

ATHABASCA UNIVERSITY

INTEGRATING NATIVE TRADITIONAL SPIRITUAL HEALING CONCEPTS IN A  
COUNSELLING SETTING: A LITERATURE REVIEW

By

Fran deVries-Buchanan

A final project submitted to the Campus Alberta Psychology Counselling Initiative in partial  
fulfillment of the requirements for the degree of  
MASTER OF COUNSELLING

## DEDICATION

This project is dedication to my children Matthew and Ashley Buchanan. May you walk connected in mind, body, emotion and spirit for a better tomorrow.

**CAMPUS ALBERTA APPLIED PSYCHOLOGY:  
COUNSELLING INITIATIVE**

***SUPERVISOR SIGNATURE PAGE***

**Faculty of Graduate Studies and Research**

The undersigned certifies that she or he has read and recommends to the Faculty of Graduate Studies and Research for acceptance, a final project entitled **Integrating Native Traditional Spiritual Healing Concepts in a Counselling Setting: A literature Review** submitted by **Fran deVries-Buchanan** in partial fulfillment of the requirements for the degree of **Master of Counselling**.



**Dr. Paul Jerry  
Project Supervisor**

**March 15, 2007  
Date**

**CAMPUS ALBERTA APPLIED PSYCHOLOGY:  
COUNSELLING INITIATIVE**

***SECOND READER SIGNATURE PAGE***

**Faculty of Graduate Studies and Research**

The undersigned certifies that she or he has read and recommends to the Faculty of Graduate Studies and Research for acceptance, a final project entitled **Integrating Native Traditional Spiritual Healing Concepts in a Counselling Setting: A literature Review** submitted by **Fran deVries-Buchanan** in partial fulfillment of the requirements for the degree of **Master of Counselling**.

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## ABSTRACT

The purpose of this paper is to conduct a literature review on existing traditional Native spiritual knowledge. In the first section of the paper, that knowledge is contrasted with the Western paradigm of empirical reductionism. A comparison of the basic premises underlying cultural comprehension of human nature leads to a simplified definition of a Native spiritual paradigm of understanding. Theoretical foundations based on current academic literature are compared to a perspective of the Native American Medicine Wheel illustrating a common genus of holism. In the second section of the paper, the literature review demonstrates theoretical and applied areas of multiculturally relevant healing initiatives. Transpersonal and Individual psychology are determined to be comparable to tenets within the Medicine Wheel depicted in this paper and commonalities are explored as a means of increasing understanding in counselling. Feminist theory and the multigenerational trauma model are explored as a means strengthening the working alliance and facilitating dialogue between cultures. The third and final section of the paper synthesizes and integrates relevant aspects when attempting to integrate Native spiritual concepts into a counseling framework to be actualized in a counseling setting.

## ACKNOWLEDGEMENTS

I am deeply grateful to Mohawk Elder, Diane Longboat for her years of patience and her continued support as I grapple with understanding a traditional spiritual way of life. I want to formally acknowledge Ojibwa Elder and Chief, Dave Courchene Jr. (Nii Gaani Aki Inini) for his resilience in pursuing his vision of peace for all Nations. I am indebted to Liz Carlson for her gracious help in providing information on Multigenerational trauma and White healing; to Sabina Ijaz for her perspectives on Sovereignty and cross cultural healing initiatives. I am further grateful to the late Dr. Jerry Campbell, former chair of philosophy at the University of Waterloo, for being a mentor and for his tutelage in philosophy and ethics; to Dr. Jean Becker, professor of Indigenous Studies at Laurier University, for her contribution in putting ideas together for this project. I want to thank Professor Dan Longboat, Indigenous studies Trent University for his gracious consent to include Haudenosaunee Six Nations Longhouse teachings in this document. I also want to acknowledge Dr. Paul Jerry for encouraging me to take on this topic as my final project. I want to thank my husband for his patience listening to revisions and his advice in preparation of the material. Finally, I want to thank all our sets of Grandparents who watched the children for weeks on end so that this paper could become a reality.

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## INTRODUCTION

Hi my name is Leading Earth Man. I come from the Eagle Clan. Long ago the Anishinabe people dreamt they saw the future when the humans would be lost and the earth would change. It would be at this time that the Creator would lower the spirit of the ancestors to come and teach the people and guide the people. It would be at this time of change that the Anishinabe was to believe in his way of life. He would love to pray. He would love to dance the Sacred Dance. He would love to depend on his sacred gift of the pipe to make his spirit strong. Use these sacred songs when you pray and when you dance to the spirit.

- David Courchene Jr., Ojibwa Chief and Healer

(Red Shadow Singers, 2003)

Natives in North America embody a wealth of traditional information key to addressing health and healing in their communities (Royal Commission Report on Aboriginal Peoples, 1996). This information contains wisdom in the form of spiritual healing. The purpose of this literature review is to honor Native wisdom by reviewing, describing and synthesizing existing literature on Native spiritual healing. This will be done by reviewing literature that focuses on Native spiritual wisdom to inform researchers and counsellors in clinical practice.

Historically, differences between the Western paradigm and traditional Native knowledge have created barriers in terms of understanding culturally appropriate definitions of health and wellness. These fundamentally different worldviews produce monologues between each culture resulting in an imposition of the paradigm of the dominant culture upon Native existence (Garrett & Wilber, 1999). This pattern has oppressed Native people and

silenced their lived experience (Offet-Gartner, 2005). Hearing from Native experience can inform and round out understanding of their paradigm and the things that are considered important in their unique spiritual healing journeys (RCAP, 1996).

In an attempt to bridge understanding of both cultures, definitions of health and wellness are required. Healing literally means wholeness (*holy* and *heal* both derive from the Anglo Saxon *haelen*, meaning “whole”) (Barasch & Seigel, 1995). For our purposes, health is being considered from a whole or holistic perspective whereby healing is composed of balancing the four quadrants of being: spirit, emotion, mind and body (Hattie, Myers & Sweeney, 2004). Wellness is achieved through interdependence of these variables in relation to a Creator, the world, each other and within oneself (Hattie, Myers & Sweeney, 2004). Native traditional knowledge is being defined as spiritual knowledge, passed orally from Elders into the community (Roberts, Harper, Tuttle-Eagle Bull & Heideman-Provost, 1998). This includes information received within Native spiritual ceremony through smoking the pipe and vision (Garrett & Wilber, 1999; Offet-Gartner, 2005). For the scope of this paper, documented literature on that information will be used in an attempt to draw a clearer understanding of Native spiritual healing.

In the first section, a history of both paradigms will be outlined to provide an understanding of core premises of human nature as seen from both cultures. From the existing literature, theoretical foundations will be identified. They will provide a clear rationale for the theoretical frameworks that were selected for this project. In the second section of this paper, the literature review and the procedures taken in the literature review, will be discussed. A synthesis of the material will be provided noting prominent themes as

well as areas of future interest. The third and final portion of this paper will propose to integrate existing theoretical literature on Native spirituality into the counseling experience.

Further, it is important to recognize the subjectivity of the concept of *healing* presented. It is an ethical responsibility to recognize the diversity inherent in Native concepts of healing and use of the Medicine Wheel. Extrapolation of unifying principles, without negating diversity of culture, is a daunting task. Attempts have been made to avoid parsimony wherever possible, however it is recognized that adaptation requires subjectivity and that subjectivity, by necessity, transforms information into a reflection of the worldview of the storyteller (Thomason, 2000). To incorporate theoretical literature into a coherent personal account of a Native healing process, intrapersonal reflection is required. This paper is a result of that personal reflection. A final caution pertains to the complexity within Native healing processes and within the multifaceted layers of meaning within the Medicine Wheel. As such this paper can only propose to touch on a basic structure which is in no way meant to negate the complexity of Native spiritual concepts of healing. In actuality nothing about First Nation beliefs, values, culture, history, or worldview is simple. For a more comprehensive understanding of Native spiritual healing, tribe specific information is required. This information is best gathered from specific individuals and Elders within Native communities themselves. The intent of this paper is merely to attempt to bridge psychological and Native spiritual theoretical understandings of humanity, within the limits of the author's understanding.

## PART ONE: CHAPTER I

### Project Scope and Rationale

#### *Research Questions*

This paper looks at traditional Native spiritual practices and current counselling practices to see if there are common elements in which to facilitate dialogue between a Native worldview and a Western worldview. How can we connect individual and collective aspects of healing? What are the origins of the problems and what are the needs of the present generation? What can be done to increase relevance of service arising from these common elements? These questions are explored in this review.

#### *Addressing Native People*

Native people have been called many names over the years. They have been named many terms such as ‘Indian’, ‘Aboriginal’, ‘Indigenous’, ‘First Nations’ and ‘Native’. There is no consensus as to an agreed upon preference (McCormick, 2005). For that reason the author has chosen “Natives” as a consistent manner for addressing the Original People of Turtle Island. In using this term it is important to remain cognizant of the diversity inherent in the many Native nations and that utilization of a common term is with no intention of negating that diversity.

#### *Why is the project worthwhile?*

This project is worthwhile because there is a need for increased multiculturally competent counselling (Pettifor, 2001). Competence increases when self awareness increases (Offet-Gartner, 2005; Pettifor, 2001). By outlining the worldviews and linking psychological theory with Native spiritual ideology, unique and common elements are brought to awareness. Although there is no one Western worldview as there is no singular Native

worldview, there are dominant discourses from which a common theme is drawn for this paper (Arthur & Collins, 2005). The features within this dominant discourse underlie assumptions behind human behavior and affect how others are treated.

### *Non-Discriminatory Practice*

There is an increasing recognition of discriminatory treatment towards marginalized groups such as racial/ethnic minorities in the areas of prejudice, stereotyping, racism and sexism, demonstrate that multicultural efforts have not adequately addressed oppression (Toporek, 2004). Well meaning “non-discriminatory” practices and policies attempted to equalize treatment based on the assumption that “everyone was to be treated the same” (Pope-Davis & Coleman, 1997). Differential treatment was equated with discrimination (Pope-Davis & Coleman, 1997). From this understanding existing structures need not reform, but rather aim for equal access to existing services. Pope-Davis and Coleman (1997) stated that these mono-cultural assumptions continue to underlie misunderstanding between equal treatment, equal access and opportunities in multicultural counselling. Therefore this paper proposes overcoming the presupposition of ‘equality in sameness’ by moving towards a model of ‘equality in difference’ as a primary step for implementing non-discriminatory, multiculturally relevant practice.

### *Acculturation and Identity Formation*

A related concern in discerning appropriate treatment for diverse groups in society pertains to the degree of acculturation experienced by any given group or individual (Thomason, 1991). The benefit of looking at acculturation is to address culturally specific needs within the counselling environment (Arthur & Collins, 2005). The scope of this paper is specifically looking at non–acculturated (traditional) Native wisdom, transmitted through



traditional healers as well as Elders, as a force in keeping diverse Native cultural identities intact. Native people are a heterogeneous group whose level of sameness or difference compared to European benchmarks is not the aim of this paper. Having said that, the impact of acculturation for the Native population in general shows that there is enough heterogeneity to warrant a diversity of counselling methods tailored to suit individual needs (Poonwasie & Charter, 2001). As such, this issue will be briefly discussed in the implications and synthesis section of this paper. Counsellors can benefit from studying client's culture but need to keep in mind varying degrees to which they represent their culture (Thomason, 1991). Peterson (1995) suggests that a counsellor can begin to explore these issues by focusing on similarities and differences in worldviews. This paper proposes to highlight some of the components within those worldviews.

This paper addresses the unique voice of the Native wisdom keepers, which are comprised of healers and Elders, in an attempt to respectfully portray a worldview that remembers the delicate balance between 'equality in difference' and 'unity in diversity'. The challenge is to portray how two minds, so far apart in worldview, can live together and heal together in a way that can respect the wisdom held within both cultural frameworks. This task proposes to synthesize existing literature into a coherent package which allows for individual tailoring within a model of unity. After reviewing the literature, it is apparent that there is a wealth of information specific to addressing Native needs.

#### *Personal Assumptions*

There are many assumptions being made in this paper. Such as:

- Native and European worldviews have something in common.
- Within that commonality there can be a bridge in communication.

- That bridge can act as a catalyst to increase understanding.
- Increased understanding increases self awareness.
- Self awareness has the potential to increase the call to treat one another with increased integrity and respect.
- This respect would help the working alliance within the counselling environment.
- This would translate into increased culturally relevant counselling service for traditional Native populations.

Further, there is a certain measure of subjectivity inherent in my interest in covering this topic. This review of Native traditional spiritual wisdom is influenced by that personal interest. As a European woman, who has been fortunate enough to participate in ceremonies for almost a decade, I am indebted, and continue to learn about my own healing journey from the wisdom keepers of traditional Native spiritual knowledge. Native spiritual groups are rarely open to non Native people, as there is much at stake should traditional wisdom be abused, twisted and taken out of context (Twofeathers, 1997). I am humbled to have been trusted to learn from this source of healing wisdom. I have struggled with how to respectfully honor the Seven Laws, the Medicine Wheel and the Ancestors through this medium. Taking the information away from the land, away from the sacred hoop of life, decreases meaning and relevance and that is a concern and a limitation. Since Native traditions are *earned* (through experience) and not *learned* (through the mind), transmitting relevant commonalities through the written word poses a real challenge.

All I really know is that both cultures are currently engaged in a multigenerational problem, which continues to spread down to the unborn. It lives as a legacy of mistrust,

shame, anger and misunderstanding. I am proposing acknowledgement of the best of both traditions as a preliminary step in facilitation of human healing. What comes of it Creator only knows.

Meegwetch/ Thank you for listening.

#### *Procedures of the Literature Review*

For the scope of this project, the focus was on conducting a thorough literature review of qualitative research studies related to Native traditional spiritual beliefs. Research studies were obtained from a variety of sources including primary journal articles, literature reviews and systematic reviews. Qualitative studies in a variety of fields such as Psychology, Native studies, Religion, Science, Social Work, Sociology and Social Welfare were used to round out existing information. Where themes of holism and humanism were identified the search was expanded to include existing psychological theories and general information on those topics.

#### *Inclusion/Exclusion Criteria*

Inclusion and exclusion criteria were subjectively determined from within the knowledge base of the author. Theories were limited to culture infused perspectives which hold holistic premises to ensure a good fit with Native Medicine Wheel model of human wellness. Human wellness was defined from within a holistic framework. As such any definitions proclaiming a mind based or physical base were not considered sufficient for this literature review. Recent studies (between 2000 and 2005), with availability of full-text electronic format, were selected as a first choice. Upon reflection however this search criteria was widened to include data available from the last 20 years. This was because of the limited availability of information specifically pertaining to Native traditional spirituality. North

American Natives, with a primary focus on Canadian and U.S. based literature, was selected. This eliminated Aboriginals in Africa, India and Australia from the research information. Finally, to gain an inside perspective of a Native voice, research such as cultural literature and personal communication with Native (Mohawk, Ojibwa, Iroquois and Cree) Elders was submitted as part of the literature review.

### *Steps in Conducting the Literature Review*

The following is a description of the specific steps that were taken in conducting the literature review. Leedy & Ormrod (2005) guidelines for qualitative research were utilized in this review. To render the specific steps more tangible, Mertens (1998) model is outlined below.

#### *Step 1: Identify a Research Topic*

I chose this topic because of the future implications for the field of psychology as an area for multicultural development. I am interested in further development of programs which bridge gaps of knowledge of healing paradigms beneficial to psychology and counselling as a profession.

#### *Step 2: Review of Secondary Sources*

Searches were conducted in secondary sources to obtain a general overview of the topic of Native spiritual traditions. Search words of “Native”, “healing”, “spirituality”, “theory”, “counseling” were entered into various search engines resulting in a number of findings relevant to the literature review.

#### *Step 3: Develop a Search Strategy*

The Campus Alberta electronic library was accessed to identify appropriate sources. Relevant preliminary sources included Academic Search Premier, EMBASE (1996 to 2007

week 1), Journals@OVID full text; Sept 30, 2006; Psych Info (2000 to January 4., 2007); Health and Psychosocial Instruments (1985 to January 2007). The First Nations Periodical Index was also accessed to obtain Native derived literature. Many of these articles turned out to be books on the topic of Native Spirituality. The CAAP Final Project Thesis forum was accessed and final projects with relevant themes and topics from 2004- 2006 were downloaded and printed. A Google search engine to access specific leading Native Community member information was conducted. The Yahoo search engine on the World Wide Web (WWW) was also utilized to search for specific Native focused content.

*Step 4: Conduct Search and Select Titles*

A search was conducted within each preliminary database to identify literature that was related to the themes of Native culture, historical events, spiritual revival and healing interventions. The search was limited to full text, English language articles published within the last twenty years. Keywords of holism, counseling, spirituality, Native history, theories and healing were used. A symbol of (\*) was added to each word to capture all versions of the words used. Articles were retrieved from the following journals: Canadian Journal of Counselling, Journal of Mental Health Counselling, Journal of Multicultural Counselling, Personality & Social Psychology Bulletin, Navajo Community Press, Journal of Individual Psychology, Psychological Inquiry, Journal of Transpersonal Psychology, Journal of Psychiatry & Neuroscience and Journal of Sociology and Social Welfare. This approach was used until a point of saturation was reached. This occurred when no new information was retrieved.

