue. But it is not enough to only alleviate physical or emotional symptoms. Healing involves a deeper change in the whole system—from the person, their relationships, and their environment, down to cellular and energetic levels.

The way traumatic experience is handled can be a catalyst for growth and transformation. Past wounds can be transformed into wisdom to live more fully. There is a return to balance and wholeness, the natural state of the person and the community. As individuals heal they in turn are able to reach out to their family, community and the larger world to bring health and wholeness to the human family.

For other resources, manuals and CDs of practices, see our Capacitar website:

www.capacitar.org.

We join with the earth and with each other

With our ancestors and all beings of the future

To bring new life to the land

To recreate the human community

To provide justice and peace

To remember our children

To remember who we are.

We join together as many and diverse expressions

Of community and empowerment,

For the healing of the earth and the renewal of all life.

Capacitar Philosophy based on writings of the UN, www.capacitar.org © 2005

APPENDIX B: Research Site

Research Site: Centro Mujeres de la Esperanza (CME) [Women's Center of Hope]

The researcher has permission from the Director of the Centro Mujeres de la Esperanza (CME), Sister Maureen Jerkowski, OSF, to reprint and publish the information about the CME in this doctoral thesis.

Centro Mujeres de la Esperanza
 Director: Sister Maureen Jerkowski, OSF
 1000 Wyoming
 El Paso, TX 79902
 U.S.
 Tel. (001) 001915-545-1890
 Fax (001) 001915-533-9483

CME programs offer a means of empowerment to women living with the effects of economic poverty at the U.S./Mexican border. Through holding listening sessions, bringing programs to places women live and gather, and using informal adult education methods, CME assists women to assume responsibility for their personal growth. CME points out that programs that offer material benefits are funded at a much higher level than programs that address the inner needs and gifts of women.

Services

Family Spirit Alive & Health and Human Development Programs for Women of the El Paso / Ciudad Juárez Border Region;
 Human and personal growth development, preventive health care, family and community development, and women learning to earn

(Sister Maureen Jerkowski, personal communication, July 20, 2008)

APPENDIX C: Confidentiality Agreement Researcher

Confidentiality Agreement Regina Hess, researcher, for the Attendance at the Last Module of
the Capacitar Training

As a semi-participatory observer in the last module of the Capacitar Training, I, Regina Hess, agree to maintain confidentiality and protect the participants' identity to ensure anonymity with regard to all participant information.

Regina Hess, Researcher's Signature

Date

Pat Cane, Facilitator Capacitar Training, Signature

Date _____

APPENDIX D: Recruitment Confidentiality Agreement

Recruitment Confidentiality Agreement for Pat Cane, Ph.D., Capacitar Facilitator

As facilitator of the Capacitar Training, I, Pat Cane, agree to maintain confidentiality with regard to all recruited co-researchers of Regina Hess's doctoral research who all have been participants in the Capacitar Training group El Paso 2009. I additionally support the researcher in protecting the identity of the co-researchers to ensure anonymity.

Pat Cane's Signature Date

Regina Hess, Researcher's Signature Date

APPENDIX E: Spanish Interpreter and Transcriber Confidentiality Agreement

Spanish Interpreter Confidentiality Agreement

As a Spanish interpreter, I agree to maintain confidentiality with regard to all participant information, specifically the tapes from the interview sessions and any other related information or data. I will additionally support the researcher in protecting the identity of the participants to ensure anonymity.

Spanish Interpreter's Signature Date

Regina Hess, Researcher's Signature Date

Transcriber Confidentiality Agreement

As a transcriptionist, I agree to maintain confidentiality with regard to all participant information, specifically the tapes from the interview sessions and any other related information or data. I will additionally support the researcher in protecting the identity of participants to ensure anonymity.

Transcriber's Signature
Date

Regina Hess, Researcher's Signature	Date
-------------------------------------	------

APPENDIX F: Participant Selection Criteria

Volunteers will be selected as this study's co-researchers out of the group of women that participates in the Capacitar Training in El Paso, Texas, U.S. The main criteria include:

They must

- be a minimum of 18 years old
- be of different ethnic descent
- participate in the 7-month-long Capacitar Training
- be willing to take part in a 1.5 hours interview (with a Spanish interpreter if needed) during the last module or within two weeks after completion of the Capacitar Training

Capacitar International does not use formal exclusion criteria nor contraindications for the participants of the Capacitar Training in body-mind-spirit practices as described in the following paragraph by Pat Cane, the founder and director: "Capacitar usually is involved with people as people, not as clients. For our trainings we look for people who are basically healthy or are in a healing process who could be trainers of others. In places where there is a lot of trauma, we often don't have a choice of screening. The needs are so great and often the leaders are themselves quite traumatized for example, in Rwanda, or Palestine, or Nigeria. Everyone - leaders and grassroots people, are dealing with some level of PTSD, vicarious trauma or CTSD. No one is diagnosed, because there are no psychologists available. My field experience has shown me that when a participant completes all four modules of the 7-month-long Capacitar Training it is a sign of personal stability and capability (Pat Cane, personal communication, Jul 12, 2008).

APPENDIX G: Participant Eligibility and Demographic Questionnaire

(English and Spanish)

Have you completed module 1 - 4: Yes _____ No _____

Are you willing to volunteer in an approximately 1.5 hours interview
(that will be conducted together with an interpreter if necessary who has signed a
confidentiality agreement)

Yes _____ No _____

This is optional: You are invited to bring with you to the interview creative-symbolic
expression material or journaling that you collected during the modules of the Capacitar
Training and you could share at the beginning of the interview. Are you willing to bring
some of these materials for sharing with you?

Yes _____ No _____

As an optional second step, you are asked to complete the demographic questionnaire on a
voluntary basis and return it to the researcher Regina Hess at the meeting for the research
interview.

