The Native American Medicine Wheel and Individual Psychology: Common Themes

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There is a growing need not only for more Native American counselors but also for counseling theories that take into account their unique perspectives and cultures. Various historical and cultural and scientific conditions have led to this need. Mistreatment of Native Americans by the dominant community has led to severe mistrust of scientific methodology in general (Colorado & Collins, 1987), and standard approaches to counseling specifically (Bert & Bert, 1992). Contradictions and incompatibilities between traditional counseling theories and indigenous methods of helping exist (Trimble & LaFromboise, 1985). For example, the goal of therapy from a traditional healing perspective would emphasize helping the client find solutions through community embeddedness, not through ego enhancement (Katz & Rolde, 1981). Past attempts at proselytizing and accompanying pretentious attitudes have resulted in perpetuating wariness between the cultures (Trimble and Hayes, 1984). It is not surprising, then, that both Indian and non-Indian counselors are perceived more favorably by Indian clients when culturally sensitive counseling approaches are used (Dauphinais, Dauphinais, & Rowe, 1981).

Despite, or perhaps because of, these conditions, Native Americans are being encouraged to pursue graduate education in the mental health field. However, once they overcome the typical barriers to higher education faced by nontraditional learners in general (Schlossberg, Lynch, & Chickering, 1989), Native Americans are then confronted with the daunting task of choosing a psychological theory that helps them understand their own development as well as that of the people they will serve (Bert & Bert, 1992).

As in other areas of psychological inquiry, counseling theories have evolved mainly from research that concentrated on predominantly White middle-class adult subjects (Atkinson & Hackett, 1995; Wetsit, 1994; Epperson & Hammond, 1981). LaFramboise, Trimble, & Mohatt (1990) stated that psychological theory and practice are "derived from and serve to affirm" (p. 634) the values of the dominant society. They recommend that these values be not only recognized but corrected "in order to create a fair and effective counseling environment for minorities" (p. 634). However, the choice of a counseling

theory poses a unique problem for the Native American. As LaFromboise et al. (1990) have pointed out, "Traditional American Indian tribal groups have unique perspectives on both the process and theory of counseling and therapy" (p. 629). These perspectives include a much more holistic and spiritual approach than is embraced by most counseling theories used by the dominant society. Because of systems theory, most counseling theories are becoming more holistic, but still do not focus on spiritual aspects of life.

> Knowledge of and respect for an Indian world view and value system—which varies according to the client's tribe, level of acculturation, and other personal characteristics—is fundamental not only for creating the trusting counselor-client relationship vital to the helping process but also for defining the counseling style or approach most appropriate for each client. (LaFromboise, 1990, p. 629)

LaFromboise and her colleagues' advice to appreciate the unique worldview of Native Americans makes it imperative that theories of counseling address this issue.

The task of this article is to compare common themes between Individual Psychology and the Native American Medicine Wheel. Although not exhaustive of either view, especially considering the various versions and uses of the Medicine Wheel by different Indian tribes, we seek to explore commonalities that will serve as a way of building understanding and appreciation between two cultures and two orientations to understanding human behavior.

As Ross and Ross (1992) declared, "the process of integrating Native American culture with professional practice is an ethical duty" (p. 291). Comparing aspects of Individual Psychology with elements of the Medicine Wheel can lead to an appreciation of the conceptual overlap between Native American practices and a widely used theory of counseling. Such an integration may be a step toward more inclusive and ethical practice. This article acknowledges the wisdom of traditional Indian living and healing and seeks to synthesize that wisdom with the work of Adler.

Overview of the Medicine Wheel

The Native American concept of the Medicine Wheel provides a model for looking at the elements common to Native American culture and Adlerian psychology. The Medicine Wheel is a crucial element of Indian culture (Pewewardy & May, 1992). Storm (1972) described it as the essence of Native Americans' way of life, a key to understanding the universe; it serves as a way in which individuals achieve wholeness. "The Medicine Wheel . . . provides a framework for growth and direction in one's life" (Brink, 1989, p. 45).