#### *Step 5: Obtain Titles*

A full version of each electronic article was retrieved and printed. Articles were related to cross cultural counseling, ethics, Aboriginal epistemology, human nature, freewill and determinism, spirituality and Native healing traditions. These were cross referenced with psychological theory. A total of 66 full text articles specifically related to Natives, healing and spirituality were identified from the electronic databases and electronic journal articles. After screening each article, 31 were excluded for relating too specifically to substance abuse rehabilitation or for being only vaguely related to the topic within this literature review. 35 studies met the inclusion/exclusion criteria of this review. Supplemental information in the form of books, personal communications and websites round out this information.

#### *Step 6: Read and Prepare Bibliographic Information and Notes*

Each article was reviewed in a systemic fashion. Each article was reviewed to determine if it was appropriate for the scope of this review. Structured notes recorded relevant data searching for themes, paradigms and premises underlying Native cosmology.

#### *Step 7: Evaluate the Research Reports*

Any approach that was not culturally infused was not considered in the literature review. In assessing research, soundness of theoretical models and data analysis methods were considered. The strengths and limitations of each study were measured when evaluating conclusions.

#### *Step 8: Analyze the Research Findings and Synthesize the Results*

The goal of evaluating the research was to get a good look at the literature available on Native spiritual cosmology and to link this information to existing psychological theories.

Common factors of interconnectedness and holistic interpretations of human functioning reveal common patterns within Native healing models. Whenever possible, original quotations by the authors were used. The themes were compared to one another outlining commonalities and differences.

*Step 9: Use the Synthesis to Develop a Conceptual Framework*

Synthesis and development of a conceptual framework is where this project looks towards the future. Current program evaluation is beyond the scope of this analysis at this time. Within this project, the themes that emerged give a clear indication of core requirements within any healing program designed for Native healing. Actualization of the theoretical elements outlined through tangible application of interconnectedness in relationship is a task for future consideration.

*Limitations*

It should be noted that there are several limitations to this review. Limitations to conducting a literature review on the topic of traditional Native spiritual knowledge is that most traditional Native information is oral and has not been recorded in an academic manner. It is therefore difficult to get a clear representation of the “purely’ Native voice. As such authenticity is a concern. Whenever possible actual personal communications with Native Elders have been quoted directly.

Lack of availability and authenticity are confounded with diversity of Native cultures and traditions, so that clear consensus is difficult to validate. As such, only general worldview and cosmological positions were stated. Specific definitions of the Medicine Wheel and of the Elders teachings vary from tribe to tribe (Weaver, 2002). Therefore it is recognized that this is purely a qualitative review of existing literature from within the

subjective framework of the author. Generalizability of results, as well as replicability of interpretation of searches conducted are affected by these limitations.

A further limitation pertains to the lack unity of understanding surrounding the topic of spirituality in general. From this there is a lack of a clear definition for many of the terms utilized in this paper. For example there are a wide range of conceptualizations for holism (Patterson, 1998; Rowan, 2005; Rhyne, 1990), spirituality (Moodley & West, 2005; Rowan, 2005); health and healing (Barasch & Seigel, 1995; Hattie, Myers & Sweeney, 2004; WHO, 2004), and mystical experience (Lukoff & Lu, 1988b). A subjective selection of definitions which adhere to themes inherent in the author's comprehension of Native traditional spirituality are interposed on the definitions selected to determine the limits of understanding utilized in this report.

Another limitation of this review is that it is a secondary analysis of the literature. The authors subjective interpretation of the existing spiritual models, as well as proposed integration into the counseling experience are a reflection of worldview of the author. As such is it again a limitation to replication. However, wherever possible, ideas are sourced to the existing psychological literature.



## CHAPTER II

### Contemporary and Traditional Paradigms

Finding a starting position that is inherent in bridging cultural worldview requires locating genus of thought processes within core belief systems. To facilitate this process, a historical overview is undertaken. Precontact, contact and postcontact paradigms are reviewed, outlining differing methods for understanding humanities basic existential questions.

#### *Rationalism and Native Cosmology*

The Western paradigm of rationalism is based on an empirical model which considers information from the five senses as the basis for understanding reality (Lewontin, 1991). In contrast, a Native ideology sees reality as influenced beyond sense reception (Weaver, 2002). Within the Western framework, there is a separation from that which is within sense reception and that beyond sense reception. It is the comprehension of that separation that is juxtaposed onto other cultural worldviews (James, 1958). This worldview is set up as an ‘and/or’ dichotomy and is part of the base misunderstanding between European and Native cultures.

### Historical Overviews

#### *Western Perspective*

To understand the complexity and confusion surrounding the different worldviews from the Western rationalist paradigm and a traditional Native paradigm, a look into history is warranted. ‘White man’s’ culture, from Greek to Roman times focused, and highly valued the position of reason in comprehending man’s existential concerns. The mind was considered man’s window into understanding his position in relation to the divine (Osborne,

1992). Edmund Wilson suggests that the development of religion gave man a biological advantage by offering identity and consistent beliefs in times of chaos which was adaptive and contributed to his social development (Batson, Schoenrade & Ventis, 1993). Faith in religion also predominated because of its presumed ability in answering our fundamental questions of existence. Such as: Why are we here? What is the purpose of our existence? (Batson et al., 1993). Batson et al. (1993) suggest that such questions plague us because of our awareness that we are alive and we shall die.

Faith in the Church's ability to answer such questions remained strong for many centuries (Dossey, 1993). Through historical misappropriation of power and control within the hierarchical institutions operating as keepers of the European faith, gradually man turned away from religion (Lewontin, 1991). Following this, a stigma was created between spiritual healing and madness (Moodley & West, 2005). In British history for example, spiritual healing was illegal until the late 1950's under the Witchcraft act, with the laying on of hands remaining illegal to this day, in many parts of Europe (Moodley & West, 2005). Furthermore, criteria for psychosis in the DSM-IV indicate overlap between spiritual experiences and psychotic disorders such as hearing voices and seeing auras (Jerry, 2003). Spiritual healing remains on the edge of mainstream society with its connotations steeped deeply in Christian fear of the devil and in Pagan symbolism (Moodley & West, 2005). The stigma associated with spiritual practices and healing is a barrier for practitioners operating within a Western framework when attempting to comprehend healing from another worldview.

This sociological context coupled with Darwinian evolutionary comprehension of rationalism as increased understanding, influenced the belief that religious life as a means of understanding purpose, was superstitious and a stage that had been transcended by adaptation

of a secular rational model (Wilber, 2000). Man's increased mastery of the environment from the ecosystem to universe to tiniest molecule, helped him regain a sense of purpose and comfort over his life. Therefore, Lewontin (1991) proposes man turned his faith to science hoping it would be able to answer existential concerns and lead to truth.

### *Examining the Paradigm*

A concrete example of rationalist scientific conceptualization will help to illustrate the utility of this paradigm. Water is defined as a colorless, transparent, odorless tasteless liquid compound of 1 part oxygen and 2 parts hydrogen (H<sub>2</sub>O). Knowing the components of which water is made helps to clarify the atomic properties of this substance (see fig. 1). This descriptive or instrumental methodology (Rowan, 2004) is assumed to get at the truth of *what* water is. What this information does not reveal is *why* water is made up of those variables and *why* water is needed for all life. Why is beyond the scope of empiricism which is an instrumental descriptive methodology (Rowan, 2004) or a system of propositional truth (Wilber, 2000). A system of propositional truth looks at the realm of objective reasoning to determine causal explanations in the external, material realm (Wilber, 2000). In conclusion, the current Western paradigm can be said to contain accurate descriptive information on the properties of matter, within the realm of sense reception.

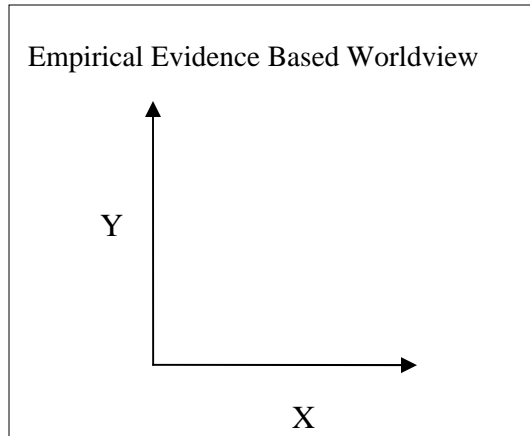


Figure 1. Western Worldview

Having outlined basic premises within the Western perspective allows for a greater understanding of the worldview adopted by Western culture. It further illustrates the role of history in terms of faith, and where that faith is currently located. These basic concepts form the lens through which life is viewed and influence interaction with multicultural clients.

#### *East meets West*

Europeans came to Turtle Island (America) in the 15<sup>th</sup> century to find land that was already inhabited. “He brought an ethnocentric understanding of his religion and his science and attempted to assimilate his Native brother into both of these doctrines” (Beck, Walters & Francisco, 1977, p.41). This is done 1) because of the *exclusivity* within the belief of the wisdom of science; 2) because of the *exclusivity* within the belief of the wisdom of Christian faith (Beck, Walters, & Francisco, 1977). Conversion was attempted through overt and covert means, one of which was implementation of a policy to make Native spiritual practices illegal from 1884 to 1951 (York, 1990). Assimilation attempts reached a climax with the establishment of the Canadian residential school system, the prohibition of Indigenous cultural practices, and the Indian Acts of the late 19th and early 20th century (York, 1990). Though there are many aspects to colonization (see appendix A), this paper

focuses specifically on belief systems with the assumption that beliefs, and in particular beliefs attempting to define existential concerns, are grounding principles of a nation (York, 1990). Outlawing the expression of those beliefs was an attempt at assimilating Native people into the European framework.

### *Spiritual Survival*

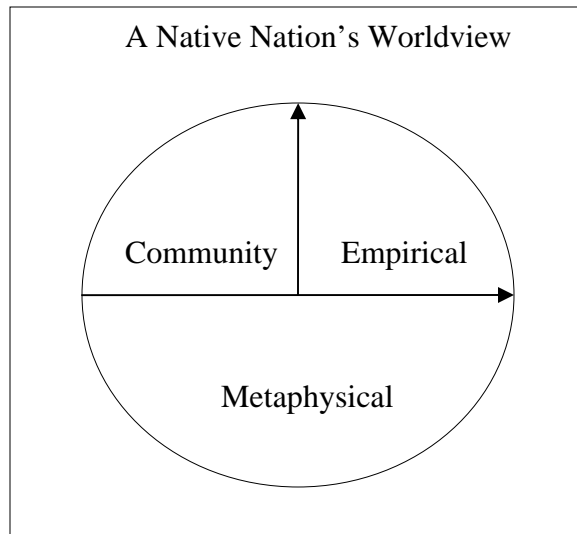
The survival of the Native culture is sometimes attributed to the underground system which established itself to continue spiritual ceremony. According to James B. Waldram (1997) author of *The Way of the Pipe*, it was the “past religious and healing movements such as the Ghost Dance in the West demonstrates that spirituality has played, and continues to play, an important role in the resistance of Aboriginal peoples to colonization” (p.216). The underground system is directly linked to the survival of this culture. “Today some parents and grandparents can probably remember when they had to travel hundreds of miles to hold secret pow wows during those years, as they did in Minnesota” (Beck, Walters, & Francisco, 1977). Vohra & Broots (1996) propose higher intensity of beliefs accompany stressful life events whereby belief systems act as an adaptive coping strategy, providing a link between belief systems and stress. Spirituality’s place in a society is central to retaining belief systems and citizens will go to great lengths to ensure that such customs are maintained, even in the face of severe oppression (Vohra & Broots, 1996). The underground system functioned as a lifeline for future generations as well as a tool to deal with the stress of losing spiritual ceremony for the Native community.

It is important to understand the context of oppression inflicted on Native culture for over 500 years. Despite attempted assimilation, however, cultural revival is in part influenced by the persistence of a functional spiritual ideology (RCAP, 1996; York, 1990).

### *Native Perspective*

Natives represent a diverse people. There were an estimated 10 million people on Turtle Island before colonization (York, 1990). There were hundreds of different languages and thousands of individual customs (York, 1990). To gain any grasp on beliefs, this paper is limited to the search of a unifying concept of a traditional worldview (Garrett & Wilber, 1999). Once again, caution is needed when taking this approach, as each nation and tribe have evolved and developed ceremonies and lifestyles reflective of their lived experiences.

In a basic framework, Native's view man as intricately connected with all life. Man and life are one. That understanding is a foundation that is lived out, through concrete means, in the life journey. Man's place is within the cosmos, as a child of Creation, whose mother is the earth and father is Great spirit, "Elder brother sun and grandmother moon" (Solomon, 1988, p.98). The animals are Elder brothers and sisters, their ways are emulated for survival and their spirits guide and give protection. Man is within the circle of life, equal to all that is living (Solomon, 1988). Seeing man as intricately interwoven with all of life, as the newest member of life on Mother earth, is the basis for an interconnected relationship with all that is living. This circular understanding generalizes to views about the physical lifecycle and metaphysical interconnectedness (see fig. 2). It is from this basis that reality is understood. These are basic premises within a traditional Native cosmology.



*Figure 2.* Haudenosaunee Six Nation Longhouse Teachings by Dan Longboat, Aboriginal Health Conference, February, 4, 2006.

### *Examining the Paradigm*

As a child of Creation, there is a recognition that true comprehension of metaphysical concerns are beyond the grasp of a material being. Otto (1950) suggests we can only *conceive* of the fundamental existential realm but cannot *comprehend* it. “When you ask why you do not understand...by not asking why, they are saying, you might have the experience of directly confronting and learning from the great powers of the Mysteries” (Beck, Walters & Francisco, 1977, p.49). A concrete example of Native cosmology applied to the question of ‘why’ will help to illustrate the logic of this paradigm. Beck et al (1977), tell a story of an archeologist Knud Rasmussen who visited the Baffin Bay area Eskimo people consulting an Aua, an Iglulik medicine man, on Iglulik philosophy. Knud listened all day, questioning that which was explained to him. To illustrate explanatory verses reality systems, the Aua brings him to a sick woman, “why is there sickness?” (not what is sickness) he asks, “why is there death?” (not what is death), “why is there hunger?” (not what is hunger). “You are equally

unable to give any reason when we ask you why life is as it is. And so it must be. All our customs come from life and turn towards life; we explain nothing, we believe nothing, but in what I have just shown you lies answer to all you ask” (p. 51). Essentially from within this paradigm, asking ‘why’ is a distraction. This is not to say there is no sense of purpose within Native cosmology, but rather that mind based questioning is not the exclusive means of the search.

### *The Focus of Attention*

The concrete application of both scientific and Native cosmology for man’s existential questions attempting to understand purpose and meaning in life, demonstrate that at the core of each belief system there is no exclusive means of knowing ‘why’ we are here. Extrapolations based on how this search is conducted and what the search means represent a divergence between Native and Western belief systems. Consistent with European history, mind based explanatory descriptions are the lens through which reality is measured. Through this lens the mind will continue the search for the meaning of life as the highest goal, based on our greatest gift, the brain. Consistent with Native historical belief systems honoring the mystery of ‘not knowing’ takes precedence in defining the lens through which reality is measured. Through this lens there is no need to search for material confirmation because the purpose of life is inherent in the value of life itself. Spiritual connection is the means of receiving metaphysical information which increases enlightenment about the interior depth of life and in turn fulfills questions as to man’s place in the circle of life.



The basic search can be outlined in the form of a Socratic question:

(Rationalist) Is life *meaningful* because man knows his purpose?

or

(Native Cosmology) Is man's purpose known because *life* is meaningful?

Figure 3. Socratic Question on Meaning of Life

The emphasis, or focus, changes depending on the starting premise. Whether or not *meaning* takes precedence or *life* itself takes precedence is where attention is focused depending on the dominant discourse happening within each worldview. External valuing of one worldview over another is related to who holds power at this time in history, at this geographical location. It does not indicate total agreement within a worldview nor whether or not there is more intrinsic worth in focusing attention on the first question or the second question between worldviews.

#### *Tying it All Together: Human Nature*

It is important to review worldview and belief in the purpose of human life to understand grounding principles on how human nature is viewed. The beliefs that people have about human nature are unprovable assumptions regarding the foundations of personality. These unspoken beliefs and assumptions have been called implicit theories (Dweck, Hong, & Chiu, 1993), philosophies of human nature (Wrightsmann, 1992), personal constructs (Kelly, 1955), and tacit assumptions about human nature (Mahoney, 1991). These expectancies are functional in our social world (Auger, 2004). They serve as a backdrop to our dealings with one another in a cultural forum. However, when people attempt to communicate from differing worldviews, it is these basic assumptions that lead to confusion (Auger, 2004). These assumptions are often difficult for individuals to recognize and

verbalize as they are unexamined and largely outside of awareness (Auger, 2004). As stated by Mahoney (1991), "Our tacit assumptions about human nature unquestionably influence how we view and serve individuals who seek psychological services" (p. 254). In attempting to cross into another worldview, it is first essential that personal implicit assumptions of human nature be thoroughly addressed.

Having reviewed the history and dominant paradigms of both contemporary European and traditional Native societies, dichotomies in methodology and understanding of basic existential questions are uncovered. The genus of this dichotomy is reenacted within cultural misunderstanding today, and it has its beginnings in these fundamental differences in beliefs about the purpose of human life.

## CHAPTER III

### Theoretical Foundation

This paper began by engaging in a historical search of the basic assumptions that underlie beliefs within Native and European worldviews. These factors were determined to be influential in intercultural communication. This section adds to that base by looking into theories of wellness held by both cultural frameworks. On a theoretical level, there are many concepts bridging the gap between Western and Native worldviews. The theoretical basis for this final project is a phenomenological, humanistic conception of personality derived from a holistic comprehension of human nature. Existing theoretical premises, found in the literature, are incorporated in as far as they coincide with holistic principles within the Native American Medicine Wheel presented in this paper.

