Article

The Lived Experiences of Community Caregivers Who Use Integrative Mind-Body-Spirit Practices

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Abstract

This article demonstrates the use of integrative mind-body-spirit practices as experienced by a group of caregivers from a poor, working class community on the outskirts of Johannesburg, South Africa. The social work profession in South Africa has been influenced by Western models of practice that do not necessarily respond to the needs of many communities. To be more responsive to communities and to provide a holistic and integrative approach, this study demonstrates the contribution that integrative mind-body-spirit practices can make to social work interventions with communities. Sixteen women participated in a qualitative study that sought to understand how they experienced and interpreted the use and benefits of integrative mind-body-spirit practices. Interpretive phenomenology was used as the research design to explore how the participants made sense of and gave meaning to their experiences. The participants were first empowered with integrative mind-body-spirit practices and implemented these as homework over a period of sixteen weeks. The data were collected through focus group sessions, using a topic guide to facilitate the group discussions. The data were analysed using an interpretive phenomenological analysis. The findings demonstrated that the use of integrative mind-body-spirit practices provided the participants with the tools for self-healing and wellness that were self-nurturing beyond basic survival. Integrative mind-body-spirit practices provided them with tools and techniques to manage their day-to-day lives better. The author concludes that social workers must be introduced to integrative mind-body-spirit practices as an additional set of tools and techniques to have at their disposal, and that does not rely on talking only.

Keywords: integrative mind-body-spirit practices, indigenous practices, complementary practices, lived experiences

UNISA university of south africa PRESS

Southern African Journal of Social Work and Social Development
https://upjournals.co.za/index.php/SWPR/index
Volume 32 | Number 2 | 2020 | #6288 | 18 pages

https://doi.org/10.25159/2415-5829/6288

ISSN 2415-5829 (Online), ISSN 0520-0097 (Print)

Introduction and Background

In spite of the introduction of a social development approach in South Africa, social workers today still use a remedial approach to deal with the problems of individuals and their families (Patel 2015). This is modelled on a westernised approach, taken from those who have colonised many nations of the world (Ross 2010). As a result of this perspective, other forms of knowledge generation are often ignored or denigrated (Raheim and Lu 2014). There is clearly still a need for other interventions to deal with the high levels of trauma associated with poverty, escalating crime, domestic violence, child abuse, and other problems that affect all levels of South African society.

Integrative mind-body-spirit (IMBS) social work brings together conventional Western methods of social work with Eastern and African philosophies and practices. While IMBS practices have been adopted in some of the helping professions, especially in psychology and medicine, it is not as readily used in social work practice in South Africa (Bar-On 2003; Ross 2010). IMBS practices are viewed by many in the social work profession as "alternative" and "fuzzy", and consequently their effects of empowering individuals, groups, and communities are often overlooked (Turton 2018). It is my contention that IMBS practices offer an important resource for social workers which recognises, acknowledges and respects the diversity of communities. It offers social workers an additional set of tools and techniques that can be used on its own or together with conventional social work practices.

The purpose of this article is to demonstrate the lived experiences derived from using IMBS practices by a group of community caregivers. Boylorn (2012) notes that "lived experiences" are more than simply looking at people's experiences, but also how people respond to those experiences. Lived experiences focus on everyday life occurrences and self-awareness, "… and on ordinary, everyday events (language, rituals, routines) while privileging experience as a way of knowing and interpreting the world" (Boylorn 2012, 2). Through this demonstration of lived experiences, I hope to show that by empowering poor and vulnerable communities with IMBS practices, they would have the tools to live their lives with more healing and wellness, and experience a life that is self-nurturing beyond basic survival.

This article begins with a discussion on IMBS social work and provides an account of the research process. The findings reflect the lived experiences of the participants when using IMBS practices. The conclusions provide some suggestions for incorporating IMBS practices in the social work training so that social workers have a set of additional tools and techniques at their disposal, which recognises the interconnectedness of the biopsychosocial-spiritual domains in human behaviour.