Today's Date: _____

Name: _____

E-mail Address: _____

Place of Residence: _____ since how long: _____

Place of Birth: _____

Age: _____

Ethnicity: _____

Native Language: _____

Secondary Language: _____

Religious or Spiritual Tradition Preference (if applicable): _____

Highest Level of Education (if applicable):

Occupation / Profession (if applicable)

Marital Status (please circle one):

Single Never Married Married Partner Widowed

Do you have children? Yes ____ How many? ____ No ____

Do they live with you? Yes ____ No ____

If you have a husband or partner, does he live with you? Yes ____ No ____

Do other family members live with you? Yes ____ How many? ____ No ____

What is your cultural background? Describe briefly.

I thank you very much and appreciate your time and interest in this research project.

Regina Hess
hess-r@gmx.net

APPENDIX H: Participant Information Leaflet

(English and Spanish)

Information for the Participants / Co-Researchers of This Study

Hello,

You are invited to participate in an interview for a study that will explore your subjective experiences of change, meaning feeling different or transformed, arising out of your participation in the Capacitar Training. The goal of this research is to gain a better understanding about the impact of the Capacitar practices. It is not designed to prove or disprove anything. Current research suggests that sharing one's experience can have potential benefits. Participation in this research can potentially increase your understanding and deepen your appreciation of the Capacitar practices and how to integrate them into your personal life and community. The research interview will be conducted at the Centro de Mujeres de la Esperanza (CME) [Women's Center of Hope], El Paso, Texas, U.S., who organized the Capacitar Training. I will conduct a research dialogue with approximately minimum five to maximum 25 co-researchers, including you, who volunteered to participate in this study.

The procedure will involve (a) signing an Informed Consent Form, (b) completing a Demographics Questionnaire (optional), (c) completing the Capacitar Training, (d) voluntarily sharing creative and symbolic expression material produced during the 7-month-long Capacitar Training and on a voluntary basis allow photographs of this material, (e) completing a semi-structured recorded in-person interview of approximately 1,5 hour duration, scheduled during or in the two weeks after the last Capacitar Training module.

Your confidentiality will be respected at all times. For the protection of your privacy, all information received from you will be kept confidential as to the source, and your identity will be protected. You will be asked to choose a pseudonym, and that pseudonym will be used in all the documents instead of your name. Otherwise the researcher will select randomly a pseudonym to replace you name. Any document with your actual name on it will be stored in a locked file cabinet in the researcher's office, and only the researcher will have access to these documents.

The interview will be administered in English or with an interpreter if needed. The researcher is studying Spanish and has a basic understanding of the language. To guarantee a clear communication for Spanish-speaking co-researchers a female Spanish Interpreter, a staff member of the CME, will participate in the interview in case translations are needed. The Spanish interpreter will help during the interview with translations Spanish/English/Spanish if difficulties in the communication arise. She will be required to sign an interpreter confidentiality agreement. For other languages, the same procedures apply.

During the research dialog / interview, you will be asked a series of questions about your experiences with the Capacitar Training program. Although I will initiate discussion, the dialog will be open, and you are free to comment on anything, which seems significant to you.

I will utilize a transcriber of the interviews, who will only have access to documents where your pseudonym has been used. The transcriber will be required to sign a transcriber confidentiality agreement. In the reporting of information as published material, any information that might identify you will be altered to ensure your anonymity including using only the pseudonym assigned to you.

The resulting research is intended for publication. By agreeing to participate you will additionally be agreeing to the publication of the results, the interviews in part or whole, and the photographs of creative-symbolic expression. All such data will be published under the pseudonym.

This study is designed to minimize potential risks to you. However, some difficult feelings, such as anxiety, may arise out of sharing personal information. If you need support, you can contact the CME and further referrals will be made available to you. If at any time you have any concerns and questions, the researcher will make every effort to discuss them with you and inform you of options for resolving your concerns.

If you have any questions and concerns about the study, you may call the researcher at +44-7542-024714 or e-mail the researcher at hess-r@gmx.net or call Doctoral thesis first supervisor Les Todres, Ph.D., at 0044-1202962169, or second supervisor Kate Galvin, Ph.D., 0044-1202962167; Bournemouth University, School of Health & Social Care (HSC), Centre for Qualitative Research, United Kingdom.

If you need to call you can ask at the CME to help you with this call.

If you decide to participate in this research, you may withdraw your consent and discontinue your participation at any time during the study and for any reason without penalty or prejudice. Additional permission to publish photographs of your creative-symbolic expression material is independent of participating in the study. If you do not agree to the researcher publishing photographs about your creative-symbolic expression, you may withdraw consent for publishing your creative-symbolic expression material at any time without withdrawing from the study. You may request a written summary of the research (abstract) that will be presented bi-lingual (English/Spanish) by providing your mailing address with your signature or you can pick up a summary upon request at the CME.

Thank you.

Regina Hess, Ph.D. Student
Bournemouth University, School for Health & Social Care
Centre for Qualitative Research, United Kingdom

APPENDIX I: Participant Informed Consent

(English and Spanish)

Working Title of the Study

Calling Back Body, Mind, Spirit, and Nature Across Militarized Borders: Holistic Healing Practices and Their Impact on Women living at the U.S.-Mexico Border

1. I agree to have Regina Hess dialogue with me / she will ask me a series of questions about my experience and ideas about the Capacitar practices and Capacitar Training Program.
2. The research dialogue will take place in the Centro de Mujeres, El Paso, U.S., according to the scheduled time for the approximately 1,5 hour interview.
3. The purpose of this research dialogue is to gain a better understanding of the impact of the Capacitar Practices, to explore benefits and problems of the Training Program, and to hear how you might transfer your experiences into your personal life and community.
4. Regina Hess has explained that my name will not be recorded on the questionnaire or used in anything she writes unless I so desire.
5. If I contribute to the interview personal material such as drawings, poems, diary notes or dreams that I had produced during the Capacitar Training, I give the researcher permission to photograph/scan/copy the material and publish it as part of the doctoral thesis:
Yes _____ No _____
6. Information about this study, the time and location of the research dialogue / interview and my contribution to the study was discussed with me by Regina Hess. I am aware that I may contact her before or after the scheduled interview by calling +44-7542-024714 (I can utilize the phone at the Centro de Mujeres, El Paso) or by e-mailing her at hess-r@gmx.net
7. Participation in this study is voluntary. I understand I can refuse to answer any question and can withdraw from this study at any time without adverse consequence to myself.
8. I am not receiving any monetary compensation for participating in this study.