Secondly, these concepts require grounding in the modern day political framework from which Native Americans and the dominant group interact. A feminist perspective acts as a bridge to ground holistic principles within the lived experience of Native Americans in Western culture. Finally, literature on multigenerational trauma bridges gaps in understanding between cultural frameworks and acts as a starting point for culturally relevant interaction. This theoretical foundation looks at literature that bridges theoretical perspectives and lived experience within a historical context.

### Theory

#### *Holism*

Holism is often thought of as a new concept, but it has roots in ancient cultures and modern physics supporting the claim that it is only relatively new to our culture (Patterson, 1998). Holism has no one accepted definition, though a general understanding based on South African scientist Jan Smuts, characterizes it as “organic or unified wholes are greater

than the sum of their parts” (Rhyne, 1990, p.5). Patterson (1998) provides a personal interpretation of holism as “a philosophy in ‘abstract’ thought, somewhat alien to our current, logical thought processes and limited only by our existing consciousness” (p.288). In essence, holism refers to a person in his/her totality. It suggests that humans are self regulating, growth oriented and that symptoms can not be understood separate from their environment (Rhyne, 1990). The transpersonal paradigm taps into holism and as such, functions as a bridge between a Native worldview and the Western worldview. Transpersonal psychology is the study of experiences, beliefs and practices that suggest that the sense of self can extend beyond our personal or individual reality (Rowan, 2005). It transcends the limitations inherent in reductionism and finds expression in concepts of unity and interdependence (Wilber, 2000). Holist principles of wellness and human functioning become comprehensible to Western thought through this lens.

The model of holism which will serve as the backdrop for this paper is Ken Wilber’s (2000) map of the world’s wisdom traditions. The map is divided up into four different types of holistic sequences called the four quadrants. The four quadrants are depicted as the *individual* internal (I) and external (IT) and the *collective* internal (WE) and external (ITS) (see figure 3). The individual quadrant is the primary domain of traditional psychological services which focuses on internal concepts and emotions and their subsequent material correlates in exterior physical symptoms and behavior. McCormick (2005) reviews traditional Native comprehension of spiritual healing indicating a developed reliance and understanding of the collective interior (worldview) and exterior (societal rituals and ceremonies) in the healing process.

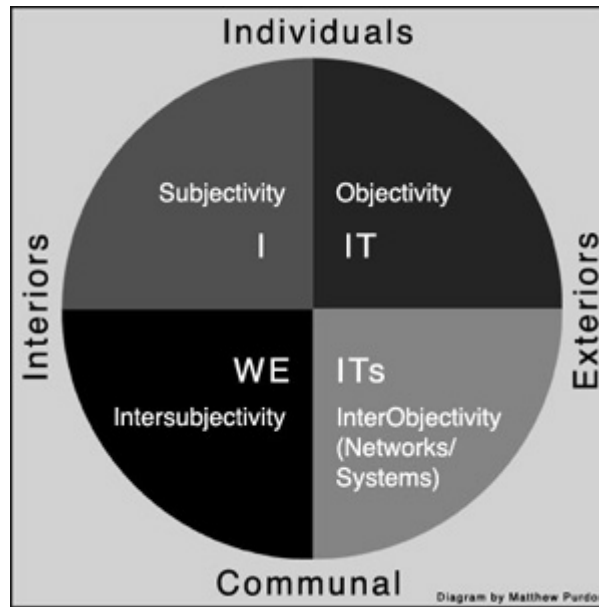


Figure 4. Wilber's (2000) Four Quadrants

Wilber proposes that the four quadrants are interdependent and represent a holistic portrayal of how a human being relates to the world. The basic concept of his model is that human beings are in the process of becoming. This becoming refers to an increased awareness of our consciousness and our “oneness” with the Kosmos, God/Spirit (Peven, 2004). The model proposes an “all quadrant (figure 4.), all level (see Appendix B)” approach to healing. Wilber’s model will be considered integral in unifying holistic premises from within psychological literature and spiritual literature.

Looking at healing within this encompassing definition allows for inclusion of many theoretical premises. Psychological literature reflects this understanding in terms of inclusiveness of certain humanistic theories on human wellness and healing, specifically Gestalt notions of the interrelatedness of holism and field theory (Yontef, 2002). With the growing incorporation of systems theories, mainstream academia is also viewing healing within a more inclusive holistic framework (Roberts et al., 1998). Tjeltvelt (1989) contends that models of human beings which strive for integration will increase psychological

understanding because research would look at the full range of human functioning (Hattie, Myers, & Sweeney, 2004). These theories become more compatible with Native American depictions of health as premises expand to include holistic principles. As such, the concept of holism serves as a unifying genus among these theories of wellness.

*Native Spiritual Model: The Medicine Wheel*

You have noticed that everything an Indian does is in a circle, and that is because of the power of the world always works in circles, and everything tries to be round...Everything the power of the world does is done in a circle...Our teepees were round like the nests of birds, and these were always set in a circle, the nation's hoop, a nest of many nests, where the Great Spirit meant for us to hatch our children

- Black Elk, Oglala Sioux Holy Man (1863-1950)

The Native American Medicine Wheel is a traditional spiritual model derived from holistic comprehension. The circle is one of the most prevalent symbols in the Native worldview and is used as a tool for understand relationship to creation and how to lead a healthy life (McCormick, 2005). The Medicine Wheel is a circular reflection of a Native worldview of healing (McCormick, 2005). There are many unique interpretations of the Medicine Wheel and no single depiction is fully representative of its full application (Roberts et al., 1998). The model presented below represents a single interpretation or a perspective, partly based in psychological literature and partly influenced by teachings from Mohawk Elder Diane Longboat (1997). It is divided into four quadrants, each specific to a cardinal direction (N, E, S, W). Each quadrant represents a facet of a human being (North = Mind, East = Spirit, South =Emotion, West = Body\*) (see figure 5.).

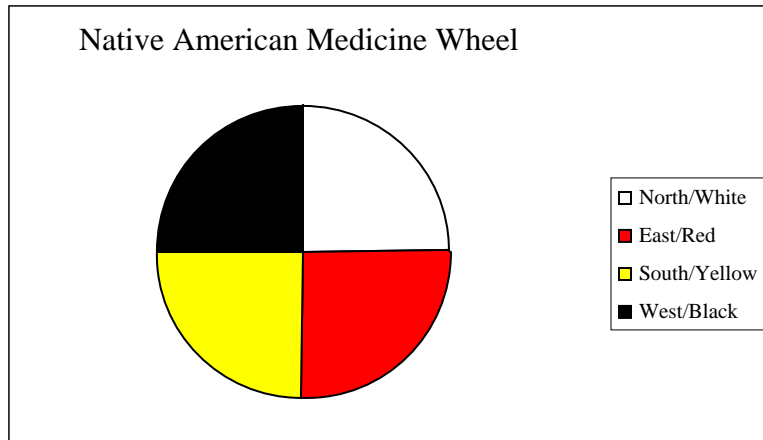


Figure 5. A Native American Medicine Wheel

\* There are variations on meaning attributed to the four directions, ancestral representations for gifts and protection. Homogeneity of attribution is not required to understand basic concepts as a model of healing.

This depiction is a simplification of a complex model of healing which attempts to capture generalities common to the many interpretations incorporated by various Native nations. The Medicine Wheel is described as “the essence of Native American way of life, a key to understanding the universe; it serves as a way in which individuals achieve wholeness” (Roberts et al., 1998, p.136). Garret (1996) explains it as representing the life cycle of human beings, as “an interconnectedness and circular progression that signifies growth and change in each direction” (Roberts et al., 1998, p.137). Interrelation between the ‘four directions’ provides balance to the system as a whole.

The Native American Medicine Wheel acts as a visual representation of holistic concepts of healing and balance. It serves as a reminder of the internal nature of man and the interrelationship between man, others, environment and a Creator. McCormick (2005) explains that the function of the Medicine Wheel is to reinforce interconnectedness illustrating that no one person is the centre, but that all must work for harmony as a whole person, but as a part of a greater communal whole, which is a part of a greater societal whole, which is a part of a greater animal whole, which is a part of a greater life whole, which is a

part of a greater spiritual whole (Wilber, 2000). This is a humbling way to view oneself in relation to life and illustrates how each person contributes to health, but is also interconnected and dependent on relationship with life, for health.

### Theory Meets Practice

#### *Feminism*

Feminist theory holds many premises that are compatible with Native American lived experience on the basis of a shared contextual understanding of how the larger system is interconnected to health. In terms of practical application, the feminist perspective speaks to the lived experience of marginalization and forced assimilation through recognition of discrimination inherent in the dominant cultures attitude towards people who have different perspectives (Pettifor, 2001). Bridging principles are those of “the personal is political”, interdependence between personal and social identities (Chandler, 1991), the counseling relationship as egalitarian (Cummings, 2000) and finally the recognition of emotional problems are the consequence of external as well as internal problems (Lerner, 1986). As such behaviors act as symptoms of oppression, rather than of illness (Collins, 2002). Understanding these issues as integral in non-dominant worldviews is basic in de-colonization and empowerment (Poonwassie & Charter, 2001). Historically, women and Native people have a shared lived experience of oppression. Therefore, this theoretical perspective has the potential to empathize authentically with Native lived experience.

#### *Multigenerational Trauma*

Identification of historical and systemic abuses of power addresses barriers to understanding between Native and European cultures. Knowing the abuses suffered throughout history at the hands of European settlers provides a basis for understanding the systemic antecedents when counselling individual presenting concerns (see Appendix C).



Understanding the historical timeline is considered a basic educational competency for working with Native American clients (Becker, personal communication, October 25, 2006). As such, a look into trauma and specifically, the multigenerational or historical trauma response, as a basis for cross cultural counselling, is a practical starting position in cross cultural healing initiatives.

The effects of the historical trauma response can be seen in all facets of holistic theory as they are lived out in the four quadrants or spheres of existence. Wilber (2000) proposes that internal states within a person, such as individual emotions, react to trauma through emotional arrest in some level of stage theory of human development. Therefore, disorders will have individual external representations in action or behavior which will be 'disorderly', and characteristic of DSM-IV criteria for psychological disorder. This is not the whole picture however, as Wilber's (2000) left lower interior collective quadrant and the lower right exterior collective quadrants will attest, cultural and social manifestations of this trauma will occur. The historical trauma response is a theoretical framework to understand the manifestation of symptoms in these quadrants. Danieli further postulates (1998) that within the multiple spheres, the traumatic event causes a rupture. This can result in regression, disorganization, disorientation and fixity. Danieli (1998) proposes an integration of the trauma in all of the spheres as a means of healing. Thus, repair has both individual and collective components.

In summary, theoretical similarities in humanistic foundations and the Native American Medicine Wheel depicted in this paper, provide a potential bridging of language between the dominant discourse in both a Native worldview and an evolving Western worldview. The common genus of holism serves as a unifying concept within the

transpersonal and the spiritual literature. Wilbur's (2000) model serves as a backdrop because it transcends industry specific notions and creates a language of commonality. This commonality however, does not negate diversity but rather serves as a means of increasing understanding between psychological and a simplified version of Native spiritual healing concepts.

On a practical level, similarities between the feminist perspective and Native lived experience can be a bridge to address power imbalance in the counselling setting. Finally, theoretical models which address issues of multigenerational trauma give a contextual understanding to the barriers currently in place when Native and European parties communicate, regardless of setting (Braveheart, 1995; Braveheart 2000; Carlson, 2002). Extrapolating from the literature on how people look at healing, how people are currently living their lives and the historical precedents that are brought to the table when talking together, provide a comprehensive understanding of the personal and contextual factors interacting in multicultural counselling situations between the dominant culture and Native American clients.

## PART TWO: CHAPTER IV

### Literature Review

The literature review will build on the theoretical and applied frameworks that guide this paper. The theoretical is demonstrated in holistic concepts seen in Transpersonal psychology and Individual psychology and their commonalities with the Native American Medicine Wheel depicted in this paper. These theories set the stage for a common understanding regarding components that are considered essential for health. Together they attempt to bridge the divide between worldviews and create a solid basis for case conceptualization in the counselling setting. This bridge is deemed important because it demonstrates that psychological literature has addressed spiritual concerns through transpersonal psychology. Industry specific validation carries the sober realization that not only have Native healers and Elders been aware of the holistic connotations within healing, as has psychological literature. This demonstrates significant worth in expanding notions of healing to include transpersonal and spiritual information in the counselling setting.

Secondly, feminist and trauma theory are applied frameworks which suggest avenues for action in multicultural contexts. Together they provide information relevant to working alliance issues in the therapeutic relationship as well as proposed areas for common healing experiences. This section will explore the multidimensional nature of these components and their relationship to health as seen in psychological literature.

### Theory

#### *Transpersonal Psychology*

Transpersonal psychology, literally meaning ‘beyond the personal’, is the study of experiences, beliefs and practices which suggest the sense of self can extend beyond our

personal or individual reality (Rowan, 2005). Davis (2000) describes transpersonal psychology as standing at the interface of spirituality and psychology as it integrates psychological concepts, theories and methods into the subject matter of spiritual practices. Spiritual practices and experiences that are included in transpersonal inquiry consist of looking at states of consciousness, mindfulness, contemplation, phenomenological inquiry, dreaming, ritual, meditation and shamanism (Walsh & Vaughan, 1993). Further there is interest in the overlap between these and psychological states of disturbance (Davis, 2000; Jerry, 2003). Finally, these practices are seen as interconnected with relationship to one another and in the natural world (Walsh & Vaughan, 1993). So although defined as a branch of psychology, transpersonal psychology also falls within the realm of spirituality. Davis (2000) proposes that it “may be in a position to use modern psychology as a paradigm for translating the substance of spiritual wisdom traditions into the contemporary culture” (p.4)

Transpersonal psychology is highly diverse in conceptualization and in adherence to many traditions. As such it is strongly multicultural (Davis, 2000). It actively seeks out and integrates traditions from Asian spiritual systems with connections to Buddhism, Hinduism, Shamanic traditions, African wisdom and Native American spirituality (Davis, 2000). The inclusive nature of transpersonal psychology helps to point to the parameters included in this theory. Rowan (2005) further clarifies by indicating what transpersonal psychology is not (see table 1). The Native spiritual base outlined in this paper adheres to similar principles as those outlined by Rowan.

*Table 1. Parameters of Transpersonal Psychology*

Extraperpersonal	Transpersonal
Spoon-bending	Higher self
Levitation	Deep self (Starhawk 1989)
Extra-sensory perception	Inner teacher
Dowsing	Transpersonal self (Whitmore 2004)
Working with Crystals	High Archetypes (Jung)
Clairvoyance	The Soul (Hillman 1975)
Telepathy	The superconscious (Whitmore 2004)
Radionics	Creativity (surrendered self type)
Radiesthesia	Some peak experiences (Maslow 1970)
Blindsight	Intuition (surrendered self type)
Fire-walking	Some healing
Bloodless skin piercing	Some near death experiences
Out-of-body experiences	Upper chakras
Paranormal generally	Subtle energy systems
Fakirism	Guidance self (Whitmont 1969)
Mind over Matter	The Self
The psychic	Transfigured self (Heron 1988)

(Rowan, 2005, p. 8)

Outlining traditions which are included in the transpersonal domain and clarification of those parameters outside of the realm of this inquiry, demonstrate general compatibility with Native American spiritual beliefs. The exception is the bloodless skin piercing, which is part of certain ceremonies in certain tribes (Twofeathers, 1997). In incorporation of such diversity there is a stronger understanding of the universality of the deeper dimensions of human spiritual experience (Rowan, 2005).

Transpersonal psychology relates to the Native American Medicine Wheel depicted in this paper, through its focus on non-duality, self transcendence and intrinsic health (Rowan, 2005). Non-duality is recognition of the single as part of a whole and of unity in diversity. Two central themes arise from this awareness 1) health is intrinsic and 2) “the validity of self transcendence from the conditional and conditioned personality to a sense of identity that is deeper, broader and more unified with the whole” (Davis, 2000, p.3). The proposed Medicine Wheel recognizes these same components as integral in healing, as a basic drive in the human condition (Hattie, Myers & Sweeney, 2004).

Transpersonal psychology has the potential to integrate various levels of experience into a coherent union at varying levels of the psyche (Washburn, 2000). Washburn (2000) proposes that transpersonal change occurs in a manner that is congruent with 3 basic levels of cognition. The three levels of cognition are 1) Agnetic (ego initiated, sequential), 2) Imaginal intuitive cognition, and 3) Mental intuitive cognition. Prepersonal, personal and transpersonal states are accounted for in these levels of cognition. The prepersonal refers to I-ego relationship where the *I* is “at the mercy of the ego’s thoughts and feelings as well as external events” (Hamel, Leclerc & Lefrancois, 2003, p.7). Agnetic cognition would be present in this stage of growth. In the personal, the I-ego state attempts to achieve authenticity but subjectivity, or distorted reality, continues to intervene. This would be consistent with a low level mental intuitive cognition. The transpersonal is an I-self relationship that sees the *I* as linked to the self in a manner that has transcended ego restriction (Hamel et al., 2003). In going from the prepersonal state to the personal state, cognitive function moves away from being imaginal intuitive (based on concrete symbols). However, this way of thinking does return in going from personal to transpersonal awareness. A higher order of imaginal thinking proceeds with a new ability to blend agnetic cognition (particularly formal operative thinking) and mental intuitive cognition. This provides a newfound ability to understand conceptual and postoperational meanings in a higher holistic fashion (Washburn, 2000). What this demonstrates is operational changes in thinking which accompany increased consciousness. It is recognized that the cognitive transformation outlined above represents but one of the many areas of transformation occurring in holistic healing.