A wide variety of Medicine Wheels exists, and no one claims a particular official symbol (Garrett, 1996; Simonelli, 1993; Pepper & Henry, 1991; Coggins, 1990). While the Wheels are all divided into four distinct areas, the quadrants may represent the four grandfathers, the four winds, the four cardinal directions, and many other relationships that can be expressed in sets of four (Place & Reitzug, 1992). The generic model we propose is based on the work of Pepper and Henry (1991) and incorporates the general elements of the Wheel with specific reference to the four directions and related meanings (see Figure 1).

Theoretical Comparisons

Holism: The Center.   Both Adlerians and the Medicine Wheel embrace the concept of holism. According to Adler, Individual Psychology is indivisible. This theory rejects the idea of reductionism and the belief that individual personalities can be dissected into parts (Mosak, 1989). In keeping with scientific inquiry, Adlerians may use terms such as cognitions and feelings, but these supposed parts are not as important as the individual's use of these constructs. To understand the individual, one must explore the whole person, including thoughts, actions, and feelings (Adler, 1925).

The typical Medicine Wheel exemplifies the concept of holism, often visually represented in the center. Although it expresses the notion of four distinct directions, the symbol of the Wheel is best understood holistically (Pewewardy & May, 1992). The Wheel represents the life cycle of human beings, an interconnectedness and circular progression that signifies growth and change in each direction (Garrett, 1996; Simonelli, 1993). As Bird (1990) noted, "The circle is central to Native life. It is the combination of everything. It has no beginning and no end" (cited in Ross & Ross, 1992, p. 291). 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). Thus, like Adlerian theory, the Medicine Wheel has parts or separate entities, but from an external perspective, all are equal and necessary parts of a larger universal whole.

Social Embeddedness: The East.   Individual Psychology places a high degree of importance on the interpersonal nature of its theory. Social embeddedness, social feeling, and social interest are all key constructs of Adler's theory (Ansbacher & Ansbacher, 1956, 1979). For Adler, social interest provided the theoretical justification for assessing one's lifestyle as useful or useless (Ansbacher & Ansbacher, 1979; Manaster & Corsini, 1982; Mosak, 1989).

