### June 2008 - Section 2

## Labyrinths Matter - Newsletter

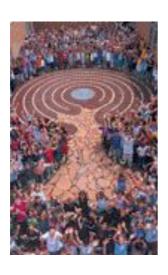
Australian Region of The Labyrinth Society, Inc.

"The labyrinth is an archetype of transformation.

Its transcendent nature knows no boundaries, crossing time and cultures with ease.

The labyrinth serves as a bridge from the mundane to the divine. It serves us well."

Kimberly Lowelle Saward, Ph.D., TLS President





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Labyrinth - A Tool for Health & Well-Being By Robert Ferre - Founding Member The Labyrinth Society, Inc.



## Spiritual Technology for Inner Healing The Vision for the Future.

Within the next decade or two, labyrinths will become standard and valued features of healing environments. Indeed, the process is well under way, with labyrinths at more than 170 healthcare facilities across the America, led in 1997 by California Pacific Medical Center in San Francisco.

The day will be soon be upon us in which no progressive architect will design a healthcare facility without including a meditation labyrinth. The day is not far off when patients, staff members, and doctors will insist that their existing facility install a labyrinth.

### **Unicursal Design**

"Labyrinth" and "maze" are often used interchangeably, referring to everything from tall hedges to video games, from designs in corn fields to a popular David Bowie movie. Meditation labyrinths are a different genre, however, in that they have a single path (hence, "unicursal") which leads unerringly, though circuitously, to the center, with no intersections or dead ends.

### Difference between a labyrinth and a maze



In this monograph, "labyrinth" exclusively pertains to unicursal meditation labyrinths. The diagram to the left illustrates the unicursal Chartres Cathedral labyrinth design.

Experientially, there is a vast difference between a maze and a labyrinth. A maze confuses, distresses, excites, and terrifies, whereas a labyrinth calms, heals, comforts, and balances.

### **Inner Healing**

Since science deals exclusively with the visible, observable, and quantifiable, scientific medicine, in turn, takes a reductionist approach, seeking to alleviate symptoms by prescribing drugs or surgery.

Labyrinths effectively address that area ignored by the scientific paradigm, namely, inner healing. Only in recent years has the medical community turned its attention to health design, environment, and patient-centered care, recognizing that the subjective and amorphous qualities of inner healing, such as attitude, state of mind, and beliefs, have an enormous effect on the effectiveness of a patient's treatment and recovery. More and more, patients themselves are demanding that inner healing be given equal emphasis to outer healing.

The new more holistic direction of healthcare has been largely passive, dealing with the color of walls, the view from the windows, and the design of home-like architecture. All are meant to calm and to comfort. Labyrinths, too, calm and comfort. Labyrinths represent the next step forward, in that they are active, not passive. They offer something the patient can do. In fact, labyrinths are pro-active, promoting well-being not just for patients, but for staff, health providers, doctors, visitors, and even the local community.

### Using labyrinths in Hospitals

A recent article about the labyrinth at Mid-Columbia Medical Center in Oregon quotes CEO Mark Scott as stating that the labyrinth complements the use of chemotherapy and radiation in cancer treatment.

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### Using labyrinths in Hospitals Cont'd.

In verification, a cancer patient agreed that walking the labyrinth gave her a sense of confidence and control over her treatment. Attitude towards one's treatment process (inner healing) has been shown to be a significant factor in the efficacy of that treatment (outer healing).

Three Rivers Community Hospital, also in Oregon, invites the local community to use their labyrinth. Programs have included a women's cancer support group, hospice butterfly release, survivors' labyrinth walk, holistic nurses retreat, candlelit memorial service, Spears Cancer Center walk, Day of Renewal walk, domestic violence awareness walk, Rotary Club walk, volunteer chaplaincy program, and more.

The labyrinth at California Pacific Medical Center is just outside the waiting room. Inside, there is a sign and brochures describing how to walk the labyrinth. Surgeons sometimes walk the labyrinth before performing an operation, to calm themselves. Nurses send anxious patients and family members to walk the labyrinth, reporting that they return more relaxed and focused.



Photo, above: Portable canvas labyrinth in use at St. Luke's Hospital, St. Louis, MO

Labyrinths can be used by both individuals and groups, either without guidance or as part of a specific program, such as dealing with AIDS, supporting the cancer journey, relieving grief or loss, or examining one's priorities.

The reasons for labyrinths in hospitals,

www.labyrinth-enterprises.com/articles.html

### Labyrinths as a Metaphor for Life

Metaphorically, labyrinths reflect the path of illness and recovery. Despite the many uncertainties and changes of directions, if we are diligent and stay the course, we will arrive at our goal. This is one of the most common insights reported by labyrinth walkers.

There are numerous books which use a literary metaphor to compare the healthcare system to a maze, in which the patient gets lost and becomes fearful and isolated. In a maze we do indeed lose ourselves, but in a labyrinth, we find ourselves. Walking a labyrinth is a type of pilgrimage, which takes us within, not just to the center of the design, but to our own center. That's where inner healing takes place. The labyrinth leads where science cannot enter.