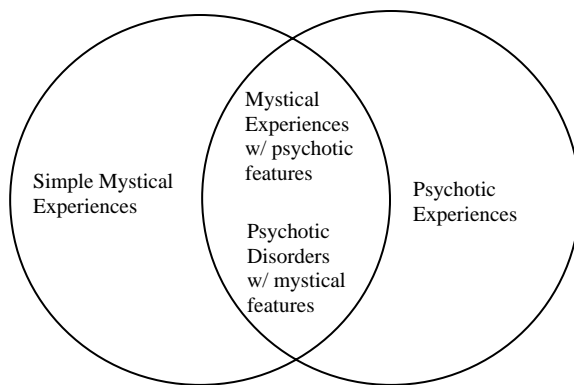
Central to the theme of personal healing is the notion of integration of various parts of the human being. Transpersonal psychology investigates how states of consciousness and experiences of transcendence relate to health and it proposes to culminate in integration between the ego and the non-egoic parts of the human psyche (Washburn, 2000). States of consciousness are central in health and wellbeing (Vaughan, 1985). Transpersonal psychology proposes wholeness as a function of integration of the physical, emotional, mental, existential and spiritual levels of consciousness (Vaughan, 1985). These tenets are also central to the depicted Native American Medicine Wheels conceptualization of holistic health.

Incorporation of transpersonal psychology in the counselling setting can occur in many ways. Vaughan (1981) looked at the content, process and context parts of transpersonal psychology. The therapeutic content is the subject that is being discussed in therapy, or the client's presenting story. In transpersonal work this includes mystical experiences (Davis, 2000), peak experiences (Rowan, 2005) and spiritual emergencies (Grof & Grof, 1989). The therapeutic process are the techniques or interventions used which would include practices from spiritual traditions such as meditation (Wilber, 2000), vision questing (Foster & Little, 1997), ritual and shamanic practices (Hattie et al., 2004). Context is the pretext from which the counsellor enters the counselling situation and it involves personal biases, assumptions, worldview and attitudes towards health and illness. These components are ever present in counselling and are basic structures from which transpersonal psychology and the Medicine Wheel are compatible.

Finally, within the process of counselling, knowledge of the transpersonal domain is applicable in assessment and subsequent treatment planning. If the premise postulated in this

project has merit, then spiritual experiences are relevant for psychological inquiry. This is then indicative of an increased need for the counsellor to discern between types of spiritual experiences. The challenge for the ethical practitioner is in discernment between truly transpersonal experience and a psychotic episode. For example distinguishing the overlap between schizophrenia and psychotic features and certain spiritual experiences such as those found in vision or in “kundalini awakening” (Jerry, 2003, p. 48). Lukoff (1985) proposes a differential diagnostic classification system to discern between simple mystical experience, mystical experience with psychotic features (MEPF), psychotic disorders with mystical features and psychotic episodes (see figure 6).

#### Overlap between Mystic Experiences and Psychosis



*Figure 6.* Relationship Between Mystic Experiences and Psychotic Episodes

Lukoff further states that the practitioner will benefit by having a background in both psychology and “parapsychology” as a basis of understanding. He has cumulated a decision tree model which integrates knowledge from both fields as a means of differentiating between these states (see appendix D). Lukoff’s chart can serve as a background to help the practitioner identify components inherent in valid spiritual experience. Caution is necessary that this tool is not used as a means of pathologizing client transpersonal experiences, but



rather that it is an educational tool for the practitioner (Lukoff, Lu & Turner, 1992). Together these characteristics can improve practitioner competence in discerning and addressing spiritual issues in the therapeutic environment.

### *Critiques*

Transpersonal psychology finds similarity to the Medicine Wheel depicted in this paper on many levels but diverges in a few key ways. There are divisions in the field of transpersonal psychology which are not as representative of spiritual principles in the Native Medicine Wheel outlined in this paper. Factions of transpersonal psychology have focused on 1) magic-mythic (such as new age groups with poetic and romantic ideals); 2) altered state groups (such as preoccupation with temporary “nonordinary” states sometimes involving use of mood altering substances); 3) the pluralistic relativist groups who disagree with universalist principles as means of oppressing and dominating people, while espousing a relativist understanding that is said to have universal application; and 4) the integral approach which claims to include and transcend the other factions but largely disputes premises in all of them (Shambala Publications, 2007). Although mood altering medicines have been used historically in Native ceremonies, transient altered states of consciousness are not considered sufficient experiences to warrant transpersonal change (Beck et al., 1977). Further, these interpretations of transpersonal psychology, with the exception of the integral approach, are not in accordance with the specific Native spiritual practices known to the author. The caution here is to remain cognizant of the spiritual discipline inherent in walking in a spiritually mature manner (Weaver, 2002). Similarities in the factions stated above, are a desire to circumvent the long, arduous process of connecting with suffering that are part of the healing journey and would not be considered disciplined exploration into the realm of

spirit (Longboat, 1997). In fact, the challenge facing Native (and all) people is to admit that psychological and physical problems are attributed to ‘human weaknesses and the propensity to avoid the personal discipline necessary for the maintenance of cultural values and community respect’ (LaFromboise, Trimble & Mohatt, 1990, p. 630). This means that healing in a holistic way holds responsibility to experience both pain and suffering in an authentic manner which precludes egoic circumventing of stages in the journey found in idealizing reality or in artificial reconstruction of peak experience.

Relativism, as indicative of a pluralist relativist faction, would seem to propose that reality is in the eye of the beholder (Wilks, 2003). Inherent in relativist claims is the notion that each person has control over his/her own destiny because freewill is undetermined (Williams, 1998). Relativist transpersonal factions which adhere to this notion of individualism misunderstand the dual role of a determined/undetermined freewill as outlined in Sartre. Sartre proposed that the human being is in an "intersection" of being-in-itself and being-for-itself (Sartre, 1999). Being-in-itself is the causal being, who is subject to the physical laws of the universe. Being-for-itself is the consciousness or "nothingness" of the human being (Sartre, 1999). This philosophical base is where comprehension of the bi-directional nature of undetermined and determined freewill can exist simultaneously. The Native Medicine Wheel teachings proposed in this paper also outline a dual role of relativism and universalism, seeing a place for each of these premises (Beck et al., 1977; Weaver, 2002). Universal natural laws govern life (birth, death, seasons, weather, water etc..) of which man is a part and is totally dependent. Respect for these laws are inherent in a spiritual way of life and demonstrate adherence and reverence for the Earth and her cycles. Within this understanding is the life journey, that journey is consistent with both Wilber’s integral

and transpersonal comprehensions of transcendence as the drive to uncover one's wholeness as a life search (Wilber, 2000). This is considered a universal (i.e. determined) drive (Wilber, 2000). How this drive takes expression is within the domain of freewill of the individual (Wilks, 2003; Williams, 1998). That the environment will present opportunities and that the character of an individual will provide unique construction of that journey is where the 'how' of transcendence is relative (Williams, 1998). Therefore, relativist transcendence diverges from Native medicine concepts of holism on the nature of a dichotomous determined/undetermined freewill.

A further critique relates to the lack of fluidity inherent in the transpersonal model. In proposing a prepersonal, personal and transpersonal stage theory of increased consciousness, there is a linear unidirectional comprehension of spiritual growth. The integral approach, which is a later progression of thought for Wilbur, overcomes the discrete (differentiated) pre/trans fallacy of stages by espousing a bi-directional comprehension of continuous change within and between stages (Shambala Publications, 2007). This change influences applicability with Native Medicine Wheel comprehension which sees connection to spirit as a lifelong journey with continuous manifestations regardless of level or age of development (Garret & Wilbur, 1999; D. Longboat, personal communication, December 31, 2006). Unveiling of blocks in consciousness, put there by life circumstances is where pre/trans growth can occur, but the basic nature is as spiritual from birth as it is at death. This is in accordance with the integral approach which proposes that the transpersonal is inherent in all stages from the first (Wilber, 2000). Therefore, the notion of healing into a transpersonal state is an inaccurate description of Native American concepts of awakening or unveiling the inherent spirit of health within.

### *Individual Psychology*

The link between holistic concepts and a basic understanding of the Native American Medicine Wheel proposed in this paper can be seen in within individual psychology. Roberts et al. (1998) extrapolate common themes from their understanding of the Native American Medicine Wheel and Adlerian concepts of Individual psychology, demonstrating interest in these concepts as related to the field of psychology (see figure 7). Though Roberts et al. (1998) outline a different conceptualization of the Medicine Wheel than that presented in this paper, the ideas are transferable. This paper proposed the east as spirit, west as body, north as mind and south as emotion. As stipulated earlier, the meaning attributed to each direction is secondary to the wholeness of the wheel. As long as the depiction recognizes the person as consisting of a mind, a body, emotions and a spirit, all in relationship, physical location on the wheel is not as critical. Roberts et al. (1998) depiction considers a whole person (m, e, b, s) at the centre of the wheel, with community to the east, spirituality (or life tasks) to the south, creativity to the north and personal meaning in the west. As such it would appear that this model extrapolates from the individual components of the person, to the person in relationship, in the wheel itself. This depiction illustrates a perspective on potential application of the wheel as a base for case conceptualization in counselling by locating themes found in counselling in directions on the wheel. Though both models are simplified versions of the Native American Medicine Wheel in terms of depicting the complexity within Native concepts of health, they capture the basic premises of integration and holism as foundational in the healing journey.

Exploring Roberts et al.'s (1998) depiction of the Medicine Wheel one sees that the eastern direction of the Medicine Wheel is compared to Adlerian notions of social

embeddedness. Social embeddedness, social feeling, and social interest are considered core constructs in Adlerian theory (Ansbasher, 1979). This idea looks at the usefulness of one's lifestyle and the role it plays in health. Roberts et al. (1998) proposed that the role of social embeddedness is so strong in Native American culture that it could serve as the main goal of therapy. LaFromboise et al. (1990) encourage transcending ego and focus on self as an expression of community within the counselling relationship to be more in line with traditional healing perspectives. Though there is a difference in Adlerian and Native views on what constitutes family, especially pertaining to the role of the community Elder, they nonetheless share a common value in the importance of family structures in the healing process. Social embeddedness is therefore compatible with belonging and community needs of connectiveness.

The Western direction is considered the location of lifestyle. Lifestyle is utilized in Adlerian psychology to understand an individual's subjective themes and orientation in relationship with others in life. Roberts et al. (1998) link this to self reflection, emotion and empathy. This concept looks at personal meaning making and the role that this plays on how an individual sees the world. The southern direction is considered the local of life tasks. Adlerian comprehension of life tasks are that there are obstacles in life that need to be overcome and how these tasks are handled demonstrate what an individual feels about him/herself. Major life tasks are social skills, sex, work, spirituality and self. Roberts et al. (1998) propose that this is connected to "the source of and the means by which to grow" and that this relates to traditional Native American notions of allocating resources to what is done well within a communal framework. Examples of this would be a communal responsibility in childrearing or the role of Elders in transmission of knowledge. Further, Adlerian's suggest

that spirituality is a life task. Meaning and reasons for being would be included in this area of development. The “Red Road” (Weaver, 2002) would be equivalent to this concept of living in a spiritual way. Roberts et al. (1998) suggest that ‘discussing the good Red Road provides one way to discuss what Adlerian’s would call useful behavior” (p.141).

### Individual Psychology and The Medicine Wheel

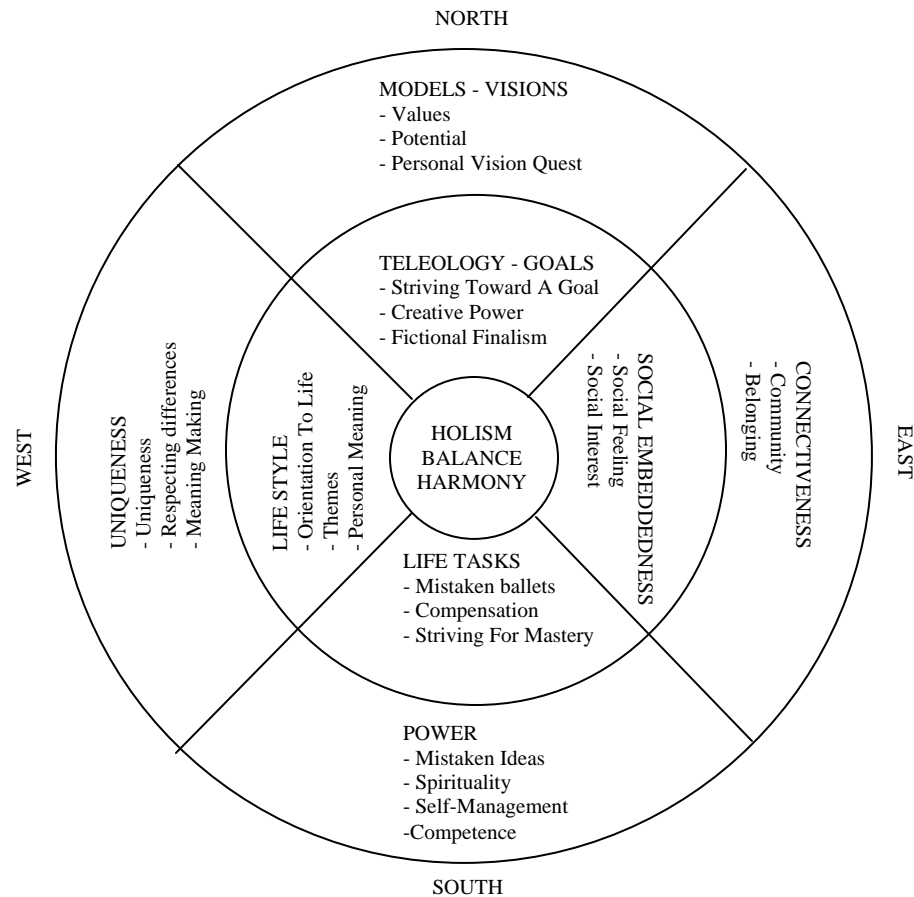


Figure 7. Common Themes Between Individual Psychology and The Medicine Wheel

Roberts et al. (1998) model puts holism in the centre, recognizing the indivisible nature of human wellness. Commonalities can be seen in a holistic premise of an individual as indivisible, meaning “to understand the individual, one must explore the whole person, including thoughts, actions and feelings” (Adler, 1927, p.137). Further, the recognition of

change as inherent and human choice as integral to lifestyle and life tasks is demonstrated in their depiction of the Native Medicine Wheels incorporation of the four seasons. The four seasons represent change in life and the courage needed to address that change in order to achieve happiness (Roberts et al, 1998). These ideas represent areas of compatibility between Adlerian theory and Roberts et al's (1998) understanding of the Native Medicine Wheel.

### *Wheel of Wellness*

Further, Adlerian concepts of the Wheel of wellness (Hattie, Myers & Sweeney, 2004) illustrate a psychological conceptualization of how this view of helping may be conceptualized within a counselling framework. The Wellness wheel results from theory and research on personality, social, clinical, health and developmental psychology. It demonstrates a hexagon model specifying physical, emotional, social, intellectual, occupational and spiritual interdependence in dimensions of healthy functioning. This takes into account wellness in all its dimensions, rather than merely remediation of dysfunction.

The model proposes that the five life tasks (spirituality, work, friendship, love and self direction) are interrelated and interconnected. Self direction is further divided in to 12 tasks a) sense of worth, b) sense of control, c) realistic beliefs, d) emotional awareness and coping, e) problem solving and creativity, f) sense of humor, g) nutrition, h) exercise, i) self care, j) stress management, k) gender identity, and l) cultural identity (Hattie, Myers & Sweeney, 2004). These life tasks and interdependent with the collective *interior* and collective *exterior* realms (Wilber, 2000). Inclusion of these criteria were developed from studies that suggest a direct link to healthy lifestyles and longevity (Myers, Sweeney & Witmer, 2000). The WEL wheel was developed to provide a diagram unifying various dimensions of wellness as outlined in research (Hattie et al., 2004). As such it points

practitioners in a direction of health based on concepts of unity and wholeness, rather than focusing on a single element of the life tasks. In this way the WEL wheel is compatible with the basic structures of the Native Medicine Wheel as outlined in this paper.

### Wheel of Wellness

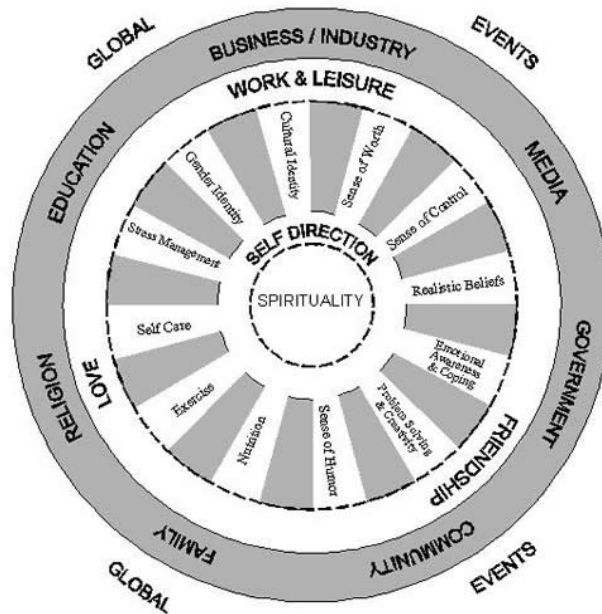


Figure. 8 Adlerian Based Wheel of Wellness

Both the Medicine Wheel’s application in Individual Psychology as outlined by Roberts et al. (1998) and the subsequent WEL (Hattie, Myers & Sweeney, 2004) are multidimensional and dynamic. This is compatible with basic Native American Medicine Wheel teachings that to achieve balance or harmony “each so called part must give up considering itself the center of the universe” (Bopp, Bopp & Lane, 1984b,p. 15). Application requires adjustment for within and between group differences for multicultural application of varying notions of the components of wellness. Furthermore, Adlerian focus on individuals in therapy would require expansion to include extended family, Elders and the community in therapeutic endeavors.