Literature Review

Explaining IMBS Social Work

Conventional social work is rooted in the Western materialist world view, which holds the perspective that all our engagements as human beings take place at a material level and, as a result, even our consciousness arises from material interactions (Raheim and Lu 2014). The limitations of using only a Western-based approach, which uses talk therapy as the main mode of intervention, have been recognised, especially as it might not resonate with the realities of many communities (Cane 2000). In contrast, adopting an integrated or holistic approach recognises the interconnectedness between the physical, mental, emotional, and spiritual dimensions of our lives. It recognises that when one dimension is out of balance, it affects the other dimensions (Lee et al. 2009; Raheim and Lu 2014). In this regard, an IMBS approach "seeks to restore connectedness and facilitate a state of harmony and balance between [mind-body-spirit] and between the individual and other individuals, community, and cosmos" (Lee et al. 2009, 53). Supporting clients and communities in regaining some level of harmony and balance in the different dimensions of their lives is an important part of the social worker's role.

IMBS social work is an approach that has fairly recently developed in the social work profession (Lee et al. 2009). It is the groundbreaking work on IMBS social work that has laid the basis for developing an approach that has, as its goals, to "1) promote balance; 2) foster strength, and 3) facilitate meaning-making" (Lee et al. 2009, 305). The IMBS approach has a growing evidence base, "… that affirms the IMBS connection and the dynamic interplay between individual well-being and the physical and social environment" (Raheim and Lu 2014, 288).

IMBS social work attempts to expand beyond existing social work practice models and integrates a holistic orientation based on the traditions of Eastern and African philosophies and therapeutic techniques to create effective, positive, and transformative changes in individuals and families. Lee et al. (2009, 46) note that, "by utilising strengths, appreciating life, making meaning, and reconnecting with their resilience and inner healing abilities, IMBS social work creates a transformative context for individuals and families going through problems of living."

Types of IMBS Practices

There are many practices that incorporate mind-body-spirit work, for example:

- Meditation: breathwork, meditation, mindfulness – these practices have been known to contribute to a person's physical, emotional, and psychological well-being. They have also been used to alleviate suffering and promote healing (Kabat-Zinn 2018).

- Movement: yoga, tai chi, qigong, dance – these practices bring balance and harmony back to the body-mind-spirit. With the flowing movements of tai chi, for example, tension, negativity, and stress are released (Cane 2000; 2005).
- Visualisation: mental imagery – this technique focuses your imagination on what you would like to happen in your life. Visualisation is seen as similar to meditation but in this, you focus your mind on creating a specific outcome and it encompasses various relaxation techniques (Lazarus 2016).
- Touch: hand massage, acupressure, reiki, Emotional Freedom Technique (EFT) and fingerholds to manage emotions – touch has always been viewed by ancient traditions as a form of healing. Acupuncture is using finger pressure on specific points to unblock, balance, or increase the circulation of energy in the body. Acupressure is linked to traditional Chinese medicine (Cane 2000). Reiki is a form of channelling energy to stimulate the integration of mind, body and spirit (Miles and True 2003). EFT and fingerholds are helpful when someone is experiencing overwhelming emotions, sensations, or trauma responses.
- Sound: drumming, singing, mantra, dance, music – Cane (2000; 2005) sees movement, dance, and music as essential to indigenous and grassroots cultures. These are powerful ways to release traumatic stress and balance energy. In many African societies, "people traditionally used to gather, share ideas, and sing and dance together in an attempt to communicate with the [ancestors], especially during times of adversity" (Sandlana 2014, 541).

While the use of these practices cannot remove the problems of everyday living, it does provide people with the tools to cope better with their lives and to create a sense of peace and wholeness.

Evidence for IMBS Social Work

Even though IMBS is often perceived as "fuzzy" and intuitive, there is significant evidence that supports the efficacy of IMBS approaches in treating conditions such as depression, anxiety and several trauma-related conditions (Lee et al. 2009). We understand in South Africa how poverty can be a traumatic experience for many people. A study by Collins et al. (2010, 2) found that families living in poverty often encounter multiple traumas. These authors have further noted that families living in poverty are "less likely than families living in affluent communities to have access to the resources that may facilitate the successful negotiation of their traumatic experiences. Thus, many families have difficulty adapting" (Collins et al. 2010, 2).

Several studies have shown that IBMS approaches can be effective, for example, acupuncture, mindfulness meditation (Froeliger et al. 2012; Garland 2012), qigong, and yoga (Coffey and Hartman 2008), and drumming and dancing (Cane 2000; Monteiro and Wall 2011; Wilson 2017). Further studies which provide empirical evidence to demonstrate the efficacy of using IMBS practices in social work can be

seen for example in the use of meditation with female trauma survivors which had a positive impact on the clients' mental health outcomes (Lee et al. 2009). In research on the use of breathwork as an additional option for treating depression and anxiety, it was found that "a standardised breathwork approach based on the conscious connected breathing pattern, mindfulness, and relaxation … can be used in the treatment of anxiety and depression" (Lalanda et al. 2012, 117).