The researcher intends to communicate with you via e-mail (preferred), or mail, or phone, or upon request at the CME.

Please circle which mode of communication will work best for you:

E-mail

Mail

Phone

CME (e-mail, mail, phone)

Co-Researcher's Name (please print)

Co-Researcher's Signature

Date

Please write in your chosen fictitious name for this study her

Mailing Address (if you want a written summary of the research (abstract) and/or doctoral thesis.):

E-mail address and phone number (if applicable) (please print clearly or type):

Regina Hess, Researcher's signature
hess-r@gmx.net, +44-7542-024714

Date

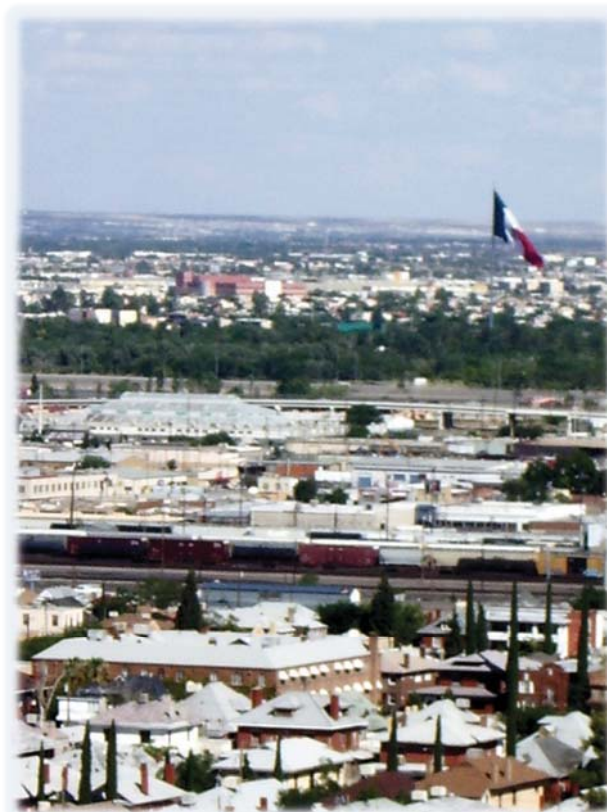
APPENDIX J: Researcher's Photos from the Field

The following pages show photographic impressions from my field research in El Paso, Texas, U.S. They give a glimpse of the cultural tapestry of the border region in addition to the Cultural-Spiritual Narrative Composite presented in Chapter 4: Cultural Findings.

Arrival in the field: From London (UK) to El Paso (Texas, U.S.)
June / July 2009



The U.S.-Mexico border



The militarized *fence* dividing the cities of

El Paso (U.S.) and Ciudad Juárez (Mexico)



Fence Neighborhoods



International Bridge across the Rio Grande



Driving towards the International Bridge



International Bridge Neighborhoods



Wall Painting - Border Art in El Paso



Mexican Neighborhoods



Mexican Cultural Center in El Paso



Downtown El Paso



Research Site in El Paso: *Centro Mujeres de la Esperanza*
[Women's Center of Hope]



Interviewing room for my data collection at the Women's Center



Wall painting – Border Art *Lady de Guadalupe*





Wall Paintings



A copy of the original art work of the *Lady de Guadalupe*
(the original belongs to her church in Mexico-City)



A handmade quilt



An 'outdoor' altar for the *Lady de Guadalupe*
at the street



Her altar at the Women's Center in El Paso



Native American Cultural Center near El Paso





Native Indian Ritual





Mayan Healing
at a sacred
Mountains

Indigenous
Ritual
site of the El Paso





Mayan Healing Ritual



El Paso "White Hill"

A mainly White American middle to upper class neighborhood at the hillside of El Paso



4th of July Parade 2009 in El Paso – My last day in the field



El Paso Parade 2009



El Paso Parade con't





4th of July 2009, Open Air Concert El Paso



4th of July fireworks



The so-called *El Paso Star* is illuminated all year long and you can see it from far away





GOOD BYE, EL PASO.
APPENDIX K: Researcher Contact Information

If you would like a copy of the transcripts and / or data analysis for review, please e-mail me at hess-r@gmx.net or call me at +4917632200674.

APPENDIX L: Audit Trail

Exemplars of Cycles of Phenomenological Psychological Data Analysis

Distilling Meaning Units and Their Transformation

The following audit trail shows excerpts from the table of meaning units and their transformation using imaginative variation of one of the co-researcher's account: Andrea, from research interview 1 and 2. Andrea is Mexican and spoke Spanish. Therefore an interpreter was present in the interviews and translated from Spanish into English.

The first order of data analysis comprises the delineation of meaning units from the transcribed interviews. Secondly, I conducted two to three rounds of thematic analysis to get an overview of the phenomenon. Thirdly, performed four cycles of transformation of meaning units according to standard phenomenological psychological data analysis of imaginative variation to distil the general meaning structure of the research phenomenon, paying attention to both texture and structure of the meaning units. Furthermore, I kept a journal of my resonances with the data of each co-researcher. In a last step of data analysis, I applied 'embodied interpretation,' which is described in full in Chapter 5: Phenomenological Results, and in Chapter 3: Methods, its theoretical background is outlined.