### Labyrinths in Self-Care

Inner healing has many levels and aspects. It differs from person to person. With inner healing, there can be no standard dose, no specific regimen. Inner healing defies and baffles scientific method, but it is effectively embraced by the labyrinth. For this reason, labyrinths meet people wherever they are emotionally, spiritually, psychologically, leading them gently forward to the next step, and then the following step, and then the step beyond that.

Historically, healthcare settings and treatment modalities have been designed and controlled by men. As a result, they were largely impersonal, left-brained, and masculine, reflecting social, economic, and scientific influences. The movement toward more personal, patient-centered care has been directed mostly by women. Labyrinth walking fits into this softer paradigm. Being intensely personal, right-brained, feminine, and spiritual, labyrinths make a unique contribution to holistic healthcare, broadening its reach.

One group in need of self care are the employees and staff at health clinics and hospitals, who are frequently under a lot of stress. Staff retention is a major emphasis, as good people are hard to replace in today's marketplace. Labyrinths can offer a tool to help staff members cope with their important responsibilities.

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### **Scientific Verification**

For 30 years, Herbert Benson at Harvard University has championed the physiological benefits of meditation, which he calls the "relaxation response." He clearly shows that meditation slows breathing, heart, and metabolic rates, and lowers elevated blood pressure more effectively than drugs. As a form of walking meditation, the labyrinth produces the same verifiable results.

Ultimately, however, one cannot use the measurements of outer healing to adequately measure or verify inner healing. I am certain that careful, double blind experiments will show that labyrinth walking results in shorter recovery times, better attitude and compliance to treatment requirements, and fewer complications. Nevertheless, the use of labyrinths should not depend on scientific verification.

The fact that science and labyrinths speak different languages is a great benefit, not a detriment. Working together they address the complete person, physically and spiritually. Labyrinths offer an accessible, cost-effective, pro-active spiritual technology that does what science cannot do.

They overcome the inadequacies of the reductionist paradigm. Even in cases where outer healing fails, inner healing can still take place. Hence, hospices are beginning to discover the benefits of using labyrinths. Working in concert, medicine, design, environment, and labyrinths offer a whole that greatly exceeds the sum of its parts. Photo. A labyrinth we installed for West Clinic, Memphis, TN.



### **One View of Healing**

In physical healing, we can see the bone mend, or the drugs interact with the body, but observation is not explanation. Often we give our observed phenomenon a name.

When we see cells reproducing out of proportion, we label that behavior "cancer." To then say that the phenomenon happens because the patient has cancer, is to give cause to what is really an observation of the effect. The cause is metaphysical, beyond the physical, beyond explanation and understanding. The best that medicine, science, and even design and environment can do is to organize the external elements that have shown to be effective and then hope that healing follows. Statistics demonstrate that often healing does result, but sometimes, in identical situations, it doesn't.

Healing is not mechanical, it is spiritual. Just as scientific medicine organizes the physical elements, so does the labyrinth organize the experiential and spiritual elements that facilitate inner healing. From walking the labyrinth can come joy, hope, calm, balance. To the extent that the external malady reflects an internal, spiritual malaise, the labyrinth also offers outer healing. Labyrinths represent a methodology available to healthcare facilities to address critical non-physical circumstances. How? Being ancient and archetypal, labyrinths touch us at a very deep level. They take us far beyond the rational mind and the intellect, which are so highly valued by science, to our inner essence. Ultimately, all healing is spiritual, and the labyrinth is a spiritual technology.

The subject of labyrinths in healthcare settings is far broader than I have been able to cover in this brief monograph. It will be the subject of my next book on labyrinths. Meanwhile, my hope is that you, the reader, will get a glimpse of the potential value of labyrinths and inform yourself further about this fascinating and important spiritual technology. The future has arrived.

Robert Ferre

Email: robert@labyrinth-enterprises,com

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### Robert taking the labyrinth vision to Australia

### New South Wales

Activities are currently being planned. Details in the August edition of the newsletter. Contact NSW TLS Region Reps. Siobhan Christian <a href="mailto:shevybheig@hotmail.com">shevybheig@hotmail.com</a> Margaret Rainbird. margaret@vitalpeople.com.au

#### Victoria

**Saturday 18th Oct** Attending the Inaugural Victorian Labyrinth Gathering at St Margaret's Church in Eltham.

**Sunday 19 Oct** Masterclass Labyrinth Building Venue - Abbotsford Convent

**Monday 20 Oct** Spiritual Day with Michael Hansen

**Thursday 23 Oct** Health Forum AMREP Seminar Room Venue - Alfred Hospital Prahran

**Friday 24 Oct** Chartres Cathedral, Sacred Geometry and Symbolism. Venue - Campion Retreat Kew

**Saturday & Sunday 25 - 26Oct** Facilitator Training Workshop - Campion Retreat Kew

Contact: Geoff Rodda Victorian TLS Region Rep. groddabdav@iprimus.com.au

**Tasmania - Tuesday & Wednesday 21/22 Oct** preliminary thoughts are for a session with Landscape Architects, visit Botanical Gardens, Meeting with Healthcare Professionals, School Session on Sacred Geometry. Contact Jo Cook TLS Tasmanian Region Rep.