As a beginning framework Adlerian applications of the Medicine Wheel as outlined by Roberts et al. (1998) and the WEL (Hattie, Myers & Sweeney, 2004) are encompassing enough to act as counselling tools to increase understanding of holistic variables involved in whole systems healing. Although models proposed in this paper have theoretical compatibility with basic Native concepts of healing, Ross and Ross (1992) remind the reader that quality ethical health care *for* Native people requires collaboration *with* Native people (Roberts et al., 1998). As such these models can only serve as a backdrop to increase understanding of relevant parameters involved in a holistic conception of health.

### Common Elements

#### *Literary Themes*

There are themes that reoccur in the literature between basic Native holistic conceptions of health and psychological theories. Though commonalities can not replace direct collaboration with Native communities, they can act as a bridge to facilitate understanding increasing meaningful interaction. Common elements are demonstrated in core assumptions about driving self regulating forces within human nature, as played out in relationship in the environment. It is an area with considerable overlap with psychological literature.

#### *Positivism*

A common underlying assumption within humanistic theories and the Medicine Wheel depicted in this paper is that a human being is a positive entity which strives for balance. Balance with the four quadrants restores healthy human functioning. This comprehension of human health is in accordance with Adler's future oriented growth model of wellness which holds faith in the individual's ability to tap into the healing potential of

life. Rogers (1961) also stated that “the innermost core of man’s nature, the deepest layers of his personality, the base of his animal nature, is positive in nature –is basically socialized, forward-moving, rational and realistic” (Rogers, 1961, p.91). Humanistic definitions of holism are comparable to the positive representation of human functioning within most Native philosophies.

Knowing the interconnected nature of man to the parts within himself and seeing how both holistic and Native theories of wellness link these components to a basic nature that is positive and self regulating indicate compatibilities in core premises of these theories. Further, this homeostasis is achieved through balancing needs in all dimensions of the self. Meaning the mind, the emotions, the spirit and the body engage interdependently and simultaneously in an internal and external capacity.

#### *Relationship to the Self*

The self (which is made up of the spirit, mind, body and emotion) acts within the confines of the human condition. The concept of “I” is attributed by the meanings and purposes seen as valid by the individual (Peavy, 1993). Existential notions of the “Eigenwelt” are compatible with this dimension of personality (May & Yalom, 2005, p.272 as cited in Corsini & Wedding, 2005). The inherent freedom is “to choose, within one’s awareness, how one will react to life’s conditions” (Corsini & Wedding, 2005, p.59). The fully functioning human being experiences life fully, with awareness and lives in the moment (Rogers, 1961). The individual asserts his/her will in a responsible, flexible, courageous manner (Adler, 1927). Within this model, a certain amount of anxiety is normal for the creative, dynamic being who is becoming (May & Yalom, 2005 as cited in Corsini & Wedding, 2005). Though there is an internal sense of self worth, courage to be imperfect and

to adapt to situations as they arise are characteristic of healthy functioning. Action within these parameters is a reflection of a healthy self awareness. This would be equivalent to the notions found in the upper left interior individual quadrant in Wilber's (2000) depiction of holism and to a basic understanding within a traditional spiritual Native American framework of a healthy concept of the self.

#### *Relationship to Others*

Self-awareness is influenced by relationship to others. Since a person does not live in a vacuum he/she must be comprehended in relation to "being in the world" (May, 1981). Existential notions of the "Mitwelt" are compatible with this dimension of personality (May & Yalom, 2005, p.272 as cited in Corsini & Wedding, 2005). Adler's concept of social relationships shows the healthy individual as one who is moving towards a community in health. To be truly healthy, one must have the skill to recruit and use external support systems. Therefore, the process of human development occurs simultaneously in individuation (development of an independent, unique sense of self) and socialization (the relationship with the external environment). Maturation from a state of self-absorption to a state of selflessness is the goal of human development (Magnusson, n. d.). To be unique and to belong represent core needs of a human being (Magnusson, n.d.). Adler proposed that individuals acting with social interest have higher self-worth, courage, self-value, optimism, see others more positively and have higher respect for others (Watts, 1996). For the human, who is a social animal, this connection is an innate prerequisite of health.

#### *Relationship to the Earth*

A human being is a part of a whole. Individual experience of separateness from life is an optical delusion of consciousness (Mack, 1994). This delusion restricts desires and

affection for a few persons nearest to us. Einstein proposed “our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature” (Mack, 1994, p. 23). Native American models of understanding honor human connection with the Earth. They remind humanity that life is compassionate and that man belongs within that system (Weaver, 2002). Identification as a part of a whole allows for personalization of the planet and leads to increases in personal awareness and responsible ecological action (Weaver, 2002). The Adlerian notion of the “Weltbild” (Mosak, 1989, p.64) and Existential notions of the “Umwelt” (May & Yalom, 2005, p.272 as cited in Corsini & Wedding, 2005) are compatible with this dimension of personality. Healthy functioning requires understanding that innate concepts of worth transcend human relationships.

#### *Relationship to a Creator*

Spiritual health provides an avenue whereby a person can create a more complete sense of self (Matthew, 1998). Spirituality in this sense is defined as “pertaining to the innate capacity to, and tendency to seek to, transcend one’s current locus of centrality, which transcendence involves increased knowledge and love” (Chandler, Holden & Kolander, 1992, p.169). A review of the literature supports the findings that though there are multiple definitions and meanings of spirituality, incorporation of a view of spirituality in counselling is beneficial because it is an integral part of the “emotional, psychological, physical, occupational and social aspects of one’s life” (Curtis & Davis, 1999, p.201). Roberts, Harper, Caldwell & Decora (2003) administered the Adlerian Lifestyle Inventory to a group of Lakota women who reported spirituality as the most important life task. Traditional Native Americans further understand spirituality as a way of being in communication, in thought, in

feeling and in spirit with Creator and Creation. This is known as walking the Red Road (Weaver, 2002) and is seen as integral to being an authentic, healthy human being.

Common elements of healthy functioning found within psychological theory and Native American theory appear to require awareness of personal meaning attributed from within the determined/indetermined freedom of human nature. This understanding is played out in relationships between each other, the Earth and a spiritual Creator. Theoretical compatibility found in holistic premises between a simplified model of Native spiritual healing and psychological literature provides a grounding framework for a common language when engaging in healing endeavors. This common language attempts to bridge gaps in understanding by tailoring specific services to include, and work within, a holistic framework. As such, psychological services are called to utilize holistic premises in case conceptualization and to reform in a manner that reflects holistic principles in service delivery.

### Practice

Theoretical compatibility is important for increasing understanding, but it is not sufficient, in and of itself. The enlightened practitioner can provide a holistic environment, but also requires grounding in appropriate practices. How one engages with another, the working alliance, between two people is critical in establishing rapport and building trust in any relationship, therapeutically oriented, or not (Arthur & Stewart, 2001). Psychological literature that provide frameworks for respectful encounters, were included in this section as a beginning requirement in increasing cross cultural communication effectiveness. Above and beyond the scope of this paper is the cross cultural education specific to each group which brings with it specific culturally appropriate verbal and nonverbal norms (Arthur &

Collins, 2005). The aim of this section is to illustrate basic underlying premises in respectful dialogue in general.

Dialogue is not restricted to two *exterior* worlds communicating in ways that are respectful of two *exterior* realities. The aim of this paper, to this point has been to describe a Native traditional *interior* collective worldview and to demonstrate how holistic principles are compatible with this way of seeing life and healing. Finally, the practice section of the literature review proposes to illustrate tools for respectful dialogue between individuals engaged in *interior* exploration. This means self exploration of the interior domain within the therapist, as well as within the client. Feminist theory grounds this exploration within the context of the systemic institutions invested in maintaining the status quo. As such individual behavior is being recognized as overt symptoms of oppression, rather than of illness (Collins, 2002). Therefore, this exploration looks at interdependence between personal and social identities.

Finally, multigenerational transference of unresolved trauma will be explored. This inquiry links marginalization and discrimination to historical antecedents and explores the universality of these wounds. Understanding these issues are integral in non-dominant worldviews and basic in de-colonization and empowerment (Poonwassie & Charter, 2001). Exploration of the systemic biases perpetuating power imbalance is at the heart of the retraumatization that continues to this day.

### *Feminism*

Feminism is both a social theory and political movement based on the notion that ideology, social structure and behavior are interwoven (Collins, 2002). It looks at the nature of inequality, power relations, gender politics and sexuality. Problems are viewed in a

sociopolitical and cultural context from which traditional ways of assessing psychological health are challenged (Cummings, 2000). This position is correlated to holistic counselling in as far as it illustrates how exterior collective structures interact on health and the healing process (Wilber, 2000). It further illustrates that these issues of imbalance have personal consequences in distribution of assets and resources in the economic and political environment. The notion that the 'personal is political' is particularly relevant when exploring multicultural counselling initiatives because individuals in non-dominant groups exhibit behavioral mental and physical health consequences stemming from these larger systemic factors (Bordeaux Silverstein, 2006).

Literature on inequality of power indicates a historical misappropriation and unequal distribution of resources on the Earth. These actions are sanctioned and protected overtly and covertly in institutionalized white privilege which gives unfair advantage, opportunities, entitlements and immunities to able bodied white people (particularly, but not limited to, white men) in terms of dominance and control of economic, political and social institutions (Atkinson, 2004). Furthermore, these privileges are outside conscious awareness (McIntosh, 1988) and act as "an invisible package of unearned assets that I can count on cashing in each day, but about which I was "meant" to remain oblivious. White privilege is like an invisible weightless knapsack of special provisions, assurances, tools, maps, guides, codebooks, passports, visas, cloths, compass, emergency gear and blank checks" (McIntosh, 1988, p.1). McIntosh (1988) proposes that the individual continues to remain oblivious to this privilege by focusing attention on individual acts of racism and oppression. Thereby failing to recognize how systemic institutions, (such as the counselling profession), act to reinforce unearned white privilege (Arthur & Collins, 2005).

Enid Lee (1985) devised a social positioning exercise which allows the individual to position him/herself in relation to the privileged dominant group in society (see Appendix E). The areas where one falls within that privilege are areas where ones class, religion, ethnicity, sex etc.. are similar to those holding power and control in society. How one differs from the dominant class can be seen as areas where there is social, economic and personal tension in ones life (Thomas, 1985). This illustrates areas of institutionalized privilege and its consequences on equality and fairness in distribution of power and control in society. It further demonstrates correlates between individual problems and societal structures.

There are also disadvantages associated with this position of power and control for the dominant group. Unexamined privilege also relates to a diminished sense of self awareness which is how unexamined racism becomes mistakenly recognized as entitlement (Arthur & Collins, 2005). Canadians have a particularly entrenched oblivion to their privilege because of the fallacy that the culture is courteous (i.e. nice people are not racist). This is experienced however, as a particularly hurtful and insidious form of covert racism which is, nonetheless, experienced as racism (Maracle, 1991). Furthermore, if given the choice between overt racism as experienced in the United States and the covert racism as experienced in Canada, many Native Americans chose the United States (Maracle, 1991). This is likened to the fact that overt acts of oppression are considered more predictable, with predictability playing a role in ability to protect and defend oneself (Maracle, 1991). Neville, Worthington and Sanierman (2001) propose the “conscious or unconscious denial of privilege and uncritical examination of racism...is also evidence of cognitive distortions and misperceptions of the self and others inconsistent with mental health and is likely to lead to irrational fears and anxiety” (p.259). McIntosh (1988) proposes that an additional danger in



remaining unaware of both power and privilege is the continued racist behavior perpetuating the status quo and further oppressing clients in the counselling environment.

Feminist recognition of inherent power differentials is beneficial in examination of practice in the therapeutic environment. It espouses redistribution of power within the counselling setting as a means of addressing the issue of mutual respect (Cummings, 2000). Mutuality in the therapeutic relationship requires equalization of uneven power differentials inherent in the 'helper/ helped' roles (Taylor, 1991). Power distribution is crucial to shifting the practice of therapy from the exercising of professional 'expertise' to the human relations of helping (Swain, 1995). One of the ways this can be achieved is to recognize client's experiential knowledge as the foundation for learning with the professional's knowledge at the *service* of the client (Swain, 1995). Feminist therapists contend that connection through honesty and relevant self disclosure is not a threat to boundary retention and is beneficial in overcoming systemic power inequalities (Taylor, 1991). Addressing alliance building directly through reciprocity is fundamental in establishment of trust (Morrissette & Gadbois, 2006) which holds particular significance in multicultural counselling and in counselling Native populations in particular (LaFromboise et al., 1990; Morrissette, 1994).

Roberts et al. (2003) conducted research with a group of 30 Lakota women whose recommendations for cross cultural counselling echoes feminist sentiments about respect, truthfulness, and understanding in group and systems approaches which take interconnectedness and cultural and social context into account. Addressing where the need to look like the expert comes from and sitting in a humble place of 'not knowing' is one way to show this respect (Swain, 1995). Power differentials are multilayered, acknowledgement of unequal distribution of power within society and within the counselling relationship is

another way that the feminist theory is compatible with Native American comprehensions of genuine authentic behavior (Roberts et al., 2003). Primarily feminist theories can act as a bridge with Native theory in so far as contextual factors are addressed in an authentic and respectful way. This means addressing power differentials with honesty.

Finally, feminist literature provides an important framework for multicultural therapists because its premises are based on an ethos of caring in relationship integral to social action (Bordeaux Silverstein, 2006). The feminist perspective emphasizes the impact of social and cultural contexts in the development of client presenting problems. Within the counselling environment this manifests in adhering to the need for social interconnectedness within Native populations by restructuring counselling practices to include others in therapy (France & McCormick, 1997; Thomason, 1991). Several authors indicate the appropriateness of communal involvement as a means of empowerment and externalization of oppression and racism (Lafromboise et al., 1990; Peavy & Li, 2003). Involvement on the collective societal level is therefore not only proposed as culturally relevant, but also as a universal human need in healing.

### *Multigenerational Trauma*

Trauma is defined as an event or situation that causes great distress and disruption and culminates in an emotional wound or shock creating substantial, lasting damage to the psychological development of a person (Keane, 1995). The circumstances of the event commonly include abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, and/or loss. Colonization initiatives would qualify as traumatic events whose effects can be seen on both individual and collective levels (see Appendix C).

On an individual level, a trauma response might present in disorders such as Post Traumatic Stress Disorder (PTSD), or in Complex PTSD (Herman, 1997). Symptoms might also present in self destructive behaviors such as depression, suicide, alcohol abuse, neglect, sexual and physical abuse. Historically, European counselling initiatives (in accordance with their worldview), have focused on providing services which target this level of disruption.

On a collective level, a historical trauma response is present. Braveheart (2000) coined the term 'historical trauma response' to reflect reactions to multigenerational traumatic experiences of mass physical and cultural epidemics and endemics, mass genocide, forced relocation and aggressive assimilation suffered by Native Americans. "These effects impact the physical, emotional, mental and social well-being of individuals, families and the entire culture" (Braveheart, 1999, p.1). Some collective effects are depression, substance abuse, chronic grief, guilt, elevated suicide rates, self-destructive behavior, high rates of chronic physical illness, identification with the pain of ancestors and fixation to trauma and somatic symptoms without a "medical" reason (Carlson, 2002). This is indicative that trauma manifests in health problems (Braveheart, 2000). A key element in historical trauma response is the multigenerational component whereby the trauma is passed down through the generations (Brave Heart, 1999). Currently, levels of mental and physical health problems are considered endemic within Native populations (Kirmayer, Simpson & Cargo, 2003). Epidemiological research identifies the magnitude and type of mental and social problems for Natives in Canada, while qualitative studies implicate collective acts of forced assimilation policies as prime causes of poor health and social outcomes (Kirmayer et al., 2003). Therefore it would seem that historical assimilative mandates as well as the multigenerational nature of trauma, combine to manifest in the current social conditions.

Brave Heart (1995) also puts forth a model for the Lakota in dealing with historical trauma. She emphasizes the importance of culturally relevant definitions, philosophy and beliefs through application of traditional methods of healing. These rituals provide reasons for living (Crofoot Graham, 2002) and meaning in suffering (Kirmayer et al., 2003). They also serve to integrate communities in the healing process (Kirmayer et al., 2003). Braveheart (2000) proposes certain elements be included in the historical trauma response model. The first element is stimulation of the traumatic memories which is common to exposure therapies (Keane, 1995), eye movement desensitization and reprocessing (EMDR) (Shapiro & Maxfield, 2002), or the self trauma model (Briere, 2002). Secondly, providing opportunities for catharsis such as those found within traditions which are considered intrinsic to individual and collective healing initiatives (Nielson, 2003; Weaver, 2002). These would include but not be limited to storytelling (Dolchok, 2003), healing circles (Offet-Gartner, 2005) and dreaming (Tedlock, 2004). Further, culturally relevant ceremonies might include pipe ceremonies, prayer and doctoring (Longboat, 1997); sweat lodges, vision quests (Blue & Darou, 2005; Offet-Gartner, 2005); Sun dance, Ghost and Ancestor ceremonies (Courchene, n.d.). Third, incorporation of traditional Native culture such as communal gatherings (PowWows, Potlaches, Give Aways, Rituals of rites of passage throughout the lifespan, drumming) (McCormick, 2005; Offet-Gartner, 2005; Weaver, 2002). Fourth, continued access to communal support, with direct access to Elders, is imperative for interconnectedness (Arthur & Collins, 2005). Combined these elements can facilitate resolution of trauma and its transcendence through the generations by empowering tradition and reconnection to ancestral methods of healing.