The interview transcripts included additional contextual information in relation to narrative life experiences of the co-researchers, which has been summarized for each co-researcher's account. Furthermore, evaluative information in regard to issues related to the conveyance of the Capacitar Training has been synthesized for each co-researcher.

Table of Meaning Units and Transformations

The following table shows exemplars of the three cycles of thematic analysis and the first to third cycle of the phenomenological psychological transformation of meaning units using imaginative variation.

Meaning Units (MU's) (Coding and highlighting of relevant text)	Thematic Analysis: Subthemes (Cycles 1- 3) And Imaginative Variation 1 Transformation 1 of MU's into Individual Texture of the Phenomenon (Story level, texture of the phenomenon, labeling of initial subthemes) <i>What does the phenomenon feel like? – or – What happened?</i>	Thematic Analysis: Themes (Cycles 1 – 3) And Imaginative Variation 1 Transformation 1 of MU's into Individual Structure of the Phenomenon (Context level, structure of the phenomenon - collapsing initial subthemes into themes / categories) <i>How was the phenomenon experienced? – or – the inner logic / the inner relationship</i>	Imaginative Variation 2 & 3: Transformation 2+3 of MU's into Individual Texture of the Phenomenon) move towards the implicit What kind of change happened? How did it feel?	Imaginative Variation 2 & 3: Extract constituents Transformation 2+3 of MU's into (Individual Structure of the phenomenon) going beyond the common themes transformed so far, intuiting the implicit <i>How was the phenomenon experienced? – or – the inner logic / the inner relationship</i> How was the change experienced? Its inner logic?
A1 So she said, that a lot of people that she has met in the shelter she	A1 A is using Capacitar practices with people who ask her	A1 Being able to help others with Capacitar practices 2. TA	A1 Andrea's desire increased to help others with	A1 Andrea developed a desire to support others' people change/healing through Capacitar

was in, and ones that she has worked at afterwards, that people know her and come and look for her at her home, and that she just tries to talk to them and help them out, and a lot of that now has using Capacitar stuff with them, that she does with them like the massage techniques, or the fingerholds and things like that	for help.	Desire, increased, to help others with Capacitar practices	Capacitar practices.	practices.
A2 She says it is just really amazing to her and the people she works with, how amazing it is to know your body, and how helpful it can be just using your body in that way.	A2 A feels amazed, as do the people she helps, to know your body and how helpful it is to use your body with Capacitar healing practices.	A2 It is helpful to A to know her connectedness to her body in a new way through the Capacitar practices, as do experience the people she works with 2. TA New realization, increased, of connectedness to the body 3. TA New realization, gained, of connectedness with the body to her and sharing with others A	A2 Andrea gained a new realization (as did others she applied Capacitar practices with) about how she is connected with her body and how she can utilize this connection.	A2 Andrea realized how a bodily connection feels and how to utilize this connection for her desire for healing.

<p>A3 (refers to her church experience see narrative context info) ...That what happened to her, when she couldn't control her arms, was kind of what brought her back to God in a way that she hadn't experienced before, and when she came to Capacitar later, and her and Pat talking about re-connecting yourself with the earth and your own body, and doing movements that were similar to the ones she felt, she just realized that she had found God again in that</p>	<p>A3 A realized that she had found God again through Capacitar movements related to her previous church experience</p>	<p>A3 Realization of connectedness to God through movements 2. TA New realization, increased, of connectedness to God 3. TA New realization, gained, of connectedness to God</p>	<p>A3 A experiences a spiritual connectedness to 'God' through practicing movements and understands/in tertwines the experience with the Capacitar practices with her previous spiritual experience of connecting with God through movements.</p>	<p>A3 Andrea's belief in her connectedness with God deepened through her new bodily awareness/connection. Andrea was able to intertwine/integrate her previous spiritual experience of healing through bodily movements that confirmed to her the existence of God.</p>
<p>A4 ...and that this [Capacitar] was something that was really right and reconnecting herself to</p>	<p>A4 A feels trust in the Capacitar practices and feels the importance of reconnecting herself to</p>	<p>A4 Feeling the need of reconnecting to nature and the body 2. TA Desire, increased, to re-connect with nature and the</p>	<p>A4 Through the Capacitar practices A's awareness changed in a way where she feels a desire / need to connect</p>	<p>A4 Andrea developed a desire to heal herself through an increased awareness for a deepened connection with herself and nature.</p>

nature and to the body was important.	nature and the body	body	with her body and nature.	
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The meaning units were continued in the same way overall 14 co-researchers' accounts as shown above.

Imaginative Variation of an Individual Meaning Structure

The following structure shows cycle 4 of imaginative variation of Andrea's account.

Constituent 1: Initial change of bodily awareness through the experience of feeling a connectedness with the body through Capacitar movements – Initial change leads to all other changes

During the first module of the Capacitar Training while learning movement practices [similar to Tai chi], Andrea experienced an initial change of bodily awareness that built the basis for the following changes as a result of the Capacitar Training. Andrea's awareness changed in a way that she could feel a connectedness to her body, which she had not known before.

Constituent 2: Desire to support her self-healing through Capacitar practices, developed

2.1 Intertwining / Integration of previous experiences experienced as healing

(2.1.1) Intertwining/Integration of previous spiritual healing experience

The Capacitar movements reminded Andrea of an important spiritual experience she had once in a church event (A2, A3, A4, A5 and narrative info in italics).

Andrea intertwined / integrated this spiritual healing experience and the experience of the Capacitar movements, which led to the change in awareness and her connectedness to her

body, God and nature. Through the Capacitar practices similar to her movements in church, she experienced a confirmation of her previous spiritual healing experience that led to a deepened/increased belief in God and increased belief/trust in the helpfulness and rightness of the Capacitar practices.

