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Acknowledging the Whole and the Spaces In-between:

Uncovering Mental Colonialism through Integrative Holistic Psychotherapy in Kuwait

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A thesis presented in fulfilment of the requirements for the degree of

Doctor of Philosophy

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Declaration of Originality

I hereby declare that this thesis has been composed by myself and is my own work, unless otherwise stated, and affirm that this work has not been submitted for any other degree or professional qualification.

Signed: Dima Al Rayes

Date: 16-06-2025

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List of Abbreviations

APA	American Psychiatric Association
DSM	Diagnostic Statistical Manual
GCC	Gulf Cooperation Council
PAR	Participatory Action Research
UK	The United Kingdom
US	The United States of America
YIT	Yoga Integrated Therapy

Definition of Terms

Culture

The ideas, customs, and social behaviors of a particular people or society (Eagleton, 2016).

Decolonialism/Decolonizing Psychotherapy

Decolonialism and Decolonizing Psychotherapy is an area of research that examines the effects of colonization on the mental health field by surveying the underpinnings, research, and methodologies that comprise therapeutic training programs and therapeutic environments (Ali-Faisal, 2020; Taylor, 2022). This is the conceptual frame that grounds the project.

Epistemic Injustice

The concept of epistemic injustice was coined by the philosopher Miranda Fricker, who describes her work as sitting at the intersection of ethics and epistemology (Fricker, 2007). Epistemic Injustice is a vast field aimed at outlining the ethical considerations surrounding epistemic knowledge and the various injustices that may affect marginalized, subjugated, vulnerable, oppressed, and discriminated populations and demographics, capturing an injustice done to someone in their capacity as a knower and epistemic agent (Fricker, 2007).

Holistic Healing

In current psychotherapeutic literature, holistic healing is an approach to care that comprises recognizing the indivisibility of mind, body, heart, and spirit and understanding the importance of considering all these levels in healing (Poulin & West, 2005). In this project, holistic healing is understood as the unification and reclamation of the mental, physical, spiritual, social, and emotional components of human experience.

Healthcare Practitioners

In this project, the term healthcare practitioners " refers to mental health professionals and yoga therapists.

Integrative Psychotherapy

Integrative psychotherapy is a theoretical model within decolonialism and decolonizing psychotherapy, defined as the incorporation of the fundamental principles of therapy with holistic medicine and healing (Ventegodt, Kandel, & Merrick, 2005). This approach is argued to be a tool which may counter and reconcile the limitations of the

psychotherapeutic method, resulting in an inclusive and approachable environment for minority populations. Integrative psychotherapies may encompass any evidence-based program that incorporates a more inclusive, decolonized framework that successfully worked before colonization (Zapata, 2020).

Inclusivity

Inclusively refers to the practice of providing equal access to opportunities and resources for individuals who might otherwise be excluded or marginalized (Samuels, 2006). It is a practice that aims to ensure that individuals feel valued, respected, and supported regardless of cultural background, race, gender, sexual orientation, religious affiliations, or any other characteristics they may hold. In this project, inclusiveness refers to an ideology grounded in recognizing individuals as unique and distinctive.

Islam/Muslim

Islam is a monotheistic religion that follows the teachings of the Holy Quran. A Muslim is an individual who subscribes to the religion of Islam (Rahman, 2020).

Othering

Othering is a social construct that encompasses dynamics, processes, and structures that engender marginality and inequality across the full range of human differences based on group identities. It is a process of hierarchical separation of different groups (Brons, 2015).

Participatory Action Research

Participatory Action Research (PAR) is a research approach that prioritizes experiential knowledge, tackles problems caused by unequal and harmful social systems, and envisions and implements alternatives. PAR involves the collaborative participation of the people directly affected by the issues to produce social change (McIntyre, 2007).

Spaces of Healing

In this project, “space of healing” refers to a mental health facility or psychotherapeutic environment. It is a space meant to bring about peace and healing.

Western

In this project, the term “Western” refers to demographics within Europe, the UK, Australia, and North America. This term is often used to refer to colonial powers and knowledge systems, as these have been shown to set the standardized and normative template within certain psychotherapeutic models that are privileged in Kuwait (Barona & Santos Barona, 2003; Bhatia, 2017).

Yoga Integrated Therapy

Yoga Integrated Therapy (YIT) may be defined as a form of psychotherapy in which holistic practices, often used in yoga, and psychotherapeutic methodologies are combined to achieve a more holistic experience, with the spiritual, mind, and body components of yoga, fusing with psychotherapeutic counselling techniques to aid in the healing process.

Abstract

Psychotherapy has long been criticized for its lack of inclusivity, particularly among minority and marginalized populations, due to its reductionist biomedical methodologies and limited engagement with holistic approaches (Ali-Faisal, 2020; Barona & Santos Barona, 2003). This study explores the experiences of Kuwaiti healthcare practitioners with psychotherapeutic models examining how integrative, holistic practices can enhance inclusivity in therapeutic settings. Grounded in Participatory Action Research (PAR), six Kuwaiti practitioners, three psychotherapists and three yoga therapists, engaged in three iterative workshops that explored the holistic practices of breathwork, meditation, and bodywork, which are pertinent to Yoga Integrative Therapy (YIT).

The collaborative workshops revealed significant tensions in participants' previous experiences with the psychotherapeutic paradigm, including its dominant construction of psychological normality and standardized approaches to care. Conversely, holistic practices, integrated through a person-centered, client-driven lens, were found to help develop an inclusive environment, underscoring the potential of integrative approaches to meet diverse needs. The research also uncovered a “silent narrative” that marked the persistent yet unspoken presence of colonialism, driven by epistemic injustice and mental colonization. Through PAR's responsive and fluid framework, the research acknowledged these silences as a form of epistemic presence, rather than absence.

The study offers several recommendations for future research, asserting the importance of initiating more inquiries which will integrate decolonial and holistic approaches within psychotherapy with different demographics and contexts; expanding the current conceptualizations surrounding inclusiveness to include more nuanced definitions, perhaps exploring the notions of person-centeredness, client-drivenness, and holistic care; offering recommendations for practice and policy; and exploring the silent narrative of colonialism in relation to inclusive care.

Keywords: Counselling, Decolonization, Epistemic Injustice, Holistic Healing, Inclusivity, Kuwait, Mental Colonization, Participatory Action Research, Yoga Integrative Psychotherapy

Lay Summary

This study conducted three collaborative group workshops to explore the experiences of six Kuwaiti healthcare practitioners, which included three yoga therapists and three mental health therapists. It examined how these professionals experienced psychotherapy and highlighted the impact of holistic practices, specifically breathwork, meditation, and bodywork, relevant to Yoga Integrated Therapy, on promoting inclusiveness in counselling.

The participants found that their past experiences with psychotherapy often followed rigid and highly structured models that could not accommodate them or their cultural and spiritual values. In contrast, holistic practices, when applied through person-centered and client-driven frameworks, fostered greater inclusivity. A further significant insight was the emergence of a “silent narrative”, reflecting the ongoing, unspoken presence of colonialism, which revealed how colonial power continues to shape mental health care by overlooking cultural and spiritual knowledge, and influencing how individuals come to view themselves. This discovery suggested that silence and the unspoken are not a deficit of knowledge, but rather a reference to meaning, pointing to deeper ways of knowing that are often overlooked.

The study offers recommendations for future research, including integrating decolonial and holistic approaches across diverse contexts, redefining inclusivity through concepts such as person-centeredness and client-drivenness to inform therapeutic practice and policy, and further exploring the colonial narrative embedded in mental health care.

Chapter One: Introduction

*“In a candle lit room, soft shadows danced on the walls
Lavender and eucalyptus filled the air as gentle music melted away.
Crystals decorated the floor boards, one placed on each mat
A symphony for the senses, it was time to begin.
She took a deep breath and began leading the meditation
Introducing Ganesha, the elephant God, known for his wisdom and balance. Passionately telling
stories of his life while the world sat and watched.
Determined to please, unwavering commitment to her goals, she told his stories, preaching
philosophies she did not believe, betraying herself and her faith with each moment that passed.
She led the mantra, as she was instructed to, chanting verses and songs in a language she did
not understand, appealing to a God who was not her own.
Unsettled, upon completion, her students thanked her. Her instructors nodded with
acknowledgement. A meaningless approval met with rising guilt.
She convinced herself that Ganesh was an archetype for wisdom, that he represented
something, that she could use him as a tool for knowledge, that a teacher cannot discriminate
against the curriculum, that, that, that.
Yet, the feeling remained.”*

This vignette recounts an experience I had before beginning this doctoral project. At the time, I had a master’s degree in psychotherapy. However, I was compelled to pursue a supplementary degree in yoga psychology, as I had found that the physical ‘body’ and ‘spirit’ were deeply neglected within dominant psychotherapeutic approaches to healing. While pursuing the supplementary degree, I was instructed to lead a meditation on the Hindu elephant God, *Ganesha*. With respect for all religions, I adhered to the task; however, as a Kuwaiti and devout Muslim, I felt a growing discomfort engaging in a holistic practice that did not resonate with my cultural or spiritual framework. This discomfort echoed the lack of inclusivity I had previously experienced within psychotherapeutic settings.

These tensions eventually led me to pursue a PhD in Counselling at the University of Edinburgh. A decision that would result in utilizing Participatory Action Research (PAR) to explore

the experiences of Kuwaiti healthcare practitioners with psychotherapeutic models and examine how integrative holistic practices might enhance inclusivity within therapeutic settings. While the inquiry expanded on these concepts of inclusivism and holistic healing in therapeutic spaces, it additionally presented itself as a journey of discovery. A discovery of the self, a discovery of the colonial constructs that are nestled deeply within these spaces of healing, and a discovery of my own voice, which had long been buried beneath the silences that echo amongst these topics.

Several contextual considerations are essential to understanding the evolution of this research. Notably, decolonial theory was not an initial conceptual anchor. The research question, methodology, data collection, and collaborative analysis had already commenced before decolonial theory emerged as a significant and necessary lens, driven by a recognition that colonialism, although unspoken, was intricately woven into mine and the participants' narratives and experiences, concealed deeply in the spaces in between the words.

Upon this discovery, the participants expressed a reluctance to engaging with the conceptual frame, stemming from contentment with the inquiry as it stood and a hesitancy to interact with decolonialism as a concept. This prompted a critical shift within the research, as PAR emphasizes collaboration and co-creation. However, the project embraced this shift as an invitation to illuminate the methodology's capacity to hold space for emergent knowledge, complexity, divergence, and ethical responsiveness, which, in this case, enabled an unearthing of the silences.

With this context in mind, the reader is invited to engage with the unfolding inquiry, attending closely to both what is articulated and what remains unspoken, while tracing the contours of the "silent narrative" of colonialism throughout the process.

Reflexive Introduction and Personal Statement

As different ontological and epistemological paradigms regarding the world and the attainment of knowledge exist, one thought is palpable: the mere fact that different hypotheses and theories arise on a single topic is evidence that individuals maintain diverse outlooks and perceptions (Meretoja, 2014). Through this lens, in the attainment and communication of new knowledge, one of the most important questions to address is *where* information is coming from (Chenail, 2011; Gao, 2020), as researchers' experiences, beliefs, and perspectives often provide the conceptualizations and development of research projects such as this. It is therefore important for researchers to maintain reflexivity surrounding their positionality within the research. Questions to consider when addressing positionality are: *Who is the inquirer? Why have they chosen these inquiries to explore? Where do they stand within the research? Moreover, what experiences and/or biases do they carry within the exploration of these topics?*

As the inquirer in question, these considerations were among the most overwhelming for me to ponder, as before this research, I had worked exclusively with Quantitative Methodologies, which maintain a firm and rigid stance regarding the role of the inquirer, often creating distance and separation between the researcher and researched (Sandelowski, 1986). However, this project would lead me down a path of qualitative inquiry, which required me to position myself as an active participant alongside the other contributors, recognizing that our collective experiences, perspectives, and interpretations would form the foundational basis for the exploration and development of the research.

I turned to the first guiding question: *Who is the inquirer?* Demographically, I identify as a Kuwaiti Muslim woman. While this provides some context regarding my gendered, cultural, and

religious background, it merely introduces the social categories I inhabit without delving into the complexities of my personality, experiences, or essence as an individual. To offer a more intimate glimpse into my spirit, I turn to my name. The Arabic language is deeply poetic, with names often carrying historical, religious, or literary significance (Al-Ghazalli, 2010). My name, Dima, means “gentle rain” in Arabic, a term used poetically to signify a blessing. Historically, because rain is scarce in the Middle Eastern region, gentle rain is regarded as a blessing in many Arab cultures, nurturing the land and enabling abundant harvests. Over time, I have come to resonate deeply with this meaning, as my name serves daily as a reminder of my parents’ love and the intentionality with which they chose it. This offering may provide the reader with insight into familial relationships, cultural context, and formative experiences that have shaped my upbringing and positionality within the research.

When considering the second question: *Why have I chosen these inquiries to explore?* It is important to acknowledge that the research question did not exist at the onset of this doctoral journey. Rather, it emerged gradually as the research unfolded. My initial interest lay at the intersection of inclusive and holistic healing within psychotherapy. In the Islamic faith, holistic health is a significant construct encompassing the union of the physical, mental, emotional, spiritual, and social dimensions of the self (Al-Attas, 2005). However, my experience within psychotherapeutic settings revealed a predominant emphasis on the mental domain, with little attention given to the other facets of human experience.

Correspondingly, alongside therapy, I turned to holistic modalities such as breathwork, meditation, and bodywork, practices rooted in yoga, to address these neglected dimensions of healing. I found that psychotherapy, in its standardized form, was insufficient in responding to

these multidimensional needs, particularly within my own cultural and spiritual framework. This realization prompted me to pursue a supplementary degree in yoga psychology. Yet, while engaging with the curriculum, I was instructed to lead a meditation on Ganesha, the sacred elephant deity in Hinduism. As a Muslim and Arab, I found this practice to be both inaccessible and misaligned with my beliefs.

This discomfort I experienced mirrored earlier tensions and deepened my interest in expanding the epistemological discourse on inclusivity within healing spaces. Similarly, when I later enrolled at the University of Edinburgh, I sought to develop an “all-inclusive guide to holistic healing within psychotherapy”, as I had long believed that all human beings are intrinsically the same, and that ‘sameness’ unites us. This perspective, however, proved to be a one-dimensional understanding of inclusivity, one that assumed it to be a fixed construct applicable uniformly to all individuals. I chose to incorporate the holistic practices of breathwork, meditation, and bodywork, which are foundational to yoga, as the integrative strategy for this project, having experienced their powerful and synergistic impact on healing.

Although I initially intended to conduct the research independently, I eventually chose to embark on this journey with other Kuwaiti healthcare practitioners, driven by a desire to counter reductive representations of Muslims and Arabs in psychological literature, which I found to portray the demographic as rigid, inaccessible, and difficult to understand. I wanted to honor the voices of my people and allow them an opportunity to represent themselves in a space that rarely offered them the chance.

This lends insight into my positionality within the project and the question: *Where does the researcher stand within the research?* In PAR methodology, the researcher is in fact

considered an active participant in the project, contributing, sharing, and reflecting on the questions and methods alongside the other participants. This shared engagement situates both the participants and me within the inquiry, fostering close interaction with the data and encouraging culturally and religiously attuned reflections. Such positioning enhances theoretical sensitivity, which, as Edge and Richards (1998) argue, enables qualitative researchers to draw narrative meaning and develop nuanced, theoretically grounded insights.

In this way, the project's data analysis process facilitated the emergence of new insights and prompted a critical re-evaluation of prior understandings. For instance, I began to recognize that the truths that I had once held were not an accurate account of humanity or inclusivity. I would learn that viewing idiosyncratic individuals through a lens of 'sameness' depletes the acknowledgment of uniqueness, which this research would depict as vital to the development of inclusiveness. I would learn that inclusivity is not a fixed or singular concept, but rather a multifaceted, context-dependent construct that varies with the individuals and communities engaged in the process. I would learn that inclusiveness is not something that can be applied to all, but is rather something that accommodates the *one*, with this research exploring notions of person-centeredness, client-drivenness, and holism as *a way of being* in therapy that acknowledges individual uniqueness. Consequentially, throughout the course of the research, I was recognizing that my original notion of an 'all-inclusive guide to holistic healing within psychotherapy' seemed misguided; as a set ontological 'guide' cannot be inclusive, when inclusivity warrants relationality, flexibility, and the removal of hierarchal standards, while a 'guide' denotes structure, fixed notions, and measurable criteria. By maintaining this ontological viewpoint, I discovered that I had been perpetuating a narrative pervasive within

certain psychotherapeutic ontologies- one that reinforces a dominant construction of psychological normality and presents human beings as paper-cutter versions of one another.

These realizations continued to surface even after data collection, as I searched for a conceptual framework to anchor the study. I encountered decolonial theory, an unexpected yet deeply resonant perspective. Before this inquiry, I had not considered that dominant psychotherapy practice might be shaped by colonial influence. The possibility that colonial constructions could underpin its history, ontology, epistemology, and clinical application had remained beyond my awareness. I had also never considered that my own country, Kuwait, might still carry the effects of colonialism. Perhaps most significantly, I had not recognized the extent to which my own beliefs were shaped by mental colonization- an internalization of dominant ideologies sustained by epistemic injustices.

This brings me to the final question: *What experiences and/or biases does the researcher carry within the exploration of these topics?* Although I had previously acknowledged my engagement with different psychotherapeutic approaches, it was through this research that I began to confront the pervasive impact of coloniality on my own life. I came to recognize that I did, in fact, hold meaningful experiential connections to the conceptual frame- though many of these experiences had previously lain beneath the surface. Although I had never previously identified coloniality within my country, my psychotherapeutic experiences, or my thinking. I now recognize that coloniality has been present across all these domains throughout my life.

Coloniality has been perpetuated within my country through its sustained preference for Western educational systems, which shaped my academic trajectory, from attending an American school during my formative years, to pursuing a master's degree in London, and a

doctorate degree in Edinburgh, to be perceived as well educated and knowledgeable within Kuwaiti society. I therefore not only trusted in the colonial ideology of “west is best” concerning education, but also participated in it and made significant life decisions surrounding it.

Coloniality was also reinforced throughout my experiences in the psychotherapeutic field, both as a client and as a therapist. As a client, I had often felt hesitant to discuss religious and cultural experiences within certain psychotherapeutic settings due to a fear of judgment, which resulted in my adapting my own cultural frame to align with dominant psychotherapeutic discourses. As a therapist, I found that biomedical and reductionist psychotherapeutic approaches were misaligned with my demographic, dominant constructions of psychological normality, and standardized models of care frequently failed to account for the cultural and religious contexts distinctive to the Kuwait population.

Finally, coloniality was perpetuated within my own thinking. Although I now recognize these influences, before selecting decolonization as the conceptual frame for this doctoral research, I had not fully grasped their breadth or depth. Before this project, I maintained an idealistic understanding of many of these constructions. This understanding has since been challenged and reshaped through the critical engagement fostered by this doctoral journey. In this sense, while I have long been subjected to and shaped by colonial ideologies, my conscious engagement with decolonization is singularly through the scope of this project.

These realizations prompted a series of deeper questions: *If colonialism had permeated so many areas of my life, how was I unaware of it for so long? How does this shape the experience of inclusiveness and holistic healing? How can a field built upon colonial foundations genuinely speak to inclusion or holism?* Although this project initially sought to celebrate holism and foster

dialogue around inclusivity, the adoption of decolonialism as its conceptual frame shifted the inquiry towards a critical examination of the foundations on which counselling as a field is built. This allowed me to question and revisit the knowledge I had previously held as truth concerning counselling, health, wellness, and broader understandings of the world. Thus, this thesis is not merely a straightforward exploration of the psychotherapeutic experiences of Kuwaitis; it represents a journey of acknowledging the whole and the spaces in between.

Chapter Two: Setting the Scene

This chapter “sets the scene” by defining and illustrating the various facets presented within this project to provide context and maintain clear communication throughout the study. The objective is to acknowledge and introduce the different factors. It is central to the research inquiries- namely, establishing a distinction between Muslims, Arabs, and the Middle East, and a consideration of Kuwait as the contextual setting of the research.

A Distinction: Muslims, Arabs, and The Middle East

The first step to setting a scene is arriving to an understanding surrounding the conditions which the scene comprises. As such, this section will outline Arabs as an ethnic group, The Middle East as a geographical region, and Islam as a religion, as it is important to develop a succinct understanding of these terms before inquiring into the dynamics of Kuwait as a contextual setting. It is important to clarify what these terms refer to, as there is a substantial misconception regarding what constitutes a Muslim, what defines an Arab, and whether these two identifiers are mutually exclusive (Al Ariss, 2010). Additionally, there is considerable confusion surrounding Islam and the Middle East, with many assuming that countries in the region are inherently Islamic, regardless of their political, cultural, or religious orientations (Melman, 2002). Therefore, this section aims to differentiate between these constructions by using precise language and acknowledging their differences and their relationships to one another.

Within the Islamic faith, it is believed that the Quran was revealed within Mecca and

Medina, in present-day Saudi Arabia, in the year 610, making the Middle East the birthplace of Islam (Ali, 2011; Lewis, 1995). As a result of this historic incident, and the region housing the purest site for Muslim pilgrimage, the Holy Kaaba, the Middle East is heavily impacted by the religion, with many countries maintaining Islamic laws and customs derived from the Quran. This close association has led to a common perception linking the Middle East, Arabs, and Islam together. However, it is important to recognize that these three elements are distinct as the Middle East is a geographic region, Arabs are an ethnic group, and Islam is a religious affiliation (Hilton, 1995; Melman, 2002). A visual representation of the Holy Kaaba, created in collaboration with artificial intelligence, is shown in Figure 1 (OpenAI, 2025).

Arabs are recognized as an ethnic group originating from the Arabian Peninsula, which includes the Middle East, West Asia, and Northern Africa (Webb, 2016). While Arabs share a common ethnic identity, Indigenous heritage, and language, they do not necessarily share a uniform cultural, social, or religious identity. The Arabian Peninsula encompasses a variety of climates, religions, and cultures, each distinct to its own unique location (Al Ariss, 2010; Bernard & Salles, 1991).

Although neighboring Arab countries may have similarities in foods, traditions, and dialects, such as the Levant countries of Lebanon, Syria, Jordan, and Palestine, and the Gulf Cooperation Council (GCC) countries of Kuwait, Bahrain, Saudi Arabia, Oman, Qatar, and the United Arab Emirates, each country maintains its own unique national, social, religious, and political identity due to historical interactions among tribes and the absence of formal borders (Benkato, 2019; Eickelman, 2016). This diversity is illustrated in Figure 2, a painting from The Zay Initiative (2022), which showcases the cultural richness of Arab identity through distinctive

regional attire.

Figure 1. Visual Rendering of the Holy *Kaaba* (OpenAI, 2025)



Figure 2. The Cultural Breadth of Arab Identity (The Zay Initiative, 2022)



Alternatively, in the case of the Middle Eastern region, which is the setting of this study, many Middle Eastern countries identify as Muslim and uphold sharia law. However, each country also maintains its own constitution and administrative agenda, which determines how much religion is integrated into government policies (Al-Saleh, 2005; Gulam, 2016; Mohamed & Rosman, 2021). Moreover, a country's formal identification as "Muslim" does not imply that all its residents adhere to Islam. For example, Kuwait constitutionally identifies as a Muslim country and its citizens are predominantly ethnically Arab; however, there are also Kuwaiti Christians. Similarly, Lebanon's national identity has historically been shaped by its Christian political foundations, yet despite its predominantly Arab population, the country is home to diverse

religious communities- including Muslims, Jews, and Christians who coexist peacefully (Al Ariss, 2010; Bernard & Salles, 1991). Therefore, it is important to be careful with language regarding these overlapping identities, since not all Muslims are Arab, not all Arabs are Muslim, and not all Middle Eastern countries are Islamic states (Hartelius, 2013). Additionally, Middle Eastern countries vary from one another, and Arabs as an ethnic group differ from one individual to another.

In contrast, some scholars suggest that Muslims, or those who follow the Islamic faith, share a common ethos and belief system worldwide, regardless of their ethnicity or context (Gregg, 2007; Yasmeen, 2008; Koenig, Shohaib, Koenig, & Shohaib, 2014). In order to understand the Islamic ethos, it is important to dismantle the substructures of the word itself and outline the principals and philosophical foundations upon which Islam stands. The word Islam has two meanings. First, it is derived from the Arabic word for peace, or *salam*, which is a central theme of the religion (Crow, 2011). Its second verbatim meaning is 'surrender' (Al-Attas, 2005). Based on this understanding, a concise definition of Islam can be translated to 'a peaceful surrender to God' (Armstrong, 2001).

Islamic philosophy, especially in the classical Islamic metaphysical tradition, is characterized by its reliance on revelation as the primary source of knowledge. Within this framework, ultimate reality and truth are believed to originate from divine revelation rather than from empirical observation, philosophical speculation, or historical development. In this tradition, revelation is seen as providing an ontological and epistemological reference point through which existence, knowledge, and human purpose are understood (Al-Attas, 2005).

Scholars such as Al-Attas (2005) argue that Islamic metaphysics does not locate the

source of ultimate truth within successive historical shifts in philosophical paradigms, such as empiricism, rationalism, positivism, or postmodernism, which have characterized much of Western intellectual history. Rather, revelation is understood as providing a transcendent point of reference that exists independently of historical change. Importantly, this does not imply that Islamic thought, practice, or interpretation has remained static throughout history. Islamic intellectual and social traditions have demonstrated significant diversity across time and place, reflected in the emergence of multiple schools of jurisprudence, theological debates, philosophical traditions, and culturally specific expressions of religious life. These developments illustrate the dynamic and contextually situated nature of human engagement with revelation, rather than changes in the ontological status of revelation itself.

Within this metaphysical framework, a distinction is made between the revealed source of knowledge, understood as transcendent and not contingent on historical processes, and human interpretation, which is necessarily situated within particular social, cultural, and historical contexts. While Muslim societies have evolved and adapted in response to changing conditions, the revealed foundations from which meaning and knowledge are understood are regarded in this tradition as providing an ontological reference point that is grounded in the Quran (Al-Attas, 2005; Nasr, 2006). In this sense, Islam does not represent a singular or uniform lived experience, but rather a shared ontological orientation toward reality, within which diverse interpretations, practices, and cultural expressions emerge.

In Islam, it is believed that there is only one revealed religion, which is the religion conveyed to and by all the Prophets, including Moses, Jesus, Noah, and Mohammed, who were sent to preach the revealed message to the people of their time in accordance with the guidelines

set forth by God himself (Erich, 2013). Amongst all the major religions of the world, the fundamental message of the revelation was consistently the same: monotheism, or to acknowledge and worship God, without associating him with an equal, or attributing a likeness to him (Al-Attas, 2005). As Islam describes itself as a revealed religion, in which all the fundamental components of the religion, including the name, teachings, practices, rituals, faith, and belief systems were discovered through revelation rather than historical or cultural influences, the religion is argued to be aware of its own identity from the time of its revelation, as revealed religions can only be that which knows itself from the very beginning (Ali, 2011). Thus, when it appeared on the world stage, it was already established. Further, the source of its epistemological knowledge, the Holy Quran, is unchanging and unaltered, encompassing all knowledge and truth. In this way,

“The Quran is believed to be the speech of God; the description of His nature is therefore the description of Himself, by Himself, and in His own words” (Al-Attas, 2005, p. 15)

Islamic philosophy thus encompasses the human experience in its entirety, from birth to the afterlife, offering a profound ontological truth about life and the universe and aligning with other integrative, holistic philosophical models of the universe, such as yoga. Correspondingly, the fundamental elements of Islam include: the nature of God; of revelation (the Quran); of human beings and the psychology of the human soul; of knowledge; religion; freedom; values; virtues; healing; and happiness- all of which, in addition to the key terms and concepts that they hold, have a profound impact on how Muslims engage in life and thought. With the Quran providing instruction on these aspects, to Muslims, it is considered a guide to knowledge, justice, economics, and how one may uphold equality amongst people, reiterating the notion that

regardless of ethnic background or geographical context, devout Muslims maintain a shared religious ethos and belief by upholding the guidelines which have been set forth for them by the Quran; similarly to how other religious dominations may maintain a shared belief system derived from their own respective religious teachings (Hinton, 2020).

It was necessary to include this section and expand on the distinctions between Muslims, Arabs, and the Middle East, as there is a tendency in psychology to group distinctive people within these categories- of their religion, culture, nationality, or any of the other descriptors which may highlight distinctions and differences amongst human beings (Hinton, 2020), resulting in a viewing of these individuals through a lens of “sameness”. This is a part of the colonial ideologies and imperialistic philosophies that saturate psychological research and mark the way of the world. While these systems and identifiers are significant, this research will ultimately depict how inclusiveness in particular cannot be attained by viewing individuals through a singular lens of one aspect of their identity but rather, by embracing and recognizing them as unique, with this research exploring notions of person-centeredness, client-drivenness, and holism as a *way of being* in therapy, which acknowledges that uniqueness.

Kuwait, The Contextual Setting

In reference to the previous subsection outlining Islam, the Middle Eastern region, and Arabs as an ethnic group, this subsection profiles Kuwait’s context, and identifies the factors shaping Kuwait's past and present conditions of life. This section is necessary to provide context and an account of the setting and conditions that distinguish Kuwait from its counterparts. In this section, I encourage the reader to delve into the context by envisioning the environment,

historical events, and cultural frameworks that are significant to the country and, hence, meaningful to the participants and me.

Geography

Located in the Arabian Peninsula in the Middle East, nestled demographically between Iraq and Saudi Arabia, is the little “falcon-shaped” country of Kuwait. Its land area, including its many islands, covers a mere 17,818km, making it slightly smaller than the state of Connecticut in the United States (US) or Wales in the United Kingdom (UK) for reference (Casey, 2007). It is a country described as a desert, surrounded by the blue waters of the Arabian Gulf (Sadek et al., 2022), resulting in a warm, sunny, and humid climate during the summer months (Al-Sharhan, 2018). With its coastal waters, vibrant architecture, lush green parks, and deep red sands, this metropolis is a kaleidoscope of contrasts, where ancient relics stand alongside sleek skyscrapers and tradition dances effortlessly with modernity.

Figure 3. Map of Kuwait (World Atlas, 2021)



Population

Of Kuwait's total population of 4,268,873, approximately one-third, or 1.3 million, are Kuwaiti nationals (Shah, 2017). Consequently, the demographic landscape is characterized by a predominance of expatriates, rendering Kuwaiti citizens a minority within their own country, with an approximate ratio of 2:1. This demographic shift occurred after the discovery of oil in 1960, which transformed Kuwait from a nation of extreme scarcity to one of significant wealth, resulting in the import of a large number of foreign workers to aid in the building of new infrastructures and drive development initiatives. While Kuwait's population is often divided into the two broad categories of *Kuwaitis* and *Expatriates*, several other binaries create distinctions among the population of Kuwait, mainly, "*Kuwaitis/Non-Kuwaitis; Original/Naturalised Citizens; Muslims/Non-Muslims; Sunnis/Shias; Haḍar (townspeople)/Bedouins; Men/Women; and Adults/Children*" (Al-Nakib, 2015, p. 5)

Economy and Welfare

The discovery of oil sparked fast economic growth which modernized and Westernized the country at an accelerated rate (Barrett & Behbehani, 2003), giving the tiny nation a vast amount of economic power, ranking it the fifth richest country in the world per capita (Brinkley *et al.*, 2012; Khouja & Sadler, 1979), and resulting in the stability of the country's currency, which has long been recognized as the strongest and most valuable currency in the world (AlAli, AlKulaib, & Bash, 2017; Casey, 2007).

The revenues and oil profits, as a result, had a profound impact on Kuwait's robust welfare system, which provides cradle-to-grave benefits to its citizens (Tétreault & Al-Mughni,

1995). The welfare system equips citizens with all of life's necessities, namely food, monetary allowances, healthcare, education, housing, employment, and retirement, additionally providing public assistance, including marriage and child allowances, to ensure that no citizen lives below the poverty line. Kuwaitis are also not subject to income tax, as oil and taxes on foreign firms, as well as the overseas interests of Kuwaiti companies, provide the bulk of the government's revenue (Sadek *et al.*, 2022).

The government additionally offers many benefits to the country's expatriates, including competitive salaries, free accommodation, transportation, education, and healthcare, as well as exemption from all taxes and duties (Abdel-Khalek, 2010). While the law and constitution of Kuwait aids expatriates in earning and keeping the entirety of their salary, a luxury which is often not offered in many other countries around the world (Abdel-Khalek, 2010), there is still a sharp contrast in the socioeconomic situation of foreigners as opposed to Kuwaitis, as they are not offered the same employment and monetary guarantees offered to Kuwaitis; meaning while the government guarantees Kuwaitis do not suffer from financial hardships, foreigners are not assured those same financial benefits from the Kuwaiti government and as such could experience financial instability or hardship depending on their personal situation (Casey, 2007).

The wealth, privilege, and abundance in Kuwait are not universally applicable across all Arabian Muslim countries (Chaudhry, 2015); as such, these factors are important to consider when setting the context, as they are distinctive to this location. It is additionally important to acknowledge this privilege, as it has impacted the lives of the demographic in general by accustoming them to a certain level of financial safety provided by their government. The economic and welfare systems of Kuwait have therefore had a profound impact on how life in

Kuwait is experienced by both citizens and expatriates, resulting in nonexistent incidences of poverty, homelessness, and incredibly low crime rates (Hameed, 2008; Hicks & Al-Najjar, 2005); in addition to ranking Kuwait the eleventh happiest country in the world within the Annual Misery Index, compiled by Steve Hanke, professor of applied economics at Johns Hopkins University, with residents reporting feeling sheltered and viewing the country as a community rather than an individualistic society (Al-Sharrah, 2006).

Religion

With Kuwait being a Muslim country, and most Kuwaiti citizens identifying as Muslim, the religion is considered incredibly impactful within this context (Sadek *et al.*, 2022). As mentioned previously, it has been suggested that individuals who identify as Muslim share a common ethos and beliefs worldwide, regardless of ethnic background or context (Gregg, 2007; Yasmeen, 2008; Koenig, Shohaib, Koenig, & Shohaib, 2014). In accordance with this, the Ministry of Education within Kuwait provides a unified and well-maintained educational system surrounding religion in both public and private school sectors (Sadek *et al.*, 2022), meaning that irrespective of which school system an individual attends, Kuwaiti students will receive the same tutelage surrounding religion, further amplifying the shared religious ontology of Kuwaiti Muslims.

As Islam is recognized as the state religion of Kuwait, the constitution references *Sharia* law, the traditional law of Islam, as its' key source of legislation (Casey, 2007). While *Sharia* provides established legal guidance on many aspects of personal conduct (Sadek *et al.*, 2022), the framers of the Kuwaiti Constitution acknowledged the parallel importance of secular concerns in shaping an effective legal framework for a modern state. Accordingly, Kuwait's legal

system integrates both Islamic and secular provisions. As a result, while identifying as a Muslim country and maintaining Islamic laws, the country does not impose strict religious regimes over its citizens (Bacik, 2007; Zahlan, 2016), or restrict the practice of other religions (Casey, 2007); however, it additionally does not resemble the liberal democracies in many Western countries (Al-Naser, 1982; Tétreault & Al-Mughni, 1995). It resides somewhere in between modern and traditional, where it is permissible to wear a bikini (Kelly, 2010), but illegal to purchase and consume alcohol. The religious perspective of Kuwait is therefore a delicate balance in which personal freedoms are respected, in accordance with Islamic values and perspectives.

Language

The official language of Kuwait is Arabic, as Kuwait is an Arab country in the Middle East, where the language originated and developed (Casey, 2007). The Arabic language is correspondingly, incredibly significant in the country, as it establishes a sense of community and brotherhood among Kuwaitis and other Arabs residing in the nation, and is additionally the language of the Quran which gives the language an additional religious significance, with the Quran providing a uniformity of written Arabic across the Arab speaking world (Casey, 2007; Sadek *et al.*, 2022).

At the same time, English is widely used and has become deeply embedded in Kuwaiti society. It is commonly spoken in schools, healthcare settings, businesses, and many households (Casey, 2007; Sadek *et al.*, 2022). Despite this, many Kuwaitis continue to prefer utilizing Arabic in everyday communication with one another (Najjar, 2005). This preference is partly rooted in concerns that English, alongside other forms of Western influence, may function as a vehicle of

cultural imperialism, posing a threat to Arab identity, values, and language (Najjar, 2005). Al Najjar (2005) argues that such concerns are linked to fears of “Americanization” or “Westernization,” which may lead to cultural instability and the erosion of national identity.

Empirical research offers some support for these concerns. For example, students educated in English-medium institutions have been found to be more likely to adopt aspects of a Westernized identity while simultaneously blending elements of Kuwaiti culture (Hasanen, Al-Kandari, & Al-Sharoufi, 2014). However, the same research highlights the resilience of local identity, demonstrating that factors such as the continued use of Arabic in the home and the presence of multi-generational households play a key role in preserving Kuwaiti culture and reinforcing national belonging.

Overall, while the Arabic language remains central to Kuwait’s cultural, social, and religious fabric, the widespread use of English reflects both the country’s large expatriate population and its historical encounters with foreign influence, which will be explored further in the following subsection on history.

History

Historically, Kuwait was part of the Great Islamic State, a geographical era in which people from different communities and ethnicities lived alongside one another without formal borders or barriers, facilitating travel, trade, and interaction. This era ended with the arrival of British and French imperial authorities in the early 1900s, resulting in the drawing of borders and a division of the region into over twenty independent Arab states, leading to a segregation of people into distinct nations (Kumaraswamy, 2006). These countries experienced decades of French and British domination, with Kuwait functioning as a British protectorate under the long-

standing rule of the Al-Sabah family, who have governed since 1756 (Kuwait Government Online, 2022).

For many years, Kuwait grappled with the tension between its ambition for autonomy and its enduring reliance on external protection as a relatively small and newly delineated territory (Casey, 2007). This balance was redefined under the leadership of Sheikh Mubarak the Great, who negotiated an agreement with the British Imperial Administration whereby the United Kingdom's political representative in the Arabian Gulf formally recognized Kuwait as an independent government under British protection (Casey, 2007; Sadek *et al.*, 2022). In exchange for protection, Sheikh Mubarak the Great and his successors agreed not to sign treaties with any other countries, allow foreign agents into Kuwait, or yield any territories without first consulting the British government (History of Kuwait Independence Day, 2013); the agreement additionally permitted Britain control over Kuwait's economic and international prospects, giving them increased influence within the country (Casey, 2007; Sadek *et al.*, 2022).

These permissions epitomize the essence of colonialism, reflecting the asymmetrical power dynamic between Great Britain and Kuwait, whereby a dominant state exercised authority and control over a more vulnerable one. Although Kuwait appeared to possess autonomy in its international affairs and decision-making, in practice, it was obliged to seek approval and recognition from a more powerful sovereign. The stipulation that Kuwait refrain from signing treaties with other states or admitting foreign agents into its borders without Britain's consent underscores the extent of British control over Kuwait's foreign policy and governance (Aldousari, 2023). Furthermore, during the British protectorate period, Kuwait's economic stability was heavily dependent on oil, which was largely shaped by foreign (predominantly British) oil

companies, thereby rendering Kuwait's position precarious and reinforcing a relationship in which it remained highly vulnerable to external interests (Casey, 2007). Surprisingly, I was never made aware of my country's history of colonial occupation before investigating Kuwait's historical development and independence on my own, which speaks to the silence that surrounds colonialism and its impact in this context.

After 80 years of continued interference and intervention, Kuwait longed for independence. During the 1960s, calls for Arab independence and resistance to Western occupation became prominent, with many nations claiming independence after it was "granted" to them by their former occupiers and colonizers. After careful deliberation, Kuwait announced independence from Great Britain on June 19, 1961, ending a period of protection and foreign policy guidance that had lasted since 1889 (Casey, 2007; Sadek *et al.*, 2022).

Following independence, Kuwait moved swiftly to establish a state constitution and a national parliament, thereby institutionalizing civil rights and signaling both governmental and societal progress in political and social maturity (Casey, 2007; Sadek *et al.*, 2022). The development of a national parliament marked Kuwait's declaration as a constitutional monarchy, which would permit election by the Kuwaiti people, and hold a significant amount of political power, including the authority to reverse the Crown Prince's decisions and remove members of government from office (Aldousari, 2023; Central Intelligence Agency (CIA), 2022), allowing citizens to engage in the administrative decisions of the country. Additionally, the new constitution of Kuwait defined the rights of citizens in great detail including religious freedoms, freedom of speech, equal protection under law, and the presumption of innocence until proven guilty (Tétreault & Al-Mughni, 1995); while also outlining the role of the government in providing

the current welfare system which was outlined in the subsection *Economy and Welfare* (Tétreault & Al-Mughni, 1995; Casey, 2007).

Shortly after, in 1981, Kuwait joined 5 other countries in a union called the Gulf Cooperation Council (GCC), a political and economic intergovernmental association that includes Saudi Arabia, Qatar, Bahrain, Oman, and the United Arab Emirates (GCC, 2022), which still stands today. With its newfound independence, the union of the GCC, and fresh political, social, and governmental foundations, the country and its people enjoyed their freedoms. They relished the safety afforded by its newly developed welfare and security systems.

As such, Kuwait and its residents continued to live within this bubble of safety, security, comfort, and reliability, until the summer of 1990, when the country endured a brutal attack often referred to as 'Desert Storm', 'The Gulf War', or what is locally known as the '*Ghazu*', where its neighboring country of Iraq invaded Kuwait on August 2nd 1990, seizing control and occupying the country within two days (Khadduri & Ghareeb, 2001; Long, 2004). The attack came as a shock to the citizens, as Kuwait, from its conception to date, has remained a predominantly politically neutral party, often not engaging in international affairs and keeping to itself (Al-Ebraheem, 2016). The country was illegally occupied and terrorized by the Iraqi military for seven months, which resulted in the arrest, torture, and execution of thousands of Kuwaiti civilians and revolutionaries (Long, 2004). Despite widespread fear of the Iraqi regime, most Kuwaitis actively resisted the occupation in defense of their nation's integrity (KMO, 2015). This resistance resulted in numerous cases of martyrdom, the disappearance of prisoners of war, and lasting physical injuries and disabilities among survivors.

This was a traumatizing and devastating event for Kuwait and its citizens, with the

country relying on foreign intervention from the United Nations, the United States, Europe, and Saudi Arabia to aid in the removal of Iraqi occupational forces from its borders (Freedman & Karsh, 1991). Although Iraqi forces retreated from Kuwait on February 28, 1991, marking Kuwait's liberation, over 30 years later, until this day, American troops still maintain a base within Kuwait, with the country being recognized as holding one of the largest American headquarters within the Arab world (Katzman, 2014; Wallin, 2022). As a result, the foreign interventions which remain present in the country creates an added layer of perplexity in Kuwait today, whereby the country is identified as free, yet, is still very much impacted and under the influence of its foreign visitors and bases (Wallin, 2022), a fact which is seldomly discussed in politics or social settings, further perpetuating the silence surrounding coloniality within the country.

Figure 4. Important Dates in Kuwait History



Following the removal of Iraqi occupational forces, the country and its people focused on reconstructing their social, political, and economic structures (Scull, 2009). The government immediately began establishing resources to aid citizens, by establishing a National Committee for the Missing & Prisoners of War Affairs in 1991, to raise awareness surrounding Kuwait's prisoners of war, and provide counselling support to families of missing prisoners of war (NCMPA, 2003); in addition to establishing a Martyrs Office in 1991, which honored the martyrs of Kuwait, and offered their families financial, educational, psychological, and rehabilitation support (KMO,

2015). The country and its citizens were in a state of deep reflection following this attack, questioning, *How did this happen? What does this mean for my country? Moreover, what does it mean to be Kuwaiti?*

National Identity

Following the independence of many Arab countries, several questions have arisen regarding identity and what constitutes it. *What does it mean to be Arab? Muslim? Or Kuwaiti? Which one of these systems takes precedent over the others, and how do these systems interact internally and externally, politically and independently?* Three political ideologies began to rise in response to these questions. The first ideology comprised nationalists, who drew inspiration from the West and championed the concept of a nation-state, prioritizing the “nation” or country over religion, ethnicity, language, and so on. The second ideology comprised pan-Arabists, who viewed the union and alliance of Arab countries as a means of securing regional and international safety and security; and the final ideology, Islamists, highlighted the significance of uniting Muslims and revitalizing the Islamic community as a means of gaining strength in numbers (Kumaraswamy, 2006). Each ideology and movement offered a unique interpretation of which system is more significant. Which one offers the most intrinsic and extrinsic value, however, following the invasion of Iraq, an Arab Muslim nation, many Kuwaitis began to question the relevance of their Arab and Muslim identity, instead choosing to prioritize their nationality as Kuwaitis over their ethnicity as Arabs, and religion as Muslims (AlFozaie, 2016; Al-Kandari, Y.Y., & Al-Hadben, 2010; Alqattan, 2018; Casey, 2007).

Kuwaiti nationalism, as such, often encompasses distinctive foods, holidays, events, and

pastimes that are considered integral to Kuwaiti society and way of life. These cultural markers function not only as expressions of identity, but also as everyday practices through which belonging and national continuity are reinforced. However, it is important to note that this prioritization of Kuwaiti culture and nationalism does not diminish the influence of broader Islamic and Arab identities. Rather, these identities are deeply intertwined and often co-exist in complementary ways. For instance, Islamic holidays and customs form a central part of everyday life in Kuwait, where individuals frequently greet one another with *salam aalaikum*—an Islamic greeting meaning “peace be upon you” (Eesa, 2019). In addition, a significant dimension of Kuwaiti nationalism is rooted in the Arabic language, particularly the Kuwaiti dialect, which serves as a key marker of both national belonging and cultural specificity within the wider Arab world.

Accordingly, the boundaries of Kuwaiti national identity are neither fixed nor universally experienced. While the protection and preservation of national identity remain ongoing concerns for both the state and society, this identity does not exist in isolation from other social, cultural, and historical influences. Each Kuwaiti may embody and negotiate their sense of nationalism differently, shaped by factors such as generational positioning, exposure to global cultures, and personal values. As such, Kuwaiti national identity can be understood as a dynamic and evolving construct—one that is continuously shaped, contested, and redefined across contexts. Figure 5 illustrates a classical image of Kuwait’s traditional national identity. The richly embroidered *dara’a* (traditional dress) and gold *batoola* (face jewelry) are symbolic of Kuwaiti heritage, reflecting the aesthetics and values rooted in Gulf traditions. Attire like this is still typically worn on cultural and religious occasions, such as Kuwait's national and liberation days and the Holy Month of Ramadan.

Figure 5. Embodying the Nation, Traditional Attire as a Symbol of Kuwaiti National Identity



Counseling Education and Application

Kuwait's broader systems and historical developments have significantly shaped the emergence, growth, and practice of mental health and counselling within the country. This subsection, therefore, examines how these influences have informed contemporary counselling practice within the Kuwaiti context. Before doing so, however, it is important to clarify the use of

the terms psychology, psychotherapy, and counselling within the context of Kuwait. While this research will make analytical distinctions between these concepts where relevant, it is important to note that such distinctions are not consistently reflected within the Kuwaiti context. While these concepts are often treated as distinct professional disciplines in many global settings, in Arabic, these positionalities all broadly fall under the term *Ilm al-Nafs*, often translated as “self-knowledge” (Urvoy, 1991, 2020). Consequently, although ongoing debates regarding disciplinary boundaries and institutional positioning persist internationally, such distinctions are neither clearly articulated nor operationalized within the Kuwaiti context. The Kuwaiti landscape is instead characterized by fluid and overlapping boundaries among counselling, psychology, and psychotherapy, resulting in intersecting roles, functions, and practices (Aldousari, 2023).

Counseling refers to a field of psychology concerned with diagnosing and treating individuals with various mental health difficulties (Aldousari, 2023). Counseling was first introduced in Kuwait around 1950, when the Ministry of Health imported foreign psychologists to provide various therapeutic services to the Kuwaiti population (Alkhadher, 2022; Zahid & Al-Zayed, 2009). At the time, citizens and the country relied on these foreign professionals for mental health services, which led to increased mental health awareness and the establishment of several psychotherapeutic hospitals and centers to increase accessibility to psychological care. Psychology and mental health have, as such, always been essential and significant parts of health for the Kuwaiti population, with Kuwaiti educational systems seeking to develop psychological programs and degrees for students looking to work within the field. Kuwait University began offering psychological studies at the academic level in 1966 as an undergraduate (bachelor’s degree) program within the School of Social Sciences (Alkhadher, 2022; Kuwait University, 2022),

and the field of counseling and psychology flourished in Kuwait along with its other healthcare systems.

Following the Iraqi invasion, however, many of the healthcare systems in Kuwait experienced setbacks (Zahid & Al-Zayed, 2009), in which centers were destroyed and patients were discharged. All healthcare services, including counseling, were reduced to necessities only, with the number of healthcare practitioners decreasing by 10 percent. After Kuwait's liberation on February 28, 1991, the country's healthcare infrastructure was in ruins, meaning the country would have to rebuild its healthcare systems piece by piece.

As it had previously, the government began recruiting foreign agencies from Western countries to aid in building educational systems, restoring psychotherapeutic services, and improving therapeutic standards, ultimately resulting in new rehabilitation facilities, policies, and procedures aimed at quality control and audit. *Al Riggae Center* was established to address the psychological consequences of the war, particularly post-traumatic stress disorder and other anxiety-related conditions. To support this effort, the government recruited a team of Danish therapists to aid in diagnostics and supervise the work of local professionals (Zahid & Al-Zayed, 2009). In addition, the Center conducted population screening and community-based studies to better understand the impact of war and its aftermath. In an interview conducted by Gielen (2008) with a Kuwaiti counselor who worked with citizens post-war, the counselor asserted that therapeutic practitioners and therapists established and demonstrated their significance in society, which resulted in increased importance placed on psychotherapeutic services. Unsurprisingly, the *Ghazu* ultimately left a deep psychological wound within the hearts of Kuwaitis, as the betrayal of such an attack by a neighboring, formally friendly country resulted in

significant psychological and mental distresses for the citizens of Kuwait and the generations who followed. Scull (2009) argues that the country and its people still feel the effects of traumatic stress and anxiety disorders, as it is this stark contrast of feeling impeccably safe and secure, versus, within a moment's notice, feeling unsafe, and falling under mutiny, which has created a level of unease within Kuwaiti citizens (Al-Turkait & Ohaeri, 2008; Hadi, Llabre, & Spitzer, 2006; Llabre, & Hadi, 2009; McFarlane & Van der Kolk, 1996).

It was therefore essential to rebuild these facilities within society. Together, the Kuwaiti government and foreign agencies from Western countries began reconstructing psychological facilities, establishing public and private hospitals and departments aimed at providing psychological care to Kuwait's residents and citizens, with public centers such as the *Kuwait Center For Mental Health* serving all the residents of Kuwait, regardless of nationality, free of cost, staffed by psychologists, counselors, psychiatrists, social workers, and neuroscientists (Almazeedi & Alsuwaidan, 2014; Al-Qimlass, 2015). Kuwait University and the American University of Kuwait relaunched their undergraduate psychology degrees (AUK, 2022), with programs that aim to provide students with knowledge of psychological theories, approaches, and examination, while offering field training in schools, hospitals, and other suitable settings (Al-Qimlass, 2015). Kuwait University also began offering a master's degree in general psychology in 1996, allowing students to specialize in areas such as counseling, clinical psychology, and developmental psychology (Alkhadher, 2022). Reflecting its reliance on Western educational models and external validation, Kuwait University sought an early evaluation of its counseling and clinical studies program from a U.S. accrediting body (Alkhadher, 2022). The purpose of this review was to demonstrate alignment with international standards and to ensure that graduates

were adequately prepared to meet the professional expectations characteristic of Western institutions (MPCAC, 2022). The accrediting body, however, determined that the program failed to meet the requisite standards for a master's degree in counseling and clinical studies (Aldousari, 2023). As a result, the program was discontinued in 2001, leaving Kuwait without a graduate-level offering in psychotherapy despite considerable student interest.

Kuwait has historically placed a strong emphasis on education and the quality of public welfare, a commitment formally embedded in its constitution. Article 13 identifies education as a fundamental prerequisite for societal advancement, to be guaranteed and promoted by the State. In contrast, Article 40 further establishes education as both compulsory and free, secured as part of the broader welfare system. In practice, this constitutional mandate requires all Kuwaiti citizens, irrespective of gender, to complete at least secondary education, with the State assuming responsibility for all related expenses, including meals, uniforms, transportation, and healthcare. Due to the loss of a valid master's and doctoral psychological education system in Kuwait, students are currently encouraged to pursue their master's and doctoral degrees in Western countries, mainly the United States, Canada, Europe, and Australia (Sadek *et al.*, 2022).

This highlights the admiration and esteem that Kuwait presents Western institutions and programs (Aldousari, 2023), because even though the Kuwaiti demographic, culture, and climate differs greatly from those in Western countries, within the field of psychotherapy and counseling, whether choosing to study in Kuwait at an undergraduate level, or abroad at a masters or doctoral level, the choices of institutions and training programs privileged by Kuwaitis studying in these areas abroad are likely to be influenced by the colonialist presentation in Kuwait, and not representative of the full spectrum of counselling and psychotherapeutic framings,

adaptations and critiques of the tradition from within. Kuwaiti students are, as such, exposed to a medical model of mental health and wellness, within their training and education, that reflects a biomedical and reductionist presentation of psychotherapy. Within the Kuwaiti context, therapeutic practice is frequently characterized by a structured, protocol-driven approach that prioritizes scientific legitimacy and evidence-based models, often at the expense of relational and experiential dimensions of care. Psychotherapy is commonly situated within medicalized and institutional frameworks, where measurable outcomes, diagnostic clarity, and adherence to established treatment models are emphasized. As a result, therapeutic orientations that foreground relational depth, subjectivity, and co-constructed meaning, such as integrative approaches, are less visible and, in many cases, not formally available within mainstream practice. This prioritization reflects a broader privileging of Western-endorsed scientific knowledge, which is frequently positioned as neutral and universally applicable, while alternative epistemologies and therapeutic traditions receive limited recognition. Consequently, the scope for flexible, relationally attuned, and culturally responsive therapeutic work remains constrained within dominant clinical settings in Kuwait. According to decolonial research, this approach to care has many limitations and implications with respect to its effectiveness towards marginalized and Indigenous groups, such as the Kuwaiti demographic, who have been shown to value more individualized, holistic methods of health and wellness (Gielen & Al-Khawajah, 2008; Scull, Khullar, Al-Awadhi, & Erheim, 2014).

Irrespective of this lack of applicability, the colonial mindset of 'west is best' is nevertheless adopted by the government, and often by the people (Al-Baghli, 2019; Aldousari, 2023; Almazeedi & Alsuwaidan, 2014; Al-Qimlass, 2015; Okasha, Karam, & Okasha, 2012; Zahid

& Al-Zayed, 2009). This was depicted in Aldousari's (2023) study, which expanded on the impact of colonialism in psychotherapeutic settings within Kuwait. The study found that healthcare practitioners often adopted colonial mindsets valuing Western educational systems, credentials, and knowledge, irrespective of demographics, varying attitudes, and cultures. This is interesting, as, although maintaining national identity is claimed to be a top priority for the government and Kuwaiti people, the country and its citizens often place their faith and trust in systems that are founded and grounded in colonial principles and ideologies, such as the one depicted within biomedical and science-based psychotherapeutic ontologies. The issue then, is how these perceived superior approaches to psychotherapy are experienced by the Kuwaiti people, and how an integrative holistic approach to psychotherapy may impact the experience of therapy and its overall inclusiveness, as healing within this demographic is considered to be a holistic endeavor, encompassing the mental, social, emotional, physical, and spiritual components of the self (Al Attas, 2005).

Conclusion of Kuwait: The Contextual Setting

Through a decolonial lens, it becomes evident that during the British protectorate and the years that followed, Kuwait remained deeply shaped by Western ideological influence, particularly in the formation of its governmental institutions and the field of psychology. This influence manifested in reliance on foreign agencies to design and implement psychological programs, the pursuit of accreditation from Western institutions, and the dependence on Western textbooks, curricula, and knowledge systems. Together, these practices demonstrate a systematic privileging of Western epistemologies over Indigenous and Arab traditions. The

persistent aspiration to conform to Western standards and the assumption of their superiority, irrespective of cultural relevance or inclusivity, underscores the continuing impact of colonial legacies and the dominance of Western discourse in shaping Kuwait's educational system.

Another evident article is that although the government and people of the country are constantly striving to protect Kuwait's cultural heritage and national identity above all else, they appear to be blinded by the colonial influences that seep into Kuwait's infrastructure, whether it is through the educational, healthcare, or political systems that the country currently operates under. This means that the impact of colonialism is not recognized within the governmental systems that influence the country, nor within society, in a manner that allows citizens to discuss these concepts amongst one another.

This thorough account of Kuwait as a contextual setting, therefore, offers insight into the country's background and circumstances, ultimately lending perspective on the intensity of colonialism within the Kuwaiti mind and offering a preemptive look into how one can even find themselves complicit in maintaining this silent narrative.

Chapter Three: The Literature Review

It is said that the primary intention of the psychotherapeutic discipline is to be efficacious in providing as much mental health care and support to as many people as possible (Bennett, 2004; Taylor, 2022); however, research has indicated that there are several systemic limitations in meeting and exceeding these goals (Barona & Santos Barona, 2003; Desmet *et al.*, 2021; Goertz & Mahoney, 2012). The Council of National Psychological Associations for the Advancement of Ethnic Minority Interests has reported that currently, psychotherapeutic services are being heavily underutilized by minority groups worldwide, specifically those that are considered marginalized demographics (Barona & Santos Barona, 2003). Decolonial research suggests that the monocultural foundation of dominant psychotherapy disciplines is the main cause of this underutilization, which perpetuates a rigid approach to knowledge, healing, and wellness that often excludes minority and marginalized demographics (Ali-Faisal, 2020) As a result of these foundational limitations, it is argued that Indigenous communities and groups, such as Arab Muslims, are often on the receiving end of un-inclusive, inadequate care within spaces of healing, resulting in a mistrust and underutilization of psychotherapeutic services around the world (Alattar, Felton, & Stickley, 2021; Ali-Faisal, 2020).

While more modern approaches to psychotherapy have emerged which aim to address the colonial mindset that impacts many minority and marginalized demographics, such as liberation therapy and social justice counseling (TRI, 2021); research within the decolonizing psychotherapy field has found that many of these demographics prefer decolonized approaches to healing which offer more individualized, holistic, experiences (Adams, Dobles, Gómez, Kurtiş,

& Molina, 2015; Al-Attas, 2005; Ali Faisal, 2020; Bojuwoye, & Moletsane-Kekae, 2018; Brakel, 2013; Millner, Maru, Ismail, & Chakrabarti, 2021; Struthers, Eschiti, & Patchell, 2004). Considering this knowledge, decolonial researchers such as Taylor (2022) have been surveying the integration of these decolonized, holistic practices into psychotherapeutic environments, calling this approach “integrative psychotherapy”. Integrative psychotherapy may be defined as a model that incorporates the fundamental principles of therapy with holistic medicine and healing (Ventegodt, Kandel, & Merrick, 2005), including any holistic framework that has worked successfully prior to colonization (Zapata, 2020). Such approaches may involve incorporating spirituality, religion, yoga, mind-body modalities, and other practices into the psychotherapeutic environment, which the biomedical model of the psychotherapeutic paradigm may otherwise deem non-traditional or unconventional.

Thus far, psychological research exploring a decolonized approach to therapy has assessed the implications of such work with several demographics, including people of color and Indigenous peoples (Taylor, 2022); however, the literature has yet to explore this approach to decolonizing psychotherapy with other minority demographics, such as Arab Muslims (Ali-Faisal, 2020). It is therefore of interest to integrate Arab Muslim demographics within the research surrounding the decolonization of psychotherapy, and shine a light on their various voices and experiences, as the group are considered to be vastly marginalized and disregarded within healthcare and psychotherapy (Choudhry, 2016), which has been reported to result in higher levels of mental health trauma (Al-Humoud, Al-Zayed, & Al-Hasan, 2024; Hadi, Llabre, & Spitzer, 2006), a perpetual lack of research and inquiry surrounding them (Ali Faisal, 2020), and an ultimately un-inclusive approach to care within psychotherapeutic settings (Rassool, 2015).

This literature review is structured to expand on this problem through two interconnected lines of inquiry. It begins by examining the current climate of counselling, introducing psychotherapy, tracing its historical roots, and exploring how various forms of colonialism are reflected and manifested within psychotherapeutic knowledge and education. It also considers how these colonial influences shape practitioners' approaches to healing.

It then turns to integrative psychotherapies as a response to the lack of inclusivity within the dominant psychotherapeutic paradigm. This discussion engages with the embrace of (w)holism within Indigenous communities, presents research on the integration of yoga among Muslim populations, and elaborates on the application of Yoga Integrated Therapy (YIT) in practice.

Taken together, these strands highlight both the epistemic and practical gaps within existing research. By contrasting the current climate of counseling with an embracement of (w)holism, this literature review lays the groundwork for the subsequent section, Research Gap and Question, which articulates the specific contribution this study aims to make.

The Current Climate of Counseling

Psychotherapy's Colonial Roots

There is a substantial debate over whether psychotherapy is considered a philosophical practice or a scientific discipline. Marcia (2015) stated that,

“The relationship between philosophy and science, in general, and philosophy and psychology, in particular, has known historical dynamics, [where] ... modern sciences, as we have come to define them today, have been born out of philosophical speculations the moment the maturation of the field reached the stages of empirical testability” (Marica, 2015, pp. 383-387).

Thus, the sciences are bred from philosophy, and philosophy feeds the sciences, with their relationship co-mingling and playing off one another. Irrespective of this correlation between philosophy and science, many scientific disciplines have historically turned away from aligning themselves with explicit philosophical influences, as science is often considered a discipline of knowledge which is grounded in measurable and quantifiable validity and reliability- its scope centered around pursuing evidence-based facts, from which one may develop empirically supported ideologies. In contrast, philosophy is often argued to be more interpretative, ideological, and debatable (Marica, 2015).

Psychology, however, perhaps more so than many other scientific disciplines, continues to be marked by its ties to philosophy, in which many of its views surrounding human nature and development originated and stemmed from both philosophical and empirical traditions (Chung & Hyland, 2011), which considered the condition of human nature, the soul, relationships, and the role of emotions far before psychology was established as a distinct scientific discipline (Saarinen, 2022).

In fact, some of the earliest conceptualizations surrounding human nature are believed to stem from Muslim, Middle Eastern scholars (Lone & Hussien, 2023), who wrote extensively about *Ilm-al Nafs* or self-knowledge, theorizing about the self (*nafs*), the heart (*qalb*), spirit (*ruh*), intellect (*aqil*), and will (*irada*) (Urvoy, 1991, 2020). These writings often centered on holistic interpretations of human nature and maintained theological influences from Islam. While many researchers argue that these theories, among others, contributed to early psychological, sociological, and philosophical understandings (Lone & Hussien, 2023), Muslim scholars are often less prominently mentioned within dominant historical recounting of these disciplines, due in part to the epistemic authority that Western ideologies have maintained surrounding knowledge production and dissemination (Dallal, 2010).

Instead, within many dominant historical narratives, the development of psychology as a formal discipline is more often attributed to Western and European philosophers and scholars (Chung & Hyland, 2011). The development of the psychological discipline is often traced to philosophers such as Plato, who argued that the soul or psyche comprises three parts: an intellectual part, a part concerned with wants and desires, and an emotional part. He believed that for the psyche to be healthy, these three distinct parts would have to find balance and equilibrium amongst one another (Moline, 1978; Solmsen, 1983). Aristotle built on Plato's theory of the mind, emphasizing thought and reason as the approach to acquiring knowledge and understanding (Bolton, Code, & Hetherington, 2012).

These theoretical philosophies surrounding human nature would continue to develop over the next two millennia, well into the Renaissance, which brought about newly adopted interpretations that created more distinction and separation surrounding human nature. For

instance, René Descartes developed his theory of Cartesian Dualism, or mind-body dualism, which holds that the mind and body are two separate entities (Baker & Morris, 2005), with the mind being an immaterial substance that gives rise to thoughts, emotions, and beliefs, while the body is a physical substance. The central claim of dualism is therefore that the immaterial mind and the material body are two distinct substances that interact to cause behavior yet may be conceptualized as existing independently (Baker & Morris, 2005).

Theories such as these were built upon earlier philosophical traditions and were further developed within emerging Western scientific and philosophical frameworks, which often emphasized separation and classification of human faculties (Brown & Key, 2020). Philosophers continued to debate these ideologies and theories surrounding the inner workings of the mind and the essence of human nature. However, they struggled to measure immaterial structures such as thoughts and feelings. As such, the study of human nature was largely considered a branch of philosophy, rather than an empirical science (Marica, 2015).