i cook@pjc.com.au

Western Australia 29/30 Oct Topic: Chartres Cathedral, Tracing the labyrinth through history & cultures, its revival & spirituality. A full day Masterclass Labyrinth Building Workshop. Contact: Beth Robinson TLS Western Australian Region Rep.Email <a href="mailto:bethr@iinet.net.au">bethr@iinet.net.au</a>

### Inaugural Victorian Labyrinth Gathering

A wonderful day of labyrinth walking and sharing will combine with story telling, creative reflection, building spirituality and labyrinths. A founding member of The Labyrinth Society, Inc. Robert Ferre, will bring Greetings from TLS. People from others States most welcome to come and share this special occasion. Contact Elizabeth Cerda-Pavia parishoffice@elthamresearchanglican.org.au

### The Labyrinth: A Tool for Health and Well Being

The Labyrinth has appeared in health settings in USA since 1997. However, in Australia whilst the labyrinth is known to have been used in spiritual, community and private settings for over 30 years it is only now that permanent outdoor labyrinths are emerging in our health sector. Portable labyrinths have been used in health settings in recent years but it is only this year that permanent outdoor labyrinths are being built. e.g The Children's Hospital in Westmead, Sydney and the Olivia Newton John Wellness Centre in Melbourne.

To find out more a public meeting is being held to explore the way the labyrinth are being used in health settings in Australia and to contemplate future directions.

**Key Note Speaker:** Robert Ferre "The Labyrinth - A Tool for Health & Well-being"

#### Forum Panel:-

- Professor David Castle, Psychiatrist St Vincent's Mental Health Service Melbourne
- Dr Michael Stevens, Oncologist Children's Hospital, Westmead Sydney
- Rev. David Dawes, Chaplain (invited)
   Peter MacCallum Hospital Melbourne
- Anita Gouthro, Nurse/Midwife Melbourne Masters Student Public Health - Labyrinth
- Jo Cook Teacher & Director Centre for Excellence Hutchins School Tasmania.

**Venue** AMREP (Alfred/Monash Research and Education Centre) seminar room.

- Alfred Hospital, Commercial Road Prahran Victoria.
- Thursday 23rd October 2008
- Labyrinth Walk Curious & Committed 6.30 - 7.15 pm
- 7.30 10 pm Labyrinth Health and Well-Being Forum
- Under cover car parking until 10.30pm

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Labyrinth Soothes Cancer Patient - Ancient Practice Used as Tool to Deal With Side Effects.

Reprinted with permission of www.cancerwise.com. Article Jan 2004.



Madeleine Manning stands next to a color labyrinth design while holding a wooden lap labyrinth.

During her cancer treatment last year, Madeleine Manning says only one thing seemed to help lessen her pain and nausea – an ancient spiritual tool called a labyrinth.

At the time, the 56-year-old Houston freelance writer and artist had been using labyrinths for nearly 10 years. So, the consolation she found in it was no surprise to her.

A labyrinth is a unique type of circle, varying in size, with a single path inside that twists and turns until it reaches a center. The path is designed to be followed to the center and back out again. It can be traced with a finger or walked on foot depending on its size.

The metaphoric tool is designed to take people who follow its path on a spiritual journey of sorts. It can provide some with peace, direction, clarity and healing.

For others, it simply mirrors whatever is going on in their lives, says Manning, who has volunteered to teach M. D. Anderson cancer patients to use the labyrinth as a complement to their medical treatment.

For others, it simply mirrors whatever is going on in their lives, says Manning, who has volunteered to teach M. D. Anderson cancer patients to use the labyrinth as a complement to their medical treatment.

### **Coping tool**

When Manning was receiving chemotherapy for ovarian cancer last year, she regularly took this journey using a wooden labyrinth. Although heavy, it was the size of a large pizza pan and fit in her lap.

Running her finger along its path somehow helped lessen her side effects, she says, which included a gag reflex and constipation.

"It is not a tool I understand, but it is not a tool I feel I have to understand," she says. "The labyrinth has helped me enormously. It became very valuable."

In addition to calming her cancer treatment side effects, the labyrinth also helped Manning decide whether to join a recurrence-preventive clinical trial after her regular ovarian cancer treatment ended. Doctors had told her that the study was optional and not necessary to her treatment.

During this particular walk, Manning brought two objects that she held in each hand while stepping along its path. One object represented enrolling in the trial; the other represented not enrolling.

Labyrinth users are often empty-handed, bringing with them only a question to be answered, a thought to consider, a prayer or just an open mind. Manning has walked, skipped and danced along the labyrinth path. To help herself get centered this time, however, she felt she needed slower movement and the objects.