Quote Andrea A3: "...That what happened to her, when she couldn't control her arms, was kind of what brought her back to God in a way that she hadn't experienced before, and when she came to Capacitar later, and her and Pat talking about re-connecting yourself with the earth and your own body, and doing movements that were similar to the ones she felt, she just realized that she had found God again in that (A3)."

(2.1.2) Intertwining / Integration of previous traumatic/difficult life experiences - emotional healing experience

Andrea's change of awareness and integration of her previous spiritual healing experiences brought memories to her mind of previous traumatic life experiences.

Andrea was able to integrate these experiences through giving voice to them in her prayers that felt like healing to her.

Quote Andrea A15: "...So she feels that before the experience in the church, she had all this kind of stuff that she was carrying like traumas from her life and fights in relationships that she had in her family, that weren't good, and she feeling that she was just carrying all that stuff. When she had this experience [in church], she felt she had this kind of first healing moment that when she prayed and prayed all that out, she really felt light afterwards and that just renewed her faith in God."

Andrea experienced a continuation of her healing process through the Capacitar practices.

(2.2) Regular practice (of the Capacitar practices) leads to increased well-being on different levels

When Andrea practiced regularly the Capacitar practices, she experienced several different kinds of changes:

(2.2.1) She experienced a deepened feeling of connectedness with God through her increased awareness for her connection with the body.

Quote Andrea A8: “So, she says the yellow light was what happened to her the first time in the church, and that she feels that it was kind of the love of God shining over her, and then when she came to Capacitar, she realized that that was what she had experienced the first time, that the practices of Capacitar were what she had done [arm moved in the church] - and that is kind of an amazing thing to her and just re-confirms every time she does it that God is there.”

(2.2.2) Through the deepened spiritual connectedness, Andrea’s well-being increased that led to her desire for supporting her self-healing with Capacitar practices (A7, A16)

Quote Andrea A7: “...the first time she did it, she didn’t want to stop, she just felt so relieved almost, that she felt really good, and that she just saw kind of light, when she was doing it, this is really brilliant, yellow light that she saw, and she didn’t want to stop, and that she felt that she wasn’t controlling her own hands, that it was just something that was coming from inside of her, and that she feels that it really kind of heals you in a way and that when you stop doing it, you notice like when you don’t do it for a few days or a few weeks, that you notice that you are feeling worse and then you start doing it again, that you feel better.”

(2.2.3) Andrea gained clarity about her life that increased in a way her sense making and meaning making, which led to a reduction of anxiety and negative thinking (A11).

(2.2.4) Andrea’s self-esteem increased in using her intuition/instinct when applying the healing practices with others and she experienced joy/satisfaction when working with others (A13). Andrea gained strength and trust into her own potential (A15).

(2.2.5) Andrea experienced a more alive interactive interaction with God when using the Capacitar practices in conjunction with her previous prayer practice.

Quote Andrea A16: "...so she feels this has been given to her by God, as a way to kind of enrich her vision of him and the way she interacts with God."

Constituent 3: Desire to support others' change/healing through Capacitar practices because of her own experience of change/healing (A1, A6, A12, A17)

Through her own improvement using the Capacitar practices, Andrea developed a desire to support others' change / healing potential. Furthermore, she believed that it was her responsibility given by God:

Quote Andrea A17: "...and also being able to help others, she finds that something really important, that that has been a kind of gift given to her, so she can use it with ill people or children or anyone else that needs help, so she kind of sees it as a gift that God gave her so that she can use."

(Later) Constituent 1 and 5: Ambiguities

Andrea for example did not experience ambiguities. Some other co-researchers experienced them at the beginning of the Capacitar Training that I called later Constituent 1 and some other co-researchers experienced ambiguities at the end of the Capacitar Training that I named later Constituent 5. Only when I had developed individual structures overall accounts, I did see the different ambiguities here and there as explicated in detail in Chapter 5:

Phenomenological findings.

Imaginative Variation of the General Meaning Structure

The following paragraphs show examples of imaginative variation to gain psychological reductions so that the general meaning structure of the research phenomenon can emerge. I conveyed eight rounds of psychological reductions, which cannot be shown in full due to its extensiveness. However, exemplars from the beginning and the end of the imaginative variations are shown.

The general structure emerged once I had developed templates with the individual structures of each co-researcher's account. Suddenly, I was able to move beyond the data and tap into the implicit. For myself, it had a lot to do to with creating a structured visual template as compared to huge tables with many meaning units, themes and descriptions. It seemed that the individual templates' have been a visual tool, which allowed me to let go the individual meaning structure, and to move towards the general implicit meanings of the phenomenon. I had pinned all individual structures around the walls of my study room, walking around in squares and circles, taking in their essences and embodying the implicit meanings by surrendering myself to the unknown.

First Cycle of Imaginative Variation

Research Phenomenon: "Lived experience of change as a result of the Capacitar Training"

1. Major Constituent I: Initial Change

There is an initial change over all accounts that led to all other changes

Leads to the believe that the practices work

2. Major Constituent II: Desire for Self-Healing

Out of 1, results a desire for self-healing

2.1 Intertwining / Integrating

A1 Integrating previous traumatic experiences

A2 Integrating previous healing knowledge

A3 Integrating previous healing experiences

A4 New understanding / new realization of connections / connectedness: Change of awareness/ embodied experiences

-with body

-with spirit

-mind/understanding

-nature

-deepened relatedness, interpersonal

-intersubjective transgenerational connectedness

2.2 Well-being increased through

B1: Increased self-esteem

B2: Symptoms of stress reduced

B3: giving voice to (traumatic) experiences

B4: Healing increased through the research interview (giving voice)

Major Constituent III

Desire to support others' change / healing

Major Constituent IV

C1: Ambivalence through pressure / competition / critique

C2: cultural differences

Major Constituent V

Unifying / Connecting with diverse people increased, compassion increased

Eight's (Last) Cycle of Imaginative Variation

General Structure of the Phenomenon 'The embodied experience of change as a result of the Capacitar Training'

1. Exposure to the Capacitar Training / Beginning of the Training

The 14 co-researchers were exposed to the 7-month long Capacitar Training, which is taught in a format of four modules in a 2-day weekend workshop. The participants are expected to practice the body-mind-spirit practices and to study the readings provided in the manual between the modules. Towards the end of the Capacitar Training all participants are required to conduct a small group project of teaching some of the practices to others and to write up their project and the experiences with it.