In a further study which explored the feasibility of IMBS practices to enhance the mental health and quality of life of a group of women who were not coping with their multiple roles, it was found that the use of IMBS practices brought about significant positive changes in daily functioning "by building a resourceful inner-self, women learned to appreciate their selves, regardless of the unpredictability of life and the feelings of being out of control" (Lee et al. 2009, 271). Finally, in a study of the lived experiences of traditional African dance and music, Sandlana (2014) found that dance and music promoted identity development and that self-discovery occurs through mirroring oneself in the opinion of group members, and provided the mechanisms necessary for the maintenance of harmony between the body, mind and the ancestral spirits.

Despite the evidence base and synergy with complementary and indigenous practices, IMBS remains marginal which is a major impediment to providing integrated and holistic services to communities. IMBS is in greater alignment with indigenous and traditional healing approaches than it is with conventional approaches of social work practice. However, it has not been incorporated into the training of social work students in universities and colleges in South Africa. In a study done by Soji (2017), he explored the views of social work students on decolonisation and indigenisation of social work education and practice. He found that "the current curriculum [is] not reflecting values, norms and ways of life of all, indigenous knowledge is negated … other knowledge (African and indigenous) is seen as inferior and therefore not recognised …" (Soji 2017, 10).

Raheim and Lu (2014) designed a special course in which students were introduced to IMBS practices. The students had to reflect critically on the IMBS approaches and integrate these into their social work practice. A pre- and post-course survey was undertaken to review their knowledge gained from the course, and how IMBS practices relate to social work (Raheim and Lu 2014). The results of the survey showed that students learned to recognise the holistic framework of IMBS practices, and that adding the spiritual aspect to mind and body practices completes an individual and therefore society as a whole, and that "body-mind-spirit practices … match more culturally competent [practice] when dealing with diverse populations" (Raheim and Lu 2014, 295).

Methodology

This study used a qualitative approach to explore how the participants made meaning of and interpreted their own lived experiences, which are often socially determined (Creswell 2014). The design for this study was interpretive phenomenology, which focuses on people's subjective experiences and interpretation of the world. In doing so, it attempts to "understand the people they observe from those people's own perspectives, their own feelings, their views of reality and the meaning that they give to this" (Rubin and Babbie 2010, 218). IPA explores in detail how participants make sense of their experience of a specific phenomenon, and the meaning that they give to it (Loo 2012; Smith and Osborn 2003). IPA is phenomenological because it is concerned with a participant's subjective account of an experience. It is also interpretive because it explores the "participants' experience, understandings, perceptions and views … participants seek to interpret their experiences into some form that is understandable to them" (Brocki and Wearden 2014, 3). Integral to this is the researcher's own interpretation of the participant's meaning ascribed to a phenomenon.

I used purposive sampling which is said to be most appropriate when one needs to study a specific group, particularly when it is a more in-depth study that takes place over a period (Rubin and Babbie 2010). The first stage of sampling was to identify a community in South Africa suitable for my research purpose. I required a host organisation that could provide me with access to a community and to caregivers. I approached the South African Catholic Bishops' Conference (SACBC), a faith-based NGO that has an AIDS office, which helps to coordinate the Catholic Church's response to HIV and AIDS. The SACBC works through caregivers in various communities, and their focus is on orphans, vulnerable children, and their families. With the assistance of the SACBC, I selected Ga-Rankuwa, a community on the outskirts of Pretoria, which was both suitable and accessible. As the second stage of sampling, I needed to identify one community group from among the various community groups in Ga-Rankuwa for inclusion in the study. The SACBC provided me with access to the Rutanang AIDS Project, which is a community-based organisation in Mmakau village (Bakgatla-ba-Mmakau), a township in Ga-Rankuwa.