"By the end of the walk it was clear to me that my energy was to go toward a normal life without another six months of medication," Manning says. She hasn't regretted her decision for a moment. Her cancer is still in remission and she continues to improve, although she realizes the strong likelihood of ovarian cancer recurrence, a common characteristic of the disease.

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Labyrinth Soothes Cancer Patient - Ancient Practice Used as Tool to Deal With Side Effects

Labyrinth designs have been found on cave walls, prehistoric temples and woven into Native American baskets. "I've probably walked it several thousand times, and I've never had two walks that are the same," says Manning, who is a member of the an interfaith group that built a portable canvas labyrinth and began to introduce it into Houston-area churches, hospitals and schools. For people suffering from serious illness, such as cancer, it can be very helpful, Manning says.

- Walk it find an indoor or outdoor labyrinth in your area
- Draw your own
- Buy a lap labyrinth
- Scan a drawing of a labyrinth into your computer; print it onto iron-on transfer paper and iron it onto a pillowcase
- Trace a paper labyrinth design with puff paint, so that you can feel the raised form of the pattern, allowing you to follow the labyrinth with your finger while your eyes are closed
- Place the drawing of a labyrinth in a clear pocket sheet protector and use it while waiting in doctor's waiting rooms

Manning encourages first-time walkers to let go of expectations.

During her first walk she felt confused and lost, a feeling that affirmed what was already going on in her life. It was a powerful experience. "I walked it 10 years ago for the first time and was entranced with it, and I began to walk it weekly," she recalls. "It became a part of my routine spiritual practice. The labyrinth is a very simple tool. It's very ancient, but I think it's the simplicity of it that I like the best." . . . . . . . .

Sadly Madeleine is no longer with us in body, but as evidenced by your request, to reprint this article, that her spirit lives on in us. Blessings, Kay Kemp Houston Labyrinth Network <a href="https://www.houstonlabyrinthnetwork.org">www.houstonlabyrinthnetwork.org</a>

The Labyrinth of Life - The Labyrinth By Paula McLeod.

This mosaic labyrinth at Kyneton was completed in February 2008 and was commissioned and blessed on March 16th 2008



It is the work of artist Karen Mahoney and was installed to commemorate the 150 year anniversary of the Catholic parish of Our Lady of the Rosary, Kyneton. The various shades of tiles, blue, grey and cream were chosen to represent the colour traditionally attributed to Mary, the hue of the bluestone church and the surrounding environment.

The labyrinth is accessible to the public and available to walk at any time at Our Lady of the Rosary Catholic Church 52 Eden Street Kyneton.

Situated in the church garden surrounded by majestic oak and chestnut trees and an historic bluestone church this mosaic medieval labyrinth is available to be walked at anytime. If a large group is visiting it is wise to contact the Presbytery to ensure that the labyrinth has not been booked for prayer, workshops etc. Contact: - 5422 1261

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## The Labyrinth of Life - The Experience By Paul McLeod continued page 8

Light rain had been falling and the sun was just beginning to break through the clouds, I could see the labyrinth glistening in the distance as sunlight glanced off the myriad of blue and grey mosaic tiles that formed this ancient circle. Tucked behind majestic old oak and chestnut trees in Our Lady's church yard, this medieval pattern from the great cathedral of Chartres in France lay waiting to be walked.

What is it about this ancient archetype that has captured the imaginations of spiritual seekers since the Middle Ages? There is profound simplicity in this circle with its meandering singular path that always leads one to the centre, to the Divine. Simply it is a walking meditation, a path of prayer that interweaves the mind, body and spirit, a metaphor for our spiritual journey. The only decision that needs to made is whether to take the first step onto the meandering path trusting it to lead you into the centre.

Standing on the threshold of Our Lady's mosaic labyrinth I was entranced by the glorious shades of blue that made up the path, every piece of tile had been individually shaped to reflect the diversity of each person's spiritual journey. I had come to the labyrinth that day longing to reconcile part of my life with God.

Pausing for a moment at the entrance I made the sign of the cross, acknowledging the Trinity of the Maker, the Lover and the Keeper, and prayed that I would walk with an open mind and trusting heart. In the centre, the resting place, I would listen for the still voice of God deep within me.

Stepping into the labyrinth and placing my bare feet on the cold winding path I felt the different textures of the tiles, their unevenness and the splash of small puddles from the recent rain. I watched as my feet moved slowly and rhythmically along the path. The details of my life gradually slipped away as I was drawn into the sacred liminal space of the labyrinth.

I walked, listened and waited.

The path drew me close to the centre but I knew that the next turn would pull me back to the margins of the labyrinth. Each time I came to one of the 28 turns I was reminded of the changes of direction that had occurred in my life.

Change that was often unexpected and challenging, sometimes leaving me feeling that I may have lost my way.