In reviewing the literature on the multigenerational trauma response, themes of unresolved grief surface for both Western culture as well as Native nations (Braveheart, 1999; Carlson, 2002). Unresolved grief was uncovered in European history which overlaps many of the six phases of historical unresolved grief outlined in Braveheart's (1999) multigenerational trauma research (see Appendix C). There is a common theme of trauma in the history of both cultures from war, forced relocation, spiritual repression, famine, plagues and economic competition. European Americans have a history (pre-emigration, immigration and early settling) in which they were also often traumatized, oppressed and/or disempowered (Gottfried, 1983). Related are the disadvantages associated with the social construction of whiteness as manifest in the unhealed psyche found in Western culture as was outlined previously from the feminist literature (Neville et al., 2001). In this instance, and not uncommon in trauma situations, the oppressed became the oppressors (Lacy, 2001).

On an individual level, there are consequences for the oppressor. Ahluwalia (2003) illustrates that inherent in the psychology of oppression is a dehumanization on the part the oppressor where there is an assimilation of the cruel and harsh image imposed on the oppressed. This boomerang effect is called *retrogression* and is where the unjust exercise of authority and lack of compassion gradually invade the personal relationships of the family and loved ones of the oppressor. Further, repressed guilt and fear of reprisal also come to dominate the psyche and social relations of the oppressor (Bulhan, 1985). Helms (1990) speaks about the guilt and shame involved for Whites, as "major (historical and present) concomitants of racism" and the subsequent multigenerational "distortion on views of racial identity" which are manifest in "negative feelings such as self-deception, self-hate, guilt and

shame” (p. 50). Therefore, it would seem there are consequences of oppression for both the oppressed and the oppressor.

Related to the consequences to the individual as an oppressor are the collective repercussions. Those repercussions are inherent in the fear and anxiety manifest in rigidity of the worldview of the dominant culture (Neville et al., 2001). The social, political and economic base arising from those beliefs and values are a reflection of that primary sense of how the culture sees itself in relation to others, to itself, to the world and to a Creator. The ICERD (International Convention on the Elimination of All Forms of Racial Discrimination) defines racism as follows: Any distinction, exclusion, restriction, or preference based on race, color, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment, or exercise, on equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural, or any other field of public life. It is apparent that the Canadian mosaic operates from a racist framework, regardless of espoused multicultural policy (Arthur & Collins, 2005).

A final characteristic of trauma that is applicable to its influence within European, and subsequently Western culture, is found in the profound silence around the subject. The kind of silence Berry (1970) suggests is the “trademark of trauma”. The silence acts as a means of distancing oneself from the pain of racism and the deeds historically and presently which continue to keep that racist system intact. Danieli (1998) reports that conspiracy of silence is “the most prevalent and effective mechanism for the transmission of trauma on all dimensions. Both intrapsychically and interpersonally protective, silence is profoundly destructive, for it attests to the person’s, family’s, society’s, community’s and nation’s

inability to integrate the trauma” (p. 678). In being unable to integrate the trauma, there is an unresolved grief or a multigenerational trauma response that occurs.

Historical reconnection to tradition is proposed for healing in the Native culture, but also pertains to healing in Western culture in general. Rose (1996) indicates that collective pride is an elusive concept for many white people and in its place there is often a collective shame or detachment. Rose (1996) states the following:

Whites easily identify themselves as individuals, but not as members of a group.

They may take healthy pride in their personal strengths and accomplishments but, when it comes to recognizing a collective supportive cultural or ethnic foundation, they seem to be standing in quicksand to the waist...I believe those who seek to understand another group’s collective experience, but cannot make the shift into an understanding of collective pride in their own group, operate from an irresolute position in any cross-cultural exchange. (p. 43)

This cultural quicksand has been likened to a sense of lost identity. Helms (1990) suggests that it is only in recent history that theorists have pondered the question of “the consequences of racism for the perpetrators of racism, which include the absence of a positive white identity” (p. 50). Reclaiming traditional connection, as stipulated in Braveheart’s (1995) Lakota model for trauma intervention, though culturally specific in content, holds clues for the dominant culture regarding collective healing initiatives that facilitate a positive identity. Through reclaiming a positive identity the cycle trauma can be broken. It would appear that a multigenerational trauma response seems to be operating for both the oppressed and the oppressors of our shared human history. Societal healing calls for initiatives which target collective, as well as individual, spheres.

### *Summary*

In summary, practicing respectful multicultural counselling requires much more than theoretical adherence to principles of holism. True social reform is required in terms of rebalancing on all levels of society. This means therapists are called to heal through increasing self awareness, through education of the historical premises driving the current power imbalances, and through exploration of personal adherence to power imbalances and subsequent unearned privileges in all facets of the personal and political. In that process one moves from ignorance to aversion to indifference (where many remain), to tolerance and finally to understanding and acceptance (NAHO, 2002). Further, education about Native worldviews and Native spiritual frameworks are inseparable from the communities who practice these traditions therefore obtaining any degree of competence in terms of understanding requires direct communication with tribe specific knowledgeable Elders and spiritual healers. Truly increasing multicultural competence is a holistic endeavour requiring an integrated effort on the part of the counsellor and a true commitment towards personal development.

Many have been unaware of the traumatic past and present in the collective realm and its impact on Native and Western cultures. It is the responsibility of the Western practitioner to undertake this task of education and of healing. Reconnection with our ancestors can increase understanding on dynamics involved in systems based healing initiatives (Carlson, 2002). These undertakings are integral in increasing appreciation and respect for traditional Native spiritual healing.



## PART THREE: CHAPTER V

### Synthesis and Implications

The third, and final section, of this review synthesizes theoretical premises found in psychological literature with basic traditional Native spiritual concepts as applied to counselling psychology. Holistic frameworks for health are proposed to have a paradigm altering capability in terms of comprehending where healing is universal and where it is culturally dependent. Further, there are implications of viewing healing from a holistic position for the practitioner which call into question arbitrary divisions between concepts of therapist and healer. Finally, viewing healing in this manner increases responsibility for the practitioner to develop spiritually as a means of authentic practice.

Application of culturally relevant practice between practitioners and Native Americans is a complex process. There are practical, political and social considerations in implementation of holistic culture infused practices within the field of counselling. Global responsibility for healing, the place of forgiveness and the true meaning of resolution are explored as integral facets of multicultural relationship restoration. Finally, this review will look at the implications of societal recovery through social action.

### Application of Theory

#### *Emic/Etic Considerations*

In accordance with the definition of healing as outlined in the beginning of this paper, health is being considered from a whole or holistic perspective whereby healing is composed of balancing the four quadrants of being: spirit, emotion, mind and body (Barasch & Seigel, 1995; Hattie, Myers & Sweeney, 2004). Wellness is achieved through interdependence of these variables in relation to a Creator, the world, each other and within oneself (Hattie,

Myers & Sweeney, 2004). Healing as defined in this holistic manner is a concept open regardless of cultural affiliation, though deeply contingent on understanding of interior and exterior, individual and collective interdependence (Wilber, 2000). In this regard healing is also contingent upon culturally determined interrelationships. The paradox of healing being universal when understood holistically, yet culturally dependent when applied locally, outlines the basic conundrum when approaching relevance of cross cultural counselling.

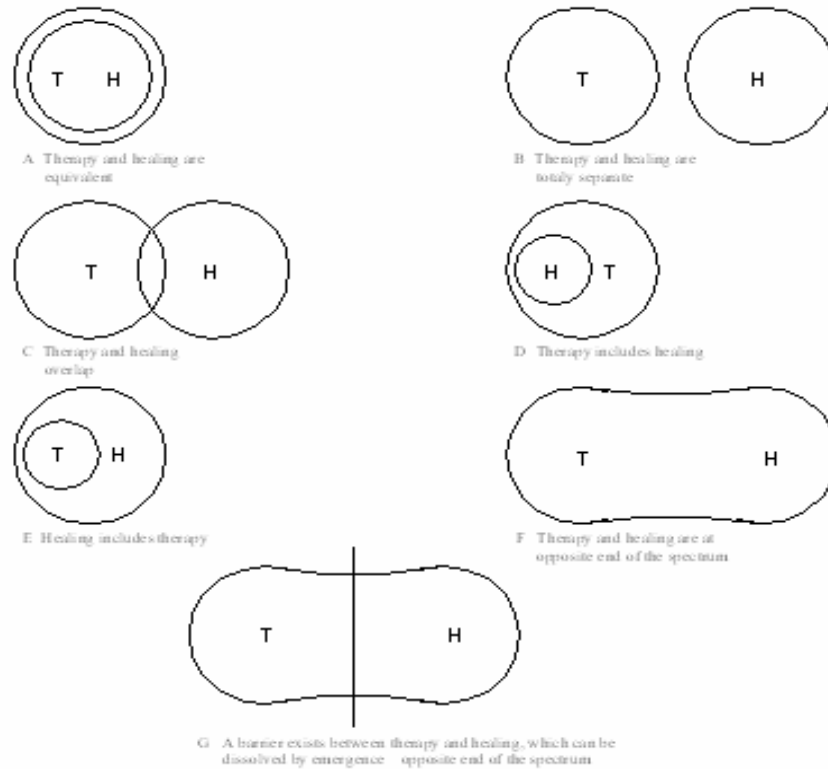
Moodley and West (2005) propose that the either/or dichotomy set up in etic/emic conceptualizations are contingent on viewing healing and therapy from within a preset definition. The definition of a holistic healing relationship outlined above, proposes a very different position for the therapist than that seen in a contemporary counselling environment. With this redefinition of healing, the healer and the healing relationship can be viewed as a continuum with flexible involvement at differing stages of engagement (Rowan, 2005). The therapist is the conduit through which the client is steered towards his/her own internal rebalancing in healing which involves individual as well as systems components. In this framework the therapist is not that who heals, nor is the client that who heals, but rather healing originates from an external energy, or a spiritual base (Barasch & Seigel, 1995; Chopra, 2000; Dossey, 1993; Longboat, 1997; Moodley & West, 2005). This healing energy enters the four quadrants as laid out by Wilber (2000) in the I (internal individual), the IT (exterior individual); the WE (interior collective) and the ITS (exterior collective) and provides balance to the entirety of the human being (mind, body, emotion and spirit). To understand healing in this capacity transcends either/or distinctions inherent in the emic and etic positions through a fundamental adjustment of what a therapist is and what healing is.

Considerable self awareness is required through internal reflection and personal growth to work from within this fundamentally humble and enlightened position. This position is akin to Rogers (1980) concept of presence (Kirschenbaum & Henderson, 1990), Thorne's (1991) concept of tenderness, or Buber's (1970) I/Thou relationship (Moodley & West, 2005). Approaching healing from this position of enlightened positive regard allows for an integrated, yet humble comprehension of where healing is universal and where healing is culturally dependent. This allows for a less dichotomized comprehension of the healing process. Related is the notion of who it is appropriate to collaborate with, and when, during the counselling process. Discernment is an individual call as to when it is appropriate to consult and collaborate with a Native healer or Elder and when the wisest, most ethically prudent course of action (CPA, 2000), is to refer the client to the Native healer or Elder entirely. With this understanding comes a more humble discernment of when and where a person can be beneficial and when and where the most benefit comes from not being involved.

### *Therapy verses Healing*

In transcending pre-personal and personal constructs through transpersonal psychology, previous conceptualizations of therapy and healing integrate. Rowan (2005) devised a developmental model of this integration (see figure 9).

## Integrating Healing and Therapy



**Figure 9. Developmental Model of Integration of Therapy and Healing**

Stage 1 proposes that a practitioner is either a therapist or a healer. In Stage 2 the practitioner becomes both therapist and healer separately, with differing sets of clients. In stage 3 the practitioner begins to integrate one with the other and in the final stage, stage 4, true integration occurs and transcends both positions (p.45). Crossing the line between talking therapies and spiritual healing does not propose however, that one practice outside of one's area of competence, and therefore transcendence should not be equated with cultural experience in conducting Native ceremony. It does however suggest that healing and therapy are on a continuum that integrates as a function of development (Rowan, 2005). In this capacity it appears that certain principles of healing are available, so some degree, to us all.

Looking at healing as a function of balance, within an environment of acceptance, accessible to the parties involved, of which neither party is the owner, externalizes healing energy and increases humility. Historically there has been resistance to this idea because of confusion between externalization of problems and consequent lack of personal responsibility in the change process. The model of helping attributed to this stance would be considered a mix of the compensatory model and the enlightenment model (Brickman et al., 1982). Where it differs from these helping models is that it goes from the idea of solutions or problems being located inside the individual to the notion of problems and solutions having an outside base and the individual having mitigated responsibility in accessing that external energy and integrating it in an internal manner which shows up in changing overt behaviors. This mid point of responsibility, negates guilt and shame in being the causation of the problem, but does call for individual action to be a participant in the solution. Though the difference is a subtle one, it allows for empowerment without requiring blame to fall on the individual. In this way the full responsibility of healing is a collaborative individual and collective effort requiring external and internal intervention.

The richness of the transcendental story of healing sees no dichotomy between both an external origin for healing and an internal base within the individual (Wilber, 2000). This is where an individual has responsibility to honor the privilege of being a part of the interconnectedness of life, part of Creation, and therefore having internal access to, but not ownership over, the healing energy of life. The therapist and the client, the Native spiritual healer, the Elder and the community have no more or less innate ability in this regard (Courchene, 2005). Training and wisdom increases understanding and helps to facilitate this process, and this is the area of lifelong intensive practice of the Native healer as well as being

within the comprehension of the wise Native Elder (Courchene, n.d.; McCormick, 2005).

The concept here is that though certain elements can be known (learned) other elements are a product of experience (earned). Once the learned and the earned integrate there is a way of “being” which manifests itself in overt behavior (Wilber, 2000). Hamel et al. (2003) suggest that this is in contrast to the notion of change as brief ‘peak-experiences’ and that this transcendental actualization “fundamentally changes their attitude to life...the life they experience finds its mainstay in Being rather than Doing and Having” (Maslow, 1993b as cited in Hamel et al., 2003, p.5). Carlson (2002) reports from her interview with Native Elder Lovelace that this way of being reflects a clear channel from the heart to the head, grounded in spirit, in action. This suggests that health can be seen by others through its manifestation in overt behaviors.

### *Therapist Change*

Related is the notion that who the therapist ‘is’ has a larger impact on the client, than what the therapist ‘does’ during a session (Miller, Hubble & Duncan, 1995). This is connected because the calm, accepting, non judgmental being exhibiting unconditional positive regard is a conduit of healing energy (Wilber, 2000). Psychological, working alliance based literature demonstrate the pervasiveness of this notion by contending that successful therapeutic outcome is linked 30% to the quality of the relationship between therapist and client, 15% to the motivation (or belief) on the part of the client in the effectiveness of therapy, 15% to the tangible “stuff” done in therapy and 40% to client variables (environment, family etc) (Miller et al., 1995). Since belief in therapy and working alliance account for almost half of the facilitators of change, it would follow that isolating variables within the working alliance is important for successful therapeutic outcome

(Horvath & Symonds, 1991). The importance placed on the working alliance illustrates that therapy is based primarily on a good human relationship (Ansbacher, 1979). This relationship is interdependent on the environment created by how the therapist conducts him/herself.

When an environment of faith, hope and love are created, a strong working alliance is facilitated between client and therapist (Horvath & Symonds, 1991). Authentic expression of integrity is inherent in how the enlightened therapist acts because it is inherent in who he/she has become in the healing process. Therefore *acting* loving is not necessary because a healed (or relatively healed) person *is* loving.

Healing as defined above has internal and external bases found within the therapeutic relationship, within the healer and therapist, within the client and in the environment where the client lives, providing a truly holistic picture of the players involved in the healing process. The redefinition of health as holistic allows for a renewed dialogue between what it means to be a therapist and his/her relationship to the healing process. Questioning preexisting dichotomies within a holistic framework allows for inclusion of the multilayered complexities involved in healing, in human beings in general, and in cross cultural healing initiatives.

### *Client Change*

The premises put forth in this paper are that a human being is a creative, holistic entity comprised of four parts: a mind, a body, emotions and a spirit. Healthy functioning, as represented in the Native American Medicine Wheel depicted in this paper, is the result of balance between these quadrants. As stipulated earlier, an egalitarian, present focused, client driven concept of change respects feminist, humanist mechanisms driving the counseling process. Furthermore, it has been proposed that these parameters are functional in culturally

infused counselling encounters (Arthur & Collins, 2005). Corsini's (2005) nine criteria of elements that are critical for client change are compatible with the basic tenets within the Medicine Wheel depicted in this paper and are utilized as a means of demonstrating how this particular Medicine Wheel can be used in a counselling setting to conceptualize and operationalize the aforementioned parameters involved in client change.