The participants consisted of 16 women who all agreed to participate in the study. They were all caregivers from Mmakau village (Bakgatla-ba-Mmakau), which is a poor, working class community. All the participants were black women between 26 and 51 years of age, and who met the following criteria: they were caregivers who were part of a community group and involved in caring for vulnerable people in the community. They were willing to commit to participate in the training and practise what they learned by using the practices for their own self-care. The participants had not been exposed to these IMBS practices before. They were insular because of their lack of access to resources, and were not engaged much beyond their immediate area. They were quite "traditional" and conservative in their approach. English was not their

first language and we worked with a translator during the feedback sessions which meant that they were not hindered in explaining and describing their experiences.

A training programme was run with the participants. This consisted of face-to-face contact sessions during which a set of IMBS practices were taught or transferred to the participants. These practices (as noted in the types of IMBS practices in the literature review) included mindfulness meditation, breathwork, tai chi, self-acupuncture, emotional freedom technique, fingerholds to manage emotions, and relaxation techniques. In addition, indigenous practices such as drumming and dancing were used. This intervention took place over five sessions, spaced approximately two weeks apart. The participants were given "homework" to practise what they had learned as a way of internalising these practices. They were asked to apply the IMBS techniques in their everyday contexts.

The first session introduced some of the IMBS practices. Each session thereafter started with a debriefing, when the community group shared their experiences of how they had used the practices during the two weeks since the last session. The purpose of these debriefs was to produce practical knowledge that is useful for people in their everyday lives. Using the theory of action and reflection, this iterative process enabled the group to create new ways of understanding their experiences (Besthorn 2001; Reason and Bradbury 2008).

Hence, over a four-month period, the data collection was interspersed with the intervention, which consisted of five focus group discussions, ranging in duration from two to three hours each. These sessions consisted of feedback on how the participants used the practices, followed by revision of practices done the previous week, or introducing new practices. I continued with data collection a month after the final intervention and then again, two months later. The purpose of this was to assess the extent to which the participants had continued to implement these practices and to see how they were trying to integrate these into their lives and work.

Focus groups were the primary source of data collection. A topic guide was used to collect the data. Some issues that were dealt with included asking the participants to indicate what practices they used for themselves, what effect these practices had on them and whether they were useful in resolving an issue that was being dealt with.

I used interpretive phenomenological analysis (IPA) methods to analyse the data from the participants. Smith, Flowers, and Larkin (2012, 69) describe IPA as a set of common processes and principles that are applied flexibly according to the analytical task. IPA explored in detail how participants make sense of their experience of a specific phenomenon, their lived experiences and the meaning that they give to it. Integral to this is the researcher's own interpretation of the participant's meaning ascribed to a phenomenon. This means that there were joint reflections of both participant and myself, as researcher in the analysis of the experience, and that I was

also attaching meaning to the experience of the participant. (Biggerstaff and Thompson 2008; Roberts 2013; Smith and Osborn 2003). The following steps for IPA analysis (Smith, Flowers, and Larkin 2012) were followed: reading and rereading the transcripts, initial noting, developing emergent themes, searching for connections across emergent themes, moving to the next case (in this case the transcript), and looking for patterns across cases or transcripts.

Trustworthiness was ensured in this study by using the four main dimensions of rigour: credibility, transferability, dependability, and confirmability (Lincoln and Guba 1985). I ensured the credibility of my study by prolonged engagement and member checks. I examined the consistency of the data from the different sessions, at different points in time, and by comparing the participants' different points of view. For transferability and dependability, I had a detailed description of the methodology and the findings, including quotations from the participants that were cross-referenced to the original transcripts. For confirmability, I kept an audit trail and, when analysing my data, I made reference to the line number to which I referred so that it could be easily traced back to a specific session, a specific line, and a specific person, and this could then be traced back to the audio-recordings. I used a reflexive journal in which I documented my views and feelings as the process unfolded (Lincoln and Guba 1985).

An ethical principle to which I adhered to was to avoid any harm to the participants while conducting the research. Participation in the study was voluntary, and I explained all the steps in the letter of informed consent to the participants before they agreed to participate and signed the form. All information received during the study was treated as confidential (Banks et al. 2013). If the participants became distressed beyond what could be contained within the intervention, they would have been referred for counselling to a nearby service provider. In addition to the more principled approaches to ethics, there are aspects that fall within the ambit of the ethics of care (Noddings 2005). The issues of social positionality, relationship with the participants, and being respectful of working in an indigenous and cross-cultural context were adhered to. Although there was no payment given to the participants, they did give a considerable amount of their personal time to the research and one way in which I demonstrated gratitude and indebtedness towards them was by providing the refreshments for teatime, and a lunch on the last day. Ethics approval was obtained from the Faculty of Humanities Research Ethics Committee at the University of Johannesburg.