This began to shift in 1879, when German physician Wilhelm Wundt established the first experimental psychology laboratory within the philosophy department at the University of Leipzig, to apply scientific methods to philosophical problems surrounding human nature (Rieber, 2013). Specifically, Wundt believed that he could understand the structure of the mind through introspection, which refers to a close examination of one's own conscious experience (Leahey, 1981; Rieber, 2013).

This work represents a significant milestone in the development of psychology as an empirical discipline, as it indicated that mental processes could be systematically studied using experimental methods, thereby contributing to psychology's gradual differentiation from

philosophy and setting the stage for future psychologists (Mandler, 2011; Schultz, 2013), and arguably introducing measurement-based approaches that would later influence diagnostic and classificatory systems within the discipline.

Thereafter, psychology as a discipline began to evolve, with William James developing Functionalism, which focused primarily on understanding how specific mental processes helped human beings survive and adapt to their environment (Green, 2009). Functionalists came to ponder why the mind does certain things, posing questions such as: *Why do we have emotions? Why do we form relationships? Moreover, how do human behaviors help us live in our environment?* Functionalists sought to explore these questions through observation and analysis of human behavior, thus adding a layer of methodological inquiry to the study of psychology.

Gergen (2007) argues that observational methodologies such as these may contribute to hierarchical dynamics, as they position the observer as an external authority responsible for assessing another individual's experiences and proficiencies. This process can contribute to the establishment of distinctions between an "observant knower" and a "subject", whereby perceived normative standards, often derived from dominant demographic groups, may be applied across diverse populations, regardless of differing cultural, religious, or contextual circumstances (Gergen, 2007).

Relatedly, the expansion of classificatory and diagnostic practices contributed to the development of formalized systems such as the Diagnostic and Statistical Manual (DSM) (Regier, Narrow, Kuhl, & Kupfer, 2010). Currently in its fifth edition, the DSM is oftentimes referred to as psychiatry's bible (Godwin & Blashfield, 1999; Horwitz, 2021) and serves as one of the primary institutional frameworks guiding psychiatric diagnosis and classification (Kinghorn, 2020). Its

purpose is to provide clinicians with a standardized classification system that enables mental health conditions to be identified and assessed against established diagnostic criteria, thereby supporting consistency in clinical practice and research (Kelly, 2014; Salvatore, 2011).

The standardization of mental illness classifications became prominent following the Second World War, when the United States Department of Veterans Affairs sought ways to diagnose and treat returning service members who displayed a wide range of psychological difficulties (Wilson, 1993). Several years later, in 1952, the American Psychiatric Association (APA) published the DSM-I, an adaptation of classification systems that were influenced by military and clinical needs during and after World War II (Shorter, 2013). This classification system was developed primarily within Western medical and psychiatric contexts, and its early conceptualizations reflected the scientific, cultural, and social assumptions of that period (Shorter, 2013).

This orientation shifted as the APA increasingly emphasized psychoanalytic ideologies, particularly those associated with Sigmund Freud, widely regarded as a foundational figure in psychoanalytic theory and early psychotherapy (Freud, 2004). His work, psychoanalysis, focused on identifying the internal structures of the mind and the tensions that exist among them (Mannoni, 2015). He further introduced theories, among others, that distinguish between the conscious and unconscious mind, which reinforced models that conceptualize human psychology as comprising separate interacting internal processes.

Following these developments, the field of psychology continued to expand into additional branches of care, including Clinical Psychology, Behaviorism, Neuropsychology, and Cognitive Psychology, many of which emphasized observable behaviour and empirical

methodologies (Shorter, 2013; Plaud, 2003; Watson, 2017; Barsalou, 2014; Miller, 1988; Staddon, 2014). These approaches contributed to the strengthening of scientific and measurement-based frameworks within the field, reinforcing the prioritization of objectivity, quantification, and experimental validation. As these frameworks became increasingly institutionalized, philosophical, spiritual, and holistic perspectives became less central within dominant academic and clinical contexts, often positioned outside the boundaries of what was considered legitimate knowledge (Dallal, 2010; Gergen, 2007).

Although psychology and psychotherapy have since diversified into numerous approaches that aim to elicit greater relationality within counselling, and the field reflects a plurality of theoretical and ontological perspectives rather than a single unified framework, many dominant institutionalized approaches continue to be grounded in scientific paradigms, which emphasize empirical investigation, validity, reliability, and standardized methods as primary markers of legitimacy, thereby continuing to shape how knowledge is produced, evaluated, and practiced within the discipline (Adams, Dobles, Gómez, Kurtiş, & Molina, 2015).

Scholars working within decolonial traditions argue that these paradigms did not emerge in isolation, but were developed within specific historical, cultural, and geopolitical contexts, including those shaped by colonial power relations. Within this framing, the privileging of empirical, standardized, and measurement-based approaches can be understood not simply as neutral scientific progress, but as reflective of historically situated systems of power that elevate particular ways of knowing while marginalize others. As a result, these paradigms have influenced what forms of knowledge come to be recognized as authoritative within the discipline.

Decolonial psychologists argue that these developments have given rise to several

implications for dominant psychological and psychotherapeutic frameworks (Barona & Santos Barona, 2003; Zarbo, Bergame, Tasca & Cattah, 2016). First, as psychological science became a leading authority on mental health, it also gained influence in defining and classifying psychological conditions. Through the identification of such “deficits,” the field contributed to the establishment of normative standards for mental health and behaviour, where what is considered “normal” may reflect socially accepted norms shaped by dominant cultural discourses (Gergen, 2007).

Second, the concept of “curing” perceived mental illness carries significant epistemic authority, particularly when definitions of illness are derived from specific cultural and institutional frameworks. In this sense, defining the self as an illness or disorder, alongside the assumption that it can be treated, contributes to the establishment of professional systems of care grounded in particular understandings of normalcy and pathology (Gergen, 2007).

Finally, as psychology has increasingly adopted experimental methods, statistical analyses, psychological testing, and structured treatment programs, certain institutionalized forms of knowledge have gained prominence and authority. This has contributed to the establishment of hierarchies of expertise, in which scientific and clinical perspectives are often privileged over philosophical, religious, and cultural interpretations of the self (Gergen, 2007).

Although psychology has evolved significantly over time, many dominant frameworks continue to reflect structured ontological and epistemological foundations that emphasize empirical validation and classification (Adams, Dobles, Gómez, Kurtiş, & Molina, 2015; Cohen & Zinaich, 2013; Desmet *et al.*, 2021; Goertz & Mahoney, 2012; Goodwin & Goodwin, 2016; Hay, 2007; Jovanović, 2010; Piaget, 1977). These foundations may contribute to the perception that

mental health can be defined through standardized diagnostic criteria, although this assumption has been increasingly debated (Taylor, 2022; Zerlin, 1989). In the Kuwaiti context, these dynamics are reflected in the prioritization of a dominant biomedical model of psychotherapy, which emphasizes diagnosis, symptom reduction, and standardized treatment protocols. This model, largely informed by Western psychiatric and psychological traditions, often positions mental health within a clinical and individualized framework, potentially overlooking broader cultural, relational, and spiritual dimensions of wellbeing that are significant within distinctive contexts. As such, the continued dominance of the biomedical paradigm may be understood as an extension of these historically embedded epistemic hierarchies, shaping not only how mental health is understood, but also which forms of care are legitimized within institutional practice.

As Kuwait differs significantly from Western contexts, yet continues to adopt approaches to care grounded in these ideological foundations, an important question emerges regarding how such frameworks shape the experiences of individuals engaging with psychotherapy. Routes to healing that are constructed through Western discourses may not fully accommodate or account for the diverse beliefs, identities, and worldviews held by Kuwaiti individuals, including those shaped by national identity, religion, culture, and other intersecting systems. Furthermore, when these underlying frameworks remain implicit or unexamined, it raises critical questions about how individuals within the Kuwaiti context navigate, negotiate, and potentially assimilate into a system of care that is rooted in historically colonial structures.

Epistemic Injustice in Practice

In light of these colonial foundations, a critical question emerges regarding the extent

to which such systems can be trusted. If these frameworks are rooted in historically situated power relations, it becomes necessary to interrogate the assumptions upon which their authority is built. Decolonial scholars have therefore turned their attention to the concepts of “certainty” and “truth,” questioning not only whether truth can be known, but also whose truth is recognized as valid and legitimized within dominant knowledge systems.

According to the positivist scientific approach of the biomedical model in psychotherapeutic practice, truth is often understood as singular, objective, and accessible through empirical inquiry. This is evident in its adoption of the dominant constructions of psychological normality and its implementation of the DSM, which serves as one of the primary sources of epistemological knowledge within the discipline (Eysenck, 2014; Follette & Hayes, 1992). However, while the version of truth enacted within these approaches might highlight an interpretation of normalcy upheld by Western discourses, there is much to consider regarding its inclusivity, efficacy, and applicability to Indigenous populations.

In many ways, the imposition of a perceived truth leads to a formal pathologizing and othering, through its rejection of Indigenous cultures and values. By holding these communities to an imagined, mythic, ideal; the lives of Arab, Black, Indigenous, People of Color (BIPOC) and those of the Global South (Africa, Asia, Latin America, and Oceania) are evaluated against a Western hegemonic ontology (Adams *et al.*, 2015; Bulhan, 1985; Bulhan, 2004), which is simply inapplicable to their own respective contexts and perspectives. Said (1978) outlines this concept as *Orientalism*, a discourse whereby Europeans and Americans render non-white dominated countries such as African, Asian, and Arabian societies as exotic, uncivilized, unsophisticated, and in need of Western interventions; developing a form of thought, grounded on the assumptions

of ontological and epistemological supremacy of the *Occident* (i.e. the West) over the *Orient*, where the *Orient* is characterized as ontologically emotional, subservient, lazy, and illogical, while the *Occident* are viewed as rational, logical, scientific, and industrious. The *Orient* is thus held to the idealistic standards of the *Occident*. Sue (2001) argues that by setting this standard, counseling practices inherently perpetuate bias and discrimination because they tend to view cultural norms and values that differ from Western perspectives as abnormal. Laenui (2000) further suggests that this tendency to pathologize non-Western cultural norms and practices (Horwitz, 1982; Vanheule, 2014) contributes to the colonial process of cultural denial, whereby indigenous and culturally rooted epistemology is delegitimized, erased, or reframed within dominant therapeutic and diagnostic frameworks. Correspondingly, the dominant constructions of psychological normality facilitate an othering of many ways of being.

The concept of 'othering' was derived from a sociological theory by Howard Becker in his 1968 book, *Outsiders* (Becker, 2008). In it, Becker outlined *labeling theory*, which explores how societal standards and norms dictate what is considered deviant behavior and how outliers are "othered" consequently for deviance (Mead & Becker, 2011). Becker argued that the concept of deviancy is nuanced and dependent on several structures. For instance, an act becomes deviant only when others define it as such, and others' definitions of deviancy are contingent on many factors, including where an action takes place and individual perceptions (Mead & Becker, 2011). Becker further argued that the labels placed on individuals inform both how they are perceived within society and how they perceive themselves, with the label becoming their master status, resulting in a reciprocal reinforcement that perpetuates the label (Mead & Becker, 2011).

This theory is what forms the basis of *othering*, as it is the labels placed onto individuals

by an often-dominant group or demographic that creates prejudice, marginalization, and racialization, which many minority groups experience (Brons, 2015). Formally, the term ‘othering’ refers to a set of dynamics, processes, and structures that engender marginality and inequality (Brons, 2015). It is the ideas, beliefs, and behaviors held by an individual or group about another individual or group, in which the in-group defines both its own characteristics and those of the others. Those identified as ‘other’ are then marginalized, excluded, and demonized, propagating group-based inequality and marginality (Brons, 2015). In his book, *The Colonial Present: Afghanistan, Palestine, and Iraq*, Derek Gregory (2004) argues that,

“To build a conceptual framework around a notion of Us-versus-Them is, in effect, to pretend that the principal consideration is epistemological and natural—our civilization is known and accepted, theirs is different and strange—whereas, in fact, the framework separating us from them is belligerent, constructed, and situational.” (Gregory, 2004, p. 24)

Much like Becker’s labelling theory, many approaches in the psychotherapeutic field maintain dominant constructions of psychological normality, resulting in a “labelling” or diagnosis when individuals do not conform to the standards they set. Marginalized or Indigenous groups who may have their own views of normalcy are then othered within systems of knowledge and society.

In this way, although the biomedical approach to therapy is grounded in empirical science, it additionally perpetuates forms of colonialism that continue to impact the way knowledge is understood, processed, and distributed within psychotherapeutic and counseling fields. These concerns lie at the core of *epistemic injustice*, a concept which interrogates the ethical dimensions of epistemology, knowledge production, validation, and dissemination (Fuller, 2002). Scholars in the field assert that knowledge is not produced in isolation but is deeply

embedded within relational, social, and institutional systems (Fuller, 2002; Smith, 2012). Correspondingly, the ethicality of knowledge is dependent on the ethical integrity of the systems that produce and sustain it- when these systems are rooted in inequality and exclusion, the knowledge that is generated may be rendered epistemically unstable and unjust (Fuller, 2002).

Miranda Fricker (2007), the philosopher who coined the field of epistemic injustice, argues that injustices are correspondingly present within much of the work surrounding marginalized, subjugated, vulnerable, oppressed, and discriminated populations and demographics (Adams, Dobles, Gómez, Kurtiş, & Molina, 2015; Ahmed & Ishtiaq, 2021; Medin, Ojalehto, Marin, & Bang, 2017; Salmon, 2023; Taylor, 2022). In psychological research, certain areas are often overlooked. As Linda Tuhiwai Smith (2012) asserts,

“Research is one of the dirtiest words in the indigenous world’s vocabulary.”
(Smith, 2012, p. 1)

Research involving Indigenous and marginalized populations, such as Arab Muslims, often relies predominantly on methodologies and instruments validated within Western contexts (Ali-Faisal, 2020; Amer & Bagasra, 2013). While these tools may demonstrate reliability for the populations they were designed around, their application across culturally distinct groups risks epistemic inaccuracy and ethical harm, as they are not developed with diverse epistemologies in mind (Ali-Faisal, 2020; Nagi *et al.*, 2021). This imposition of universal standards reflects a broader pattern of epistemic injustice, where dominant knowledge systems overwrite local narratives, values, and expressions of psychological distress. As Tate, Rivera, and Edwards (2015) argue, the exclusive use of Western diagnostic instruments can function as a neocolonial mechanism- incorporating non-Western cultures into frameworks that fail to reflect their lived experiences. Decolonial scholars critique existing diagnostic categories, particularly for disorders like

depression and anxiety, which presuppose a standardized set of symptoms that overlook culturally specific expressions of suffering (Horwitz, 2012; Greco, 2016). While certain events and circumstances are universal, irrespective of culture or demographic background, the meanings ascribed to them and the ways distress manifests vary significantly across cultural and spiritual worldviews (Moodley & Shireen, 2019). Correspondingly, the use of universalized indicators within mental health practice perpetuates epistemic injustices by erasing ontological diversity and imposing a narrow understanding of wellness and illness (Hodge & Nadir, 2008). A significant aspect of research ethics must, hence, include respect for indigenous knowledge, sovereignty, and culturally embedded practices, making the concept of ethics not merely procedural but historical and epistemic.

With the case of Arab Muslim demographics, it is suggested that one of the ways epistemic injustices impacts psychological studies concerning the demographic is in terms of inquiry, with researchers piloting studies that explore stereotypical suppositions of Arab Muslims in comparison to Western values, surveying topics such as women's rights, toxic masculinity, freedom profiles, quality of life scales, and negative impacts of religion on mental health (Abu-Lughod, 2002; Ahmed, 2000; Hussain, 2022; Inayat, 2007; Vandello, 2016). Further, most of the research conducted which includes the terms "Islam", "Muslim", or "Arab", offers an overly simplified, historically insensitive cross-cultural comparison that lacks nuance and relevant context (Stepan & Robertson, 2004; Okazaki, David, & Abelmann, 2008). Supporting Said's (1978) discourse on Orientalism, Ali-Faisal (2020) stipulates that,

"Orientalist representations of Muslims in psychological literature are present, which render the West as rational, thinking, logical, and intellectual while Islam is painted as brutish, radical, irrational, and illogical" (Ali-Faisal, 2020, p. 346).

Said (2003) places special attention on how Western scholars depict the Arab region based on their presumed expert knowledge, while correspondingly, excluding local views that would contradict or cast doubt on the Western views of the Arab region and its residents. Indeed, much of the psychological research surrounding Arabs and Muslims often paints them in an unsophisticated light, and excludes analyses of the many contextual factors which may impact their lives (Alhussainy, 2023; Amer & Bagasra, 2013; Baele, Sterck, Slingeneyer, & Lits, 2019; Elkassem *et al.*, 2018; Garner & Selod, 2015; Haque *et al.*, 2016; Jamal & Sinno, 2009; Khoshnevis, 2019; Matthes *et al.*, 2020; McCauley, Moore, Mason, & Lewis, 2008; Moosavi, 2015; Musa, 2019; Pratt & Woodlock, 2016; Saeed, 2007; Selod, 2015, 2020; Sheridan & North, 2004; Stitt & Segal, 1980), resulting in an othering of the demographic within global systems of knowledge production and application, which are dominated by Western discourses and institutions (Bulhan, 2015; Dabashi, 2008). These forms of colonialism have had a profound impact on the demographic, with Ahmed (2002) arguing that Western epistemology surrounding Islam has significantly shaped the internalized colonization within the minds of Muslims. Abou El Fadl (2020) states that by,

“Colonizing of the Muslim mind’ I do not mean injecting Western values into the Muslim mind [...] Colonizing the Muslim mind means that you’ve injected a sense of dread, a sense of insecurity in the Muslim mind about their own tradition, about their own faith, and about their own law.” (Abou El Fadl, 2020, pp. 15-30)

“The problem with the current form of colonialism, the colonialism of Islamophobia, is that it is far more lethal, far more dangerous than military colonialism, because most Muslims are not aware that they are, in fact, colonized and that [...] it’s very difficult for a Muslim’s relationship to Islam today to exist without having to go through the filter of Islamophobia.” (Abou El Fadl, 2020, pp. 27-19)

These are significant statements, as they illustrate how, due to the colonialism presented within systems of education and knowledge, marginalized groups such as Muslims may view themselves through a Western, Eurocentric lens, rather than through their Indigenous and ancestral frame.

Throughout this project, I came to recognize these tendencies in myself. Although I was raised in accordance with Islamic values and practices and maintained a strong sense of Islamic identity, prolonged exposure to Western models, educational frameworks, and epistemological discourses contributed to the internalization of an image of Islam resembling the one critiqued in this subsection. The colonial mentality embedded within these systems subtly shaped my worldview, often manifesting as self-censorship or the suppression of religious and cultural expressions in the presence of Western audiences, driven by a fear of judgment and internalized belief that Western ideals represent universal standards of morality, righteousness, and dignity. Unbeknownst to me, I was viewing myself, my religion, my culture, and my heritage through a Western lens, rather than through the lens of my own Indigenous frame. This speaks to Abou El Fadl's (2020) quote above, which asserts that most Muslims may not even be aware of the fact that they are mentally colonized. In fact, Aldousari (2023) explores the impact of mental colonization in Kuwait on the field of psychotherapy. She shares,

“One of my most significant findings was the presence of a colonial mentality in the therapeutic process held by both insiders and outsiders. Clients' preference for an ideal therapist often involved avoiding their race in favor of a Western one. [...] The findings highlighted that the Western therapist's sense of superiority further correlated with the client's or other therapists' sense of inferiority, perpetuating the harmful effects of colonialism on the psyche. [...] The analysis shed light on the psychological colonial dilemma and consequences, including issues such as an inferiority complex, internalized colonialism or implicit racism, dual consciousness, and ethnophobia.”
(Aldousari, 2023, p. 211)

Maintaining these perspectives, prevalent psychotherapeutic approaches establish standardized benchmarks for what constitutes “normal” and “abnormal” behavior based on the dominant constructions of psychological normality (Adams, Dobles, Gómez, Kurtiş, & Molina, 2015; Barona & Santos Barona, 2003; Bhatia, 2017; Fay, 2018). Within this framework, mental health is interpreted through a highly narrow lens, where individual and cultural deviations are often pathologized, diagnosed, and rendered irregular (Eysenck, 2014; Fay, 2018), which has been shown to produce systemic biases along lines of gender, religion, race, and culture (Taylor, 2022). As such, in many instances, biomedical approaches to psychotherapeutic care may cast humanity through a lens of ‘sameness’ while simultaneously othering and marginalizing those whose identities or worldviews fall outside its epistemic frame. These embedded assumptions not only shape knowledge and education within the field but also directly inform therapeutic approaches, resulting in standardized models of care that offer uniform healing and unequal outcomes.

Uniform Healing, Unequal Outcomes

The historical, philosophical, and colonial underpinnings of biomedical psychotherapy and counseling, outlined in the preceding subsections, have led to what many scholars identify to be a structural impasse, where the discipline continues to reproduce practices that constrain therapeutic flexibility and limit responsiveness to diverse cultural and spiritual contexts, resulting in a further lack of inclusivity for Indigenous demographics within therapy (Adams, Dobles, Gómez, Kurtiş, & Molina, 2015; Barona & Santos Barona, 2003; Beagan, 2018; Bhatia, 2017; Carpenter-Song, Schwallie, & Longhofer, 2007; Kirmayer, 2012; Watson, Raju, & Soklaridis, 2017).

At the heart of this impasse lies the standardized approach to psychotherapeutic care, which limits practitioner adaptability and overlooks the distinct needs of diverse client populations. As mentioned previously, with the dominant constructions of psychological normality set through Western discourses and an epistemological approach of pathology and diagnostics; practitioners often display an overreliance and dependency on these predetermined criteria and benchmarks regardless of their clients unique, complex, nuanced, and distinctive identifiers and individual characteristics, leaving therapists to opt for a 'one size fits all' or heavily standardized approach to care (Damberg Nissen, Gildberg, & Hvidt, 2018; Widiger *et al.*, 1984).

As such, when a therapist working within the bounds of biomedical psychotherapy is placed with individuals from a distinct cultural, religious, or ethnic background which differs from that of the dominant constructions of psychological normality, therapists are left at the mercy of their code, and as a result, pathologize individuals who may not adhere to said benchmarks (Arnett, 2009; Reynolds, Altmann, & Allen, 2021; Sheridan & North, 2004). This is difficult for therapeutic practitioners as well as clients because, as Laenui (2000) stipulates, the tendency to pathologize non-Western cultural norms and practices (Horwitz, 1982; Vanheule, 2014), and the exclusion of non-Western cultures within psychotherapeutic counseling, contributes to the colonial process of cultural neglect and denial. The issue with such a misunderstanding is that it could lead therapists working with Kuwaiti and other non-Western individuals to form a narrow and biased perspective of their clients' cultural backgrounds and mental health struggles. In the context of counselling Kuwaiti clients, this has, in fact, been shown to manifest in counsellors viewing the Kuwaiti culture through a colonial lens of inferiority, as research has indicated that practitioners within the country typically uphold the same standardized, dominant constructions

of psychological normality and approaches to care perpetuated within Western constructs (Aldousari, 2023).

This absence of proper understanding, consideration, and respect for different cultures and their values has been suggested to be the main contributing factor towards marginalized demographics mistrusting and underutilizing psychotherapeutic services (Alattar, Felton, & Stickley, 2021). For instance, Inayat (2007) argues that Muslim demographics are often fearful or apprehensive of psychotherapeutic services in both their country of origin and Western countries due to a:

1. Mistrust of service providers
2. Fear of inaccessible treatment
3. Fear of racism or discrimination
4. Language barriers
5. Differences in communication
6. Issues of culture or religion

With respect to Kuwaiti demographics attitudes towards psychotherapy, research has shown that although psychotherapy and mental health have long been considered significant within Kuwait's history, as outlined in *Chapter Two*, the demographic still maintains some of these hesitations surrounding psychotherapy, as the pathologizing of Kuwaiti cultural norms and the viewing of traditions and customs which shape national identity through the lens of Eurocentric standards feels alienating and judgmental (Aldousari, 2023), leading to a severe indication of a lack of inclusiveness.

These concerns reflect the multilayered challenges that arise when therapeutic models

are not adapted to accommodate diverse cultural realities. Mistrust and fear of discrimination are not simply perceptual barriers; they are often rooted in the lived experiences of exclusion, invalidation, or misunderstanding within clinical spaces. Language and communication differences can further compound these issues, as the subtleties of emotional expression and culturally specific ways of relating are often lost or misinterpreted in cross-cultural therapeutic encounters. Moreover, the lack of attention to religious or spiritual worldviews within the dominant constructions of psychological normality can alienate clients who consider these aspects to be central to identity and healing. Collectively, these challenges highlight the inadequacy of universalized approaches (Alattar, Felton, & Stickley, 2021; Ahmedani, 2011; Alfano, 2005; Ali-Faisal, 2020; Ciftci, Jones, & Corrigan, 2013; Crow, 2011; Farooqi, 1983; Iqbal, 1984; Kizilhan, 2014; Rizvi, 1994; Vogel *et al.*, 2017).

While researchers in the field have attempted to develop more inclusive approaches to care, such as multicultural counselling and cultural competence training, aimed at integrating marginalized and Indigenous groups into psychotherapeutic settings, these approaches are often developed within, or alongside, the broader biomedical psychotherapeutic paradigm (Adams, Dobles, Gómez, Kurtiş, & Molina, 2015; Barona & Santos Barona, 2003; Beagan, 2018; Bhatia, 2017; Carpenter-Song, Schwallie, & Longhofer, 2007; Kirmayer, 2012; Watson, Raju, & Soklaridis, 2017), which as discussed previously, has been critiqued for raising important ethical and epistemological questions in relation to minority groups, as well as for demonstrating a degree of rigidity in its applicability across diverse cultural contexts. Consequently, while counsellors working with non-Western clients and within non-Western countries, such as Kuwait, may draw on multicultural or culturally competent approaches with the intention of enhancing cultural

relevance, decolonial scholars have highlighted potential inconsistencies and limitations in how these approaches are conceptualized and applied (Aldousari, 2023).

For instance, Racine and Petrucka (2011) note that certain approaches to multicultural counseling, which encourage therapists to closely examine both their own and their clients' worldviews as a means of reducing misunderstanding and incompetence (Sue, 2016), may in some cases, risk simplifying complex and fluid identity formations into more static and generalized categories. This can manifest in frameworks that implicitly suggest how to counsel "Black people," "Latinos," "Muslims," or "Asians," thereby grouping highly diverse populations under broadly constructed and sometimes reductive labels. In this regard, Goodman and Gorski (2015) assert that,

"When we focus on that group and that group and that group and what we need to know about vague, often stereotypical notions of their 'cultures,' we actually replicate a colonizing ideology" (Goodman & Gorski, 2015, p. 5).

Such tendencies, while not inherent to all multicultural or culturally informed approaches, have been critiqued as potentially reflecting residual colonial logics, particularly when culture is approached as fixed, homogeneous, or easily categorizable. Rather than facilitating more nuanced and humanizing understandings, these interpretations may at times produce partial or distorted representations of individuals. As a result, some decolonial scholars argue that the concept of culture itself, along with the epistemological frameworks used to interpret cultural difference, requires critical re-examination through postcolonial and decolonial lenses to better understand its implications for therapeutic practice (Racine & Petrucka, 2011).

Similarly, within certain methodological approaches to cultural competence training, therapists may be encouraged to draw on structured tools such as the DSM-V Cultural

Formulation Interview, the Outline for Cultural Formulation, or to familiarize themselves with the cultural norms of clients' self-identified sociocultural groups through existing psychological research, and adapt their practices accordingly (Bhui *et al.*, 2007; Gerstein *et al.*, 2009). While such tools and strategies may offer valuable points of reference, they have also been critiqued for, in some instances, encouraging more formulaic or standardized engagements with culture, despite the inherently fluid, dynamic, and context-dependent nature of identity (Aggarwal *et al.*, 2013; Mdbama, Hinton, & Mdfrcpc, 2015). In addition, some scholars have highlighted limitations within the methodologies underpinning these tools, particularly regarding their applicability and representativeness in relation to minority groups, which may contribute to partial or constrained understandings of those populations (Adams *et al.*, 2015; Barona & Santos Barona, 2003; Bhatia, 2017).

Thus, while approaches to inclusiveness such as multicultural counselling and cultural competence training aim to reduce the dominance of Western discourses in psychotherapeutic settings, by acknowledging and incorporating clients' cultural and religious frameworks, some critiques suggest that certain components of these approaches may still operate within broader structures that privilege standardized understandings of psychological normality. In such cases, individuals may continue to be interpreted through generalized frameworks, even as greater attention is paid to cultural, religious, and ethnic dimensions of identity.

Although biomedical psychological research has historically categorized individuals according to characteristics such as religion, gender, culture, or marital status, this research suggests that identity is far more complex and multidimensional. Engaging with individuals primarily through the lens of a single sociocultural category may therefore risk offering a limited

interpretation of their lived experience. Furthermore, when therapeutic practices rely on research that may not fully capture the diversity or specificity of a given group, additional layers of complexity may emerge. Rather than facilitating a holistic understanding, such approaches may, at times, inadvertently project partial or externally constructed interpretations onto individuals.

These considerations are particularly relevant within the context of Kuwait. Aldousari (2023) notes that:

“Multicultural counselling approaches remain an influential part of the training of therapists working in Kuwait, especially those with a Western educational background. In addition, many therapists might believe that counselling is inclusive, culturally sensitive, and an unbiased profession because it caters to an altered approach for other cultures through its multicultural methodologies. However, [...] when it comes to multicultural or cross-cultural counselling, it is not enough to just acknowledge that different populations have different cultural norms; rather, it is important to investigate how elements such as language, religion, and communication style influence how counsellors and their clients interact with one another and the information they are trying to share.” (Aldousari, 2023, p. 64)

With these considerations in mind (Beagan, 2018; Botcheva, Shih, & Huffman, 2009; Carpenter-Song, Schwallie, & Longhofer, 2007; Engebretson, Mahoney, & Carlson, 2008; Kirmayer, 2012; Lakes, López, & Garro, 2006; Ridley, Baker, & Hill, 2001), this subsection suggests that there may be a notable tension in how inclusiveness is conceptualized and enacted within biomedical and scientifically grounded approaches to psychotherapeutic care (Bhui et al., 2007). In particular, it highlights the possibility that standardized approaches to healing may produce uneven or limited outcomes across diverse populations, and that inclusion, as a construct, may be more complex, context-dependent, and multifaceted than is fully accounted for within existing psychological frameworks.

From Fragmentation, Through Integration, to Wholeness

Embracing (W)holism

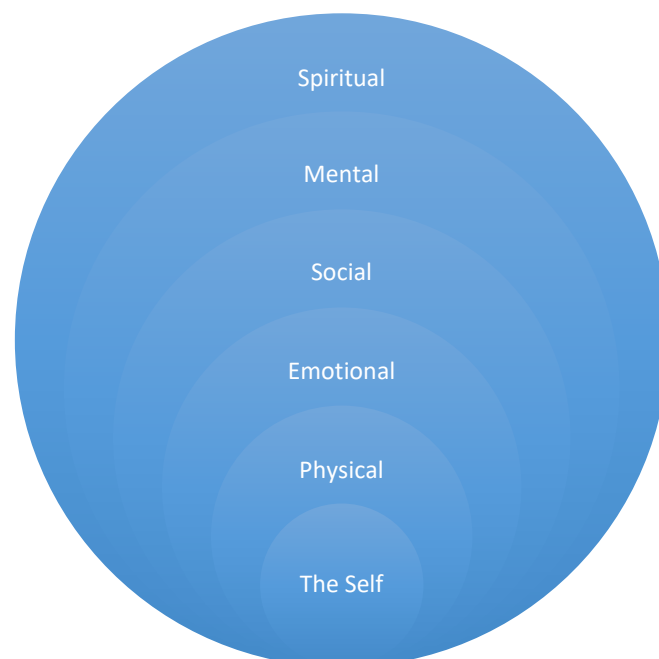
Reyes, Cruz, & Sonn (2015) reason that Western thought has traditionally been characterized by a duality between "humans" and "nature", "mind" and "body", "self" and "other", "object" and "subject". This duality is reflected within many psychotherapeutic approaches, which have been shown to focus on the "mental", while neglecting the other components of the self. Because psychotherapy is considered the study of "mental health", it predominantly directs the discipline towards the mind by focusing on the thoughts and deliberations pertinent to the mental component of health (Cozolino, 2015). However, while mental health is considered to exist independently from other constructs such as the body and soul in Western discourses (Cozolino, 2015), within many Indigenous cultures, mental health is believed to exist in union and correlation to the body and soul; making 'healing' an embracement of (w)holism, which necessitates the union of the various components of the self (Ali-Faisal, 2020; Moodley, & Shireen, 2019; Taylor, 2022).

As a result, the lack of (w)holism within dominant psychotherapeutic environments has been cited as a contradiction or incongruity with many Indigenous demographics (Ali Faisal, 2020), as numerous minority cultures, religions, and groups of individuals view health and wellness to be a holistic experience, rather than a construct which takes place solely within the context of the mind. For instance, with Native cultures, holistic health often encompasses connection with heritage, nature, family, the body, and the spirit (Struthers, Eschiti, & Patchell, 2004); for Asian cultures, wellness might include an assembly of the body, mind, and energies

(Millner *et al.*, 2021); for African cultures, health and wellness may incorporate song, spirit, heart, and soul (Bojuwoye, & Moletsane-Kekae, 2018). Consequently, the severance of these essential components of healing from dominant psychotherapeutic approaches has been argued to create an incompatibility with marginalized groups such as these (Ali-Faisal, 2020; Moodley, & Shireen, 2019; Taylor, 2022).

According to Islamic scholars, holistic healing entails the unification of the various components of the self as outlined in the Quran (Al-Attas, 2005). The components of the self include the *social self*, *emotional self*, *mental self*, *physical self*, and *spiritual self*, which are argued to meld into a holistic system collectively. Holistic healing within this ontology is correspondingly a collaborative process that encompasses the union of these five components. These components are depicted visually in no order below in Figure 6.

Figure 6. The 5 Components of Holistic Healing for Muslim Demographics



The first component of holistic healing within this discourse is the *social* self, which refers to how one relates to others and the world around them. While “social” or “sociality” may often implicate two or more individuals, sociality in this case refers to one’s *actions* towards others and the world around them. The Quran highlights a way of being referred to as *adab*, which asserts maintaining humility, respect, and care towards the self, others, and the world (Al-Attas, 2005). Examples of sociality in this case include caring for stray animals, watering plants, being gracious to one’s neighbors or community, and so on. As such, holistic healing is not merely a construct confined to the body or the mind; in Muslim perspectives, it also requires actions and engagement with the environment and community. It is one’s actions or way of being in the world.

The second component of holistic healing is the *emotional* self, which involves navigating and acknowledging one's emotional well-being. Within the Islamic paradigm, the Quran provides a framework for emotional temperament and offers methods for recognizing, managing, and congregating emotions through mindfulness and surrender. In Islamic philosophy, it is contended that through mindful thought and surrender to God, one may find clarity and avoid overidentification with worldly struggles (Keskin & Keskin, 2021). As such, the emotional component of holistic healing requires faith, patience, and humbleness. This differs greatly from the scientific and biomedical psychotherapeutic approaches to emotional management, which emphasize classifying, labelling, and contextualizing different emotional struggles within their scope. As such, where the psychotherapeutic approach seeks to identify and grasp, the Islamic approach seeks to acknowledge and let go.

The third component, the *mental* self, surrounds one's thoughts and mental environment. There are various ways this component is acknowledged within Islamic ontologies. Primarily, the mental environment requires consistent engagement through education and knowledge, as knowledge is considered both the arrival of meaning in the soul and the soul's arrival at meaning in the Islamic ethos (Al-Attas, 2005). Additionally, healing the 'mental self' requires cleansing the mind through practices such as meditation and introspection, which can lead to recognizing unhealthy thoughts and reframing them, as well as developing discipline and creating a healthy mental space. Engagement with the mental sphere in this ontology, therefore, maintains a more spiritual and grounded approach than is typically denoted within psychotherapeutic environments.

The fourth component of holistic healing within this ontology is the *physical* self, which encompasses the physical body. Holistic health through physicality includes several components that constitute caring for one's body. Examples include consuming clean, healthy foods, maintaining good hygiene, and engaging in gentle physical movements such as walking and swimming. Healing the physical body often means expanding one's mind-body awareness and developing more attentiveness and understanding of the body. This contrasts significantly with certain psychotherapeutic approaches, which operate from a position of mind-body separation, a legacy of Cartesian dualism rooted in Descartes' philosophy. Such disembodied approaches reflect the influence of positivist traditions that prioritize reason, objectivity, and empirical classification over experiential and embodied forms of knowing and being.

Finally, the fifth component of holistic healing is the *spiritual* self, which encompasses engaging with religion and spirituality. As Islam is a religion grounded in developing a spiritual

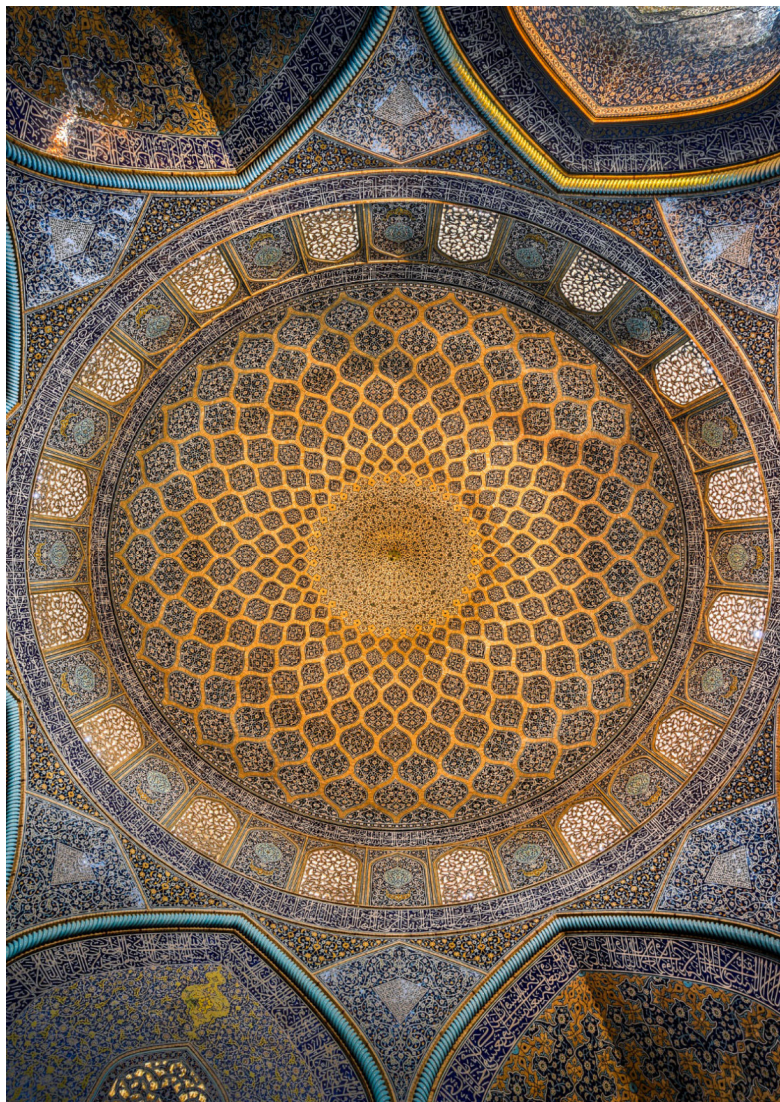
and devout connection to God, spirituality is a significant component of holistic healing, in which Muslims maintain a connection to their religion through prayers, fasting, charity, and good deeds (Hussain, 2012). This component is considered incredibly important for holistic health as the recognition of “something greater” often has a grounding element and solidifies feelings of security, safety, and support, irrespective of life conditions or circumstances. A true connection with spirituality and religion offers human beings a certain resiliency that may not otherwise be attained. This component is also not practiced in biomedical psychotherapeutic approaches; however, within Islam, it is perhaps the one that carries the most weight.

These components are woven throughout the Holy Quran and frequently appear in Islamic art and geometric design as visual embodiments of embracing (w)holism. For example, Figure 7 illustrates the intricately adorned ceiling of a sacred mosque in Iran, constructed during the Safavid Empire. The mosque, located on the eastern side of *Naqsh-e Jahan* Square in Isfahan, was commissioned in 1603 and completed in 1619 under the direction of the prominent architect Shaykh Bahā'ī (Maiwald, 2008). Its ceiling features elaborate inscriptions of Quranic verses, seamlessly integrated into the architectural design, reflecting the dimensions of Islamic sacred geometry and depicting passages that convey a holistic interpretation of Islamic ontology (Maiwald, 2008).

With care and acknowledgment of these five components, Muslims are believed to attain holistic health, wellness, and happiness throughout their lives. As such, it has been reported that due to the lack of holism within many psychotherapeutic approaches, oftentimes, these individuals prefer to seek more decolonized, nonclinical treatments to mental illness including holistic practices such as prayer, mind-body modalities, and energy healing (Al-Attas,

2005; Ali-Faisal, 2020; Brown, 2003; Farooqi, 2006; Moodley, & Shireen, 2019; Salib & Youakim, 2001). While many Western scholars claim that Muslim researchers and philosophers perhaps over-emphasize the role of holism in mental health (Sharif, 1963), the criticism itself may be confirmation of the lack of understanding that exists between Western and Islamic perspectives, thus eluding for the need to further recognize the weight of holistic healing for clients, such as Muslims, who are seeking it (Haque, 2004).

Figure 7. Ceiling of the Sheikh Lotfollah Mosque in Isfahan, Iran (Maiwald, 2008)



It is for these reasons that holistic and decolonial scholars have started calling for a reconceptualization of psychotherapy as a search for and care of the soul. For instance, Leijssen (2009) asserts that integrating spirituality, embodied awareness, and existential meaning-making constitutes a holistic approach to psychotherapy that resists the reductive biomedical focus that often sidelines clients' deeper values and cultural worldviews. Decolonial scholars further claim that the integration of holistic techniques within psychotherapy would result in more inclusive and accessible environments for all individuals, especially those considered to be marginalized or Indigenous (Taylor, 2022; Zapata, 2020). According to Zapata (2020), a holistic integrative strategy can encompass any decolonial healing practice, including breathwork, prayer, song, meditation, dance, movement, and so on.

It is essential to select integrative practices that resonate with the cultural and spiritual foundations of each client or demographic. In my own work, I engaged in holistic practices such as breathwork, meditation, and bodywork, which are pertinent to yoga. I found them particularly meaningful because they resonated with the emotional, mental, physical, social, and spiritual dimensions of the self (Beveridge & Buchanan, 2019). Both disciplines of yoga and Islam share foundations that emphasize the unification of these dimensions, framing healing as a process of integration and alignment (Amini & Oussaini, 2020). However, I also experienced moments of discomfort throughout this integration, particularly with elements that contrasted my religious ethos, such as the invocation of *Ganesha*. This prompts reflection on the complexities of bridging traditions and raises significant questions about the boundaries, ethics, and possibilities of engaging with such overlapping yet diverse healing modalities.

Bridging Traditions, Yoga as an Integrative Practice for Muslim Arab Demographics

Yoga is a holistic practice and lifestyle that originated in India during the Vedic Period (Dalal & Misra, 2010). Its ancient techniques and policies have since undergone dialectical and developmental evolution, resulting in several branches and approaches to practice. There were several significant periods of yogic development, including The Vedic Period (2500 BCE-600 BCE), The Upanishadic Period (800 BCE-500 BCE), The Epic Period (600 BCE-200 CE), The Sutra Period (200 BCE-600 CE), The Classical Yoga Period (200 BCE-200 CE), and The Post-Classical Yoga Period (600 CE-1700 CE), with each of these time periods providing insight and evolution into yoga and its practices (Dalal & Misra, 2010; Feuerstein, 2008; Frawley, 1999; Paramananda, 2001; Radhakrishnan & Moore, 1967; Tejomayananda, 2006; Vishvketu & Panwar, 2008).

During the Vedic, Upanishadic, Epic, and Sutra periods, spiritual practices emphasized a connection to universal energies through sacred chants, rituals, introspection, and philosophical teachings rooted in the narratives of various deities (Aich, 2013; Bhattacharya, 2000; Jayapalan, 2008; Mahathera, 1982; Mardia, 1996; Sarao, 2012; Wilkins, 2001). Building on these foundations, the Classical Yogic Period introduced a more systematized and holistic approach to living, which acknowledged the social, emotional, physical, mental, and spiritual components of the self, echoing Islamic ethos (Prabhavananda & Isherwood, 2001; Vishvketu & Panwar, 2008; Whicher, 1998; Woods, 2003). Yoga and its practices would continue to develop, ultimately leading to the Post-Classical Yoga Period, resembling the modern approach to yoga, which is widely practiced today (Hirschl, 2010; Maehle, 2006).

Over time and throughout history, Yoga has therefore established itself as a spiritual, holistic approach to health and healing. Its evolutionary properties accordingly lead it to maintain

a plurality of interpretations, resulting in the coexistence of multiple definitions and understandings (Nagendra, 2008; Patwardhan, 2016). Spiritually, yoga means to *yuj* or yolk, which in Sanskrit signifies a union of the individual self (or the ego) with the higher self (or universal oneness and consciousness), in an effort to attain enlightenment (Brar, 1970); historically and culturally, yoga as taught by sages, is a lifestyle or way of being which is integrated into every aspect of one's life, including diet, meditation, beliefs, and practices which go well beyond the physical (Bellhouse, 2010; Sabhlock, 2007); and currently, to many individuals, yoga is a predominantly physical practice based primarily on the union of *asana* (body movements) and breath, with the Westernization of yoga leading to 60-minute hot yoga classes and yoga fitness programs aimed at strengthening and lengthening various muscle groups (Jain, 2016). Irrespective of the lack of a unified definition, numerous methods of practice, and various epistemological stances, yoga in all its variations advocates for holistic healing, health, wellness, and transcendence (Braud, 2013; Bryant, 2015; Feuerstein & Miller, 1997; Hirschl, 2010; Riley, 2004), however, the absence of a universally accepted definition of yoga has led to widespread misconceptions about its purpose and application across cultural and religious contexts (Patwardhan, 2016).

This is evident within the Middle East, where attitudes towards yoga remain divided. While some political figures and scholars advocate for its inclusion within society and contemporary culture, others reject it because it is inherently religious and thus incompatible with Islamic belief systems (Ernst, 2016). Debates surrounding yoga's compatibility with religion have long persisted, with some scholars asserting that its religious origins in Hinduism render it unsuitable for members of any supplementary institutionalized faith (Ernst, 2003; Patwardhan,

2016); however, this is arguably a naïve interpretation of the matter. A more meaningful inquiry assesses whether engaging in the holistic practices of yoga still allows one to retain their original faith (Patwardhan, 2016). In this way, these definitional ambiguities and the growing integration of yoga into contemporary culture continue to prompt critical reflection among Muslim practitioners (Ernst, 2003).

One of the primary areas of tension between yogic philosophy and Islamic belief lies in the acknowledgment of deities. As monotheism is central to the Islamic faith, practices involving the worship, chanting, and honoring of deities directly contradict the most fundamental premise of Islam, a belief in the oneness of God (*tawhid*), posing challenges for devout Muslim practitioners and religious institutions (Amin & Ouassini, 2020). A second point of contention concerns the physical movements in yoga known as *asana*, which some Muslim scholars consider to be forms of Hindu prayer (Hasan & Halder, 2018). Sequences such as sun salutations, which involve bowing to the sun, and postures named after deities, such as *hanuman-asana*, referencing the Hindu monkey God *Hanuman*, are cited as problematic. Furthermore, concerns arise from the overlap between the *asanas* commonly used in yogic practice and those found in Islamic prayer (*salat*), such as child's pose (*balasana*) and halfway lift (*ardha uttanasana*), raising questions about the religious connotations embedded in these movements (Rahman, 2016). A third contradiction contends that chanting and the recitation of certain *mantras* are a grey area in the Islamic faith because *mantras* are, by nature, spiritual. The chanting of certain *mantras* may be perceived as an act of worship or reverence towards beings other than God, sparking debate over whether Muslims should be encouraged to chant *mantras* (Anusuya *et al.*, 2021; Fowler, 2010). Finally, the use of *mudras*, sacred hand gestures believed to channel existential or

metaphysical energies, may also be viewed as incompatible with Islamic ethos, as the attribution of power to anything other than God is considered *shirk* (a grave sin of associating partners with God), raising concerns regarding polytheism, superstition, and spiritual misguidance (Bakar, 2021).

With these contradictions in mind, Amini & Oussaini (2020) have recently provided a guideline for Muslim practitioners, regardless of culture, to engage in yogic practices without compromising Islamic beliefs by adopting forms more compatible with Islamic traditions. This guideline is applicable in two contexts. In the first context, Islamic Yoga may be applicable in a setting where Muslims and Hindus live in the same environment, such as Indian Muslims. Thus far, there has been a rise in the number of individuals practicing this adaptive form of yoga to retain both their faith and culture. They do this by practicing yogic sequences or *asanas* and making substitutions, when necessary, such as replacing references to Hindu deities with God or Allah.

“This allows Indian Muslims to not only argue for yoga’s permissibility, but also define it as inherently Indian and Islamic” (Amini & Oussaini, 2021, p. 209)

In this context, Islamic yoga recognizes yoga’s Hindu origins. However, the practice is conceptualized as a hybrid form, allowing Indian Muslims to participate in an expanded yogic structure while preserving a succinct Islamic identity. In the second context, modern yoga is viewed as a derivative of Western commercialization and is therefore disconnected from its cultural origins. Advocates of this context argue that many of the healing yogic principals are already available in Islam in the form of prayer, meditation, connection to a higher power, and spiritual practices, which may be utilized to provide an alternative experience that contends that if one is God conscious during *asana*, they may attain the physical and spiritual fulfillments that

are located within the yogic tradition in addition to receiving Islamic attributes such as divinity (*taqua*) and enlightenment (*ihsan*), which if attained, is the highest development of the self in the religion (Awan, 2014; Nazish & Kalra, 2018).

While modern yogic approaches to teaching urge students to adapt and modify their practice to suit their preferences by choosing which offerings they wish to partake in and refraining from any offerings that may cause physical or emotional stress (Jain, 2016; Justice, Brems, & Ehlers, 2018), it leads to a further set of questions surrounding whether it is the practices which facilitates inclusiveness, or whether it is the approach.

With the law in many Middle Eastern countries such as Kuwait centered in Islamic customs, which are considered fundamental in shaping localized viewpoints towards popular happenings and activities such as yoga, it has been contended that for most of the Muslim world, their introduction to yoga is through gyms, classes, and popular culture where they experience modern yogic practices, as opposed to traditional religious or ritualistic activities (Amini & Oussaini, 2021). Thus, although the argument that yoga is incompatible with Islam remains somewhat applicable to some individuals today, viewing yoga through its modern approaches enables Muslim scholars to view yoga as a practice that does not inhibit one's ability to practice Islam (Hatley, 2007). This is demonstrated by more traditionally conservative Islamic countries such as Saudi Arabia and Iran recognizing yoga as an official practice, with scores of yoga studios and teacher training programs established and formally recognized by the state as compatible with Islam (Amini & Oussaini, 2021).

This evolving recognition of yoga's adaptability within Islamic contexts has paved the way for its integration within psychotherapeutic settings. As decolonial scholars shift from

valuing religious exclusivity to emphasizing holistic applicability, practitioners are increasingly exploring how holistic practices, such as yoga, can be incorporated into psychotherapeutic frameworks in ways that honor cultural sensitivity and spiritual integrity. This opens the discussion for an exploration into the Therapeutic Dimensions of Yoga-Integrated Therapy (YIT).

The Therapeutic Dimensions of Yoga Integrated Psychotherapy (YIT)

It is suggested that the relationship between yogic and psychotherapeutic philosophies may be considered through two opposing viewpoints (Turner, 2008). The first viewpoint posits that these paradigms are a natural pairing: psychotherapy acknowledges the mind and emotions, while yoga acknowledges the body, sociality, and spirit, creating an overall holistic experience when the two are combined. These constructions are considered universally applicable theories of the mind, with yogic and psychotherapeutic services available globally and accessible to all populations (Taurasi, 2005). In practice, they equally maintain an experiential and existential nature, in which introspection may be used to investigate internal states and transcend suffering through liberation from the constraints of the mind. Both yoga and psychotherapy are developmental and sequential, in which uncovering the true self is a process that may be achieved through consistent yoga practice and deeply contemplative therapy (Taurasi, 2005). Yoga is furthermore suggested to be an exceptionally efficient therapeutic intervention with certain psychological conditions such as depression, obsessive compulsive disorder, attention deficit disorders, and anxiety based disorders, with research demonstrating a strong correlation between yoga and good mental health (Danielly & Silverthorne, 2017; Jung, 1933, 1969, 2012; Khalsa *et al.*, 2015; Kinser *et al.*, 2013; Jeter *et al.*, 2015; Lander *et al.*, 2018). In this view, yogic

and psychotherapeutic strategies and philosophies are considered compatible, sharing an interest in health, wellness, and transcendent living.

The opposing viewpoint is that yoga and psychotherapy are incompatible. In this assessment, it is argued that yogic philosophy is in fact, the opposite of the philosophical foundations of psychotherapy, with one of the main differences being that psychotherapeutic interventions accept an individual's 'I' or 'ego' as their real lived experiences which may be manipulated, whereas, yogic philosophy challenges the existence of 'I' or 'ego', considering it to be a barrier to transcendence (Loy, 1992; Nagendra, 2008; Patwardhan, 2016; Varambally & Gangadhar, 2016; Winter, 1918). Thus, where psychotherapy aims to resolve the tribulations of the 'I', yogic philosophy attempts to eliminate the 'I' altogether. In line with this notion, yogic philosophy does not support the passing of judgment on individuals through labels and diagnoses, as it advocates the universal interconnectedness of all living things (Bryant, 2015). In contrast, the biomedical and reductionist psychotherapeutic model based on colonialism characteristically promotes diagnostics through the comparison of an individual to an assumed norm or ideal way of being (Taurasi, 2005). Through this lens, it could be argued that the goals, objectives, and scopes of the healing practice are broader in yoga than in psychotherapy.

Irrespective of these differences in philosophical stances, the relationship between yoga and psychotherapy is an ever evolving structure, with a growing amount of research examining the overlap between the yogic and psychotherapeutic model for healing, the impact yoga has on mental health, and the integration of yoga in therapeutic settings (Beveridge & Buchanan, 2019; Bussing *et al.*, 2012; Danielly & Silverthorne, 2017; Duros & Crowley, 2014; Jeter *et al.*, 2015; Keane, 1996; Patwardhan, 2016; Singh, 2020; Taylor & McCall, 2017; Taurasi, 2005; Varambally

& Gangadhar, 2016). Thus far, it is clear that the intersection of these two complementary yet distinct fields holds power for those interested in and invested in holistic healing, with decolonial scholars advocating for the incorporation of holistic practices into therapeutic settings (Taylor, 2022). Research asserts that holistic health is determined through an interconnectedness of the various components of the self (Taurasi, 2005).

According to Criswell & Patel (2003), psychotherapy and yoga may occur in two ways. Firstly, one may attend a yoga class and psychotherapy session separately, which would allow for the communication of insights gained from each isolated experience. In the second way, one may experience a blended approach, in which yoga is integrated into psychotherapy simultaneously within the same session, where insights that have emerged from yogic practices may be discussed as they arise. For this study, Yoga Integrated Therapy (YIT) may be defined as a form of psychotherapy in which yogic practices and psychotherapeutic methods are combined simultaneously in the same session in order to achieve a more holistic healing experience, where the spiritual and mind/body components of yoga are fused with psychotherapeutic counseling in order to delve into deeper levels of healing throughout all the layers of consciousness and psyche.

One of the first articles published on YIT (Keane, 1996) discusses the intrinsic value of yogic practices in therapy, and outlines how this holistic system, which includes the mind, body, and emotions, may be considered integral aspects of human functioning that are interconnected and dependent on one another. The article outlined this by explaining how a change in emotional state has the potential to affect the mind and body (for instance, the emotional state of anger may tense up the muscles, increase heart rate, and put the mind in a negative state); a change in physical state may affect the mind and emotions (for instance, with slow steady breathing, the

parasympathetic nervous system may be activated leading to a relaxed emotional and mental state); and a change in mental representations may affect the body and emotions (for instance, overthinking may trigger anxious emotional and physiological responses). Given these correlations, Keane (1996) argues that the lack of attention to interconnected systems in certain psychotherapies prohibits overall healing. He expands on this argument by outlining three case studies that exhibit how the yogic practices of breathwork, meditation, and bodywork can be integrated into the therapeutic environment to attain deep holistic health and wellness.

In yoga, habitual physical responses are understood as thoughts, words, and emotions that emerge as vibrations in the nervous system, which, if neglected, can manifest as muscle tightness and contractions (Vishvketu & Panwar, 2008). This, in turn, restricts and limits the natural flow of energy in the body, leading to energetic blocks in various parts of the body (Taurasi, 2005). With the body as the coarsest level of existence in yogic theory, it is argued that unless therapy addresses these physical blocks of energy through *bodywork* practices, there is limited success in overall healing. Because of this, the body, or the physical component of the self, is the first mechanism addressed.

As with the physical body, breaking down mental habits is equally important, as the mind becomes a liability when it identifies with the thoughts, beliefs, predictions, and expectations it creates. To counter this, *meditation* techniques that cultivate stillness and containment of the mind, and introspective practices in which individuals expand their attention to their intrinsic beliefs, feelings, emotions, and sensations without judgment, may be incorporated in therapy. As the mind becomes more adept at introspection, individuals may learn to let thoughts come and go without over-identifying with them and may begin to develop mindfulness surrounding

their internal and external environments, leading to an acknowledgment of the mental, social, and spiritual components of the self.

Finally, as with the body and mind, breaking down habitual emotional responses is significant because, when the body learns from past experiences and applies them to current circumstances, an individual may be condemned to living in reaction rather than in direct experience of the emotion and situation at hand. As such, the final technique that may be applied in the therapeutic environment is *breathwork*, used to elicit composure in response to emotional stressors and turmoil, acknowledging the emotional component of the self.

Interested in the clientele experience of YIT, Beveridge & Buchanan (2019) employed descriptive, phenomenological, in-depth interviews with six clients who engaged in private YIT sessions across North America, to gain insight into their experiences and shed light on the components that are significant to YIT. The interviews led to the discovery of five central themes, including: *yoga components, counseling components, integration of yoga and counseling, counselors' way of being, and the inclusion of yoga in counseling.*

Yoga components included breathwork, bodywork, body awareness, and mindfulness. In the preliminary stages of therapy, clients were taught to focus on and regulate their breath to connect with the present moment, so that in later therapeutic stages, breath could be used to induce stillness during moments of anxiety and stress. Bodywork consisted of non-strenuous movements such as walking, incremental shifts, and light stretches to recognize and acknowledge sensations in the body. By identifying sensations, participants could learn to track their internal physical experiences and verbalize them, thereby developing body awareness. Mindfulness included engaging in various meditation practices, which entailed attending to bodily sensations,

breath, thoughts, emotions, memories, and the present moment in an intentional, non-judgmental manner.

Counseling components emphasized verbal processing, a nonjudgmental therapeutic stance, and a person-centered approach to care. Clients were encouraged to use mindfulness to describe and explore their thoughts, thereby cultivating thoughtfulness as they processed difficult emotions. Therapists practiced a nonjudgmental stance by maintaining curiosity to foster relational safety. A person-centered approach entails therapists working with clients adaptively, rather than applying a pre-determined model that may be inappropriate to clients' needs. This involved therapists modifying practices based on the needs of their clients, which is incredibly useful for therapists working with diverse cultural or religious groups, such as Muslim communities (Sommerbeck, 2004; Wei Tao Ong, David Murphy, & Stephen Joseph, 2020).

The integration of yoga and counseling was described as collaborative and fluid. Techniques were applied independently and in conjunction with one another, depending on the client's physical, emotional, and mental state.

Counselors' way of being was described as counselors maintaining kindness, trustworthiness, and nonjudgment, which was significant to establishing a safe therapeutic space.

The inclusion of yoga in counselling involved a bottom-up approach, in which psychology was assessed through the body. Participants described building awareness through somatic attention and gentle stretching, reflecting yogic theory's view of the body as the coarsest level of existence and thus the initial point of therapeutic entry (Keane, 1996; Taurasi, 2005). These findings provide a detailed account of the key elements of Yoga-Integrated Therapy, consistent

with Keane's (1996) original framework.

Following Beveridge & Buchanan's (2019) project, Singh (2020) conducted in-depth semi-structured interviews using grounded theory to explore how therapists integrate yoga into counseling and psychotherapy. Through purposive sampling, 10 mental health professionals actively incorporating yoga into their practice were recruited. Four core questions guided the interview, focused on participants' paths, processes, practices, and experiences of integration.

The results of the study suggested that therapists integrate yoga into their practice through three phases. The first phase included therapists cultivating a personal yoga practice and undergoing a professional education in yoga instruction. The second phase describes the steps therapists take to ensure that their clients are equipped to practice yoga, including assessing clients' readiness, providing education on how yoga may benefit their mental health, developing the therapeutic relationship, and orienting clients to their bodies. The third phase, outlined the yogic practices most suitable for counseling, including *yogic theories and frameworks* that describe mental health from a mind, body, and spirit perspective offering a holistic model for healing; *yogic techniques*, or the practical integration of *breathwork, meditation, and bodywork* practices; and *yogic philosophy*, which provides clients with the essential teachings of yoga such as how to live in balance, harmony, and transcendence (Singh, 2020).

Across the body of research that explored YIT in practice, several consistent findings and shared gaps emerged. In terms of cohesive findings, holistic healing was a prevalent theme across all the literature in which the physical, social, mental, emotional, and spiritual components of the self are considered integral aspects of human functioning and are correspondingly essential to the YIT process. The YIT techniques of breathwork, meditation, and bodywork were additionally

consistently integrated within psychotherapeutic settings. In all the research, YIT is accordingly not enacted as a reformation of symptoms, but rather as a transformative process of learning and growth. Accordingly, the therapist moves away from pathologizing and the ideology of “curing” symptoms, and moves towards facilitating rather than manipulating, making therapy a collaborative growth process (Beveridge & Buchanan, 2019).

In addition to these commonalities, several gaps and limitations were identified. First, the current literature on YIT does not explore discipline through a decolonial lens. However, the integration of holistic approaches, such as yoga within psychotherapeutic settings, is a significant area of inquiry in decolonial research (Taylor, 2022). Not filtering these findings through a decolonial lens leaves a gap in the literature on decolonizing psychotherapy. The current research did not explore this integration with marginalized demographics to consider how this integrative approach may speak to inclusion. There is no discussion provided within any of the previous research that explores the incorporation of these holistic techniques with different cultural, ethnic, or religious groups, which may carry potential consequences, as therapeutic practitioners are implementing yogic practices within therapeutic settings without any awareness of how they may do so in a way that is adaptable and inclusive to diverse peoples and contexts. For instance, in Singhs (2020) research, one of the three ways suggested to integrate yoga within therapeutic settings practically is through the inclusion of *yogic philosophy*, which may not be palatable to individuals who maintain their own religious affiliations, such as Muslims, as discussed in the subsection prior (Amini & Oussaini, 2021; Hasan & Halder, 2018; Rahman, 2016). The notable absence of cultural sensitivity and inclusiveness further demonstrates a lack of inquiry into the varied experiences of marginalized communities and leaves room for new research to explore

the applicability and inclusivity of this therapeutic model. Finally, while the practices of breathwork, meditation, and bodywork are claimed to lead to a holistic integration of the various components of the self, there is no exploration into the impact of these factors on that which cannot be said and that which cannot be admitted. *How can holistic healing be attained when there are aspects of one's being and circumstances that are disregarded? Are these practices capable of reaching truths that are too sensitive to touch?*

Conclusion of Literature Review

The literature reveals that dominant approaches within the psychotherapeutic discipline often exclude and marginalize indigenous and minority individuals, as it maintains epistemic authority by prescribing normative understandings of mental health that fail to account for cultural, religious, and embodied difference. Despite the emergence of diverse approaches to inclusive care, some remain confined to the same reductionist system they aim to reform, thereby obscuring the complexities of identity and lived experience in therapeutic care through a lens of sameness.

In response, integrative holistic psychotherapies have emerged as alternative modalities that aim to honor the (w)holistic self, presenting themselves as a means to take the therapeutic discipline from fragmentation, through integration, to wholeness. Yoga Integrated Therapy (YIT) offers a promising framework for inclusive healing by integrating breathwork, meditation, and bodywork into psychotherapeutic settings. However, the literature remains largely silent on how such practices are experienced by minoritized and Indigenous populations, particularly those from Arab or Muslim backgrounds. Furthermore, YIT has yet to be explored through a decolonial

lens, despite its potential alignment with decolonial ethos and approach. These gaps underscore the need for research that not only centers marginalized voices in therapeutic inquiry but also reimagines inclusiveness beyond standardized norms by moving towards relational and holistic frameworks.