The labyrinth path gently reminded me that the turns in my life towards reconciliation and change of heart always lead back to the centre, to the One who longs for relationship with me

It was Autumn when I walked Our Lady's labyrinth for the first time and chestnuts from the nearby trees were scattered on the path in various stages of maturity.

Some were only partly opened; their prickly shells still tightly hugging the nut inside, while others were empty, revealing the soft inner shell that had cradled the growing chestnut. Then there were the shiny brown nuts that had completely let go of their shells. They were boldly lying naked on the blue tiles, urging me to pick them up and caress their smooth brown skin. These chestnuts on my path were to provide a powerful metaphor of my own spiritual journey.

As I entered the rose shaped centre of the labyrinth a question came into my mind, When would I be mature enough to risk letting go of my shell? I was holding a naked chestnut as I allowed my being to rest for sometime in the stillness of the centre.

When it was time to begin my journey away from the centre the familiar path unfurled before me. There was a lightness in my step and a feeling of reassurance as I returned to the labyrinth entrance still holding the chestnut.

As had often been my experience the labyrinth once again released a simple insight that I had not contemplated before beginning my walk.

# Labyrinths Matter - Newsletter Australian Region of The Labyrinth Society, Inc.

## The Labyrinth of Life - The Experience By Paul McLeod

Pausing to give thanks I stepped back into the realities of my life and the world beyond. Sitting on the steps outside the labyrinth I jotted down these words of Anais Nin in my journal – "The time had come when it was more painful to remain tightly in bud than to blossom."

Perched on my desk at home is the naked chestnut boldly reminding me that now is the time to risk letting go of my shell.

### **About Paula McLeod**



Paula McLeod lives at Kangaroo Ground, Victoria, in the green wedge of outer Melbourne with John and their two teenage children.

A psychologist and a refugee from the corporate world, Paula has a passion for women's spirituality and completed an MA (Theology) in this area. In 2007 she spent 2 weeks at Chartres Cathedral, France where she trained with Veriditas as a labyrinth facilitator. Paula conducts labyrinth workshops and facilitates "Outskirts" a healing program for church hurt women.

My classical 7 circuit labyrinth at home at Kangaroo Ground is also available for walking by appointment. Contact Paula McLeod – mcleods@biapond.net.au

Some Musings about Labyrinth Research By John W. Rhodes, Ph.D. Chairman - TLS Research Committee

It is human nature to ask six basic questions of the inquiring mind:

- Mhoś
- What?
- Where?
- When?
- How?
- Why?

Research is just a formalized way of seeking answers to these questions. Fortunately for all of us, humans have never been satisfied with answers such as:

- "Just because."
- "That's just how it is."
- "Take my word for it."
- "Don't question it."
- "You don't need to know."

Thanks to the ongoing efforts of Jeff Saward and other dedicated searchers and questioners, we have a good knowledge base of the "who, what, where, when, how, and why" regarding many of the historical and archaeological aspects of labyrinths. As they continue to search and question, this knowledge base continues to grow. A glance at the table of contents of the current issue of Caerdroia: The Journal of Labyrinths and Mazes confirms that this area of labyrinth research and inquiry is alive, well, and growing. http://www.labyrinthos.net/caer.htm

As the general interest in labyrinths grows, and as governing bodies of hospitals, hospices, universities, prisons, public parks, places of worship, and other venues are challenged to install labyrinths on their grounds and to incorporate the labyrinth into their respective practices, a new set of "what, why, and how" questions has come into focus.

• What do people experience when they walk a labyrinth (or interact with a labyrinth in other ways)? In other words, what are the "effects" of walking a labyrinth?

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### Some Musings about Labyrinth Research. Cont'd

- Why do people respond to labyrinths in these ways?
- How does the labyrinth interact with other factors so that people respond in these ways?

These are reasonable questions for governing bodies to ask when they are encouraged to allocate thousands or tens-ofthousands of dollars for constructing, maintaining, and supporting labyrinths. Unfortunately (or fortunately), these bodies are not convinced by responses such as "labyrinths are not science or scientific," or "labyrinths are experience based, not evidence based." We who are passionate, or at least enthusiastic, about spreading labyrinths and their use far and wide, are faced with a dilemma: How do we (or even should we) collect and present scientific or quasi-scientific evidence about the "what, why, and how" of labyrinths to audiences when appropriate and necessary, while still being faithful to what we know (or, as Sig Lonegrin would say, "gnow") is primarily an experiential phenomenon?

Fortunately for us, part of the solution to the dilemma lies in the labyrinth itself. The labyrinth warns us against dichotomous, or "either/or" thinking. The labyrinth and its many "effects" are both experience based and evidence based. The labyrinth and its many "effects" are both non-science and science. In the same way that an individual's aesthetic response to a particular musical performance is primarily non-science, so an individual's response to a particular labyrinth at a particular time is primarily non-science and experiential. In the same way that there is a lot of physics and physiology that supports and contributes to the aesthetic experience, so there probably is a lot of physiology and psychology that supports and contributes to the labyrinth experience. Our challenge is to discover and report this in an appropriate manner.