From the first module onwards, the co-researchers are exposed to certain body-mind-spirit practices and psychoeducation primarily about the impact of psychological trauma on health and about the background of all the practices that are put together in the Capacitar Manual.

2. Ambiguities Emerged at the Beginning of the Capacitar Training

Especially at the first and second module of the Capacitar Training, a pressure emerged and led to different kinds of ambiguities that could be called an 'anxiety of the unknown increased.' Half of the co-researchers (seven out of 14) talked about some kind of ambiguity that they experienced at the beginning of the Capacitar Training. The ambiguities emerged out of an experience of pressure related to: (1) Cultural and/or religious boundaries (six co-researchers, and/or (2) for two co-researchers to a lack of self-esteem. The cultural boundaries were experienced from two Mexicans, two Mexican-American and one White American co-researcher. The six co-researchers who did not talk about pressure or ambiguity included two Mexicans, one Mayan, amongst three White American.

Example 1: Sabrina

Sabrina (Mexican-American) described that she had to deal with an ambiguity rooted in her cultural religious background of a more fundamental oriented Catholic community that would not allow concepts such as energy etc. in their belief system as taught by Capacitar. She called this ‘the fear of the unknown in the Catholic Church.’ Sabrina experienced a change in her understanding through the Capacitar teachings and how the concepts could be connected to her belief (Sa18, Sa19) that helped her to accept the practices and integrate them into her own work as a practitioner:

“...in the past (Sa27), I would have turned away and not wanted to be part of it...made me more aware that it was a wonderful, liberating experience to be able to be open to it...(Sa26) This is what Capacitar has showed me that in a very simple accessible way, you can help the community, you can make a difference in people’s lives, and this is how my practice [work] is.” (Sa28)

3. Experience of an Initial Change – Change of Awareness (Re-) Connecting With Self (Body-Mind-Spirit-Community)

All of the co-researchers experienced an initial change with the quality of a major shift on the dimensions of body, mind, and/or spirit. The seven co-researchers, who felt ambiguities at the beginning, experienced a transformation through the experience of an initial major shift on the levels of body, mind, and/or spirit. The other co-researchers just experienced the initial change. The co-researchers experienced a fundamental change during the first or second module, and some experienced additional shifts during the third or last module.

Through the major initial bodily felt shift, the co-researchers developed kind of trust or belief in the positive impact of the Capacitar Training, which then seemed to initiate a desire for further change and motivation for the training. The intensity of the felt shift seemed to vary on a spectrum and could be seen as a predictor or indicator for the later process of change. The initial experience of change seemed to last and the co-researchers could

potentially re-connect with this memory later on, dependent on the intensity of the initial bodily felt shift. The further development of the process of change seemed to be dependent on the intensity of the initial bodily felt shift that led to a change of awareness.

For 13 co-researchers, first there was a felt bodily shift that led to a change in their awareness. One co-researcher did not speak about her personal experiences of change. Seven co-researchers experienced the major felt shift through tai-chi, three through chakra meditation, one through polarity work, one through fingerholds, one through a combination of polarity, fingerholds, EFT and tai-chi.

Example 1: Charlene

During the second module of the Capacitar Training while learning chakra-meditation practices, Charlene experienced an initial change of bodily awareness that built the basis for the following changes as a result of the Capacitar Training. Charlene's awareness changed in a way that she could feel different energy level's in the seven chakra's of her body with a lack of energy in her lower chakra's: "...when we did the chakra's...it just blew me away. I will never forget."

(C2, C3)

Charlene realized that she had a strong connection with her heart chakra, which is connected with the feeling of compassion, and with the higher chakra's that are connected to spirituality and the Divine (C4, C5). She became aware how she avoided the connection with her lower chakra's and how she compensated this with her upper chakra's particularly through her faith: "...we tend to compensate a lot more if this stuff [lower chakra's] is not flowing...tend to be super spiritual...like my faith has been ...super important." (C7)

4. Desire for Further Change Emerges / Intentions for Further Change Arise

In the process of the Capacitar Training, the experience of an initial bodily felt shift evoked a desire for further change in the co-researchers. It seemed that the strength of the desire that

emerged was dependent on the intensity of the initial bodily felt shift that varied on a spectrum. The desire for change seemed to have a movement – it had an intention towards something e.g. increase of self-knowledge through integration of previous (traumatic and/or spiritual) life experiences, integration of previous knowledge and beliefs, increase of well-being, and increase of self-esteem through new knowledge or through the experience of success / acknowledgement / respect / praise / fulfillment / sense in life/ meaning making etc.

The co-researchers seemed to develop a desire for change that showed up in three main sub-constituents: (1) Desire for Expansion of Understanding, (2) Increase of self-esteem, and (3) Increased psychophysical-spiritual well-being dependent on regular practice.

4.1 Desire for an Expansion of Understanding Through Further Integration of Previous Life Experiences, Integration of Previous Knowledge, and new Learning

4.1.1 Desire for expansion of understanding – increased self-knowledge through Integration of previous (traumatic) and spiritual life experiences leads to the experience of an increase of self-healing, self-knowledge, meaning/sense in life, and fulfillment in life.