Research Gap and Question

Despite growing interest in integrative and holistic approaches to psychotherapy, there remains a significant gap in the literature regarding how such modalities are experienced by minoritized populations, particularly Muslim Arab communities. This disconnect is especially pronounced in contexts like Kuwait, where Western therapeutic models are institutionally upheld, irrespective of its demographics, differing cultural, religious, and ethnic attitudes and beliefs (Gielen & Al-Khawajah, 2008; Scull *et al.*, 2014), as discussed in *Chapter Two*.

While integrative psychotherapy may encompass a wide range of holistic approaches, this study focuses specifically on the techniques which are central to Yoga Integrated Therapy (YIT), breathwork, meditation, and bodywork, due to its conceptual alignment with the Islamic interpretation of holistic healing (Al-Attas, 2005), as they both entail a reconciliation of the social, emotional, mental, physical, and spiritual components of the human experience (Singh, 2020), offering a compelling framework for reimagining therapeutic inclusivity. This research, therefore, asks,

What are Kuwaiti healthcare practitioners' experiences engaging with psychotherapy, and how does an integrative, holistic approach to therapy impact inclusivity and their overall experiences in counseling?

While this question was present at the outset of data collection, the research's

theoretical framework unfolded as the project developed. The conceptual framework of decolonialism was found following data collection, whilst exploring the data and connecting with theory. Through sustained engagement with decolonialism, the inquiry identified a silence within the data, nestled deeply in the spaces in between the words. The project responded to this emergent knowledge and provided a space for unearthing this silence, acknowledging it as an epistemic presence, rather than absence. In this way, while the project addresses the core research question outlined above, it has also evolved organically through persistent engagement with data and theory, leading to a deeper exploration of how colonialism silently infiltrates these experiences and the resistance to acknowledging it.

Chapter Four: Methodology

This chapter is divided into several sections, which outline the theoretical and practical aspects of the research. It begins by presenting the study's methodological foundations outlining the research's ontological, epistemological, and methodological positionality. It then expands on the criteria for participant inclusion, the recruitment process, and participant details. The chapter subsequently describes the data collection methods and ethical considerations that guided the research, then details the approach to data analysis, and concludes with an exploratory account of how the conceptual frame of decolonialism was integrated into the research.

Research Ontological, Epistemological, and Methodological Positionality

According to Blaikie (2007), researchers have developed ontological, epistemological, and methodological terminology and research classifications to clarify their positions. Ontology would reference one's view of the world (Bryman & Bell, 2011; Crotty, 1998), Epistemology would reference one's view of knowledge creation and generation (Cohen, Manion, & Morrison, 2007), and Methodology would reference one's approach to research within a defined ontological and epistemological framework (Silverman, 2016).

When I first began this journey, I struggled to pinpoint and clarify a well-defined research question, let alone determine an ontological, epistemological, and methodological framework for research. I had an exceedingly rigid ideology regarding research and inquiry, where I believed that my process and development had to be linear, everything had to fit seamlessly, and the entire conceptualization of the project had to be neat; however, the experience of project

development was comparable to trying to piece together a puzzle with missing and mismatched pieces.

When I finally identified my research question, I read various ontological viewpoints and epistemological stances and found myself feeling equally lost with each positionality I engaged with. I also explored many methodological approaches to inquiry, such as Grounded Theory research and Autoethnography. Subsequently, I found that none of these approaches were appropriate for me or the research inquiries. For instance, when I surveyed Autoethnography as a methodological route to investigation, it felt far too out of my comfort zone, as I struggled with being vulnerable, even within the context of my own supervision meetings, submitting pieces of writing in which I spoke about myself in the third person. An example of this form of writing is included in the opening vignette of *Chapter One*, where I refer to myself as “she”, rather than utilizing first-person language and standing in my experience by using “I” or “me”, further distancing myself from the sentiments I was meant to be exploring deeply.

After I established my research question, I began reflecting on my intentions for this project, which led to a shift in thinking and facilitated the selection of my ontological, epistemological, and methodological stance. The first intention of this project was to collaboratively explore the experiences of Kuwaiti Muslims to offer the demographic a chance to represent themselves. Given the perpetual marginalization and abundance of epistemic injustices surrounding us as a demographic (Okazaki, David, & Abelmann, 2008), this intention aimed to empower, acknowledge, and shed light on our valued experiences. By offering us an opportunity to reflect on our experiences with the psychotherapeutic paradigm and the various barriers to service we may have faced, this research aimed to highlight the lack of inclusivity in

current psychotherapeutic care.

The second intention of this project was to explore holistic healing through integrative psychotherapy. While psychotherapy often focuses on mental health (Reyes, Cruz, & Sonn, 2015), integrative psychotherapy seeks to expand psychotherapeutic spaces by deeply acknowledging and engaging with the mental, social, emotional, physical, and spiritual components of the self. I wanted to emphasize how expanding the scope of psychotherapy to include these various components of the self may be impactful- especially when research has indicated that marginalized and Indigenous demographics, such as Arab Muslims, value holism (Al-Attas, 2005; Taylor, 2022).

The final intention of this project was to expand on the topic of inclusion within psychotherapeutic settings through the collaborative sharing of experiences. Grounded in the conviction that mental health services should be accessible, welcoming, and responsive to individuals across all demographics and backgrounds, this research sought to critically explore the essence of inclusive care and question the very meaning of inclusivity itself. This intention, therefore, aimed to offer a nuanced understanding of inclusion and to foster dialogue about how it may be approached in ways that honor the community while equally honoring the self.

With these intentions in mind, I recognized that my research needed to be collaborative, as it explores the varied experiences of marginalized demographics, of which I am a part. It is intended to offer solutions and make an impact, a significant contribution to knowledge. This research is therefore not merely an explorative investigation, but one that maintains its own initiative and goal of instilling positive change for my community through collaborative knowledge. These reflections eventually led me to Participatory Action Research (PAR).

Ontology

Ontology may be described as the way one views the entities of the world and asks questions regarding the nature of reality and what constitutes it (Bryman & Bell, 2011; Crotty, 1998). Different ontological perspectives view reality in various ways, for instance, the *positivist* perspective on one side of the spectrum, argues that there is one singular universal truth which exists through a general law of understanding which may be applied to any situation and circumstance (Cupchik, 2001); while the *relativist/interpretivist* perspective on the other side of the spectrum, argues that reality is relative, subjective, and dependent on individual perceptions (Schwandt, 1994). According to this perspective, reality is socially constructed and shaped by an individual's environment, culture, social influences, and beliefs. As such, a *relativist/interpretivist* perspective is context-dependent and does not exist in a single fixed form of social reality but rather in numerous forms and in accordance with diverse human conceptions (Blaikie, 2007; Ritchie *et al.*, 2003), making the premise of this paradigm one of interpretation and relativity (Freeman, 2008).

While my religious identity as a Muslim is grounded in a theological understanding of reality and existence (Gregg, 2007; Yasmeeen, 2008; Koenig, Shohaib, Koenig, & Shohaib, 2014), similar to many religious traditions around the world, my engagement with the research process required a different stance. Through consistent engagement with my research question during data collection and analysis, "What are Kuwaiti healthcare practitioners' experiences engaging with psychotherapy, and how does an integrative, holistic approach to therapy impact inclusivity and their overall experiences of counseling?", I found a relativist, interpretivist approach to be

the most appropriate for this inquiry. This approach allowed me to acknowledge that there is no single, universal truth that could fully represent the diverse experiences of Kuwaiti practitioners within psychotherapeutic environments.

While Islamic ontology is significant and deeply impactful in the lives of devout Muslims, throughout this project, I began to understand how various discourses and insights can shape an individual's experiences. I contended that while one may have a religious ideology about the nature of reality, that religious ideology must additionally co-exist with the other systems, discourses, identifiers, and experiences that an individual holds and maintains. I touched on this in my personal reflexive statement, where I examined how I internalized a colonial mentality regarding my own demographic, irrespective of my devotion to my religion, and explored this more deeply in the data analysis, where I applied my conceptual frame of decolonialism to the research findings.

Throughout the project, the participants and I determined that although we each maintained various shared characteristics and identifiers, these identifiers did not equate to sameness in our interactions with the research question. We would come to identify inclusion as an acknowledgment of individual uniqueness. Therefore, to view my participants and myself through the sole lens of our Islamic identity would be in direct opposition to the definition of inclusiveness; we would, furthermore, come to collaborate and adopt a lens of "sameness," which is consistent with that of the biomedical and reductionist psychotherapeutic model. As this project aims to explore the essence of inclusive care and to question the very meaning of inclusiveness, this ontology aligns with the project's overall tone. It is important to recognize and acknowledge each participant as an individual self, rather than a generalized collective.

This ontology therefore illuminates the unique experiences which each participant and myself bring to the inquiry, allowing me to honor the distinct voices of my community, and adopt an “experience near approach”, which encompasses the prioritization of the experiences and emotions of the research participants while also applying them through the lens of the broader context they are situated in (Bondi & Fewell, 2016). According to Bondi & Fewell (2016, p. 5),

“Generalizations are statements that are assumed to be capable of being applied across widely differing contexts and therefore also capable of being used to make predictions.”

PAR incorporates this thought into its paradigm and further includes a political ideology of social reconstruction (Cockburn & Trentham, 2002). While relativism/interpretivism does not have any goal intrinsic to its ideological makeup, PAR contains a set of values on the role the sciences may play in alleviating social injustice through its aim in changing communities (Cockburn & Trentham, 2002). As one of the intentions of this project is to shed light on the diverse and unique experiences of the Kuwaiti demographic, and explore integrative psychotherapy as a path which may aid in the development of inclusiveness, this aligns with the underlying aim for social reconstruction in PAR, making the ontological grounding of this project one which supports with the aims, intentions, and methodology of this project.

Epistemology

Epistemology is concerned with the nature and forms of knowledge, making inquiries into how knowledge may be created, acquired, and communicated (Cohen, Manion, & Morrison, 2007). It explores questions such as: *What are the necessary and sufficient conditions for knowledge? What are its sources? What is its structure? Moreover, what are its limits?* (Stanford,

2019). One can examine the epistemological underpinnings of PAR and how it addresses such questions in McIntyre's (2007) definition of the field. He asserts that PAR is,

"An approach characterized by the active participation of researchers and participants in the construction of knowledge; the promotion of self- and critical awareness that leads to individual, collective, and/or social change; and an emphasis on a co-learning process where researchers and participants plan, implement, and establish a process for disseminating information gathered in the research project." (McIntyre, 2007, p. 5)

This definition underscores the transformative and relational nature of PAR, positioning both researchers and participants as co-constructors of meaning rather than subjects and observers. Central to this orientation is the belief that knowledge production should be both participatory and emancipatory, grounded in reflexivity, shared authority, and praxis. Considering this framing, McIntyre (2000) highlights the following key tenets of PAR:

*"(1) the collective investigation of a problem
(2) the reliance on Indigenous knowledge to better understand that problem
(3) the desire to take individual and/or collective action to deal with the stated problem" (McIntyre, 2000, p. 128)*

The first two tenets of PAR signal its epistemological underpinnings by asserting that not only can *anyone* be a source of reliable knowledge, but Indigenous knowledge is valuable and worthy of knowing. As PAR is based on a philosophy of social reconstruction, it is believed to facilitate change through the creation of new knowledge, which implies that knowledge is not considered an objective reality, but rather, an *instrument* for social change. Through its combination of education, social exploration, and action, knowledge is developed in a way that is both valid and vital in creating substantial positive change to individuals, societies, and the world (Brydon-Miller *et al.*, 2003). Knowledge, then, is co-constructed by the researcher and participants, who critically test it and ultimately share it.

In terms of how knowledge is created and understood within PAR, Heron and Reason (1997) identified four approaches to developing knowledge, including: *experiential*, *presentational*, *propositional*, and *practical*.

1. *Experiential* knowledge is generated in direct contact with the world through people, events, places, or things.

2. *Presentational* knowledge emerges from the filtering of experiences and their illustration in stories, metaphors, and concepts.

3. *Propositional* knowledge emerges from theorizing about the world and is expressed through language.

4. *Practical* knowledge is expressed through skill sets and competencies.

Through these epistemological positions, knowing in PAR may conclusively be described as individuals sharing their experiences through a collaborative process of action, reflection, and collective investigation (Cornwall & Gaventa, 2001), consequentially asserting that those that are directly affected by the research problem participate in its resolution, making research a process of knowledge creation *and* an approach to education (Whyte, Greenwood, & Lazes, 1991).

It was argued that by collaborating with Kuwaiti healthcare practitioners in Kuwait and involving them in the research process, knowledge may be shared and generated by allowing them an opportunity to represent themselves and speak to their experiences, making the PAR epistemological approach to knowledge one that aligns with the intentions and positionality of the study (Walter, 2009).

Interestingly, while I deeply wanted to shine a light on the participants' experiences, I faced a self-imposed boundary around my own participation in the process. As much as I was

striving to embrace PAR methodology, I would have to come to terms with being an active participant in the research, in line with its guidelines. With PAR, the researcher is considered a dynamic member of the project, contributing, sharing, and reflecting on the questions and methods alongside the other participants. I struggled immensely with this and faced significant reluctance in my own reflexivity, eventually overcoming these inhibitions when I recognized that, if I expected my participants to be forthcoming in communicating their experiences, I would have to do the same. The participants' vulnerability and trust gave me the courage to let go of these reservations and fully embrace the process of sharing uninhibitedly, making the collaborative nature of PAR one that diminished my own hesitancy and allowed me to position myself fully within the research unreservedly.

Methodological Design, Participatory Action Research

Methodology is defined as the way the research is conducted, and data was analyzed (Silverman, 2016). PAR offers distinct methods of inquiry and specific guidelines for planning and implementing research projects, which may be conceptualized around two foundational premises, an *organizational* or *participatory* premise, and a *social* or *action-based* premise (Jason *et al.*, 2004).

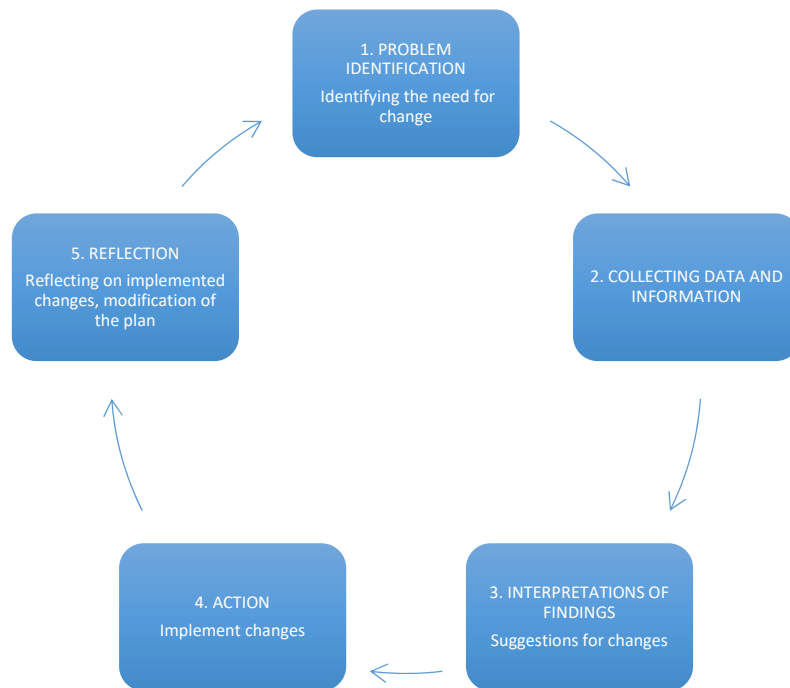
The *organizational* premise of PAR methodology refers to a systematic approach to behavior being combined with participatory research, where members of a community or organization who are directly influenced or knowledgeable in research actively engage in the research process for the purpose of improving efficiency, effectiveness, quality, and development (Cockburn & Trentham, 2002). Research may therefore be defined as a

participatory process that requires equal and collaborative involvement of the community of interests. This premise distinguishes PAR methodologies from other research methods, which often involve a hierarchical structure in which the researcher retains power over participants and the study. It asserts that research is conducted in collaboration with knowledgeable experiences in the research topic (Cockburn & Trentham, 2002).

From a *social* perspective, PAR may be identified as an instrument for social change in the struggle against oppression, which binds PAR with its ideology of social reconstruction and its aim in creating significant, progressive societal change (Cockburn & Trentham, 2002). Therefore, by incorporating an *action* component, positive situation amendments may be generated to resolve or achieve objectives of interest to the community or population being researched.

With these foundational and methodological structures in place, in a customary PAR research setting, once an *action* is implemented and completed, the participants and researchers. If the reflection is satisfactory and effective, the action is repeated, building on the initial success, however, if the reflection is deemed unsuccessful, these outcomes are taken into consideration in planning a new action to be implemented, with this cycle theoretically continues until there is a resolution to the problem or the objective has been reached (Cockburn & Trentham, 2002).

Figure 8. Participatory Action Research Methodological Cycle



To that end, according to Kemmis *et al.* (2014), PAR follows what is commonly known as the 'self-reflective spiral' of action research, which consists of:

- Planning a change
- Acting and observing the process and consequences of the change
- Reflecting on these processes and consequences
- Re-planning
- Acting and observing
- Reflecting, and so on... (Kemmis *et al.*, 2014, p. 18)

While these steps and sequences seem methodological, Kemmis *et al.* (2014) asserts that in application, action research is "poorly described in terms of a mechanical sequence of

steps” (Kemmis *et al.*, 2014, p. 19), as they contend that in practice, action research is far less orderly than it appears on paper, with stages overlapping, initial plans rapidly evolving through experiential learning, and the process unfolding in a fluid, open, and responsive manner (Kemmis *et al.*, 2014). I find this description of the PAR process accurate, as the research process continually evolved with the emergence of new ideas and approaches to engaging with the research question, which required a fluid, open, and responsive approach to inquiry. Engaging deeply with this exploratory measure proved to be quite an encounter, as PAR is far from linear. The project remained in a constant state of metamorphosis, changing several times from its initial conception (Hambley, 2020). In this way, one cannot hold a preconceived notion of where the project will lead; rather, one must move with and through it as one would on a journey. We had to become comfortable with exploring, adjusting, and changes throughout the research development process, re-evaluating, and starting again. As a result, this approach felt more organic and genuine, as it permitted us to expand on what was emerging in ways that aligned with both the context and the evolving findings.

PAR may therefore be considered a qualitative methodological approach to research, due to its reliance on verbal or experiential data, which assists in the development of open ended categories and the generation of rich information, allowing researchers to gain insight into deeper questions of “how” and “why” (Collis & Hussey, 2003; Dworkin, 2012; Khan, 2014; Mack *et al.*, 2005; Miles & Huberman, 1994; Robson, 2002; Saunders *et al.*, 2009; Tran, 2009). Cohen *et al.* (2011) assert that qualitative measures such as PAR,

“Draw the researcher into the phenomenological complexity of participants’ worlds [and aims] to catch the dynamic nature of events, to see intentionality, to seek trends and patterns over time” (Cohen *et al.*, 2011, p. 458).

With PAR research often delving into significant and nuanced matters, it is widely considered valuable and proficient for theory development and exploration, making it particularly effective when working with Indigenous demographics (Ali-Faisal, 2020; Green *et al.*, 2024; Nelson, Maloney, & Hodges, 2017). For instance, this methodology has been used to address the dual challenges of homelessness and serious mental illness in an urban context in the United States (Rogers & Evans, 2023); tackle the intersection of maternal health and mental health in Indigenous communities affected by climate change in Guatemala (IDRC, 2025); and reduce high rates of psychological distress and suicide in Aboriginal communities (Cox *et al.*, 2014). This methodology is meaningful in its collaborative approach to championing these voices and stories, which might otherwise never have been considered or acknowledged (McIntyre, 2007). The PAR methodological route is therefore argued to be ideal for the study, as this inquiry aims to provide deep, collaborative insights into Kuwaiti experiences across different psychotherapeutic frameworks, which will ideally aid in social reconstruction through its distinct and original contribution to knowledge surrounding inclusiveness.

Participant Inclusion Criteria, Recruitment, and Details

In line with the ontological, epistemological, and methodological positionalities of this project and its research question, the participants comprised 3 Muslim Kuwaiti female yoga instructors and 3 Muslim Kuwaiti female psychotherapists. By collaborating with professional yogic and psychotherapeutic practitioners, it was suggested that their reflections surrounding their previous experiences with psychotherapy and engagement with YIT as an integrative psychotherapeutic approach would provide unique insight into the research question and allow

“Indigenous” voices an opportunity to speak to their experiences with the research inquiries actively. Referring to McIntyre’s (2007) earlier assertions regarding Indigenous knowledge, without PAR, such voices would likely never have been acknowledged within psychotherapeutic epistemology. For these reasons, one of the main intentions of this project is to empower the voices of this demographic, as their experiences and stories matter.

To begin recruitment, I assembled a list of the yoga studios and mental health facilities near the workshop location. The workshop location is in “central Kuwait”, making it easily accessible from any area; however, I believe that selecting locations for recruitment near the workshop location would allow for more accessibility for potential participants. I visited 6 establishments to recruit participants for the project. The first establishment I visited was a governmental, nonprofit facility. As such, I was unable to meet with psychotherapists and staff to introduce them to the study, as governmental facilities in Kuwait are managed exclusively by the Ministry of Health, which is renowned for its structured protocols and emphasis on privacy, ensuring that medical records and staff/patient information are handled with strict confidentiality. Although private clinics are still bound by the same legal requirements regarding data protection, the implementation of privacy measures for staff or faculty can vary across independently managed clinics (Mossialos *et al.*, 2018). Because the other 5 establishments were private organizations, this facilitated recruitment greatly by allowing me to meet and speak with potential participants about the study.

Participants were recruited by distributing the *Participant Information and Consent Sheet (Appendices)* as a handout at these locations to eligible study participants. The sheet included an outline of the study’s purpose, the benefits and risks of participation, a section on

confidentiality, participants' rights, the study's implications, and a consent section.

The small sample size of 6 was an intentional decision due to the nature of the research method, which supports a smaller sample size to prioritize capturing rich, in-depth details of participants' experiences and generating meaningful data (Dworkin, 2012). However, the homogeneous gender was not an intentional decision but rather a coincidence, likely because these domains are often predominantly filled by women. Research has shown that caretaking positions such as psychotherapy, nursing, and teaching, among others are primarily undertaken by females in most countries around the world (Guy & Newman, 2004; Hussein & Ismail, 2017), meaning that while there *are* male, Kuwaiti, psychotherapists and yoga instructors that I had previously engaged and interacted with in my personal life, I had not encountered any throughout the recruitment process. I therefore chose to embark on the journey with the female participants whom I had interacted with, as it was important for me to work with individuals who were committed to the research because in line with PAR, working with a "team" offers an ideal opportunity to implement change based on the team's collective desire to improve practice (Cohen *et al.*, 2011). McIntyre (2000) notes that the utilization of PAR allows one to view participants,

"As researchers, as agents of change, as constructors of knowledge in the dialectical process of action and reflection aimed at individual and collective change" (McIntyre, 2000, p. 149).

As this research is exploratory and relies on the expertise and personal experiences of the participants and I for data, it is important to highlight who these individuals are to provide context for the subtleties and dynamics of each piece of data discussed. As such, a synopsis of the participants' general characteristics is provided below, followed by a more detailed look into

each participant.

The participants and I share similar ethnicity, national identity, socioeconomic status, religion, gender, age group, educational level, and occupational field in healthcare. Highlighting the participants' sameness in this way is significant, as this project will ultimately reveal that maintaining a shared demographic, religious ontology, culture, nationality, or any other human characteristic does not equate to a sameness with respect to navigating inclusiveness, which is a highly idiosyncratic process that encompasses an acknowledgment of uniqueness.

With respect to gender, there is no shortage of stereotypical images and accounts of what it means to be a woman, and specifically, what it means to be an Arab woman. Given that the participants and I identify as Kuwaiti females, it is important to disclose some of the conditions that Kuwaiti women live under. Fundamentally, our constitution states that women in Kuwait are fully equal to their male counterparts socially, politically, educationally, and in the workplace (Olimat, 2009). In social environments, women are permitted to engage in all social settings considered legal within the country. They may seek relationships, in addition to attaining a divorce or separation from their spouse, of their own choice. In political environments, women are entitled to run for parliament and develop social activist groups on any issue they deem appropriate. In educational environments, women are entitled to receive scholarships and pursue higher levels of education based on their own merit and by their own prerogative (Ghabra & Alterkait, 2022). Within the workforce, women are by law required to receive equal pay and opportunities as warranted by the constitution (Ghabra & Alterkait, 2022), which states that at least 50% of the workforce must be composed of women, and salary must be dependent on job title, rather than gender or connection.

It is important to note, however, that while working is a constitutional right, it is not an expectation for women to work in many Arab, Muslim demographics, including Kuwait (Zairi, 2003). This is both cultural, as Arabian culture often encompasses the cherishment and adornment of women (Zairi, 2003), and religious, as within the Islamic faith, a woman's income is solely hers, while in contrast, a man's monetary income belongs to the household (Zairi, 2003). This lack of cultural and religious expectation surrounding women's roles in society influences the lives of the participants and Arab, Muslim women in general, as they frequently do not hold the financial responsibility of providing for themselves or their families (Zairi, 2003).

The only right women do not share with their male counterparts in Kuwait is the right to grant their children Kuwaiti citizenship, should they choose to marry an expatriate or non-Kuwaiti (Alsharekh, 2018; Tétreault & Al-Mughni, 2000). This has sparked substantial debate among the men and women of the country, as the constitution clearly states that every Kuwaiti citizen has the right to pass their nationality onto their offspring with no mention of gender (Alsharekh, 2018; Tétreault, & Al-Mughni, 2000); the counter argument to this, is that it is of great desire for Kuwait to maintain its national and cultural identity. As a small country with an even smaller population, which was once occupied and brutalized for its very identity (Abdalla & Al-Homoud, 2012), it is of great interest for Kuwait to preserve its cultural, ethnic, and religious identity, which foreign individuals, with different cultural, ethnic, and religious identities, may be unable or unwilling to maintain (Abdalla & Al-Homoud, 2012). While this issue is a serious topic of debate within Kuwaiti society, it is not generalizable to other Arab, Muslim countries, as Kuwait's neighboring country, Saudi Arabia, for instance, offers women the opportunity to grant their children Saudi citizenship, irrespective of the child's father's ethnic or cultural background

(Åhslund, 2017). As such, this is an issue that may affect Kuwaiti women, particularly and specifically those who have chosen a non-Kuwaiti life partner, as, irrespective of reasonings and circumstances, a right not granted on account of gender, places women at a disadvantage, and may cause psychological harm and damage to all women of the country (Tétreault, & Al-Mughni, 2000).

With respect to our age group, the participants and I fall within the same range of 28 to 34. This age range places the participants and me within the “Millennials” generation, which, in Kuwaiti society in particular, means we have been exposed to different ideologies and mindsets due to the rise of social media and entertainment within our upbringing. The participants and I shared many of the same pastimes during our childhood, watching American movies, listening to America’s Top 100 Hits, and playing with blond and blue-eyed Barbie dolls (prior to their inclusivity expansion campaign). Ultimately, having most of the entertainment during our upbringing revolve around Western culture and imagery may have arguably made each of us more susceptible to foreign, particularly Western constructs and systems (Cole, 2014).

With respect to education, the participants and I each have higher levels of formal education, with each participant holding either a master’s or doctoral degree from universities outside of Kuwait. This means that the participants are academics who have piloted their own studies throughout their educational careers, allowing them to engage with the present inquiry in a well-versed manner with respect to research, inquiry, and the language that surrounds the process. While education is a right granted by the Kuwaiti government to all its citizens, seeking higher-level formal education may indicate a strong desire to learn, which could suggest that the participants' attitudes towards this project in particular may be more forthcoming and open to

learning and exploration.

Finally, with respect to the field of interest, the participants each have backgrounds and positions in healthcare, either working within a psychotherapeutic or a yogic facility, because of their deep care and love for wellness and healing. The fact that the participants maintain previous knowledge and experience within the scope of yogic and psychotherapeutic environments means that these individuals bring certain pre-existing notions, familiarities, and understandings into the project, which will indisputably influence how they interact with and engage with the research question. However, because this study utilizes PAR as its methodology, this was necessary, as it is an approach to research that prioritizes the value of experiential knowledge in tackling problems caused by unequal and harmful social systems, and involves the collaborative participation of the people directly affected by the issues, in order to take action in producing emancipatory social change (McIntyre, 2007). The participants shared identifiers and characteristics that align with the study's intentions and the social reconstruction component of PAR.

While psychological research often engages deeply with identity frameworks, some studies have been critiqued for generalizing findings in ways that frame constructs such as culture, ethnicity, gender, and religion as broadly representative of individuals within a given group, which may overlook intra-group variation and complexity (Goodman & Gorski, 2015; Racine & Petrucka, 2011). In contrast, this study offers an alternative interpretation of identity, particularly regarding inclusiveness. As exploring inclusiveness is one of the main aims of this project, highlighting our commonalities in this way will further demonstrate that inclusiveness, in particular, cannot be attained by viewing individuals through a lens of sameness, but rather,

by embracing and recognizing them as unique.

Although confirmation bias’s often presents a potential concern when working with participants from analogous demographic backgrounds (Yancey, 2014), each participant maintained unique knowledge, experience, and specializations, offering diverse and nuanced insights related to the research question. For example, one participant (Farah) had no prior engagement with holistic or integrative practices before participating in these workshops. Two participants (Sara and Haya) demonstrated markedly different perspectives in how they conceptualize and implement their respective practices. Each therapeutic practitioner further maintained their own ideas surrounding how to approach counseling in Kuwait. Thus, rather than limiting the study, the demographic similarities among participants highlighted their distinctiveness and individuality. An in-depth look at each participant is provided in the charts below, which outline participants’ individual details, educational background, time spent studying abroad, and passions. Pseudonyms are provided to protect participants' privacy and maintain confidentiality.

Table 1. Participant Details, Therapeutic Practitioners

Therapeutic Practitioners
<i>Lulu is a 34-year-old single psychotherapist with 5 years of experience in the field. She obtained her doctorate degree while living and studying in London, UK, over the span of 8 years. While living in the UK, she consistently practiced yoga and engaged in cross-cultural psychotherapy for 2 years. Lulu is currently a practicing psychotherapist and client in Kuwait. She is passionate about mental health and holds a deep desire to improve psychotherapeutic services and procedures. She believes that psychotherapeutic discipline holds room for improvement, so she participated in this research out of interest in finding innovative ways to approach inclusivity and holistic healing in therapy.</i>
<i>Rana is a 31-year-old married psychotherapist who has worked in psychotherapy for 4 years after living and studying in London, UK, for 6 years. While pursuing her PsyD, she attended cross-cultural therapy for 3 years and has consistently practiced yoga, which she considers</i>

complementary to mental health. Rana currently provides and practices psychotherapy in Kuwait. She considers herself open to all forms of health and healing, including those that may be considered more spiritual, and finds the premise of this project to align with her core values and beliefs.

Farah is a 28-year-old single behavioral therapist who has been working in the field for 4 years. She obtained her Applied Behavior Analysis license over 6 years in Miami, Florida, United States of America, and attended cross-cultural therapy throughout that time. Although she has never engaged in yoga prior to this study, and experiences spirituality strictly within the context of her religion, Islam, she is interested in expanding her knowledge and improving her therapeutic practice. She believes that there is room for spirituality within therapeutic settings.

Table 2. Participant Details, Yoga Therapists

Yoga Therapists
<p><i>Haya</i> is a 33-year-old, married, trauma-informed yoga specialist with experience in the yoga field. She received her 500-hour, trauma-informed yoga certification in Sydney, Australia, attending cross-cultural therapy and yoga classes throughout her 4 years living there. Haya is passionate about inclusion and cares about healing, developing accessible, welcoming, and inclusive approaches that consider all populations. She believes that continuous education and reflection are the key to expanding knowledge and improving healthcare services, which is why she is passionate about expanding her knowledge by practicing different forms of yoga and therapy, in an effort to learn all she can about inclusivity and individualized treatments.</p>
<p><i>Sara</i> is a 28-year-old single yoga instructor with 3 years of experience. She received her 500-hour yoga certification during her 4 years living and studying in California, United States of America. She has practiced yoga throughout her time there and engaged in cross-cultural therapy during her first year living abroad. She is currently partaking in psychotherapy in Kuwait and has been attending consistently for 1 year. She loves yogic philosophical teachings and spirituality, describing herself as an open, free spirit. She has always been fascinated by the relationship between yoga and Islam, a pairing she finds complementary, and she believes that wellness and healing resources should be inclusive, available, and accessible to all.</p>
<p><i>Amani</i> is a 30-year-old married yoga psychologist with 5 years of experience in the field. She obtained her 1000-hour yoga psychology certification while living in Sacramento, California, United States of America, for 5 years. During that time, she consistently attended cross-cultural psychotherapy, in addition to regular yoga classes. She is currently seeking a therapeutic practitioner in Kuwait. Yoga Psychology is an approach to healing in which practitioners work with clients to develop specific breathwork, bodywork, and meditation practices tailored to their clients' current psychological state, easing mental health through holistic practices. As such, Amani describes herself as an advocate for mental health and considers holistic healing a necessary construct within psychology.</p>

Data Collection

This section offers a comprehensive outline of the data collection process, charting the initial collaboration between the participants and me, the workshop protocols, and the overall setup and itinerary for each workshop.

Initial Collaboration

Once the participants were recruited and the consent forms were signed, an initial collaboration took place between the participants and me, during which we discussed several important topics prior to beginning data collection.

First, the regulations and expectations for engagement were discussed, including confidentiality, respect for one another, and welcoming any questions, comments, or concerns regarding the research process.

Second, I introduced the participants to PAR methodology and explained that it entailed an equal, collaborative exploration of the research question. I offered them a space to voice their questions about the methodology, with some participants (Amani and Haya) expressing excitement about the collaboration. In contrast, others (Farah and Lulu) asked how much they were expected to contribute and what the collaborative process looks like among 7 people. I described the PAR process as an “explorative journey into the research question” and shared that the contribution would be completely dependent on them and their comfort level. There would be no compulsory contributions, as this journey would require genuine, organic reflections meant to be honored and respected throughout the PAR process. As the participants each maintained a strong academic background and sustained prior engagement with research and inquiry, they

grasped PAR through this lens, allowing them to interact with the methodology as informed co-researchers.

Once we had reached an understanding of PAR methodology and terminology, we moved on to discussing the project's aims and considering how best to approach the study prior to beginning. This step encompassed the PAR cycle's "Problem Identification" step as outlined in *Figure 8. Participatory Action Research Methodological Cycle* or "Planning a Change" in Kemmis *et al.* (2014) 'Self-Reflective Spiral'. I suggested the idea of workshops which would consist of exploring the holistic techniques of breathwork, meditation, and bodywork, followed by a collaborative conversation reflecting on (a) the experience of each practice, (b) the paradigms in relation to one another (their tensions and cohesions), (c) conversations surrounding inclusivity and accessibility, exploring how to improve experiences within spaces of healing, and (d) experiences engaging with psychotherapy. I suggested that a workshop setting would create a safe space and allow a representative and realistic exploration into our lived experiences as Kuwaitis engaging with integrative holistic approaches to psychotherapy.

I gently inquired whether the participants had alternative ideas for engaging with the research question; however, they found the original suggestion of explorative workshops to be an archetypal approach to expanding on the question and agreed to the proposed methodology. They shared their own thoughts and ideas regarding the structure and layout of the workshops, with one participant, Amani, suggesting an option rich environment, including blocks, bolsters, cushions, chairs, and yoga mats, as mechanisms for supporting participants throughout technique exploration, and another participant, Rana, submitting that the exploration of holistic techniques should be done in one segment, with one holistic practice flowing into the next, as

opposed to exploring one holistic practice and discussing its experience, and then another holistic practice and discussing its experience, and so on. Interestingly, this suggestion aligned with much of the previous research surrounding Integrative Psychotherapies, and YIT in particular, with holistic practices typically being explored in one segment prior to engaging with psychological approaches and content (Beveridge & Buchanan, 2019; Cramer *et al.*, 2013; Goyal *et al.*, 2014; Taylor, 2022). The participants and I then discussed the workshop content and the specific practices we would explore in the first workshop. We agreed on the following:

Breathwork: Guided Breath Connection (suggested by Lulu)

Meditation: Guided Body-Scan Meditation (suggested by Haya)

Bodywork: Guided Incremental Shift Practice (suggested by Rana)

Meditation: Nonjudgmental Introspective Meditation (suggested by me)

A detailed description of each of these practices may be found in the *Appendices*. In this initial meeting, it appeared that all the participants were quite agreeable and eager to engage in the process. However, one participant in particular, Farah, seemed to be more reserved with respect to contributions. She smiled pleasantly and answered direct questions; however, her responses were short and courteous, generally insisting she was happy with the recommendations already made. While Farah presented as the most reserved participant at this meeting, throughout the workshop journey, she would eventually come into her own and contribute in an incredibly meaningful manner, which was a beautiful progression to witness.

In accordance with PAR methodology, all the participants' thoughts and ideas were accounted for and integrated into the workshops, as Whyte *et al.* (1991/2011) argue,

“In PAR, the researcher is constantly challenged by events and by ideas, information, and arguments posed by the project participants. If the advance of science is a learning process, clearly continuous learning is more efficient than learning concentrated primarily at the initial and final stages of a project.”
(Whyte et al., 2011, p. 42)

Once all parties had contributed to and agreed on the project’s data collection process, we arranged to meet for 3 to 4 hour workshops once a week for a minimum of three consecutive weeks to maintain consistency and regularity in exploring the research question. With the first, second, and third workshop meeting times scheduled, we ended the initial collaboration meeting and bid each other farewell.

This initial collaboration was an interesting process, as the quantitative research that I had previously engaged with often maintained a strict power dynamic whereby I, as the lead researcher, retained power, authority, and ownership over the direction of my work, in addition to agency over the ways that I sought to explore it. In comparison, in this experience, I welcomed partners and co-researchers who shared responsibility for this project, including the creative direction alongside me. While this collaboration was welcomed and advantageous in its own right, it additionally came with its own set of tensions and complications.

To begin, this research is, in essence, a doctoral project, an independent piece of work. The independent nature of a doctorate meant that I alone would control the write-up and communication of the work, and I alone would be receiving a doctoral degree should this project succeed. Because of this, I found that the participants would look to me for approval or permission before sharing ideas or suggestions surrounding project progression in the early stages of the work, such as within this initial meeting and the first workshop. While the participants cooperated and shared willingly, there was hesitancy, which I perceived as

uncertainty about what constitutes an appropriate level of collaboration and what is not. In Kuwaiti culture, there is often an overemphasis on politeness and courtesy, so while these hesitations may have been cultural, I found them diminish significantly throughout the PAR process, as the participants and I developed an understanding of one another and found our footing within the project. Ultimately, although navigating this power dynamic and attempting to maintain a horizontal collaborative space amongst the participants would display itself to be a difficult process, it was nevertheless stimulating to experience this dynamic of contrasts and assimilations- all tangled and present from this very first initial meeting.

Workshop Protocols

Prior to beginning each workshop, I would set up the environmental conditions appropriate to the study, which included soft, yet present lighting; providing chairs, cushions, mats, blocks, and bolsters, to support participants throughout each holistic practice; and setting up a table with beverages for participants to enjoy during the discussion portion.

At the start of each workshop, participants placed phones and other belongings in a basket in order to protect confidentiality; a *Participant Workshop Itinerary Sheet (Appendices)*, consisting of the workshop structure and chosen methodologies of the day would be distributed; and I would welcome participants with a short introduction restating the aims and objectives of the study, outlining the workshop itinerary of the day which we collaboratively planned the meeting prior, in addition to welcoming any questions, comments, or concerns from the participants.

The Workshops

Three workshops were held over the course of one month in a private space located in central Kuwait, making it accessible to participants. The venue was a spacious room with expansive windows that allowed for ample natural light and overlooked a green park. The space's environmental elements contributed to a sense of calm and tranquility throughout the sessions. Figure 9 below offers a visual rendering of the workshop space, developed in collaboration with Artificial Intelligence (OpenAI, 2025).

Figure 9. Visual Rendering of the Workshop Space (OpenAI, 2025)



This was the space where the participants and I would meet week after week to explore the research questions. The workshops were audio-recorded and promptly transcribed following each meeting. Audio recordings would then be destroyed following transcription, so that participants could rest assured that they would not be identified through voice recognition.

While PAR is an organic and responsive process to research, often making its cycles intertwined and messy, the workshops themselves maintained a general flow of: *Opening, Exploration, Reflection, and Planning*.

The *Opening* encompassed a welcome to the workshop space. It included recounting the workshop protocols discussed in the subsection above and offering participants an opportunity to become situated within the space prior to beginning the workshop. This section of the workshop would take 10-20 minutes.

The *Exploration* followed the opening and included around 40-60 minutes of holistic practices, including breathwork, meditation, and bodywork. Exploration was designed to be an integrative, holistic journey. The experiences of these practices, and the reflections that arose from them, constitute the data and information in this case.

The *Reflection* portion of the workshop would take place after exploration, typically ranging from 120 minutes. Participants would engage in open discussions about their thoughts and reflections on the holistic practices that were explored. To protect against confirmation bias, participants were encouraged to share their authentic thoughts and experiences on a topic regardless of whether other group members had reached consensus, as differing experiences and views would, conversely, add depth to the data. Prompts were prepared to facilitate discussion where necessary, serving as conversational supports rather than frameworks for

guiding or limiting participant responses, such as: *How did these practices sit with you? What are your thoughts and reflections? Were these techniques accessible to you? What does holistic healing mean to you? How do these paradigms overlap and work together, and how do they aid in holistic health? Have you experienced any tension between paradigms in this workshop, in your own life, or in your line of work before? Do you have any past or present experiences engaging with psychotherapy that you would like to share? What does inclusivity mean to you? Moreover, how can we create more inclusive spaces within psychotherapeutic environments?* While these prompts helped spark conversation, the workshops were intentionally designed to evolve organically, allowing participants' responses to extend into related areas of inquiry, creating opportunities for new questions to emerge throughout the reflective process. This was important for the "explorative" aspect of the research, as it was essential to the research inquiries for participants to feel free to expand on their own meaningful experiences and narratives surrounding the topics. Additionally, although the participants took turns responding to prompts, there was no precise formula or rubric that prescribed a certain percentage of participation-meaning, there was no absolute parity that was achieved regarding who contributed what kind of knowledge and how much of it. The workshop discussions were designed to be open, welcoming, and empowering. Reflections were where most data collection and analysis occurred, as they encompassed deep contemplations and considerations of the research question and often led to the development of *additional* questions.

The final section of each workshop encompassed collaborative *planning*, which typically lasted around 30 minutes. As each workshop unfolded, it progressively provided deeper insights into the research question and simultaneously prompted new ideas and directions for further

exploration. These emerging inquiries were then integrated into the following workshop, making the planning phase a crucial bridge between sessions. During this time, the participants and I worked together to determine the best way to engage with the newly surfaced knowledge by developing ideas, proposing strategies, and identifying actions to carry forward. In this way, the planning component not only responded to what had emerged but also actively shaped the direction and focus of the subsequent workshop.

Each workshop, therefore, maintained these four general sections. Throughout the project, the participants and I indulged in three workshops that alternated between planning, action, and reflection in each meeting. The details surrounding each workshop are addressed in greater detail in *Chapter Five*, which outlines the PAR process and the development of meaning-making and data analysis.

Ethics

All research for this inquiry was conducted in line with the ethical approval system required at the University of Edinburgh. In addition to completing online university courses on ethical conduct in doctoral research, candidates are required to submit an application for ethical approval, developed and administered by the Ethics Sub-Committee in collaboration with the Research Support Office, prior to commencing their projects and consulting with their supervisors.

The applications “ethics guidance and categories” are organized into a four-tier system that ranges from level 0 (desk-based research that does not involve participants) to level 4 (research that could pose physical or emotional risk to participants within a study). Regarding

this particular research topic, I was confident that my participants would not be at risk of physical or emotional harm from participating in the research and that I would not be working with participants who are considered particularly vulnerable, such as atypical groups or children. As such, I was granted approval for a Level 2 project, which applies to collecting or generating new data involving other people (The University of Edinburgh, 2012). Furthermore, the ethics process obliges applicants to formally demonstrate their adherence to the ethical guidelines relevant to their research (The University of Edinburgh, 2012). Accordingly, my project adhered to the guidelines outlined by the university. Safety protocols were implemented to protect participants and conduct research carefully and securely.

With regards to safety during data collection, protocols included:

1. Participants place phones and other belongings in a basket to protect confidentiality and maintain safety.
2. Participants agree to maintain respect, care, and confidentiality for one another throughout the process of data collection and onwards.

With regards to confidentiality, protocols included:

1. Participants' names are not identified in any reports, including the thesis or publication potentially resulting from the study, as participants were provided with pseudonyms.
2. Minimum identifiable information is collected and registered from participants, such as place of business and working hours, to ensure that participants are not identifiable in the research study.
3. During the research, all recordings were transcribed immediately following each workshop and destroyed so that participants could rest assured that they would not be

identifiable through voice recognition.

4. Transcripts were password protected.

Given that Ethics is an aspect of research that generally generates concern, due to its incredible responsibility and magnitude, the research was conducted in a manner that respected, protected, and maintained the dignity of the participants and the research questions.

Data Analysis

PAR is a cyclical research model that includes iterations of planning, acting, observing, and reflecting, as opposed to linear research, which relies on cause-and-effect (Wadsworth, 1998). As a result of this cyclical practice in PAR, the data collection process theoretically continues until the researcher and participants have thoroughly and conclusively investigated and resolved the research aims and inquiries, with resolution in this instance referring to a definitive answer or solution. The collective matters and solutions raised throughout the data collection process, therefore, comprise PAR data analysis. This means that the processes of data collection and analysis are often highly intertwined within PAR projects (Kemmis *et al.*, 2014).

With reference to this research, once the participants and I acknowledged our satisfaction surrounding our exploration of the research question, we held a space for final thoughts and considerations, where we collaboratively reflected on the overall data, outlining and categorizing the various reflections and premises presented in relation to the research objectives. This would be our final reflection, including a conclusive account of the knowledge we had accumulated throughout this process.

We began this final reflection by recounting our experiences and conversations

chronologically, starting from the first workshop and ending with the final workshop. Although our meetings were recorded and transcribed following each workshop, during these concluding discussions, each participant independently identified the topics they believed had been prominent throughout the workshops based on their own recollection. Their opinions and ideas were discussed openly until we reached a unanimous agreement surrounding the broad overarching topics of the data. The participants' ideas on overarching themes were unified and reflected the workshop journey and process.

From there, the participants and I began elaborating on each topic, with everyone adding their own concluding, reflective statements and remarks. This provided an opportunity to recount varied and cohesive experiences and perspectives on a single topic and to submit their own conclusive considerations on each matter.

Upon completion, the participants discussed how to communicate the findings and resolved that the thematic structure of findings would be best communicated in the same chronological order in which each prominent reflection arose throughout the workshop discussions. The participants wanted to honor the journey we had all embarked on and offer the reader an unfolding of the lightbulb moments and the growth process we had each engaged with, because data analysis within PAR comprises the "meaning making" which occurs during the PAR process. It is the process, relationships, and reflections- that dynamic cyclical wheel, which yields the results and analysis. Throughout the workshops, the participants and I were making meaning together, with the PAR process generating additional emergent questions and answers relevant to the inquiry.

The conversations, therefore, were collaboratively defined by the participants, and I

collaboratively defined, outlined and reflected on the overall workshops, placing overarching considerations and topics within definitive categorical structures. While the participants were forthright in their desire to delve into this journey and engage with this project in a manner which would entail authenticity and dependability, at this point within the process, they each believed the research queries and aims had been acknowledged and resolved through exploration and discussion, ultimately deciding to terminate their collaboration in the research process.

They were informed that although the workshops were completed, the research process was still ongoing in nature, as substantiating the collaborative data within existing theory is an integral aspect of the PAR cycle, depicted within the “reflecting, and so on” (p. 18) stage of Kemmis *et al.* (2014) “self-reflective spiral”. This process would entail selecting excerpts from the existing transcripts to situate the overarching topics within the data and filtering them through the project's conceptual framework, which had not yet been selected. Irrespective of this knowledge, the participants alleged that if the overall message and narrative were authentic to the experience, the project would be a successful application of PAR, and that they nevertheless felt content in ending their collaboration for this part of the research process. It is significant to note that the participants engaged with PAR methodology, referencing its terminology and maintaining awareness of its iterative cycles and processes, making their withdrawal from the process one which was considered and taken from a place of informed understanding.

Finding and Integrating Decolonialism: The Conceptual Frame

Upon completion of the workshops and the concluding conversation above, while in the reflection stage of Kemmis *et al.* (2014) “self-reflective spiral” and engaging with theory, I would

find my conceptual frame for decolonial psychotherapy. I sought a conceptual framework that would closely relate to my main finding of inclusivism. While searching, I stumbled across a piece titled “Decolonizing Psychotherapy” by Taylor (2022). As I made my way through the piece, I found myself deeply absorbed in its arguments. A series of unsettling realizations began to surface. Despite having many years of experience studying and training in psychology, I had never encountered the concept of decolonialism within my formal education, training programs, research, or institutional contexts. This absence felt both striking and disorienting. I began to question why such a significant framework had remained outside the scope of my awareness, and why it had not been meaningfully integrated into the psychological spaces I had occupied. Alongside this realization, I experienced discomfort and unease, recognizing that these omissions were not abstract but personally relevant to me as a person of color. This moment marked a critical shift in my awareness, as I began to recognize not only the absence of decolonial discourse within my training, but also the broader epistemological structures that had shaped what I had been taught to see- and what I had not. The paper inquired into why psychotherapy today is limited in its inclusivism, drawing a clear and linear map tracing this lack of inclusivism back to the colonial influences that ground the field.

Within a broader historical and institutional context, colonization, in its classical sense, refers to the establishment of a new colony or settlement, often through the hostile takeover of already inhabited land (Fay, 2018). Such processes are frequently justified through narratives of educating, modernizing, and ‘uplifting’ the existing population, and are often accompanied by the imposition of hierarchical standards that positioned the colonizer’s worldview as the ideal to be followed (Fay, 2018). While many individuals may consider colonialism to be a thing of the

past,

“Mainstream ‘Eurocentric’ ideologies of superiority that accompany the exercise of superior power continues to flourish unabated” (Fay, 2018, p. 4)

This means that the dynamics of colonization, which have resulted from the intersection of power, privilege, and prejudice, continue to hold sway at structural and systemic levels, resulting in an underlying dynamic and influence which perpetuates othering, oppression, and subjugation (Fay, 2011). As a result, colonization has led to a power play which has advanced cultural elitism, with the colonialists maintaining power and dispensation over Indigenous demographics through previously placed colonial structural and systemic arrangements that favor them and their ways of life (Dalal, 2013; Tuhiwai, 2022).

The field of decolonizing psychotherapy focuses on the effects of colonization on the mental health field, by surveying the underpinnings, research, and methodologies which comprise therapeutic training programs and environments (Ali-Faisal, 2020; Taylor, 2022) As psychotherapeutic epistemology evolves, researchers have taken to learning about the influence of colonization on the psychotherapeutic field by exploring the limitations within the psychotherapeutic model (Tuhiwai, 2022). As discussed in Chapter Three, certain dominant psychotherapeutic approaches reflect ontological and epistemological foundations that have contributed to the development of standardized conceptions of mental health and wellness. These conceptions have been historically shaped within Western institutional contexts, and have often reflected colonial, mono-cultural, Eurocentric, and male-dominated epistemological frameworks (Adams *et al.*, 2015; Cohen, & Zinaich, 2013; Desmet *et al.*, 2021; Goertz & Mahoney, 2012; Goodwin & Goodwin, 2016; Hay, 2007; Jovanović, 2010; Piaget, 1977). These foundations are then systematically passed down through research, standards, and practices, thereby

constituting forms of epistemic injustice in psychotherapy (Zapata, 2020), ultimately perpetuating the methodical othering of marginalized groups (Potter, 2015).

As a result, the ongoing colonialist standards and practices rooted in dominant mental health care are implicitly perpetuating relationships of dominance and subordination between cultures while impacting suitability and access to care (Ali-Faisal, 2020), which has ultimately led to a lack of inclusiveness and large underutilization of psychotherapeutic services for marginalized individuals. According to the Council of National Psychological Associations for the Advancement of Ethnic Minorities (Barona & Santos Barona, 2003), it is common for marginalized clients to find it difficult to connect to mental health care practices and providers who work from a solely scientific and biomedical modality, as this approach to care may often be perceived as inappropriate and antagonistic to the cultural values and life experiences of marginalized communities, with therapists applying blanket methodologies, inferences, and approaches which may be inapplicable or un-inclusive to the idiosyncratic individuals who are seeking healing (Zapata, 2020). This has been shown to result in clients feeling invalidated and perceiving therapists' approaches and responses as oppressive or tyrannical (Zarbo *et al.*, 2016).

Research has indicated that, as a result, many marginalized demographics would rather pursue alternative approaches to healing independent of psychotherapeutic disciplines (Barona & Santos Barona, 2003; Taylor, 2022) to receive more person-centered care (Zarbo *et al.*, 2016). Decolonial scholars have turned to integrative holistic psychotherapy, emphasizing its potential to create inclusive therapeutic spaces. The incorporation of holistic practices in psychotherapeutic settings is seen as a way to counter the rigidity embedded in biomedical and reductionist psychotherapeutic frameworks, offer clients an opportunity to connect and

acknowledge the many different layers of the self, and provide a platform for more individualized methodologies and approaches, making the experience of therapy one which is personal and approachable (Freire, 2000; Martin, 2016; Taylor, 2022).

Through integrative psychotherapy, it is possible to incorporate different evidence based healing elements into one intervention, where certain practices may be incorporated into the therapeutic process allowing for more options for clients seeking something applicable to them (Zarbo *et al.*, 2016) making the process of therapy flexible, and granting therapists an opportunity to meet the needs of clients who come from diverse cultural backgrounds and contexts.

While this approach is argued to be beneficial for all individuals (Zarbo *et al.*, 2016), research indicates that it is, in fact, ethnic minorities and marginalized populations who will experience the greatest impact, as these populations are already considered vulnerable to systems which perpetuate their oppression (Tuhiwai, 2022). Accordingly, to limit their access to inclusive and appropriate care through the minimization of integrative strategies within the therapeutic environment directly impacts their engagement and respect towards the psychotherapeutic discipline, which was originally set in place to heal, protect, and cater to the mental health and wellness of all individuals (Bennett, 2004).

Through research, inquiry, and analysis of this root, a wing of theory holds that therapy can never lead to true healing and liberation for all people if the existing system is built to serve a minor percentage of humanity (Potter, 2015). The field of decolonizing psychotherapy is firmly seeking to alter the current system of certainty and open the psychotherapeutic framework to a new model of inclusion. This is the foundational revelation of the decolonial psychotherapeutic

paradigm, which urges psychotherapists and policy-makers to consider the effects of colonialism not just with the interest of providing better-quality care, but because it is an ethical responsibility to address its systemic impacts on health and healthcare (Potter, 2015). By addressing these barriers to mental health services, and increasing inclusive care, fear and mistrust surrounding these facilities may be decreased among these individuals, resulting in wider access and utilization of mental health services, which, if implemented with enough minority groups, could arguably result in overall global wellness, as communities and societies are more mentally healthy when individual mental health needs are addressed (Taylor, 2022).

Upon acquiring this information, I experienced a moment of clarity, recognizing it as a key insight that contextualized and illuminated several points of inquiry within the research. I understood that the field of decolonial psychotherapy was highly relevant and integral to the research, as my research question aims to empower, acknowledge, and shed light on the varied and valuable experiences of the Indigenous (Kuwaiti Muslims); in addition to exploring integrative psychotherapy as a mechanism for increasing inclusiveness within psychotherapeutic spaces, which is a decolonial strategy. I reasoned that selecting this point of reference as the project's conceptual frame would offer more context surrounding the lack of inclusive experiences within the therapeutic environment, and ultimately, lend further evidence towards the effectiveness of integrative psychotherapy as a means of developing inclusiveness within psychotherapeutic spaces.

While I found this ideology and conceptual framework highly relevant to the topic, to the participants, and me, I also faced several hesitations. I recognized that I did not wish to offend anyone with my research. I am, in essence, accusing certain dominant frameworks within the

psychotherapeutic field of lacking inclusiveness and being shaped by colonial epistemological foundations, while pursuing a doctoral degree in psychotherapy and counselling at a university within the UK, a country known for its colonial history, all while working with predominantly white instructors and faculty. I was fearful of offending symbols of the very systems and demographics which I was charging for the lack of inclusivity surrounding the field of psychotherapy. While these symbols are not to blame and, contrarily, have supported my inquiry into these constructs, there was a small part of me recognizing the power dynamic and developing a fear of the consequences that could arise from their utilization. Recognizing these hesitations ultimately motivated me to expand the boundaries of my practice as a researcher. I came to understand that to engage fully with the project, I needed to adopt this conceptual framework, as it was integral to the research question. Despite its perceived complexity and the discomfort it evoked, this utilization and integration were necessary to the research process.

While the data presented in this study could have been interpreted through a variety of analytical frameworks, integrating decolonial theory in this way emerged as a response to the depth and complexity of our narratives. Alternative frames may have offered useful insights; however, they risked overlooking the structural, historical, and ontological forces which have shaped our experiences. The decolonial lens, by contrast, provided a framework which could critically examine the colonial residues embedded in the research and foreground the question of inclusion, which was central to this enquiry. While I acknowledge that colonialism is not mentioned by name in the workshops, the analytic process was guided by the data itself, particularly in moments when the participants and I voice dissonance, exclusion, or unease that could not be meaningfully captured through alternative conceptual frameworks. In this way, the

use of decolonial theory was not imposed on the data but rather emerged as the most ethically coherent framework for making sense of it.

In line with the iterative and reflective nature of PAR, I reconnected with participants by phone to propose a follow-up workshop that would explore the emergent data through a decolonial lens. I shared how this framework could deepen and expand the inquiry by acknowledging the silences, the spaces in between the words, and what was not said; however, the participants expressed a sense of completion with the research process and chose not to proceed further. While the phone call was not recorded, their decision seemed to mirror my initial hesitancy upon encountering decolonial theory, highlighting the discomfort and unfamiliarity that accompany recognizing such a sensitive concept.

Although the participants expressed support for my continued independent engagement in integrating decolonial theory, their decision to refrain from further participation introduced a significant shift in the relational dynamics of the research. While PAR as a methodology does not view discontinuity or divergence in participation as ethically problematic given its adaptive, non-linear, and organic structure (Hambley, 2020); having become deeply attuned to the collaborative ethos of the process, I experienced an internal hesitation and discomfort, stemming from a strong sense of responsibility to engage with this analytical phase in dialogue alongside the participants. This tension prompted an internal ethical reflection in which I had to reconcile my desire for continued co-construction with the imperative to respect the participant's agency and autonomy.

First, I understood that I had an ethical responsibility to safeguard participants' mental and emotional well-being, rooted in both formal research ethics and the relational ethics

underpinning PAR methodologies. I was acutely aware that encouraging participants to push past their epistemic boundaries and confront a potentially unfamiliar or unsettling conceptual framework which they were resistant to could inflict mental or emotional stress on them. Ethical research practice required me to honor their pace, readiness, and situated knowledge without imposing my own. In this way, moving forward with the participants would have constituted a violation not only of informed consent but of the trust and mutual respect that had formed across the workshops. The act of moving forward with integration independently was therefore viewed as a commitment to maintaining ethical care.

Second, as this research encompasses the empowerment of the participants and me as indigenous people, a supplementary internal ethical consideration that arose was whether independent engagement would constitute 'speaking for' the participants rather than 'speaking with' the participants. MacLure (2003) describes this dichotomy as a pursuit of innocence in research methodology, asserting,

"Methodologies that privilege the views and the knowledge of the 'inside' invoke, or seek, a kind of textual innocence. Troubled by guilty knowledge of how power insinuates itself [...] outside researchers would ideally like to let the 'inside speak for itself'." (MacLure, 2003, p. 103)

Although, as a member of the demographic of interest, I am considered an 'insider' in this context, I have become accustomed to the deeply collaborative nature of the PAR process. I felt hesitant to move forward with this emergence independently. The quotation above depicts the innocent desire of the researcher to share the knowledge and meaning gained with their participants without alteration or adaptation, asserting that honoring Indigenous knowledge entails not critiquing or undermining the knowledge that the communities themselves deem appropriate to share, nor imposing external standards upon the narratives and wisdom they find

meaningful and valuable. However, MacLure (2003) further asserts that,

“There is a problem with the search for innocence. It never delivers the unimpeded view of/from the inside that it promises, and it often ends up repeating the knowledge crimes that it sets out to avoid.” (MacLure, 2003, p. 104)

Within this research, the knowledge crimes of epistemic injustice and colonial infiltration are central ethical and conceptual concerns. In this case, the internal urge to resist further engagement with Kemmis *et al.* (2014) ‘self-reflective PAR spiral “Reflecting, and so on...”’ (p. 18) due to the participants withdrawal, could have inadvertently risked reproducing the very epistemic silences this study sought to challenge, resulting in the re-inscription of colonial legacies that continue to permeate psychological research, not through overt action, but through omission.

Within the PAR framework, participant withdrawal or redirection is not interpreted as a disruption to methodological coherence, but rather as a meaningful data point that reflects situated epistemic positions (Hambley, 2020). The participants’ reluctance to adopt a decolonial framing mirrors broader patterns of epistemic injustice, in which colonial ideologies are internalized to such an extent that they are resisted even in acknowledgement. Their disengagement did not undermine the validity of decolonial analysis but, instead, illuminated the very tensions the theoretical lens sought to interrogate, namely, the invisible presence of colonial residues within contemporary therapeutic and epistemological contexts. As PAR’s iterative and reflective spiral (Kemmis *et al.*, 2014) necessitates responsiveness to emerging insights, the surfacing of mental colonialism as a structuring force within the data constituted a natural development within the process, even as it extended beyond the participants’ engagement.

In this way, the PAR process permits a holistic approach to understanding, in which

attention is paid to the silences, absences, hesitations, and resistances that emerge throughout the research process, and is embraced. By engaging with these silences as forms of epistemic presence rather than deficits, the project seeks to honor the participants' and my own full expressions of being. Engagement with decolonial theory through the PARs reflection stage, therefore, presented itself to be a site where these silences could be gently unearthed, in a way that facilitates understanding- an essential ethical stance in decolonial research praxis, where respect for autonomy, agency, and culturally grounded expressions of knowledge remains central (Tuhiwai, 2022).

I began the integration process by reading all the relevant literature surrounding decolonialism and assessing how it aligned and contrasted with the collaborative findings of this study. I then began rereading the workshop transcripts in their entirety. I recognized instances where we were discussing colonialism without using the term, which would lead to an identification of the "silent narrative" of colonialism. Although I had never been aware of its presence before, once I acknowledged it, this silent narrative, hidden in the corners of our experiences and within the spaces of our words, began to emerge expressively. Now that I had seen it, I could not *unsee* it. Through various iterations of reflection with the conceptual frame alongside the emergent data, the project provided more context and consideration for the evolving knowledge uncovered collaboratively throughout the PAR process, to ultimately acknowledge the whole and the spaces between.

Chapter Five: Meaning Making

This chapter traces the inquiry's meaning-making process. The account is presented in a "story-like" manner, offering a comprehensive and chronological portrayal of the data collection, analysis, and discussion. While psychotherapeutic research often separates these processes into distinct and isolated sections, such an approach would not align with the ethos of PAR. In participatory, collaborative inquiries, meaning making is deeply interwoven into the process itself, making the findings inherently tied to the journey (Kemmis *et al.*, 2014).

To remain true to the spirit and integrity of the work, this chapter is presented as a holistic, collective account that provides a comprehensive timeline of the workshops and reflects the inquiry's evolving nature. By choosing to communicate the chapter in this manner, the participants and I submit that it would make the sharing of findings more authentic by creating clear starting, middle, and stopping points that are genuine to our journey within these workshops, while offering a holistic account of the PAR process.

Embedded within this journey is an engagement with decolonial theory and relevant academic literature, interwoven throughout the chapter's unfolding and offering context surrounding the "silent narrative" which sits in the room alongside us. These reflections surface naturally within the storytelling scattered throughout its communication like subtle rays of sunlight, illuminating moments of insight and understanding as they emerge.