Corsini (2005) outlines nine elements deemed common to influencing client change. **Cognitive** factors are *universalization* – recognition that suffering is universal; *insight* – increased understanding of self; and *modeling* – therapist behavior as having an influence on the client. **Affective** factors are *acceptance* – unconditional positive regard; *altruism* – client feels care and love coming from the therapist; and *transference* – an emotional mutuality between client and therapist. **Behavioral** factors are *reality testing* – therapeutic setting offers a safe environment to test out new behaviors; *ventilation* – emotional expression without fear of rejection; and *interaction* – admission of behavior imbalances. These criteria represent three of the four facets stipulated in the Medicine Wheel. The final quadrant would be spiritual. Proposed **spiritual** factors are *humility* – understanding the place of the human being in the universe; *connection* – knowing the human being belongs to creation and is an indivisible part of the whole; *transcendence* – the experience of a “change in kind” or the recognition of divinity as the guiding principle of man (Oxford dictionary, 1990). These guidelines for change are incorporated in the theoretical premises stipulated by the basic Native American Medicine Wheel's comprehension of health parameters as outlined in this paper.

The synthesis of counselling research on factors influencing client change and integration of this information into the proposed Native American Medicine Wheel are



indicative of the utility of incorporation of the basic health concepts of the Medicine Wheel in case conceptualization. Though it is important to keep in mind that this paper can only delineate a simplified version of the Medicine Wheel and that tribe specific information is required for goodness of fit to a particular client, the model depicted provides a basic outline for history taking and problem definition in the psychiatric interview. This is achieved through the model's capacity to capture physical, mental, emotional and spiritual dimensions of functioning. This pragmatic utility further serves as a directive tool in treatment planning. Using the Medicine Wheel depicted in this paper in this manner can also serve as a reminder to the practitioner that human needs are not unidimensional. This is humbling as a reminder of what counselling is and is not able to provide. The spiritual dimension of the proposed Medicine Wheel can open the process up for inclusion of community members and Elders in a systems based, culturally appropriate manner. As such the Medicine Wheel can serve as a reminder of the need to include others in the counselling process.

### Implications for Practice

#### *Culture Infused Counselling*

Universal positions on cross cultural counselling propose multidisciplinary teams working together to integrate the most appropriate practices at the most appropriate time in the healing process (Arthur & Collins, 2005; Offet-Garner, 2005). A multidisciplinary team might consist of a client, a therapist, a doctor, family members, community members, Elders and a Native healer to name a few of the people that could potentially be involved in a collaborative endeavor. The counsellor might proceed from a culture centered approach, assessing salience of cultural identity to presenting client concern (Arthur & Collins, 2005). According culture infused research, inclusion of the Native traditional spiritual healer or

Elder in the counselling relationship, whether in a team environment or through a referral process, is one way of increasing cultural relevance (Blue & Darou, 2005; Offet-Garner, 2005).

Furthermore, a counselor attempting to implement a culturally infused framework will require conscious awareness of cultural uniqueness. Assessment of degree of traditionalism (isolated, traditional, bicultural, and acculturated) is required to avoid parsimony (Thomason, 1991). Further, a culture infused counselling position would require consideration of the intrapersonal dynamics considered desirable when working with Native American populations. Mohatt (1988) reflects on three criteria of personal transformation of consciousness on the part of therapist that aids in working with this population. 1) ethnocentric explanations of Native experiences where not successful; 2) instincts and a 'here and now' focus is appreciated and; 3) empathy is a critical factor (Dana, 2000). It would appear that a Western practitioner could conceivably operate from a concrete present centered position as long as it is grounded within a holistic framework, utilizing a basic version of the Medicine Wheel as a means of case conceptualization, problem definition and treatment planning, in a team environment.

### *Multidisciplinary Teams*

In keeping with the assumption that multidisciplinary teams are desired, and would increase relevance of service, comes the practical issue of how a Native healer or Elder might be contacted and how the knowledge of that healer would be recognized. The Student International Health Initiative (SIHI) at McMaster University hosted the Aboriginal Health Conference 2006 which offered a workshop on the process of recruitment of traditional healers. An informal network process to request referrals to recommended healers was

proposed. This entails inquires through Friendship centers, advocacy networks/groups, Aboriginal health centers, Band councils, Healing lodges to produce a name of a local resource. These contacts can assist in providing information surrounding protocol when approaching traditional people (offering tobacco etc.). Reference checks are also used to ascertain degree of recognition in the community. This informal channel of accreditation produces difficulties with professional organizations and licensing bodies for the psychological practitioner. Formalized channels to protect the practitioner against liability issues are recommended by licensing associations (Schulz, 2000). This conflict is not atypical when attempting to impose Western based protocols and policies upon other groups. It is an area where implementation of ethically relevant practices are in conflict with industry standards. The informal channel is recognized at this time as the most respectful manner to address accreditation issues and ensure inclusion in practice.

### *Economics*

Another area of difference applies to economic considerations influencing therapeutic environment, future of psychology, the culture in which therapy is conducted. Cultural, social and political forces are changing the face of psychology increasing the need for validating, time sensitive models that are paid for by third party insurance companies (Goodyear et al., 2000). These outside measures will direct the future of therapy and largely influence the types of counselor training that will be available (Goodyear et al., 2000). The holistic therapeutic model proposed in this paper, does not consider length of treatment a primary measure of effectiveness. The “dream of the quick fix” is not realistic when the primary goal is humanistic care (Peavy, 1993, p.4). Peavy (1993) proposes that the projected future of therapy is following hegemony of “instrumental reason” akin to a reductionist mindset. This

reduces human fulfillment to a cost-benefit ratio that is “allied with the assumed values of technology” (Benner & Wrubel, 1989, p.4). Furthermore, to ensure the future of therapy is not overcome by dollar and cents concepts of therapeutic effectiveness, the values and assumptions that underlie the counselling process will require careful reexamination.

### *Politics*

The mindful practitioner is aware of the history between both Native and European nations and recognizes that this context has present impact on cross cultural encounters. The politics between both nations have dramatically influenced and shaped the present lives of Native people living in Canada (see Appendix C). In attempting to define a unifying Native perspective, diversity and adaptation within each community is to be kept in the forefront of the mind of the reader. Not only are there countless significant differences between and within tribal affiliations, there are varying degrees of acculturation. Further, there is no unified political or philosophical Native consensus from which they draw their power (D. Longboat, personal communication, October 15, 2006). Around the roundtable sit Treaty/Non-treaty/ Métis/ Sovereigns/Municipal government supporters/ Urban and Reserve interests/ Traditional and Contemporary Native lifestyles and beliefs. As such this paper can not possibly cover the full range of Indigenous positions and can only outline the various stakeholders and offer a subjective perspective.

### *Sovereignty, Mother Earth and Cultural Reclamation*

A perspective congruent with the sovereignty movement within certain traditional Native spiritual healing initiatives, holds the following assumptions 1) sovereignty is a necessity; 2) healing occurs on the land and; 3) traditional language is the doorway for cultural reclamation (songs, ceremonies, identity) (D. Longboat, personal communication,

October 15, 2006; Courchene, n.d.). The sovereignty movement recognizes Native people as a sovereign nation state. This position is congruent with the intentions of Native ancestors at the time of treaty signing (RCAP, 1996). Conceptualization on this basis changes comprehension of political autonomy when defining 'Native' from within the Canadian framework. From this base the logic follows that Native people are not a subgroup within the multicultural mosaic of Canadian identity (RCAP, 1996). Rather, Native issues are understood as two sovereign nation states engaging in dialogue (RCAP, 1996). Just as Canada has no authority to go into Iraq and determine how the countries structures are to be governed, nor can Canadian benchmarks impose its understanding on how Native healing is to be governed. At this time in history, the Canadian identity misunderstands itself in relation this nation of people (RCAP, 1996). The concept of sovereignty of Indigenous peoples demonstrates that Native perspectives are recognized as influential, authoritative and integral for millions of people. This traditional worldview is intact, though politically divided, and carries the right to self determination.

Inherent in the sovereignty position is recognition of Native self determination. Within that position is the understanding that Native nations are capable of determining for themselves what healing looks like and the steps required in that journey. Psychological services are wise to be mindful of this position as it increases in solidarity and gains momentum in the cultural arena. Remaining relevant as an industry requires updating personal and professional responsibilities towards diversity (Pettifor, 2001).

### *Regulatory Organizations*

Recent advances in multicultural awareness have put considerable pressure on professional organizations to develop specific ethical guidelines for culturally sensitive

counselling practices (Pettifor, 2001). Pederson (1997) critiqued the American Psychological Association (APA, 1992) and the American Counseling Association (ACA, 1995) to refine its code of ethics to increase multicultural relevance (Pettifor, 2001). The Canadian Psychological Association (CPA, 2000) has attempted to do so in revised ethical codes. There is a “social contract” which makes explicit that the organization is to put members of society above welfare of the discipline or its associates (Pettifor, 2001). In addition, psychologists are to protect the welfare of vulnerable persons with an emphasis on moral rights as the ethical principle given the most weight in the ethical decision making model. Protection of vulnerable persons involves recognition of differing starting positions and power differentials in society.

The Canadian Psychological Association goes further than a stress on caring for others. It also advocates for a proactive approach with a strong emphasis on counsellor self awareness, self knowledge, self monitoring and self-improvement. These four requirements are in conjunction with competency measures which call for continued knowledge, skill, judgment and diligence (CPA, 2000). There is a growing body of evidence proposing these criteria as critical for effective cross-cultural practice (Corey, Corey & Callanan, 1998). Bolton-Brownlee (1987) proposes acknowledgement of a counsellors basic subjective tendencies, comprehension of other cultures and understanding of own culture has effects on communication and helping style within the therapeutic relationship.

Together, the aforementioned measures demonstrate a strengthened commitment to respecting the increasing diversity of cultural values in the practice of counselling multicultural populations. National and regional regulatory bodies are striving to further clarify responsibilities and to continue to recommend guidelines for non-discriminatory

practice. There are continued conflicts however in terms of theoretical ethical principles and practicing in a multiculturally relevant capacity. The politics involved in working with Native groups as well as the growing solidarity of a sovereign position demonstrate the complexity facing the psychological practitioner working with Native communities.

### *Implications*

The traditional spiritual movement is a process of empowerment occurring within Native nations at this time. On a collective level, within the sovereignty position, the Western therapist is put in a position of collaborator for social justice. The therapist can participate as a social advocate for restitution and redistribution of assets to further cultural reclamation efforts on a community level. Cultural reclamation has a mandate for reclamation of culture, language, identity and reconnection to ancestral lands (RCAP, 1996). Social redistribution is a form of restorative justice. On a personal level, the practitioner has the responsibility to engage in personal healing, through increased self awareness, as well as increased historical awareness of common wounds. Self awareness and self healing provide the role of increasing personal integrity in interaction lending credibility to the respectful encounters in the therapeutic relationship. Respect and trust can not be built any other way, regardless of how sincere the interaction may be. Words must line up with action. This calls for individual healing for all parties in the therapeutic relationship and that this healing is inclusive of the larger communities. These initiatives combined with industry and political changes are considered base changes required in addressing barriers to healing at this time.

### *Forgiveness and Apology*

There is a desire to secure forgiveness as a means of going forward in healing however, when approaching the subject of forgiveness caution is essential. Certain questions

are required to tease out definitions of what forgiveness is, who needs it and at what stage it is beneficial. Germane to this inquiry is motivation on the part of the forgiver and the forgiven. Understanding why Native nations have not accepted the apology of the United Church for residential schools needs to be based on knowledge of what healthy and unhealthy forgiveness looks like. Lewis (2005) proposes that there are healthy and unhealthy forms of forgiveness which can be understood by examining the prepersonal, personal, and transpersonal motivations for forgiveness (Lewis, 2005).

In prepersonal functioning forgiveness, on the part of the person wishing to be forgiven is based primarily on a desire to decrease sense of discomfort to the ego. At this stage it is also unhealthy for the oppressed person to forgive as there is an undifferentiated sense of self. Boundary distortions can also occur with premature forgiveness such as idealization, splitting and projection (Lewis, 2005). This occurs frequently in cases of domestic violence, where the perpetrator is forgiven prematurely and the cycle of violence is perpetuated.

At the personal stage of forgiveness, where there is fairly strong ego functioning, others are viewed as different, rather than merely as an extension of the self. Lewis (2005) suggests that the conflict at this stage is authenticity vs. conformity with duplicity as the primary defense mechanism. At this point, advocating for forgiveness may reinforce power dynamics potentially revictimizing the forgiver through a silencing of authenticity. Therefore, it is particularly important to tease out the cultural context of oppression in consideration of what is healthy forgiveness at personal stages of functioning (Lamb, 2002).

It is therefore proposed that the only forgiveness that is truly healthy is transpersonal forgiveness (Lewis, 2005). Transpersonal forgiveness is a process which involves



participation between the intact self and seeing the issue in a larger context. At this level, the paradox is that the other needs to be recognized as a different person before there can be a healthy sense of unity. This is in contrast to unhealthy forgiving which sacrifices the self rather than transcending it, by ignoring present context rather than expanding it in a larger context (Lewis, 2005). Transpersonal forgiveness can only occur when the other is not dehumanized and there is continued honesty. Lewis (2005) concludes that in time, only when “prepersonal and personal stage tasks” have been completed can a healthy forgiveness be achieved (p.134). Therefore, in light of the findings in this review, it is premature to ask forgiveness at this time in history from Native populations for past/present traumas.

Preceding the notion of forgiveness are the necessary and sufficient conditions of an apology. The Truth and Reconciliation Commission in South Africa (TRC) (2003) debated this issue by posing the question; what is an apology? It was determined that revisitation of personal defenses that protect the multilayered system of privilege and power was at the base of this reconsideration. A new model was considered necessary to get to the spirit of forgiveness. Forward movement was stalled until there is ownership of what has been done to the Native nations. The continuation of subjugation of Native people is indicative that this step has yet to be realized. Apology was delineated as containing 1) awareness and ownership of past and present unjust behaviors; 2) a change in behavior reflecting this new awareness and; 3) restitution for injustice. Inherent in this apology is restoration of Native culture, language, life, medicines, and ceremonies on the land. Self sufficiency and sovereignty is the end product of that reconciled relationship. This perspective is deeply contingent upon a rethinking of the basic misunderstanding of who Native nations are in relationship to the Western culture.

### *Tying it all together*

For the Western practitioner to be effective in multicultural counselling with traditional Native populations, culture infused counselling competencies require more than theoretical acknowledgement. A profound shift is required in perspective based on 'power over' notions of social allocation of assets within the culture. Moodley and West (2005) propose to do this a shift in individual, professional and social perception is required. Arthur & Collins (2005) suggest a two phased process of abandonment of culturally oppressive components of identity as integral to this process. First, contact needs to be established with a group outside the status quo which in this case would include having first hand contact with Native people. This is followed by disintegration of previously held beliefs, if not ensued by reintegration as a defense against pain of disintegration, development of a positive culturally sensitive identity can occur. In developing a positive identity there are stages where one can get stuck. For example: pseudo-independence can occur whereby one rationalizes one's own group norms. Immersion or emersion stages can follow where a committed search for understanding occurs as the person searches for like-minded individuals also seeking culturally sensitive identity as a means of opposing oppression. Finally, "autonomy develops which is followed by responsible non-oppressive practices" (Arthur & Collins, 2005, p.75). Internally this process moves the individual from ignorance to aversion to indifference, to tolerance and finally to understanding and acceptance (NAHO, 2002). This healing journey is considered a core competency for the multicultural counsellor.

Moodley and West (2005) have developed a four stage model of integration of therapy and healing relevant to increasing counsellor spiritual recognition of the components involved in a healthy self identity. At the most rudimentary level a practitioner is either a

therapist or a healer, development through the stages fuses therapy and healing whereby at the final stages, integration occurs transcending therapist/healer positions. In doing so distinctions between us/them, spirit/health and I/IT (Buber, 1970 as cited in Moodley & West, 2005) merge. With this shift comes an increased capacity for empathy, which is considered core in development and maintenance of the working alliance.

Finally, undertaking individual, professional and social change of perspective inherent in this journey is a painful process which uncovers systemic historical abuses, institutionalized white privilege and the tendency for counselling to be a medium for reiterating the status quo (Arthur & Collins, 2005). However, truly effective helping requires self awareness on the part of the practitioner and is a journey that is required for true healing to begin. That journey forays into both personal biases, as in personal exploitation of marginalized groups, as well as continued access to privilege within Western institutions. Further, this journey has a collective component whereby multigenerational white trauma is revealed as a core wound perpetuating the cycle of abuse in the exterior collective realm.

#### *Further Exploration*

Further exploration into integral psychology and the emerging consciousness in this integrative approach are areas where psychological and spiritual understanding is in dialogue with mainstream thought. A key notion is the global holistic integral vision logic that sees the parts as related to the whole, without losing the part in the process (Wilbur, 2000). Fluidity in this development is where transpersonal psychology evolves into an integral psychology. This field is promising for transcendence of personal attachment to the ego, the *I* and the selfish pursuits of the individual at the expense of the community (Reynolds, 2004). These

theoretical premises are a bridge between Western thought processes and basic traditional Native spiritual understanding.

Secondly, further exploration may concentrate on evaluation of existing spiritual programs available to Native people in Canada. Comparison of those programs with the model proposed within this paper could further serve as a means of verifying that the simplicity of the proposed model will be beneficial in actual counselling settings. Finally, there is a need to further incorporate counselor self awareness training and evaluation into the training process of counsellor education. Increased awareness of diversity can ensure that counselling continues to remain relevant in the future as a means of healing (Pettifor, 2001)

## Conclusion

The first section of this literature review looked at existing literature on traditional Native spirituality. It explored the worthiness of cross cultural referencing in counselling as a means of non-discriminatory practice. This was achieved through an evaluation of ethnocentricity and its origins within Native and Western paradigms. Contrasts and comparisons of both cultural ideologies reveal similarities and differences in terms of core theoretical premises underlying existential notions of human nature and the meaning of wellness. The purpose of this section is to identify oneself in relation to the two dominant discourses within the proposed worldviews, in an attempt to increase self awareness. Next, theoretical foundations were explored with the intention of bridging psychological literature and literature on traditional Native spiritual healing. A common genus of holism was identified as a unifying concept between the Native Medicine Wheel and various humanistic psychological perspectives.