Findings and Discussion

This paper reports on the lived experiences of the participants, during and after using a selection of IMBS practices. These practices are within the domain of the types of IMBS practices as explained previously. Six themes emerged from the findings: stress, physical symptoms, feeling calm and relaxed, feeling energised, personal and emotional growth, and forgetting our problems.

Stress

By the third session I realised that the participants used the word "stress" in all their feedback. In explaining the use of the practices, they would usually start by explaining that when they were "stressed" by something, they would use these practices. I realised that the word "stress" for the participants meant a lot more than the word implied, and this compelled me to gain a better understanding of the concept of stress, particularly in relation to vulnerable communities in South Africa. I, therefore, began to explore this concept more with them.

A few comments related to not having money for food. For example,

> My biggest stress in life is when I am worried about food in the house and money and that is the biggest stress. (P9)

Another participant noted,

> The biggest secret I want to share is that my husband is unemployed and so if I do not have money then I do not have any food in my house. My stress goes really high and I cannot even hear anything that anybody says. (P15)

In this regard, it seems that what the participants referred to as "stress" was created by stressors that were structural, such as poverty and unemployment. The Tavistock Institute notes that families from poor backgrounds are poor because of systemic and societal issues such as a lack of education, access to healthcare and employment. As a result, they are not provided with opportunities to escape poverty. Poverty often combines with other aspects of life, which then become a vicious cycle that snares people, often for life, leading to a high rate of impoverishment (Stock et al. 2015). Another key stressor that was evident was stress created by relationships with partners and children. Comments that were more relational include,

> Sometimes the stress comes from your husband because you do not get the care, the tender care and the love that you want in the house. (P15)

Another participant mentioned

> Sometimes in the household when you live together and you are always fighting, there are always disagreements and even the kids they are fighting so that can also cause stress. (P10)

The link between poverty and personal relationships showed that the stress of living in poverty brings the added risk of relationship breakdown, which in turn can increase poverty. Stressful life events played a significant role in negative life events such as assault, robbery, divorce, abusive relationships, domestic violence, and social strains such as those caused by poverty and unemployment (Seedat et al. 2009; Stock et al. 2015). The word "stress" therefore, underpins much of the explanations that follow.

Physical Symptoms

The feedback received from some of the participants in the second session indicated that they were experiencing pains in their bodies. These pains were not only in the more common areas such as the shoulders, legs, arms, and head, but some participants complained of pains in their chests when they did the breathing exercises. For example, "When I do the breathing exercise, it is just so painful" (P12). Another participant said, "I felt like I have rocks on my shoulders" (P3).

Tension and stress are often reflected in sore and painful shoulders, as noted by the adage, "carrying the world on your shoulders". However, by the third session, it had become apparent that, despite the initial pain they experienced in their bodies, the participants who had continued doing the practices began to see the effects on themselves, and the physical symptoms began to change. For example,

> I used to feel pain by the arms but when I was doing [the practices] and especially when I tapped under by the shoulder blades, and after doing it a few days, I could feel a difference and that the pain was less. (P5)

Another participant said

> So when I first started doing [the practices], I had stress and I had headaches. I did it for a few days and then it felt better and I could see the difference and even when I got to the shoulders I felt that heaviness was going and I felt like I was in a different world. (P8)

It is not uncommon for changes to happen as the participants begin to feel the positive effects of the practices and their body pains begin to diminish, or even go away completely. Bodily pains are often blockages of energy which manifest as tightness, constriction, pain, congestion, knots "… in the emotional and mental layers of the energy field which manifests as depression, anxiety and other forms of mental illness" (Cane 2005, 8). With continued use of the practices, the participants started feeling reduced levels of body pains and, in some instances; they reported that they were no longer feeling the pains they had initially felt.

Feeling Calm and Relaxed

The participants gave various examples of feeling calm and relaxed after regular use of the practices as shown in the following comments: "The breathing exercise helped me to feel relaxed and manage my stress" (P9), while another noted "Using these practices has helped me a lot because now I am able to sleep better" (P14). Another participant said, "Doing these [IMBS] practices is good for relaxing the body. My muscles feel refreshed and I was relaxed" (P11).