Narrative Structure

This chapter is organized into three main sections, corresponding to the three workshops

which the participants and I engaged in. Each section follows the general workshop flow introduced in *Chapter Four*- comprising the opening, exploration, reflections, and planning phases, guiding the reader through the unfolding process of each workshop. Key insights will emerge organically throughout each section, allowing the reader to immerse themselves within the workshop space and environment. The narrative structure of *Chapter Five* is visually represented in Table Three below.

Throughout this chapter, participants will be referred to by the pseudonyms outlined in *Chapter Four* to maintain confidentiality and avoid using impersonal participant codes (e.g. P1, P2, etc.). When referring to the participants as a collective, they will be referred to as ‘healthcare practitioners’ in discussions surrounding any shared contemplations and reflections.

Table 3. Narrative Structure of Chapter Five: Meaning Making

<p>Excluded by Design: Experiences of Psychotherapy</p> <ul style="list-style-type: none"> Dominant Constructions of Psychological Normality and the Marginalization of Difference in Therapy Standardized Approaches to Care and the Systemization of the Soul (W)holistic Healing, Where the Fragments Meet Approach versus Practice <p>Addressing the Elephant in the Room</p> <ul style="list-style-type: none"> Same, Same, but Different Finding Balance <p>The Edges of Inclusion</p> <ul style="list-style-type: none"> Person Centered Client Driven Holistic <p>Conclusion of Meaning Making</p>

Excluded by Design: Experiences of Psychotherapy

The participants arrived one by one into the workshop space- a cozy, private room filled with warm lighting. A gentle scent of lavender filled the air, and sunlight reflected little rainbows into the floorboards and onto the cream-colored rug, which was placed in the center of the room. I welcomed the participants into space, offering them tea or coffee as they settled in, handing out the *Participant Workshop One Itinerary Sheet (Appendices)*, and reintroducing them to the project. It had been one week since we had our initial meeting, where we went over the aims, objectives, and planning of the project, ultimately agreeing to pursue the research through these embodied workshops.

“Please feel free to choose any props you would like, whether it be a bolster, a chair, a cushion, whatever feels right for you this evening and let us all get situated in a circle here. Before we start, I would like to reintroduce the project to you. We are here today to explore the experience of integrating holistic practices within a therapeutic space and how that might influence inclusivity. This project is ultimately about shedding light on our experiences within spaces of healing, so feel free to reflect, delve deep, and connect throughout the process.” - Dima

I felt an anxiousness and excitement in the air. None of the participants or I had ever taken part in an experience like this before, so there was much to be anticipated. I welcomed the participants and invited them to ask questions or bring up any concerns. They responded kindly, expressing their eagerness to proceed with the workshop itinerary that we had planned during our initial meeting. I then reintroduced the workshop techniques and practices we had collaboratively arranged for the meeting prior. The YIT *techniques* are holistic methodologies and practices which distinguish YIT from other psychotherapeutic methodologies. They are practices employed throughout therapeutic intervention to serve as a path to holistic healing. Based on

the cumulative body of research surrounding YIT, the three main integrative techniques are *breathwork*, *meditation*, and *bodywork* (Beveridge & Buchanan, 2019; Singh, 2020). As mentioned previously, the exploration portion of the workshop was designed as an embodied, experiential journey, with each practice flowing into the next. As such, the participants and I processed and interacted with each practice in the exploration portion before moving on to the “reflection” or discussion portion of the workshops. For this workshop, the participants and I opted to explore each practice and technique through what would later be described as a person-centered and client-driven lens, which included offering several adaptations for each technique and empowering participants to engage in ways which made sense to them, in order for each participant and me to make each practice our own.

The first technique central to YIT is *breathwork*, which refers to any breathing exercise or practice which engages the breath (Young, Cashwell, & Giordano, 2010). There are countless forms and approaches to practicing breathwork, with variations that can produce distinctive results depending on the desired outcome. For instance, many breathwork practices involve the alteration of breath, in which one modifies their breath to a pre-determined ratio in order to stimulate certain bodily systems, energize the body, and activate the mind (Jayawardena *et al.*, 2020); others may involve slowing down the breath in order to elicit calming sensations and activate the parasympathetic nervous system (Russo, Santarelli, & O’Rourke, 2017). Finally, some may entail intentionally attending to the natural breath, without alterations to develop awareness and connection with the natural state, experience, and process of breathing (Prpa *et al.*, 2018).

The first practice we engaged in was a form of breathwork called *breath connection*,

which Lulu suggested. The practice consisted of connecting to breath in its natural form without manipulation. I opened the practice with a statement which encapsulated the reason and benefit of connecting to the unaltered breath:

“The reason we are choosing the unaltered breath as our focal point is that it is something we can always come back to and consistently rely on, as it is anchored in the present moment. It connects us to our nervous system and brings our experiences out of our minds and back into our bodies. So anytime we find ourselves distracted, we can always use our next inhale as an opportunity to begin again.” - Dima

The practice was considerably intimate, with each participant turning their attention inward and noticing the breath within their own bodies. I thought to myself, “This is the first time I have actually connected to my breath today”, and felt an internal warmth as I attended to the rise and fall of my chest, gently noticing the intricacies of each inhale and exhale.

As the practices were designed to flow into one another, the breath connection practice flowed into the next technique, *body scan* meditation. Meditation refers to a variety of practices which aim to settle the mind, enhance overall well-being, and achieve heightened spiritual awareness (West, 1979). Some meditative practices may involve maintaining mental focus on a particular stimulus, such as the breath, a sound, an image, or a *mantra* (Alper, 1989); while other meditative practices may require the practitioner to turn the attention inward towards their center by settling the mind, or letting go of unhealthy and unhelpful thoughts (Nairn & Regan-Addis, 2019). Irrespective of the form or variation selected, as with the first technique, meditation aims to aid in holistic healing and serve as a protective tool that individuals may habituate and return to throughout life.

The *body scan* was a guided meditation suggested by Haya. It consisted of participants progressively settling the attention on each body part, starting from the top of the head to the

tip of the toes, intentionally noticing the state or condition of each area, internally acknowledging any tension which may have been present, and gently releasing any tightness held within the body (Gan, Zhang, & Chen, 2022). The body scan is a tool which incorporates breathing and introspection to create awareness of one's internal environment. I opened the meditation practice with this statement:

“The body scan is a technique that helps reconnect the mind and the body. For many of us, our minds may tend to wander, to ruminate, circle, and twine. The body scan is a technique which brings the attention of the mind back into the body, and the present moment.” - Dima

Each of the participants had engaged with body scan techniques prior to, except for Farah, who was new to holistic practices. Throughout the body scan practice, I made several observations which I had not been aware of prior to beginning. My shoulders were tense, and I was engaging in self-soothing movements such as stroking my hands and curling my toes inwards. With each observation, I was able to release and let go gently.

The body scan meditation then flowed into the next practice, *incremental shifts*, which is a *bodywork* technique suggested by Rana. *Bodywork* is defined as a methodology or practice in which individuals attend to or engage the body in a mindful, intentional manner (Beveridge & Buchanan, 2019). An integral part of bodywork is embodiment, or mindful bodily engagement, a crucial aspect of holistic healing, as it emphasizes awareness of and staying connected to the physical body. Through embodiment, individuals develop greater self-awareness, regulation, and an overall sense of well-being (Fogel, 2013).

In the practice, I guided participants through gentle stretches, during which they shifted and engaged their muscles to develop expansion and relaxation. There were several adaptations for each stretch, and each participant was encouraged to use any props available to make the

practice their own. After the guided portion of the practice, participants were invited to move their bodies in any way that served them and were encouraged to focus on areas which “called” to them. The practice felt gentle, tender, and restorative as each mindful movement and stretch seemed to draw the mind more deeply and profoundly into the body.

The final practice we explored was a guided, *nonjudgmental introspection*, which I suggested. Nonjudgmental introspection may be considered a form of meditation, in which one turns inwards to reflect on one's experiences and their internal environment. I shared the essence of the process by saying,

“Oftentimes, we get so wrapped up in what we are doing that we forget to allow ourselves. This introspection is to take us out of the mindset of human doing and reconnect with human *being*.” - Dima

Throughout the nonjudgmental introspection, the participants and I internally reflected on several questions, such as “How am I right now?” “How have I been?” “How have I been approaching experiences and circumstances in my life?” and “How can I release?” The practice felt vulnerable, yet reassuring, as each prompt was considered mindfully without judgment.

Once we had engaged with each reflective question, I gently brought the participants out of their meditative states. I metaphorically welcomed them back to the room, ending the overall exploration process of the technique with “How was that for everyone?”

As exploration was designed to be more of a journey through the YIT techniques of breathwork, meditation, and bodywork, with each practice flowing into the next, the participants were engaging with them in silence. The next portion of the workshop, reflections, encompassed their considerations and thoughts surrounding the whole process. I found the anxious energy I had felt from the participants had settled, replaced by a calmness that filled the space.

“Thank you so much, that was amazing,” - Sara

“I loved it” - Amani

Although the calmness was present, I still sensed some hesitation when we began the reflection portion of the workshop. It appeared that the participants were waiting for direct questions rather than expressing themselves freely in an open discussion. Where I had hoped for conversation to flow, the responses seemed stiffer and more rigid. I believe I expected the “collaborative meaning making” which is pertinent to PAR to be available from the very first interaction within these workshops. I did not anticipate that the interpersonal dynamics within the PAR process, much like within the real world, would require time and trust to build. Although PAR is meant to be completely collaborative, there appeared to be a power dynamic at this moment within the workshops. I was administering all the practices, although the participants suggested it would offer them the opportunity to engage with the process “through the lens of a client”; and I was additionally taking on a leading role in this reflection by attempting to generate conversation. This speaks to how power dynamics are often present even within spaces where they are meant to be absent, such as the psychotherapeutic space and participatory methodologies. While decolonial literature seeks to diminish all sources of power dynamics in favor of equality and respect, even within the context of this workshop, perceived hierarchical statuses were perpetuated and respected beneath the surface. Because of this, I found myself experiencing discomfort with the brief silences which were occurring, relying on my prompts to create more flow within the reflections, asking “How did the practice sit with you?” and “What are your thoughts and reflections?” There was somewhat of an awkward pause until one participant, a yoga practitioner under the pseudonym of Haya, broke the silence, saying,

“I think it was a really beautiful experience. I have never really experienced a form of therapy like this before, so it was very interesting. I loved the practices themselves, but also the way they were approached. I noticed it was really invitational, and very, very gentle.” - Haya

While Haya was an experienced yogic practitioner, these practices were meant to be viewed through the lens of integrative psychotherapy, rather than as yogic practice. Lulu, a seasoned therapeutic practitioner, responded,

“I noticed that too. I loved the techniques, and I think they were really refreshing. I think incorporating these more holistic practices into therapy could be really beneficial, because they give you space to explore your feelings. However, you will also be given a space to connect to your breath, release tension in your body, and find, like, a stillness in your mind.” - Lulu

The participants continued to converse about their reflections surrounding the techniques, each offering their personal thoughts and experiences surrounding each specific practice, with reflections such as,

“I really enjoyed the connective breath practice. I think it is such an accessible way to start someone on introspective or embodied techniques, and what differentiates it from some of the other holistic or mindfulness techniques I have tried over the years is that you are essentially just applying attentiveness to your own breath. You are not changing it or performing a calculated ritual, which is unnatural to your essential being. I also find it really applicable to daily life because this technique can be used to pause throughout your day, when a stressor arises, or when you need a moment to reconnect with yourself... It can be such a protective strategy.” - Lulu

Amani, a devoted yoga practitioner, surmised her reflections surrounding the techniques, claiming,

“I really think the techniques, breathwork, bodywork, meditation... are so heartfelt. I really appreciated how universal and inclusive this experience was.”
- Amani

All the reflections up until this point were positive surrounding the techniques, until one participant, a behavioral psychologist under the pseudonym of Farah, offered a more vulnerable

contribution, sharing,

“I personally struggle with the mind body connection. [...] And I also always find it hard to, um, stay still. I have difficulty with stillness, [...] I think what is really beneficial about the bodywork techniques is that they really are engaging and allow me to identify tensions in my body through these active, soft, and subtle movements, rather than theoretically in my mind, and that really helped me gain awareness of my internal environment. [...] As a therapist, I can say these things are missing from typical therapy, and it is a shame because it would be so, so beneficial, I think.” - Farah

After hearing these responses from the participants, a trend began to emerge in the room. Lulu mentioned that the incorporation of holistic techniques would be beneficial in therapy because it expands the practice to include connection to the breath, relaxation of the body, and a stillness in the mind; Amani described the experience as “heartfelt”, “universal”, and “inclusive”; and Farah mentioned that these forms of practice were missing from psychotherapy. These reflections highlighted a stark contrast between the participants' previous experiences of therapy and this holistic and integrative practice. I responded to Farah's reflection with,

“Hmm, I see what you are saying. [...] I wonder, what else arises or comes up when we think of our past or maybe even present experiences within psychotherapeutic environments...” - Dima

This exchange prompted a reflective conversation surrounding the feelings and experiences participants had previously encountered while interacting with the psychotherapeutic paradigm. As each of the participants maintained a significant amount of exposure to psychotherapeutic services both within Kuwait and abroad, this conversation offered them an opportunity to reflect on their experiences *outside* of the workshops, which would ultimately result in the identification of two underlying tensions, namely, the *dominant constructions of psychological normality and standardized approaches to care*.

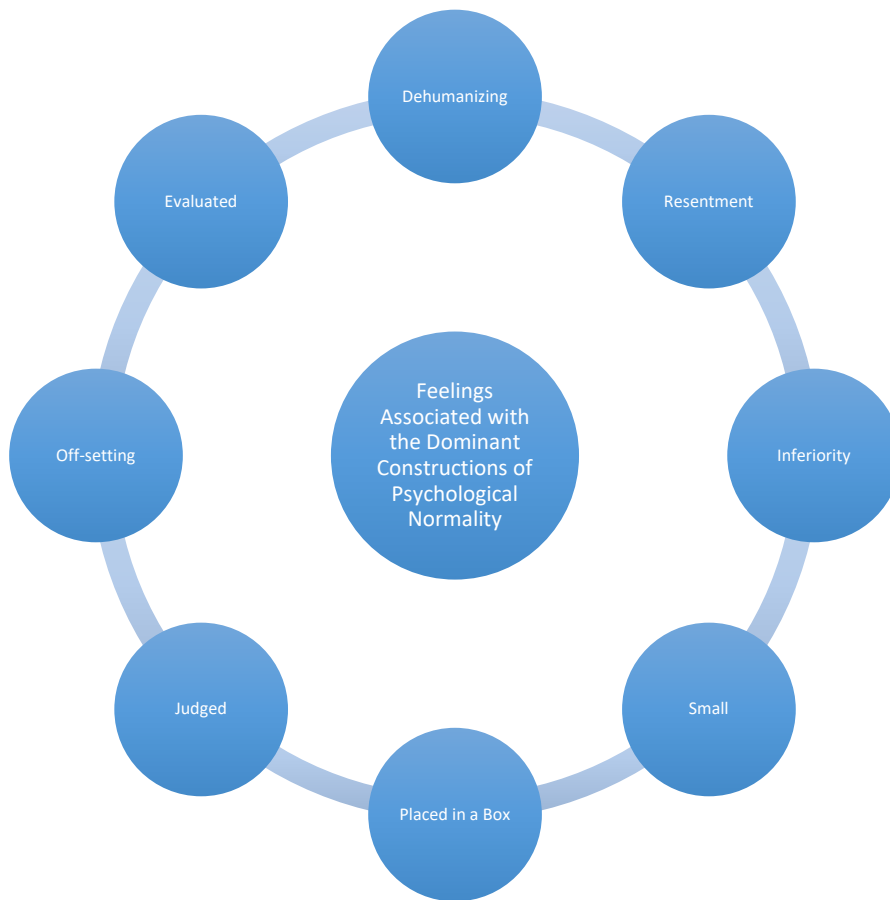
Dominant Constructions of Psychological Normality and the Marginalization of Difference in Therapy

The first main reflection identified was a tension surrounding the dominant constructions of psychological normality, which was attested to represent a set standard and benchmark surrounding normality and order. A standard and benchmark which was subsequently applied to the participants. This section will delve into how the participants and I explored these reflections and arrived at this conclusion, ultimately identifying the feelings the participants shared about their experiences with the dominant construction of normality and how it led to a marginalization of difference within the therapeutic space. I have chosen to highlight the feelings that arose throughout this conversation collectively in Figure 10 as a form of empowerment, treating the act of naming these sentiments as a charged resistance. Acknowledging the emotional impact of exclusionary frameworks in this way affirms the participants' right to feel, critique, and make meaning from their experiences. In doing so, recognizing these emotions becomes a means of reclaiming one's voice and challenging dominant narratives.

Amani was the first participant to respond, reflecting on how she found the administration of standardized tests, questionnaires, and forms, commonly used as a means of diagnosis within certain psychotherapeutic settings, to be alienating and dehumanizing. She said,

“There have been times where, you know, in therapy, I have felt... small. I remember the first time I went to therapy, I was asked to fill out these tests and evaluations before starting. It was a scale test, like on a scale of 1-10, how do you feel today? How often are you sad? Things like that. At the end of the day, I really just wanted to be heard, and seen, and acknowledged, and filling out those kinds of forms felt like I was being placed into a box. I suppose it felt quite alienating and even dehumanizing.” - Amani

Figure 10. Feelings Associated with the Dominant Constructions of Psychological Normality



Amani shared this experience timidly; her voice was low and vulnerable. I did not recognize it at the time, but the silent narrative of colonialism appeared to be present from this very first reflection surrounding her past experiences with psychotherapy. The volume and vulnerability of her voice while discussing a feeling which is a direct result of colonialism, ironically, speak volumes. When individuals from formerly colonized or oppressed groups attempt to discuss issues founded in colonialism, psychological literature indicates that they may often face internal psychological barriers rooted in mental colonization (Mitchell *et al.*, 2019). This term refers to how colonial power imprints itself on the minds of the colonized through

epistemic authority, leading these individuals to internalize colonial narratives and ideologies (Thiong'o, 1986), resulting in a lack of confidence, or even a loss of voice in communicating difficult experiences (Freire, 1970). After she spoke, the room fell silent for a moment until Haya, as she had previously, broke the silence, responding to Amani eagerly,

"I had to fill one of those out as well. I think people in general are very unique, so to feel like you are being put in a box, or evaluated through some sort of test or questionnaire, really does have the potential to cause a lot of resentment, or feelings of inferiority... I was given a questionnaire which resembled some personality test, and I remember thinking like... this questionnaire and these questions are not going to be overly insightful with me, because there are a lot of things that make me, me, that this questionnaire does not account for or consider..." - Haya

This exchange was the first truly vulnerable exchange made by any of the participants, which I found did two things to facilitate the PAR process. First, I recognized that Amani's vulnerable and critical exploration of the prompt may have been the catalyst that encouraged other participants, such as Haya, to find the comfort to let down their walls and share their hesitations surrounding deep, honest, and critical reflection. Second, I found that the validity offered to Amani by Haya in turn created a sense of trust, safety, and cooperation in the room, as the acceptance of a vulnerable experience can make an individual feel seen and heard (Schei, 2023), something Amani had been seeking and lacking in therapy. Witnessing a vulnerable moment met with validation, I believe, prompted the remaining participants and me to feel more comfortable sharing our experiences, resulting in more candid communication and facilitating the PAR process.

"It is even worse when the questionnaire includes questions surrounding demographics, ethnicity, religion, marital status, and all that. Like, okay, now you know I am divorced, now you know I am Muslim, so what? I am so much more than all that." - Sara

According to these reflections, all three participants experienced discomfort with the standardized testing, questionnaires, and forms commonly used in certain psychotherapeutic settings. Amani described the process as “alienating and dehumanizing.” She expressed that while her motivations for attending therapeutic services was to feel seen and heard, the process of filling out forms, questionnaires, and standardized tests had the opposite effect, instead making her feel “small” and giving her the impression she was being “placed into a box”, with the box in question being a category, label, or diagnosis. Haya agreed with the reflection and expanded on her own experience with this tension. She surmises that individuals in general are “unique”, so the evaluation of a unique individual against a homogenic standard has the potential to result in feelings of “resentment” and “inferiority”. She explained that, in her case, she believes a questionnaire, standardized test, or form would not be overly insightful or explanatory because many of the factors that contribute to who she is cannot be accounted for or considered. For Haya, diagnostics in a standardized form did not make conceptual sense when the form could not view her and recognize her as a fully composed human being, with a unique background, religion, culture, and lived experience. Sara expanded the conversation to include questions about demographics, insinuating that these questions are surface-level and in fact do little to inform one about who an individual truly is, as an individual is “so much more” than their labels.

These experiences are an exemplary illustration of how the dominant constructions of psychological normality can lead to the development of alienating experiences and feelings, a marginalization grounded in individual difference. While the intention of administrating these standardized forms is to systematize and regulate diagnostics, in addition to creating and retaining relevant language surrounding said diagnostics (Kelly, 2014; Salvatore, 2011), much of

the literature surrounding this topic has expressed that for certain individuals and demographics such as Arab Muslims, these applications may be seen as a disingenuous method of gaining insight into ones being (Alattar, Felton, & Stickley, 2021; Aldousari, 2023). This is because Arab Muslims, and in this case, Kuwaiti demographics, maintain a more holistic image surrounding human nature and dichotomy, as shown by the depictions of the self in the Quran, the philosophical writings of Islamic scholars, and the approach to holistic self-care which is encouraged by the Islamic religion (Al-Attas, 2005). Thus, to be reduced to a number on a scale or category in a system is to be watered down and reduced to a simplistic version of oneself. This conversation is the first indication of inclusivity, requiring an acknowledgement of one's individuality and uniqueness, as a "label", in the view of these participants, merely represents one aspect of an individual. Through this lens, it is understandable why the participants used such strong wording, such as "alienating", "dehumanizing", and "resentment" to explain their reflections surrounding standardized diagnostics within bio-medical psychotherapeutic settings.

While colonialism was not referred to by name within any of these reflections, the participants, in essence, are discussing how these feelings of alienation, dehumanization, and resentment stem from the perception of being held up to these benchmarks, which are colonial in nature. They were speaking about colonialism *without* speaking about colonialism, which is why this phenomenon was termed the "silent narrative". The term is used to describe the pervasive yet unspoken presence of colonialism throughout the inquiry. Its influence is embedded in the underlying assumptions, relational dynamics, and conceptual frameworks that shaped participants' experiences. This narrative operated beneath the surface of the dialogue, structuring meaning and shaping engagement in ways that often went unacknowledged. In this

sense, its silence is not an absence, but an internalized presence which is felt and enacted without being directly articulated.

Sara, Haya, and Amanis' experiences and reflections in this section align with much of the research within decolonial psychotherapy, which asserts that Indigenous demographics specifically tend to mistrust tools which are developed for the masses, instead preferring more intuitive, person-centered, and individualized approaches to knowledge and care (Ali-Faisal, 2020; Moodley, & Shireen, 2019; Taylor, 2022). Meaning that the application of these forms in the first place has the potential to create feelings of distrust and alienation (Ali-Faisal, 2020; Nagi *et al.*, 2021), as it did with the participants of this study. If the expectation for therapy is to provide a safe space, it raises the question of how clients are expected to feel safe when they are, in turn, feeling judged and evaluated against a predetermined standard which they feel does not apply to them. This is further troublesome when viewed alongside the system of "curing" and "treatment" for perceived differences from the dominant constructions of psychological normality, as it perpetuates the marginalization of difference—a perceived penance for deviating from the observed standard.

After the exchange among Amani, Haya, and Sara, I thanked them for their vulnerability and insights, then reiterated the prompt to the room: "Does anyone else have any past or present experiences engaging with psychotherapy that they would like to share?" Two participants then expressed how they experienced dominant constructions of psychological normality being applied to them when sharing their own unique life experiences, religious values, and cultural contexts in psychotherapeutic environments, outlining how they felt as though their experiences with their religious and cultural norms were being evaluated against an inapplicable frame, which

was incompatible with the dominant constructions of normality. As the Kuwaiti culture and Islamic religion do not necessarily align with the standards and benchmarks set within biomedical and reductionist approaches to psychotherapeutic and Western discourses (Alattar, Felton, & Stickley, 2021), the participants expressed feeling judged and misunderstood throughout the process of therapy, resulting in an “othering” and lack of inclusiveness, stemming from this epistemic injustice. Lulu discussed an incident where she felt her cross-cultural therapeutic practitioner at the time was evaluating her culture against that of the West, implying that the Arabian, in this case, Kuwaiti culture, is inherently “wrong”. She said,

“I do not know if it is a clash of cultures or a lack of education, but it is strange when you feel like your norms and culture are being judged. I was talking about how it is standard in our culture to live with our families until marriage, and my therapist at the time responded by saying that sounds like heavy dependency... and that living alone was important for independence. It was immediately offsetting for me, because that is a norm here in the Middle East for both young men and women to live at home, and with that response, she was essentially saying that it was wrong.” - Lulu

Haya, as she did with Amani and me, validated Lulu’s experience with one of her own, exhibiting herself as comforter and validator within the group. According to Irvin Yalom’s (1970) foundational theories on group therapy, he observed consistent patterns among group members in which the “comforter/validator” often emerges as someone who mirrors others' emotions, normalizing difficult experiences, and creates trust. Yalom called this dynamic “interpersonal learning”, which highlights the benefit individuals gain when others reflect their feelings in validating ways. He asserts that group dynamics reflect life and that an individual who occupies the comforter/validator role helps repair relational wounds outside the group by offering warmth and attunement, regulating group affect and fostering psychological safety within the group (Yalom, 1970). Haya grasped this role early on, in this case, sharing how she had a similar ongoing

frustration with her therapeutic practitioner when it came to inquiries surrounding her Arab culture and Islamic religion. While discussing the issue, she said,

“[...] Her questions were always posed from a place of knowing rather than asking, and her knowledge appeared to be very limited. She would often suggest or insinuate that I was questioning or turning away from my faith for no other reason besides the fact that I choose not to wear a hijab [headscarf]. For me, that was extremely off-putting. Just that comment alone made me feel like she only saw me in one way, and that she was not trying to teach me as an individual but place a limited and almost distorted portrait of a Muslim woman onto me... I felt like she was judging me and my Deen [religion]. I also understand that other cultures, like hers, might view the hijab as oppressive, but it is empowering in my culture and in my belief, so I did not appreciate her saying that.” - Haya

These experiences and reflections are indicative of how epistemic injustices and other forms of injustice may be perpetuated within therapeutic settings due to the Western norms and outlooks which are held as a standard or ideal way of being in therapeutic environments, irrespective of clients' cultural heredities and religious values, leading to a lack of inclusivity within the psychotherapeutic environment. The term refers to a set of dynamics, processes, and structures that engender marginality and inequality across the full range of human differences based on group identities (Brons, 2015). It is a phenomenon in which an often-dominant group maintains notions of smaller groups being inherently different and lesser than, resulting in these smaller groups being “othered” (Brons, 2015). To refer to Derek Gregory's definition of othering,

“[Othering is] in effect, to pretend that the principal consideration is epistemological and natural—our civilization is known and accepted, theirs is different and strange—whereas, in fact, the framework separating us from them is belligerent, constructed, and situational.” (Gregory, 2004, p. 24)

The term *epistemic injustice*, in turn, refers to discrimination with respect to knowledge through exclusion and silencing; systematic distortion; misrepresentation of one's meanings or contributions; undervaluing of one's status or standing in communicative practices; unfair

distinctions in authority; and/or unwarranted distrust (Kidd, Medina, & Pohlhaus, 2017). To refer to Miranda Fricker's evaluation of hermeneutical injustice, which is particularly relevant to these excerpts,

"The unequal disadvantage derives from the fact that members of the group that is most disadvantaged by the gap are, to some degree, hermeneutically marginalized—that is, they participate unequally in the practices through which social meanings are generated. [...] Our collective forms of understanding are rendered structurally prejudicial in respect of content and/or style: the social experiences of members, of hermeneutically marginalized groups are left inadequately conceptualized and so ill-understood, perhaps even by the subjects themselves; and/or attempts at communication made by such groups, where they do have an adequate grip on the content of what they aim to convey, are not heard as rational owing to their expressive style being inadequately understood." (Fricker, 2007, p. 1)

By uncovering epistemic injustice and othering as constructs which are infiltrating the psychotherapeutic environment, this captures moments of un-inclusive care and permits sustained engagement with these theories as a means of deepening the current understanding of inclusivity based on these real-lived experiences, which aligns with this study's intention of expanding current conceptualizations of inclusivity within psychotherapeutic environments through the collaborative sharing of experiences.

There were several indications of these injustices within both excerpts. To begin with, Lulu's excerpt, a common custom among many Arab cultures is for individuals to live with their parents or relatives until they are married, irrespective of age or gender (Hasanen, Al-Kandari, & Al-Sharoufi, 2014). It is a practice that is economically, culturally, and societally backed within these demographics. In this specific case, the implication that living with family deters independence felt like a judgment against the participant's cultural norms. As discussed in the literature review, research shows that culturally normative practices outside the Western canon

are frequently pathologized or dismissed. For example, strong relational interdependence, highly valued in Indigenous communities, can be miscast as “dependent personality” pathology under Euro-American diagnostic criteria (Lee, 2023). This silencing of alternative ways of being exemplifies epistemic injustice, as Indigenous perspectives are denied credibility and voice (Fricker, 2007). This injustice is depicted here in Lulu’s experience, as the imposition of Western culture onto individuals such as herself, who do not ascribe to it, is a clear depiction of the epistemic practice of the “colonization of culture”, whereby the cultural norms of the indigenous are denied and filtered through the lens of white capitalism (Racine & Petrucka, 2011).

When viewed through this lens, it appears that the silent narrative of colonialism was present in the room with Lulu and her therapist, as it was in the retelling of this experience. As with the previous reflections, while Lulu was forthright in sharing this experience, she was additionally resistant to acknowledging the *source* of the feelings. As we all were. On the surface, we were discussing our previous experiences with psychotherapy, but beneath the surface, we were discussing the colonial influences which contributed to our experiences. The question which arose upon discovering decolonialism and re-engaging with these excerpts is, *what is this silent narrative, and why were we so blind to it in the moment?*

Silence around colonialism among marginalized populations has been recognized in psychological literature as a complex interplay of cultural, historical, and interpersonal factors. For instance, research with Indigenous and racialized communities suggests that colonial trauma is often internalized, unspoken, or expressed indirectly, due to collective experiences of historical violence, imposed shame, and institutional erasure. For instance, Braveheart (1998) conceptualizes historical unresolved grief among Native American communities as a condition in

which colonial trauma is transmitted intergenerationally. However, it remains largely unvoiced due to stigma, fear, or cultural suppression (Brave Heart, 1998). Similarly, Kirmayer *et al.* (2007) emphasize that in many Indigenous contexts, silence functions as a form of cultural survival- a way of protecting communal integrity and avoiding re-traumatization, even as colonial legacies continue to shape lived experience. Studies in post-apartheid South Africa have also documented how individuals resist naming colonial or racial trauma explicitly, opting instead for symbolic or embodied expressions of distress (Ratele, 2014), often because of fears of being dismissed, retraumatized, or disrupting social harmony (Hook, 2012). In these cases, it is suggested that silence surrounding colonialism is not indicative of denial, but rather reflects what Fanon (2008) described as a *zone of non-being*. In this psychological space, colonial wounds persist but remain obscured by the politics of respectability, assimilation, or survival. In this way, colonialism operates as a silent narrative not because it is forgotten, but because it is too enduring, too dangerous, or too embedded to be easily named.

The silence surrounding colonialism among marginalized groups can also be understood through the lens of epistemic injustice and mental colonization, wherein individuals internalize dominant colonial narratives that delegitimize their own knowledge systems, voices, and worldviews. This added context suggests that silence is not derived solely from fear, but from the entrenched belief that one's own narrative holds less epistemic weight. Studies such as those by Dei (2000) and Patel (2014) further demonstrate how educational and psychological systems routinely position marginalized knowledge as "inferior," leading individuals to distrust their own perspectives and defer to dominant frameworks. In this way, silences become a product of colonial epistemologies that have shaped not only institutions, but also the inner landscapes of

those most affected- an internal quieting of knowledge that is structurally induced and psychologically reinforced. With colonial ideologies and Eurocentric standards establishing epistemic authority over the mass of educational systems, both within and beyond the borders of Kuwait, colonialism and the injustices it perpetuates were constructs which were unknown to the participants and me. After years of engaging in academia, program after program, this construction of colonialism was never included any curriculum, nor was it part of societal discourse or discussion for the participants or me. In this way, we, having no prior awareness of this field, as members of a historically marginalized group, further highlight the systemic silencing of critical epistemologies within dominant educational and societal structures. We were internalizing these normative standards and ideations and perpetuating them in our own work, having all been educated and trained through this lens within our disciplines. Thiong'o (1986) describes this as a form of mental colonization, in which those affected may fail to recognize, or even resist acknowledging, the deeply embedded injustices that shape their realities.

This is correspondingly reflected in Haya's excerpt, as she disclosed a similar situation in which her therapeutic practitioner consistently made assumptions surrounding her faith and religion based on a preconceived image and notion of what a Muslim woman *should* be. In addition to her recognition of the colonial ideologies surrounding her own culture, her excerpt is saturated with notions of epistemic injustice and others.

The first indication of these injustices in Haya's excerpt is the therapeutic practitioner posing interventions and questions from a place of knowing. To know without curiosity is to place a preconceived frame or notion on a unique and dynamic individual, whom one does not know. Although the practitioner may have been trying to acknowledge the Islamic religion by

referencing this custom (of wearing a *hijab*), by applying this interpretation of homogeneity onto all Muslims, and placing a preconceived notion surrounding the demographic onto Haya, this therapist failed to acknowledge the diversity which comprises the Muslim people. Pre-existing generalized assumptions and perceptions of Islam overlook the vast differences within the Muslim community, which encompasses various ethnicities, nationalities, and cultural practices (Alhussainy, 2023; Amer & Bagasra, 2013; Baele *et al.*, 2019; Elkassem *et al.*, 2018; Garner & Selod, 2015; Haque *et al.*, 2016), and failing to acknowledge this diversity is a direct result of epistemic injustices, which suppresses the epistemology and knowledge of certain demographics and groups. In this case, the presence epistemic injustice, led to othering, miscommunication, and invalidation (Jamal & Sinno, 2009; Khoshnevis, 2019; Matthes *et al.*, 2020; McCauley, Moore, Mason, & Lewis, 2008; Moosavi, 2015; Musa, 2019; Pratt & Woodlock, 2016; Saeed, 2007; Selod, 2015, 2020; Sheridan & North, 2004; Stitt & Segal, 1980).

This finding aligns with the ontological premise of this research paper. While it is often reported that Muslims maintain a shared ontology and belief around the world due to the guidelines which have been set for them by the Quran (Gregg, 2007; Yasmeen, 2008; Koenig *et al.*, 2014), there is a tendency to disregard that a shared religion, does not equate to sameness with regards to individuality, as the religion must also co-exist with other discourses, experiences, and identity markers an individual may hold. Muslims may view the world through the same religious lens; however, this lens does not exist within a vacuum in which *other* systems and discourses do not interact with it. Correspondingly, this dominant construction of psychological normality placed onto us within these experiences, and within its interpretation of various groups and demographics, results in a lack of recognition for individuality. As part of the intentions of

this research is to explore the essence of inclusive care, and question the very meaning of inclusion, these reflections were revealing how inclusiveness must encircle an acknowledgment of an individual for their uniqueness, as opposed to viewing an individual through a singular lens, especially when the lens is positioned through a derogatory or misinformed colonial and social perception.

The second indication of these injustices in Haya's excerpt surrounded her last remark, which read,

"I also understand that other cultures, like hers, might view the *hijab* as oppressive, but it is empowering in my culture and in my belief, so I didn't appreciate her saying that."

This indicates that rather than recognizing the act (of wearing a *hijab*) as an empowered decision in the words of Haya, the therapist viewed the *hijab* through a colonial lens, which paints it to be oppressive (Horwitz, 1982; Vanheule, 2014). As discussed in *Chapter Three*, this distortion of customs is an act of othering and colonialism, which Said (1978) identified as *orientalism*, a discourse whereby Europeans and Americans render non-white dominated countries, such as Arabian societies, as exotic, uncivilized, unsophisticated, and in need of Western interventions and enlightenment. In this discourse, Arabs, or the *Orient*, and their customs are viewed as barbaric and backwards while the *Occident* are viewed as worldly and forward thinking (Said, 1978). Other epistemic injustices arise from this premise. A premise in which the customs of the *Orient* are always viewed through the lens of the *Occident*. The custom of the *hijab*, in this instance, is viewed through the lens of oppression rather than through its ancestral lens of empowerment.

A closer examination of Haya's excerpt through a decolonial lens reveals an acute

awareness of the Western cultural narratives that frame Islam as “oppressive.” In the book *Black Skin, White Masks* (1952), Fanon details how colonialism causes the oppressed to internalize the idea of their own inferiority, which undercuts their confidence to express themselves in instances where they are being discriminated against. He argues that the colonized come to believe their voices are less valid than those of the colonizer. Postcolonial scholars note that this often leads to a “double consciousness,” whereby the colonized view themselves through the eyes of their colonizers (Fratz, 1952). Haya’s reflection reveals an awareness of the colonial image imposed on her due to her faith, yet she neither confronts it in her therapeutic encounter nor in the workshop setting. Viewed through the lens of decolonial theory, these excerpts appear to directly *allude* to colonialism, yet the discourse remains marked by an absence of explicit acknowledgement or direct naming of its presence.

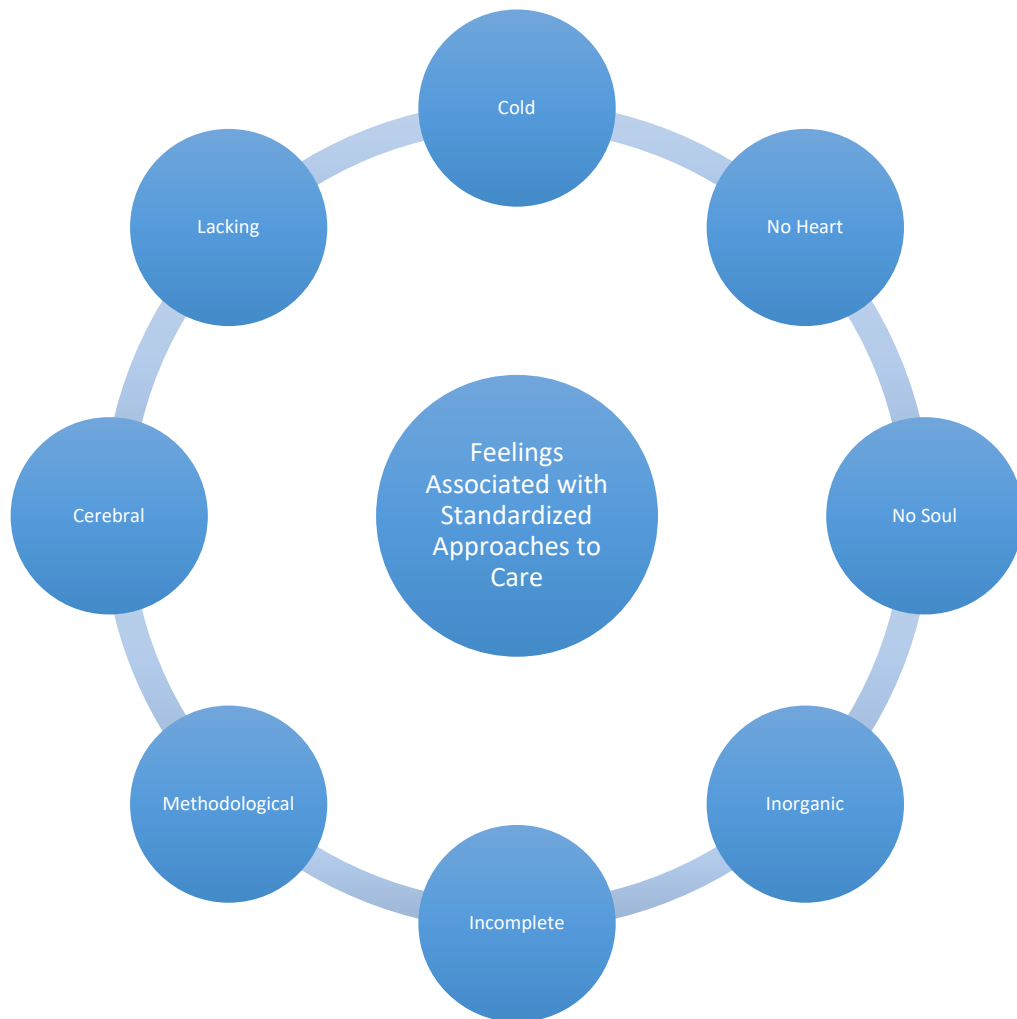
From a decolonial perspective, Sue (2001) argues that, due to the dominant constructions of psychological normality rooted in colonial and monocultural ideations, counseling will continue to position non-Western cultural values that deviate from these constructions of psychological normality as ‘abnormal’, thereby sustaining bias and discrimination. With these experiences at the forefront of participants’ reflections on their past experiences in psychotherapeutic settings, it is clear that a lack of inclusion is perpetuated by these dominant constructions of psychological normality, leading to a marginalization of difference. Through this lens, it becomes apparent that many of the exclusions participants encountered in therapy were the product of an epistemic architecture that denies legitimacy to certain knowledge, identities, and experiences. The silence surrounding colonialism, the discomfort in naming epistemic violence, and the unspoken normalization of Western authority

in this case, reveal the depth of mental colonialism at work.

Standardized Approaches to Care and the Systemization of the Soul

As the conversation progressed, the participants continued expanding on their experiences with psychotherapy. While the first section outlined their reflections on the dominant construction of psychological normality, the reflections shifted to acknowledge how standardized approaches to care additionally limit healing and inclusiveness. This section will delve into how the participants and I arrived at this conclusion, ultimately identifying all the feelings we shared surrounding our experiences with different psychotherapeutic approaches to care. I have chosen to highlight these feelings in Figure 11 to honor participants' responses, as they reflect a significant tension between the holistic human experience and reductive clinical frameworks. Highlighting them in this way affirms their validity and serves as an act of resistance against the systematization of the soul.

Figure 11. Feelings Associated with Standardized Approaches to Care



Upon hearing Haya and Lulu’s previous experiences, Amani shared one of her own,

“In all honesty, I have worked with so many different therapists and counselors over the last few years, and when it comes to approach, like, applications, techniques, how they are, they’re all the same. It doesn’t matter if I’m working with a Kuwaiti or a Westerner; the approach is always... cold. It is like they have a rulebook they use to work with everyone. ‘If this, then this, if that, then that’. It is not that some applications of techniques are ineffective or super inappropriate; it just feels so lacking. It is like there is no soul. There is no heart.”
- Amani

In this statement, Amani offers several reflections surrounding psychotherapy’s

approaches to care. She assesses her experiences with different counsellors, therapeutic techniques, and applications as “the same”, implying that, irrespective of whom she is working with or the techniques chosen for therapeutic intervention, her experiences of psychotherapy are “lacking”. This is evident in her observation that psychotherapy operates as though it were guided by a rigid “rule book,” dictating therapeutic approaches in a formulaic, all-or-nothing manner. Her phrasing, “if this, then this; if that, then that”, captures the binary, prescriptive logic embedded within the framework. While she makes a point of saying that she is not accusing certain techniques and applications within the paradigm of being ineffective, when referring back to her first reflection within the previous section, she asserts that her reasoning for attending therapy was to feel seen and heard, which would account for a standardized approach or “rule book” application feeling cold, and lacking the “heart” and “soul” component.

To analyze this excerpt through a decolonial lens, this experience is indicative of how the current dominant approaches to psychotherapy and its applications of care are not as inclusive or effective with different ethnic, religious, or cultural groups such as Kuwaiti Muslims (Aldousari, 2023), whose views surrounding healing customarily encompass more holistic approaches to care, such as the incorporation of the body and spirituality within healing spaces (Ali-Faisal, 2020; Moodley, & Shireen, 2019; Taylor, 2022). Interestingly, Amani shares how, irrespective of whether therapy is conducted cross-culturally or with a like-ethnic (Kuwaiti) therapist, the approach to therapy is the “same” in that it is overly cold and structured. While current approaches to cultural competence often claim that providing a “like-ethnic” therapist to clients from specific cultural, religious, and ethnic backgrounds may alleviate many of the issues which arise within cross-cultural therapy (Bhui *et al.*, 2007; Racine & Petrucka, 2011), if the

therapist is exposed to the same dominant psychotherapeutic models and approaches to care, which may be ineffective, un-inclusive, or inapplicable, it is arguable that these inconsistencies may never be reproached (Taylor, 2022). With epistemic authority surrounding these systems, and as the Kuwaiti government prioritizes western models of education and care, as shown in *Chapter Two*, Kuwaiti therapeutic practitioners internalize the dominant constructions of psychological normality, and standardized approaches to care, as they are exposed to the approaches to psychotherapeutic care which are grounded in biomedical and reductionist perspectives irrespective of whether they attained their degrees in Kuwait or abroad (Aldousari, 2023). As Aldousari (2023) shares in her discussion surrounding mental colonialism within the context of counselling in Kuwait,

“Therapists educated in the West who returned to their home country of Kuwait [...] continued to practice according to Western theories and consequently pathologized elements of local culture. [...] Instead of fostering connections or bridges between two different cultural contexts, continuing to practice according to Western theories reinforced the concept of dichotomy and polarizing points of view.” (Aldousari, 2023, p. 9)

In this way, even indigenous practitioners working within professional psychotherapeutic contexts may demonstrate an internalization of Western paradigms, revealing the extent to which colonial hierarchies have been normalized (Aldousari, 2023). It is correspondingly understandable that these psychotherapeutic approaches feel analogous across practitioners (Adams *et al.*, 2015). To refer to Miranda Fricker’s quote on epistemic injustice,

“Our collective forms of understanding are rendered structurally prejudicial in respect of content and/or style: the social experiences of members, of hermeneutically marginalized groups are left inadequately conceptualized and so ill-understood, perhaps even by the subjects themselves.” (Fricker, 2007, p. 1)

This quotation underscores the pervasive nature of mental colonization, illustrating how

epistemic injustices infiltrate the consciousness of Indigenous individuals, including those regarded as professionals within their respective fields. As a Kuwaiti psychotherapist, I can concur that my education within the psychotherapeutic discipline has always been attained through a lens which I now recognize to be steeped in colonial mentalities and characterizations.

Of course, the silent narrative that arises within these workshops continues to do so, as the minds of the individuals and I on this journey alongside me have been molded and formed through epistemological agencies that prioritize Western discourses. *How can we recognize these injustices, and how can we acknowledge colonialism within these experiences and these systems, when colonialism has been present throughout the entirety of our education, throughout the entirety of our lives? How can you recognize something and call it out when it has always been there?* It is an epistemic injustice which ripples through the waves of our very consciousness. As Aldousari (2023) asserts,

“The essence of resistance is the recognition of a system of unequal power that has deep historical roots.” (Aldousari, 2023, p. 12)

Within the context of this study, resistance begins with the acknowledgement of the colonial legacies embedded within dominant psychotherapeutic practice and knowledge production. These legacies manifest as epistemic injustice, wherein indigenous, Islamic, and holistic forms of knowing are devalued or excluded from prevailing psychological discourse. This system of unequal power not only prioritizes institutional knowledge but also permeates the minds of practitioners and clients alike, contributing to what this thesis refers to as mental colonialism.

Correspondingly, while much of the research surrounding inclusive psychotherapy inquiries into managing and navigating issues of culture, when tension lies within the approach

to care itself, clients will continuously be subjected to the same model of care, irrespective of the cultural, religious, and ethnic backgrounds of the clients and those of the therapist. This finding is significant for this research, as this inquiry in essence explores Kuwaiti experiences of biomedical approaches to psychotherapy in comparison to holistic integrative approaches to psychotherapy. In this case, the integration of holistic practices encompasses a change in *approach*.

Rana, building on Amani's reflections, claims that due to the coldness and lack of heart and soul in the therapeutic experience, healing often feels incomplete. She shared,

"I agree with you. I have also delved and dabbled in many different forms of therapy and have had the opportunity to work with lots of different therapists, both here [in Kuwait] and abroad. I tried lots of techniques. CBT [Cognitive Behavioral Therapy], EMDR [Eye Movement Desensitization and Reprocessing], and ACT [Acceptance and Commitment Therapy]... They have all been effective, but I can see how they all have this 'coldness' as you said. They are more methodological, and there is this very specific way of doing things. It is not a technique developed just for you, so you do not have that flexibility, and it can feel more inorganic because of that, you know? So, um, yeah, I agree with you, there *is* no heart and soul, and because of that, therapy almost feels incomplete." - Rana

As with Amani's previous reflection, Rana shares the sentiment that these forms of psychotherapeutic application are effective, yet feel incomplete due to the lack of "heart" and "soul". She interestingly claims that psychotherapy feels "inorganic" to her because the techniques and interventions being applied were not developed "just for [her]", making the experience of therapy one which is stiff and rigid rather than one which is flexible, adaptable, or what will later be described as person-centered.

Through a decolonial perspective, this reflection aligns with much of the previous literature surrounding marginalized and Indigenous demographics preferences towards healing,

as the current literature claims that many of these groups prefer to be viewed as individuals and treated as such through person-centered measures, which entails tailoring and adapting therapeutic interventions to the preferences of the client (Ali-Faisal, 2020; Bojuwoye, & Moletsane-Kekae, 2018; Millner, Maru, Ismail, & Chakrabarti, 2021; Moodley, & Shireen, 2019; Struthers, Eschiti, & Patchell, 2004; Taylor, 2022; Zarbo *et al.*, 2016). Through the psychotherapeutic biomedical model, this is often difficult as therapeutic interventions and applications are developed systematically, and are generally conducted in a highly structured and regulated manner, making flexibility and person-centered care challenging to execute (Adams, Dobles, Gómez, Kurtiş, & Molina, 2015; Barona & Santos Barona, 2003; Beagan, 2018; Bhatia, 2017; Carpenter-Song, Schwallie, & Longhofer, 2007; Kirmayer, 2012; Watson, Raju, & Soklaridis, 2017). It is for these reasons that decolonial therapists such as Zapata (2020) assert that integrating more holistic practices within therapeutic settings will arguably permit a more individualized experience in psychotherapeutic environments, as holistic practices in their essence are meant to acknowledge an individual wholistically.

This was additionally the case for Farah, who had never engaged in holistic or embodied practices prior to these workshops.

“So, even though I am technically new to holistic practices, I think there is a stark contrast between this and the experience of traditional counselling. Our work in psychotherapy is definitely very strict and structured. It is systematic. I guess... I always knew that something was not quite clicking with a purely traditional approach, but I also did not realize that it could be remedied, maybe through this holistic component.” - Farah

This reflection reveals the subtle but significant imprint of mental colonialism through epistemic injustice. Much like Rana and Amanis’ reflections before her, Farah references the “strict,” “structured,” and “systematic” nature of conventional counselling, which, as discussed

in *Chapter Two*, predominantly prioritizes linearity, objectivity, and standardization- the hallmarks of colonial knowledge systems (Dalal, 2013; Tuhiwai, 2022). Her reference to something feeling misaligned in psychotherapy is significant, as she does not delve into what the misalignment means or where it stems from. To view this misalignment through the lens of decolonialism is to understand it as an epistemic dissonance- an intuitive resistance to this approach to care that marginalizes and omits other ways of knowing and healing (Fricker, 2007).

In this case, Farah's unfamiliarity with holistic practices and integration underscores how these standardized approaches to care restrict access to alternative modalities, reflecting a form of epistemic injustice and violence. In this case, the clear presence of epistemic violence is manifested in the erasure of Islamic practices, the standardization of care, and the pathologization of cultural norms, leading to hermeneutical injustice, a form of epistemic injustice whereby individuals lack the resources to make sense of their experiences because dominant paradigms have excluded those frameworks (Fricker, 2007). Despite this, Farah refrained from directly addressing or acknowledging these constructs.

Sensing a space in the room, Haya, as she had previously and would continue to do throughout these workshops, provided her own validating conceptualizations and reflections. I found Haya's eagerness to engage with the participants and process to be a means of building connection amongst the group. She would continuously fill the spaces as they appeared, perhaps to prevent the vulnerable content that had just been shared from falling silent. Her responses were always deeply thoughtful and empathetic in a manner which I believe touched the hearts of each participant.

"I think because I am a really spiritual person, I can also find therapy to be too methodological, too cerebral. We do not solely exist within the context of the

mind... so um, it can be a very strange process attending to this one part of you when healing is something that happens on so many deeper levels.” - Haya

Interestingly, rather than focus on her religious identity as a Muslim or her ethnic culture as an Arab, Haya simply describes herself as *spiritual*, and expresses how due to that spirituality, these approaches to psychotherapy feel “too methodological” and “too cerebral”, implying that the rigidity associated with these approaches and the heavy focus of techniques and applications on “mental” health do little to attend to one’s spirituality, which for many individuals, particularly, but not limited to, Kuwaiti Muslims is a fundamental aspect of life (Al Attas, 2005; Aldousari, 2023). As many psychotherapeutic practices predominantly emphasize mental health as opposed to these other components (Cozolino, 2015; Reyes, Cruz, & Sonn, 2015), there is an argument to be made that healing will always be limited within the psychotherapeutic field, as therapy attends to “one part of you”, when “healing is something that happens on so many deeper levels”. These heavily standardized approaches to care in these instances do little to acknowledge the fragments of being deemed necessary for spiritual individuals, and instead offer a systematization of the soul, approaching it through rigid, structured measures rather than organic, intuitive processes.

Through this conceptualization of healing occurring on numerous deeper levels, it is indicative of the *depth* that is required to heal, and suggestive of healing being a holistic process, as “we do not exist solely within the context of the mind”, meaning, there are several “levels” as Haya stated, or components, which comprise human existence. This reflection is what decolonial strategies emphasize, it is the assertion that many marginalized and Indigenous demographics prefer holistic and individualized approaches to care (Zarbo *et al.*, 2016), and that unless there are more holistic practices incorporated which engage these areas, therapeutic intervention’s

will continuously fall short and feel incomplete for individuals who view healing to be a holistic experience such as the participants of this study (Taylor, 2022). The reflections which were arising here were aligning themselves with the premise of the research project, as they illustrate an image of the indigenous experience with psychotherapy which aligns with much of the current literature surrounding the matter (Adams *et al.*, 2015; Barona & Santos Barona, 2003; Bhatia, 2017; Fay, 2018).

Considering the participants' reflections on the paradigms and standardized approaches to care, this raised a question of whether the coldness and lack of heart and soul were the result of neglecting the other components or layers of the self, and what it actually *means* to heal holistically. Sitting with these reflections, several questions began to surface: *What is it about these practices that imparts heart and soul to therapy? How do these practices work to resolve issues of inclusivity? Could the integration of more holistic practices and techniques within psychotherapeutic settings alone remedy this lack of inclusiveness, which the participants identified as prominent within their past experiences of psychotherapy?*

(W)holistic Healing, Where the Fragments Meet

After hearing the participants' reflections, it became apparent that the dominant therapeutic practice was missing something significant. As the research question encompasses *practitioners' exploring how an integrative, holistic approach to therapy impacts inclusivity and their overall experiences*, the concept of holism is integral. Correspondingly, it was not only important to delve into what holistic healing means for these individuals, but also necessary to be specific in its identification, because the current abstract idea of holistic healing had just been

identified as a vital aspect which is missing from the participants' experiences within psychotherapeutic settings. Thus, to characterize it through our own lens was meaningful and significant. I questioned,

"What do all these things mean? I am wondering what we mean by "heart and soul"? I find heart and soul to be ways of connecting to our whole selves. In traditional therapy, there is a priority on connecting with the mind. However, when the heart and soul are neglected, we are neglecting very essential and significant parts of ourselves—what does it mean to heal holistically?" - Dima

"I think to heal holistically is to recognize all that you are, and all that makes you who you are. I think it is accepting all those things, warmly and lovingly. I think we are complex beings, with so many avenues, layers, and components to being. So, to heal is to acknowledge and accept all of them and love all of them..." - Rana

"Holistic health is acknowledging and accepting and uniting all the different parts of you. Your heart, your mind, your spirit, your sociality, your body, even your environment and the world outside of yourself." - Amani

"Holism is a recognition of the different parts which make up the whole." ... "I think holistic healing is a process whereby you uncover who it is you truly are. I do not think it is about building a new transcendent version of yourself; instead, maybe it is going back to your roots and letting go of all the noise. Returning to our most genuine selves." [...] "I have noticed there is a tendency for us, as Arabs and Muslims, sometimes to get lost in the world. We lose ourselves to the endless voices we hear and the endless opinions we hear. I think stripping away all that, and reverting to our truest self is the path to holistic healing, because it is a path back to ourselves." - Sara

"Holistic healing to me... is something that happens when you reclaim the different aspects of yourself. You accept all the different parts of you... You reclaim what you have been neglecting and just let go. Then you heal when you accept all of you. Acknowledging the whole. Returning to the whole." - Haya

"I love that definition for holistic healing... a reclamation. When you think about all the things that make us up as human beings, our social world, emotional environment, physical health, mental health, and spiritual life... holistic healing really is a reclamation of the social, emotional, physical, mental, and spiritual components which surround the human experience." - Dima

Having collectively engaged with the integrative holistic practices of breathwork,

meditation, and bodywork during the *exploratory* portion of the workshop, the participants and I developed a shared awareness of the multifaceted components of the self. Our reflections here emerged from an embodied understanding of holism, cultivated through direct, experiential engagement with the practices themselves.

The participants' reflections on the concept of holism or '(w)holism' were united in that each referred to several layers, components, or avenues that comprise the (w)holistic self. Amani acknowledged the heart, mind, spirit, sociality, body, and world outside of the self; Haya referred to the different aspects of the self; Sara described it as "different parts which make up the whole"; Rana referenced the "many avenues, and layers, and components to being"; and I portrayed it as "the social, emotional, mental, physical, and spiritual components which surround the human experience." Several shared themes emerged in the reflections on the path to "holistic healing". Amani, Rana, and Haya's definitions encompassed the development of acceptance and acknowledgement of the (w)holistic self. Amani, Sara, and Haya maintained notions of unity and reclamation in their reflections, which denote that holistic healing is a merging of the different components of the self. Haya and Sara additionally described the act of "letting go" and returning "to the whole" (Haya) or to the "truest, most genuine self" (Sara) to be significant within the path to healing holistically. Based on these reflections, holistic healing in the eyes of the participants and myself was identified to be,

A process that encompasses the unification and reclamation of the various (social, emotional, mental, physical, and spiritual) components of the self, facilitating a return to wholeness.

These reflections align with interpretations of (w)holism and holistic healing asserted within both Islamic ontologies and decolonial psychotherapeutic literature. As outlined in

Chapters Two and Three, Islamic ontologies contain several passages and teachings in the Quran that denote the presence of several components of humanity, namely, the social, emotional, mental, physical, and spiritual layers of the (w)holistic self (Al-Attas, 2005). Healing holistically in Islam equally resolves that each of these components must be integrated and united for there to be overall wellbeing. It is to be reverted to balance and harmony within oneself and within the divine order (Nasr, 2002). Additionally, the act of surrendering and “letting go” is deeply significant within the Islamic faith, as Islam’s English-Language definition is ‘a peaceful surrender to God’ (Al-Attas, 2005; Crow, 2011). Therefore, while the participants did not acknowledge specific Islamic thought or passages within their reflections, their conceptualizations surrounding (w)holism and holistic healing are entirely in alignment with the conceptualizations represented within Quran, indicating that Islamic ontologies are consistent and significant within the lives of these participants (Gregg, 2007; Yasmeen, 2008; Koenig, Shohaib, Koenig, & Shohaib, 2014).

Within the current literature on decolonialism, (w)holism is described as an authentic connection to oneself (Irvani, 2017), aligning almost entirely with the participant's definition of a “reclamation of the self”. Decolonial research outlines that holistic healing involves the recognition of the cultural and historical contexts that shape an individual’s mental health, and an acknowledgement of the effects of colonization, systemic oppression, and cultural dislocation on mental well-being, while integrating holistic practices that are intended to increase inclusiveness and holistic acknowledgement (Freire, 2000; Taylor, 2022). With current decolonial research exploring interactions with nature (Epstein, 2004; Struthers, Eschiti, & Patchell, 2004), engagement with healing energies (Millner, Maru, Ismail, & Chakrabarti, 2021), the impact of song and dance (Bojuwoye, & Moletsane-Kekae, 2018), and transcendence through spirituality

(Ali-Faisal, 2020) as mechanisms of healing, it is indicative of how valuable holistic practices such as these are with regards to holistic health (Ali-Faisal, 2020; Moodley, & Shireen, 2019; Taylor, 2022). In a decolonial framework, healing is therefore not merely a process of addressing individual pathology but also a reimagining and reclamation of collective ways of knowing, experiencing, and being, by reconnecting with Indigenous knowledge systems, healing practices, and spiritual traditions that were forgotten, oppressed, or left behind for Western systems of knowledge and healing.

This concept was explored in *Chapter Three*, which considered the impact colonial ideologies has had on Indigenous and marginalized demographics, and expanded on how colonial systems and constructs have infiltrated the minds of these groups, often causing a disconnection to one's inherent culture and beliefs, eventually resulting in a viewing of the self through a colonial lens (Abou El Fadl, 2020). Exploring these reflections through the lens of the silent narrative reveals the depth of its presence. While the participants and I were articulating a reclamation of the authentic self and framing holistic healing as a return to the self, there was no consideration or acknowledgement as to *why* the "self" was lost to begin with. There was no acknowledgement of how these fragments of the self were separated from one another. Fanon (1952, 2004, 2008) famously described how colonized individuals may lose their identity because of mental colonial domination, claiming that,

"An inferiority complex has been created by the death and burial of [the colonized people's] local cultural originality." (Frantz, 2008, p. 12)

Sara's reflections encapsulate the essence of this quotation and what decolonial studies have been asserting. She rationalized that Muslims and Arabs tend to be lost, using the term "lost" here metaphorically, as she asserts that they are lost among the many voices and opinions

that they hear “endlessly.” As Muslims have their own ontological religious viewpoint, the “many” voices and opinions she is referring to are, understandably, not the voices of other Muslims, but the opinions of other groups who maintain dominant, universally accepted, ontological viewpoints. She mentions losing oneself in the world; however, there is no acknowledgement of its cause. *What is this feeling of losing our Arab-ness and Muslimness, if not to colonialism? What are those voices she is referring to, if they are not the voices of colonialism? How have we lost ourselves, if not to the endless sounds and resonances of colonialism? What is it that we are stripping away, if not colonialism? If we are attempting to revert to our truest selves, then what are we, currently?* While maintaining Kuwaiti culture is of the utmost importance to the Kuwaiti people and government, the prioritization of Western knowledge systems and voices creates a dissonance in which culture and indigenous knowledge are only highlighted in certain avenues, such as religion and ethnic customs. Otherwise, the communal “self” is lost. Viewing the loss of self through this lens offers greater grounding and substantiation for how integral colonialism of the mind, through epistemic authority, is to these discussions and workshops.

In the previous section, a collective finding was that Kuwaiti healthcare practitioners display a prioritization of Western forms of knowledge and intervention in psychotherapeutic settings, due to the country’s historical and current prioritization and championing of Western educational systems as opposed to honoring its own indigenous knowledge (Aldousari, 2023), as discussed in *Chapter Two*. When colonial epistemological viewpoints are perpetuated within your own home and land, *how can one acknowledge it? How can one see it?*

Sara believes that holistic healing is a process of “uncovering” and “going back to your roots”, like Haya’s use of the words “returning” and “reclamation”, and analogous to the current

conceptualizations within decolonial fields. Yet, even within this context, there is a dance around *why* one is restricted from one's roots and *what* one must uncover to find one's roots. Despite the clear presence of epistemic violence, manifested in the erasure of Arab culture and Islamic practices through the standardization of care and dominant constructions of psychological normality, participants hesitated to address and acknowledge colonialism directly, leading to an intimate depiction of the silent narrative.

Through the integration of decolonial theory within the PAR process, these silences were being embraced as a form of epistemic presence rather than deficit, signifying the weight of what remained unspoken. In this context, PAR served as a methodological tool that created space for these silences to surface while positioning them as sites of inquiry and meaning making. Rather than overlooking or bypassing them, PAR enabled the unearthing of these silences, which illuminated how the participants and I were being *disempowered*.