Through the change of bodily awareness, nine co-researchers developed a new understanding about previous (traumatic) life experiences and were able to integrate them more.

Additionally, nine co-researchers experienced an integration of previous spiritual experiences through their change in awareness that led to an expanded understanding and increased their self-knowledge.

Example 1: Charlene

When Charlene started thinking about her blockages in the lower chakra's, she realized/understood that her disconnect was related to her early childhood abuse. "I started thinking about it, and I just felt...the whole abuse stuff would definitely, with the pleasure

[sexual (second) chakra] would cause a big disconnect...and with the power to act [third chakra].” (C11)

4.1.2 Integration of previous knowledge and / or transgenerational knowledge

Example 1: Jafina

Jafina discovered similarities between her indigenous Mayan healing knowledge and the Capacitar practices that deepened her belief in the Capacitar practices and enabled her to integrate her own healing knowledge:

“She said her Mayan grandfathers, they taught her. Like they didn’t use the word Capacitar but it was related to the same thing only shorter like coins here and there and the fingerholds and everything...her whole family is Mayan...they call it like a clean, a cleansing...like they would use lemons and eggs and like use it on her hair, her whole body...” (J8)

4.1.3 New Learning / New Insight / New Realization

Example 1: Adelaine

At the beginning of the training, Adelaine felt uncomfortable about movement practices that were taught in a different way then she knew it from her own previous studies: “...that’s not Qi Gong, that’s not Tai chi...why is she doing it like that, I studied Tai chi...I didn’t like that...” (Ad1) When Adelaine got exposed to the Capacitar Manual (book), she started liking it more and understanding better why it was taught in such a way: “The more I worked with it and the more I looked in the book...it’s a way that people can learn a little bit...of movements...without having ...a formal teacher...but I had a problem with it in the beginning...[but] it doesn’t have to be like that.” (Ad2)

Through her new understanding about the advantages / benefits of teaching in such a way, Adelaine’s critical attitude changed into an openness and interest, and she realized that she learned in a new way that was useful for her professional work as well as her self-healing: “ ...it works for me on different levels, on a professional level, on a healing level, ...being stimulated to learning something new and how it’s being presented.” (Ad20)

4.2 Increase of Self-esteem

The increase of self-esteem seemed to be a second sub-constituent (nine out of 14 co-researchers) within the constituent ‘Desire for further change’ emerged.

Example 1: Lima

Lima gained self-confidence in believing that she would be able to teach Capacitar practices to others and she realized that she carried a cultural concept of low self-esteem that she feels many women in Mexico were incorporated:

“...the biggest thing for her was finding this confidence in herself...sometimes she feels like the American culture there is more self-confidence built in that you are less afraid to make mistakes...there is more like a complex built in here [Mexico]...being afraid to mess up with something...and also realized being so dependent on her husband...she needed to learn to be confident...her self-esteem is in the sky” [after the Capacitar Training] (Li8, Li10, Li11)

Lima realized that the Capacitar practices helped her with her mourning process about the loss of her husband and improved her well-being and coping with life (Li6). These experiences improved her self-confidence along with the new possibilities she gained of integrating Capacitar practices in her life and work. In the beginning of the Capacitar Training, she believed that she would not be capable of leading groups (Li7, Li8). Through her group project, Lima gained confidence in teaching Capacitar practices to others.

4.3 The desire to increase their psychophysical-spiritual well-being dependent on regular practice.

The co-researchers stayed with the practices that catalyzed their initial felt bodily shift. Their change in psychophysical-spiritual well-being only lasted when they were based on regular practice, otherwise the co-researchers experienced a decrease of well-being and the return of their e.g. stress symptoms. The desire to practice regularly in order to achieve a lasting change of psychophysical-spiritual well-being seemed to vary on a spectrum.

Example 1: Megan

Through the major changes and regular practice of certain practices [Tai chi movements, acupuncture points, fingerholds, polarity work, EFT], Megan's pain decreased so that she was able to lower her pain medication [after two decades of severe pain] (Mg16) Megan's anxiety and nervousness level reduced when she used practices such as EFT and the fingerholds and relaxation / stress release together with movement practices (Pan dal gum) (Mg21): "EFT helps you control your anxiety, and the fingerholds control you emotions...(Mg17) I hold on to my fingers...and start feeling my pulse and that calms me down." (Mg36)

With acupuncture points she was able to release tension and stiffness from her chronic rheumatoid disease (Mg37) out of her body and improved her functioning level such as staying focused and her ability to walk (Mg19):

"I was always in severe pain, it was hard for me to focus, to function...I am not thinking straight, there is this heaviness all over my body...in pain. When I started the Capacitar techniques ...it has relieved a tremendous amount of tension...and ability to function..." (Mg35)

5. Desire to support the change of others / Intentions to support others change arise

Towards the end of the Capacitar Training, the co-researchers were supposed to conduct their project of sharing practices with a group. For some co-researchers again pressure arose that led to another wave of ambiguity related to the conveyance of a group project. Overall, it seemed that some ambiguities were juggling around here and there. However, the co-researchers experience of the initial change led to a desire to support others change on different levels and with different intensity, in addition to the desire to further their own change (except one co-researcher does not talk about this).

The intentions to share or teach the Capacitar practices varied on a spectrum: To show the practices to other people (7), to teach them more formal – teaching them to practitioners (2), and to integrate them in the work as a practitioner (5). The intentions to teach seemed to

be dependent on the personal and professional background of the co-researcher and/or integration of faith.

Example 1: Adelaine

Adelaine gained a new understanding about teaching and reaching out to communities as Capacitar does it in a multiplicatory way that was different to other interventions or programs she knew before: "...it is there for everybody...huge difference..." (Ad31) She will continue to use certain practices that she experienced as beneficial such as polarity work, Tai chi, fingerholds etc. to use and integrate them in her healing work (Ad3, Ad26b).

