

WALKING THE LABYRINTH: ENHANCING SPIRITUALLY SENSITIVE CLINICAL PRACTICE

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The author's initial introduction to walking the labyrinth occurred during a time when she experienced vicarious traumatization. Her own walk prompted her to explore how this ancient spiritual tool could be used in her clinical practice when working with clients addressing the sequelae of trauma, as well as the variety of ways in which clinicians are incorporating the labyrinth into their work.

Introduction

Incorporating spirituality in my professional practice has served to empower both my own life and the lives of clients I serve. Introducing the labyrinth to clients has served as a significant means of integrating my clients' spiritual perspectives in our work together. In this narrative, I will address the application of this ancient spiritual tool to enhance spiritually sensitive clinical practice. I will describe the labyrinth and document its origins and healing properties. My initial experience of walking the labyrinth occurred during a time when I was profoundly impacted by the stories of trauma from the clients I served, and I was prompted to explore how the labyrinth could be used to complement other therapies when addressing the sequelae of trauma. After sharing my experience, I will discuss the appropriateness and relevancy of walking the labyrinth for spiritually sensitive clinical practice and document the variety of ways clinicians are incorporating the labyrinth in their work. In writing about its healing process, I hope to honor the spirit of walking the labyrinth by integrating and sharing what I have learned. I also hope to inspire other clinicians and clients to walk its healing path.

The Origins and Resurgence of the Labyrinth

The labyrinth is an ancient spiritual tool that has been in existence for thousands of

years, and its form is found in almost every religion. It has been used for prayer, ritual, initiation, and personal and spiritual growth. Christians in the Middle Ages walked the labyrinth as a symbolic pilgrimage to Jerusalem. Its form contains a spiral (universal symbol for growth and transformation) within a circle (universal symbol of life and wholeness). A labyrinth is different from a maze, which is multicursal, offers a choice of paths, and consists of many entrances, exits, and dead ends. The maze taunts, teases, and challenges its walker. A labyrinth, in contrast, is unicursal. There is one way in and the same way out in reverse. A labyrinth functions like a spiral, creating a vortex in its center as its path, in and out, unfolds clockwise and counterclockwise. A labyrinth graces its walker. There is no wrong way to walk it; one must simply choose to enter and walk its healing path (Artress, 1995; West, 2000).

Labyrinths come in all shapes and sizes; however, the two types of labyrinths most utilized today are the Classical and the Chartres. (For a picture of the labyrinth styles, please refer to www.labyrinthociety.org and click on "about labyrinths"). The Classical is a seven-circuit labyrinth originally found on the Isle of Crete, home to the mythical Minotaur. It is the most universal form of the labyrinth and dates back over 3500 years (West, 2000). In comparison, the forty-two-foot-in-diameter labyrinth found on the floor

of Chartres Cathedral in France was created during medieval times and has eleven circuits that wind through four quadrants in a non-linear way. A Christian pattern of the cross is visible within its pattern. The Chartres labyrinth incorporates sacred geometric principles in its design. Larger than the Cretan form, its path in and out is one-third of a mile in length and takes approximately fifteen to twenty minutes to walk (Artress, 1995).

The practice of walking the labyrinth is currently experiencing resurgence. Reverend Lauren Artress, Canon of Grace Cathedral in San Francisco, reintroduced this ancient spiritual tool to modern day spiritual practice in the 1990's. She initially painted onto canvas the Chartres labyrinth design and began to facilitate workshops which enabled others to experience its healing path. A permanent outdoor labyrinth, made of terrazzo stone, located near the Grace Cathedral doors, became the first public labyrinth in North America and is available to be walked twenty-four hours a day. Reverend Artress also created Veriditas (1996), a not-for-profit organization, whose vision is to activate the human spirit. Its mission centers on the labyrinth experience as a vehicle for personal healing and growth, a tool for community building, an agent for peace, and a metaphor for life. Veriditas also maintains a worldwide labyrinth locator. Today, labyrinths are being built in a variety of settings, which include churches, retreat centers, hospitals, university campuses, public parks, and street scapes as well as private spaces. In addition to numerous websites, there are many books that provide suggestions for how to create and use this tool for personal and communal transformation (Artress, 1995; Curry, 2000; Geofferion, 1999, 2000; Sands, 2001; Schaper & Camp, 2000; Simpson, 2002; Stone, 1998; West, 2000).