At the time, this underlying dynamic was not recognized, so attention was instead directed towards the more immediate question of how to integrate the concept of holistic healing inclusively, and how to navigate the complexities surrounding that integration. As the reflections deepened, it became evident that participants' conceptualizations of (w)holism and holistic healing stood in stark contrast to how these terms are understood and operationalized within dominant psychotherapeutic approaches. Aristotle, who is often cited as a foundational figure in Western philosophy and psychotherapeutic thought, famously asserted that the whole is greater than the sum of its parts (Upton, Janeka, & Ferraro, 2014); correspondingly the prevailing paradigm continues to be shaped by reductive dualisms that depict the (w)holistic self through oppositional binaries such as “mind” and “body”, “self” and “other”, “human” and

"nature", or "subject" and "object" (Reyes, Cruz, & Sonn, 2015). Correspondingly, healing within certain psychotherapeutic methodologies is approached through the lens of diagnosing, managing, treating and curing; as opposed to the reflections outlined within this section, which asserted that we are, in fact, the sum of our parts, and that these parts comprise a whole. To heal holistically would therefore encompass a reclamation of the various components of the self, so that we may return to the whole. I posed a question to the group,

"So... I guess this makes me wonder, how can we integrate these practices, these holistic practices, in a way which acknowledges all these conceptualizations? Is it the practices that lead us to holistic healing? And are these practices inclusive, irrespective of the client?" - Dima

Approach versus Practice

This conversation is what sparked the next segment of the process, or the planning portion of the workshop, as it entailed a discussion surrounding how holistic healing may be achieved within a therapeutic space, and the role holistic practices have in attaining it. The conversation centered on whether it is the holistic practices within breathwork, meditation, and bodywork that elicit "healing" or whether something more is required. As part of the research, the question explores participants' experiences of integrative holistic psychotherapy and identifies its implications for inclusiveness. These questions, which were arising, were allowing us to unpack the details and nuances associated with these matters and explore the topic more deeply and profoundly.

"Honestly, I think, yes, the holistic practices are the path to holistic healing. Like incorporating breath, body, and meditation in this space today did add warmth, heart, soul, connection, and that holistic piece that we all feel is missing. I think the practices in themselves are inclusive because they are accommodating the whole self." - Lulu

Lulu's observation resonated with me. I found the techniques of breathwork, meditation, and bodywork to be exceptional mechanisms in acknowledging the social, emotional, mental, physical, and spiritual components of the self. After receiving all the participants' past experiences in psychotherapy and comparing them with the reflections on the practices we had engaged with during this workshop, I recognized that the techniques had facilitated inclusion and holistic healing.

"I agree, breathwork is really transformative, it can be activating or calming, so when you engage with breathwork, it can be really healing. Bodywork helps you release tension and gain recognition and control over your emotions, so knowing your body through bodywork is insightful, and meditation allows us to connect with ourselves and connect with our spirits intimately." - Dima

In these reflections, my previous experiences and sentiments regarding dominant psychotherapeutic approaches and holistic healing were validated and corroborated. I was eager to move forward with this notion of holistic techniques contributing to creating a more inclusive and accessible space for individuals; however, Rana quickly identified a crucial consideration which we had not considered until this point.

"I think it is more than the techniques, however. I find that within these integrative holistic strategies and practices, there is person-centeredness and an intentionality, and I think that is what is so healing. I think if you take that away, therapy, regardless of its strategies, is holistic, or grounding, or expansive, will lack its inclusivity factor." - Rana

The thought Rana verbalized put a halt to the agreeability that the participants and I had fostered up to that point. An important consideration in these workshops is that each participant was asked to share their thoughts and considerations, regardless of whether they differed from the group's perspective. Communicating differing ideologies and experiences would ideally provide the project with the much needed depth and nuance for an original contribution to

knowledge and offer significant insight into the varied experiences of Kuwaiti healthcare practitioners. I believed that it was an ethical responsibility of the project to be representative of different ideologies or conceptualizations that the participants may have maintained. This meant that, in addition to encouraging bravery in sharing ideas and experiences, I needed to remain aware of whose voices were being amplified, which perspectives were centered, and how to avoid the research collapsing and falling prey to a false consensus. The conversations that had arisen up to this point appeared to be based on likeness and agreeability; however, this verbalization would be the first of many variations within the group, and it was handled respectfully and with consideration. Rana's inference was grounded in a real awareness of holistic techniques and practices as tools and mechanisms for engagement with the self, yet perhaps not the most integral or influential aspect of what makes the experience of these practices so "inclusive". This stream of thought ultimately aims to identify the specific factors that contribute to inclusivity within psychotherapeutic environments.

"That is a really interesting thought [Rana], I think it is natural to credit the techniques and practices, but as you said, there are a lot of other components working in alignment with these things. These practices were also selected by us and conducted intentionally... If we were to completely disregard that intentionality and consideration, would they still be effective? Would they still be inclusive? I am not exactly sure." - Sara

"Well, why don't we test that theory?" ... "That is what these workshops and PAR are all about. You are co-researchers here, and your opinions and ideas not only matter, but they are integral to this whole process! With PAR, we can explore what arises, go off course if that is where the process leads us and come right back. It is a journey. So does that sound like something we would want to explore?" - Dima

"I think it would be really insightful. To explore approach versus practice." - Amani

The participants appeared to be excited. Although the concept of PAR had been

introduced during the recruitment phase, reiterated in the initial meeting held the week prior, and reviewed once more at the onset of this workshop, it appeared as though they did not truly comprehend how meaningful and influential their own conceptualizations surrounding the project would be, and further, did not grasp the deeply collaborative and non-hierarchical nature of the methodology. Despite the participants engaging with this project as academically informed individuals with prior research and inquiry, within this workshop, they appeared to uphold a self-imposed boundary, built on a perceived hierarchy in which I was the lead researcher, and they were participants. This conversation and recognition shifted that perception, allowing each of them to grasp the importance of their roles and the significance of a truly joint, uninhibited collaboration. I sensed a shift in their body language, as if they sat taller and broadened their shoulders, as one does when one gains confidence or responsibility. With Rana identifying the gap, Sara expanding on it, and Amani terming it “approach versus practice”, we began planning how we could specifically explore this idea.

“I think the best way to do it would be to practice the same YIT techniques, maybe next week, but to change up the approach. Maybe if we practiced it in a more traditional yogic style, which is like, less person-centered and less adaptable... and we can see how that impacts the experience. In this workshop, we selected the practices and even within that, you were so flexible, you centered everything around us, gave us choices, and used such invitational language, so maybe that is the approach that made the experience as warm, inclusive, and heartfelt as it was. If we took the practices as they were and did not offer that intentionality in delivery, I do not think it would have the same effect. I do not think they would be as inclusive.” - Rana

All the participants and I responded well to the idea. It would allow us to observe the true impact of the approach on the “healing” practices. The questions which arose throughout this discussion were as follows:

If holistic practices were conducted “as they were”, without (what would later be

described as) a person-centered or client-driven approach,

1. Would it still be effective in its engagement of the social, emotional, mental, physical, and spiritual components of the self?
2. Would it still maintain that inclusive factor?
3. Would it alter the experience, making it inauthentic and cold?

With these integral questions in mind, I agreed to develop and administer the same techniques of breathwork, meditation, and bodywork; however, the techniques would be conducted in a set manner and encompass engagement through a more historically grounded yogic lens. This would allow us to explore the practices “as they are,” in Rana’s words, and to lose the person-centeredness and client-drivenness that this workshop maintained. Participants also did not want to engage in practice selection, thereby completely removing themselves from the process (removing what would later be described as client-drivenness experienced within this workshop). In alignment with the ethical foundations of PAR, which highlight collaboration and respect for lived experiences (Walter, 2009), the co-creation of knowledge in this workshop set a precedent, ensuring that participants were not merely subjects of inquiry but co-theorizers of the project, both knowledge and development. We ended the workshop with three deep, cleansing breaths, and eventually said goodbye with the traditional Kuwaiti custom of one kiss on each cheek.

Addressing the Elephant in the Room

It was raining outside. The rain gently trickled down the large glass window of the workshop space, making a pitter-patter sound. While Kuwait is usually known for its blue skies

and golden sunlight, grey clouds filled the sky, and the bright, sunlit room where we had practiced the week prior felt cozier, with a fall ambience. The participants arrived one by one, taking off their wet shoes, helping themselves to the tea and coffee I had set out earlier, and sitting on the warm cream-colored rug in the center of the room. The participants appeared to be much more comfortable at the start of this workshop than at the end. They greeted each other with warm hugs rather than our traditional, formal greeting of one kiss on each cheek. I welcomed them as I did the week prior, handed out the *Participant Workshop Two Itinerary Sheet (Appendices)* and reintroduced them to the workshop process.

“[...] So, um, last time I believe it was [Rana] who suggested perhaps trying a more traditional version of YIT, to explore approach versus practice with regards to holistic healing... Is this something we are all still on board with today? Or has anyone had any other ideas they would like to incorporate?” - Dima

“I am excited! I think this will be really effective for exploring holistic healing and inclusivity... If traditional holistic techniques do not feel as accessible and inclusive to us, or do not have the same impact... then we have a really clear idea of whether it is an approach, a practice, or both, of course. Then we can talk about what that means for the research.” - Haya

With everyone verbally acknowledging their interest in moving forward with last week’s plan, we proceeded with the exploration portion of the workshop. As with the first workshop, technique exploration was designed to be an embodied, experiential journey, with each practice flowing into the next. As such, the participants processed and interacted with each practice before moving on to the reflection portion of the workshops. As the “plan” for this workshop encompassed exploring holistic practices “as they are” without any adaptations, modifications, or intentionality regarding selection, the practices were conducted through a more classically framed yogic lens. To create a yoga-grounded experience, *Sanskrit* was used alongside English

terms throughout the exploration of technique to assess whether the approach affects inclusivity and effectiveness. Throughout the workshop, the *Sanskrit* words which were used included: *pranayama*; *mantra*; *chakra*; the names of the seven *chakra* energy centers, *muladhara* (root *chakra*), *svadhishtana* (sacral *chakra*), *manipura* (solar plexus *chakra*), *anahata* (heart *chakra*), *vishuddha* (throat *chakra*), *ajna* (third eye *chakra*), and *sahasara* (crown *chakra*); yogic postures, which included, *marjariasana* (cat-cow), *adho mukha svanasana* (downward dog), *supta matsyendrasana* (supine twist), and *savasana* (corpse pose); and a conclusive *om* at the end of practice.

We opened the exploration with *breathwork*, introducing a yogic practice called *pranayama*, or three-part breath. The practice guides individuals to intentionally deepen their breath, moving from shorter, quicker breaths to diaphragmatic breathing to oxygenate and nourish the body (Denenberg, 2011). This is done by moving the breath from the belly to the ribcage, to the upper chest or collarbones, creating three levels of breath. While this technique is considered holistic, it is more structured and regulated than the breath-connection practice explored in the last workshop, due to its various levels and the sequencing of breath within the practice. While the practice felt somewhat rigid, as it maintained a highly controlled and unnatural approach to breathing, it also felt expansive once completed, as it significantly deepened and lengthened the breath, eliciting a complete activation of breath.

The next two techniques were meditation techniques. The first was *mantra* meditation, a practice in which a word or sound is repeated to aid in concentration, awareness, and manifestation (Alper, 1989). In historical yogic practices, *mantra* meditations often entail chants, hymns, and songs centered on yogic philosophical and conceptual ideologies or prominent Hindu

figures and deities (Gonda, 1963). In the introduction of this paper, I composed a vignette about an experience I had while administering a *mantra* meditation on *Ganesha*, the holy elephant God in the Hindu faith. In the vignette, I expressed how the experience made me uncomfortable at the time, as Islam is a monotheistic religion, making the acknowledgement and honoring of a deity feel uncomfortable and like a betrayal of faith. Although that experience was exceptionally challenging for me, I was called to offer the same meditation within this workshop today, as I wondered whether my previous feelings surrounding the practice were isolated, or whether other individuals from my demographic might feel the same way I did, engaging with a form of meditation that honors a deity. I believed it would be an exemplary exploration of taking a healing practice “as it is”, without altering or offering a person-centered approach. Within the *mantra*, we recited *Ganesha’s* sacred chants and hymns and engaged in a holistic yoga practice to elicit a sense of grounding and safety (Ashley-Farrand, 2008). While administering this mediation, I felt discomfort again; however, it did not stem from the same place as before. Instead, I found that it was emerging from a place of shame, as I was aware that this practice may not be well suited to the participants. I did not recognize it yet at this point, but by administering this meditation again, it would lead me to a deeper realization surrounding my previous experience with *Ganesha*, and I would soon learn that there were deeper reasons for my original discomfort, discussed in the following subsection, *Same, Same, but Different*.

The second meditation practice explored during this workshop was *chakra* activation meditation. The *chakra* system is a yogic philosophical construct which refers to various energy centers in the body, which correlate to certain nerves and organs (Judith, 2012). Each of these seven major energy centers runs from the base of the spine to the crown of the head. During the

workshop's *chakra* meditation, participants were guided through a practice in which they attended to each *chakra* individually, engaging with them gently to release any blockages which may have been present. Participants were encouraged to acknowledge each center and its function, imagining the color associated with each *chakra* center, breathe into the space, develop awareness of the energy surrounding each *chakra*, and mentally unite any seclusions which may have been present. The administration of this practice also made me somewhat uncomfortable, as although the meditation aims to elicit unification among the body's different energy centers, from my perspective, it felt inapplicable, unsuitable, and misplaced for the participants and me.

For the workshop's *bodywork* technique exploration, we engaged in a yogic *asana* or flow, featuring soft, gentle movements that flowed into one another. We moved through gentle sun-salutations and engaged in postures such as cat-cow, downward-facing dog, and supine twists, ending with corpse pose. Unlike the previous workshop's incremental shift practice, where participants were invited to move in any way which served them, and postures were offered with many modification and variation options (eliciting what would later be described as person-centered and client-drivenness), this *asana* practice was administered in a gentle, yet, classical manner, which encompassed engaging with each posture in its conventional form. Although structured, guided, and accompanied with Sanskrit, the practice felt free, as the sequences helped relieve tension, rigidity, and tightness within the body.

The final practice was *nonjudgmental introspection*, in which the participants and I engaged in a guided, meditative practice that entailed developing awareness of our internal environment and accepting any thoughts, feelings, and emotions that arose throughout the process. An example of the guidance is,

“This practice allows us to connect with our inner dialogue, our deepest thoughts and expand our self-awareness... doing so without judgment... and without verdict. We noticed what is arising and let it go... like watching clouds pass by in the sky...” - Dima

Upon completion, I guided the participants out of their meditative states and ended the practice with a shared *om*, marking the end of technique exploration.

Unlike the previous workshop, where I opened the discussion and guided the conversation with various prompts, once we finished the technique exploration, the participants themselves opened the reflection portion of the workshop. Interestingly, while the reflections that arose in the previous workshop appeared consistent and united, creating a sense of cohesiveness and ‘sameness’ amongst us as individuals and researchers, the reflections in this workshop revealed significant variations in the experiences of these practices. Variations which would ultimately lead us to understand that maintaining a shared demographic, religious ontology, culture, nationality, or any other human characteristic, does not equate to a sameness with respect to inclusiveness- as the main collaborative finding of this research will assert that inclusiveness in particular cannot be attained by viewing individuals through a lens of sameness but rather, by embracing and recognizing them as unique, with this research exploring notions of person-centeredness, client-drivenness, and holism as a way of being in therapy which acknowledges that uniqueness.

The conversations highlighted here were therefore identified to be the conception of this project's main collaborative finding, in addition to sparking the research's ontological grounding of the *relativist/interpretivist* perspective, by depicting that a sameness on paper does not absolve one of their individualistic differences which are pertinent to every person, and that even within our shared qualities, we are nevertheless unique and distinctive- or as Lulu would

describe it, "Same, same, but different."

Amani and Sara, devoted yoga practitioners, opened the discussion, expressing how much they enjoyed this more yogic, grounded exploration. According to these reflections, even without implementing what would later be described as a person-centered or client-driven approach, the experience still maintained its comforting and supportive nature while engaging the various components of the self which we had identified as essential to the definition of holistic healing.

"Yoga is like my whole life, so this approach is like my bread and butter. I find these practices are really comforting, and I think it is nice to experience them in this setting. Even though they were more traditional, I feel like they still were effective with engaging those other parts of me that conventional psychotherapy does not." - Amani

"Honestly, as a yoga practitioner, I really, really loved the technique today. I felt like the practices were all so supportive and brought me to a really tranquil place." - Sara

Rana and Lulu, two psychotherapists, offered a mixed interpretation, finding the practices deeply spiritual yet lacking the balance and impact of the last workshop.

"While I did enjoy this experience, and I found it to be very deep and spiritual, I noticed a big difference between this week's and last week's... Although obviously these are considered holistic practices, I did not feel like this approach was as impactful as last week's approach." [...] "Maybe because the traditional approach is less applicable to me? I think, at least for me, although the practices were an interesting experience, they just were not as impactful as I said." [...] "The intentionality and purposefulness that were there in the last workshop really did leave a vacancy in this one. I think they really did contribute to the feelings of wholesomeness and inclusivity that I experienced the last time" - Rana

"Well, for me, I really loved both expressions of these practices. They both brought on feelings of connection, peace, restfulness, and awareness... but it was really clear to me that one felt more balanced than the other... Last week's practices were centered around us, and this week, we centered ourselves around the practices. We came to the practices; they did not come to us." - Lulu

In contrast to Sara and Amani, who found the practices to be comforting, effective, supportive, and tranquil; and Lulu and Rana who found the practices to be imbalanced and unimpactful; Farah and Haya's experiences further deviated from those of their co-researchers, with both participants expressing a discomfort and tension surrounding this weeks' experience in "taking the practices as they are".

"I had a more mixed experience... on the one hand, you know, the minute you said the first I think, Sanskrit word, pranayama, I got anxious because, of course it is an unfamiliar word to me... but when you explained it as three-part breath and took us through it step by step afterwards it was easier to digest and I actually really enjoyed it... When we did the chakra activation, it was the same thing. It may be because I am unfamiliar with yoga and meditation in general, but I must admit I do find Sanskrit words somewhat intimidating... I think that, because they were so foreign to me, I was on high alert because I did not understand what each word meant, so I found it more comforting and accessible when you used descriptive language instead. Also, I appreciated the asana practice. It was interesting because it felt spiritual, and my only experiences with spirituality so far have been within the context of my religion... but I noticed that... I did feel somewhat dissociated and uncomfortable at certain moments because I realized that... the movements were very similar to salat [Islamic prayer] ... The way we folded forward and placed our hands on our knees, the way we kneeled, placed our hands over our chests... they were so akin... so overall, this approach did not feel really inclusive to me... it felt like shirk [a sin stemming from polytheism] to me" - Farah

When Farah mentioned *shirk*, it reminded me of my own experience prior to these workshops with *Ganesha*. This practice contributed to this fascination with inclusivity and holistic healing outlined within the very introduction of this doctoral project. Recognizing the parallels between our experiences, I chose to share my own narrative with the participants, finally addressing the elephant in the room. As I spoke, everyone listened attentively, their expressions reflecting compassion and empathetic understanding. Upon concluding my account, the participants responded with expressions of affirmation, offering a sense of collective validation

and shared recognition, ultimately resulting in Haya, as she did habitually at this point, providing support for my experience by sharing one of her own,

“In all honesty, the Ganesha meditation was uncomfortable for me as well... I think it was because I was chanting words I did not understand first and foremost. I was chanting to a being I did not believe in... I have had these sorts of encounters several times before in yoga classes. It is a shame because yoga and holistic exercises in general are meant for finding oneself and finding peace, so by just applying yogic philosophies and practices unanimously to a group of different people from different walks of life... risks alienating your students.” [...] “It was not like I was thinking to myself, this is shirk [a sin stemming from polytheism], and I am a bad Muslim, I a/m secure in my faith, and I believe that intention carries weight, but I definitely was uncomfortable because this totally does not apply to me whatsoever” [...] “In terms of this workshop, I think... yeah, doing a mantra practice surrounding Ganesha... although it is considered a holistic practice, it did not really have that comforting effect because it was not about us, I guess.” - Haya

Prior to this conversation, the participants and I relished our sameness; we found ourselves in one another and found solace among the resemblances. We had built a unity and oneness as a group. However, within these experiences, we began to recognize our differences through the vast diversity expressed around these practices.

Amani and Sara expressed that they enjoyed the practices and found them to be supportive and impactful in this setting, in stark contrast to the rest of the group, who found them imbalanced, inaccessible, and uncomfortable. When I considered why this might be, I immediately recognized that, as two yoga instructors, both these individuals were accustomed to yogic practices. They were exposed to and maintained prior knowledge of many of these practices and found them comfortable and accessible as they engaged with them during this workshop. Their comfort level with yogic practices, in this case, is in a direct reflection, correspondence, and acknowledgement of their individuality and uniqueness as yoga teachers and enthusiasts. So, although these practices were taken “as they were” and were not conducted

through a person-centered or client-driven lens, they were inclusive and accessible to them because of their unique experiences with them, as indicated by Amani's description of these practices as her "bread and butter".

This aligns with much of the research surrounding comfort within holistic healing. In her book, *Comfort Theory and Practice: A Vision for Holistic Health Care and Research*, Katharine Kolcaba (2003) explores the significance of familiarity and comfort in holistic health care and discloses how finding comfort within healing is an essential component of effectiveness. According to Kolcaba (2003), comfort is unique to each individual, highlighting the importance of acknowledging differences and uniqueness within the scope of healing. Relating this concept to the findings, the familiarity of the yogic practices in Amani and Saras' lives enabled them to delve deeply into the healing process, as they found comfort in their experience.

"Comfort is whatever I perceive it to be, a necessary thing defined only by me"
(Kolcaba, 1995b, p. 289)

Regarding Lulu and Rana, although they have both reported practicing yoga prior to this workshop, as psychotherapists, the experience of yoga may not have been comfortable or familiar to them due to its lack of applicability. Instead, they found these practices to be imbalanced, making several references to how, irrespective of the practices being holistic, the lack of intentionality, flexibility, purposefulness and centering on them as individuals, led to an ineffective and unimpactful experience.

These reflections were interesting as, while much of the research surrounding holistic practices maintains that the practices *themselves* are healing (Trivieri Jr, 2001), these revelations and reflections indicate that it is not merely the practices- but rather, the approach *in collaboration* with the practices. If the practice is inapplicable, inaccessible, or not centered on

the individual, it may not elicit the feelings of warmth and comfort that stem from holistic practices carefully selected and curated with the individual in mind. What struck me the most was Lulu saying, “We came to the practices; they did not come to us.” I took this to mean that the participants adapted to the practices, much as I had adapted myself to the *Ganesha* meditation in my yoga teacher training. The statement was additionally reminiscent of some of the reflections participants maintained in the first workshop surrounding their experiences within psychotherapy, where they found the biomedical approach to psychotherapy to be inorganic due to its’ lack of applicability and adaptiveness. At the time, Rana described it as,

“More methodological, and there is this very specific way of doing things. It is not a technique developed just for you, so you do not have that flexibility, and it can feel more inorganic because of that.” - Rana

This approach to holistic healing, which resembles participants' previous experiences with psychotherapy, suggests that *any* standardized healing practice lacking what would later be identified as person-centeredness and client-drivenness can ultimately impact effectiveness and inclusivity.

This was the case with respect to Farah and Haya. Although Haya is a yoga practitioner, she was trained through a trauma-informed lens, which means her tutelage maintains mindfulness regarding language and practice selection. Haya, in this respect, was accustomed to engaging with a person-centered, client-driven approach to yoga. Farah had never practiced yoga outside these workshops. It is therefore no surprise that both participants identified areas of discomfort and inaccessibility while engaging in this week’s approach, albeit each source of discomfort or tension which arose stemmed from a different source.

One area of discomfort which arose for both Farah and Haya encompassed

comprehension, as they found the lack of understanding within the chants and hymns, in addition to the *Sanskrit* which was applied throughout the entirety of technique exploration, to be unfamiliar, intimidating, and anxiety-provoking in Farah's case, and alienating in Haya's. The foreignness of the words and inapplicability of the language made the experience of the practices inaccessible, uncomfortable, and exclusive, which is understandable, as how can one find peace, comfort, warmth, and authenticity, feelings we were searching for within these spaces, in something incomprehensible or outside of the knowledge and understanding of the individual?

This discomfort arising among two of the participants reflects the weight and impact of "approach" within the scope of healing. In the first workshop, the practices were selected in collaboration with the participants and were conducted by distributing a wide range of options and variations (client-drivenness). They were instilled in a way which accommodated the differences amongst participants and acknowledged their uniqueness (person-centeredness). Losing these approaches within the integration of holistic practices is indicative of their impact in spaces of healing, and the power they hold and the difference they make in relaying comfort or discomfort (Clauss, 1998).

Another source of discomfort that arose concerned *shirk*, which refers to idolatry, polytheism, and attribution of power, influence, or supremacy to entities or objects other than God (Linnhoff, 2020). Islam preaches strict monotheism embedded in *tawhid* (oneness of God), making any polytheistic act one which is founded in *shirk*, a serious and severe sin (Al-Attas, 2005). While sins are customarily outlined in a strait forward manner which makes engaging in the act of sin a conscious decision (Powers, 2005); *shirk* maintains more of a subtle nature, whereby certain everyday constructs may be considered *shirk* such as lucky charms, fortune

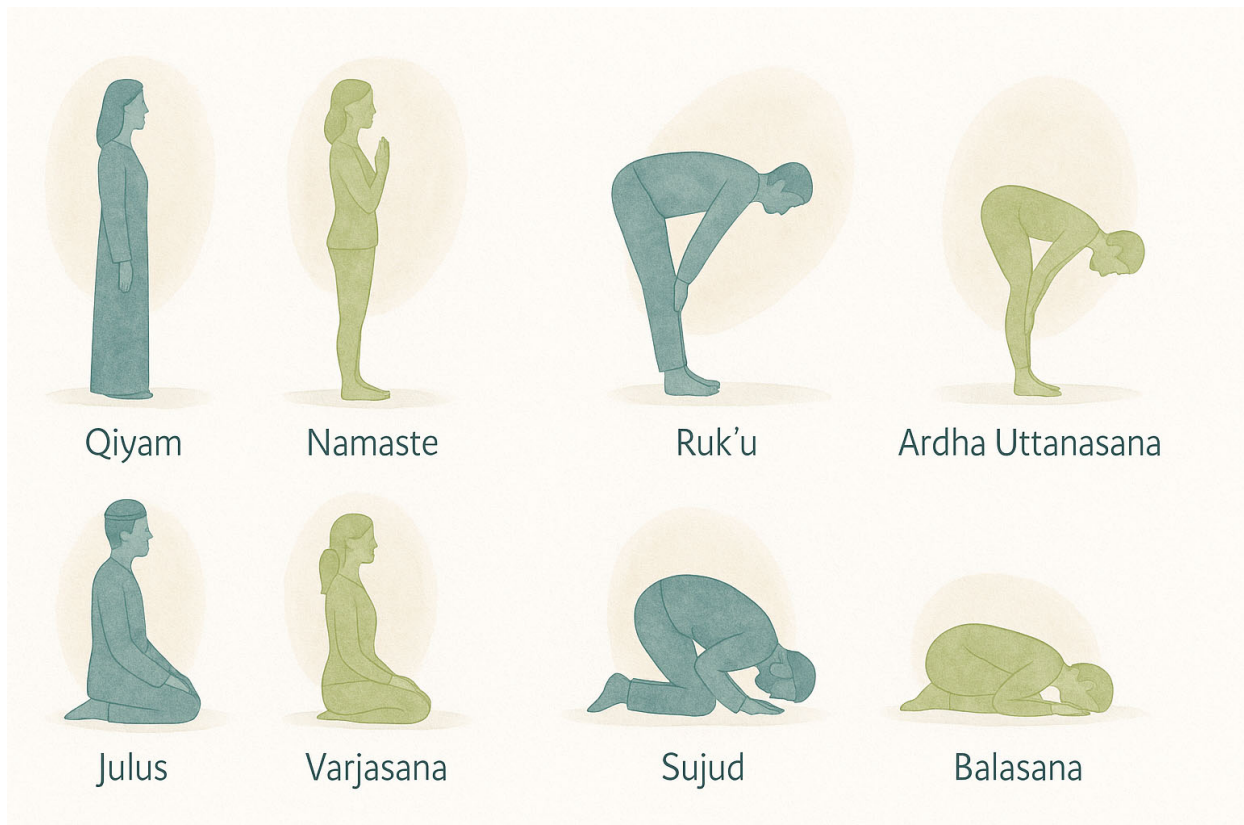
telling, magic, and asking for guidance or praying to human beings who have passed on (Linnhoff, 2020). While this construct was mentioned twice in both Farah's and Haya's reflections, the participants had different conceptualizations surrounding *shirk*, and the construction arose differently for each participant.

In Farah's reflection, she found the practice of *asana* to have connotations of *shirk* due to its perceived similarities to Islamic prayer, *salat*. In the Quran, *salat* is a means to demonstrate servitude to God through prayer. Muslims customarily engage in five daily ritual prayers; to remember their Lord, and direct their love, respect, appreciation, and gratitude towards Him (Al-Attas, 2005). These rituals may be performed in congregation or in seclusion, making the practice of *salat*, like yoga, an assembly for healing and connection. Research has been abundant on the experiences of *asana* and other holistic bodywork practices for Muslims, given their perceived similarities to *salat*, as discussed in *Chapter Three* (Amini & Oussaini, 2020; Hasan & Halder, 2018).

The ritual of *salat* is a highly structured form of prayer which consists of first directing oneself to face the direction of the holy *Kaaba*, making an intention to engage in prayer, and finally engaging in the act of prayer, which includes the worshipper raising both their hands to either sides of their head, lowering his or her hands and placing them on either the chest or the navel. At the same time, the first verse of the Quran is recited, followed by a second verse of the worshippers' choosing. The rest of the ritual concludes with prescribed movements such as bows, prostrations, and sitting, and ends with the worshipper turning their head to the right and left, while reciting the concluding prayer (Haeri, 2013). As such, due to the experience of *asana* practice and *salat* both being spiritual in nature, maintaining similar physical movements, and

creating an akin energetic familiarity when practiced in group settings, the experience of *asana* for some devout Muslim practitioners such as Farah, may be reminiscent of the prayers and rituals available in the religion, and could, as a result, generate discomfort or tension during holistic practices such as this one. Figure 12 offers a visual depiction I developed of overlapping postures between Islamic *salat* and yogic practice. The Islamic postures are depicted in a wash of blue, while the yogic postures are depicted in a sage green.

Figure 12. Prayer and Practice



Contrarily, Haya claimed that she did not find the *Ganesha* or *asana* practice to create feelings of discomfort or *shirk* on account of her religion. However, rather than on account of its

lack of applicability, it had for her personally. Through a decolonial perspective, the discomfort expressed in her reflection portrays how mental colonization can manifest through the uncritical application of spiritual or cultural practices without contextual sensitivity. Haya's unease with the *Ganesha* meditation, stemming from chanting in an unfamiliar language and invoking a deity outside her belief system, illustrates the internal conflict that can arise when individuals are encouraged to adopt practices disconnected from their own epistemological frameworks. This inapplicability underscores how standardized approaches to care impact experience, in addition to shining a light on the concept of *cultural universalism*, or the imposition of one group's healing methods as "neutral" or "universally applicable" practice (Mignolo & Walsh, 2018; Smith, 2012). Yoga, although rooted in rich South Asian traditions, has often been commodified and stripped of its cultural specificity in Western and global wellness industries, creating a "spiritual bypassing" or "spiritual colonization" (Pyle, 2020), however, when these practices are applied without regard for a client's own belief systems, there is a risk of replicating un-inclusion through standardization.

Haya's reflection implicitly calls for a plural approach to healing, one that values differences, promotes informed consent, and centers personal relevance in practice. This is fundamental to decolonial praxis, which seeks to restore agency and affirm the multiplicity of spiritual and healing traditions (Grande, 2015; Watkins & Shulman, 2008). She believes that "intention carries weight" within her religion, so the process was not uncomfortable because she felt like she was betraying her faith or doing her faith a disservice, but because the practices, language, and rigid approach to this workshop felt inapplicable to her, hence lacking that inclusivity and warmth that was experienced within the first workshop.

With my personal experience, when I was instructed to lead a meditation on *Ganesha*

during my yoga psychology program, I found that chanting to *Ganesha* did not correspond with my religious beliefs as a Muslim. When I communicated my hesitation surrounding the meditation, my instructor at the time insisted on engaging with the entire curriculum, asserting that there were no adaptations or modifications which could be made for me. All the other students within the program administered the meditation, and I, the only Muslim in the course, would not be exempt. The practice would not be modified, as a teacher cannot discriminate against the curriculum. I reluctantly agreed, administering the mediation and crediting the discomfort which arose as a byproduct of *shirk*, much like Farah's interpretation of the practice.

While this was my interpretation of my experience at the time, in *this* workshop, I began to realize, through deep introspection, that there were underlying reasons for my discomfort with that initial *Ganesha* meditation. I recognized that my motivation for adhering to the curriculum stemmed from an internal desire to avoid being perceived as inflexible or intolerant due to my religious values. This is not because I view my own religion as intolerant or inflexible; on the contrary, the Islamic faith outlines tolerance, acceptance, and nonjudgment towards all human beings, as God is the one, only, and supreme judge (Erdil, 2014). However, I had frequently encountered dominant discourses that misrepresented the Arab world by perpetuating reductive and harmful stereotypes which portray the demographic to be “uncivilized” and inherently oppressive (Goody, 2004; Gunny, 2004). I found the same distortion to be true with respect to the Islamic faith, with dominant epistemologies misquoting the Quran, and framing Islam through Western narratives as violent and intolerant (Vandello, 2016). Although these distortions are unearthed in several psychological enquiries, as products of colonialism and epistemic injustice (Al Manifi, 2024; Olimat, 2009), I became increasingly aware

that resisting engagement with the *Ganesha* meditation could inadvertently reinforce dominant assumptions that depict Muslims and Arabs as unyielding and unaccommodating. As Aldousari (2023) shares,

“The foundation for epistemic violence or oppression is laid when the problematic history of “the norm” is ignored, and the norm is blindly imposed from one context to another.” (Aldousari, 2023, p. 45)

Consequentially, while I, much like Haya have always believed that intentionality carries weight within religion, I was influenced by a colonial mentality and discourse grounded in epistemic injustice, that I held within, which resulted in a feeling and pressure to succumb to models and frameworks which did not apply to me, for the mere sake of appeasing a colonial mentality I had internalized. Much like Rana’s reflection surrounding this workshop's exploration, I came to the practices; they did not come to me. This complicated dichotomy then led me to mistake the pressure and guilt that arose at the time for a sole byproduct of *shirk*, rather than a betrayal of myself.

When viewed through a decolonial frame, this experience illuminates how indigenous or marginalized individuals may feel the need to bend to or participate in activities, techniques, or teachings that are simply inapplicable or uncomfortable for them, due to the teachings' perceived righteousness and correctness. An epistemic injustice which I would recognize as having taken place throughout the entirety of my education, by attending American and British schools and universities throughout my life, to be perceived as well educated and knowledgeable. I can now recognize the conflicting discourses and systems at play during that *Ganesha* meditation.

By becoming aware of these supplementary reasons, I believe that this point within the

workshop was when I slowly began to see the shadow of the silent narrative within myself. I recognized that I misunderstood my previous discomfort, by placing blame on my religion, where it did not belong- instead of pointing to the culprit, the deep-seated colonial imagery within spaces of healing, which made its way into my experience with the *Ganesha* meditation. Although I administered the same *Ganesha* meditation during this workshop, my discomfort did not stem from concerns about *shirk*, but rather from unease about the practice in relation to the individuals present. Specifically, I was aware that the intervention may not have aligned with the participants' cultural or spiritual orientations, given my own experience.

This moment represented a departure from the person-centered, client-driven approach that the participants and I would later come to value within the scope of inclusion. From an ethical standpoint, the experience foregrounded the importance of adaptability, flexibility, and relational attunement, underscoring that a standardized approach to care does not guarantee an ethical practice. Ethicality within the scope of healing and research requires an ongoing, reflexive responsibility to ensure that practices remain responsive to the epistemic, spiritual, and cultural integrity of those involved.

Interestingly, the variations that emerged around these overall experiences are what prompted the *relativist/interpretivist* ontology, which was chosen to ground this research, as, although the participants and I shared many identifying characteristics, the research process revealed that these shared identifiers did not necessarily translate into a uniform experience or understanding of inclusiveness. While Amani, Sara, Lulu, and Rana experienced no serious discomfort with the practices, Haya, Farah, and I did, with each discomfort stemming from a varying source and resulting from a distinctive factor unique to each individual.

“It is so interesting how each of us has our own interpretation and understanding of each practice. We are so similar if you see us from the outside, all Kuwaiti, all Muslim, all women, all interested in the same things... but even with that, we are unique. Same, same, but different” - Lulu

Same, same, but different... As a result of these conversations, we uncovered several points regarding the research question. First, we clearly acknowledged and identified that our experiences are varied, and commonalities such as religion, ethnicity, culture, age group, and so on do not equate to a sameness with respect to inclusiveness. This is because while a certain group, such as Muslims, Arabs, or women, may share commonalities, there are other factors and systems which will additionally impact the way things are processed and experienced. This means that we were recognizing the variances arising from individuality and discovering in real time how different this experience might have been had it been sought out with other individuals or groups.

Second, while the first workshop identified holistic healing to be a significant construct for the participants, and holistic practices within the first workshop elicited feelings of warmth and authenticity, without intentionality, purposefulness, and adaptability (or, as the participants would acknowledge in the next workshop, person-centeredness and client-drivenness), the experience was greatly impacted for several of the participants. This realization led us to a collaborative finding which asserts that holistic practices conducted in a set manner ultimately cannot result in a more inclusive environment.

Based on these collective findings, we recognized that our gap remained unfilled. Although previous research within decolonial fields has championed holistic practices as a path to inclusive care (Bussing *et al.*, 2012; Duros & Crowley, 2014; Singh, 2020; Taylor & McCall, 2017), being unaware of this at the time, these reflections, which were arising within the

workshop were clearly showing us as researchers that there is more to it. There is more to inclusive care. There is more to this construct, which was central to this research, but it seemed incomprehensible.

Same, Same, but Different

With these realizations arising, we were beginning to grasp that “inclusivity” was not something we could seek without first clarifying what it represents. In the third workshop, we would engage in more specific conversations about the structures and components we found to aid in developing an inclusive environment, exploring person-centeredness, client-drivenness, and holistic approaches to care; however, in this moment, we humbly recognized that our previous conceptualizations surrounding inclusiveness were limited. We reflected on these realizations in the excerpt below.

“I genuinely thought we would all have the same experience. I do not know, I think maybe because we are all Muslims and we share all these common qualities, I thought everyone would have the same reflections and that, that would help us identify some framework which would be acceptable and inclusive for our demographic.” - Farah

“I actually thought the same... I mean, when you think of inclusivity and inclusive care, there is this underlying assumption that... inclusivity is something which can be applied to everyone. It is *inclusive*, and therefore it *includes all*. However, this is genuinely insightful because that cannot be the case if our experiences are so varied. If holistic practices, ‘as they are’, do not equal inclusive care, then inclusive care must be something else, or something more.” - Amani

“While we need to acknowledge our experiences, we are often unconsidered and misunderstood in psychology and the world. I think this shows us how even with a shared belief system, we are still individuals. Holistic healing is central to our faith, and that is a constant, along with the other teachings of Islam, but even with these central and shared beliefs, we are still special, we are still different from one another.” - Haya

“That. I think that specialness and those differences are where inclusivity is found. When they are acknowledged and accounted for. I think inclusiveness is not something that can be generalized across demographics, genders, religions, or cultures... I think it is something that happens when you have an account for the individual. I am reminded of something you said in the last workshop [Sara], when we were talking about how questionnaires always ask you to specify demographic details, you said, ‘I am so much more than all that’; and we are. We are Muslim, but we each have so many other things that contribute to our identities. That is just one aspect. So to be inclusive... maybe it is an acknowledgement. Maybe it is an acknowledgement of our individuality and uniqueness.” - Dima

These reflections delved deeply into a mindful assessment of what the participants and I found inclusiveness to represent. Interestingly, reflecting on inclusiveness in this manner, while not recognizing the silent narrative and its role within our lives up until this point, is indicative of just how buried it is. One might assume that the first system a marginalized person may point to when asked about a lack of inclusiveness is colonialism, much like the way one may anticipate a woman to point to the patriarchy when asked about sexism and the boundaries of equality. In this conversation, while discussing inclusivism, the participants and I were essentially admitting our own biases; we were acknowledging that we, in fact, maintained the same mentality of sameness without referencing the colonial context.

Although I had begun to see the shadow of the silent narrative during this workshop, by recognizing that the source of my discomfort in the original *Ganesha* meditation lay in my resistance to portraying the colonial image of Muslim Arabs, I was still not questioning *why* I had this image in the first place. Much like the other participants in the room, we acknowledged that we all maintained a limited interpretation of inclusiveness; however, none of us stopped to wonder *why*. *Why did we all have this inadequate view of what inclusive care meant? How was it that we could identify that our experiences were lacking inclusivity, yet we were resistant to*

exploring the causes of said lack?

We discussed our experiences as if the problem began and ended there; however, there was something deeper which we were each resistant to acknowledging. A limitation in our perceptions. This limited awareness and discernment regarding knowledge, which is so relevant to us as individuals, is indicative of the epistemic injustices that surround our educational systems, both in Kuwait and in our higher education abroad. These systems have limited our exposure to colonialism and its impact, due to their heavy reliance on Western educational systems, influence, and approval (Alkhadher, 2022). Kuwaiti students are encouraged to pursue their masters and doctoral degrees in Western countries, mainly the United States, Canada, Europe, and Australia (Sadek *et al.*, 2022), which means that while seeking educational recognition, we were correspondingly developing an internalized bias towards colonial ideations, eventually favoring western knowledge for its perceived superiority, and internalizing a mental colonialism founded in epistemic injustices. As Aldousari (2023) discovered in her exploration of colonialism on psychotherapy within Kuwait,

“Sending Kuwaiti students overseas for education can perpetuate colonial knowledge in non-Western environments, contributing to the reinforcement of Western discourse. Participants who studied abroad reported more difficulty adapting to life in Kuwait than those with local education. [...] The contested nature of two separate discourses becomes more apparent when one is situated in two different settings. [...] The complexity of human experiences and the nuances in their impact by discourse are thus re-emphasized.” (Aldousari, 2023, p. 225)

This quote from Aldousari (2023) foregrounds the dissonance experienced by those straddling two epistemological worlds. The struggle to reconcile Western frameworks with local realities reveals not only the contested nature of knowledge itself, but also the cognitive dislocation that arises from prolonged exposure to dominant colonial narratives. This dislocation

is then a key marker of mental colonialism, where one's worldview, sense of legitimacy, and identity become unconsciously tethered to Western ways of knowing, often at the expense of local cultural, spiritual, and intellectual belief systems. In this light, our initial resistance to engaging with deeper forms of critique cannot be viewed merely as individual hesitation, but rather as a reflection of epistemic injustice. The inability to fully articulate, legitimize, or imagine alternative ways of knowing, particularly those rooted in our own sociocultural and spiritual contexts, is symptomatic of the mental colonialism which operates subtly yet powerfully, through silences, erasures, and the internalization of dominant frameworks that prioritize Western epistemologies while marginalizing indigenous and non-Western modes of understanding.

In light of this, several supplementary questions emerge: *if one of the aims of this research is to explore inclusivism and expand our conceptualizations of what it means to be inclusive through our experiences within psychotherapy, how can this aim be pursued without first acknowledging the very limitations to inclusion itself? How can we move towards inclusive practice without naming the epistemic injustices and the mental colonialism that have constrained our perspectives and shaped our experiences?* It was through integrating this project's decolonial conceptual frame into the PAR process that these questions surfaced, highlighting the importance of acknowledging both what is spoken and what remains unspoken as meaningful forms of expression and significant sites of inquiry.

The official psychological definition of "inclusivity" refers to the practice of providing equal access to opportunities and resources for individuals who might otherwise be excluded or marginalized (Samuels, 2006). It is a practice that aims to ensure individuals feel valued, respected, and supported regardless of cultural background, race, gender, sexual orientation,

religious affiliations or any other characteristics that might differentiate them from the dominant demographic or the surrounding discourse (Samuels, 2006).

As explored in Chapter Three, certain psychotherapeutic approaches developed to promote inclusivity, such as multicultural counselling and cultural competence training, seek to operationalize inclusivity by encouraging practitioners to attend more carefully to the cultural, social, and contextual dimensions of clients' lives. These approaches have contributed to important shifts within the field, particularly by challenging earlier assumptions of cultural neutrality and by emphasizing the relevance of sociocultural positioning in therapeutic encounters. However, decolonial scholars have argued that some of the epistemological and ontological assumptions underpinning segments of these frameworks may remain aligned with broader psychological paradigms historically shaped within Western intellectual traditions (Sue, 2016). From this perspective, even well-intentioned efforts toward inclusivity may continue to rely on implicit normative models of the self, mental health, and healing that may not fully account for the complexity, fluidity, and lived specificity of diverse cultural and religious groups. This critique does not suggest that all multicultural or culturally competent practices are inherently reductionist; rather, it points to the possibility that, in some instances, such approaches may remain anchored in standardized conceptions of the self and mental health that subtly privilege worldviews.

Within multicultural counselling, practitioners are encouraged to critically reflect on both their own and their clients' worldviews to reduce misinterpretations and foster greater relational attunement (Sue, 2016). While this emphasis on reflexivity represents a meaningful departure from culturally unexamined practice, some scholars have noted that the process of

formally categorizing cultural identity within therapeutic frameworks may, in certain instances, risk stabilizing or simplifying identities that are internally heterogeneous, relationally constructed, and continuously evolving (Racine & Petrucka, 2011). This highlights the tension between the institutional need for structured guidance and the irreducible complexity of human subjectivity.

Similarly, cultural competence training often encourages practitioners to draw upon established clinical tools such as the *DSM-5 Cultural Formulation Interview* and related cultural assessment frameworks, as well as empirical literature on the experiences of sociocultural groups, to inform more contextually sensitive care (Bhui *et al.*, 2007; Gerstein *et al.*, 2009). These instruments were developed to expand clinicians' awareness and to facilitate more culturally responsive engagement. However, as reflected in participants' accounts, the presence of shared ethnic, cultural, or religious identifiers between therapist and client did not guarantee a sense of inclusion or relational resonance. This finding suggests that inclusiveness may not emerge solely from demographic alignment or from adherence to culturally informed procedural models. However, it may instead depend on more nuanced forms of relational, epistemic, and existential recognition.

While multicultural and culturally competent approaches have played a significant role in advancing the formal recognition of diversity within psychotherapy, their implementation within institutionalized clinical systems may still be shaped by classificatory logics that organize individuals into predefined sociocultural categories. In this sense, inclusivity risks becoming operationalized through frameworks that seek to anticipate individuals' needs based on group-level knowledge, rather than emerging through an open-ended engagement with the singularity

of lived experience. From a decolonial perspective, this raises important questions about whether inclusivity can be fully realized within paradigms that continue to rely, even partially, on generalized epistemic structures, rather than relational processes that allow individuals to define the meaning and relevance of their own cultural, spiritual, and existential realities.

Decolonial scholars such as Racine & Petrucka (2011) further contribute to this school of thought, arguing that this analogous perspective results in the oversimplification and generalization of identity groups in psychotherapeutic research, which deters inclusivity. According to these scholars, certain methodologies within multicultural counselling often reduce complex identity frameworks to simple identity groupings. This epistemic injustice leads to a generalized impression surrounding an incredibly vast and nuanced group of people. One of these methodologies involves developing strategies and approaches to care centered around “Latinos”, “Asians”, “Arabs”, “Muslims” and “Native” groups, for example, which creates a discourse whereby these individuals are *still* viewed through a singular lens. Thus, while inclusive approaches to care such as these appear to acknowledge these demographics in practice, they have the potential to perpetuate dominant constructions of psychological normality, which contributed to the lack of inclusiveness in the first place. Goodman and Gorski (2015) assert that:

“When we focus on that group and that group and that group and what we need to know about vague, often stereotypical notions of their ‘cultures,’ we actually replicate a colonizing ideology” (Goodman & Gorski, 2015, p. 5)

Correspondingly, the simplification of complicated identity groupings into simple identity frameworks is evidence of the persistence of colonial ideology and legacy within the psychotherapeutic discipline and a telling of the epistemic injustices which saturate the field. This is one of the reasons this study adopted a *relativist/interpretivist* ontological grounding, by

honoring the unique and varied experiences and reflections of the participants, as no research can be completely representative of all Kuwaitis, all Muslims, or all Arabs when the research in question surrounds inclusiveness.

The decolonial field contends that prevailing conceptualizations of inclusiveness in psychotherapy are both limited and insufficient and therefore require critical dismantling through decolonial and postcolonial perspectives to uncover and challenge their discursive implications (Freire, 2000; Taylor, 2022; Zarbo, Bergame, Tasca, & Cattah, 2016). It argues that the psychological field must undergo a fundamental process of reconceptualization that re-evaluates inclusivity in ways that meaningfully acknowledge and validate the experiences of minority, Indigenous, and historically marginalized communities (Bergame, Tasca, & Cattah, 2016). Within the expanding literature on inclusivity from a decolonial perspective, several core principles have emerged as essential for reimagining therapeutic practice.

First, therapy must integrate holistic approaches that engage the ‘whole’, or the entirety of a person’s being, to unite the mind, body, and spirit. Decolonial scholars argue that such practices offer meaningful and culturally congruent pathways to healing, particularly for Indigenous and historically marginalized populations for whom Western dualisms often prove inadequate or alienating (Freire, 2000).

Second, inclusive care must be grounded in recognition of the cultural, historical, and sociopolitical contexts that shape mental health. This requires moving beyond an individualized, decontextualized understanding of psychological distress to one that situates emotional and psychological experiences within broader structures of power, displacement, and inequality. A decolonial condition for critical engagement with the enduring effects of colonization, systemic

oppression, and cultural dislocation- not as abstract historical events, but as living conditions that continue to inform the struggles and coping strategies of marginalized communities (Bergame, Tasca, & Cattah, 2016).

Third, inclusivity necessitates honoring the significance of community. From a decolonial perspective, healing is not an isolated, individual endeavor but a collective one, embedded within networks of mutual support, shared rituals, and communal meaning-making. In this sense, therapeutic work must extend beyond the individual and engage with advocacy, relational transparency, and the co-construction of knowledge among community members (Wood *et al.*, 2013). Consequently, the aims of therapy within a decolonial framework become broader and more expansive than those of the biomedical approach to psychotherapy, which is championed in Kuwait, encompassing collective liberation and structural transformation alongside personal healing (Taylor, 2022).

At the core of this shift is what Mignolo (2009) terms epistemic disobedience: a conscious refusal to accept the universality and supremacy of Western epistemologies, and a commitment to re-centering knowledge systems that have been historically silenced or devalued. Although colonialism was not explicitly named during these workshops, the participants and I were, in practice, engaging in epistemic disobedience through critique, collaboration, embodied engagement, and emphasis on community. Each of the decolonial components of inclusive care was appropriate and relevant to the participants and my experiences within these workshops. Our exploration of holistic practices was an intentional move toward acknowledging and addressing the 'whole' self. Through this process, the participants and I implicitly questioned the accessibility of dominant psychotherapeutic paradigms- models we had long engaged with yet

found to be misaligned and inaccessible to us as individuals, and as a demographic. Moreover, our shared participation in co-creating these workshops constituted a form of community-based praxis, one that disrupted conventional hierarchies of knowledge and facilitated a more inclusive and relational approach to therapeutic inquiry.

These conversations surrounding inclusivity led to a shift among the participants and me. As one of the intentions of this project is to explore the essence of inclusive care and to question the very meaning of inclusiveness, this workshop depicted that inclusiveness is far more complex than we had anticipated.

“I cannot believe how obvious it is, but also how uncommon it is to think of inclusiveness in this light. People in the field always think of inclusivity through the outlook of someone’s religion, or culture, or background, and they develop programs and applications specifically for these groups- and sure, that might work sometimes, but you know? Even within those applications which are supposedly more considerate of these groups, there is still that ‘box placement’ mentality. It still lacks the acknowledgement of people as people. My Muslimness might tell you something about me. You may be able to make an inference about me from my culture, age group, or whatever, but honestly, that does not tell you much in depth. I think acknowledging the uniqueness and being treated as an individual... is definitely what I would consider inclusiveness to be” - Rana

Amani had originally believed that inclusivity was a singular construct which could be applied to any individual. She understood inclusivity to “include all” and, therefore, account for all. I originally had this same perception, as I discussed within my personal reflexive statement at the start of this doctorate. I naïvely believed that human beings were all the same, and that there was a unity within our sameness. Although we were not delving into the “why” at the time, these reflections were shifting our perceptions, as inclusivity was presenting itself as something that cannot “include all” but instead accommodates *one*. Rather than being a singular construct, it bends and adapts to each singular individual. Haya additionally notes that even within perceived

sameness and shared characteristics, there is still a special, unique individuality which each human being possesses. In her reflection, there was an understanding that the individual differences and 'specialties' that reside within each person are fundamental to inclusiveness, as inclusiveness was conceptualized as an acknowledgement of distinctiveness and uniqueness.

This notion conflicts with the current literature surrounding inclusiveness, as certain approaches to psychotherapy characteristically place individuals in boxes related to their religion, gender, culture, marital status, or any of the other characteristics which one may hold, its current applications and approaches to inclusiveness entail shining a spotlight onto one's demographic and developing strategies and approaches to care through a singular lens, whereby human beings are denoted through a simplified ontology of "sameness". These conceptualizations from the participants and me argued that rather than viewing inclusiveness as lying within the acknowledgement of one's religion, gender, culture, or experiences, inclusiveness instead involves the genuine acknowledgement of an individual as unique. These conceptualizations indicate that identity is far more nuanced, and working with any diverse and unique individual through a single lens applies a limited interpretation of who that individual is.

This notion is also not acknowledged within decolonial reflections surrounding inclusiveness. While decolonial research emphasizes that inclusiveness is attained through an acknowledgement of the whole, through the acknowledgement of community, and through the acknowledgement of the colonial constructs that impact marginalized demographics, there is no acknowledgement of uniqueness, there is no mention or recognition of the individual self, but rather a hyperfocus on the collective.

Finding Balance

As this second workshop aimed to explore “approach versus practice”, through these reflective conversations, the participants and I surmised that the approach *does* impact the practice in a meaningful and significant manner. In a manner which completely negates the inclusivity that holistic practices are renowned for within therapeutic spaces. The participants and I needed to delve deeper. Having broader discussions about inclusivity would require more specific considerations and the need to find balance among all we have learned thus far.

“So, here is what we know so far. Psychotherapy today lacks the holism and inclusiveness which we all crave when seeking healing. We believed that holistic techniques like breathwork, meditation, and bodywork could create a holistic and inclusive environment because these practices are a means of connecting with the various components of the self. We tested this theory only to learn that it is, in fact, the approach, combined with this integration, that genuinely contributes to holistic healing and inclusiveness. We discovered this today, with all our different experiences. So, this is where I am as of now... Knowing all this, what was it, specifically, within that first approach that created that inclusive and holistic space? What are the approaches to inclusiveness, if you will?” - Dima

When I posed this question, there was a pause. The room fell silent for a moment. I felt an anxiousness building within my chest, a feeling I found to linger particularly within the planning stage of these workshops. Moments like these would be trying, as creating and maintaining a horizontal collaborative space within the workshops and throughout the project’s direction would be an ongoing task. While the PAR process provides a space for deeply collaborative data collection and analysis, there was no way of *ensuring* collaboration in this context. I believe this internal anxiousness was, correspondingly, a reflection of this tension. It was there in the first workshop when I sensed hesitancy in the room and subsequently relied on prompts to guide discussions; it resurfaced again in this one, with this pause. Although Farah had

previously portrayed herself as the most reserved among the participants, she grasped this space to share her ideas on project navigation, believing that the path forward would involve finding balance among all we had discovered together.

“I think... this workshop made it clearer than ever how different we all are. Yes, we are all Muslims, and yes, we are all Arabs; we are the same, but even within that sameness, we are all so unique. It shows how different this workshop felt for each of us. I think last week we were all on the same page and found the practices warm and heartfelt, because they were more centered around us as people. It was more intentional and purposeful, flexible and adaptable, so we could each make the practice our own. Here, we were not given that opportunity, which resulted in a less inclusive experience for several of us. So, we need to go deeper. We need to re-engage with the practices again, and this time, take everything that was said into consideration by choosing practices which are centered around us, chosen specifically for and by us, and that are also considerably invitational and flexible.” - Farah

The rest of the participants nodded their heads eagerly. This exploration showed us how distinctive we all were and that there was no “one correct” practice or technique for engaging with us as a group, as our shared demographic did not equate to like-mindedness regarding inclusivity. While holistic practices are significant for holistic healing as a deep foundational core of our faith, the mechanisms and means by which one engages with different practices and techniques are incredibly varied and distinctive.

While one participant, Lulu, believed that this second workshop effectively examined and answered the original research question, the other participants asserted that it merely offered more context surrounding the core tensions that impede inclusivity. This difference of opinion was not approached as a barrier, but as an invitation to expand our conceptualizations with one another. Rather than seeking immediate consensus, the participants and I held these differing viewpoints, allowing the group to explore the reasons informing each stance through reflexive engagement, which deepened the inquiry and created space for nuance and complexity to

surface.

By embracing interpretive diversity, the process remained faithful to the collaborative and iterative nature of PAR, where disagreement becomes a site of learning rather than conflict, as, at its core, PAR is not designed to reach unanimous consensus, but to hold space for multiple truths, epistemologies, and evolving perspectives (Reason & Bradbury, 2008). Differences in interpretation are therefore not seen as threats to validity, but as openings for deeper dialogue. As Kemmis and McTaggart (2014) argue, the cyclical nature of PAR invites participants to return to moments of disagreement or dissonance, not to resolve them hastily, but to explore what they reveal about the structures, assumptions, and lived experiences that shape the inquiry.

Ultimately, Lulu chose to move forward with the next workshop, as she recognized that singularism and the ideology of “one way” absolves any chance of experiencing inclusive care, as there is no “one specific technique” or “one specific practice” that can be applied to distinct and unique people. For the exploration to be comprehensive, it would require reintegrating and “finding balance” among all the constructs explored. Farah grasped the opportunity to initiate a plan for the project moving forward,

“I think next week would be a great opportunity to re-engage and re-experience the approach that we discussed today. We can consider all that we said about holistic healing, all that we said about inclusivity, and integrate it into the next workshop, finding balance amongst all our reflections, and see if any final insights or anything else arises?” - Farah

Correspondingly, the participants and I planned to observe the reflections that arose within the last two workshops in practice and action within our third workshop. The third workshop, as such, would encompass the exploration of holistic techniques of breathwork, meditation, and bodywork through what would later be described as *person-centered and client-*

driven approaches.

To enact client-drivenness, we discussed which practices would be most appropriate for this final workshop, with participants taking a proactive (client-driven) role in the selection, as they did in the first workshop. While most of the participants suggested engaging in less yogic-driven practices, in order for the holistic practices to be more centered around them as individuals (enacting person-centeredness), Haya, conversely, suggested specifically engaging with an adaptable version of *mantra* meditations, in order to assess the impact of an adaptable approach on the experience of a holistic practice such as *mantra*. She believed that experiencing the same practice that caused discomfort, but with a shift in approach, would provide a clear indication of the practice's genuine impact. The adaptation of *mantra* meditation to accommodate each individual or integrate Islamic ontology, in this case, is viewed not merely as a methodological tweak but as an epistemic intervention and act of liberation regarding any singular form of healing, which may not be inclusive. We learned in this workshop that an unintentional, inflexible approach can undermine holistic practices and the healing experience. With Haya's suggestion, we could also explore whether a person-centered, client-driven approach to practice could be a safety measure for exploring diverse holistic practices. The participants leaned into this idea to add nuance and conversations surrounding "approach versus practice".

To enact person-centeredness, the participants suggested that each practice explored should be conducted adaptively and flexibly. This would deplete the standardization which often encircles these techniques and practices, and additionally create a space for each practice to be centered around each client, ultimately allowing each participant the opportunity to "make each

practice [their] own”, in the words of Farah, as opposed to “taking the practices as they are”, in the words of Rana.

The next workshop would enable more complex and significant reflections and discussions on inclusivity, as it would be our third time exploring these topics in relation to one another. The participants believed that this third workshop would ultimately provide the insight needed to discuss the research question openly and decisively, by examining our previous experiences with psychotherapy, and exploring how an integrative, holistic approach to therapy impacts inclusivity and our overall experiences, in addition to offering insight surrounding the underlying aims of the study. Once we had discussed the plan, we ended the workshop with three deep cleansing breaths, as we had the week prior. The participants and I began clearing the workshop space, eventually saying goodbye with warm hugs, with Farah promising to bring her homemade *ghuraiba*, a traditional Middle Eastern buttery cookie, to the next meeting, and Amani offering to bring in her mother’s saffron tea to enjoy alongside it.

The Edges of Inclusion

It was our third week meeting at our usual time and place. Clouds gently rolled across the sky, while a cool breeze floated into the room through the big glass window of the workshop space. The participants walked in together today, with the smell of Farah’s homemade *ghuraiba* filling up the room. It smelled of warm cardamom and rich butter, a scent reminiscent of childhood and nostalgic to each Kuwaiti. I went over to help her set them on the table, and we began to sit in our usual circle while Amani poured each of us a cup of her mother’s Saffron tea. Of all the saffron teas I had enjoyed throughout my life, this one was exceptional, with its deep

ruby-red color and hints of ginger, honey, and lemon. It felt more like a group of friends coming together rather than a group of acquaintances, or colleagues, or co-researchers.

“It is ginger. The tea... I know it is not super traditional, but we add a little knob of ginger and organic honey to bring out the *zaafaran* [saffron]” - Amani

“It is amazing [Amani], please thank *Khalti* [literal translation: mother’s sister; this term is used as a sign of respect for any woman of the older generation] for us.” - Dima

I began to welcome everyone as I did each week prior. The energy was high, but the participants quickly began expressing their sadness over the possible ending of these weekly sessions. During our initial meeting, we agreed to meet for at least three workshops. With Lulu specifically saying that she found the research question was answered in the previous session, and the other participants expressing the desire to have more conclusive discussions within this workshop, there appeared to be an overall tone of bittersweetness in the air, much like the feeling one has on the last day of school or summer camp. I felt deep sadness at the idea of a potential ending, as I began to look forward to these weekly meetings of the mind, and grew to really respect and care for each of these women. Although I grappled with this sadness in real time, I chose to surrender to the process. So, as I did with the previous two workshops, I welcomed everyone to the space, and rather than immediately handing out the *Participant Workshop Itinerary Sheet (Appendices)*, I offered them an opportunity to discuss any thoughts they may have had throughout their week, or any feelings and reflections which were arising within the moment.

Haya and Farah reiterated their request to explore *mantra* meditation using what would soon be known as a person-centered, client-driven approach. They were eager to see if and how the practice would be affected by the shift in application, and whether adaptability would serve

as a protective measure, with a holistic practice considered “inapplicable” to them as individuals. The other participants echoed their desire to explore the same practices and approaches which were collaboratively outlined within the planning portion of the previous workshop. While Lulu was the one participant who initially did not see the significance of having a third workshop, she expressed excitement and enthusiasm about the day's itinerary, alongside the rest of the participants.

As such, with the plan restated, we began the third technique exploration with a breathwork practice called *grounded breath*, which Amani had selected in the previous workshop. The technique uses the breath to generate safety and stability throughout the body through breath observation and trailing (Edwards, 2008). With this practice, although the breath is not altered in any way, tuning in to where the breath is in the body and actively recognizing its movements throughout the body establishes a sense of embodiment and grounding in the present moment. The technique was person-centered as it encouraged recognition and acknowledgement of participants' unique breath patterns without alteration or adaptation. It was client-driven as everyone was encouraged to follow their breath in a way which felt authentic, natural, and safe to each of them- we each drove our own experiences, delving as deeply into it as we chose to.

The second technique was meditation, which began with an adaptable *mantra* meditation. As mentioned in the previous chapter, *mantra* is a practice in which a word or sound is repeated to aid in concentration, awareness, and manifestation (Alper, 1989). In classical yogic philosophy, *mantra* meditations often involve chants, hymns, and songs centered on yogic philosophical and conceptual ideologies or prominent Hindu figures and deities (Gonda, 1963).

To explore the practice in a person-centered and client-driven manner, I invited each participant to select their own *mantra*, word, or phrase, and focus their energy on drawing that special word or phrase to them internally. This adaptation allowed us to revisit and re-experience *mantra* meditations in a more individualized manner by offering everyone the opportunity to select their own words, creating an experience that is authentic and applicable to each individual. While the previous exploration of *mantra* within these workshops led to feelings of discomfort for me, this expression and approach was conversely comforting and heartening, in that it was adapted and centered around every individual in the room, allowing each of us to indulge in the practice in a way which was meaningful and relevant to us.