For example, in 2005 I developed a questionnaire to assess the effects of walking the labyrinth on ten physical and emotional traits.

The questionnaire asks the participant to respond using a five-step Likert Scale to several questions, including the following primary question: "Comparing how I felt before I walked the labyrinth with how I feel now, after walking the labyrinth, I feel ..."

In summary, from 59% to 75% of the respondents reported that they felt "much more" or "more" relaxed (74%), clear (59%), peaceful (74%), centered (75%), open (64%), quiet (68%), or reflective (74%) following a labyrinth walk than before a labyrinth walk. Additionally, from 58% to 68% of respondents reported that they felt "much less" or "less" anxious (63%), stressed (68%), or agitated (58%) following a labyrinth walk than before a labyrinth walk.

This study compiles and reports the results from 160 respondents across seven labyrinth events and 16 labyrinths of various designs. In another analysis of 122 respondents across nine labyrinth events, using the same instrument, from 62% to 88% of the respondents reported that they felt "much more" or "more" relaxed (88%), clear (62%), peaceful (87%), centered (81%), open (72%), quiet (85%), or reflective (80%) following a labyrinth walk than before a labyrinth walk.

Additionally, from 69% to 80% of respondents reported that they felt "much less" or "less" anxious (73%), stressed (80%), or agitated (69%) following a labyrinth walk than before a labyrinth walk. The questionnaire also gives respondents an opportunity to provide and rate other words that describe their labyrinth experience and to rate the impact of various environmental factors on their overall labyrinth experience.

Are these studies "scientific?" Probably not. Deliberately there was no attempt to randomly select participants. Deliberately there were no efforts to control "extraneous" sources of variance. Deliberately, in an attempt to be non-intrusive, there was not a pre-test. Are the results useful? Probably so.

The studies were conducted with "real" people, at "real" labyrinth events. The data were collected in a non-intrusive manner that did not interfere with or possibly "pre-program" the participants' labyrinth experiences.

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## Some Musings about Labyrinth Research Cont'd

The data were collected at several labyrinths events, in several states and on two continents, with remarkably similar results across labyrinth events. Should more continents, with remarkably similar results across labyrinth events.

Should more rigorous, controlled, "scientific" research studies be conducted and reported? Yes, and they are.

However, care must be exercised in interpreting the results of these studies. It is easy to be lulled into the obvious interpretation that those participants who reported being "more" or "much more" relaxed, clear, peaceful, centered, etc. and "less" or "much less" anxious, stressed, and agitated following their labyrinth walk had a "good" labyrinth experience. This interpretation is deceptive and false. For example, one participant reported being "more" anxious, stressed, and agitated and "less" quiet following her walk than before. This is opposite from the "expected" responses. Her response to an open-ended question on the questionnaire gives a clue to her ratings: She walked the labyrinth "to get someone off my mind, but it just made me hate her even more." Was this a successful labyrinth walk? Probably so! The labyrinth is a metaphor for the journey of life.

Different people respond to labyrinths in different ways. The same person responds to the labyrinth differently at different times. This must be honored when interpreting the results of labyrinth research studies.

People now are asking the "what, why, and how" questions about the labyrinth. Simply because it is human nature to ask these questions, it is incumbent on labyrinth enthusiasts to provide thoughtful, well-researched, answers presented in an authentic and appropriate context.

John W. Rhodes, Ph.D. Chairman, Research Committee The Labyrinth Society Veriditas-Certified Labyrinth Facilitator June 2008

# Research Proposal with ADHD Children and Cretan Intuipath® Finger Labyrinths. USA By Neal Harris

Parents, Schools, Facilities & Therapists working with ADHD-diagnosed children (combined type) wanted for non-medication, alternative therapy, 4-week research study. Children taking medication and those currently not doing so are eligible. relax4life@comcast.net or www.relax4life.com



Parents and Teachers please connect to this website for the Information Sheet and a printable questionnaire.

It is estimated that 3-5% of school-age children in the US are diagnosed with ADHD, making this the most commonly diagnosed psycho-social disorder in childhood (Shaw, 2007). The DSM IV-R outlines three general categories of symptoms that are characteristic of this condition; hyperactivity, impulsivity and inattention.

Over the past 10 years, compelling anecdotal reports were made to Relax4Life from teachers introducing children to the Intuipath® double finger labyrinth design (a mirror-image, inlaid wood labyrinth design involving the use of both hands simultaneously moving in opposite directions.)

Reportedly following recess periods, children using the Intuipath® appeared to calm down quickly which led to better attention span, mental focus and greater impulse control.

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## Research Proposal with ADHD Children Cont'd By Neal Harris

It has been suggested previously that the Intuipath® design stimulates both sides of the brain simultaneously, thereby pairing reasoning, problem solving and language skills (left hemisphere) with intuition and creativity (right hemisphere). This effect, known as Brain Synchrony, creates a preponderance of alpha and theta brainwave states, leading to enhanced mental relaxation (Fehmi & Fritz, 1980; Hutchison, 1994; Harris, 2002).