Walking the Labyrinth

During the time that I was actively addressing and healing from the impact of vicarious traumatization in my professional and personal life, I was fortunate to be part of a weekend retreat, organized by our hospital chaplain, in which staff members came together to create and walk a Chartres-style labyrinth. In anticipation, we first gathered together to share why we had elected to be part of this creative endeavor. Most shared both personal and professional reasons: to learn how the labyrinth could be used in clinical practice as well as to personally experience its healing power. A sacred place was established with the use of a Tibetan bell. Each person rang it before speaking, as a way of ushering in the authenticity of the words spoken and the respectful listening in response. Next we created, on a mammoth canvas that covered most of the gym floor, a human compass and masked off the twelve concentric circles to outline our labyrinth. Soon, the labyrinth path was completed. We prepared for our entrance into the labyrinth by walking around it, hands held together. We sang a simple chant and a dance movement was introduced. Its impact was soothing and invigorating. By moving to a common rhythm our bodies and breath were in sync. We entered the labyrinth for the first time hand in hand, as a human chain, and then again in succession, hands apart, as a community of walkers following the same path at the same pace. The journey into the labyrinth was analogous to the journey of life. I felt, as our bodies moved as one down this uncharted territory, that I was not alone. Others, too, grappled with unanswered questions, and I did not have to find answers on my own.

In the afternoon, we had the opportunity to walk the labyrinth at our own pace and reflect contemplatively on our individual life journey. The path was graced with votive candles at every turn. In the center, a bowl of water was placed for cleansing, a candle for

burning, and a bowl to place an offering, to be used if desired. We were encouraged to walk at our own pace, mindful of our own natural rhythm. When we passed fellow walkers, whether moving on ahead or moving in the opposite direction, acknowledgement was given with the Sanskrit greeting 'Namaste,' which we were told means 'the spirit in me honors the spirit in you.'

There are three stages of walking the labyrinth: purgation, illumination, and union. The walk to the center is the first stage of purgation. This is the time to purge, shed, release, and empty, to let go of blockages, which can include prejudgments, attitudes, and stereotypes. It is a time to quiet the mind and experience whatever thoughts and feelings arise. Illumination is the time spent at the center in meditation or prayer, presenting oneself as an open receptacle for whatever wisdom, inspiration, or message is forthcoming. Union occurs as one exits the center and walks out of the labyrinth, preparing to integrate and actualize the insight gained in one's life (Artress, 1995; Ryan, 2001; West, 2000).

Following this orientation to the labyrinth, I will share the issues that I faced as I initially walked its path. My experience walking the labyrinth served as a context in which I was able to integrate my healing from vicarious traumatization, and it encouraged me to seek ways to use the labyrinth to enhance my clinical work with survivors of trauma.

My Story

For ten years I worked in a six-week inpatient hospital program for adult survivors of trauma. I was touched deeply by countless stories of personal trauma that revealed the dark side of human nature. I experienced vicarious traumatization, what Saakvitne and Pearlman (1996) refer to as the transformation of the clinician's inner experience as a result of empathic engagement with trauma survivors and their stories. Just as non smokers

experience secondhand smoke from smokers, therapists experience secondary trauma from exposure to their clients' traumatic experiences. Exposure to another's trauma shatters three basic assumptions: the world is benevolent, the world is meaningful, and the self is worthy (Janoff-Bulman, 1992). I recall the moment when I knew that I was no longer helpful to my clients: I was supervising a master's level social work student who was giving a psycho educational presentation to our program's clients on the dynamics of domestic violence. I knew intellectually that the presentation was not addressing how one could recognize and then exit out of and/or prevent domestic violence. The clients began to express their feelings of frustration and hopelessness. I mirrored their feelings and thought to myself, "There is no hope, there is no safety." My basic assumptions were shattered, and I found myself struggling with unanswerable questions and deeply saddened. I was powerless to intervene.

My typical style of coping is what I refer to as the Olympic Style—to just try faster, farther, and stronger. This was reinforced in my discipline of endurance as a marathon runner. Just as the right combination of rest, training, nutrition, and mental preparedness could ensure running a good race, I thought that if I just read more, worked more, found that golden technique or theory, I would be effective clinically and ease my despair. This approach did not work as every day my body felt like it had just run a marathon, and, in fact, I could no longer run. My legs were heavy and running for an hour necessitated sleeping for three to recover. My spirit and body were exhausted.