The third practice was *body alignment* meditation, which Lulu selected. The practice aims to restore the body's central alignment through verbal cues that alert individuals to any imbalances. This is accomplished by anchoring the pelvis or sacrum to the ground or seat and mentally lifting each vertebra of the spine until the back is straight, thereby releasing any compression in the spine and helping to float the body's weight upwards. This continues all the way to the top of the head, taking the neck and shoulders into account to develop intentionality, awareness of weight distribution, and proprioception throughout breath (Scott, 2013). This exercise aimed to gently draw participants' attention to the subtle natural postural positionalities of their bodies and give them insight into where they may be holding tensions or misalignments. This practice was person-centered as it helped participants connect to themselves and recognize their physical bodies and internal environment. It was what the participants and I would eventually define as client-driven, as it offered each participant an opportunity to take initiative in identifying and engaging in aligning their bodies and developing proprioception.

The fourth practice was a bodywork technique called *incremental shift* practice, which Lulu and Haya suggested. As with the first workshop, the practice involved engaging the body through soft, subtle movements. The practice was person-centered and client-driven, rather than guiding participants through a preconceived flow; each participant was offered the opportunity to move their bodies in ways that served them and felt authentic to their body's needs in that moment. The practice was as such, left to the interpretation, expression, and manifestation of each participant, as they were free to move in any way which was accessible to them, in their bodies.

“Choosing your own path... Move on your own accord... This is your practice... You can choose to keep your eyes closed... or maintain a soft gaze... Choosing to move intuitively and intentionally, making each movement your own... Taking this time, here and now to feel into your body... Expressing each movement in any way that calls to you... Connecting with yourself... Relaxing the heart... Relaxing the body... Relaxing the mind.” - Dima

The final practice was a *nonjudgmental, introspective* meditation, which I suggested. During this technique, the participants practiced noticing their internal environment and being open to whatever arises. The practice aimed to invite curiosity about their internal thoughts rather than judgment, and to empower each participant to engage with their thoughts independently and gently. The practice was person-centered as it encompassed participants attending to themselves as individuals and interacting with their own internal environments. It was client-driven; the participants delved as deeply as they each chose. Upon completion, I thanked them all for practicing with me and ended technique exploration for what would ultimately be the final time.

The energy in the room was considerably calm and serene upon completion. As they did in the previous workshop, the participants opened the discussion themselves. It was an open,

honest, and reflective conversation about the components and approaches that participants found to contribute to the development of an inclusive experience and environment within these workshops. Although the ontological grounding of this project negates generalizations, what the participants and I identified within these workshops would encompass a way of engagement and a process of being within psychotherapeutic settings, which we experienced to help in the creation of an inclusive space; grounded in the three approaches of person-centeredness, client-drivenness, and holism, which facilitated a path to inclusivity by acknowledging the participants uniqueness.

As one of the aims of this research is to explore the essence of inclusive care, examining two different approaches to holistic practices provides an archetypal examination into what specifically impacts inclusivity. While continuing into the reflection portion of this journey, this exploration will outline the components which the participants and I found to contribute to an inclusive experience, ultimately demonstrating the combination and union of person-centered, client-driven, and holistic approaches to care to be “ways of being” that aid in the development of an inclusive environment, as it acknowledges, empowers, and embraces participants for their distinctiveness and uniqueness.

Person Centered

Farah was the first participant to speak, sparking the discussion portion of the workshop and introducing the term “person-first” care. Although she began this journey as one of the timid participants, Farah had really developed a critical and comfortable level throughout this PAR process. While we had previously been referencing words and phrases such as “purposeful”,

“flexible”, and “centered around us” to signify a way of being in therapy which was considerate of clients’ uniqueness and individuality, Farah consolidated this way of being to be represented by the concept of person-first or person-centered care.

“I have never engaged in a form of therapy like this before. Even as a therapist, I think we sometimes tend to think about applying therapy to, or on clients, rather than with and for clients. I like this week’s approach because I really felt like it was more centered around us and our preferences. It was really refreshing. I feel like this kind of ‘person first’ care would be so effective here [in Kuwait] because it is tailored to us, our needs, and our choices.” - Farah

“I think to me, person first means completely disregarding that lens that we view one another through... and working with people based on who they are as a person, not who they are on paper, and not what a discipline tells us they are... It is a more humane way of relating and viewing people... centering our conceptualizations *around* them, as opposed to centering them around our conceptualizations... Let clients represent themselves. Let them speak to who it is that they are.” - Amani

“I think it is about centering your practices and techniques and conceptions surrounding who the person is on the inside. So, like [Amani] said, not maintaining a preconceived notion of who they are but learning them and catering to them in an intentional, purposeful, and considerate manner.” - Sara

“I think it is an unassuming way of relating to another. We, as people, make assumptions about one another. They are Arab, so they must be traditional. They are Muslim, so they must wear a hijab. They are this, so they must be that. Moreover, research tends to perpetuate this narrative. So to be person first... I think it is to be unassuming and accepting of who an individual is without imparting any biases or judgments and tailoring the therapeutic process to each person.” - Rana

“I think for care to be person-first, there cannot be any form of judgment. Person-first care cannot uphold the same standards and benchmarks as the traditional psychotherapeutic paradigm does. It needs to honor the individual, unconditionally. For therapy to be inclusive, it needs to be adaptable to whoever is seeking the healing, and that is by putting the person first!” - Haya

While this was the first time person-centeredness was being identified as a path to inclusiveness within these workshops, the concept of person-first or person-centered care is not

new in psychological literature. The person-centered approach was originally developed by Carl Rogers in the mid-20th century and is grounded in the principles of empathy, congruence, and unconditional positive regard, where the therapist provides a supportive, non-judgmental environment for the client to explore their thoughts and feelings (Rogers, 1961). While Rogers' definition still describes the essence of person-centeredness in therapy, current conceptualizations in the field place particular emphasis on acknowledging clients as idiosyncratic outside of the current conceptualizations surrounding identity frameworks (Cooper & McLeod, 2011). For instance, current psychological applications and writings define person-centeredness as a method of care in psychotherapy that rejects labelling, diagnosing, and the application of preconceived frameworks to clients (Okpara, 2020). The exclusion of these practices, in turn, would encompass acknowledging individuals with a 'blank slate' mentality as opposed to through a lens of presumption, bias, or preconception. It is an approach to care which encourages working with individuals by releasing the pre-placed labels and categories which societies impose on humanity (Berdell, 2016). Mick Cooper and John McLeod (2011) furthermore assert that negating the current conceptualizations surrounding 'identity' means additionally viewing clients as non-standardizable "othernesses", whose therapeutic wants and needs are likely to be highly heterogeneous and unknowable in advance.

Based on this idiographic standpoint, therapeutic success therefore necessitates an openness to, and appreciation of, the many different ways in which clients may benefit from therapy- including establishing flexibility and adaptability through experiential practices. Thus, to have a "person-centered understanding of therapeutic change" (Cooper & McLeod, 2011, p. 210) necessarily means being open and appreciative of the many ways that clients may benefit from

therapy, and being flexible in the approach, rather than holding a central hypothesis about human nature to guide therapeutic work. They contend that this approach is congruent with Rogers (1961) fundamental framework surrounding person-centered care, and that upholding these conceptualizations leads practitioners to become “champions of inclusivity and mutual respect across therapies” (Cooper & McLeod, 2011, p. 220).

There is a significant philosophical and practical overlap between integrative psychotherapy and person-centeredness, particularly in their mutual emphasis on the client's innate capacity for self-actualization, agency, and comprehensive well-being. For instance, Cooper (2009) explores how humanistic and holistic traditions share a commitment to treating the whole person emotionally, cognitively, physically, and spiritually, rather than segmenting psychological experience into isolated categories. Schmid (2002) highlights how a person-centered approach is inherently holistic, aiming to understand and engage the individual as an integrated whole rather than merely addressing symptomatic distress. Norcross and Goldfried (2019) note that integrative psychotherapy movements increasingly draw on person-centered frameworks to offer flexible, responsive care that honors client individuality and complexity. This has been depicted in studies such as Beveridge and Buchanan's (2019) research, which explored the clientele experience of YIT. In the study, each participant referenced how client-centeredness was significant to the experience of YIT and healing, highlighting the importance of purposeful, adaptable, and flexible approaches to care. Collectively, these works affirm that both holistic practices and person-centered therapy operate from a shared foundational belief: that healing is most powerful when it embraces the totality of the human experience in a respectful, collaborative, and empathetic manner.

The participants' experiences within the workshops and their conceptualizations surrounding person-first or person-centered care reflect the integral aspects of these ideations of person-centeredness. During the last workshop, we identified how unique and varied we were based upon how differently we interpreted the shared experience of engaging with the practices in technique exploration- identifying that when it comes to inclusiveness, there is no central hypothesis surrounding human nature which may inclusively guide therapeutic work. This is what prompted and sparked the notion of exploring an approach to holistic practices based on adaptability and flexibility- it was grounded in the knowledge that the application of a person-centered approach would allow us as unique individuals to make each experience "our own", and ideally, lead to an inclusive experience for each individual. Both the participants' reflections and current psychological research on person-centeredness therefore endorse tailoring therapy to each person as opposed to the current psychotherapeutic practices the participants and I were exposed to, which preaches a set approach to therapy applied irrespective of the client (Taylor, 2022). However, despite these similarities, there is an integral variation between the definitions the participants provided and those outlined by person-centered theorists regarding what "person-centeredness" entails.

First, while one could consider person-centered care as being debatably more appropriate in navigating the therapeutic environment with marginalized groups, such as Muslim Arab populations, as it allows for more flexibility in approach and application (Hodge & Nadir, 2008); given the fact that current conceptualizations of person-centeredness includes the negation of labelling altogether, an alternative viewpoint raises several questions as to whether a lack of labeling could lead to a lack of acknowledgment for marginalized individuals self-

identified cultural groups or religion, where their individual identities and core values have characteristically been shown to be strongly linked to their culture and religion (Oza, 2020).

If the underlying assumption of a person-centered approach is to view an individual without labelling, categorizing, or diagnosing them, then does one's religious background constitute a label? What about one's cultural background or heritage? If this therapeutic intervention is intended to center on each person, can this be practicable without acknowledging constructs that clients themselves consider part of who they are? Negating a label is still an acknowledgement of said label. It is choosing to dismiss something that is principally, fundamentally, and essentially there. Rather than humanizing, the denial or dismissal of these integral ontologies, belief systems, and core identifiers could be dehumanizing, particularly when these labels are considered elemental to an individual's identity.

With regards to this project, for instance, the participants and I identify as Muslim Arabs, with both these religious and ethnic categories maintaining their own conceptualizations and ideologies surrounding the world (Benkato, 2019; Eickelman, 2016; Gregg, 2007; Koenig, Shohaib, Koenig, & Shohaib, 2014; Yasmeen, 2008). With the plethora of epistemic injustices surrounding marginalized groups, a significant risk associated with the complete scoring of labels is that this may, in fact, escalate the serious matter of cultural denial, a product of colonialism, which is all too common within psychotherapeutic spaces (Hodge & Nadir, 2008; Laenui, 2000), as explored in the first workshop.

This neglectfulness with respect to culture may be one of the many contributing factors for the silent narrative, and the colonization of mentalities, which has impacted the participants of this project and me. The denial and dismissal of one's cultural and religious beliefs could very

well lead to a tension whereby an individual disregards this injustice, perhaps because it is easier than acknowledging the inequality and prejudice one faces. This was the case with my *Ganesha* meditation; it was the case with Haya's experience with her cross-cultural counselor who "placed a limited and almost distorted portrait of a Muslim woman [onto her]"; and it was the case with Lulu, whose therapist accused her of maintaining a "heavy dependency" and lacking independence due to her cultural custom of living at home. It is clear that these experiences are grounded within these colonial ideologies, as they reflect them in their essences; however, it becomes apparent that when faced with these injustices, it is easier to internalize the discomfort of the experience, as opposed to contemplating the *cause* of these experiences, the *why*.

A further complication is that, while certain approaches to inclusion in biomedical psychotherapeutic applications are developed to address the nuances associated with cultural denial, this project has indicated that understanding a label does not necessarily entail understanding how to interact with or approach that label. For instance, although the participants and I all maintained the same labels of "Arab", "Muslim", "Kuwaiti", and "Female", in the previous workshop, these labels did little to predict effectiveness and inclusiveness about how therapeutic intervention was experienced for each participant. Amani and Sara both enjoyed the yoga-grounded holistic practices. In contrast, Lulu and Rana had mixed feelings about the process, while Farah and Haya found it alienating and dissociative, with Farah in particular citing religious reasons for the discomfort.

With these varied experiences, one begins to wonder whether to label or not. Moreover, to what extent should one's labels have on therapeutic approaches to care and conceptualizations surrounding inclusiveness? While labelling, in many instances, oversimplifies

complex identity groups into simple identity frameworks (Racine & Petrucka, 2011), the negation of labelling may be equally harmful. Farah, for instance, would be an example of a client who requires her religious views and her label as a “Muslim” to be acknowledged and recognized within therapy. The negation or neglect of recognizing Islam might feel incredibly uncomfortable to her, because it is an astoundingly significant aspect of her life, which was shown to impact the way she processes her experiences. Since Islam is an essential aspect of Farah’s identity, a therapist choosing to view Farah outside of her Islamic identity could be interpreted as neglecting to acknowledge her at her very core, perpetuating cultural denial. This speaks to the incredible nuances surrounding client identity frameworks and ultimately outlines the importance of recognizing each client as a unique individual who cannot be reduced down to a label, but additionally cannot be grasped without their labels.

Wei Tao Ong, David Murphy, & Stephen Joseph (2020) claim that in order to truly identify clients as unique and destroy the fabric of standardization, it requires acknowledging clients as a true Other (Schmid, 2002), who cannot be sincerely known or comprehended, and rather only be acknowledged and empathized with. They assert that relating to the client as a person in their own right is directly opposed to objectification, which is commonplace within certain psychotherapeutic frameworks, where a human being is denoted like an instrument that can be fully grasped, understood, and eventually manipulated through external intervention.

Although this research and its’ findings as understood by the participants and myself, acknowledges individual uniqueness, and asserts that there is no standardized framework which would allow one to “manipulate” and influence another through analogous external intervention; a significant part of inclusiveness appears to be the relational aspect of care and

how a practitioner interacts with the client, as outlined within the second workshop. With that frame of mind, there is something problematic surrounding the use of the term “Other” concerning this relationship. Othering is a construct based on the acknowledgement of differences. It is a categorization and classification practice that leads to an exceedingly problematic dynamic in which people are segregated based on perceived variances and differences (Brons, 2015). I offer that, rather than viewing clients as an “Other” to reference their individuality, person-centered practitioners instead use a term grounded in empowering language, such as *unique*. The word ‘unique’, for instance, is not one which I have selected on my own, but one which was used by Lulu in the second workshop, when she described how, although we were astonishingly kindred and analogous on the outside, we were nevertheless “Unique. Same, same, but different.” This notion of relationality in person-centered care is supported by scholars such as Leijssen (2008), who suggest framing person-centered therapy as a spiritual practice which underscores the necessity of attending sacred moments in culturally responsive psychotherapy. Her emphasis on the therapist’s presence and attunement as gateways to transcendent experience parallels the thesis’s findings, where participants described inclusivity not only in terms of cultural understanding but also in the therapist’s openness to moments of sacred significance. This perspective offers a counter-narrative to set models, arguing for a therapeutic ethos that can accommodate and honor spiritual depth as a core element of healing.

In compiling all these conceptualizations of person-centered care within the psychological literature, one thing is clear. These overall contradictions, inconsistencies, and discrepancies regarding person-centered care indicate how nuanced a truly person-centered approach is. They are equally reflective of the many gaps and fissures surrounding the topic. *Does*

the complete removal of labelling, categorizing, and diagnosing aid in the humanization of clients, or conversely, erase essential aspects of their identities? Must a therapist conceptualize clients as an “other” to view them as unique and distinctive? How can person-centeredness account for all the nuanced aspects of an individual’s being? While this project does not and cannot offer insight into all these discrepancies, it does offer its own evaluation of what person-centeredness entails with respect to the experiences of the participants and me.

The first component of person-centeredness described by the participants entails a complete rejection of the singularism adopted by biomedical and reductionist psychotherapeutic disciplines, particularly their analogous interpretations and simplifications of complex identity frameworks. Amani, Sara, Rana, and Haya all referenced this, with Amani asserting that person-centeredness encompasses a complete disregard for the “lens that we view one another through... and working with people based on who they are as a person, not who they are on paper, and not what a discipline tells us they are...” Sara referencing “not maintaining a preconceived notion of who [a client is]”; Rana disparaging the assumptions associated with working with distinctive groups; and Haya blatantly stating that “person-first care cannot uphold the same standards and benchmarks that the traditional psychotherapeutic paradigm does”.

With these unified conceptualizations, it is apparent that person-centeredness, through the participants' lens, encompasses a denunciation of singularism and directly responds to epistemic injustices rooted in colonial ideologies and mentalities that permeate the biomedical model in psychotherapy. Although the participants did not acknowledge these constructions by name, this component enacts what Mignolo (2009) terms epistemic disobedience, through the participants' refusal to abide by the colonial narrative of knowing, being, and healing. This

connection is similar to those in the current literature on person-centered care. However, where the current literature reasons that this is done through a complete removal of any labels and diagnostics (Okpara, 2020), in the reflections of this project, rather than erase or overlook aspects of clients' personal identifications and 'labels', there is instead, a humanizing acknowledgment of the person and an acceptance of whatever constructs they find important to their personal identity.

Participants acknowledged that this is done by therapists maintaining an "unassuming" (Rana) nature, whereby they "let clients represent themselves" while empowering them to "speak to who it is that they are" (Amani). The first element of person-centeredness is therefore grounded in a way of being which is humanizing, acknowledging, and accepting. It is an embracement, validation, and recognition of a client within the realm of their own sacred identities.

The second component of person-centeredness, as outlined by the participants, surrounds centering care on each individual, as discussed by Farah, Amani, Sara, Haya, and Rana. Farah introduced the topic by claiming that there is a "tendency to sometimes think about applying therapy to, or on clients, rather than with and for clients".

Thus, in addition to disregarding the dominant constructions of psychological normality, this component homes in on care by suggesting a flexible, adaptable approach that is considerate and solicitous of who the client is. Therapy in this respect is a highly individualized experience, fostering greater inclusivity. Farah believed this aspect of care would be effective in Kuwait because the therapeutic practice would be "tailored to us, our needs, and our choices."; Haya argued that "in order for therapy to be inclusive it needs to be adaptable to whomever is seeking

the healing”; Rana asserted that it would encompass a “tailoring [of] the therapeutic process to each person”; and Sara maintained that it would be “learning them [the clients] and catering to them in an intentional, purposeful, and considerate manner”. This practice, of centering care *around* an individual, is completely in alignment with Haya’s reflections surrounding inclusivity, where she asserted that irrespective of “a shared belief system, we are still individuals” ... “we are still special, we are still different from one another.”

These conceptualizations of person-centeredness vary from those presented within the current literature, as rather than strip one of their identifiers completely, or contrarily make assumptions surrounding care based off of a singular view of ones identifiers, the participants conceptualizations of person-centeredness surrounds a humanizing acceptance of individuals self-proclaimed identity, and further, adapts therapeutic interventions and applications to be resonant and mindful of the client, making the therapeutic process one which is highly individualized and correspondent with the definition of inclusiveness outlined by the participants. Conclusively, person-centered approaches were identified as care approaches that directly impact inclusivity. Through the humanizing acknowledgement and understanding of an individual, and an unassuming, curious relationality built on acceptance and validation, a person-centered approach is argued to foster an environment in which individuals are considered.

I was acutely aware that these components of person-centeredness directly responds to both areas of tension which were identified within the first workshop, as its ‘rejection of secularism’ directly resolves the dominant constructions of psychological normality, which each participant had expressed to be a significant tension within the paradigm, and its ‘centering around the client’ additionally resolves the standardized approach to care which was further

considered to be a tension. As these tensions were identified as contributing to the lack of inclusiveness surrounding the paradigm, person-centered care through this lens was argued to foster greater inclusiveness in psychotherapeutic environments.

While the principles of person-centeredness addressed the participants' articulated experiences, they did not address the *cause* of these experiences. They did not tackle the root issue of colonialism, which impacts the mentality of therapeutic practitioners, epistemological sources, and ontological foundations that ground their experiences. However, there was a clear willingness among participants to engage in nuanced discussions about inclusivity that could reflect and respond to the marginalized experience; awareness of the structural boundaries constraining such inclusivity was lacking. These constraints were not visible to us at the time, largely because they were never brought to light by epistemic injustices which infiltrate academia. The very barriers to our own equality had been rendered invisible. As a result, experiences of neglect or lack of inclusion were more easily attributed to the dominant constructions of psychological normality, or standardized approaches to care, factors that appeared modifiable within existing systems. Expanding the conversation to include broader constructions such as colonialism, epistemic injustice, knowledge suppression, and power asymmetries would have required recognizing that the limitations we encountered stemmed from forces beyond the control of individual practitioners or clients. This absence of critical discourse was not incidental but rather reflects a deliberate suppression of knowledge that functions to maintain systems of oppression. Aldousari (2023) explores the impact of mental colonization in the context of Kuwait within the psychotherapeutic field, documenting her journey exploring the colonization of her own mind, and speaking to the uncovering of truth she

faced throughout her research. She shares,

“Perhaps the most profound shift in my thinking has been the realization that I was, for so long, mentally colonized by the dominant Western discourse in the counselling field. I had internalized the idea that only certain ways of knowing and practicing counselling were valid, while others were inferior or illegitimate. It was only through engaging with postcolonial and decolonial theory that I began to see how limiting and damaging this perspective was. It was a humbling and eye-opening experience to recognize the limitations of my previous knowledge and to embrace the challenge of decolonizing myself and my research.” (Aldousari, 2023, p. 241)

Much like Aldousari (2023), the participants and I were mentally colonized by these dominant Western narratives, internalizing the epistemologies and discourses within the field of psychotherapy and beyond its borders. In this light, the collective silence that marked these conversations can be understood as a product of mental colonialism through epistemic injustice. At this point in the workshops, the participants’ reluctance to name these structures appears less as avoidance and more as a conditioned response to a longstanding erasure.

Still unaware of these forces, we proceeded with optimism, affirming person-centered care as the first approach towards fostering inclusivity in therapeutic practice. There was momentum and excitement with a collective realization that the answers we had been seeking were emerging in real time. Lulu, as she did in the prior workshop, began a pre-emptive celebration as we had all found person-centeredness and our conceptualizations surrounding it to acknowledge the tensions, discomforts, and shortcomings we had each identified in the first workshop. Although we had been engaging with person-centeredness and building our understanding of what it means to us throughout these workshops, somehow, naming it, classifying it, and developing our own definitions surrounding it made the construction more tangible and concrete. There were no more abstract, hypothetical, or theoretical ideas of the

approach- it was as though our conceptualizations had been brought to life, and had furthermore led to a deeply meaningful contribution to knowledge surrounding inclusiveness, as our conceptualizations up until this point differentiated from those available within current literature.

Client Driven

Rana began thinking out loud, which she often did throughout the workshops. We all listened intently, as her streams of thought frequently led to significant findings and realizations in this instance, leading us to identify our second approach to inclusive, client-driven care.

“Person first... or maybe it is more appropriate to say person-centered care, is certainly an inclusive measure, and it is what we experience firsthand. It is mindful, it is purposeful, intentional, and a humane way of engaging in therapy; however... Inclusivity... It is more than that... Yes, centering practices and techniques and approaches around your client is important, and definitely a big part of what made this week’s approaches so accessible and warm and comforting, but maybe because we were so involved in the process, we were active members in the workshop, we were offered choices, we were empowered to do so... Its person first yes, but it is also cooperative and mutual!” - Rana

In this excerpt, Rana acknowledges the impact of person-centered care and concurs that it was a significant contributor to the workshop's success; however, she adds that she believes there is another component which positively impacted the inclusiveness of these workshop experiences. She used words such as “involved”, “active”, “empowered”, “cooperative” and “mutual” to depict the embodied experience and process of the inclusive measure she was trying to describe, which is a stark contrast from her previous conceptualizations surrounding her past experiences with psychotherapy, which she described as “inorganic”, “incomplete”, and “methodological”. Upon closer inspection, it appears that all the terms she used in the excerpt

above point to the role clients take on in therapy and, in turn, the therapeutic relationship.

The therapeutic relationship, or therapeutic alliance, was originally outlined by Freud in psychoanalytical terms, as a conscious working partnership distinct from transference (Greenson, 1965; Luborsky, 1976). This concept was broadened into a pan-theoretical construct applicable across therapy orientations (Bordin, 1979). Edward Bordin (1979) famously conceptualized the alliance as consisting of three core components: an agreement on therapeutic goals, a cooperation on the tasks of therapy, and the development of an emotional bond characterized by trust and positive regard. These elements are considered significant factors in psychotherapy, emphasizing that the therapeutic relationship facilitates client engagement and change (Bordin, 1979; Norcross & Lambert, 2019). Empirically, a strong alliance has consistently been associated with better outcomes, with several meta-analyses indicating that higher alliance ratings predict more positive therapy results across diverse treatments (Martin *et al.*, 2000; Flückiger *et al.*, 2018). Accordingly, the therapeutic relationship is reported to be a significant contributor to the effectiveness and impact of therapy, where the therapist is often described as a guide that leads their clients to explore their feelings and emotions through verbal and practical interventions (Martin *et al.*, 2000) within the therapeutic environment (Norcross, 2010; Norcross & Lambert, 2019).

A decolonial interpretation of this approach to the therapeutic relationship, pertinent to psychotherapy, is that the therapist often maintains a position of supremacy, control, and influence within sessions, as they independently make decisions regarding care and pass judgment by identifying ailments and disorders through diagnostics (Norcross, 2010). Disparately, it is commonplace for therapists to navigate, guide, and steer clients throughout

their therapeutic journey by selecting various conversational topics, techniques, and procedures for them to engage in during sessions, often offering clients little to no choice surrounding their care (Follette & Hayes, 1992). As such, judgment is passed due to the hierarchical leverage of the therapist over the client, whereby the client is observed through a predetermined lens of understanding (Gergen, 2007) and manipulated through the standardized approaches to care.

This contrasts significantly with the mutuality and cooperation that Rana describes in this excerpt, and also differs distinctly from the “unassuming” and “accepting” nature she portrayed person-centered care to maintain in the previous section. As such, with this reflection of client-drivenness, Rana illustrates a ‘way of being’ in therapy that involves a shift in the customary power dynamic by developing an equal and cooperative relationship in which clients are emboldened to be more present in decision-making regarding their care. With descriptive terms such as “cooperative” and “mutual”, there is a clear rejection of this hierarchical relationship, which is common within certain psychotherapeutic settings, and rather, an inclination towards a shared and respectful experience.

“Hmm... I find that, yes, cooperation and mutuality... a collaborative relationship, kind of like the one we have built here, would have a meaningful impact on inclusivity because we spoke about how inclusivity requires acknowledgement. In a collaborative relationship, you acknowledge the client and honor them and their wants, their needs, their wishes, and their thoughts. You are giving them the space to contribute to their own care. By doing that, you are creating an inclusive environment because your environment is client-directed and client-collaborative.” - Farah

“This is really about empowerment. Having them [the clients] be part of their own healing experience... rather than the experience happening to them passively, it is an experience they actively choose to engage in. It is client-driven.” - Lulu

With Farah and Lulu building on Rana’s reflections, I found myself deeply moved by the

evolving dynamics of the PAR process, as meaning-making was unfolding right before my eyes. The participants and I were learning with and from one another and discovering significant and novel ideas together in real time. We were creating knowledge together, which made this moment in the workshops even more fascinating, as we discussed how collaborative work can create an inclusive and accessible space in psychotherapy *while* doing collaborative work ourselves through PAR. In this case, the PAR process is consistent with client-driven approaches in healing settings. Both PAR and client-driven approaches to care empower individuals in spaces where they are typically not. In most psychological methodologies, participants are often not given the same influence with respect to conducting research, in the same manner that clients are not offered control over their own care within dominant psychotherapeutic settings. I find that this empowerment may be multiplied when it is undertaken with marginalized demographics, as colonial histories and current racializations surrounding various minority, Indigenous, and marginalized groups do not offer them the opportunity to shape their own narratives on the world stage, or correspondingly, shape their own healing within dominant psychotherapeutic settings.

With Farah's reflection, she makes a direct link between client-collaboration and inclusivity, claiming that through the acknowledgment of the client and the honoring of their wants, needs, wishes, and thoughts, they are given a chance to contribute to their own care and are as such, given an opportunity to co-create an environment designed specifically for them, thereby crafting the factors needed to generate inclusiveness. Lulu supports this consideration in her own excerpt, where she claims client-driven care entails clients being a part of their own healing experiences and journeys. Intriguingly, she uses the word "passive" to describe therapy

that is not client-driven, indicating she finds the biomedical psychotherapeutic approach to be a “passive” experience, and uses the word “empowered” to refer to therapy which *is* client-driven, illustrating a striking contrast between her conceptualizations of both approaches.

This is a significant finding regarding its alignment with holistic healing. As mentioned in the first workshop, (w)holism and holistic healing were identified as a meaningful pursuit within therapy for these participants. They described the process of holistic healing using incredibly activating language such as ‘recognition’ (Rana), ‘acknowledgement’ (Amani), and ‘reclamation’ (Haya). Thus, describing a non-client-driven approach as “passive” directly opposes the feelings associated with holistic healing, whereas client-driven approaches are conceptualized as empowering and activating.

Interestingly, while the words chosen to describe holistic healing and client-drivenness evoke images of empowerment and liberation, they clashed with our reality, which depicted restrictions and prohibitions surrounding the silent narrative. *How can we use such activating words and simultaneously run from them when it comes to acknowledging what inhibits us? Which limits us? Which oppresses us?* We were discussing power dynamics and hierarchy, requesting a reclamation of our power- yet we were speaking of these things in a limited manner and context.

As with the previous conversations, the scope of these yearnings is never expanded on to acknowledge the *why* or the root cause of these limitations- neither by myself nor the participants, however, while the term colonialism was never mentioned by name, the reflections arising are deeply resonant with current conceptualizations surrounding decolonialism. In particular, these conversations exploring client-drivenness are constructs discussed in decolonial

and postcolonial research. As mentioned previously, decolonization is the process of deconstructing colonial ideologies of superiority and privilege of Western thought and approaches, including dismantling systems that maintain this implied status quo, while also validating and valuing Indigenous knowledge (Biin *et al.*, 2018; Rogers, 1986).

Scholars such as Walter Mignolo (2012) and Aníbal Quijano (2000) argue that colonialism continues to exert significant power over perceptions of care in mental health. Where psychotherapy often advocates standardized teaching and applications in which the therapist is the guide, the decolonial lens urges therapists to question the universality of Western therapeutic models. It emphasizes the need to integrate Indigenous, community-based, and culturally relevant approaches to mental health care *through* client-driven initiatives. As dominant approaches to psychotherapy have been criticized for its' pathologizing and marginalization of non-Western cultural expressions of distress, acknowledging and empowering clients to take more pro-active roles is a significant way to reduce colonial influences on care *and* increase inclusiveness (Quijano, 2000), as the approach calls for the dismantling of hegemonic knowledge structures, the validation of clients, and their diverse cultural healing practices (Mignolo, 2012). Through a decolonial lens, the emergence of client-driven care in psychotherapy represents a shift towards participatory models of treatment, in which clients' voices and preferences play an integral role in shaping their therapeutic process.

To provide respect and recognition of clients' individuality, therapists need to work with clients in a non-hierarchical fashion (Sommerbeck, 2004; Wei Tao Ong, David Murphy, & Stephen Joseph, 2020). Decolonial scholars and writers assert that the voices, experiences, and sentiments of Indigenous people matter, and that honoring these voices within

psychotherapeutic settings by accepting and integrating Indigenous knowledge is a path to inclusive care (Zapata, 2020). To know and integrate Indigenous knowledge is to collaborate, engage, and learn directly from Indigenous people, thereby challenging the hierarchical values of the biomedical approach within certain psychotherapeutic disciplines.

While these excerpts and the literature surrounding client-driven care are clear in their ideological foundations grounded in empowerment, they have done little to acknowledge the *method* of client-drivenness; they have not accounted for the '*how*'. One may assert that client-driven approaches are built on cooperation, collaboration, and mutuality; however, these assertions leave vague what that encompasses and *how* one may practically integrate this approach within a space of healing. For instance, referring to Lulu's excerpt, where she described client-driven care as "an experience they are actively choosing to engage and take part in", one might think: would not the act of attending therapy within itself constitute "choosing to take part" in its practices? While the ideological foundation of client-driven care appeared to be clear with respect to the participants' conceptualizations and the ideologies surrounding it within decolonial writings, the actual '*how*' of client-driven care needed more solidifying with respect to what this actually means in practice, and how this phenomenon was experienced within the context of these workshops. Rana elaborated on what she considered to be an appropriate take on client-driven care,

"I think that for a client to take part and choose actively, it is the therapist's job to provide many options and give them space to make choices surrounding the practices and methodologies they would like to work with. Like how here, you gave us a selection of offerings, and we were each free to choose what we found most applicable to us... Option-rich environments and having that flexibility as a therapist is really crucial if we are talking about inclusive and accessible care." - Rana

“I felt that first-hand today... I know that last workshop we discussed how we were both negatively affected by traditional *mantra* meditation, but today's expression was honestly so beautiful. A *mantra* practice where we were each empowered to choose our own word, make it our own, and make it applicable to us... I feel like this practice allowed me to, in a way, reclaim last week's experience, and I think that is because the approach to the practice was person-centered and client-driven. It just goes to show you that when we are intentional and give people the opportunity to be present and active in the decision making surrounding their care... it can be really impactful.” - Haya

With this reflection, Rana acknowledged that in addition to the cooperative nature of the therapeutic relationship, part of maintaining a client-driven approach requires the inclusion of an option rich environment, whereby therapeutic practitioners practice versatility in the way they approach their practices, methods, or techniques that they offer, in addition to the aids or support they provide, whether it be physical aids or client-requested aids. By providing options and variations across these spheres where applicable, healthcare practitioners enable clients to co-create their own experiences through a variety of choices, ultimately fostering an accessible and inclusive environment that accommodates a wide range of individuals. By empowering clients through discussion and offering a range of options for how they wish to approach their personal healing, therapy becomes client-driven and reflects a mutual, cooperative experience.

Interestingly, this notion of providing options and variations was discussed in our very first meeting, when Amani requested an option-rich environment that included blocks, bolsters, cushions, chairs, and yoga mats to support her and the other participants throughout their exploration of technique. It was not lost on me that each of the collaborative suggestions and proposals explored throughout these workshops, interestingly, arose within the conclusive findings and reflections surrounding inclusiveness.

Haya agreed with Rana, referring to her own experience with client-drivenness. Haya

and Farah had chosen to explore *mantra* practices again within this workshop, making the selection of that practice one which was ‘driven’ particularly by them. Additionally, within the practice, there was a person-centered quality in which the practice’s singular nature dissolved, as participants were encouraged to select their own word or *mantra* to engage with, making the experience of the practice incredibly impactful. Interestingly, while reflecting, Haya said she felt “like this practice allowed [her] to reclaim last week’s experience”, which was the word she used to describe holistic healing in the first workshop.

This concept of offering options and variations in therapy is not a new idea in decolonial and psychotherapeutic literature; however, it has ignited significant debate in psychological studies. For instance, in their conceptualizations surrounding a pluralistic approach to care, Mick Cooper and John McLeod (2011) argue that to actualize this approach to therapy, therapists must specifically orient their work towards clients’ goals, and enhance their levels of dialogue and metacommunication with clients regarding the goals, tasks, and methods of therapy, in which the therapist prioritizes and responds to the client’s wants and needs. This consequently means that therapy must be filled with options and flexibility so the client may be empowered to drive therapeutic practices in a way which feels meaningful to them. While Mick Cooper and John McLeod (2011) do not claim that all therapy must be integrative, they argue that a pluralistic form of practice is grounded in person-centered ethics. These ethics ultimately aid in developing an inclusive environment.

A common response to these assertions is that a pluralistic approach, which encompasses the offering of options and variations, is not outlined in the person-centered method outlined by Carl Rogers (1959), the founder and developer of person-centered care, and

equally, does not provide a practicable guide for therapeutic practitioners to stand on. They assert that the philosophical ideologies of person-centered and client-driven care do not provide practitioners with guidance and structure for therapeutic practice. Wei Tao Ong, David Murphy, & Stephen Joseph (2020), for instance, contend that,

“Having a pluralistic ontological positioning does not mean that the therapist is being ‘person-centered about person-centered therapy’ (Cooper & McLeod, 2011, p. 220); neither does it mean that the therapist is being more fluid and less rigid to constructs However, what Cooper and McLeod (2011) seem to misunderstand is that the person-centered approach has a distinct anthropological, epistemological, and developmental psychological position that cannot be combined with any other orientation (Schmid, 2002). It is this that is the ‘heart of person-centered therapy’, and it is the ontological position that informs the therapist’s way of being with the client.” (Tao Ong, Murphy, & Joseph, 2020, p. 175)

Consequently, in this excerpt, Wei Tao Ong, David Murphy, & Stephen Joseph (2020) argue that by suggesting that a client’s wants and needs should be given precedence over the theories that therapists hold about them, Cooper and McLeod (2011), decolonial authors, and the participants of this study, imply that a therapist can shift their orientations, and maintain a more fluid approach to the ontology of their practice. In this respect, adopting a pluralistic perspective on inclusive approaches implies that the therapist must shift from one ontological position to another to suit their particular client’s wants and needs, which they argue is inapplicable when person-centeredness maintains a set ontological positioning of its own. They argue that stepping away from it would require abandoning the very foundations that surround the practice and morphing it into something else.

Throughout this project, the participants and I have found the processes of healing and inclusivity to be highly idiosyncratic, shifting from person to person. With this retrospect, to be deeply, immovably, fixedly, and unwaveringly grounded whilst interacting with these topics, is to

negate the very foundation of inclusiveness, which rests on an acknowledgement of one's distinctiveness and uniqueness. Thus, while these ideologies of person-centeredness and client-drivenness may maintain their own distinctive ontological underpinnings as constructs, their entire foundations rest on a belief system that aims to validate, acknowledge, and empower clients so that they may achieve their own *self-actualization*, as outlined by Rogers (1959). I therefore find that what Cooper and McLeod (2011) suggest is a flexible approach to care, rather than to ontology, since the ontological assumptions remain the same. However, the approaches to care and the methodologies, techniques, and practices incorporated into the therapeutic environment create more richness and, as a result, more inclusiveness for clients.

Therefore, according to the reflections within this section, to maintain a client-driven approach, healthcare practitioners operating under a decolonial framework should be skilled and proficient in providing options and variations in a way which encourages and empowers clients to collaboratively and effectively engage in decision-making surrounding their own healing journeys'; as providing options and variations has the potential to elicit feelings of comfort and support, in addition to attributing responsibility and accountability to clients, transforming the practice and experience of psychotherapeutic health services. With this significant shift of power with regards to the therapist and client relationship, it is suggested that person-centered, in correlation with, client-driven therapy is a more applicable and appropriate approach to therapy when working with different individuals and demographics, such as the Kuwaiti demographic, as it offers them the opportunity to choose methodologies and approaches which are inductive to them, rather than the placement of a perhaps unsuitable or inapplicable model, resulting in more inclusiveness within therapeutic settings.

With client-driven care defined and outlined, Lulu considered the ripple effect this approach alone could have on clients' lives, and how it might impact them both in and out of the therapeutic space. She said,

“When you provide clients with options and choices, it is not only an act of empowerment but also one that develops clients' self-esteem, cooperation, and trust for the process and themselves. By allowing them to take initiative in a space of healing, the therapy room, it may have a ripple effect and embolden them to take initiative in their healing further and outside of the therapy room, into their life, and in the midst of their real lived experiences. It may only be one small act, but it could result in an immense gain.” - Lulu

We let her words settle in the room. Her thought raised awareness of how, as healthcare practitioners, we often underestimate the significance of these seemingly modest shifts in our practice and in our clients. Within dominant approaches towards psychotherapy and yoga, there exists a prevailing tendency to default to established norms and protocols, anchored in assumptions about how things should be, rather than attuning to the nuanced needs and lived experiences of those we serve. Even within the opening vignette of this doctoral project, while expanding on my own personal experience administering the *Ganesha* meditation, part of the vignette reads:

“She led the mantra, as she was instructed to [...] She convinced herself that Ganesh was an archetype for wisdom, that he represented something, that she could use him as a tool for knowledge, that a teacher cannot discriminate against the curriculum, that, that, that.” - Dima

This vignette, and that, “that, that, that, was applicable here as well. Because we had all been trained and counselled under a biomedical and reductionist approach to psychotherapeutic care, the experience of administering therapy, even as practitioners, was methodological and procedural. As therapists and mental health professionals, stepping outside of the constructs of the approach to psychotherapy we were taught was daunting, as we had always relied on these

structural procedures to guide us and direct our work with clients. We were hesitant to expand our practices outside of these dominant psychotherapeutic approaches, and I reasoned that a teacher could not “discriminate against the curriculum” within the *Ganesha* meditation. The colonial mentality which grounded our psychological education was something which was instilled within every one of us, as we once held these teachings as sacred and consequently, built our practices surrounding them. We internalized mentalities that were so embedded within us that we could not even see them or call them by their name. Conversely, to lean into the intuitiveness and flexibility that come with these inclusive approaches to care was to let go of the constraints imposed by the reductionist training we had received, and to recover the feeling and care associated with true holistic healing and inclusion.

The two approaches of person-centered and client-driven care appeared to account for the inclusion which was experienced within these workshops. The conceptualizations surrounding person-centeredness responded to the tensions within our previous experiences in psychotherapeutic settings, as its ‘rejection of secularism’ directly responded to the dominant constructions of psychological normality, which each participant had expressed to be a significant tension within the paradigm, and its ‘centering around the client’ additionally resolved the standardized approach to care which was further considered to be a tension.

In parallel, the client-driven approach resonated strongly with both the PAR methodology and the decolonial framework guiding this study. Its collaborative and empowering orientation fostered an environment grounded in mutuality and respect, closely aligning with the relational ethics of PAR. Furthermore, the model’s rejection of hierarchical power dynamics reflected a decolonial ethos by actively dismantling the inherited structures of power that

privilege Western knowledge systems. While participants did not articulate these critiques explicitly in terms of colonialism or epistemic injustice, their reflections revealed an implicit resistance to these dynamics and a movement toward more inclusive and culturally responsive forms of care.

Holistic

Whilst these two approaches appeared to resolve all these tensions and reflections within this project, the participants and I discovered that we needed to expand our conceptualizations to include the “holistic approach” which we had been engaging with, as holism was deeply central to the experiences within this project, and was equally, a consistent construct which was discussed throughout the entirety of these workshops. It irrefutably arose once more in this conversation; however, this time the participants acknowledged that holistic practices, conducted *through* a person-centered and client-driven lens, are a meaningful and significant element within the experience of psychotherapy, especially with respect to its impact on inclusivity.

“This whole time, we have been engaging in holistic practices and discovering how important it is to acknowledge these parts of us, our breath, our bodies, our minds, especially within a safe space such as a psychotherapeutic environment. Although the holistic practices in the last workshop were not effective without the person-centeredness and client-driven approaches we discussed today, I still think a holistic approach, and holistic practices and engagement are important for developing an inclusive space... through holistic practices, and holism, and whole-ism with a ‘w’, you are providing an inclusive experience because you are including the *whole self* in healing. It is an inclusive form of healing which attends to every part of the person. So, I think holism, with person-centeredness and client-drivenness, is the final component to what I would consider to be an inclusive environment.” - Dima

“I feel the same way. I felt a shift in the practices today. They felt *so* welcoming.

So, inviting. So warm. So accessible. I feel... so empowered. It is hard to find the words. I think that shift in approach encouraged me to be more present and inspired within the practice. I felt more responsible for myself... For me at least, person-centered and person-driven approaches within these holistic practices are the path to inclusive care.” - Farah

“I agree [Farah], I think these sorts of holistic practices, bodywork, breathwork, and meditation, counter the coldness I felt in traditional psychotherapy; and person-centered care makes me feel seen, which is what I felt was missing from traditional psychotherapy, and person-driven care made me feel empowered and inspired. I think this trinity together is what ultimately makes an environment inclusive because it resolves all the hesitations and shortcomings we were identifying with traditional psych.” - Amani

“I think that we are all comprised of these inner layers, as we said... So, acknowledging these layers through breathwork, meditation, and physical movement helps you access the deeper parts of yourself. To include the whole self within healing through these practices is to be inclusive. To be inclusive of the entire self.” - Sara

In the first workshop, we discussed how holistic healing entails a unity and reclamation of the social, emotional, mental, physical, and spiritual parts of the self. In the second workshop, we outlined our definition for inclusiveness, which encompassed an acknowledgement of individual uniqueness. Finally, within this conversation, all these previous reflections and findings were coming together, as we were recognizing that the ‘acknowledgement’ of uniqueness, and ‘reclamation’ of the various parts of the self may be facilitated through holistic practices- in corroboration with person-centered and client-driven approaches.

This concept of holism has been discussed extensively in decolonial and postcolonial psychological research, which asserts that the path to inclusive care lies in integrative holistic strategies (Ali-Faisal, 2020; Moodley & Shireen, 2019; Taylor, 2022).

In Taylor's (2022) study, which explored the experiences of marginalized ethnic and racial groups in biomedical and reductionist psychotherapeutic settings compared with

integrative holistic environments, her findings indicated that through the incorporation of holistic practices alone, marginalized ethnic groups reported therapeutic environments as more inclusive and accessible. In Wang *et al.*'s (2010) meta-analysis, which explored the incorporation of *Tai Chi* into psychological environments, the gentle movements, mindfulness, and breath activation central to *Tai Chi* practices resulted in a holistic experience and enhanced the psychotherapeutic environment with respect to inclusivity for participants. In Cramer, Lauche, Haller, & Dobos' (2013) study, which investigated the integration of yogic practices within therapeutic environments, the holism associated with these practices helped reduce depression and create an inclusive space in which participants could access the deeper layers of the self. In her book, *The Effectiveness of Art Therapy in Mental Health Treatment*, Kapitan (2010) explores how embodied art and creativity provide a platform for uncovering deep internal stressors and fissures within the self, and additionally asserts that art is, by nature, inclusive because it is expressive and pertinent to each person, in Beveridge & Buchanan's (2019) study, which explored the client experience of YIT, participants in Vancouver, Canada, described holistic practices within psychotherapy to be 'profound', 'intimate', 'powerful', 'life-changing', and 'inclusive'. In the Goyal, Singh, Sibinga, *et al.* (2014) project, which examined mindfulness meditation practices within psychotherapeutic settings, the integration of mindfulness meditation was shown to increase accessibility, impact, and inclusivity within therapeutic spaces.

These projects, in addition to the plethora of others which have examined the integration of holistic practices within therapy, all maintain that these holistic practices, which incorporate the body, breath, and mind in some form, lead to a reclamation of the self, in addition to facilitating the development of an inclusive space. This project's findings emphatically align

with the ones above. As the participants reflected on their experiences with these holistic practices throughout the workshops, delving deeply into their impact on them, and the influence they had in creating an inclusive space. Throughout their reflections, it was apparent that the social, emotional, mental, physical, and spiritual layers of the self, which are pertinent to Islamic ontologies, were acknowledged throughout engagement with the holistic practices within these workshops.

Figure 13 below offers a symbolic representation I created of the five sacred components of the self in Islamic faith, each rendered through distinct visual elements grounded in symbolism. The *social* self is expressed through the depiction of nature, signifying interconnectedness, community, and the individual's place within creation. The *mental* self is symbolized through neural-like pathways that represent cognition, consciousness, and the intricate interrelations of thought. The *emotional* self is portrayed by two hands gently meeting, signifying emotional attunement to oneself, relational intimacy, and connection. The *spiritual* self is conveyed through the crescent moon and stars, central motifs in Islamic cosmology and iconography, alluding to divine presence and transcendence. The *physical* self is depicted through a human figure in a meditative posture, indicating bodily presence, mindfulness, and the embodied aspect of worship and self-awareness. At the heart of the composition lies the soul (*nafs/ruh*), encircled by sacred Islamic geometric patterns, evoking the inner sanctity and divine essence of the self, derived from *tawhid* or the unity of these five components as one

Figure 13. Artistic Interpretation of the 5 Components of the Self



With respect to the *social* component of the self, engaging in holistic practices together as a collective helped facilitate the discussions and reflections that followed. The verbal-processing, conceptualizing, inter-relational, and connective conversations that took place throughout the workshops expedited the meaning-making, which is central to healing and led to the development of respectful, compassionate, validating, and authentic relationships. By touching this social aspect of holistic healing, space took a step towards developing inclusiveness. As discussed throughout this project, the official psychological definition of inclusivity includes a component which aims to ensure that individuals feel valued, respected, and supported regardless of cultural background, race, gender, sexual orientation, religious affiliations or any other characteristic (Samuels, 2006). Through these connective conversations, which followed holistic practices, the participants and I developed the connections needed to create an inclusive space and to acknowledge the social component of the self.

“I feel like... through these practices, and the authentic conversations we have had following them... just the way this space has been held has honestly made me feel so connected to you all. I do not think I could have delved as deeply as I did without the acceptance, validation, and care I felt from each one of you, so I am deeply appreciative.” - Farah

“It has been an absolute pleasure engaging in such respectful, considerate, and heartfelt approaches to having these conversations. I feel really appreciated, honored, and understood by you all, so I thank every one of you for setting a tone of acceptance and creating a safe space to discuss all these interesting topics.” - Lulu

“Going on this journey together and exploring these integrative strategies together, I think, has really impacted how forthcoming we are with one another, and it has definitely helped facilitate a more inclusive environment.” - Dima

With respect to the *emotional* component of self, the holistic practices of breathwork, meditation, and bodywork allowed us, as Farah said in her excerpt below, to “delve deeply” into

ourselves. These practices helped us explore our internal environments and uncover the feelings and emotional temperaments that lay beneath the surface. As inclusiveness was collectively identified to be “an acknowledgement of one’s uniqueness”, connecting deeply to one’s unique self throughout these practices facilitated acknowledgement of the emotional component of the self.

“I think, through these practices, I have been able to delve more deeply into myself... I think that by connecting to my body, mind, soul, and my inner environment through these practices, I have been able to access the very deep feelings and emotions that had been lingering within me. I was surprised with some of the feelings which were arising throughout these practices, and I genuinely believe that getting in touch with those deeper emotions is what has helped initiate that process.” - Farah

I recognized that this experience was emotionally challenging for many of us. While there was no shedding of tears at any point in this process, certain feelings emerged within each of us throughout this journey. For Farah, the discomfort she experienced during the second workshop, for instance, was surprising. Although she had not engaged in spiritual practices before outside of the context of her own religion, she was nevertheless caught off guard when she found the practices to be alienating and intimidating, as she considers herself to be emotionally astute as a psychotherapist. I was additionally surprised by the emotions which arose within me throughout this process, specifically the restlessness I felt in silence. As such, the emergence, uncovering, and processing of emotions arising from these holistic practices accounted for the emotional component of holistic healing, and the acceptance and embracement surrounding these emotions aided in the development of an inclusive environment through the acknowledgement of these feelings.

With respect to the *physical* component of self, which comprises acknowledgement and

engagement with the physical body, the exploration of various bodywork techniques through a person-centered approach was contended to facilitate a deeper appreciation of participants' physical body and improve their mind-body connection.

“The physical body is such a beautiful, intricate structure, and it is also incredibly underestimated. Its main priority is to keep us alive, so it is constantly attuned to our emotions and environment, and over time, it cultivates associations and develops safeguards to protect us. So, when we understand the link between the mind and the body and master that awareness, I think we learn to live life more authentically, and can begin to identify which situations, relationships, choices, and paths are right for us. The body will tell you. The body always knows.” - Rana

“By consciously connecting and attending to my body, I instantly feel calmer, more present, and aware of my thoughts and emotions. They say that the body is the greatest teacher, and I feel like, through these workshops, I have just taken my first lesson.” - Farah

“Connecting to my body intentionally and consistently this way has really been impactful on my physical and mental health. I feel calmer, more relaxed, patient, and attentive to myself and others. It feels effortless, and I do notice a shift within myself.” - Lulu

These excerpts from the participants offer insight into how the bodywork techniques and somatic practices explored in the workshops allowed them to interact with the physical component of the self, facilitating a deeper acknowledgement of the whole. Scholars such as Van der Kolk and Rothschild have demonstrated how human experiences are encoded in the body and, correspondingly, require body-centered interventions for deep, comprehensive healing (Van der Kolk, 2014; Rothschild, 2000). Somatic approaches, therefore, challenge the dominant Eurocentric focus on the mind by re-centering the body as a site of knowledge, presence, and healing. This re-centering is particularly significant for indigenous communities, whose embodied experiences and traditional healing practices were often dismissed under colonial paradigms of care (Gone, 2013; Duran, 2006) and according to decolonial literature, continued engagement

with somatic healing aids in restoring the holistic connection to the self and relationality which is disrupted by colonialism and its ideation (Linklater, 2014; Smith, 1999).

Furthermore, honoring bodily knowledge and encouraging embodied self-awareness allows individuals to identify sources of tension or discomfort present in the body, in addition to perceiving how the body reacts to certain emotions, thoughts, circumstances, and environments, accordingly identifying triggers, stressors, and patterns (Jeter *et al.*, 2015; Keane, 1996; Mehling *et al.*, 2009). The acquisition of this skill then offers individuals an opportunity to regulate and adjust bodily conditions in the presence of a trigger, resulting in more awareness and control of psychosomatic states (Mehling *et al.*, 2009). Through mindful, holistic, physical engagement, participants were able to access that space within their body and release. Interacting with the physical body through these holistic practices in a person-centered and client-driven manner contributed to the development of an inclusive space, as participants were able to acknowledge their bodies safely and in ways that felt accessible and relevant to them.

With respect to the *mental* component of self, it was attained through a meditation technique that facilitated both the stimulation and relaxation of the mind, and aided participants in developing mindfulness. Mindfulness is defined as the quality or state of being conscious and aware (Langer, 2014). It is an act of introspection in which one may gain knowledge of, or form beliefs around, one's current state (Aydede & Fulkerson, 2014). Introspective practices facilitate an individual's insight into their perceptual, philosophical, emotional, and bodily states as well as the attainment of deeper knowledge of their innate desires, thoughts, and sensitivities. These processes are often described as something active. This mental act is undertaken for discernment, indicating that introspection *requires* judgment, as individuals must assign labels or

definitively categorize thoughts and feelings (Giustina, 2021). What differentiates the practices we engaged with from other introspective, meditative practices is the intentional inclusion of a non-judgmental element. Nonjudgment involves the act of simply noting and noticing feelings or thoughts as they arise and refraining from categorizing them as 'good and bad' or 'right and wrong' (Fennell, 2010). This helped the participants and me develop a form of mindfulness, which allowed us to gain insight into our deeper mental states from a thoughtful distance, whilst preserving compassion for whatever arises. This elevated version of mindfulness may therefore be described as a mental state achieved by directing one's awareness to the present moment, without judgment, and gently acknowledging what arises from moment to moment (Williams & Kabat-Zinn, 2013). I found the mental component to be exceptionally significant for holistic health. During this reflective conversation, I referred to it as a means of aligning oneself with one's longings and joys, saying,

“When we incline our attention inward, it is the first step to knowing ourselves intimately... and when we know the mind, we heal the mind. So in order to live life in deep alignment with our longings and joys, we must first understand what blueprint we are currently operating under... Only from there can we make the necessary adjustments to allow for greater harmony, and I genuinely wish that every one of you, if anything, gain greater harmony within yourselves from this experience.” - Dima

Although I had always considered myself a mindful individual, these practices, which touched the mental component of the self so deeply, led me to recognize and uncover the current “blueprint” which I was operating under, one which I had been completely unaware of prior to these workshops. These practices and this space helped me uncover the true reason for my discomfort with that *Ganesha* meditation during my yoga teacher training, which I had mistakenly attributed to guilt over *shirk*. I recognized through these practices that it was, instead,

an internal desire to disprove the dominant Western discourses surrounding my demographic. Through these meditative and introspective practices, I began to acknowledge the conflicting discourses that resided within me. I was able to touch the fragmentation between the mental coloniality I internalized and the deep respect and appreciation for my culture and religion. I was able to recognize my naivety regarding my views on inclusivity. These holistic practices, as such, were impactful and significant in acknowledging the mental component of holistic healing.

Finally, with respect to the *spiritual* component of the self, the participants and I found that spirituality was experienced through the energy that developed throughout the workshops. While energy is hard to define, the participants and I all recognized how, within the space of these workshops and the holistic practices, an energy emerged within the room. I could best describe the energy as 'serene' or 'peaceful'. The collaborative engagement with these practices, along with the overall tone of serenity and peacefulness, felt spiritual. Some participants, such as Amani and Haya believed it was due to the union of the other components uniting in harmony, as that union results in a "returning to the whole"; other participants such as Farah and Rana believed that any feeling of peacefulness brings one closer to their spirituality and/or religion, especially when the concept of peace is central to the religion in question, as outlined within *Chapter Two*. In discussing the energy within the room, Sara said,

"These practices have such a peaceful nature and energy. I feel like every time you indulge in anything that creates this level of peace, it brings you closer to Allah and to the universe. When you think about spirituality and religion, no matter what it is that you identify as, whether it is Muslim, Christian, Jewish or Buddhist, all these beliefs are founded in peace. So, to practice anything peaceful is to connect to your spirituality and the world outside of you." - Sara

The sentiment that peaceful practices foster spiritual connectedness reflects a decolonial orientation to healing and spirituality. From a decolonial perspective, Sara challenges

Western epistemological traditions that have historically separated the spiritual from the therapeutic and privileged rationalism over embodied, relational knowing (Mignolo & Walsh, 2018). By asserting that peaceful engagement brings one closer to Allah and the universe, regardless of specific religious identity, the statement resists colonial frameworks that universalize Eurocentric norms of care, wellness, and religiosity (Smith, 2012). It instead affirms a pluralistic understanding of spirituality, grounded in peace as a shared, foundational value across traditions. Such a perspective reclaims indigenous and ancestral wisdom systems that were delegitimized through colonialism and positions peaceful practice as an act of epistemic disobedience, the rejection of dominant systems of knowledge in favor of reclaiming alternative, marginalized, and indigenous ways of knowing. (Grande, 2015). Moreover, recognizing the sacred in practices that cultivate peace supports a relational ontology of healing, which embraces interconnectedness rather than individualism. It views spirituality not as a compartmentalized belief system, but as an ongoing relationship with self and spirituality (Watkins & Shulman, 2008). The application and engagement with these holistic components, as such, helped integrate all the components of the self within the therapeutic space, creating an overall (w)holistic experience. The inclusive nature of these multidimensional and multifaceted layers of the self, when they come together, makes the integration of holistic practices the final approach to inclusive care. The participants collectively identified this trinity of person-centered, client-driven, and holistic approaches to care and me as fostering the most authentic, meaningful, and inclusive therapeutic environment, offering a framework through which each individual could recognize and affirm their distinctiveness and uniqueness. The approaches were grounded in participants' lived experiences and emerged through ethical, exploratory engagement

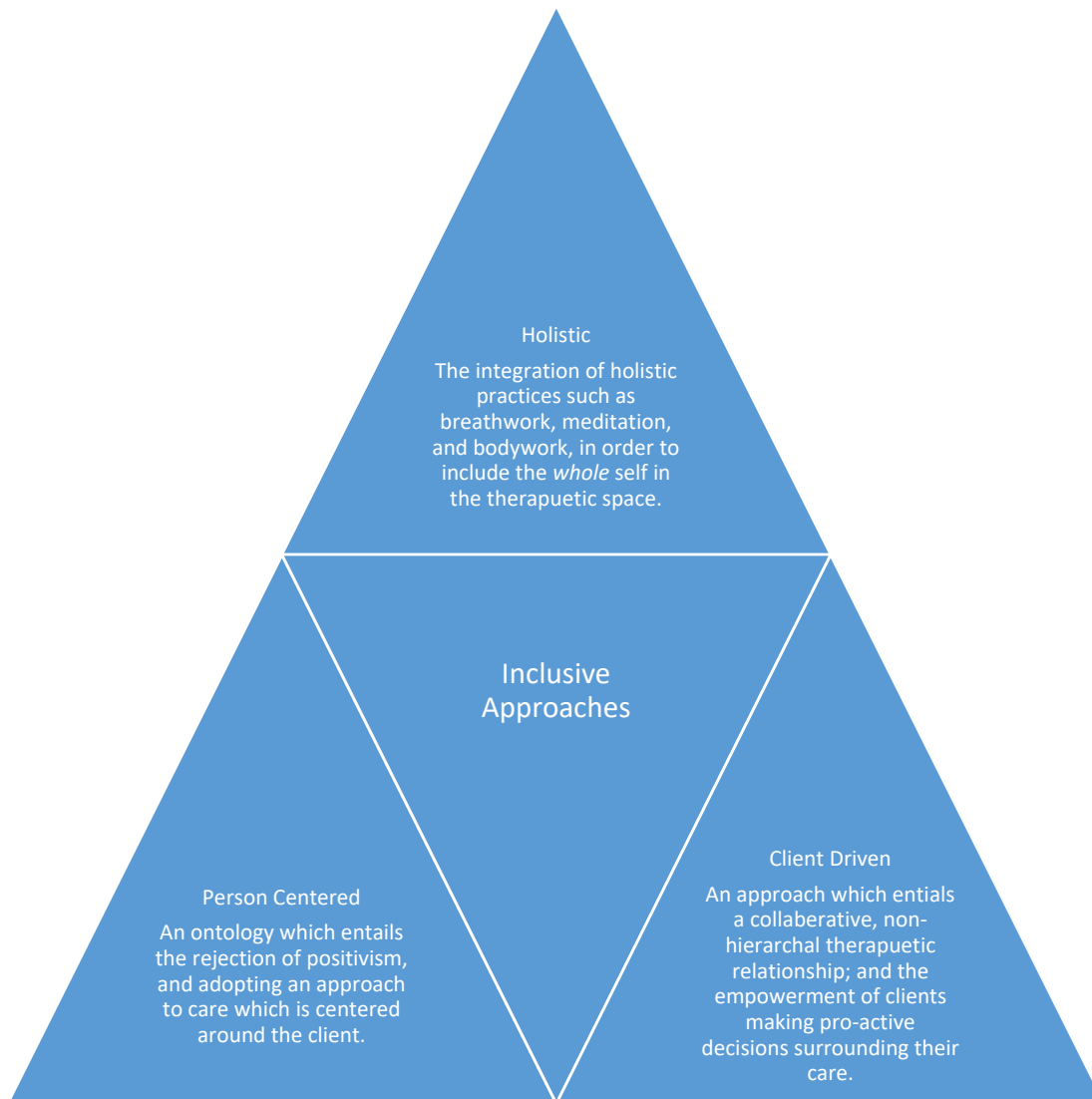
throughout these workshops. The emergence of these categories reflects a relational ethic of care that honors the diversity of individual needs and the multiplicity of healing epistemologies. As co-theorists in the research, the participants and I navigated cultural, spiritual, and professional tensions with reflexivity. We emphasized that inclusivity is not a technical adjustment but an ethical stance, requiring humility, a commitment to cooperation, and an ongoing responsibility to meet clients in ways that respect their autonomy, values, and worldviews. Figure 14 illustrates these inclusive approaches to care.

After the lengthy discussions that had just taken place, there was a long silence. While silences are a natural part of conversations, I have noticed that in these workshop settings, they tend to make me anxious. The silences, however brief, that arose in these conversations' week after week, would take me to a place of apprehension and discomfort. I would interpret the silences as a spotlight cast on me or as an invitation to fill it with more substance, more questions, more *answers*. While silences did not have this effect on me in my external life, with friends, family, social outings, and gatherings, even among individuals I did not know, within this context, the silences would trigger this response from me, as I somehow equated them to signify a lack of something.

While this was my experience up to that point, something shifted in this workshop after these conversations. This long silence, which arose right after the conversations above, did not send me into my familiar anxious state; it did not create a sense of something, and I did not feel the need to impose inorganic prompts, words, or interventions on this stillness. I did not recognize the space as empty or vacant. Contrarily, I saw a full room. Filled to the brim with emotions, ideas, reflections, realizations, knowledge, and energy. Rather than interpret the

silence as an uncomfortable experience, I recognized it for what it was all along. A processing. A reflection. A consideration. An appreciation.

Figure 14. Visual Representation of Inclusive Approaches to Care



Even Haya, who usually filled the silences and vacancies throughout this journey, allowed everything that was said to settle into the room. As if the words and reflections were floating in the air, settling into our skin and covering the entire space. In between the floorboards, deep into the cream-colored rug, fluttering around the big window as the rain had the week before, eventually filling the whole room with everything and everyone within it.