Figure #1

Common Themes Between Individual Psychology and the Medicine Wheel

North

MODELS - VISIONS
- Values
- Potential
- Personal Vision Quest

TELEOLOGY - GOALS
- Striving Toward A Goal
- Creative Power
- Fictional Finalism

UNIQUENESS
- Uniqueness
- Respecting Differences
- Meaning Making

LIFE STYLE
- Orientation To Life
- Themes
- Personal Meaning

HOLISM
BALANCE
HARMONY

SOCIAL EMBEDDEDNESS
- Social Feeling
- Social Interest

CONNECTIVENESS
- Community
- Belonging

LIFE TASKS
- Mistaken Beliefs
- Compensation
- Striving For Mastery

POWER
- Mistaken Ideas
- Spirituality
- Self-Management
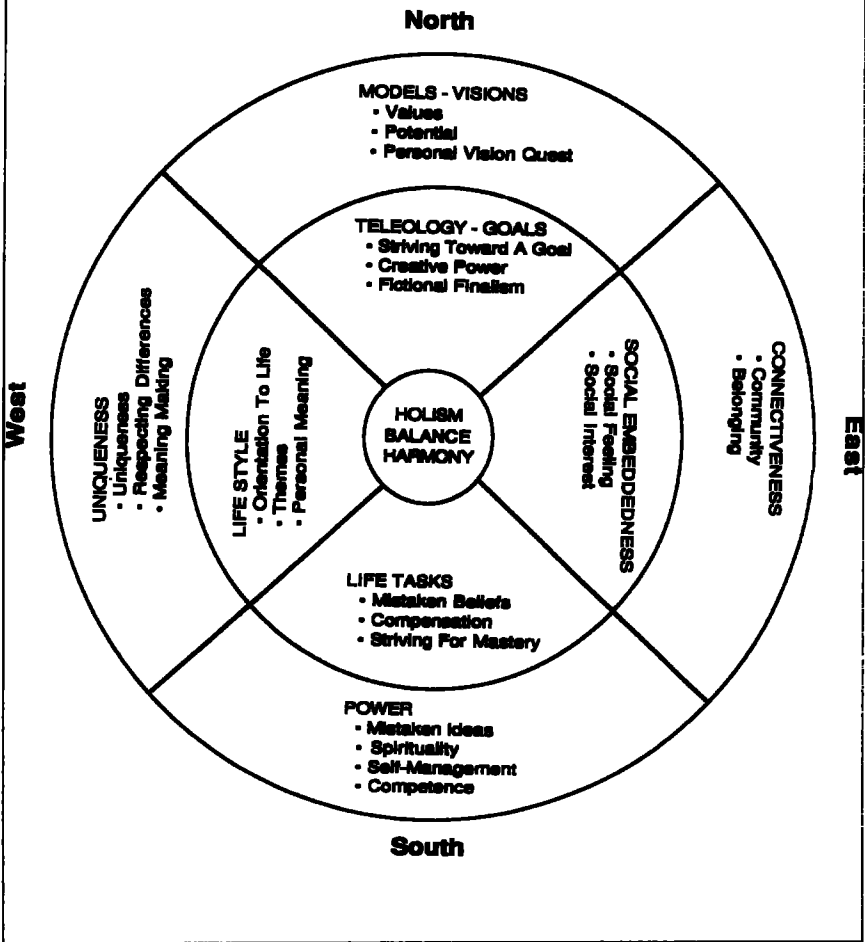- Competence

West

East

South

Figure 1. Common themes between Individual Psychology and the Medicine Wheel

In the Medicine Wheel model, East signifies our sense of belonging (Garrett, 1996), it "represents connectiveness because wisdom and illumination lead us to come to know our relationships and our place within our people" (Pepper & Henry, 1991, p. 151). The concept of social embeddedness is so strong in Native American culture that some suggest it should be the goal of therapy. LaFramboise et al. (1990) indicated that, from a traditional healing perspective, therapy should "encourage the client to transcend the ego by experiencing self as embedded in and expressive of the community" (p. 631).

One of the similarities among various Native American tribes is a soft-spoken approach to interacting with others; a manner born out of a value that "all belong to one another and should be treated accordingly" (Bryde, 1971, p. 7). As Pepper and Henry (1991) have pointed out, "This strong sense of belonging provided the basis for young people to be receptive to guidance from members of the Indian community" (p. 149).

Both Native Americans and Adlerians view the family context as important; however, the concept of family may be understood differently by each group. For most Indians, the concept of family extends to near and distant relatives, neighbors, and friends (Garrett, 1996; Mousseau & Artichoker, 1995). Children are given a sense of identity and education through family and tribal affiliation. A Native American counselor would understand that birth order and family constellation exist within a broader community context and, in contrast to typical reliance on an individual's interpretation of self, would involve input from extended family and community. A Native American lifestyle analysis would utilize multiple means (e.g., verbal stories from elders) and sources (e.g., spiritually significant events or visions). As one might expect, this emphasis on contextual and community interpretation could lead to conclusions different from the typical Adlerian interpretative process.

Lifestyle: The West.   In Adlerian theory, "understanding the individual requires understanding his or her cognitive organization and lifestyle" (Mosak, 1995, p. 52). Lifestyle refers to an individual's orientation to life and the themes that characterize the individual's existence. As Adler stated, "We must be able to see with his eyes and listen with his ears" (1958, p. 72). Lifestyle is influenced by family and others, by the person's view of self, and by the world, as well as by the behaviors used to pursue goals.