As I stood at the threshold of the labyrinth, waiting my turn to walk at my own pace among my colleagues that afternoon, I was unsure what to expect. I did, however, trust its grace. I silently released my anguish for the broken spirits of the clients I worked with, my anger regarding the human capacity

to inflict cruelty, my feeling of tremendous insignificance that I could do anything about it, as well as my fear that I was not worthy of safety, peace, and personal happiness. At the center, I symbolically offered to the flame my despair and I dipped my hands in the cleansing bowl of water. As I stood in the center, I felt my Olympian persona begin to melt. As I walked out, I found myself relaxing and walking at a pace that made me feel grounded, and I was aware of the strength moving up my legs as I simply took one step at a time.

After emerging from the labyrinth, we had time to express our experience of the walk through drawing. A few months earlier I had done a quick visualization exercise called The Cube (Gottlieb, 1995). The visualization consisted of imagining elements in a desert landscape, and each element represented something about one's life: a cube, a horse, a ladder, flowers, and a storm. I remember crying for three days after I read the interpretation of my image at the back of the book. My cube, the same color as my terra cotta desert, merged into the landscape and had no definition. My horse was not an ordinary riding or working horse: it was Pegasus. Rather than being firmly grounded, my ladder floated and danced in the sky. My flowers were wild and scattered, not contained and nurtured by me. The storm destroyed my flowers. I did not know how to simply be, to give and receive nurturance in spite of the storm, knowing that I could be sustained by the love and attention of others and a compassionate God who cared. In wonderfully bright and earth-colored pastels, I transformed that image. I drew a large, red-rock desert landscape, with a cube of white alabaster in the foreground. My horse, mature and chocolate brown, with reins loose, stood beside me. The ladder was propped securely on the cube and flowers and vegetables grew in the garden nearby. Storms of varying intensity came and went, and they were

weathered. I took the paper drawing and molded it into the form of a bowl. This represented the image of my new-found self: both surrounded and contained, as well as open and receptive, with gifts to offer to those who approached me.

Healing from Trauma

Healing from vicarious traumatization parallels healing from trauma. Healing from trauma has been identified as having three stages: the establishment of physical, emotional, psychological, and moral safety; remembrance and mourning, during which one acknowledges and is able to process the traumatic experience; and reconnection (Herman, 1992). Reconnection involves crucial spiritual themes.

Having come to terms with the traumatic past, the survivor faces the task of creating a future. She has mourned the old self that the trauma destroyed; now she must develop a new self. Her relationships have been tested and forever changed by the trauma; now she must develop new relationships. The old beliefs that gave meaning to her life have been challenged; now she must find anew a sustaining faith. These are the tasks of the third stage of recovery. In accomplishing this work, the survivor reclaims her world. (Herman, 1992, p. 196)

The experience of walking the labyrinth offered both a process and a container for working through this third stage of recovery. In my own healing from vicarious traumatization, the labyrinth served as a vessel from which I emerged feeling soothed and nurtured. The experience of walking the labyrinth provided an opportunity to synthesize the various steps I had taken for recovery, to create meaning of my personal and professional struggle, and to ready myself to reengage in my work with trauma survivors. I continue to walk its path.

After walking the labyrinth, I became very curious about ways to introduce the labyrinth as a tool to complement the therapies offered to clients healing from trauma. I researched the literature to more fully understand the healing properties of the labyrinth, to inquire about its appropriateness in enhancing spiritually sensitive clinical practice, and to learn how clergy and mental health practitioners were using the labyrinth with clients. I discovered that the labyrinth has a universal allure.

The Labyrinth as Archetype

Part of the labyrinth's allure is that it is an archetype with which we can have direct physical experience. Archetypes are universal forms or figures that exist independently of the human psyche in the collective unconscious and bring meaning to life experiences. Cultures throughout time have depicted sacred circles, or mandalas, as a representation of the cosmos and psyche. According to Jungian psychology, the circle, which expresses unity and wholeness, is the archetype of the Self. The spiral represents the process of healing and individuation (Artress, 1995; West 2000). The image of journey is a powerful symbol for spiritual as well as secular living; it is the arche-image for life. The questing journey is the arche-image for spirituality (Senn, 2002). The labyrinth, with its spiral path enclosed within a circle that leads its walker on a questing journey, enlivens the archetype of transformation.