Feelings of being calm and relaxed can be explained with reference to the autonomic nervous system. The sympathetic nervous system creates a "fight or flight" response

and causes a rise in blood pressure and shallow and rapid breathing. Conversely, the parasympathetic nervous system controls our responses, slows and deepens our breathing, slows our heart rate, and drops our blood pressure, leaving the body in a state of calm (Carney, Freedland, and Veith 2005; Manga 2017).

These comments indicate that when the participants did IMBS practices, it influenced how they were feeling and managing their stress levels. Breathwork and teaching the participants the importance of breathing are integral to many of the practices. The basic premise is that the more we breathe properly and consciously, the more we can feel calm and relaxed. The participants were therefore reporting that the regular use of these practices made them feel calmer and more relaxed.

Feeling Energised

The practices started making a difference to the participants' energy levels, as expressed by the following: "Afterwards I felt good and stronger and more energised" (P1). Another said, "After doing the practices I started having more energy and feeling refreshed" (P10). Another participant said

> I did [IMBS practices] on myself because I had stress. When I start doing the exercises the stress goes away. Even the tiredness goes away. It helps me a lot, that's why I do it every day … then I also have energy to work. (P13)

It seemed that the participants felt weighed down by their daily life experiences. They went about doing their caregiving work, but often looked tired and listless. IMBS practices teach body literacy, helping people to understand what is happening in their bodies as a result of stress or trauma (Cane 2005). By learning these practices, they are empowered to be in charge of their own self-care and healing.

Personal and Emotional Growth

The term personal and emotional growth is used to describe one's ability to form close and secure relationships and to use one's emotions productively in interactions with others (Hartshorne and Hartshorne 2011). The participants noted that the practices had helped them to respond differently to how they had responded before. Some of the comments include,

> Before when I was angry or irritable, I would shout at people. Even with the people I work with I would do this. I would shout at them and tell them that I don't like what they did. (P14)

Another participant said,

> Even my kids know I used to hit them when I was angry, now I don't do that anymore. (P1)

The expression of anger from a few of the participants could be attributed to their own state of hopelessness and feelings of subordination, not only at a macro level but also at a micro level, within their homes (Steven and Gilbert 2002). After experiencing the IMBS practices, the participants were able to use these to bring about a sense of inner peace that allowed them to handle their life situations differently.

Self-confidence emerged as an important aspect, with the participants saying that the practices had helped them to become more self-confident and had given them a voice. For example:

> I feel better about myself. I am doing these exercises a lot and feel more confident about myself. (P12)

> Doing these practices, I feel more focused and it makes me approach every situation differently compared to before where maybe I would be like stammering not knowing what to say. (P4)

One participant, who was shy and could not speak around people, noted the following:

> I learnt about self-confidence but also about just being around people, to share with people and talk to people, and be open. Especially in my situation that I've been in, I couldn't talk to anyone about it. But I've learned to be open to people and be around people. (P2)

Improved self-confidence, especially for women, has relevance in two ways. First, in their personal and intimate relationships, they are better able to believe in their own value and negotiate the terms of their relationships. This is especially important in the context of their culture and patriarchy. For a woman in a relatively conservative context to say, "it brings back my voice" is a powerful statement. Women often lose their ability to speak out as a result of feeling disempowered. When a woman finds her voice, it "indicates a sense of self-worth and self-efficacy" (Turner and Maschi 2015, 157). Second, having the confidence to be around other women, and being open to share with other women, removes the alienation that many women experience. It creates a spirit of sisterhood and camaraderie and is an empowering experience for a woman. This was evident throughout the sessions.

Forgetting our Problems

Several participants referred to the practices as helping them to forget their problems. This was of interest to me, because the intention of these practices is not to forget one's problems, but instead to be empowered and better able to manage the stress associated with these problems. Comments related to forgetting problems include: "These practices helped me to manage my stress. It also helped me forget the problems that I have" (P13). Another participant noted, "The exercises are one that makes me to forget everything that runs in my mind on a daily basis" (P9).

Within the participants' context, I see their reference to forgetting meaning that they are so overwhelmed by the adversities in their lives that it is sometimes good just to forget about their problems. The practices have helped the participants to feel calmer and more relaxed; they become less overwhelmed by their day-to-day problems, and in this way, they feel that they are forgetting about their problems. In a sense, forgetting provides them with the space to recoup and rejuvenate, and then to find ways to deal with the most pressing issues they face, such as finding the means to feed their children, in this way "forgetting our problems" becomes a form of resilience (Van Breda 2020).