Consequently, a lifestyle is neither right nor wrong, normal nor abnormal, but merely the "spectacles" through which people view themselves in relationship to the ways in which they perceive life. Subjectivity rather than so-called objective evaluation becomes the major tool for understanding the person (Mosak, 1995, p. 52).

A corresponding idea exists within the Medicine Wheel. The direction West is associated with self-reflection as well as understanding the world as others do. Native Americans, like Adler, believe that to understand someone you must first understand how that person sees the world. This part of the Wheel incorporates individual ways of organizing personal experience. It includes the idea of meaning making, which can be compared to the Adlerian concept of personal meaning. This direction also is associated with feelings of uniqueness, being special, and respecting differences (Pepper and Henry, 1991), concepts similar to Adlerians' idea of lifestyle.

Goal Orientation or Teleology: The North.   Individual Psychology states that people select a meaningful goal that serves as a guide to their behavior. The teleological position of Individual Psychology states that people are not environmentally and genetically determined; rather, through creative power, they move toward self-selected goals. People are not pushed, but rather strive toward goals that will give them a sense of belonging, security, and self-esteem (Mosak, 1995; Ansbacher & Ansbacher, 1968). As Adler stated, "the life of the human soul is not a 'being' but a 'becoming'" (Adler, 1963a, p. ix).

In the Medicine Wheel, North can represent models (Pepper and Henry, 1991); these refer to values and goals that give direction to life. This direction is also associated with vision or potential, "like a strong magnet pulling us toward it" (Bopp, Bopp, & Lane, 1984b, p. 31). As in the Adlerian concept of fictional finalism, the Native American idea of vision becomes the psychological context for understanding the individual's way of living. It is a concept that reflects human potential and is derived from quests, teachings, and community elders. Others have described this concept as a picture of what we can become (Bopp & Lane, 1984b), a vision that directs the individual toward useful goals (Bopp & Lane, 1984a).

Striving for Mastery (Life Tasks): The South.   Adlerians believe that all humans strive to overcome obstacles and compensate for feelings of inferiority. Life presents certain challenges to overcome in the face of certain tasks. Individual Psychology defines these major tasks as society (getting along), work (cooperative achievement), and sex (relating to the opposite gender) (Dreikurs & Mosak, 1966). Other tasks listed include spirituality (relating to the universe) and the self (relating to one's own identity). These tasks are unavoidable, require courage, and involve risk-taking behavior in order to master them (Mosak, 1995).

The South direction can represent both the source of and the means by which to grow; it signifies what I do well (Garrett, 1996). For example, in a more traditional Native American community, the extended family is involved

in child rearing. Community elders pass on the values and teachings through stories and other means. This distillation of culture serves to develop a sense of competence in the tasks of cognitive, physical, social, and spiritual growth among young people. Native Americans view children as spiritually pure and allow them to explore with little parental constraint. The hope is that through this process children will learn self-management, the ability to make choices, and to solve problems (Garrett). As Pepper and Henry (1991) explained,

> Through their freedom to explore, Native children learned early to maintain self-control, self-restraint, and self-management. The Native child learned to make choices. Adults respected the children and had faith in them to work out things in their own time and in their own manner, thereby teaching them autonomy and a sense of responsibility. Competence was learned through the community way of learning by observation. The child's sense of competence was expanded through the experience of making truly valued contributions to the family's living, such as participating in the making of clothing and caring for the younger members of the family. (p. 152)

As mentioned earlier, Adlerians also teach that relating to the universe (spirituality) is a life task (Mosak, 1995). It represents the need to discover universal meaning, explore the existence and nature of God, and personally relate to these concepts. To Native Americans, a healthy spirituality is crucial.

The spiritual orientation of traditional Native Americans is sometimes referred to as "The Good Red Road." Like Individual Psychology, the Medicine Wheel teaches that there are useful and useless paths one can choose in becoming competent. The Good Red Road represents the useful path that builds community, values traditional teachings, and avoids the pitfalls of modern life (e.g., drug or alcohol abuse) (Fiordo,1988). An analysis of the family constellation can be used to illustrate which family members took the Good Red Road and which ones left it. The main difference is that spirituality was later added by Adlerians to the list of life tasks, while it has always been a central part of the Native American experience. Discussing the Good Red Road provides one way to discuss what Adlerians would call useful behavior.