All the great world religions contain teachings that articulate the journey of the spiritual seeker, of the path one must walk in order to grow in compassion and to respond to the world in wisdom and clarity (Artress, 1995). Ancient mythology, folklore, and fairy tales from throughout the world tell stories of the journeying quest (Senn, 2002). The perennial myth of transformation is found in all cultures and religious traditions that address the universal dynamic of change in human

existence (Canda, 1988). The allure of the labyrinth is that one does not have to follow a particular religious teaching, ascribe to a specific spiritual practice, or belong to a particular culture to walk its path. It is available to believers and non believers alike.

Walking Meditation

Walking the labyrinth is similar to the Buddhist practice of walking meditation during which one's focus is on the taking of each step and one's breath is controlled and regulated (Corbett, 1998). Walking has therapeutic effects, which include the decrease of cortisol levels, an indicator of stress (Jin, 1992; LaTorre, 2004). Movement removes the excess charge of psychic energy that hinders our efforts to quiet our thought processes. Walking the labyrinth gravitates one toward process mediation. This form of meditation is very similar to the use of guided imagery as the concrete path of the labyrinth symbolically represents one's own life journey (Artress, 1995). By walking the labyrinth's non-linear path, we step out of our linear mind. Focusing our attention on the winding path with its hairpin turns engages primarily our right brain. This creates the perfect state for letting go of our typical analytic ways of thinking and accessing intuition and creativity. The labyrinth experience is simultaneously kinesthetic and introspective, making it a complete mind-body integrative activity (Peel, 2004). The labyrinth offers a holistic experience that honors the body, mind, and spirit, and thus it has vast potential for its use as a healing tool in spiritually sensitive clinical practice.

Making Meaning of Our Lives

As human beings, our deepest longings are rooted in our desire to make meaning of our lives. The accompanying challenge of transformation is universal (Canda, 1988) and is salient for clients who are suffering from life altering events. The subjective experience of the spiritual quest is rooted in normal

developmental processes and provides an overarching structure of purpose to the seeker in search of meaning and transformation (Nino, 2000). Spiritual perspectives are related inextricably to clients' understanding of suffering and hope, as well as their ability to accomplish life tasks (Jacobs, 1997), and need to be incorporated into the therapeutic process. A holistic approach responds to clients' spiritual needs by including prayer, meditation, contemplation, and ritual in clinical practice (Canda, 1990). As clinicians, we are called to co-create a healing space for clients to do the work of reflection and change (Jacobs, 1997). Benedict (1995) incorporates spirituality in social work practice by creating a sacred space with clients. "Sacred space is an environment or container of safety and compassion which honors each client as a unique sacred being" that "creates the fertile ground for much healing" (p. 3). Artress (1995) describes the labyrinth as a sacred place to which walkers bring their spiritual hunger. This hunger is reflected in the need for healing, the longing to be co-creators with the divine, and the seeking of self-knowledge. The labyrinth offers both a context and a process for clinicians to utilize in the co-creation of a sacred space with clients when integrating spirituality in clinical practice.

Spirituality in Social Work Practice

The integration of spirituality in clinical practice is an important issue for clinicians and is viewed as central to the therapeutic relationship. Canda and Furland (1999) view spirituality as the heart of helping in social work practice: it is fundamental to empathy and compassion; it is integral to the vital flow of practice wisdom; and it is the driving force of service to others. Spirituality is understood to be an essential, holistic quality of every person, an aspect of a person's development of meaning, morality, and relationship with the divine, and an experience of a transpersonal nature that expands one's identity beyond ego

and social roles (Canda, 1997). Spirituality is viewed as fluid and developing, as a form of self-expression in which identity-developing experiences encourage the individual to "test and taste" oneself (Henery, 2003, p. 1110). When one views spirituality as encompassing every dimension of human life, it transcends specific spiritual practices and exists whether or not a person believes in a divine being or follows any form of organized religion (Logan, 1990).