In their seminal work on IMBS social work, Lee et al. (2009) provided empirical evidence to support the use of IMBS practices, and the positive impact it can have on a client or community's well-being. In this study, the practices were positively associated with the increased resilience of the participants in the face of stress and adversity and lowering levels of anxiety.

Conclusion

The purpose of this paper was to demonstrate the contribution that IMBS practices can make to holistic social work interventions with communities. This has been demonstrated by the lived experience of members of a vulnerable community. The participants were empowered with body-mind-spirit practices that provided them with tools and techniques for self-care and self-healing and in this way, they could manage their day-to-day lives better. The change among the participants was remarkable and happened rather quickly. The effects of body-mind-spirit practices are usually expressed in more subjective ways, as has been evident in this study. They include feelings of well-being and using words such as "calm", "relaxed", and "energised". What is further evident is the personal and emotional growth of the participants. These practices have helped them to become more assertive and confident and, in turn, have improved their self-esteem. This is an important aspect of emotional growth: to be able to recognise what one is feeling, and then to develop effective ways of managing the feelings. The participants have demonstrated that the use of IMBS practices helped them to find more effective ways to create and to share meaning in their daily experiences.

These practices can have a quick effect, as demonstrated in this study, and can bring about changes to the individual almost immediately. IMBS practices could be taught and demonstrated without the need for a common language, making them more accessible to the participants. In some cases, especially when dealing with trauma, these practices are very effective; while in other situations, they might not be the best approach. The use of IMBS practices does not take away the problems of poverty, unemployment, and abuse, but it does provide tools and techniques for self-care and self-healing. In spite of the participants' hardships and traumatic experiences, they would be emotionally and physically better, more at peace and confident. Burnett-

Ziegler et al. (2016, 115) note that "mind-body approaches offer a potentially more accessible and acceptable alternative to conventional treatment." They note further that IMBS approaches may be especially relevant to people in poorer communities, who are less likely to go for conventional approaches. In promoting a holistic approach, IMBS practices are easily accessible to poor communities who do not have easy access to psychosocial support services.

IMBS practices can provide temporary relief to individuals and families who can, once they have the techniques, use them at any time. When individuals feel less desperate, less stuck and less stressed, they are able to access other internal and external resources and deal with their problems with a different sense of purpose and meaning. It is this sense of purpose and meaning that is integral to IMBS practices in its broadest sense. In addition, these practices contribute towards the participants' empowerment and giving them a voice. The original contention, that by empowering communities with IMBS practices they would have the tools to live their lives with more healing and wellness has been demonstrated in this study. This process of self-care carries the notion that if the participants are better able to deal with their problems of everyday living, they are better equipped to be of service to others.

Implications for Practice

Some implications for social work practice emerge from this study. IMBS social work adopts approaches that are non-Western and as such, it is an important part of decolonising and indigenising the social work curriculum. As social work educators we should incorporate different ways of knowing and doing into the social work curriculum so that students have the knowledge and tools to tailor their interventions to suit the context and to empower people to take control of their lives. Just as we introduce students to a range of therapies such as talk therapy, play therapy, and cognitive behaviour therapy, so too should IMBS practices be introduced. These can be in the form of electives and become an integral part of the social work curriculum. It paves the way for innovation and creativity in social work practice; it co-creates with conventional social work approaches and brings about new wisdom for working with vulnerable communities in South Africa. This paper provides an opportunity to explore one example of how to decolonise and indigenise social work practice.

It is important to consider these approaches because to do so is consistent with the values, goals, and principles of the social work profession. It means that we understand and respect that there is not just one way to help a client, family, or community. It is empowering people, respecting diversity and using mind-body-spirit and indigenous knowledge. The South African Council for Social Service Professionals as the body that guides and regulates the profession of social work should adopt, incorporate and mainstream IMBS social work into social work training and practice. As a profession (policymakers, educators, and practitioners), we have to transcend our usual way of thinking about social work services, and find the spaces

and forums where we can engage in respectful dialogue on other approaches such as IMBS practices. Further research should be conducted into the area of IMBS social work, which is hugely under-researched in South Africa.

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