Discussions with Occupational & Physical Therapists strongly indicate that simultaneously engaging both sides of the brain (by moving limbs from both sides of the body simultaneously, creating Brain Synchrony) can lead to functional brain pathways in one hemisphere, finding ways to take over the workload of weak or dysfunctional pathways in the same or opposite hemisphere. Furthermore, mental relaxation (brought on by Brain Synchrony) is one of the keys to children developing and demonstrating greater adaptive responses and choices to various environmental stimuli. This ability is known as Integration (Ayres, 1979). Sensory The research question is whether children diagnosed with ADHD-combined type or ADD with Hyperactivity, who use an Intuipath® finger labyrinth (to develop mental relaxation brought on by Brain Synchrony) for a specified amount of time, will show a reduction in the behavioral symptoms associated with this condition (hyperactivity, impulsivity and inattention) over ADHD-diagnosed children who engage in a similar activity for the same amount of time.

Children, (ages 7-17) diag-Methodology: nosed with ADHD combined type or ADD with Hyperactivity, will be chosen to participate based on whether or not they are currently taking medication for the condition. Those currently not undergoing behavior-altering medication therapy (or who have ceased behavior-altering medication therapy a month or more before) will make up Groups 1 & 2. Those currently taking behavior-altering medication for the condition will comprise Groups 3 & 4. Children in Groups 1 and 3 will be verbally trained (using a standard script) on how to "play" simultaneously (using a finger from each hand) with an Intuipath® for Children & Adolescents by a parent, educator or therapist. Study participants will be supervised in this activity at approximately the same time each day, for 5 minutes per session, from 3-5 times/ week for 4 consecutive weeks. This unstained material affords a light sandy tactile sensation in the finger grooves and therefore is felt to be a tactile-rich way to engage these children in the activity. Children in Groups 2 & 4 will receive a tray filled with an inch of sand and will be briefly instructed (using a standard script) to move a finger of both hands through the sand anyway they want at approximately the same time each day, for a period of 5 minutes, 3-5 times/week for 4 consecutive weeks.

A behavioral observation rating scale (the ADHD-SRS, Holland, Gimpel & Merrell, 2001) that focuses on the severity of the targeted behaviors (attention span, impulse control, mental focus and the ability to sit still) will be filled out by either a parent, teacher or therapist on each child before the study begins, at the end of the 4-week treatment phase and again at 6 weeks to determine any continuing effects. The rating scale consists of 56 items that have been normed with high validity and reliability on children ages 5-18. The scale typically takes from 10-15 minutes to complete.

A statistical analysis will then be performed to determine any statistically significant changes among the 4 groups before the treatment phase (control groups) at 4 weeks and again 2-weeks post treatment.

### References

- 1) Ayres, A.J. (1979). Sensory integration & the child. Los Angeles: Western Psychological Services.
- 2) Fehmi, L., & Fritz, G. (1980). Open focus: The attentional foundation of health & wellbeing. Somatics, 2, p. 34-40.
- 3) Harris, N. (2002). Effective short-term therapy utilizing finger labyrinths to promote brain synchtrony. Journal of the American Psychotherapy Association, September/October, p. 22-3
- 4) Hutchison, M. (1994). Megabrain power. New York: Hyperion.
- 5) Shaw, P. (2007). Attention-deficit/ hyperactivity disorder is characterized by a delay in cortical maturation. Online Proceedings of the National Academy of Sciences, December 4.

## Labyrinths Matter - Newsletter Australian Region of The Labyrinth Society, Inc.

### Teenagers Walking the Path -By Paula McLeod

It is always a pleasant surprise to receive a request to facilitate a labyrinth experience for a secondary school. In her book "Kids on the path" (School Labyrinth Guide) Marge McCarthy explains the value of using labyrinths in schools today. She says: Children today feel pressured - to succeed academically, to excell at sports, to be popular, to participate in a multitude of after - schools activities and to please their parents and teachers. The labyrinth is a tool that allows children to slow down momentarily in the midst of their busy lives.



http://www.labyrinthresourcegroup.org/kids o n the path part 1.pdf

Working with teenage students in a contemplative environment has both rewards and challanges for the facilitator. Recently I had the pleasure of facilitating a labyrinth walk for Year 8 students as one of the activities for a Reflection Day designed to expose students to different forms of meditation.

Initially most students feel quiet self conscious about walking the labyrinth. A simple introduction is essential and helps to put the labyrinth in a context and language that they can relate to.

Encouraging students to switch off from the distractions of the SMS they received that morning, the IPOD songs running through their heads or the level they are going to reach on a computer game that night highlights that their time in the labyrinth is a time to tune out and just be themselves.

I must acknowledge Gemma, my 15 year old daughter who helped write an introduction for teenagers which includes the quote from Justin Timberlake.

Oh and for her rather direct advice - Don't use the word cool Mum, it just doesn't sound right nothing like a teenage daughter to set one on the right path!