Sheridan (2002) defines spirituality for the social work practitioner as "a search for purpose, meaning, and connection between oneself, other people, the universe and the ultimate reality, which can be experienced within either a religious or non religious framework" (p. 567). Spiritually sensitive social work practice expands the paradigm of person-in-environment to incorporate spirituality in conceptualizing the healing context of clients served. Canda (1997) describes spiritually sensitive social work practice as a helping relationship within which the worker:

...links personal and professional growth, engages in dialogue with clients about their frameworks for meaning and morality, appreciates diverse religious and nonreligious expressions of spirituality, supports creative resolutions of life crises, and connects with a variety of spiritual resources as relevant to the client. (p. 299)

The Labyrinth as a Tool for Spiritually Sensitive Clinical Practice

As a therapeutic tool in spiritually sensitive clinical practice, the possibility of the labyrinth is infinite, as its safe and neutral path can contain whatever issue the walker brings to it. It has been used by a variety of mental health practitioners, such as nurses, health care designers, chaplains, social workers, marriage and family therapists and psychotherapists in private practice,

institutional, community agency, and retreat settings. The labyrinth has been used to facilitate the solving of problems (Peel, 2004), healing from gun shot wounds (Sitzman, 1999), coping with chronic illnesses (LaTorre, 2004), increasing creativity (Geofferion, 2000), and enhancing prayer (Geofferion, 1999). It has been used to bring wholeness to cancer patients, healing to rifts in communities, strength and compassion to mourners, and reconciliation to those who are estranged (West, 2000). It has been used as an adjunct to narrative therapies and as a context for psychodrama. The clinician and client are free to be creative in their use of the labyrinth and adapt the walk to meet specific needs (Bloos & O'Connor, 2002). Clients can also walk the labyrinth in preparation for therapy sessions as well as afterwards to integrate what was addressed and prepare to reenter their day-to-day world (West, 2000). The labyrinth has also been used when working with children (Senn, 2000).

Dissimilar end results are experienced by walking different labyrinths. The Classical style labyrinth has fewer turns and long sweeping paths to the center. Walkers emerge from a Classical labyrinth in a more relaxed, extroverted mind set. It can be used in preparation for times in which one wants to present with an alert, relaxed attitude. The Chartres-style labyrinth, with its many right and left turns, balances the hemispheres of the brain and energy center of the body. Its complex path helps to quiet the mind readying it to receive insight and guidance. Walkers emerge from a Chartres-style labyrinth in a more reflective and introverted state and can benefit from quiet time alone afterwards (Artress, 2000).

There are as many ways to walk the labyrinth as there are people. The beauty and simplicity of the labyrinth is that there is no right way to walk its path. One must just choose to enter. However, there are common approaches that can provide guidelines for

the first time walker. At the threshold, take a moment of reflection. When entering, pay attention to all the thoughts, feelings, and sensations experienced and simply let them go. Ask a question, focus on an issue for resolution, or simply be open to what comes to mind. Be aware that initially walkers may feel silly or foolish. Most importantly, walk with an attitude of open mindedness, clear of having specific expectations for the walk. Walkers must be willing to hear the truth as they walk into their intention (West, 2000).

The labyrinth can also be used as a way to connect with one's physical body. For those struggling with a long term-disability or a terminal or chronic illness, or who are survivors of trauma, separation from and even contempt for the body are common sequelae. Walking the labyrinth takes on the form of a body prayer. It provides an opportunity to stand firm in the ground and to experience the flow of energy and life into the body (Artress, 1995).

A variety of other creative practices can enhance the walking of the labyrinth such as music, dance, song, creative expression through movement or drawing, and painting and sculpting. The labyrinth can also be used as a center for empowering rituals to honor milestones, initiations, and significant events in our lives (West, 2000). Although purchasing a canvas labyrinth or contracting for a permanent one to be built is possible, creating a labyrinth communally is an empowering, community-building experience.

For those who do not have access to a walking labyrinth, the use of a finger labyrinth is available. Carved in wood, sculpted in clay, drawn on paper, traced in sand, laminated on cloth, etched in glass, or provided on a website to scroll on with a mouse, the finger labyrinth provides an alternative to walking and a portable meditation tool. Rather than experiencing the labyrinth through one's legs, the fingers experience the sensation of the gentle rocking of the labyrinth's gracious

curves. Finger labyrinths can be found on numerous websites using the search word "finger labyrinths."

Facilitating the Walking of the Labyrinth

In order to facilitate the individual or communal walking of the labyrinth, it is vital that the clinician have his or her own personal experience and practice with walking the labyrinth. Part of creating a sacred space between clinician and client involves introducing the labyrinth in a manner which invites the walker to trust in a new process, in spite of natural doubt or skepticism and to be open to a new experience. The clinician draws on skills honed in working therapeutically with individuals and groups. Although certification in facilitator training is not mandatory, it is offered and encouraged. For further information about facilitator training, please see www.gracecathedral.org/labyrinth/factraining/. There is no literature at present that documents contraindications for using the labyrinth. For those with motility issues, the finger labyrinth is a substitute. The labyrinth society is beginning to serve as a central resource to develop a research base on the use of the labyrinth in a variety of settings. Please see www.labyrinthsociety.org/html/research.html for further information.