The second section of the paper outlined findings in the literature review with a focus on commonalities in theoretical constructs. Transpersonal psychology and Individual psychology were proposed as frameworks whose consistencies with the basic outline of the Native American Medicine Wheel depicted in this paper could act as a means of clarification in case conceptualization for the counselling practitioner. Further, common elements were explored between psychological literature and the proposed Medicine Wheel with regards to outlook on life, view of freedom and beliefs surrounding adaptive human functioning. These concepts are explored as played out in relationship to oneself, to one another, with the Earth and with a Creator.

Theoretical premises were considered important for increasing understanding, but insufficient in and of themselves to increase cross cultural communication. Practice parameters were discussed as essential to cross cultural working alliance strength. These parameters were located in feminist and multigenerational trauma literature. Together, they attempted to provide the basis for a common understanding of respectful therapeutic conditions as well as core problem areas in cross cultural encounters.

The third part of this paper looks at synthesis and implications when integrating a basic Medicine Wheel model, such as that outlined in this paper, of traditional Native spiritual knowledge with the counselling experience. An egalitarian, present focused, client driven concept of change has been described as the mechanisms driving the counselling process. Holistic frameworks for health are utilized for clarifying where healing is universal and where it is culturally dependent. Further, arbitrary divisions between concepts of therapist and healer are reconsidered. With this comes a renewed responsibility for the practitioner to engage in self healing initiatives as a means of ethical practice.

Cross cultural initiatives are situated within the current social, political and economic environment to ascertain feasibility of implementation of multiculturally relevant multidisciplinary teams in counselling Native American clients. This collaboration is contingent upon counsellors, psychologists or psychiatrists working with First Nations people to obtain culturally significant information about the history, culture, lived experience and world view of the First Nation group they are working with. This tribe specific information is best obtained from community members, Elders and healers from within a given community group. Further, a Native Spiritual sovereignty position is put forth as a means of educating the Western practitioner on current initiatives taking place within the

Native American healing movement. Implications of this movement require intercultural as well as intracultural multigenerational healing of trauma to be undertaken by both Western as well as Native communities. Through this healing there is a possibility of a restorative dialogue between worldviews. Restoration and restitution through both personal healing and collective healing initiatives are proposed as needed signs of good faith to move from apology to forgiveness.

Finally, through these healing initiatives there can be an integration of common trauma experiences and lines of communication can open between cultural groups. At that time, when the head and heart are fully connected, healing can proceed in a larger context based on our shared human history. “New life can grow from the same painful roots that may have contributed to their dis ease. For if some disease springs in part from an early thwarted need for love and relatedness, a soul-growth denied, then the roots of illness are, paradoxically, the very roots of life” (Barasch & Seigel, 1995, p.99).

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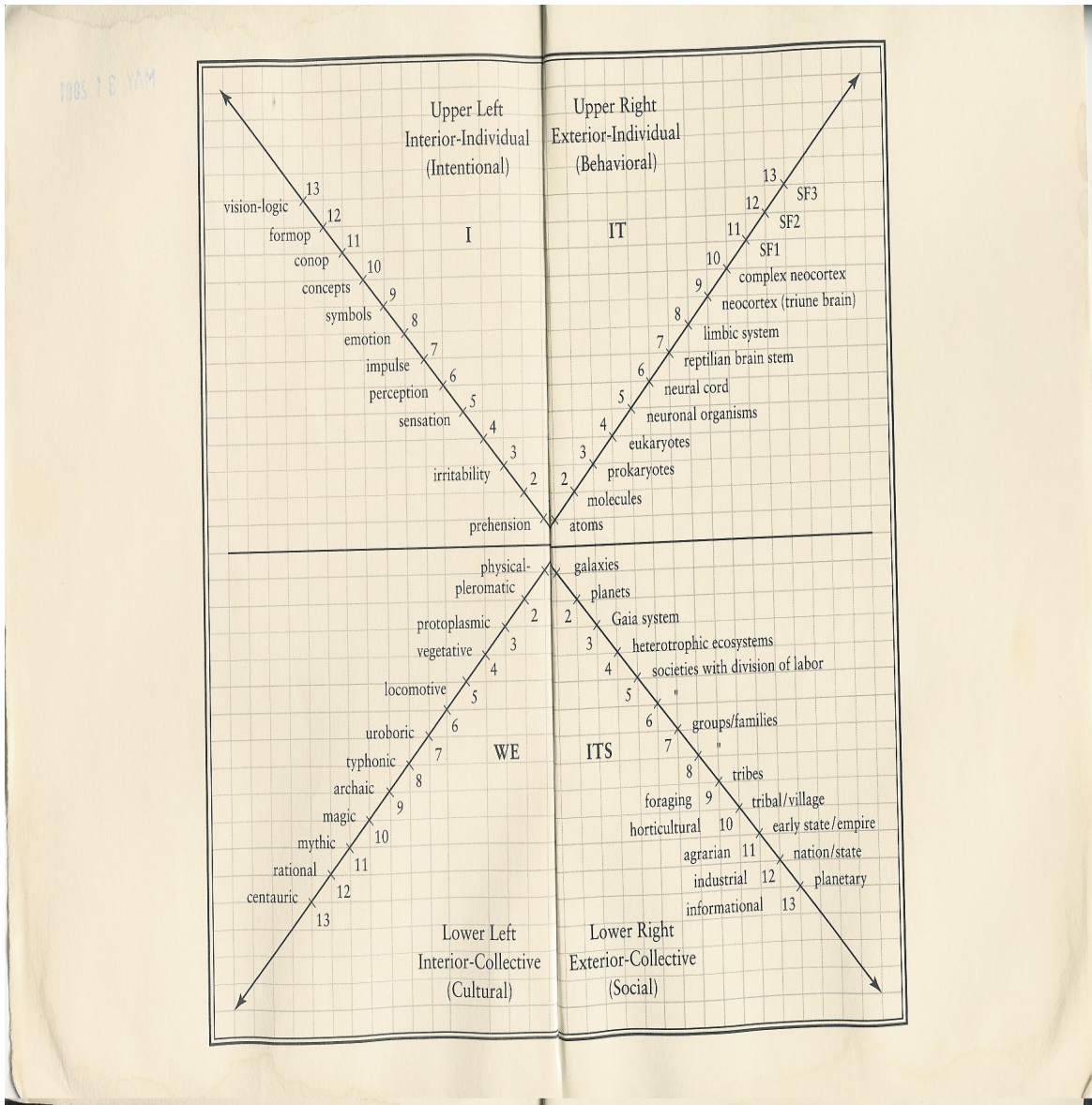
Appendix A  
A Pictorial Representation of Native History



(Beck, Walters & Francisco, 1977, p. 140)

## APPENDIX B

### The Four Corners of the Cosmos



Wilber, K. (2000) A Brief History of Everything. Shamabala Publications, Inc.; Boston, Massachusetts.

APPENDIX C  
Timelines: Colonization and Historical Trauma Response

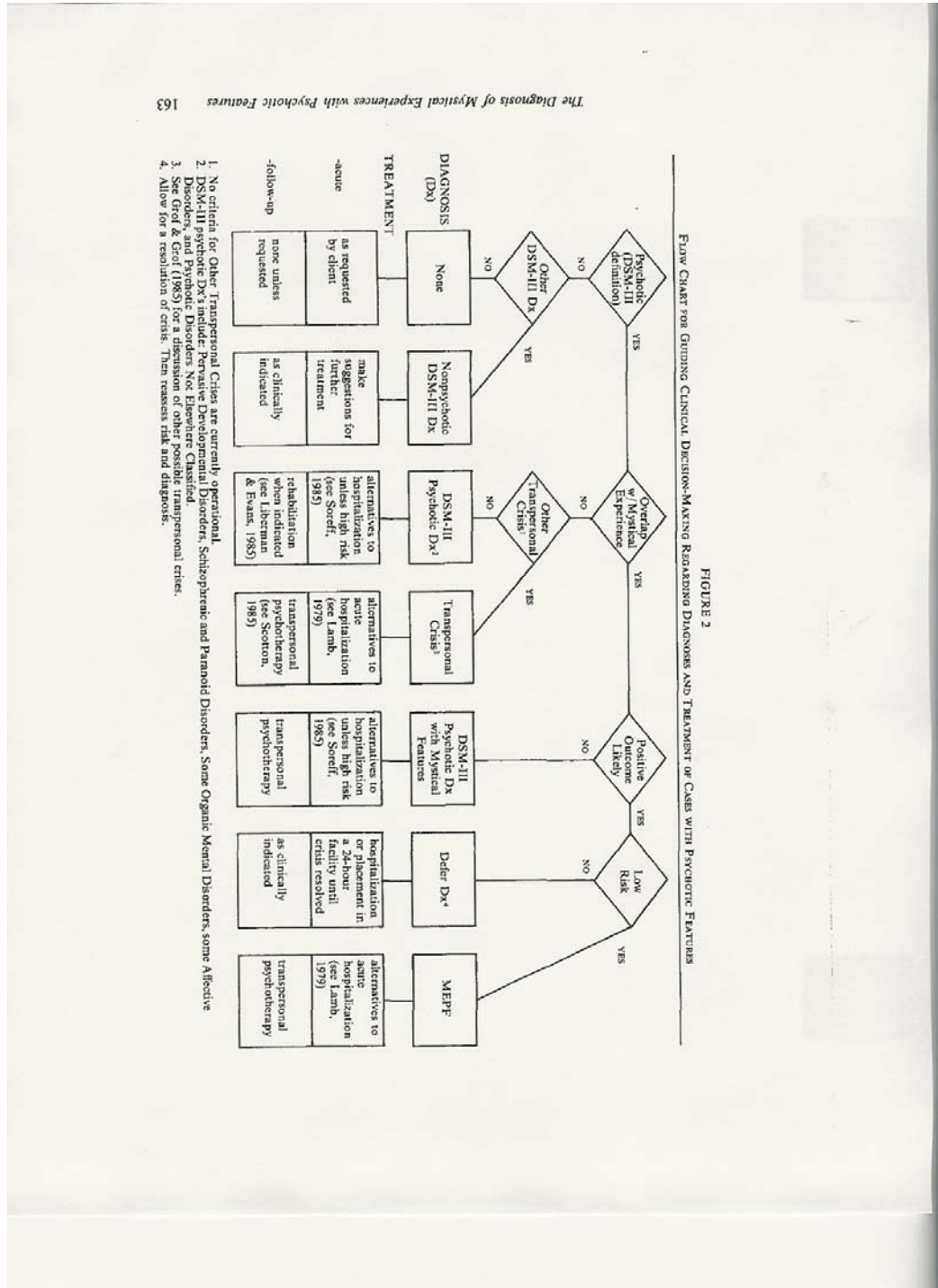
EUROPEAN HISTORY	NATIVE HISTORY
1492 – First Contact	<b>Sovereign Nations</b>
1700 –  <b>Epidemics:</b> (small pox)	SIX PHASE TRAUMA RESPONSE OF UNRESOLVED GRIEF (Braveheart, 1995)  <b>1st Contact:</b> life shock, genocide, no time for grief
1750-1814 - <b>Age of the Treaties:</b>	Colonization: introduction of disease and alcohol, traumatic events such as Wounded Knee Massacre, Little Big Horn
1830 – 1855 – Cessation of Land Treaties	<b>2<sup>nd</sup> Phase Economic Competition:</b> sustenance loss (physical/spiritual), segregation
1844 – <b>Commission Reports:</b>	<b>3<sup>rd</sup> Phase Invasion/War Period:</b> extermination, refugee symptoms
1876 – <b>INDIAN ACT</b>  <b>Endemics:</b> Loss of Spiritual Freedom	<b>4<sup>th</sup> Phase Subjugation/Reservation Period:</b> confined/translocated, forced dependency on oppressor, lack of security. Status/Non status divisions. Patrilineal descent removes Native women from their communities if married outside Native bloodline. Native as a Crown ward, prohibition of cultural practices, pass system for movement. exemption from taxation
1953 – <b>Residential School</b> <b>Assimilation;</b> Educational control/ Language control	<b>5<sup>th</sup> Phase Boarding School Period:</b> destroyed family system beatings, rape, prohibition of Native language and religion; Lasting Effect: ill-prepared for parenting, identity confusion
1960's – <b>Sixties Scoop</b> <b>Assimilation:</b> Adopt out Native children	<b>6<sup>th</sup> Phase Forced Relocation and Termination Period:</b> transfer to urban areas, prohibition of religious freedom racism/viewed as second class; loss of governmental system and community
1998 – <b>RCAP Royal Commission Report:</b>  2001 – First Nations Governance Act (FNGA)	<b>New Aboriginal organizations created:</b> such as the Institute for Aboriginal Peoples Health and National Aboriginal Health Organization (NAHO).  Inherent flaws within new act continue to perpetuate assimilation agenda.
1990 – 2006 – American Indian Peace Movement ; United Church Apology  2006 – <b>Spiritual Renewal</b>	<b>Spiritual Healing Initiatives</b> <a href="http://www.spiritridersmovie.com/">http://www.spiritridersmovie.com/</a> -Unity riders retrace trail of Little Big Horn, Wounded Knee - Six Nations 2004 Elders Summit -Youth initiatives - Lighting of the 8 <sup>th</sup> fire in Manitoba, August 2006. Elders acceptance of mandate for cultural reclamation. <a href="http://www.theturtlelodge.com">www.theturtlelodge.com</a>

Sources: Braveheart (1995); Kirmayer, Simpson & Cargo (2003); Longboat (1997); Courchene (n.d.).



## APPENDIX D

### Flow Chart for Guiding Decision Making Regarding Diagnosis and Treatment of Cases with Psychotic Features



Lukuff, D. (1985). The diagnosis of mystic experiences with psychotic features. *Journal of Transpersonal Psychology*, 17(2), 155-181

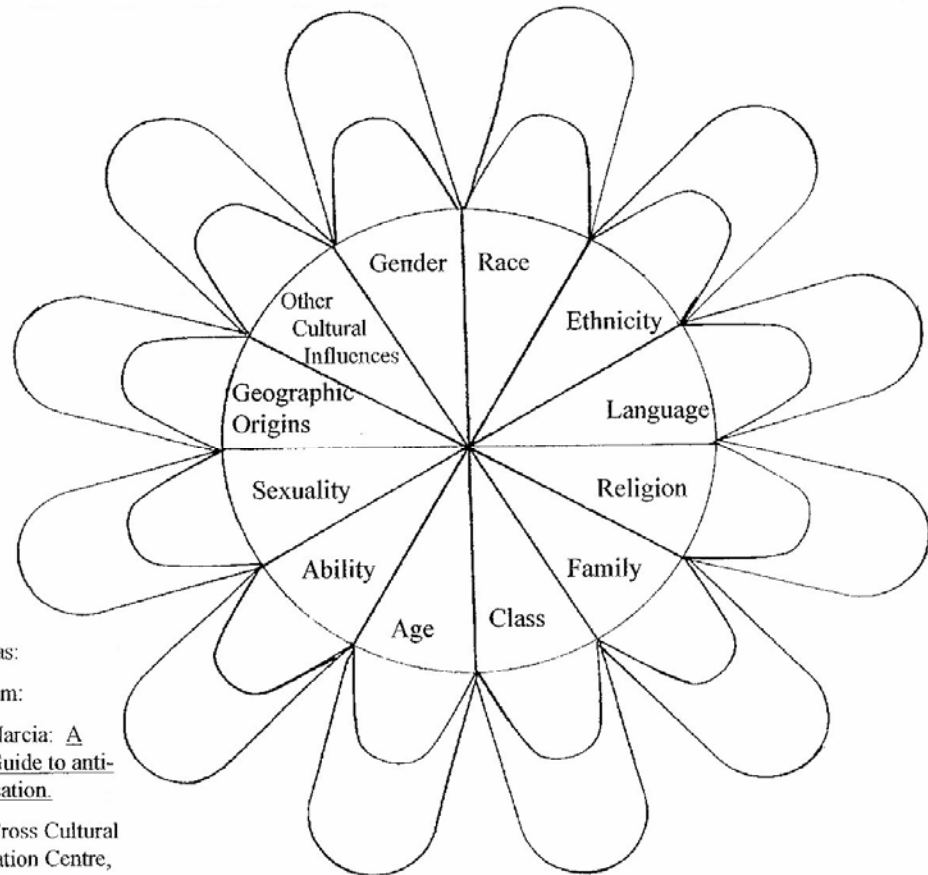
## APPENDIX E

### CROSS CULTURAL HEALING –flower exercise

Part of Self Awareness is knowing the cultural location of your experiences. Complete the following exercise to see where you are situated in relation to the dominant group in society.

**Please complete the following:.**

- Identifying your own place/social location on the inner petals
- Note whether you have power or are disempowered based on your location
- On the outer petal identify who has power in society, as it relates to the dimensions.



Barb Thomas:

Adapted from:

Letters to Marcia: A  
Teacher's Guide to anti-  
Racist Education.

Enid Lee, Cross Cultural  
Communication Centre,  
1985