I felt this shift in energy glossing over the faces of everyone around me. There was no need to delve deeper, no further questions to ask, and no plans to be made. The research question explored Kuwaiti healthcare practitioners' experiences engaging with psychotherapy and expanded on how an integrative, holistic approach to therapy impacts inclusivity and their overall experiences. The aim encompassed acknowledging and honoring the voices of the demographic, exploring the concept of holistic healing, and expanding discussions surrounding inclusivity within psychotherapeutic environments. While the previous workshops resulted in more questions, this one provided us with answers.

We engaged in a final conversation (recounted in *Chapter Four*) about our collaborative analysis and overall reflections throughout the workshop, and resolved the remaining questions that needed addressing regarding the project, such as the narrative structure of the data and the project's overall tone and message.

Conclusion of Meaning Making

Through three iterative workshops, the participants and I engaged in a shared exploration of psychotherapy and integrative holistic approaches, critically reflecting on what it means for therapy to be inclusive. Rather than offering a linear narrative, the PAR process

deepened the inquiry into inclusivity by illuminating specific tensions, values, and practices.

The first workshop revealed a tension between the dominant constructions of psychological normality and standardized approaches to care, which are pertinent to biomedical and reductionist psychotherapeutic frameworks, and participants' conceptualizations of what it means to heal holistically. The second workshop deepened our understanding of the inclusiveness of our differences and the honoring of individual uniqueness. The third workshop marked a reimagining of inclusive care grounded in a trinity of person-centered, client-driven, and holistic approaches.

A distinctive element of the workshops was their embracement of holistic healing. The integration of the emotional, mental, physical, spiritual, and social components of the self-reassembled what colonial and positive paradigms had fragmented. Participants experienced these practices as warm, grounding, and deeply humanizing when approached through a person-centered and client-driven lens. They spoke of feeling spiritually connected, emotionally held, and physically safe in ways they had not encountered in their previous experiences of therapy. Through a decolonial lens, this movement toward person-centered, client-driven, and holistic approaches to care may be viewed as an act of decolonial resistance, facilitating a return to wholeness and offering a model of care that is deeply acknowledging and inclusive.

All three workshops depicted the emergence and presence of a “silent narrative”- a term that captures the unspoken influence of colonialism on the marginalized. This narrative, which was linked to epistemic injustice and mental colonialism, revealed how standardized paradigms grounded in colonialism systematically silence alternative ways of knowing, healing, and being. Through this lens, the tensions surrounding our previous experiences with psychotherapy were

not simply a matter of incompatible techniques or approaches, but rather, a consequence of the process of erasure, where indigenous and culturally grounded identities are marginalized, even within the context of its' borders, resulting in a loss of ethnic, cultural, and religious identities and truths, and facilitating an internalization of foreign epistemological practices and knowledge. The recognition of this silent narrative challenges dominant psychotherapeutic models and insists that inclusivity must also account for a recognition and honoring of the historical and structural conditions that define whose knowledge counts and whose does not.

In this lens, the project does not merely criticize the limitations of dominant approaches to psychotherapy but enacts an alternative. Through collaboration, the participants co-created a therapeutic space which was spiritually attuned, culturally resonant, and ethically relational. This act of reclamation is not only therapeutic but epistemological, as it resists the colonially imposed standards of "normalcy" and "healing" while reclaiming the right to define care in terms that emerge from the unique self. Inclusivity, in this context, was revealed to be an acknowledgement and reclamation of the whole self, with an emphasis on being seen and held in one's full complexity, rather than being filtered through diagnostic categories or presumed identities.

This research contributes to decolonial psychology not only by highlighting its gaps but by demonstrating what decolonial care can look and feel like. It aligns with the work of scholars such as Frantz Fanon (2008) and Linda Tuhiwai Smith (1999, 2012, 2021) in advocating for epistemic justice, ontological plurality, and the reclamation of voice. It highlights epistemic disobedience in its refusal to accept the universality of Western epistemologies and enacts a commitment to reviving, centering, and honoring suppressed knowledge (Mignolo, 2009). It aligns with Indigenous relational worldviews (Wilson, 2008), which privilege reciprocity, trust,

and the co-construction of meaning. In this way, the research situates itself among other literary pieces which promote ethical practice in psychotherapy and counselling.

The inclusive approaches or person-centeredness, client-drivenness, and holism are not universal solutions, but situated practices rooted in the realities of the Muslim Arab participants who took part in this study. Ultimately, this thesis does not call for a more inclusive version of the current system. It instead offers an explorative endeavor into approaches to care which are co-created, grounded in identity and wholeness, inviting a shift from method to meaning, neutrality to relationality, and colonization to companionship, offering a holistic interpretation of humanity- an acknowledgement of the whole and the spaces in between.

Chapter Six: Conclusion

This section recapitulates and concludes the research by offering a concise summary of the investigation, an outline of the research's strengths and quality, limitations of the study, possible directions for future research, and an end-of-project reflexive excerpt.

Research Summary

This research began as an explorative inquiry into Kuwaiti healthcare practitioners' experiences engaging with psychotherapy and exploring how an integrative, holistic approach to therapy impacts their experiences of inclusivity in counselling. However, as the project unfolded through the collaborative, iterative cycles of Participatory Action Research (PAR), this question unfolded into a complex, layered inquiry that demanded critique and reimagination.

At its core, this thesis challenges the structural and epistemic boundaries of dominant biomedical approaches to psychotherapeutic care. It reveals how care, when shaped through standardized, positive, and pathologizing models, can exclude, alienate, and fragment. Through three collaborative workshops with six Kuwaiti healthcare practitioners, it became evident that in these cases the psychotherapeutic environment often failed to accommodate the spiritual, cultural, and embodied dimensions of the participants' lived experiences. Instead of offering safety or inclusion, it rather frequently produced discomfort, alienation, and what participants described as "cold" or "lacking" care. Through integrative psychotherapeutic practices, participants collectively identified a trinity of inclusive approaches: person-centered, client-driven, and holistic care, as ways of being that allowed the whole self to be honored spiritually,

emotionally, physically, mentally, and socially.

However, amid this emergence of meaning and inclusion, the research also encountered a silence that spoke volumes. This silence was termed “the silent narrative”, born of the workshops' emotional undercurrents and captured a deep-seated, internalized disconnection from colonialism as an active force shaping therapeutic experiences, resulting in a collective resistance to directly acknowledging it despite its clear relevance. This silence, as theorized in the context of this study, is a byproduct of epistemic injustice, the structural erasure and devaluation of indigenous knowledge systems, ontologies, and lived realities (Fricker, 2007), resulting in a form of mental colonialism. Through this light, the research surfaces mental colonialism not merely as an abstract force, but as an internalized epistemic structure that governs how therapists, clients, and practitioners relate to themselves and to care.

This study's original contributions to knowledge, therefore, lie not only in the findings themselves but in the overall tonality and message of the research. It reconceptualizes inclusivity in psychotherapy as a relational, co-created, and spiritually integrated process; it identifies the silent narrative of colonialism as a hidden component in need of acknowledgment and argues that addressing this narrative requires decolonial practice; and it offers a contextually specific alternative framework of person-centered, client-driven, and holistic care that challenges the universality of Western therapeutic ideals and makes space for pluralism and embodiment.

The implications of these insights extend to research, practice, and policy. This study exhibits a need to explore how mental colonialism and epistemic injustice operate across different cultural contexts and within psychotherapeutic settings. Future studies should investigate when and how the silent narrative becomes audible, and what practices and

conditions enable epistemic healing. Researchers are called to explore more hybrid methodologies such as PAR that center embodied, spiritual, and relational forms of knowing, which are often marginalized in Western academia. In practice, the findings point to an urgent need for transformation within psychotherapeutic training, supervision, and service delivery. Practitioners in Muslim-majority and/or postcolonial contexts must be offered education and support that reflects the ontologies, ethics, and healing traditions of the communities and individuals they serve. This includes person-centered, client-driven, and holistic approaches to care to develop more inclusive psychotherapeutic spaces. In terms of policy, health systems and professional regulatory bodies within Kuwait and beyond its borders must move beyond mere accommodation of difference and highlight the structural honoring and acknowledgement of diverse epistemologies, which entails supporting research and funding for integrative, holistic psychotherapeutic practices. Ethics boards and accreditation agencies should develop frameworks that honor indigenous practices through integrative psychotherapy without forcing them to conform to Western standards of evidence or neutrality. Finally, policies should recognize that inclusivity is not found in structural rigidity but in an ethical commitment that honors the diversity of human experience and the whole.

As this thesis ends, it returns not to certainty, but to complexity. Through the lens of this project, the psychotherapeutic environment can be understood as a site of liberation and reclamation, rather than a discipline of submission and conformity. This is the radical hope of the work- that healing can be inclusive, not because it follows a universal method, but because it encompasses a reclamation of the self; that inclusivity is not a destination, but a way of being; that care at its most transformative, is not something that is done onto others, but something

that is co-created; and that the silences and spaces in between, when acknowledged, can be the most liberating act of healing wholistically.

Limitations

This project maintained several limitations, boundaries, and considerations within its undertaking. The first limitation and consideration surrounding this project encircles generalizability. While this research maintains an ontological underpinning of relativism/interpretivism, which rejects the premise of generalizable data, several factors render it non-generalizable beyond its ontology. To begin with, this project maintains a relatively small number of 6 participants, 7 including myself, from a distinctive background. This number was selected because inquiries into PAR methodologies require in-depth reflection, insight, and discoveries that are valuable for developing the social reconstruction component that is fundamental to PAR (Khan, 2014). While the number of participants may appear small, it is often contended that smaller groups such as this are more effective at gathering deep, rich knowledge and data (Dworkin, 2012). As generalization was not an aim of this research, undertaking the research with a small group of participants allowed us to develop the depth and relationships required for significant PAR findings and data.

The participants' shared demographics would have further limited generalizability, as the group of 6 intelligent, self-reflective, Kuwaiti Muslim women who are knowledgeable and passionate about healing in their respective fields. The participants shared religious, cultural, national, socioeconomic, and educational backgrounds, which means that this project cannot be generalized to other demographics, even within the context of Kuwait, such as Kuwaiti men, older

generations, or non-Kuwaiti residents. This project aimed to gather insights into spaces of healing, and as such, it was important to work with individuals knowledgeable in these spaces who were equally passionate and eager to explore the original inquiries. As this ontological premise of this research asserts that reality is relative, subjective, and dependent on individual perceptions (Schwandt, 1994); even with the participants shared demographical markers, “perspective” is considered to be context-dependent and does not exist in a single fixed form of social reality but rather in numerous forms and in accordance with diverse human conceptions (Blaikie, 2007; Ritchie *et al.*, 2003), making the premise of this project one of interpretation and relativity (Freeman, 2008), and an honoring of the uniqueness and diversity of individuals- even within the context of a shared demographic.

The final consideration surrounding generalizability is an ethical reflection. As this project inquiries into the experiences of a specific cultural, ethnic, and religious group, it was important to be mindful of the study's generalizability, as making generalizations about a culture or religion that is already marginalized and misunderstood may have repercussions for the members of that population. The last thing this project aims to do is to provide an overall assumption or finding surrounding Muslims, Arabs, or Kuwaitis. Conversely, this project aims to illustrate the importance of maintaining person-centeredness and of releasing preconceived notions regarding specific demographics and how to work with them. For this reason, and to protect against this, this project was focused and limited in generalizability, with terms and definitions clearly stated to avoid any confusion regarding systems of culture and religion. The project's original contribution to knowledge, thus, does not convey the notion or underlying message that Muslims or Arabs are paper-cut copies of one another, but rather provides an

opportunity to expand conversations about inclusivity and holistic healing within healing spaces.

Strengths and Quality of Research

The findings of this study offer significant insights which are relevant to the current counselling literature.

This research was valuable in shedding light on the lack of inclusivism in participants' experiences within psychotherapeutic spaces, offering nuanced reflections and considerations on holistic healing and inclusivism. To begin, the reflections and findings that arose from these conversations offered support and contrast with current psychological research on inclusiveness. Aligning with decolonial and postcolonial research, the project provided further evidence of the lack of inclusiveness within dominant biomedical psychotherapeutic settings by offering more context in exploring the experiences of marginalized and Indigenous groups in psychotherapeutic environments. This research delved deeply into the intricacies of how the dominant constructions of psychological normality and standardized approaches to care affected participants' sense of inclusion, resulting in alienating and uncomfortable interactions. It filled a gap in decolonial and postcolonial research by underscoring the importance of acknowledging the uniqueness of the self, rather than prioritizing demographics. The findings also contrast with much of the psychotherapeutic research on how individuality is viewed across demographic groups. While it is common for psychological research to delve deeply into identity frameworks, and oftentimes generalize findings surrounding identity frameworks to be representative of all individuals from that group (Goodman & Gorski, 2015; Racine & Petrucka, 2011); this research offers a different interpretation of how it views these constructs (of culture, ethnicity, gender,

religion, and so on) in relation to inclusiveness, as it emphasizes that inclusiveness encompasses acknowledging individuals as unique, rather than viewing them through the lens of one aspect of their identity. The findings of this study provide evidence for the need to re-evaluate the current conceptualization of inclusivity to include more nuanced explorations and definitions that acknowledge the idiosyncratic uniqueness of individuals. This research is therefore beneficial for therapists seeking to develop a more nuanced understanding of inclusion and to expand on their current conceptualizations of culture, religion, and demographics in relation to inclusiveness.

Secondly, the research provides further understanding of the integration of holistic practices within spaces of healing, specifically through the lens of Yoga Integrated Therapy, which is gaining more recognition and traction around the world (Beveridge & Buchanan, 2019; Danielly & Silverthorne, 2017; Jeter *et al.*, 2015; Keane, 1996; Patwardhan, 2016; Singh, 2020; Taurasi, 2005; Varambally & Gangadhar, 2016). Rather than discussing the integration of holistic practices in a limited, celebratory light, this project provided nuance in the conversation surrounding these integrations. As this research explored several forms and adaptations of the holistic practices of breathwork, meditation, and bodywork, this project actually offers genuine insight into how the integration of these holistic practices could be inconsistent, inaccessible, or even un-inclusive without the mindfulness, intentionality, collaboration, and purposefulness that are central to person-centered and client-driven care. It therefore offers a unique interpretation of inclusiveness, one that depicts inclusiveness as being an acknowledgement of the unique self, while identifying the mechanisms and means to reach the self *through* person-centered, client-driven, and holistic approaches to care.

Further, one of the significant findings arising from this research is the recognition of the

silent narrative and the participants' displayed in identifying and acknowledging it. This finding offers context into the mental colonial narratives and epistemic injustices that infiltrate the minds of the marginalized. A key strength of this research, therefore, lies in its intentional honoring of these silences, not as epistemic absences, but as meaningful expressions of resistance, survival, and embodied knowledge through PAR. By attending to what remained unsaid, the research created space for deeper engagement with the unspoken dimensions of our experiences. This approach aligns with a decolonial ethic that challenges dominant models of knowledge production and affirms that, in addition to the whole, the spaces in between can be powerful forms of truth-telling within collective healing and meaning-making processes.

Future Directions

This research opens several important pathways for future inquiry, particularly regarding epistemic justice, inclusivity, and the expansion of psychotherapeutic care in culturally diverse and historically marginalized contexts. Future research may continue to examine the epistemological foundations upon which psychotherapeutic knowledge is constructed, specifically by inquiring into which demographics are excluded from certain studies, where hermeneutic resources are primarily grounded, and whether certain alleged epistemological truths require revision and adaptation. As research paves the way for new methodological treatments and approaches, it is imperative to critically question, explore, and expand research practices to include reflexive analysis of both the formation of new knowledge and the reformation of inherited knowledge systems. Such inquiry is essential in addressing structural exclusions that shape whose knowledge becomes legitimized, and whose knowledge remains

marginalized.

Central to this inquiry is the need to further examine the silent narrative identified within this study. Future research may delve more deeply into why certain individuals or demographics are resistant to engaging with the concept of colonialism and how this resistance impacts their ability to perceive its presence within therapeutic and institutional settings. Research may examine how epistemic injustices perpetuate and sustain this silent narrative through processes of mental colonialism, while also considering how this narrative may be acknowledged, understood, and addressed within psychotherapeutic contexts. Exploring this silent narrative may provide important insight into the ways epistemic hierarchies are internalized, maintained, and reproduced within both individuals and institutions.

Future research may also benefit from a more explicit engagement with intersectionality as an analytical framework for understanding inclusivity within psychotherapy (Crenshaw, 1989; Collins, 2000). First introduced by Kimberlé Crenshaw (1989), intersectionality describes how systems of power, such as race, gender, and institutional authority, interact to produce unique forms of marginalization that cannot be understood through singular identity categories alone. Patricia Hill Collins (2000) further expanded this work by demonstrating how intersecting social positions shape not only lived experience but also whose knowledge is recognized as legitimate, highlighting the relationship between power, epistemology, and authority. While intersectionality did not explicitly emerge within the PAR cycles conducted in this study, its theoretical contributions offer a valuable lens through which future research could further examine the complexities identified here. The findings suggest that experiences of inclusion, exclusion, and perceived legitimacy are shaped through multiple, interacting dimensions of

being. An intersectional approach may therefore allow future research to explore how these overlapping positions produce differentiated experiences for practitioners and clients, particularly in contexts where Western psychological paradigms remain institutionally privileged. Such work could further illuminate how epistemic authority is negotiated within therapeutic spaces, and how particular ways of knowing become legitimized or marginalized at the intersections of culture, power, and professional practice. By foregrounding intersectionality, future research could move beyond singular identity categories to offer a more nuanced understanding of inclusivity in psychotherapy, particularly within non-Western and postcolonial contexts.

Building on these epistemological and theoretical considerations, future research may examine integrative and holistic psychotherapeutic approaches, particularly those grounded in decolonial and culturally relevant frameworks. Where this study explored the practices of breathwork, meditation, and bodywork pertinent to Yoga Integrated Therapy (YIT), future research may wish to explore other holistic approaches to healing, such as prayer, the integration of mala beads, grounding practices within the desert or sea, or other integrative approaches applicable to Muslim Arab demographics. Yoga Integrated Therapy represents a relatively new area of research and practice, with various prospects which have yet to be explored. Future research could inquire further into the application of YIT with other marginalized demographics, while also exploring how yogic practices differ from other healing strategies. The conceptual underpinnings of Yoga Integrated Therapy could be explored, analyzed, and evaluated through decolonial and postcolonial conceptual frameworks, contributing to broader conversations surrounding the decolonization of psychotherapy.

Future research should also continue to acknowledge and inquire into marginalized demographics within spaces of healing, particularly Muslim and Arab populations within therapeutic settings and healthcare practices (Almazeedi & Alsuwaidan, 2014). These demographics have been characteristically undermined within research (Ali-Faisal, 2020), and future inquiries may continue to explore marginalized experiences with psychotherapy, including examining the othering of Muslims and Arabs within healing environments and the cultural incompetence that may persist within these spaces. Inquiries conducted with and in collaboration with these demographics would offer deeper insight into their distinctive voices, while shedding light on their valued and esteemed knowledge and experiences- positioning them as significant contributors to knowledge and social justice.

Research could further expand on the findings of this study by integrating the three approaches to inclusive care identified by participants with other marginalized demographics. Specifically, researchers may wish to explore the same project with other populations in Kuwait or the broader Arab world, such as expatriate populations, Kuwaiti men, or age groups. This would expand the conversation surrounding inclusivity and explore whether and how the conceptualizations of inclusivity identified within this study differ across social positions and lived experiences. Such an inquiry would provide a broader context and perspective, while contributing to a more comprehensive understanding of inclusivity across diverse individuals.

Future research may also examine the role of holistic practices in fostering greater warmth and authenticity within psychotherapeutic spaces, as demonstrated within this study. Examining the approaches, methodologies, and applications of such practices across diverse demographic groups may expand understanding of holistic healing and deeper insight into how

therapeutic environments may become more accessible, inclusive, and responsive to marginalized individuals.

In addition to clinical and experiential inquiry, future research may examine the implications of these findings for institutional policy and psychotherapeutic training. With integrative holistic practices demonstrating potential to make therapeutic environments more accessible, approachable, and inclusive, future research may examine the incorporation of integrative psychotherapy training within psychotherapeutic schools and programs. Such inquiry may examine the methods, implications, and structural considerations surrounding the inclusion of integrative and decolonial practices within training institutions, offering alternative pathways to inclusivity that challenge the positive assumptions embedded within dominant psychotherapeutic models.

Overall, this research lays the groundwork for future scholars to expand on multiple interconnected areas of inquiry, encompassing epistemological, theoretical, clinical, and institutional dimensions. Through continued inquiry into epistemic injustice, holistic healing, marginalized experiences, and integrative therapeutic practices, future research may help expand psychotherapeutic care to prioritize inclusivity, accessibility, and cultural responsiveness. In doing so, such research may further support the development of therapeutic spaces that recognize, honor, and integrate diverse ways of knowing, being, and healing.

End of Project Reflexivity

Reflecting on this doctoral project, I can now appreciate the evolutionary journey that

surrounded my experience as a researcher. In my previous research experiences, I often viewed the process of inquiry as something animated, active, and alive. I would experience this animated process of inquiry again and again, throughout my educational endeavors, and with each project evolving and growing before my eyes, I would always remain the same- fixed in place with the research process surrounding me. Throughout the course of this project, however, the process of evolution and growth was not limited to the research inquiry; I found myself changing alongside it, making the entirety of this doctoral journey a metamorphosis that encompassed the development and progression of the project and the self.

While I began this project with certain ideologies and conceptualizations regarding approaches to inclusivism, coloniality, and holism within spaces of healing, the discoveries and realizations that arose throughout this inquiry would alter how I viewed these conceptualizations, as well as the way I viewed myself and the world. Where I had originally denoted inclusivism as a construct that unites humanity through the lens of their sameness, this project depicted it as encompassing an acknowledgement of uniqueness and distinctiveness. Where I had believed holism and holistic healing to be a singular path to inclusiveness, I found the process required person-centeredness and client-drivenness, approaches to care which are deeply and significantly impactful within healing settings. Finally, while I had originally understood colonialism to be a historical occurrence that maintained no true impact on the world today, certainly not within the context of my own home, country, and mind, I found it to be a construct which still stands powerfully within systems of knowledge, country, and the self. I recognized that colonialism has influenced virtually every aspect and part of the world, impacting countries, people, the arts and sciences, economics, finance, music, culture, and religion, making

it one of humanity's core wounds. I discovered its ripple effect, although vast and deep, is often invisible and overlooked. When such wounds go unnamed and untended, they settle and expand in silence, eventually touching everything around them, implying that humanity cannot heal what remains unseen and unacknowledged. Each time I reached a point of conceptual clarity or understanding, a new insight would emerge- reshaping the trajectory of the inquiry and altering the broader understanding of the research landscape.

Thus, throughout this unfolding, I was transformed. However, I do not interpret this transformation as transcendence; rather, I understand it as a return to my most authentic self. Although this process was a kaleidoscope of emotions, rises and falls, it is one that led me to this place. A place where I can now acknowledge the silences that lived within the walls of my own mind, and one which moves past resistance and towards recognition. A recognition of that which was always there. An acknowledgement of the whole, and the spaces in between.

References

- Abdel-Khalek, A.M. (2010). Quality of life, subjective well-being, and religiosity in Muslim college students. *Quality of Life Research, 19*, 1133–1143.
- Abdalla, I.A., & Al-Homoud, M.A. (2012). Foreign faces in Kuwaiti places: The challenges of human capital utilisation in Kuwait. *International Journal of Business and Management, 7*(20), 1.
- Abidin, D.Z. (2007). *Islam the misunderstood religion*. PTS Millennia.
- Abou El Fadl, K. (2020). *Usuli Institute khutbah: Resisting the colonising of Muslim minds and Salat al Istisqa'* [Video]. The Usuli Institute.
- Abu-Lughod, L. (2002). Do Muslim women really need saving? Anthropological reflections on cultural relativism and its others. *American Anthropologist, 104*(3), 783–790.
- Adams, G., Dobles, I., Gómez, L.H., Kurtiş, T., & Molina, L.E. (2015). Decolonising psychological science: Introduction to the special thematic section. *Journal of Social and Political Psychology, 3*(1).
- Aggarwal, N.K., & Rohrbaugh, R.M. (2011). Teaching cultural competency through an experiential seminar on anthropology and psychiatry. *Academic Psychiatry, 35*(5), 331–334.
- Aggarwal, N.K., Nicasio, A.V., DeSilva, R., Boiler, M., & Lewis-Fernández, R. (2013). Barriers to implementing the DSM-5 cultural formulation interview: A qualitative study. *Culture, Medicine, and Psychiatry, 37*, 505–533.
- Ahmed, S.M. (2000). Women and gender in Islam. *The Ahfad Journal, 17*(2), 61.
- Ahmed, A.S. (2002). *Discovering Islam: Making sense of Muslim history and society*. Routledge.
- Ahmed, I., & Ishtiaq, S. (2021). Reliability and validity: Importance in medical research. *Methods, 12*(1), 2401–2406.
- Ahmedani, B.K. (2011). Mental health stigma: Society, individuals, and the profession. *Journal of Social Work Values and Ethics, 8*(2), 4–1.
- Åhslund, C. (2017). *The Saudi elephant in the room: The appointment of Saudi Arabia to the Commission on the Status of Women 2018–2022*.
- Aich, T.K. (2013). Buddha philosophy and Western psychology. *Indian Journal of Psychiatry, 55*(Suppl 2), S165.

- Akbarzadeh, S., & Smith, B. (2005). *The representation of Islam and Muslims in the media*. School of Political and Social Inquiry.
- AlAli, M.S., AlKulaib, Y.A., & Bash, A.Y. (2017). Would basket pegged currencies work in carry trade? The case of Kuwaiti dinar. *International Research Journal of Finance and Economics*, 160, 113–124.
- Al Ariss, A. (2010). Religious diversity in Lebanon: Lessons from a small country to the global world. In J. Syed & M. F. Özbilgin (Eds.), *Managing cultural diversity in Asia: A research companion* (pp. 56–72). Edward Elgar Publishing.
- Alattar, N., Felton, A., & Stickley, T. (2021). Mental health and stigma in Saudi Arabia: A scoping review. *Mental Health Review Journal*, 26(2), 180–197.
- Al-Attas, S. M. N. (2005). Islamic philosophy: An introduction. *Journal of Islamic Philosophy*, 1(1), 11–43. <https://doi.org/10.5840/islamicphil2005113>
- Al-Baghli, T. (2019, February 16). Mental health law. *AlJarida*. Retrieved from <https://www.aljarida.com/articles/1550161012552888200/>
- Aldousari, M. (2023). *“Oh no! I think I am mentally colonised!” A phenomenological exploration of the governmentality of Western discourses in shaping counsellors’ experiences in Kuwait* (Doctoral thesis, The University of Edinburgh). Retrieved from <https://era.ed.ac.uk/handle/1842/40857>
- Al-Ebraheem, H.A. (2016). *Kuwait and the Gulf: Small states and the international system*. Routledge.
- Alexander, J.C. (2016). Culture trauma, morality and solidarity: The social construction of ‘Holocaust’ and other mass murders. *Thesis Eleven*, 132(1), 3–16.
- Alfano, C.F. (2005). Traversing the caesura: Transcendent attunement in Buddhist meditation and psychoanalysis. *Contemporary Psychoanalysis*, 41(2), 223–247. Retrieved from <https://doi.org/10.1080/00107530.2005.10747285>
- AlFozaie, N. (2016). *Tribalism in Kuwait: Impacts on the Parliament*. Master's Thesis, Norwegian University of Life Sciences.
- Al-Ghazalli, M.F. (2010). A semantic analysis of personal names in English and Arabic. *Majallat Ādāb al-Mustanşiriyya*, 51, 1–18.
- Alhashem, F., & Alhouti, I. (2021). Endless education reform: The case of Kuwait. In A. W. Wiseman (Ed.), *Annual review of comparative and international education 2020*. Emerald Publishing Limited, pp. 345–367.
- Al-Humoud, A., Al-Zayed, A., & Al-Hasan, F. (2024). Forensic mental health in Kuwait: Filling the

gaps. *Psychiatry, Psychology and Law*, 1–13. Retrieved from <https://doi.org/10.1080/13218719.2023.2272913>

- Alhussainy, H. (2023). Clash of civilisations, Orientalism, and the “civilised” and “uncivilised”: Comparing international reactions through the cases of the Middle East and Europe. *Crossings: An Undergraduate Arts Journal*, 3(2).
- Ali, M.M. (2011). *Holy Quran*. Ahmadiyya Anjuman Ishaat Islam.
- Alkhadher, O. (2022). *The emergence of psychology and its services in Kuwait* [Manuscript submitted for publication]. Psychology Department, Kuwait University.
- Al Manifi, M. (2024). *Oppressed vs. oppressor in selected Arabic and English novels* [Manuscript].
- Almazeedi, H., & Alsuwaidan, M.T. (2014). Integrating Kuwait’s mental health system to end stigma: A call to action. *Journal of Mental Health*, 23(1), 1–3. Retrieved from <https://doi.org/10.3109/09638237.2013.775407>
- Al-Nakib, R. (2015). *Education and democratic development in Kuwait: Citizens in waiting*. Chatham House. Retrieved from https://www.chathamhouse.org/sites/default/files/field/field_document/20150408Kuwait.pdf
- Al-Saleh, N.A.H. (2005). *Kuwait*. Yearbook of Islamic and Middle Eastern Law, 12, 351.
- Al-Saji, A. (2010). The racialization of Muslim veils: A philosophical analysis. *Philosophy & Social Criticism*, 36(8), 875–902.
- Al-Sharhan, S. (2018). Kuwait. In *E-learning in the Middle East and North Africa (MENA) Region*, pp. 193–224.
- Alsharekh, A. (2018). Love or country: A difficult choice for women in Kuwait. *Arabian Humanities*, (10).
- Alsultany, E. (2012). *Arabs and Muslims in the media: Race and representation after 9/11*. New York University Press.
- Ali-Faisal, S.F. (2020). Islamic anti-patriarchal liberation psychology: A framework to decolonise psychology for Muslims. *Feminism & Psychology*, 30(3), 343–362.
- Ali, S.R., Liu, W.M., & Humedian, M. (2004). Islam 101: Understanding the religion and therapy implications. *Professional Psychology: Research and Practice*, 35(6), 635.
- Al-Kandari, Y.Y., & Al-Hadben, I.N. (2010). Tribalism, sectarianism, and democracy in Kuwaiti culture. *Digest of Middle East Studies*, 19(2), 268–285.
- Al-Naser, F.A. (1982). Marriage and social change in Kuwait. Doctoral dissertation, Michigan State

University.

Alper, H.P. (1989). *Mantra*. SUNY Press.

Alqattan, M. (2018). *Traditional clothing of Kuwaiti women*. Master's thesis, Rochester Institute of Technology.

Al-Qimlass, A. (2015). The counselling profession in Kuwait: Its journey and future. *International Journal for the Advancement of Counselling*, 37(4), 355–366. Retrieved from <https://doi.org/10.1007/s10447-015-9249-0>

Al-Sharrah, G. (2006). *Planning the petrochemical industry in Kuwait using economic and safety objectives*. Doctoral dissertation, Loughborough University.

Al-Turkait, F.A., & Ohaeri, J.U. (2008). Psychopathological status, behaviour problems, and family adjustment of Kuwaiti children whose fathers were involved in the first Gulf War. *Child and Adolescent Psychiatry and Mental Health*, 2, 1–12.

Amer, M.M., & Bagasra, A. (2013). Psychological research with Muslim Americans in the age of Islamophobia: Trends, challenges, and recommendations. *American Psychologist*, 68(3), 134.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Amini, M., & Ouassini, A. (2020). Divergent Islamic perspectives: Yoga through the lens of societal custom. *Culture and Religion*, 21(2), 199–214.

Anderson, L., Shahbazi, S., & Abid, M. (2021). The Islamophobia index: Exploring the challenges in establishing reliability for a content analysis instrument evaluating Islamophobia in media texts. *Islamophobia Studies Journal*, 6(2), 182–205.

Antony, M. G. (2014). It's not religious, but it's spiritual: Appropriation and the universal spirituality of yoga. *Journal of Communication & Religion*, 37(4), 63–81.

Anusuya, U.S., Mohanty, S., & Saoji, A.A. (2021). Effect of Mind Sound Resonance Technique (MSRT–A yoga-based relaxation technique) on psychological variables and cognition in school children: A randomised controlled trial. *Complementary Therapies in Medicine*, 56, 102606.

Arafa, M. (2018). A question to the President of the United States, Donald Trump: Is it a travel ban, or a Muslim ban, or a travel Muslim ban? *Revista de Investigações Constitucionais*, 5, 9–33.

Arafat, N. (2023). Cultural therapy sessions. In *The Routledge Handbook of Pronouns*. Routledge, p. 350.

- Armstrong, C. (2020). Concepts of slavery in the United States, 1865–1914. In *The Palgrave International Handbook of human trafficking*, pp. 35–50.
- Armstrong, K. (2001). The true, peaceful face of Islam. *Time*, 23.
- Arnett, J.J. (2009). *The neglected 95%: A challenge to psychology's philosophy of science* [Manuscript].
- Ashley-Farrand, T. (2008). *Healing mantras: Using sound affirmations for personal power, creativity, and healing*. Wellspring/Ballantine.
- American University of Kuwait. (2022). *Department of Social & Behavioural Sciences – CAS*. Retrieved from <https://www.auk.edu.kw/pr/catalog/2019/socsci.html>
- Awan, H. (2014, May 21). *Salat: The highest form of yoga?* Al-Madina Institute. Retrieved from <https://www.almadina.org/studio/articles/salat-the-highest-form-of-yoga>
- Aydede, M., & Fulkerson, M. (2014). Affect: Representationalists' headache. *Philosophical Studies*, 170, 175–198. Retrieved from <https://doi.org/10.1007/s11098-013-0206-7>
- Aydin, C. (2016). Imperial paradoxes: A caliphate for subaltern Muslims. *ReOrient*, 1(2), 171-191.
- Badri, M. B. (1979). *The dilemma of Muslim psychologists*. MWH London.
- Baele, S.J., Sterck, O.C., Slingeneyer, T., & Lits, G.P. (2019). What does the “terrorist” label really do? Measuring and explaining the effects of the “terrorist” and “Islamist” categories. *Studies in Conflict & Terrorism*, 42(5), 520–540.
- Bacik, G. (2007). *Hybrid sovereignty in the Arab Middle East: The cases of Kuwait, Jordan, and Iraq*. Springer.
- Bakar, A. (2021). The concept of shirk. *al-Īqāz*, 1–10.
- Baker, G., & Morris, K. (2005). *Descartes' dualism*. Routledge.
- Bakht, N. (Ed.). (2008). *Belonging and banishment: Being Muslim in Canada*. TSAR Publications.
- Barakat, H. (1993). *The Arab world: Society, culture, and state*. University of California Press.
- Barrett, D., & Behbehani, J. (2003). Post-traumatic nightmares in Kuwait following the Iraqi invasion. In E. de Jong (Ed.), *The traumatic events and mental health consequences of the Iraqi invasion and occupation of Kuwait* (pp. 135–141).
- Barona, A., & Santos Barona, M. (2003). Council of National Psychological Associations for the Advancement of Ethnic Minority Interests. In D. J. Miranda & B. M. Zambrana (Eds.), *Psychological treatment of ethnic minority populations*.

- Barsalou, L.W. (2014). *Cognitive psychology: An overview for cognitive scientists*. Psychology Press.
- Beagan, B.L. (2018). A critique of cultural competence: Assumptions, limitations, and alternatives. In *Cultural competence in applied psychology: An evaluation of current status and future directions*, pp. 123–138.
- Becker, H.S. (2008). *Outsiders*. Simon & Schuster.
- Beeghly, E. (2015). What is a stereotype? What is stereotyping? *Hypatia*, 30(4), 675–691.
- Bellhouse, B. (2010). Yoga for mind, body, soul and school. *Physical & Health Education Journal*, 76(2), 41–42.
- Benkato, A. (2019). From medieval tribes to modern dialects: On the afterlives of colonial knowledge in Arabic dialectology. *Philological Encounters*, 4(1–2), 2–25.
- Bennett, M. (2004). *The purpose of counselling and psychotherapy*. Palgrave Macmillan.
- Berdell, M.S. (2016). *The social obligation to reduce stigma in order to increase utilisation of mental health services*. Doctoral dissertation, Duquesne University.
- Bernard, V., & Salles, J.F. (1991). Discovery of a Christian church at al-Qusur, Failaka (Kuwait). In *Proceedings of the Seminar for Arabian Studies* (pp. 7–21). Seminar for Arabian Studies.
- Beveridge, S.N., & Buchanan, M.J. (2019). Integrating yoga and counselling: A phenomenological exploration of the client experience. *Canadian Journal of Counselling and Psychotherapy*, 53(4).
- Bhadreshdas, M.S. (2016). Six streams of Hindu philosophy. *Hinduism Today*, 37–52.
- Bhagat, O.L., Kharya, C., Jaryal, A., & Deepak, K.K. (2017). Acute effects on cardiovascular oscillations during controlled slow yogic breathing. *The Indian Journal of Medical Research*.
- Bhatia, S. (2002). Orientalism in Euro-American and Indian psychology: Historical representations of “natives” in colonial and postcolonial contexts. *History of Psychology*, 5(4), 376–398.
- Bhatia, S. (2017). *Decolonising psychology: Globalisation, social justice, and Indian youth identities*. Oxford University Press.
- Bhattacharya, R. (2000). Materialism in India, after Carvaka. *Indian Sceptic*, 12, 31–36.
- Bhui, K., Warfa, N., Edonya, P., McKenzie, K., & Bhugra, D. (2007). Cultural competence in mental health care: A review of model evaluations. *BMC Health Services Research*, 7, 15.

- Bulhan, H.A. (1985). Black Americans and psychopathology: An overview of research and theory. *Psychotherapy: Theory, Research, Practice, Training*, 22(2S), 370.
- Bulhan, H.A. (2004). *Frantz Fanon and the psychology of oppression*. Springer.
- Bulhan, H.A. (2015). Stages of colonialism in Africa: From occupation of land to occupation of being. *Journal of Social and Political Psychology*, 3(1).
- Büssing, A., Michalsen, A., Khalsa, S. B., Telles, S., & Sherman, K.J. (2012). Effects of yoga on mental and physical health: A short summary of reviews. *Evidence-Based Complementary and Alternative Medicine*, 2012, 1–7.
- Carpenter-Song, E.A., Schwallie, M.N., & Longhofer, J. (2007). Cultural competence re-examined: Critique and directions for the future. *Psychiatric Services*, 58(10), 1362–1365.
- Carroll, M. (2016). Othering and its guises. *Philosophy, Psychiatry, & Psychology*, 23(3), 253–256.
- Casey, M. (2007). *The history of Kuwait*. Greenwood Publishing Group.
- Central Intelligence Agency (CIA). (2022). Kuwait. In *The World Factbook*. Retrieved from <https://www.cia.gov/the-world-factbook/countries/kuwait/>
- Cesari, J. (2004). Islam as stigma. In *When Islam and democracy meet: Muslims in Europe and in the United States*. Palgrave Macmillan, pp. 21–42.
- Charura, D., & Clyburn, S. (2023). Critical race theory: A methodology for research in psychotherapy. In *Qualitative research approaches for psychotherapy*. Routledge, pp. 72–86.
- Chaudhry, K. A. (2015). *The price of wealth: Economies and institutions in the Middle East*. Cornell University Press.
- Chenail, R. J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *The Qualitative Report*, 16(1), 255–262.
- Choudhry, A. (2016). *Exploring therapists' experiences of using therapeutic interventions from Muslim perspectives for Muslim clients: Usefulness, contribution and challenges in the UK* [Unpublished manuscript].
- Chowdhury, R. (2021). Self-representation of marginalised groups: A new way of thinking through W. E. B. Du Bois. *Business Ethics Quarterly*, 31(4), 524–548.
- Chung, M.C., & Hyland, M.E. (2011). *History and philosophy of psychology*. John Wiley & Sons.
- Ciftci, A., Jones, N., & Corrigan, P.W. (2013). Mental health stigma in the Muslim community. *Journal of Muslim Mental Health*, 7(1).

- Clauss, C.S. (1998). Language: The unspoken variable in psychotherapy practice. *Psychotherapy: Theory, Research, Practice, Training*, 35(2), 188.
- Cockburn, L., & Trentham, B. (2002). Participatory action research: Integrating community occupational therapy practice and research. *Canadian Journal of Occupational Therapy*, 69(1).
- Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education*. Routledge.
- Cohen, L., Manion, L., & Morrison, K. (2011). *Research methods in education* (7th ed.). Routledge.
- Cohen, E.D., & Zinaich, S. (Eds.). (2013). *Philosophy, counselling, and psychotherapy*. Cambridge Scholars Publishing.
- Cole, J. (2014). *The new Arabs: How the millennial generation is changing the Middle East*. Simon & Schuster.
- Collins, P.H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.
- Collins, P.H., & Bilge, S. (2016). *Intersectionality*. Polity Press.
- Collis, J., & Hussey, R. (2003). *Business research: A practical guide for undergraduate and postgraduate students*. Palgrave Macmillan.
- Cooper, M. (2009). Integrating humanistic principles with holistic approaches: Shared values and emerging practices in psychotherapy. *European Psychotherapy*, 9(1), 5–25.
- Cooper, M. & McLeod, J. (2011). Person-centred therapy: A pluralistic perspective. *Person-Centered & Experiential Psychotherapies*, 10:3, 210-223, Retrieved from [DOI:10.1080/14779757.2011.599517](https://doi.org/10.1080/14779757.2011.599517)
- Cornwall, A., & Gaventa, J. (2001). Bridging the gap: Citizenship, participation and accountability. *PLA Notes*, 40, 32–35.
- Cox, A., Dudgeon, P., et al. (2014). Using participatory action research to prevent suicide in Aboriginal and Torres Strait Islander communities. *Australian Journal of Primary Health*, 20(4), 345–349. Retrieved from <https://doi.org/10.1071/PY14068>
- Cozolino, L. (2015). *Why therapy works: Using our minds to change our brains* (Norton Series on Interpersonal Neurobiology). WW Norton & Company. Retrieved from <https://doi.org/10.1016/j.jpsychires.2013.03.014>
- Cramer, H., Lauche, R., Haller, H., & Dobos, G. (2013). *Yoga for depression: A systematic review and meta-analysis*. *Journal of Psychiatric Research*, 47(3), 1044-1052.

- Crenshaw, K. (1989). *Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics*. *University of Chicago Legal Forum*, 1989(1), 139–167. Retrieved from <https://doi.org/10.2307/1229039>
- Crenshaw, K. (1991). *Mapping the margins: Intersectionality, identity politics, and violence against women of colour*. *Stanford Law Review*, 43(6), 1241–1299.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (Vol. 4). Thousand Oaks, CA: Sage.
- Creutz-Kämpfi, K. (2008). *The othering of Islam in a European context*. *Nordicom Review*, 29(2), 295-308.
- Criswell, E., & Patel, K. (2003). The yoga path: Awakening from the dream. *Modern psychology and ancient wisdom: Psychological healing practices from the world's religious traditions*, 201226.
- Crotty, M.J. (1998). The foundations of social research: Meaning and perspective in the research process. *The Foundations of Social Research*, 1-256.
- Crow, K. D. (2011). The Greeting of Peace-Security (Al-Salam Alaykum): Uncovering the Basis of Islamic Peace. *ICR Journal*, 3(1), 181-186.
- Cupchik, G. (2001). Constructivist realism: An ontology that encompasses positivist and constructivist approaches to the social sciences. In *Forum Qualitative Sozialforschung/ Forum Qualitative Social Research* (Vol. 2, No. 1).
- Dabashi, H. (2008). *Islamic liberation theology: Resisting the empire*. Routledge.
- Dalal, F. (2013). *Race, colour and the processes of racialization: New perspectives from group analysis, psychoanalysis and sociology*. Routledge.
- Dalal, A.K., & Misra, G. (2010). The core and context of Indian psychology. *Psychology and Developing Societies*.
- Dallal, A. (2010). *Islam, science, and the challenge of history*. Yale University Press.
- Damberg Nissen, R., Gildberg, F.A., & Hvidt, N.C. (2018). Psychiatry, a secular discipline in a postsecular world? *A review*. *Religions*, 9(1), 32.
- Danielly, Y., & Silverthorne, C. (2017). Psychological benefits of yoga for female inmates. *International Journal of Yoga Therapy*, 27(1), 9–14.
- Dei, G.J.S. (2000). Rethinking the role of Indigenous knowledges in the academy. *International Journal of Inclusive Education*, 4(2), 111–132.

- Denenberg, R. (2011). Three-Part Breath. *AJN The American Journal of Nursing*, 111(7), 39.
- Desmet, M., Van Nieuwenhove, K., De Smet, M., Meganck, R., Deeren, B., Van Huele, I., ... & Schiepek, G. (2021). What, too strict a method obscures about the validity of outcome measures. *Psychotherapy Research*, 31(7), 882-894.
- Dimitrova, D. (2014). On otherism and othering: an introduction. In *The Other in South Asian Religion, Literature and Film*. Routledge, pp. 1–16.
- Dormandy, K. (2018). Epistemic authority: Preemption or proper basing? *Erkenntnis*, 83, 773-791.
- Duran, E. (2006). *Healing the soul wound: Counselling with American Indians and other Native peoples*. Teachers College Press.
- Duros, P., & Crowley, D. (2014). The body comes to therapy, too. *Clinical Social Work Journal*, 42(3), 237–246.
- Dworkin, S.L. (2012). Sample size policy for qualitative studies using in-depth interviews. *Archives of Sex Behaviour*, 41(6), 1319-1320.
- Eagleton, T. (2016). *Culture*. Yale University Press.
- Eesa, A.P. (2019). Islamic Greeting (of Salaam): A Religious, Historical, and Sociolinguistic Perspective. *Journal of Al-Qadisiya University*, 22(2), 37-54.
- Edge, J., & Richards, K. (1998). May I see your warrant, please? Justifying outcomes in qualitative research. *Applied linguistics*, 19(3), 334-356.
- Edwards, S.D. (2008). Breath psychology: fundamentals and applications. *Psychology and Developing Societies*, 20(2), 131-164.
- Eickelman, D.F. (2016). Tribes and tribal identity in the Arab Gulf states. *The Emergence of the Gulf States: Studies in Modern History*, 223-240.
- Elbrecht, C. (2019). *Healing trauma with guided drawing: A sensorimotor art therapy approach to bilateral body mapping*. North Atlantic Books.
- Elkassam, S., Csiernik, R., Mantulak, A., Kayssi, G., Hussain, Y., Lambert, K., ... & Choudhary, A. (2018). Growing up Muslim: The impact of Islamophobia on children in a Canadian community. *Journal of Muslim Mental Health*, 12(1), 3-18.
- Elsheikh, E., Sisemore, B., & Ramirez Lee, N. (2017). Legalising Othering: The United States of Islamophobia.
- Engebretson, J., Mahoney, J., & Carlson, E.D. (2008). Cultural competence in the era of evidence-based practice. *Journal of Professional Nursing*, 24(3), 172-178.

- Epstein, H.S. (2004). *Healing from the inside out: A natural approach to emotional well-being*. Grand Central Publishing.
- Epstein, R.M., Siegel, D.J., & Silberman, J. (2008). Self-monitoring in clinical practice: a challenge for medical educators. *Journal of Continuing Education in the Health Professions*, 28(1), 5-13.
- Erdil, M. (2014). The value and respect given to humankind in Islam: Tolerance and respect for human beings. *The International Journal of Religion and Spirituality in Society*, 3(3), 43.
- Erich, H. (2013). Islam, Christianity, Judaism, and Ethiopia: The Messages of Religions. The Fifth Annual Levtzion Lecture, 1, 28.
- Ernst, C.W. (2003). The Islamization of Yoga in the Amrtakunda Translations 1. *Journal of the Royal Asiatic Society*, 13(2), 199-226.
- Ernst, C.W. (2016). *Refractions of Islam in India: Situating Sufism and Yoga*. SAGE Publications India.
- Esposito, J.L., & Iner, D. (Eds.). (2018). *Islamophobia and radicalisation: Breeding intolerance and violence*. Springer.
- Esposito, J.L., & Kalin, I. (Eds.). (2011). *Islamophobia: The Challenge of Pluralism in the 21st Century*. OUP USA.
- Eysenck, M.W. (2014). *Individual differences: Normal and abnormal*. Psychology Press.
- Fanon, F. (2004). *The wretched of the earth* (R. Philcox, Trans.). Grove Press, Original work Published 1961.
- Fanon, F. (2008). *Black skin, white masks* (R. Philcox, Trans.). Grove Press, Original Work Published 1952.
- Fanon, F. (2008). Concerning violence. London: Penguin, p. 32ff.
- Farooqi, Y.N. (1983). Muslims the pioneers of psychotherapy. Paper presented at the International Conference on Science in Islamic Polity. Islamabad, Pakistan.
- Farooqi, Y.N. (2006). Understanding Islamic perspective of mental health and psychotherapy. *Journal of Psychology in Africa*, 16(1), 101-111.
- Fay, J. (2018). Decolonising mental health services one prejudice at a time: psychological, sociological, ecological, and cultural considerations. *Settler Colonial Studies*, 8:1.
- Fay, J. (2011). *Psychotherapy for the Human Family*.

- Fennell, J. (2010). Polanyi's Arguments against a Non-Judgmental Political Science. *Tradition and Discovery: The Polanyi Society Periodical*, 37(1), 6-18.
- Feuerstein, G. (2008). *The yoga tradition: Its history, literature, philosophy, and practice*. Prescott, Arizona: Hohm Press.
- Feuerstein, G., & Miller, J. (1997). *The essence of yoga: Essays on the development of yogic philosophy from the Vedas to modern times*. Simon and Schuster.
- First, M.B. (2012). The development of DSM-III from a historical/conceptual perspective. *Philosophical issues in psychiatry II: Nosology*, 127-140.
- Flückiger, C., Del Re, A.C., Wampold, B.E., & Horvath, A.O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, 55(4), 316–340. Retrieved from <https://doi.org/10.1037/pst0000172>
- Frawley, D. (1999). *Yoga and Ayurveda: Self-healing and self-realisation*. Wisconsin: Lotus Press.
- Freedman, L., & Karsh, E. (1991). *How Kuwait was won: Strategy in the Gulf War*. *International Security*, 16(2), 5-41.
- Freeman, M. (2008). Hermeneutics. In L.M. Given, *The SAGE Encyclopedia of Qualitative Research Methods*. Los Angeles, London, New Delhi, Singapore: Sage Publications, pp. 385-388.
- Freire, P. (2000). *Pedagogy of the Oppressed*, New York and London: Continuum. Freire, P. & Misa, C. Translated (2011). *Pedagogy of the Oppressed*, Aki Shobo.
- Freud, S. (2004). *Freud's Dictionary of Psychoanalysis*. Barnes & Noble Publishing.
- Fricke, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.
- Froesch-Baumann, M. (2002). How does Integrative Body Psychotherapy contribute to Quality of Life? Jack Lee Rosenberg. Celebrating a Master Psychotherapist. A Festschrift in Honour of his 70th Birthday. Winterthur: IBP Institute.
- Frunză, M., Frunză, S., & Grad, N.O. (2019). The role of spirituality in therapeutic practices. *Journal for the Study of Religions and Ideologies*, 18(53), 60-74.
- Fogel, A. (2013). *Body sense: The science and practice of embodied self-awareness*. Norton Series on Interpersonal Neurobiology. W.W. Norton & Company.
- Follette, W.C., & Hayes, S.C. (1992). Behavioural assessment in the DSM era. *Behavioural Assessment*.
- Follette, V.M., & Hazlett-Stevens, H. (2016). *Mindfulness and acceptance theories*.

- Fowler, K. (2010). *The No Om Zone: A no-chanting, no-granola, no-Sanskrit practical guide to yoga*. Rodale.
- Fuller, S. (2002). *Social epistemology*. Indiana University Press
- Gach, M.R., & Henning, B.A. (2004). *Acupressure for emotional healing: A self-care guide for trauma, stress, & common emotional imbalances*. Bantam.
- Gan, R., Zhang, L., & Chen, S. (2022). The effects of body scan meditation: A systematic review and meta-analysis. *Applied Psychology: Health and Well-Being*, 14(3), 1062-1080.
- Gans, H J. (2017). Racialization and racialization research. *Ethnic And Racial Studies*, 40(3), 341-352.
- Gao, Z. (2020). Researcher biases. *The Wiley Encyclopedia of Personality and Individual Differences: Measurement and Assessment*, 37-41
- Garner, S., & Selod, S. (2015). The racialization of Muslims: Empirical studies of Islamophobia. *Critical Sociology*, 41(1), 9-19.
- GCC. (2022). The Cooperation Council for the Arab States of the Gulf, Secretariat General 2022. Retrieved from <http://gcc-sg.org/en-s/AboutGCC/Pages/StartingPointsAndGoals.aspx>.
- Gergen, K.J. (2007). The self: Colonisation in psychology and society. *Psychology's territories: Historical and contemporary perspectives from different disciplines*, 149-168.
- Gergen, K.J. (2009). *Relational being: Beyond self and community*. Oxford University Press.
- Germer, C.K. (2005). *What is it? What Does it Matter? Mindfulness and Psychotherapy*. New York: Guilford, 3-27.
- Gerstein, L.H., Heppner, P.P., AEgisdóttir, E., Seun-Ming, A.L., & Norsworthy, K.L. (2009). *Cross-cultural counselling*. *International handbook of cross-cultural counselling*, 3-32.
- Ghabra, S., & Alterkait, T. (2022). Kuwait: The First Arab Gulf Constitutionalism. *Al-Abhath*, 70(1-2), 53-82.
- Gilbert, C. (1999). Yoga and breathing. *Journal of Bodywork and Movement Therapies*, 3(1), 44-54.
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.
- Giustina, A. (2021). Introspection without judgment. *Erkenntnis*, 86(2), 407-427.

- Gielen, U.P., & Al-Khawajah, J.M. (2008). The practice of Counselling in Kuwait: an Interview with Jasem M.A. Al-Khawajah. In *Principles of Multicultural Counselling and Therapy*. Routledge, pp. 277-294.
- Godwin, M.P., & Blashfield, R.K. (1999). Making Us Crazy-DSM: The Psychiatric Bible and the Creation of Mental Disorders. *The Journal of Nervous and Mental Disease*, 187(3), 195-196.
- Goertz, G., & Mahoney, J. (2012). Concepts and measurements: Ontology and epistemology. *Social Science Information*, 51(2), 205-216.
- Gonda, J. (1963). *The Indian Mantra*. Oriens, 244-297.
- Gone, J.P. (2013). *Redressing First Nations' historical trauma: Theorising mechanisms for Indigenous culture as mental health treatment*. *Transcultural Psychiatry*, 50(5), 683–706. Retrieved from <https://doi.org/10.1177/1363461513487669>
- Goodman, R.D., & Gorski, P.C. (2015). *Decolonising Multicultural Counselling Through Social Justice*. *International and Cultural Psychology*. New York, NY: Springer New York.
- Goodwin, K.A., & Goodwin, C.J. (2016). *Research in psychology: Methods and design*. John Wiley & Sons.
- Goody, J. (2004). *Islam in Europe*. Cambridge: Polity.
- Goyal, M., Singh, S., Sibinga, E.M.S., et al. (2014). Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. *JAMA Internal Medicine*, 174(3), 357-368. Retrieved from <https://doi.org/10.1001/jamainternmed.2013.13018>
- Grande, S. (2015). *Red pedagogy: Native American social and political thought*, 2nd Ed. Rowman & Littlefield.
- Greene, M. (1995). *Releasing the imagination: Essays on education, the arts, and social change*. Jossey-Bass.
- Green, C.D. (2009). Darwinian theory, functionalism, and the first American psychological revolution. *American Psychologist*, 64(2), 75.
- Green, M., Crutcher, V., Lune, O., Mutmainna, M., Lenoir, R., Schuster, A., ... & Brown, C. (2024). Methodologies and inequities: Participatory and narrative approaches to research with marginalised communities. *Rhetoric of Health & Medicine*, 7(2), 225–254.
- Greenson, R.R. (1965). The working alliance and the transference neurosis. *Psychoanalytic Quarterly*, 34, 155–181.
- Gregg, G.S. (2007). *Culture and identity in a Muslim society*. OUP USA.

- Gregory, D. (2004). *The Colonial Present: Afghanistan. Palestine. Iraq*. John Wiley & Sons.
- Gulam, H. (2016). The application of shariah (islamic law) in some different countries and its implications. *Jurnal Syariah*, 24(2).
- Gunny, A. (2004). *Perceptions of Islam in European Writings*. Leicester: Islamic Foundation.
- Guntur, M. (2021). Al-Quran Teaches the Importance of Taking Care of Health Physical: Tafseer Surat Al-Baqarah. *AKADEMIK: Jurnal Mahasiswa Humanis*, 1(2), 50-58.
- Guy, M. E., & Newman, M. A. (2004). Women's jobs, men's jobs: Sex segregation and emotional labour. *Public Administration Review*, 64(3), 289-298.
- Hadi, F., Llabre, M.M., & Spitzer, S. (2006). Gulf war-related trauma and psychological distress of Kuwaiti children and their mothers. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 19(5), 653-662.
- Haeri, N. (2013). The Private Performance of" Salat" Prayers: Repetition, Time, and Meaning. *Anthropological Quarterly*, 5-34.
- Hall, J. (2011). Second-Order Change Through Principle Based Treatment. *Journal of Therapeutic Schools and Programs*, 1(5), 96-104.
- Hambley, C. (2020). Learning space design and the negotiation of power.
- Hameed, N.A. (2008). A Lending Hand-Economic Stability in Kuwait. *YB Islamic & Middle EL*, 14, 201.
- Hammad, J., & Hamid, A. (2021). *Migration and mental health of Arabic-speaking communities. In Mental health, mental illness and migration*. Singapore: Springer Singapore, pp. 271-302.
- Haque, A. (2004). Psychology from Islamic perspective: Contributions of early Muslim scholars and challenges to contemporary Muslim psychologists. *Journal of Religion and Health*, 43(4), 357-377.
- Haque, A., Khan, F., Keshavarzi, H., & Rothman, A.E. (2016). Integrating Islamic traditions in modern psychology: Research trends in last ten years. *Journal of Muslim Mental Health*, 10(1).
- Harb, C. (2015). *The Arab region: Cultures, values, and identities. In Handbook of Arab American Psychology*. Routledge, pp. 3-18.
- Hartelius, J. (2013). Facing Immigration: Prosopopoeia and the "Muslim-Arab-Middle Eastern" Other. *Rhetoric Society Quarterly*, 43(4), 311-334.

- Hasan, M., & Halder, U.K. (2018). Yoga and Salaah: Some theoretical comparisons. *Int J Yogic, Hum Mov Sport Sci*, 3(1), 477-480.
- Hasanen, M.M., Al-Kandari, A.A., & Al-Sharoufi, H. (2014). The role of English language and international media as agents of cultural globalisation and their impact on identity formation in Kuwait. *Globalisation, Societies and Education*, 12(4), 542-563.
- Hatley, S. 2007. Mapping the Esoteric Body in the Islamic Yoga of Bengal. *History of Religions*, 46 (4): 351–368.
- Hay, C. (2007). Does ontology trump epistemology? Notes on the directional dependence of ontology and epistemology in political analysis. *Politics*, 27(2), 115-118.
- Hayes, B., Bonner, A., & Douglas, C. (2013). An introduction to mixed methods research for nephrology nurses. *Renal Society of Australasia Journal*, 9(1), 8-14.
- Hayes, N. (2021). *Doing Psychological Research*, 2Ed. McGraw-Hill Education (UK).
- Henretty, J. R., & Levitt, H. M. (2010). The role of therapist self-disclosure in psychotherapy: A qualitative review. *Clinical Psychology Review*, 30(1), 63-77.
- Heron, J., & Reason, P. (1997). A participatory inquiry paradigm. *Qualitative Inquiry*, 3(3), 274-294.
- Hicks, N., & Al-Najjar, G. (2005). The utility of tradition: Civil society in Kuwait. In *Civil Society in the Middle East*, Volume 1. Brill, pp. 186-213.
- Hilton, S. (1995). American Conceptions of the Middle East and Islam. *UC Davis J. Int'l L. & Pol'y*, 1, 355.
- Hinton, P.R. (2020). The dangerous tendency to essentialize cultural categories in academic psychology. *Theory & Psychology*, 30(3), 383-388.
- Hirschl, M.C. (2010). *Vital Yoga. A sourcebook for students and teachers*. Albuquerque NM: Prajna Publishing Company.
- Business Recorder. (2013). History of Kuwait Independence Day.
- Hodge, D.R., & Nadir, A. (2008). Moving toward culturally competent practice with Muslims: Modifying cognitive therapy with Islamic tenets. *Social Work*, 53(1), 31-41.
- Hofer, B.K. (2008). *Personal epistemology and culture*. In *Knowing, knowledge and beliefs: Epistemological studies across diverse cultures*. Dordrecht: Springer Netherlands, pp. 3-22.
- Hook, D. (2012). *A critical psychology of the postcolonial: The mind of apartheid*. Routledge.

- Horwitz, A.V. (1982). The social control of mental illness.
- Horwitz, A.V. (2021). *DSM: A history of psychiatry's bible*. JHU Press.
- Hussain, M. (2012). *The five pillars of Islam: Laying the foundations of divine love and service to humanity*. Kube Publishing Ltd.
- Hussain, M. (2022). Using Islamically Integrated Psychotherapy for the Treatment of Sexual Issues in a Muslim Male: A Pakistani Case Study. *Journal of Muslim Mental Health*, 16, 1.
- Hussein, S., & Ismail, M. (2017). Ageing and elderly care in the Arab region: policy challenges and opportunities. *Ageing international*, 42, 274-289.
- IDRC. (2025). Exploring the nexus between maternal and mental health in climate change-affected Indigenous communities: Participatory action research in Guatemala (Project #110531). International Development Research Centre.
- Inayat, Q. (2007). Islamophobia and the therapeutic dialogue: Some reflections. *Counselling Psychology Quarterly*, 20(3), 287-293.
- Inglehart, R., & Baker, W.E. (2000). Modernisation, cultural change, and the persistence of traditional values. *American Sociological Review*, 65(1), 19-51.
- Inglehart, R. (2020). *Modernisation and postmodernisation: Cultural, economic, and political change in 43 societies*. Princeton University Press.
- Irvani, S. (2017). *Authentic self-love: A path to healing self and relationships*. Atlantic Publishing Company.
- Iqbal, S. (1984). *Islamic Rationalism in the Subcontinent*. Lahore: Islamic Book Service.
- Jain, A. (2016). Modern yoga. In *Oxford Research Encyclopedia of Religion*.
- Jafari, H., Bagheri-Nesami, M., & Abdoli-Nejad, M.R. (2016). The effect of Quran recitation and religious music on mental and physical health: a review article. *Clinical Excellence*, 4(2), 1-14.
- Jamal, A., & Sinno, A.H. (2009). *The Racialization of Muslim Americans*. Muslims in Western Politics, 200-215.
- James, W. (1863). *Principles of Psychology*.
- Jamil, U. (2017). How Muslims became corn. *ReOrient*, 2(2), 175-189.
- Jason, L.A., Keys, C.B., Suarez-Balcazar, Y.E., Taylor, R.R., & Davis, M.I. (2004). *Participatory community research: Theories and methods in action*. American Psychological Association.

- Jayapalan, B. (2008). *Economic history of India. Ancient to present day*. New Delhi: Atlantic Publishers & Distributors.
- Jayawardena, R., Ranasinghe, P., Ranawaka, H., Gamage, N., Dissanayake, D., & Misra, A. (2020). Exploring the therapeutic benefits of pranayama (yogic breathing): a systematic review. *International Journal of Yoga*, 13(2), 99.
- Jerath, R., Crawford, M.W., Barnes, V.A., & Harden, K. (2015). Self-regulation of breathing as a primary treatment for anxiety. *Applied psychophysiology and biofeedback*, 40(2), 107-115.
- Jeter, P.E., Slutsky, J., Singh, N., & Khalsa, S.B. (2015). Yoga as a therapeutic intervention: A bibliometric analysis of published research studies from 1967 to 2013. *Journal of Alternative and Complementary Medicine*, 21(10), 586-592.
- Jones-Smith, E. (2016). *Theories of counseling and psychotherapy: an integrative approach*. Los Angeles: SAGE.
- Jovanović, G. (2010). Historizing epistemology in psychology. *Integrative Psychological and Behavioural Science*, 44, 310-328.
- Judith, A. (2012). *Wheels of life: A user's guide to the chakra system*. Llewellyn Worldwide.
- Jung, C.G. (1933). *Modern Man in Search of a Soul*, trans. Dell, W.S., & Baynes, C.F. New York and London: Harcourt Brace Jovanovich.
- Jung, C.G. (1969). A review of the complex theory. *The Structure and Dynamics of The Psyche*.
- Jung, C.G. (2012). The psychology of kundalini yoga. In *The Psychology of Kundalini Yoga*. Princeton University Press.
- Justice, L., Brems, C., & Ehlers, K. (2018). Bridging body and mind: Considerations for trauma-informed yoga. *International Journal of Yoga Therapy*, 28(1), 39-50.
- Kagitcibasi, C. (2017). Doing psychology with a cultural lens: A half-century journey. *Perspectives on Psychological Science*, 12(5), 824-832.
- Kapitan, L. (2010). *Introduction to art therapy research*. Routledge.
- Kaplick, P.M., & Skinner, R. (2017). The evolving Islam and psychology movement. *European Psychologist*.
- Katzman, K. (2014). Kuwait: Security, reform, and US policy. Congressional Research Service, 0032.