Walking the Labyrinth in Clinical Practice with Trauma Survivors

Having had a positive experience walking the labyrinth in my own journey of recovery from vicarious traumatization, and encouraged from learning how others had been incorporating the labyrinth in practice, I joined with our hospital chaplain and other colleagues to affirm integrating the walking of the labyrinth in our clinical program working with trauma survivors. The labyrinth is used formally in communal group exercises, walked independently by clients as they wish or incorporated in their individual therapy

sessions, and incorporated in communal celebration rituals. The following describes a variety of ways in which the labyrinth is integrated into clinical practice with trauma survivors.

Preparing for and walking the labyrinth provides a concrete means to create a sacred space with clients and a neutral means to introduce spiritual issues that are salient for the client in the healing process. Often, survivors of traumatic experiences feel abandoned by their own defined higher power and the labyrinth gifts the survivor with a neutral context of spirituality. It also provides a unique space in which to converse with a higher power that is separate from traditional religious spaces.

Trauma survivors may also mistrust others and resist help offered, as they fear giving up control or being retraumatized. Again, the labyrinth can provide a neutral context in which to build a therapeutic relationship. In the realm of the journey, the helper is of the archai. Helpers do not impose; they stand beside (Senn, 2002).

Starting where the client is at is an important healing principle. One can walk the labyrinth at any stage in the healing process. A client who is unsure whether or not to address a specific issue in therapy, can walk the labyrinth to gain guidance. A client who feels stuck in therapy may not figuratively know what step to take next but can, however, walk the labyrinth and keep moving and active on the journey at a time of not knowing.

Learning a variety of means of self expression, particularly with clients for whom verbal expression of affect is difficult, is also important to healing. A client who is unable to speak a narrative of his or her story can walk the labyrinth wordlessly. When shame or fear stops the sharing of his or her personal story with others, walking the labyrinth communally offers the client a shared experience with

others without necessitating disclosing the specifics of a trauma history.

The walking of the labyrinth is a client-focused intervention. The control of the process is always with the client. The labyrinth walk can be done with minimal direction from the clinician, or the clinician and client can work together to provide a context and intention for the walk. For example, when working within Herman's (1992) stages of healing, a client who is in the safety phase of healing may walk the labyrinth with the intention of focusing on the physical sensation of walking as a means of learning to be centered and grounded in the body. A client who is in the remembrance and mourning stage may walk with the intention of identifying losses at each turn in the labyrinth's path and identifying helpers that have provided comfort at each turn while exiting the labyrinth. For those in the reconnection stage, images of transformation may be a more salient focus. The intentions and ways to walk the labyrinth to address specific individual needs are infinite. Processing of the labyrinth walk can be done individually; through contemplation and journaling, it can be shared with the clinician and be central to or an addition to the therapy, or it can be shared with others in a communal fashion.

Walking the labyrinth also provides a concrete way for clients to experience the painful feelings and issues they are addressing in therapy. Often for survivors, tolerating and regulating painful emotions is an important part of the therapeutic work as all too often intense feelings in the present trigger traumatic memories and the client feels paralyzed by them. For example, a client with a history of neglect often felt in her adult life that she did not belong, that she did not fit in and was excluded by others. While walking the labyrinth in a group context, she stepped off the path and found that although others had found their way to the center, she ended up back where she started. Feelings of not

belonging and negative thoughts of "never getting it right to fit in" surfaced. In tears she voiced her discouragement. She feared that yet again she would not fit in and would be excluded from this experience. She was encouraged to stay in the present with her thoughts and feelings and to start again. This time she made her way to the center. By processing her experience afterwards, she was able to receive feedback from fellow walkers who were able to empathize with her feelings and accept her own process to get to the center. She was able to hold on to this corrective emotional experience and use it to counter her traumatic reenactments.