A brief ritual before entering the labyrinth helps students to focus momentarily before beggining to walk and what a delight it always is to see the many different responses the labyrinth draws from them.

Some walk slowly, others occasionally break into a jog, some skip while others move their whole body as they embrace the moving meditation of the labyrinth through their body, mind and spirit. Almost every time I watch their initial self-consciousness dissipate as the young adults are momentarily in the sacred space of the labyrinth.

The journalling and de-briefing discussion at the conclusion of the walk provides further insight into the power of this ancient archetype. As one student commented: "It's good to take some time once in awhile to just let your mind run free"



The creative possibilities for using the labyrinth with both primary and secondary students are endless. It is hoped that more schools will take the initiative to include a labyrinth experience in their self-development programmes for both students and staff.

Paula Mc Leod - mcleods@bigpond.net.au

Australian Region of The Labyrinth Society, Inc.

### Labyrinths - Keeping The Population Healthy. By Anita Gouthro

Hullo, I am a mature age student with Latrobe University, in Melbourne. This year I have been handed the privilege of a labyrinth project as my last subject for my Masters in Public Health. From not really knowing much about labyrinths I am now pleasantly becoming quite hooked on them, and thus now finding myself an enthusiast.

My back ground is nursing, with may years experience in midwifery, paediatric intensive care to remote nursing in Australian communities and over seas such as in Kashmir where I lived a few years ago in a tent for 10 months, OK I am not a spring chicken.



My work aims to promote labyrinths use in the public health area. Public health approaches 'population' health problems as well as looks at 'keeping the public healthy' compared to treating actual illness

When my work is completed I shall hand in a detailed report to the University and also hopefully have an article accepted to a recognised medical magazine. With the help from the many Labyrinth people that I have met so far (personally, internet and networking) and the research that I have found and been given, I have now gathered quite a lot of substance to give weight to my work which is wonderful. The best of all this year will be that I will be Labyrinth educated from unknowing, and have a whole lot of new friends and ideals.

If anyone out there wishes to share any research they know of, or other articles of interest that you feel I may be interested in, you can contact me via the Labyrinth society email address. <a href="mailto:larodda@iprimus.com.au">larodda@iprimus.com.au</a>

## Meditate 08 Expo Melbourne Museum By Lorraine Rodda, TLS Australian Region Rep.

It was an amazing day of activity and fun as people gathered around the table to learn about the labyrinth. The lack of hustle and bustle in these photo's is not reflective of the day's excited activity. In particular there was special interest in watching the DVD about how labyrinths were being used in schools as well as the double classic labyrinth for finger walking.

A team of seven people took turns in servicing the Information table, going to hear speakers at the conference and attending workshops. Pictured below are Geoff Rodda, TLS Region Rep. for Victoria, Trudy Sebaly TLS Member & Co-Convenor for the Labyrinth Gathering and Junitta Vallak, a labyrinth activist for more than 20 years...... Also present were Christina Green, Sandra Lacy and Rosemary Mangiamele



There was an impressive display of finger labyrinths. Art works were contributed by Leesa McDonald and Junitta Vallak. The display board was filled with fantastic photo's contemporary labyrinths including a beautiful labyrinth created with flowers, berries and gum leaves and an amazingly modular labyrinth. Rosemary & Geoff in photo below



Australian Region of The Labyrinth Society, Inc.

### Meditate 08 Expo Melbourne Museum Cont'd

The Conference and Expo provided a wonderful balance between the theory of meditation and its practical application. This was interspersed with a wonderful variety of music workshops enabling participants to "tune in"



Meditate 09 is an event not to be missed. The Inaugural Conference was superbly organised and a credit to Garth Stone and his friends. Garth was delighted to have the labyrinth in the Expo and has plans to include the labyrinth within the Conference program next year and to have a walkable labyrinth for the practical experience.

The Labyrinth Society, Inc, distributed 200 brochures through the Conference Folders with an insert of Robert's monograph "Spiritual Technology for Inner Healing" "The Vision for the Future". A further 64 brochures were also give out throughout the day.

#### The "Kids on the Path" DVD



The School Manual and DVD \$US35.00 Please place your order directly to Marge McCarthy LRG-SantaFe@comcast.net This is a paypal site.

### **Double Finger Labyrinth -**

The double labyrinths come in two sizes. The 13 inch by 6.5 inch size is \$US 34 plus postage This was on display at the Expo. The other is much larger, about twice as large is \$US64 plus postage. These prices are subject to change due to the fluctuating price of plastics Both are available in black or white plastic.



Please place your order directly to Lisa Moriarty Email: <u>labyrinthlady@gmail.com</u> **www.pathsofpeace.com** 

### TLS Australian "Labyrinths Matter Newsletter".

The newsletter is free of subscriptions and membership. To put your name on the mailing list please contact Lorraine Rodda, TLS Australian Representative lgrodda@iprimsu.com.au Ph 03 56785638

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