Individual Psychology states that people develop mistaken ideas about finding mastery of the life tasks. Some have referred to Adler's description of basic mistakes as irrational beliefs (Mosak, 1989). In terms of mistaken ways of mastering life tasks, Mosak (1995) stated:

> If my feeling of mastery derives from my observation and conviction that life and people are hostile and I am inferior, I may divorce myself from the direct solution of life's problems and strive for personal superiority through over-compensation, wearing a mask, withdrawal, attempting only safe tasks where the outcome promises to be successful, and other devices for protecting my self-esteem. This represents risk-less behavior, a hesitating attitude toward life. (p. 53)

Native Americans also believe that people's beliefs about finding mastery can have a major influence on their lives. The eight lies of Iktumi (Mills, 1990) indicate that irrational beliefs can rob a person of happiness. These lies are as follows: "If only I was rich, then I'd be happy," "If only I was famous, then I'd be happy," "If only I could find the right person to marry, then I'd be happy," "If only I had more friends, then I'd be happy," "If only I was more attractive, then I'd be happy," "If only I wasn't physically handicapped in any way, then I'd be happy," "If only someone close to me hadn't died, then I'd be happy," and "If only the world was a better place, then I'd be happy" (p. 36).

The Medicine Wheel, with its representation of the four seasons, speaks of the inevitability of change that occurs in life and the ultimate need for balance. Courage to address the need for change in order to achieve happiness is one of the primary lessons of the Wheel (Mills, 1990). As LaFramboise et al. (1990) stated: "Many American Indians attribute their psychological or physical problems to human weaknesses and the propensity to avoid the personal discipline necessary for the maintenance of cultural values and community respect" (p. 630).

Conclusion

Beginning a dialogue that seeks to integrate Native American concepts with Adlerian Individual Psychology poses many challenges. First, in order to introduce ideas and create grounds for discussion, this article represents the Medicine Wheel and Native American values in an oversimplified manner. For example, many versions of the Medicine Wheel exist, and it is possible that different or better comparisons could be made with another model. In addition, this proposal does not take into account different tribes and levels of acculturation on the part of Native American students and practitioners. Degrees of investment in Native values vary according to demographics, such as rural vs. urban setting, reservation vs. nonreservation setting, age, gender, and family background (LaFromboise, et al., 1990).

Second, application issues relating to the therapeutic process are not addressed here. Further understanding, discussion, and integration are needed to discover additional commonalities as well as areas of difference. For example, a similarity between Individual Psychology and Native American ideas has to do with assessing and labeling clients. "They [Indian psychologists] tend to attach diagnostic labels to clients less frequently than do non-Indian psychologists, and they generally describe only a few culturally specific categories of disease causation" (LaFramboise, 1990, p. 630). However, when it comes to client relationships, Adlerians may be more inclined to focus on the individual as opposed to the extended family, tribe, or cultural setting, illustrating an area of difference.

Finally, many of the best sources of information for a comparison of this kind are unpublished. The core ideas for this article, for example, originated in discussions with and the writings of Native American graduate students in counselor education. Access to the ideas of Native American students and practitioners must be expanded if more inclusive theories are to be developed. A more Constructivist approach in the teaching of counseling theories coupled with more effective minority recruitment strategies will encourage the continuation of theory integration and development.

This will not be easy. As Ross and Ross (1992) stated in the context of health care:

> Quality and ethical health care for Native people will have to be worked out in new ways. Our language and relationships will also have to change. No longer can we talk, legitimately, about providing health care for or to Native people. Rather, a new paradigm is required; one wherein health care for Native people is worked out with them (p. 301).

The same challenge exists for those who desire a shared conceptual framework for helping Native American counselors and clients.

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