Conclusion

I was introduced to the labyrinth at a time when I was in the process of healing from vicarious traumatization. Although I had not suffered a primary trauma of my own, my experience of suffering and healing paralleled the experiences of the clients with whom I worked. In applying the concept of parallel process to my clinical practice within a therapeutic community milieu, I knew that what was therapeutic for me as a clinician had potential for being therapeutic for clients. This concept also holds true in reverse. I wanted to integrate my own healing experience of walking the labyrinth and provide an opportunity for clients to also walk its path to complement and synthesize the therapeutic work they were already doing. I viewed the labyrinth not as a panacea but as a useful tool. I realized that it may not be appropriate for every clinical situation and that the choice to walk the labyrinth is always that of the client to make. The labyrinth could, however, be used to enhance various forms of treatment in which spiritual issues and the need to make meaning of life events are salient.

At the hospital where I shared in creating the canvas labyrinth, the practice of walking the labyrinth has been embraced. A permanent one has been built, composed of a limestone

walkway between low-lying vegetation, and is located near the healing garden on the hospital grounds. It is readily available for staff and clients to walk when moved to do so; it is used in conjunction with individual, group, and family therapies; and it is used in rituals of celebration and healing. The response of clients and staff to walking the labyrinth has been favorable.

I no longer work at the hospital, and in my new setting I do not have access to a permanent walking labyrinth. I have, however, introduced the finger labyrinth to clients and have received positive feedback. Many report it to be a helpful tool for relaxation and value the experience of feeling more centered and grounded after its use. One client found that after using the finger labyrinth, she was more receptive to painful feelings that she had previously avoided and was able to explore them in subsequent therapy sessions. In my clinical experience, the labyrinth assists clients to recognize what they feel and need.

Similar to other clinical interventions, what is helpful for clients is helpful for clinicians. The labyrinth can be used as part of the clinician's spiritual practice, as a means of centering prior to a particular session, as grounding prior to a meeting, as a form of self care when struggling with the profound impact of work on one's life, and as an activity in team-building efforts with others.

Integrating one's learning and using it in the service of others is central to the third stage of union when walking the labyrinth. This has parallels to the Catholic tradition of discerning one's vocation, "what God calls one to do distinctively with one's life to make a contribution to others" (Canda, 2003, p. 80). It is my intention in writing this article to act on my vocation and embrace the spirit of union. In sharing my personal and professional encounters with the labyrinth and illustrating its usefulness as a tool to enhance spiritually sensitive practice, I hope to encourage others to walk its healing path.