6. Ambiguities emerged at the end of the Capacitar Training

6.1 Ambiguities to practice regularly and comments of critique

Towards the end of the Capacitar Training, it seemed another small 'wave' of ambiguities emerged: Two co-researchers pointed out not feeling capable of practicing regular some of the Capacitar practices, and one co-researcher spoke about some critique about the training.

Example 1: Ariel

It helped her to differentiate her emotions, which led to a new understanding and reduced her anxiety level. She felt the fingerholds were like making lists or categories to separate the different emotions. She likes to organize and structure and the fingerholds worked in that way for her: "...fingerholds are like the physical manifestation of lists...you categorize everything...then it feels a lot better...that's what is like satisfying to me is cause I am a very organized person." (Ar9)

Ariel experienced an important shift through a certain practice, the fingerholds. It helped her to differentiate her emotions, which led to a new understanding and reduced her anxiety level. She felt the fingerholds were like making lists or categories to separate the different emotions. She liked to organize and structure and the fingerholds worked in that

way for her: "...fingerholds are like the physical manifestation of lists...you categorize everything...then it feels a lot better...that's what is like satisfying to me is cause I am a very organized person." (Ar9) However, it did not lead a continuing process and a development of a desire for self-healing and not to a desire to support the healing of others. Overall, it seemed there was more ambiguity remaining within her.

6.2 Ambiguities to conduct a group teaching project

A pressure and ambiguity remained for two co-researchers about the conveyance of a group project at the end of the Capacitar Training.

Example 1: Ariel

Ariel felt pressure and stress among the participants in the Capacitar Training about the requirement of the training to conduct teaching of practices with a group (Ar19). She felt that competition and concurrence started to arise through the heterogeneity of teaching projects being conducted. Some women started feeling inferior and experienced a decrease in self-esteem e.g. when only practicing with their families as compared to women conducting big groups. Ariel was concerned about this dynamic because she felt it was as important to share the practices with the family and to support their health/well-being (Ar21): "...people hesitated ...in sharing because there were some people who had this amazing fifty person groups...and everybody else was like, well, I did it with my daughter." (Ar20) Ariel felt pressure and ambiguity about the participants being forced to practice teaching the techniques at home with their families or others. She felt that created resistance or barriers: "...like sharing it [the practices] was when the barriers would come up...with your family...with your husband...there is something in there...ridiculous...nobody wants to do it." (Ar24) It seemed that this kind of pressure triggered Ariel's own ambiguity and resistance against practicing.

Ariel felt that there was a lack of clarity about the requirement of the conduction of a group teaching project over a period in order to learn to be a leader for others and to multiply the Capacitar practices. Not all of the participants did know this before they started the training. This fact contributed to stress and pressure (Ar22). Ariel also felt that the required time commitment for the group project created pressure for women most of them who were mother's with several kids. Ariel suggested that there should be an option, where participants could choose different levels of training (Ar23).

Example of Resonances With the Data

Andrea's experiences of crossing the border, being held by the coyotes, her family falling apart, being in a desperate economic situation with her kids, evoked in me the feeling of carrying so much desperation and sorrow that somehow I felt it in my body as a huge wound in my heart and as many tears.

Andrea's sharing of her border-crossing experiences brought strong memories to me of my time, when I lived in West Berlin (Germany) with the militarized Berlin Wall and of people trying to cross from East Berlin to the West.

Andrea opened herself up to me and her statement that she felt it was healing to her to have had the chance to talk about her experiences for the first time in her life was touching to me. I assume that Andrea's sharing of her experiences was just the beginning of her longing to give voice to them. During the interviews, I felt she was gaining strength and her voice became more and more determined. When she shared her narrative information, I felt a great deal of anger and sadness and hurt. I feel very grateful for what Andrea shared with me.

Andrea's spiritual healing experiences and Capacitar healing experiences were impressive and she could say pretty distinctly, which practices had which impact on her, but there was also an overall impact of improvement. It seemed that she had found a strong

connection to her body, her spirituality and her resources in a sense of self-healing and self-empowerment.

There have been three languages in play between Andrea (Spanish/English) and me being a Non-Native English speaker from Germany. I felt that we understood each other pretty well. I can understand basic Spanish. I realized that during the interviews, I used much more my bodily awareness when I listened to the different languages and that I was more present with all my senses sharpened to grasp every thing I could non-verbally to understand as much as possible. I felt that a bodily connection between Andrea and me was deepened and more intense. Andrea and I observed each other during the pauses, when the interpreter was translating and I perceived an expanded understanding and communication.

Example of Evaluative Information

(1) What particular Capacitar healing practices facilitated changes in the co-researcher's experience?

Andrea's account

A1: fingerholds, massage techniques; A3: Movements, A9, A10: All practices help, A10: leadership dance, tapping, fingerholds, techniques for lowering anxiety, A13: Acupressure points, Tai chi, "give and receive", back massage, hand massage; A16: Prayer in conjunction with Capacitar practices

(2) In the experience of the co-researchers, is there a need for changing the Capacitar

Training and manual?

Transcript Andrea-Interview2a, p. 9, bottom: "A. says, she wouldn't change anything...and she felt it was exactly what she needed."

(3) Potential previous knowledge of healing practices

Transcript Andrea-Interview2a, p. 8, bottom: "There is a strength running through her family in finding strength through God."

(4) Is there anything the co-researcher wants to add, the researcher didn't ask?

Andrea is thankful for having had this opportunity to talk about her experiences and to say that it has been really healing for her as well. That she could help with the researcher's work was exciting for her.

Narrative Information

A summary of the extensive narrative information is represented in Chapter 4.