- Keane, W.M. (1995). When the therapist is a yogi: Integrating yoga and psychotherapy. *International Journal of Yoga Therapy*, 6(1), 15-22.
- Kearney, L.K., Zeiss, A.M., McCabe, M.A., Thistlethwaite, J.E., Chana, N., Chen, S., & Anton, B.S. (2020). Global approaches to integrated care: Best practices and ongoing innovation. *American Psychologist*, 7
- Kelly, M. (2010). Clothes, culture, and context: Female dress in Kuwait. *Fashion Theory*, 14(2), 215-236.
- Kelly, P.A. (2014). Textual Standardisation and the DSM-5 "Common Language". *Journal of Medical Humanities*, 35, 171-189.
- Kemmis, S., McTaggart, R., & Nixon, R. (2014). *The Action Research Planner: Doing Critical Participatory Action Research*. Singapore: Springer.
- Kemmis, S., McTaggart, R., Nixon, R. (2014). Introducing critical participatory action research. In: *The Action Research Planner: Doing Critical Participatory Action Research*. Singapore: Springer.1-31.
- Keshavarzi, H., & Haque, A. (2013). Outlining a psychotherapy model for enhancing Muslim mental health within an Islamic context. *International Journal for the Psychology of Religion*, 23(3), 230-249.
- Keskin, Z., & Keskin, Z. (2021). Inner Peace in Islam: General Discussion. Attaining Inner Peace in Islam: Said Nursi's Perspective, 9-28.
- Khadduri, M., & Ghareeb, E. (2001). *War in the Gulf, 1990-91: the Iraq-Kuwait conflict and its implications*. Oxford University Press.
- Khalsa, M.K., Greiner-Ferris, J.M., Hofmann, S.G., & Khalsa, S.B. (2015). Yoga-enhanced cognitive behavioural therapy (Y-CBT) for anxiety management: a pilot study. *Clinical Psychology & Psychotherapy*, 22(4), 364–371.
- Khan, S. (2014). Qualitative research methods: Grounded theory. *International Journal of Business and Management*, 9(11), 224-233.
- Khoshnevis, H. (2019). The inferior white: Politics and practices of racialization of people from the Middle East in the US. *Ethnicities*, 19(1), 117-135.
- Khouja, M.W., & Sadler, P. (1979). *The economy of Kuwait: development and role in international finance*. Springer.
- Kidd, I.J., Medina, J., & Pohlhaus, G. (2017). Introduction to the Routledge handbook of epistemic injustice. In *The Routledge Handbook of Epistemic Injustice*. Routledge, pp. 1-9.

- Kinghorn, W. (2020, December). Crisis in psychiatric diagnosis? Epistemological humility in the DSM era. In: *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, 45(6), 581-597. US: Oxford University Press.
- Kinser, P.A., Bourguignon, C., Taylor, A.G., & Steeves, R. (2013). "A feeling of connectedness": perspectives on a gentle yoga intervention for women with major depression. *Issues in Mental Health Nursing*, 34(6), 402–411.
- Kirmayer, L.J., Gone, J.P., & Moses, J. (2007). Rethinking historical trauma. *Transcultural Psychiatry*, 51(3), 299–319. Retrieved from <https://doi.org/10.1177/1363461514536358>
- Kirmayer, L.J. (2008). Empathy and alterity in cultural psychiatry. *Ethos*, 36(4), 457-474.
- Kirmayer, L.J. (2012). *Rethinking cultural competence*. *Transcultural Psychiatry*, 49(2), 149-164.
- Kirmayer, L.J. (2013). Embracing uncertainty as a path to competence: Cultural safety, empathy, and alterity in clinical training. *Culture, Medicine, and Psychiatry*, 37, 365-372.
- Kirmayer, L.J., Fung, K., Rousseau, C., Lo, H.T., Menzies, P., Guzder, J., & McKenzie, K. (2012). Guidelines for training in cultural psychiatry. *Canadian Journal of Psychiatry*, 57(3), 1-16.
- Kizilhan, J. I. (2014). Religious and cultural aspects of psychotherapy in Muslim patients from tradition-oriented societies. *International Review of Psychiatry*, 26(3), 335-343.
- KMO. (2015). Kuwait Martyrs Office. Kuwait. 2015. Retrieved from <http://martyr.com.kw/pages/about/?lang=en>.
- Koç, V., & Kafa, G. (2019). Cross-cultural research on psychotherapy: The need for a change. *Journal of Cross-Cultural Psychology*, 50(1), 100-115.
- Koenig, H.G., Shohaib, S.A., Koenig, H.G., & Shohaib, S.A. (2014). Muslim beliefs, practices, and values. *Health and Well-Being in Islamic Societies: Background, Research, and Applications*, 27-41.
- Kolcaba, K. (2003). *Comfort theory and practice: a vision for holistic health care and research*. Springer Publishing Company.
- Koltko-Rivera, M.E. (2006). Rediscovering the later version of Maslow's hierarchy of needs: Self-transcendence and opportunities for theory, research, and unification. *Review of general psychology*, 10(4), 302-317.
- Kumaraswamy, P.R. (2006). "Who Am I? The Identity Crisis in the Middle East." *Middle East Review of International Affairs MERIA* 10 (1): 63–73.

- Kuwait Government Online. (2022). Kuwait Government Online, Kuwait Rulers' History. Retrieved from <https://e.gov.kw/sites/kgoenglish/Pages/Visitors/AboutKuwait/GoverningBodyKuwaitGovernors.aspx>.
- Kuwait University. (2022). Kuwait University History. Sabah Al-Salem Kuwait University City. Retrieved from <http://ssuc.ku.edu.kw/about-us/>.
- Laenui, P. (2000). Processes of decolonisation. Reclaiming Indigenous voice and vision, 150-160.
- Lakes, K., López, S. R., & Garro, L. C. (2006). *Cultural competence and psychotherapy: Applying anthropologically informed conceptions of culture* (Vol. 43, No. 4). Educational Publishing Foundation, p. 380.
- LaMarre, A., & Chamberlain, K. (2022). Innovating qualitative research methods: Proposals and possibilities. *Methods in psychology*, 6, 100083.
- Lander, L., Chiasson-Downs, K., Andrew M., Rader G., Dohar S., & Waibogha, K. (2018). *Yoga as an adjunctive intervention to medication-assisted treatment with Buprenorphine+Naloxone*. *Journal of Addiction Research & Therapy*, 9(1), 354.
- Langer, E.J. (2014). *Mindfulness*. Da Capo Lifelong Books.
- Latorre, M.A. (2000). A holistic view of psychotherapy: Connecting mind, body, and spirit. *Perspectives in Psychiatric Care*, 36(2), 67.
- Leahey, T.H. (1981). The mistaken mirror: On Wundt's and Titchener's psychologies. *Journal of the History of the Behavioural Sciences*, 17(2), 273-282.
- Lee, W. (2023). DSM-5 faces global backlash: An international call for culturally affirming and decolonising mental health practices. *Mad in America*. Retrieved from <https://www.madinamerica.com/2023/04/dsm5-cultural-decolonizing/>
- Leijssen, M. (2008). Encountering the sacred: Person-centred therapy as a spiritual practice. *Person-Centred & Experiential Psychotherapies*, 7(4), 277–290. Retrieved from <https://doi.org/10.1080/14779757.2008.9688476>
- Leijssen, M. (2009a). Psychotherapy as search and care for the soul. *Person-Centred & Experiential Psychotherapies*, 8(4), 293–311. Retrieved from <https://doi.org/10.1080/14779757.2009.9688499>
- Lewis, B. (1995). *The Middle East: A brief history of the last 2,000 years*. Simon and Schuster.
- Lindgren, O., Folkesson, P., & Almqvist, K. (2010). On the importance of the therapist in psychotherapy: A summary of current research. In *International Forum of Psychoanalysis* (Vol. 19, No. 4). Taylor & Francis Group, pp. 224-229.

- Linklater, R. (2014). *Decolonising trauma work: Indigenous stories and strategies*. Fernwood Publishing.
- Linnhoff, J.S. (2020). 'Associating' with God in Islamic thought: a comparative study of Muslim interpretations of shirk.
- Llabre, M.M., & Hadi, F. (2009). *War-related exposure and psychological distress as predictors of health and sleep: a longitudinal study of Kuwaiti children*. *Psychosomatic Medicine*, 71(7), 776-783.
- Lone, A.A., & Hussien, S. (2023). Islamic Psychology and the contribution of Islamic psychologists in Social Sciences. *Al-Mithaq (Research Journal of Islamic Theology)*, 2(01), 57-63.
- Long, J.M. (2004). *Saddam's war of words: Politics, religion, and the Iraqi invasion of Kuwait*. University of Texas Press.
- Loy, D. (1992). Avoiding the void: The lack of self in psychotherapy and Buddhism. *Journal of Transpersonal Psychology*, 24(2), 151-180.
- Luborsky, L. (1976). Helping alliances in psychotherapy: The groundwork for a study of their relationship to outcome. In J. L. Cleghorn (Ed.), *Successful Psychotherapy*. Brunner/Mazel, pp. 92–116.
- Lynch, O. (2015). Suspicion, exclusion and othering since 9/11: The victimisation of Muslim youth. In *International Perspectives on Terrorist Victimisation: An Interdisciplinary Approach*. London: Palgrave Macmillan UK, pp. 173-200.
- Mack, N., Woodsong, C., MacQueen, K., Guest, G., & Namey, E. (2005). *Qualitative Research Methods: A Data Collector's Field Guide*. Research Triangle Park, NC: Family Health International.
- MacLure, M. (2003). *Discourse in educational and social research*. McGraw-Hill Education (UK).
- Maehle, G. (2006). *Ashtanga Yoga: Practice and philosophy*. Novato, California: New World Library.
- Mahathera, N. (1982). *Buddhism in a nutshell*. Kandy, Sri Lanka: Buddhist Publication Society.
- Mahony, P. J. (1993). Freud's cases: Are they valuable today? *The International Journal of Psycho-Analysis*, 74(5), 1027.
- Maiwald, P. (2008). Ceiling of the Sheikh Lotfollah Mosque in Isfahan, Iran [Photograph]. Wikimedia Commons. Retrieved from https://commons.wikimedia.org/wiki/File:Isfahan_Lotfollah_mosque_ceiling_symmetric.jpg
- Malji, A. (2021). People Don't Want a Mosque Here. *Journal of Religion and Violence*, 9(1), 50-69.

- Mandler, G. (2011). *A history of modern experimental psychology: From James and Wundt to cognitive science*. MIT Press.
- Mannoni, O. (2015). *Freud: The theory of the unconscious*. Verso Books.
- Mardia, K.V. (1996). *The scientific foundations of Jainism*. Nagar, Delhi: Motilala Banarsidass Publications.
- Marica, M.A. (2015). Philosophical assumptions of psychotherapeutic paradigms. *Procedia-Social and Behavioral Sciences*, 180, 383-388.
- Maringe, F. (Ed.). (2023). *Colonisation and Epistemic Injustice in Higher Education: Precursors to Decolonisation*. Taylor & Francis.
- Martin, D.J., Garske, J.P., & Davis, M.K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68(3), 438–450. Retrieved from <https://doi.org/10.1037/0022-006X.68.3.438>
- Martin, L. (2016). Q&A: Integrative Mental Health Care. *Psychiatric Times*.
- Martin, M.B. (2015). Perceived discrimination of Muslims in health care. *Journal of Muslim Mental Health*, 9(2).
- Matthes, J., Kaskelvičiute, R., Schmuck, D., von Sikorski, C., Klobasa, C., Knupfer, H., & Saumer, M. (2020). Who differentiates between Muslims and Islamist terrorists in terrorism news coverage? An actor-based approach. *Journalism Studies*, 21(15), 2135-2153.
- McCauley, C., Stitt, C.L., & Segal, M. (1980). Stereotyping: From prejudice to prediction. *Psychological Bulletin*, 87(1), 195.
- McFarlane, A.C., & van der Kolk, B.A. (1996). The long-term effect of psychological trauma: a public health issue in Kuwait. *Medical Principles and Practice*, 5(2), 59-75.
- McIntyre, A. (2000). Constructing Meaning About Violence, School, and Community: Participatory Action Research with Urban Youth. *The Urban Review*, 32(2), 123-154.
- McIntyre, A. (2007). *Participatory action research*. Sage Publications.
- McIntyre, A., Chatzopoulos, N., Politit, A., & Roz, J. (2007). Participatory action research: Collective reflections on gender, culture, and language. *Teaching and Teacher Education*, 23, 748–756.
- McKinnon, R. (2016). Epistemic injustice. *Philosophy Compass*, 11(8), 437-446.

- Mdmbama, N.K.A., Hinton, L., & Mdfrcpc, L.J.K. (Eds.). (2015). *DSM-5® handbook on the cultural formulation interview*. American Psychiatric Pub.
- Mead, G H., & Becker, H.S. (2011). *Labelling theory*. International Encyclopedia of the Social & Behavioural Sciences, 150-155.
- Medin, D., Ojalehto, B., Marin, A., & Bang, M. (2017). Systems of (non-) diversity. *Nature Human Behaviour*, 1(5), 0088.
- Meer, N. (2008). The politics of voluntary and involuntary identities: are Muslims in Britain an ethnic, racial or religious minority? *Patterns of prejudice*, 42(1), 61-81.
- Mehling, W.E., Gopisetty, V., Daubenmier, J., Price, C.J., Hecht, F.M., & Stewart, A. (2009). Body awareness: construct and self-report measures. *PloS one*, 4(5), e5614.
- Melman, B. (2002). *The Middle East/Arabia: 'the cradle of Islam'*. The Cambridge Companion To Travel Writing, 105-21.
- Meretoja, H. (2014). Narrative and human existence: Ontology, epistemology, and ethics. *New Literary History*, 45(1), 89-109.
- Metzger, L.L.H., Nadkarni, L. I., & Cornish, J.A.E. (2010). *An overview of multicultural counselling competencies*. Handbook of Multicultural Counseling Competencies, 1-21.
- Mignolo, W.D. (2009). Epistemic disobedience, independent thought and decolonial freedom. *Theory, Culture & Society*, 26(7–8), 159–181. Retrieved from <https://doi.org/10.1177/0263276409349275>
- Mignolo, W.D. (2012). Local histories-global designs: Coloniality, subaltern knowledge, and border thinking.
- Mignolo, W.D., & Walsh, C.E. (2018). *On decoloniality: Concepts, analytics, praxis*. Duke University Press
- Miklavcic, A., & LeBlanc, M.N. (2013). Culture brokers, clinically applied ethnography, and cultural mediation. In *Cultural consultation: Encountering the other in mental health care*, New York, NY: Springer New York, pp. 115-137.
- Miles, M.B., & Huberman, A.M. (1994). *Qualitative data analysis: An expanded sourcebook*. Sage.
- Miller, J.B., Jordan, J., Stiver, I.P., Walker, M., Surrey, J., & Eldridge, N.S. (1999). *Therapists' authenticity*. Stone Centre, Wellesley College.
- Miller, L. (1988). Behaviourism and the new science of cognition. *The Psychological Record*, 38, 3-18.

- Millner, U.C., Maru, M., Ismail, A., & Chakrabarti, U. (2021). Decolonising mental health practice: Reconstructing an Asian-centric framework through a social justice lens. *Asian American J Centrejournal of Psychology*, 12(4), 333.
- Mills, C. (2014). Decolonising global mental health: The psychiatrization of the majority world.
- Moghaddam, F.M., & Marsella, A.J. (2004). *Understanding Terrorism*. Washington, DC; American Psychological Association.
- Mohamed, M.S., & Rosman, A.S.B. (2021). The criminal protection of public employees in the United Arab Emirates law compared with Islamic law. *Linguistics and Culture Review*, 5(S3), 154-160.
- Moline, J. (1978). Plato on the Complexity of the Psyche.
- Moloney, N., & Hartman, M. (2021). Roots of Yoga and How it Pertains to Pain. *Co-Kinetic Journal*, (90).
- Moodley, R., & Shireen, H. (2019). Traditional holistic healing practices from around the world. *Holistic Healing: Theories, Practices, and Social Change*, 63.
- Moore, K., Mason, P., & Lewis, J.M.W. (2008). Images of Islam in the UK: The representation of British Muslims in the national print news media 2000-2008.
- Moosavi, L. (2015). The racialization of Muslim converts in Britain and their experiences of Islamophobia. *Critical Sociology*, 41(1), 41-56.
- Morse, J. M. (2003). Principles Of Mixed Methods. *Handbook of Mixed Methods in Social and Behavioural Research*, 189.
- Mossialos, E., Cheatley, J., Reka, H., Alsbah, A., & Patel, N. (2018). Kuwait: Health system review. World Health Organisation (WHO), Regional Office for Europe.
- MPCAC. (2022). MPCAC. 2022. Retrieved from <http://mpcacaccreditation.org/>.
- Mullen, J. (2023). French government revives Islamophobia. *Green Left Weekly*, (1389), 13-13.
- Muñoz, J.E. (2013). *Disidentifications: Queers of colour and the performance of politics* (Vol. 2). University of Minnesota Press.
- Musa, I. (2019). The impact of perceived Islamophobia on symptoms of depression, anxiety, and stress and the influence of Muslim identity. Unpublished doctoral dissertation, Saint Louis University.
- Nadal, K.L., Griffin, K.E., Hamit, S., Leon, J., Tobio, M., & Rivera, D.P. (2012). Subtle and overt forms of Islamophobia: Microaggressions toward Muslim Americans.

- Nagendra, H.R. (2008). Defining yoga. *International Journal of Yoga*, 1(2), 43.
- Nagi, M.A., Dewi, P.E.N., Thavorncharoensap, M., & Sangroongruangsri, S. (2021). A systematic review of economic evaluation studies of diagnostic and therapeutic interventions in the Middle East and North Africa. *Applied Health Economics and Health Policy*, 1-21.
- Nairn, R., & Regan-Addis, H. (2019). *From Mindfulness to Insight: Meditations to Release Your Habitual Thinking and Activate Your Inherent Wisdom*. Shambhala Publications.
- Najjar, F. (2005). The Arabs, Islam and Globalisation. *Middle East Policy*, 12(3).
- Narayanan, A. (2010). Playing amidst the pillars: Pittu Laungani and Yogic Psychology.
- Nasr, S.H. (2002). *Islamic Spirituality: Foundations*. Routledge.
- Nazish, N., & Kalra, N. (2018). Muslim prayer: A new form of physical activity: A narrative review. *Int J Health Sci Res*, 8(7), 337-44.
- NCMPA. (2003). "The National Committee for Missing & POW's Affairs." 2003. Retrieved from: <http://www.pows.org.kw/indexE.html>
- Nelson, J., & Gould, J. (2005). *Hidden in the mirror: a reflective conversation about research with marginalised communities*. *Reflective Practice*, 6(3), 327-339. Retrieved from: <https://doi.org/10.5070/B86110024>
- Nelson, J.D., Maloney, T., & Hodges, Z. (2017). Engaging diversity and marginalisation through participatory action research: A model for independent school reform. *Berkeley Review of Education*, 6(2).
- Ngũgĩ wa Thiong'o. (1986). *Decolonising the mind: The politics of language in African literature*. James Currey.
- Nkrumah, K. (1965). Neo-colonialism: The last stage of imperialism.
- Nnaemeka, O. (2008). Racialization and the colonial architecture: Othering and the order of things. *PMLA*, 123(5), 1748-1751.
- Norcross, J.C. (2010). The therapeutic relationship.
- Norcross, J.C., & Goldfried, M.R. (Eds.). (2019). *Handbook of psychotherapy integration* (3rd ed.). Oxford University Press.
- Norcross, J.C., & Lambert, M.J. (Eds.). (2019). *Psychotherapy relationships that work: Evidence-based therapist contributions* (3rd ed., Vol. 1). Oxford University Press.
- O'Byrne, M. (2001). *Appendix F1: A review of cross-cultural training in mental health. Report on the evaluation of a cultural consultation service in mental health*. McGill University.

- Ohrnberger, J., Fichera, E., & Sutton, M. (2017). The relationship between physical and mental health: A mediation analysis. *Social Science and Medicine*, 195, 42-49.
- Okasha, A., Karam, E., & Okasha, T. (2012). Mental health services in the Arab world. *World Psychiatry*, 11(1), 52-54.
- Okpara, A. I. (2020). African traditional healing practices and mental health in the context of psychotherapy: Decolonising healing in Africa. *International Journal of Culture and Mental Health*, 13(3), 215-225.
- Olimat, M. S. (2009). Women and politics in Kuwait. *Journal of International Women's Studies*, 11(2), 199-212.
- OpenAI. (2025). AI-generated image created using ChatGPT with DALL·E. [AI-generated image].
- Oza, P. (2020). *Religion, culture and the process of marginalisation*. Available at SSRN 3644854.
- Paramananda, S. (2001). *The Upanishads*. A Penn State Electronic Classic Series Publication.
- Patel, L. (2014). Countering coloniality in educational research: From ownership to answerability. *Educational Studies*, 50(4), 357–377.
- Patwardhan, A. (2016). Is the integration of yoga with psychotherapy compatible? What are the risks? *J Psychol Psychotherapy*.
- Petri, R., & Shri K.P.J. (2013). *Ashtanga Yoga*. The Definitive Primary Series Practice Manual.
- Piaget, J. (1977). *Epistemology and psychology of functions* (Vol. 23). Springer Science & Business Media.
- Pilgrim, D. (1997). *Psychotherapy and society*.
- Plaud, J.J. (2003). Pavlov and the foundation of behaviour therapy. *The Spanish Journal of Psychology*, 6(2), 147-154.
- Pohlhaus, G. (2012). Relational knowing and epistemic injustice: Toward a theory of willful hermeneutical ignorance. *Hypatia*, 27(4), 715-735.
- Ponce, O.A., & Pagán-Maldonado, N. (2015). Mixed methods research in education: Capturing the complexity of the profession. *International Journal of Educational Excellence*, 1(1), 111-135.
- Popovic, Z., & Nikic, P. (2016). *Traditional knowledge on benefits of yoga practice verified in modern scientific literature. An overview of Journals Indexed in Integrative and Complementary Medicine*, *Indian Journal of Traditional Knowledge*, 15(3), 378-384.

- Potter, N.N. (2015). Reflections on things we don't want to think about: Intersections of colonialism, transgenerational trauma, and oppression within psychiatry. *Journal of Ethics in Mental Health*, 1.
- Poulin, P.A., & West, W. (2005). Holistic healing, paradigm shift, and the new age. *Multicultural Aspects of Counselling Series*, 22, 257.
- Powers, P. (2005). *Intent in Islamic Law: Motive and Meaning in Medieval Sunnī Fiqh*. In *Intent in Islamic Law*. Brill.
- Prabhavananda, S., & Isherwood, C. (2001). *How to know God: The Yoga aphorisms of Patanjali*. Hollywood: Vedanta Press.
- Pratt, D., & Woodlock, R. (2016). Fear of Muslims. *International perspectives on islamophobia*.
- Prpa, M., Tatar, K., Françoise, J., Riecke, B., Schiphorst, T., & Pasquier, P. (2018). Attending to breath: exploring how the cues in a virtual environment guide the attention to breath and shape the quality of experience to support mindfulness. In *Proceedings of the 2018 Designing Interactive Systems Conference*, pp. 71-84.
- Pyle, L. (2020). Decolonising yoga: From spiritual bypassing to embodied anti-oppression. In R. Shank & L. Pyle (Eds.), *Teaching resistance: Radicals, revolutionaries, and cultural subversives in the classroom*. PM Press, pp. 163–178.
- Quijano, A. (2000). Coloniality of power and Eurocentrism in Latin America. *International Sociology*, 15(2), 215-232.
- Quinones, M.A., & Ehrenstein, A.E. (1997). Training in a rapidly changing workplace: Applications of psychological research. American Psychological Association.
- Radhakrishnan, S., & Moore, C.A. (1967). *A sourcebook in Indian philosophy*. USA: Princeton 234 University Press.
- Rahman, F. (2020). *Islam*. University of Chicago Press.
- Rahman, M.M. (2016). Book Review: *Maidul Islam, Limits of Islamism: Jamaat-e-Islami in Contemporary India and Bangladesh*.
- Ramaswamy, A. (2017). Cultivating multicultural counselling competence. Doctoral Dissertation, University of the Cumberland.
- Rassool, G.H. (2015). Cultural competence in counselling the Muslim patient: Implications for mental health. *Archives of Psychiatric Nursing*, 29(5), 321-325.

- Ratele, K. (2014). Currents against gender transformation of South African men: Relocating marginality to the centre of research and theory of masculinities. *NORMA: International Journal for Masculinity Studies*, 9(1), 30–44.
- Regier, D.A., Narrow, W.E., Kuhl, E.A., & Kupfer, D. J. (2009). The conceptual development of DSM-V. *American Journal of Psychiatry*, 166(6), 645-650.
- Regier, D.A., Narrow, W.E., Kuhl, E.A., & Kupfer, D.J. (2010). *The conceptual evolution of DSM-5*. American Psychiatric Pub.
- Reyes Cruz, M., & Sonn, C.C. (2015). (De) colonising culture in community psychology: Reflections from critical social science. *Decolonising "Multicultural" Counseling Through Social Justice*, 127-146.
- Reynolds, C.R., Altmann, R.A., & Allen, D.N. (2021). The problem of bias in psychological assessment. In *Mastering modern psychological testing: Theory and methods*. Cham: Springer International Publishing, pp. 573-613.
- Ridley, C.R., Baker, D.M., & Hill, C.L. (2001). Critical issues concerning cultural competence. *The Counselling Psychologist*, 29(6), 822-832.
- Rieber, R. (Ed.). (2013). *Wilhelm Wundt and the making of a scientific psychology*. Springer Science & Business Media.
- Riley, D. (2004). Hatha yoga and the treatment of illness. *Alternative Therapies in Health and Medicine*, 10(2), 20-25.
- Ritchie, J., Lewis, J., Nicholls, C.M., & Ormston, R. (2003). *Qualitative research practice* (Vol. 757). London: Sage.
- Rizvi, A.A. (1994). *Muslim traditions in psychotherapy and Muslim trends*. Lahore: Institute of Islamic Culture.
- Robins, R.W., Gosling, S.D., & Craik, K.H. (1999). An empirical analysis of trends in psychology. *American Psychologist*, 54(2), 117.
- Robson, C. (2002). *Real world research: A resource for social scientists and practitioner-researchers*. Wiley-Blackwell.
- Rogers, C.R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin.
- Rogers, C.R. (1986). Reflection of feelings. *Person-Centred Review*, 1(4), 375-377.

- Rogers, J., & Evans, A. (2023). Homelessness and mental illness: Using participatory action research to inform mental health counselling. *International Journal on Homelessness*, 3(3), 214–229.
- Rothman, A., & Coyle, A. (2018). Toward a framework for Islamic psychology and psychotherapy: An Islamic model of the soul. *Journal of Religion and Health*, 57, 1731-1744.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. W. W. Norton & Company.
- Russo, M.A., Santarelli, D.M., & O'Rourke, D. (2017). The physiological effects of slow breathing in the healthy human. *Breathe*, 13(4), 298-309.
- Saarinen, R. (2022). Psychology and theology in the history of early modern philosophy. In *Encyclopedia of Early Modern Philosophy and the Sciences*. Cham: Springer International Publishing, pp. 1696-1705.
- Sabhlok, P. (2007). Glimpses of Vedic metaphysics.
- Sadek, D.A., Crystal, J.A. Ochsenwald, W.L., & Anthony, J.D. (2022). *Kuwait*. Encyclopedia Britannica. 2022. <https://www.britannica.com/place/Kuwait>.
- Saeed, A. (2007). Media, racism and Islamophobia: The representation of Islam and Muslims in the media. *Sociology Compass*, 1(2), 443-462.
- Sahin, A. (2013). Reflections on the possibility of an Islamic psychology. *Archive for the Psychology of Religion*, 35(3), 321-335.
- Said, E. (1978). 2003. Orientalism.
- Said, E. W. (1993). *Culture and imperialism*. Vintage.
- Said, E. W. (2003). *Orientalism Once More*. ISS.
- Said, E.W., & Islam, C. (1981). *How the media and the experts determine how we see the rest of the world*. NY: Pantheon Books, 153.
- Salib, E., & Youakim, S. (2001). Spiritual healing in elderly psychiatric patients: a case-control study in an Egyptian psychiatric hospital. *Ageing & Mental Health*, 5(4), 366-370.
- Salmon, S. (2023). Including Everyone?.
- Salvatore, S. (2011). Psychotherapy research needs theory. Outline for an epistemology of the clinical exchange. *Integrative Psychological and Behavioural Science*, 45(3), 366-388.

- Samuels, A. (2006). Socially responsible roles of professional ethics: inclusivity, psychotherapy and 'the protection of the public'. *International Review of Sociology-Revue Internationale de Sociologie*, 16(2), 175-189.
- Sandelowski, M. (1986). The problem of rigour in qualitative research. *Advances in Nursing Science*, 8(3), 27-37.
- Sarao, K.T. (2012). *Decline of Indian Buddhism. A fresh perspective*. New Delhi, India: Munishiram Manoharlal Publisher Pvt. Ltd.
- Sarmiento Verano, L. (2021). Epistemic justice: Therapy as a liberatory practice. South of Therapy Blog. <https://www.southoftherapy.com/post/epistemic-justice>
- Satyananda, S. (1984). *Kundalini Tantra*. Munger, Bihar, India: Bihar School of Yoga.
- Saunders, M., Lewis, P., & Thornhill, A. (2009). *Research methods for business students*. Pearson Education.
- Sayeed, S.A., & Prakash, A. (2013). The Islamic prayer (Salah/Namaaz) and yoga togetherness in mental health. *Indian journal of psychiatry*, 55(Suppl 2), S224-S230.
- Schei, T.B. (2023). *The Vulnerability in Being Heard*. The Oxford Handbook of Care in Music Education, 307.
- Schmid, P. F. (2002). The characteristics of a person-centred approach to therapy and its link to holistic human understanding. *Person-Centered & Experiential Psychotherapies*, 1(1-2), 103-117. <https://doi.org/10.1080/14779757.2002.968827>.
- Schmid, P.F. (2002). Presence: Im-media-te co-experiencing and co-responding. In G. Wyatt & P. Sanders (Eds.), *Rogers' therapeutic conditions: Evolution, theory and practice*. Vol. 4: Contact and perception. Ross-on-Wye, UK: PCCS Books, pp. 182-203.
- Schneider, D.J. (2005). *The psychology of stereotyping*. Guilford Press.
- Schultz, D. (2013). *A history of modern psychology*. Academic Press.
- Schwandt, T.A. (1994). *Constructivist, interpretivist approaches to human inquiry*. Handbook of qualitative research, 1, 118-137.
- Schwartz, P., & Ogilvy, J.A. (1979). *The emergent paradigm: Changing patterns of thought and belief (Vol. 7)*. Menlo Park, CA: SRI International.
- Scott, D. (2013). *Silencing Your Mind: Secret Yoga Meditation Techniques to Clear and Calm Your Mind*. Lulu. com.

- Scull, N. (2009). *Forgiveness in the Middle East: An Examination of Forgiveness, Desire for Revenge, Islam, and Psychological Well-Being among Kuwaiti Survivors of the 1990 Iraqi Invasion*. Edited by Stephen M. Quintana.
- Scull, N.C., Khullar, N., Al-Awadhi, N., & Erheim, R. (2014). A qualitative study of the perceptions of mental health care in Kuwait. *International Perspectives in Psychology*, 3(4), 284-299.
- Selod, S. (2015). Citizenship denied: The racialization of Muslim American men and women post-9/11. *Critical Sociology*, 41(1), 77-95.
- Selod, S. (2020). Gendered racialization: Muslim American men and women's encounters with racialised surveillance. In *The Mechanisms of Racialization Beyond the Black/White Binary*. Routledge, pp. 48-65.
- Shah, N.M. (2017). Kuwait is home: perceptions of happiness and belonging among second-plus generation non-citizens in Kuwait. *Asian Population Studies*, 13(2), 140-160.
- Shaheen, J.G. (2003). Reel bad Arabs: How Hollywood vilifies a people. *The ANNALS of the American Academy of Political and Social Science*, 588(1), 171-193.
- Sharif, M.M. (1963). *A history of Muslim philosophy*. Vol.1. Karachi: Royal Book Company.
- Sheridan, L.P., & North, A.C. (2004). Perspective: Representations of Islam and Muslims in psychological publications. *The International Journal for the Psychology of Religion*, 14(3), 149-159.
- Shorter, E. (2013). *The history of DSM*. In *Making the DSM-5: Concepts and controversies*. New York, NY: Springer New York, pp. 3-19.
- Shotts, C.S. (2019). *Genuineness and Authenticity in Therapeutic Practice*. Doctoral dissertation, The Chicago School of Professional Psychology.
- Silverman, D. (2016). *Qualitative research*. Thousand Oaks, California: Sage Publications.
- Singh, R. (2020). *Integrating Yoga into Counselling and Psychotherapy: The Path and Practice*. Doctoral dissertation, University of Toronto, Canada.
- Skinner, R. (2010). An Islamic approach to psychology and mental health. *Mental Health, Religion & Culture*, 13(6), 547-551.
- Skinner, R. (2019). Traditions, paradigms and basic concepts in Islamic psychology. *Journal of Religion and Health*, 58, 1087-1094.
- Smith, L. T. (1999). *Decolonising methodologies: Research and indigenous peoples*. Zed Books.

- Smith, L. T. (2012). *Decolonising methodologies: Research and Indigenous peoples* (2nd ed.). Zed Books.
- Smith, L. T. (2021). *Decolonising methodologies: Research and Indigenous peoples*. Bloomsbury Publishing.
- Solmsen, F. (1983). Plato and the concept of the soul (psyche): some historical perspectives. *Journal of the History of Ideas*, 44(3), 355-367.
- Staddon, J. (2014). *The new behaviourism*. Psychology Press.
- Stepan, A., & Robertson, G.B. (2004). *Arab, not Muslim, exceptionalism*. *J. Democracy*, 15, 140.
- Stephenson, C. (2015). *From Where Jung Left Off: A Deeper Look at Yoga Psychology*. Pacifica Graduate Institute.
- Struthers, R., Eschiti, V.S., & Patchell, B. (2004). Traditional Indigenous healing: Part I. *Complementary Therapies in Nursing and Midwifery*, 10(3), 141-149.
- Sue, D.W. (2001). *Surviving monoculturalism and racism: A personal and professional journey*.
- Sue, D.W., & Spanierman, L. (2020). *Microaggressions in everyday life*. John Wiley & Sons.
- Sue, D.W., & Sue, D. (1981). *Counselling the cultural differences: Theory and practice*. New York: John Wiley and Sons.
- Taurasi, R. (2005). *Sacred healing: the transformative effects of integrating yoga with psychotherapy*.
- Taylor, M.J., & McCall, T. (2017). *Implementations of yoga therapy into U.S. health care system*. *International Journey of Yoga Therapy*, 27(1), 115-119.
- Taylor, N.D. (2022). *Decolonising psychotherapy*. Loma Linda University Electronic Theses, Dissertations & Projects. 1632. Retrieved from: <https://scholarsrepository.llu.edu/etd/1632>
- Tejomayananda, S. (2006). *Tattva Bodhah, Sri Adi Sankaracarya*. Mumbai: Central Chinmaya Mission Trust.
- Terman, R. (2017). *Islamophobia and media portrayals of Muslim women: A computational text analysis of US news coverage*. *International Studies Quarterly*, 61(3), 489-502.
- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal Of Health Care for the Poor and Underserved*, 9(2), 117-125.

- Tétreault, M. A. (2001). A state of two minds: State cultures, women, and politics in Kuwait. *International Journal of Middle East Studies*, 33(2), 203-220.
- Tétreault, M.A., & Al-Mughni, H. (1995). Gender, citizenship and nationalism in Kuwait. *British Journal of Middle Eastern Studies*, 22(1-2), 64-80.
- Tétreault, M.A., & Al-Mughni, H. (2000). Women and the nation in Kuwait. *Women, states, and nationalism: At home in the nation*, 143-162.
- The University of Edinburgh (2012). Moray House School of Education Ethics Committee. Application Form. Retrieved from: <https://www.ed.ac.uk/files/imports/fileManager/Ethics-Example-Level3-Thermoregulatory.pdf>
- The Zay Initiative. (2022). Diversity in Arab dress: A visual celebration of Arab cultural heritage. The Zay Initiative. Retrieved from: <https://www.thezay.org>
- Thobani, S. (2012). Racial violence and the politics of national belonging: The Wisconsin shootings, Islamophobia and the war on terrorized bodies. *Sikh Formations*, 8(3), 281-286.
- Toor, S. (2012). Imperialist feminism redux. *Dialectical Anthropology*, 36, 147-160.
- Tran, T.T.H. (2009). Why is action research suitable for education? *VNU Journal of Foreign Studies*, 25(2).
- TRI, N.C. (2021). A Decolonising Analysis of Multicultural Competence Counselling Approaches.
- Trivieri Jr, L. (2001). *The American Holistic Medical Association guide to holistic health: Healing therapies for optimal wellness*. John Wiley & Sons.
- Tuck, E. (2009). Suspending damage: A letter to communities. *Harvard educational review*, 79(3), 409-428.
- Turner, A. (2008). *The One Behind the Two: Yoga+ Psychology*. Doctoral dissertation, Pacifica Graduate Institute.
- Upton, J., Janeka, I., & Ferraro, N. (2014). The whole is more than the sum of its parts: Aristotle, metaphysical. *Journal of Craniofacial Surgery*, 25(1), 59-63.
- Urvoy, D. (1991). *Ibn Rushd*. Averroes.
- Urvoy, D. (2020). *Ibn Rushd*. In *History of Islamic Philosophy*. Routledge, pp. 330-345.
- Van der Kolk, B.A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

- Vandello, J. (2016). Do we need a psychology of women in the Islamic world? *Sex Roles*, 75, 623-629.
- Vanheule, S. (2014). Diagnosis and the DSM: A critical review.
- Varambally, S., & Gangadhar, B.N. (2016). Current status of yoga in mental health services. *International Review of Psychiatry*, 28(3), 233-235.
- Varga, S., & Guignon, C. (2014). Authenticity. *Why therapy works: Using our minds to change our brains (Norton Series on Interpersonal Neurobiology)*. WW Norton & Company.
- Ventegodt, S., Kandel, I., & Merrick, J. (2005). *Principles of holistic medicine: Quality of life and health*. Trafford Publishing.
- Vishvketu, Y., & Panwar, C. (2008). *Moving into bliss with yoga: A resource for yoga teacher training, yoga teachers and dedicated students*. Toronto, Canada.
- Vogel, D.L., Strass, H.A., Heath, P.J., Al-Darmaki, F.R., Armstrong, P.I., Baptista, M.N., ... & Zlati, A. (2017). Stigma of seeking psychological services: Examining college students across ten countries/regions. *The Counselling Psychologist*, 45(2), 170-192.
- Wadsworth, Y. (1998). What is Participatory Action Research?
- Wallin, M. (2022). US military bases and facilities in the Middle East. American Security Project.
- Walter, M. (2009). Participatory Action Research. *Social Research Methods*.
- Wang, C., et al. (2010). Tai Chi on psychological well-being: A systematic review and meta-analysis of randomised controlled trials. *Journal of Psychiatric Research*, 44(11), 710-719. Retrieved from: <https://doi.org/10.1016/j.jpsychires.2010.03.009>
- Watkins, M., & Shulman, H. (2008). *Toward psychologies of liberation*. Palgrave Macmillan.
- Watson, J. B. (2017). *Behaviorism*. Routledge.
- Watson, P., Raju, P., & Soklaridis, S. (2017). Teaching not-knowing: Strategies for cultural competence in psychotherapy supervision. *Academic Psychiatry*, 41, 55-61.
- Webb, P. (2016). The origin of Arabs: Middle Eastern ethnicity and mythmaking. *British Academy Review*, 27, 34-39.
- Wei Tao Ong, D.M. & Joseph, S. (2020). Unnecessary and incompatible: a critical response to Cooper and McLeod's conceptualisation of a pluralistic framework for person-centred therapy. *Person-Centred & Experiential Psychotherapies*, 19:2, 168-182.
- West, M. (1979). Meditation. *The British Journal of Psychiatry*, 135(5), 457-467.

- Whaley, A.L., & Davis, K.E. (2007). Cultural competence and evidence-based practice in mental health services: a complementary perspective. *American Psychologist*, 62(6), 563.
- Whicher, I. (1998). Yoga and freedom: A reconsideration of Patanjali's classical yoga. *Philosophy East and West*, 48(2), 272- 322.
- Whyte, W.F., Greenwood, D.J., & Lazes, P. (1991). Participatory action research: Through practice to science in social research. *Participatory action research*, 32(5), 19-55.
- Whyte, W.F., Greenwood, D.J., & Lazes, P. (2011). *Participatory Action Research*. Newbury Park: Sage Publications, Inc. (Original work published 1991). Retrieved from: <http://methods.sagepub.com.ezproxy.is.ed.ac.uk/book/participatory-action-research/n1.xml>
- Widiger, T.A., Hurt, S. W., Frances, A., Clarkin, J. F., & Gilmore, M. (1984). Diagnostic efficiency and DSM-III. *Archives of General Psychiatry*, 41(10), 1005-1012.
- Wilkins, W.J. (2001). *Hindu Mythology, Vedic and Puranic*. USA: Adamant Media Corporation.
- Williams, J.M., & Kabat-Zinn, J. (2013). *Mindfulness: Diverse perspectives on its meaning, origins and applications*. Routledge.
- Willig, C. (2013). *EBOOK: introducing qualitative research in psychology*. McGraw-Hill Education (UK).
- Wilson, M. (1993). DSM-III and the transformation of American psychiatry: A history. *American Journal of Psychiatry*, 150, 399-399.
- Winter, F.I. (1918). The Yoga system and psychoanalysis. *The Quest*, 10, 182-96.
- Wood, V.J., Curtis, S.E., Gesler, W., Spencer, I.H., Close, H.J., Mason, J., & Reilly, J.G. (2013). Creating 'therapeutic landscapes' for mental health carers in inpatient settings: A dynamic perspective on permeability and inclusivity. *Social Science & Medicine*, 91, 122-129.
- Woods, A. (2003). *Interpreting the Upanishads*. Pune, India: Ananda Wood.
- World Atlas. (2021). *Kuwait Maps & Facts*. WorldAtlas. 2021. Retrieved from: <https://www.worldatlas.com/maps/kuwait>
- Yalom, I.D. (1970). *The theory and practice of group psychotherapy*. Basic Books.
- Yancey, G. (2014). Atheists, agnostics, spirituals, and Christians: Assessing confirmation bias within a measure of cognitive ability. In *Research in the Social Scientific Study of Religion*, Volume 25 (pp. 17-31). Brill.

- Yasmeen, S. (2008). Understanding Muslim identities: From perceived relative exclusion to inclusion.
- Yilmaz, I. (2016). The nature of Islamophobia: Some key features. Fear of Muslims? *International Perspectives on Islamophobia*, 19-29.
- Young, J.S., Cashwell, C.S., & Giordano, A.L. (2010). Breathwork as a therapeutic modality: An overview for counsellors. *Counseling and Values*, 55(1), 113-125.
- Zagzebski, L. T. (2012). *Epistemic authority: A theory of trust, authority, and autonomy in belief*. Oxford University Press.
- Zahid, M.A., & Al-Zayed, A. (2009). Psychiatry in Kuwait. *International Psychiatry*, 6(2), 34-36.
- Zahlan, R.S. (2016). *The Making of the Modern Gulf States: Kuwait, Bahrain, Qatar, the United Arab Emirates and Oman*. Routledge.
- Zairi, O. (2003). Arab woman: different culture, different feminism.
- Zapata, K. (2020). Decolonising mental health: The importance of an oppression-focused mental health system. *Calgary Journal*.
- Zarbo, C., Tasca, G.A., Cattafi, F., & Compare, A. (2016). *Integrative psychotherapy works*. *Frontiers in psychology*, 6, 172963.
- Zerin, E. (1989). Epistemology and psychotherapy. *Transactional Analysis Journal*, 19(2), 80-85.
- Cozolino, L. (2015).

Appendices

Appendix One

Participant Information and Consent Sheet

Expanding Inclusivity through Participatory Action Research

You are being invited to take part in research exploring how the incorporation of holistic practices impacts the experience of therapy. Yoga Integrated Therapy is an integrative approach which incorporates the mind, body, and soul in the therapeutic environment. PhD Candidate Dima Al Rayes at the University of Edinburgh is leading this research. Before you decide whether to take part, it is important you understand why the research is being conducted and what it will involve. Please take time to read the following information carefully.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to explore the research question “What are Kuwaiti healthcare practitioners' experiences engaging with traditional approaches to psychotherapy, and how does an integrative, holistic approach to therapy impact inclusivity and their overall experiences?” As such, these workshops will involve exploring holistic practices such as breathwork, meditation, and bodywork, and reflecting on their experience. You are being recruited as a collaborative member of this research, meaning you will help in project navigation related to the research question. The purpose of this study is to expand our current conceptualisations surrounding holistic healing and inclusiveness and shine a light on our unique and distinctive voices.

WHY HAVE I BEEN INVITED TO TAKE PART?

You are invited to participate in this study because you are a professional in either the yogic or psychotherapeutic community of Kuwait. By collaborating with professional Muslims in these fields it is argued that we may be able to shed light on our experiences, and expand inclusivity in psychotherapeutic settings.

DO I HAVE TO TAKE PART?

No – it is entirely up to you. If you do decide to take part, you are still free to withdraw at any time and without penalty, or providing the researcher with a reason. Please note however, that irrespective of withdrawal, your data may still be used in the production of formal research outputs such as journal articles, conference papers, theses, and reports.

WHAT WILL HAPPEN IF I DECIDE TO TAKE PART?

If you do decide to take part in the study, you will be asked to keep this Information and Consent Sheet and tick the box at the bottom of this document to indicate that you understand your rights in relation to the research, and that you are happy to participate.

In terms of participation, you will be asked to provide the research team with information on your qualifications in the yogic and/or psychotherapeutic field, and attend a minimum of 3, 3 hour workshops taking place in the auditorium of the American International School of Kuwait in order to explore the research question and the integrative strategies of breathwork, meditation, and bodywork which are pertinent to YIT; followed by a discussion reflecting on these practices. You will be asked to dress comfortably and come mentally prepared for these workshops which will take place in a safe environment at a time that is convenient to you. These collaborative meetings will be audio recorded, so the location will be quiet and private, which will further maintain your safety and security.

WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?

By collaborating and sharing your experiences with us, you will be helping Dima Al Rayes, a licensed yoga practitioner and practicing counsellor, and the University, to better understand the impacts of yoga and psychotherapy on Muslim individuals and how these factors may work together in contributing to overall holistic health, which may in turn help you in your own respective practice. Additionally, engaging in these yogic and psychotherapeutic techniques has been shown to reduce stress levels, release bodily knots, and increase overall mental health and wellbeing, furthermore benefiting you.

ARE THERE ANY RISKS OR DISADVANTAGES ASSOCIATED WITH TAKING PART?

Themes surrounding religion may be a sensitive or uncomfortable topic for some individuals to discuss, however, there are no significant risks associated with participation, as prior to beginning the research, there will be safety measures set in place in order to create and ensure a safe, respectful, space and minimize risk to all participants, which include conducting the study in a secure private location, ensuring respect and confidentiality among fellow participants, and encouraging an open dialogue to guarantee and safeguard comfort.

WHAT IF I AM UNWELL?

If you feel unwell or have been in contact with a COVID-19 positive individual in the past 14 days, then please contact the researcher Dima Al Rayes through email, s2267503@ed.ac.uk, and we will postpone or cancel the research interaction.

WILL MY TAKING PART BE KEPT CONFIDENTIAL?

All the information we collect during the course of the research will be kept confidential and stored on the University of Edinburgh server. There are strict procedures which safeguard your privacy at every stage of the research.

HOW WILL WE USE INFORMATION ABOUT YOU?

We will need to use information from you for this research project. This information will include your credentials (yogic or psychotherapeutic) in order to classify you as professional in the areas of interest, your contact details in order to outline dates and times for the collaborative workshops, in addition to your name or initials. You will be given a pseudonym to protect your identity, meaning your data will be referred to by a unique participant number rather than by name. Your data will only be viewed by the researcher/research team, and once transcribed, all audio recordings obtained at the workshops will be destroyed with all electronic data stored securely on the University of Edinburgh server. Your consent information will be kept separately from your responses in order to minimize risk. We will keep all information about you safe and secure.

People will use this information provided in order to do the research or check your records to make sure that the research is being done properly. People who do not need to know who you are will not be able to see your name or contact details. We will write our reports in a way which protects your identity and maintains confidentiality. Once we have finished the study, we will keep some of the data so we can check the results.

WHAT ARE YOUR CHOICES ABOUT HOW YOUR INFORMATION IS USED?

You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have. We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you. By taking part in this study you understand that the information obtained from this study will be used by the researcher and research team alone for research purposes.

WHERE CAN YOU FIND OUT MORE ABOUT HOW YOUR INFORMATION IS USED?

You can find out more about how we use your information at <https://www.ed.ac.uk/records-management/privacy-notice-research>, by asking one of the research team, or by sending an email to the lead researcher Dima Al Rayes, at s2267503@ed.ac.uk

The University of Edinburgh is the sponsor for this study based in Kuwait. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. The University of Edinburgh will keep identifiable information about you for a maximum of 5 years and your anonymized data for a minimum of 1 year.

WHAT WILL HAPPEN WITH THE RESULTS OF THIS STUDY?

The results of this study may be summarized in published articles, reports, and presentations. You will not be identifiable from any published results. Quotes or key findings will always be made anonymous in any formal outputs. Your anonymized information may also be kept for future

research. A summary of the findings from the study will be made available to participants who indicate they would like to receive this. This summary will be sent to participants through email.

WHO IS ORGANISING AND FUNDING THE RESEARCH?

This study has been organized by Dima Al Rayes and the school of Psychotherapy and Counselling, and is sponsored by the University of Edinburgh.

WHO HAS REVIEWED THE STUDY?

The study proposal has been reviewed by the School Ethics Committee.

WHO CAN I CONTACT?

If you have any further questions about the study, please contact: Dima Al Rayes, the lead researcher, s2267503@ed.ac.uk

If you would like to discuss this study with someone independent of the study please contact: Seamus Prior, Head of CPASS.

If you wish to make a complaint about the study, please contact: Matthias Schwannauer (headofschool.health@ed.ac.uk) or Research Governance Team (cahss.res.ethics@ed.ac.uk)

By ticking the consent box, I acknowledge that I have fully read and understood the *Participant Information and Consent Sheet* and I consent to taking part in this research project.

RESEARCHER COPY OF CONSENT

By ticking the consent box, I acknowledge that I have fully read and understood the *Participant Information and Consent Sheet* and I consent to taking part in this research project.

Initials: _____

Date: _____

Appendix Two

Researcher Workshop One Itinerary Sheet

1. Welcome and Gather
2. Reintroduce to aim of study and outline importance and rationale
3. Hand out workshop outline and disclose safety regulations (they may leave at any time; privacy is of the upmost importance; phones must be on silence or 'do not disturb' mode and placed in provided basket etc.)
4. Begin YIT practices
 - *Breathwork*: Breath connection
 - *Meditation*: Body scan practice
 - *Bodywork*: Incremental shifts
 - *Meditation*: Non-judgmental introspection
5. Reflections on practice (open discussion, prompts provided are below)
 - How did the practice sit with you?
 - What are your thoughts and reflections?
 - What does holistic healing mean to you?
 - How may these paradigms work together to aid holistic health?
 - How do these paradigms interact with Islam?
 - Are the feelings experienced positive or negative?
 - Do these feelings differ from the ones experienced in your own personal experiences or practices?
 - Do you have any past experiences engaging with psychotherapy that you would like to share?
 - Have you experienced any tension between the paradigms in this workshop or in your own life or line of work before?
 - Are there any measures we can take to be more inclusive in our respective practices? How can we improve the experiences of Muslims within spaces of healing?
 - What does inclusivity mean to you?
 - Is there anything else you would like to discuss that has not already been covered?
6. Planning
7. Closing (thank for coming, return cellular phones, and confirm next meeting)

Researcher Workshop Two Itinerary Sheet

1. Welcome and Gather
2. Reintroduce to aim of study and outline importance and rationale
3. Hand out workshop outline and disclose safety regulations
4. Begin YIT practices
 - *Breathwork*: Pranayama Yogic Breath
 - *Meditation*: Chakra Activation
 - *Meditation*: Mantra Meditation
 - *Bodywork*: Yogic Incremental Shifts
 - *Meditation*: Non-judgmental introspection
5. Reflections on practice (open discussion, prompts provided are below)
 - How did the practice sit with you? What are your thoughts and reflections?
 - Were the techniques accessible to you?
 - How may these paradigms work together to aid in holistic healing?
 - How did this approach of YIT feel in comparison to last weeks' approach?
 - How do these paradigms interact with Islam?
 - Are the feelings experienced positive or negative?
 - Do these feelings differ from the ones experienced in your own personal experiences or practices?
 - Have you experienced any tension between these paradigms, or tension before in this practice or in your own line of work?
 - Are there any measures we can take to be more inclusive in our respective practices? How can we improve the experiences of Muslims within spaces of healing?
 - Is there anything else you would like to discuss that has not already been covered?
6. Planning
7. Closing (thank for coming, return cellular phones, and confirm next meeting)

Researcher Workshop Three Itinerary Sheet

1. Welcome and Gather
2. Reintroduce to aim of study and outline importance and rationale
3. Hand out workshop outline and disclose safety regulations (they may leave at any time; privacy is of the upmost importance; phones must be on silence or 'do not disturb' mode and placed in provided basket etc.)
4. Begin YIT practices
 - *Breathwork*: Grounded Breath
 - *Meditation*: Mantra Meditation
 - *Meditation*: Body Alignment
 - *Bodywork*: Incremental shifts
 - *Meditation*: Non-judgmental introspection
5. Reflections on practice (open discussion, prompts provided are below)
 - How did the practice sit with you? What are your thoughts and reflections?
 - Has this process changed the way you view healing? What does it mean to you now?
 - How do these paradigms interact with Islam?
 - What does an inclusive space look like? Are there any measures we can take to be more inclusive in our respective practices?
 - How can we improve Muslim experiences within spaces of healing?
 - Is there anything else you would like to discuss that has not already been covered?
6. Planning
7. Closing (thank for coming, return cellular phones)

Appendix Three

Participant Workshop One Itinerary Sheet

Safety Regulations

Welcome, and thank you for joining this collaborative workshop, where we will explore our experiences in psychotherapy and how an integrative, holistic approach to therapy impacts inclusivity and our overall experiences! This is a safe space, and we ask that you please set your phone to silent and place it in the provided basket so as not to disturb the workshop. It is your right to leave at any point throughout the workshop without penalty or explanation; however, if you must leave, please do so quietly and discreetly. It is of the utmost importance that you maintain discretion and confidentiality regarding this workshop and your fellow participants, so be sure to refrain from discussing this project or anything said here with anyone.

Workshop Itinerary

We will begin each workshop with 40-60 minutes of YIT techniques, followed by a discussion in which we reflect on the sensations, feelings, and thoughts that arose during YIT technique engagement, and engage in a collaborative discussion about these practices in relation to one another. You do not have to disclose any information you are not comfortable sharing; however, the aim of this workshop is to explore these paradigms in a safe space to aid in developing inclusivity and understanding of integrative holistic psychotherapy.

Yoga Integrated Therapy (YIT) Techniques

The YIT practices we will be engaging with today will include:

1. Breathwork: Connective Breath (to arrive at space)
2. Meditation: Body scan practice (to activate the mind/body connection)
3. Bodywork: Incremental shifts (to attend & release stress or tension held in the body)
4. Meditation: Non-judgmental Introspection (to address what may have arisen throughout the above practices and attend to them through a lens of nonjudgment and empathy)

Reflective Discussion

Once we have engaged with the YIT techniques above, we will move on to the discussion and reflection portion of the workshop. All participants will be invited to engage in an open discussion about what has arisen for them during the workshop, as well as their thoughts on these topics. Discussion prompts will be provided if needed.

Closing

We will end the workshop following the discussion/reflection.

Participant Workshop Two Itinerary Sheet

Safety Regulations

Welcome, and thank you for joining this collaborative workshop, where we will explore our experiences in psychotherapy and how an integrative, holistic approach to therapy impacts inclusivity and our overall experiences! This is a safe space, and we ask that you please set your phone to silent and place it in the provided basket so as not to disturb the workshop. It is your right to leave at any point throughout the workshop without penalty or explanation; however, if you must leave, please do so quietly and discreetly. It is of the utmost importance that you maintain discretion and confidentiality regarding this workshop and your fellow participants, so be sure to refrain from discussing this project or anything said here with anyone.

Workshop Itinerary

We will begin each workshop with 40-60 minutes of YIT techniques, followed by a discussion in which we reflect on the sensations, feelings, and thoughts that arose during YIT technique engagement, in addition to having a collaborative discussion about these practices in relation to one another. You do not have to disclose any information you do not feel comfortable with, however, the aim of this workshop is to explore these paradigms in a safe space to aid in the development of inclusivity and understanding of integrative holistic psychotherapy.

Yoga Integrated Therapy (YIT) Techniques

The YIT practices we will be engaging with today will include:

1. Breathwork: Pranayama Yogic Breath
2. Meditation: Mantra Meditation
3. Mediation: Chakra Activation
4. Bodywork: Yogic Incremental shifts
5. Mediation: Nonjudgmental Introspection

Reflective Discussion

Once we have engaged with the above YIT techniques, we will move onto the discussion and reflection portion of the workshop. All participants will be invited to engage in an open discussion on what has arisen for them during the workshop, in addition to their thoughts surrounding these topics. There will be discussion prompts provided if needed.

Closing

We will end the workshop following the discussion/reflection.

Participant Workshop Three Itinerary Sheet

Safety Regulations

Welcome, and thank you for joining this collaborative workshop, where we will explore our experiences in psychotherapy and how an integrative, holistic approach to therapy impacts inclusivity and our overall experiences! This is a safe space, and we ask that you please set your phone to silent and place it in the provided basket so as not to disturb the workshop. It is your right to leave at any point throughout the workshop without penalty or explanation; however, if you must leave, please do so quietly and discreetly. It is of the utmost importance that you maintain discretion and confidentiality regarding this workshop and your fellow participants, so be sure to refrain from discussing this project or anything said here with anyone.

Workshop Itinerary

We will begin each workshop with 40-60 minutes of YIT techniques, followed by a discussion in which we reflect on the sensations, feelings, and thoughts that arose during YIT technique engagement, and engage in a collaborative discussion about these practices in relation to one another. You do not have to disclose any information you do not feel comfortable with; however, the aim of this workshop is to explore these paradigms in a safe space to aid in the development of inclusivity and understanding of integrative holistic psychotherapy.

Yoga Integrated Therapy (YIT) Techniques

The YIT practices we will be engaging with today will include:

1. Breathwork: Grounded Breath
2. Meditation: Mantra
3. Meditation: Body Alignment
4. Bodywork: Incremental Shifts
5. Meditation: Nonjudgmental Introspection

Reflective Discussion

Once we have engaged with the above YIT techniques, we will move onto the discussion and reflection portion of the workshop. All participants will be invited to engage in an open discussion on what has arisen for them during the workshop, in addition to their thoughts surrounding these topics. There will be discussion prompts provided if needed.

Closing

We will end the workshop following the discussion/reflection.

Appendix Four

Holistic Practices Index

Table 4. Holistic Practices Index, Breathwork

Workshop	Technique: Breathwork
One	<p>Guided <i>breath connection</i> practice explores breath in its natural form without manipulation. The reason this practice was selected as the first exploration into breathwork was that it is a gentle introductory technique for the first workshop, incredibly accessible to individuals with varying breathing, welcomes individuals into the space, and helps set the tone for introspective processes.</p>
Two	<p>A form of <i>pranayama</i>, the <i>three-part breath</i>, which guides individuals intentionally deepening the breath, moving from shorter, quicker breaths to diaphragmatic breathing to oxygenate and nourish the body (Denenberg, 2011). This is done in three steps. First, the breath is intentionally deepened during inhalations to expand the belly or abdomen region, then completely released. After a few cycles of part one, the breath extends further by lengthening inhalations to expand the ribcage, creating two steps before the breath is completely released. After a few cycles of parts one and two, the third part is added, which prolongs inhalations to their longest and extends the breath towards the chest, reaching up towards the collarbones. In yogic philosophy, the third part of three-part breath is referred to as 'breathing into the heart' (Gilbert, 1999). Breathing into these three sections continues for several rounds, then the natural breath is restored. This breath technique was selected for its accessibility, as it did not have any pre-determined ratios that apply a specific quotient for inhalations and exhalations, which may be inaccessible to individuals with different levels of lung capacity.</p>
Three	<p><i>Grounded breath</i> uses the breath as a mechanism to generate safety and stability throughout the body through breath observation and trailing (Edwards, 2008). With this practice, although the breath isn't altered in any way, by turning into <i>where</i> the breath is in the body and actively recognising the breath's movements throughout the body, a sense of embodiment and grounding is established within the body and the present moment.</p>

Table 5. Holistic Practices Index, Meditation

Workshop	Technique: Meditation
One	<p><i>Guided body-scan meditation</i>, consists of individuals progressively settling the attention on each body part starting from the top of the head to the bottom of the feet, intentionally noticing the state or condition of each area, acknowledging any tension which may be present, and gently releasing any tightness held within the body, while simultaneously sensing the body’s manifestation, by recognizing the weight of the arms, legs, and torso, and feeling any fabrics on the skin or cushioning on the ground (Gan, Zhang, & Chen, 2022). The body scan is thus a tool which incorporates breathing and introspection in order to create awareness of one’s internal environment.</p>
Two	<p><i>Mantra meditation</i> is a practice in which a word or sound is repeated to aid in concentration and awareness (Alper, 1989). In yogic practices, mantra meditations often entail chants, hymns, and songs surrounding yogic philosophical and conceptual ideas or prominent Hindu figures and deities (Gonda, 1963). We explored Ganesha meditation.</p> <p><i>Chakra Activation</i> is a meditation practice surrounding the yogic philosophical <i>chakra</i> system, which is an energy structure located from the base of the spine to the crown of the head. The meditation entailed attending to each of the energy centres and engaging with them gently to release any energetic blockages which may have been present.</p>
Three	<p><i>Mantra meditation</i> is a practice in which a word or sound is repeated to aid in concentration and awareness (Alper, 1989). We engaged in a person-centered approach to <i>mantra</i> practice by inviting individuals to focus their energy on one inspirational word which they would like to draw towards themselves, making the experience one which is authentic and applicable to any individual.</p> <p><i>Body alignment meditation</i> realigns the body through its centre and adjusts any imbalances which may be present. This is accomplished by anchoring the pelvis or sits bone into the ground or seat, and mentally lifting each vertebra of the spine up until the back is strait, releasing any compression in the spine in an effort to float the weight of the body upwards, which continues all the way to the top of the head, taking the neck and shoulders into account in order to develop intentionality, awareness of weight distribution, and proprioception throughout breath (Scott, 2013). This exercise gently brings attention to the subtle natural postural positionalities of the body and provides insight into where individuals may be holding tensions or misalignments.</p>

Table 6. Holistic Practices Index, Bodywork

Workshop	Technique: Bodywork
One	<i>Guided incremental shift practice</i> involves individuals being led through gentle stretches, where they shift attentively and softly, engaging their muscles to develop expansion and relaxation. In the workshops, participants were invited to move their bodies in any way that served them and, after the guided portion, were encouraged to focus on any areas that “called” to them.
Two	<i>Yogic postural practice</i> encompassed a moderate yoga flow using Sanskrit and soft, gentle movements that flowed into one another. As with incremental shift practice, participants were invited to move in any way that served them at the end of yogic postural practice in order to release any feelings, emotions, or tensions in the body that may have been lingering, and they were additionally invited to close their eyes in order to truly feel into their bodies.
Three	<i>Guided incremental shift practice</i> involves individuals being led through gentle stretches, where they shift attentively and engage their muscles to develop expansion and relaxation. In the workshops, participants were invited to move their bodies in any way that served them and, after the guided portion, were encouraged to focus on any areas that “called” to them.