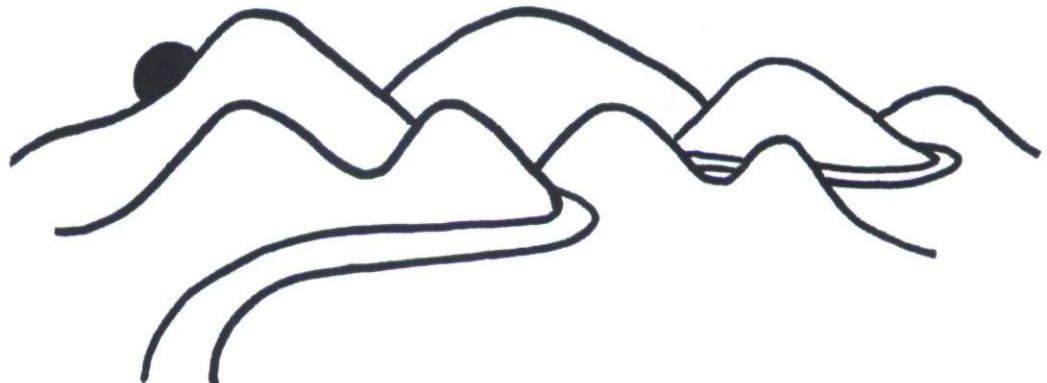


References

- Artress, L. (1995). *Walking a Sacred Path*. New York: Riverhead Books.
- Artress, L. (2000). *The Sand Labyrinth: Meditation at your Fingertips*. Boston: Journey Editions.
- Benedict, J. (1995). Creating scared spaces with clients. *Society for Spirituality and Social Work Newsletter*, Spring, 3.
- Bloos, I.D. & O'Connor, T.S. (2002). Ancient and medieval labyrinth and contemporary narrative therapy: How do they fit? *Pastoral Psychology*, 50(4), 219-229.
- Canda, E.R. (1988). Therapeutic transformation in ritual, therapy and human development. *Journal of Religion and Health*, 27(3), 205-220.
- Canda, E.R. (1990). An holistic approach to prayer for social work practice. *Social Thought*, 16(3), 3-13.
- Canda, E.R. (1997). Spirituality. In Richard L. Edwards (Ed.), *Encyclopedia of social work 19th edition, 1997 supplement* (pp.200-309). Washington, DC: NASW Press.
- Canda, E.R. & Furland, L.D. (1999). *Spiritual Diversity in Social Work Practice*. New York: The Free Press.
- Canda, E.R. (2003). Heed your calling and follow it far: Suggestions for authors who write about spirituality or other innovations for social work. *Families in Society*, 84(1), 80-85.
- Corbett, P. (1998). *Pathfinders: Walking Medieval Labyrinths in a Modern World*. Retrieved 1/04/2005 from <http://www.gracecathedral.org/enrichment/features>.
- Curry, H. (2000). *The way of the labyrinth*. New York: Penguin Compass.
- Geoffrion, J.K.H. (1999). *Praying the Labyrinth: A Journal for Spiritual Exploration*. Cleveland, OH: The Pilgrim Press.
- Geoffrion, J.K.H. (2000). *Living the Labyrinth: 101 Paths to a Deeper Connection to the Sacred*. Cleveland, OH: The Pilgrim Press.
- Gottlieb, A. (1995). *The Cube*. New York: Harper Collins.
- Henery, N. (2003). The reality of visions: Contemporary theories of spirituality in social work. *British Journal of Social Work*, 33(8), 1105-1113.
- Herman, J. (1992). *Trauma and Recovery*. New York: Harper Collins.
- Jacobs, C. (1997). On spirituality and social work practice. *Smith College Studies in Social Work*, 67(2), 171-175.
- Janoff-Bulman. (1992). *Shattered assumptions: Toward a new psychology of trauma*. New York: The Free Press.
- Jin, P. (1992). Efficacy of tai chi, brisk walking, mediation, and reading in reducing mental and emotional stress. *Journal of Psychosomatic Research*, 36(4), 361-370.
- La Torre, M.A. (2004). Walking: An important therapeutic tool. *Perspectives in Psychiatric Care*, 40 (3), 120-122.
- Logan, S.L. (1990). Critical issues in operationalizing the spiritual dimension of social work practice. *Spirituality and Social Work Communicator*, 1(1), 7-9.

- Nino, A.G. (2000). Spiritual quests in the life structure of adulthood: A psychological perspective. In M.E. Miller and A.N. West (Eds.), *Spirituality, Ethics and Relationships in Adulthood: Clinical and Theoretical Explorations* (pp.17-30). Madison, CT: Psychosocial Press.
- Peel, J. (2004). The labyrinth: An innovative therapeutic tool for problem solving or achieving mental focus. *The Family Journal: Counseling and Therapy for Couples and Families*, 12(3), 287-291.
- Ryan, T. (2001). Meditation on Christian unity efforts while walking a labyrinth. *Ecumenical Trends*, 30 (11), 174-176.
- Saakvitne, K.W. and Pearlman, L.A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York: W.W. Norton and Company.
- Sands, H.R. (2001). *The Healing Labyrinth*. New York: Barrons's Educational Series, Inc.
- Schaper, D., & Camp, C.A. (2000). *Labyrinths from the Outside In: Walking to Spiritual Insight - A Beginner's Guide*. Woodstock, VT: Skylight Paths Publishing.
- Senn, C.F. (2002). Journeying as religious education: The shaman, the hero, the pilgrim, and the labyrinth walker. *Religious Education*, 97(2), 124-140.
- Sheridan, M.J. (2002). Spiritual and religious issues in practice. In A.R. Roberts and G.J. Greene (Eds.), *Social Workers' Desk Reference* (pp.567-571). New York: Oxford University Press.
- Simpson, L. (2002). *The Magic of Labyrinths*. London: HarperCollins Publishers.
- Sitzman, K. (1999). Walking meditation - Relaxation step by step. *Home Healthcare Nurse*, 17(8), 496.
- Stone, V. (1998). Outside the box: Discovering the labyrinth as a tool for health and healing. *Journal of Healthcare Design*, 10, 73-76.
- Veriditas (1996). *About veriditas*. Retrieved 02/23/2005 from <http://www.veriditas.net/about>
- West, M.G. (2000). *Exploring the Labyrinth: A Guide for Healing and Spiritual Growth*. New York: Broadway Books.

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