

**THE WELLNESS WHEEL:  
AN ABORIGINAL CONTRIBUTION TO SOCIAL WORK**

**By**

**Loiselle, Margot, PhD, s.w. & McKenzie Laretta Msw  
Université du Québec en Abitibi-Témiscamingue  
675, 1st Avenue, Val-d'Or, Québec, J9P 1Y3**

**From a workshop conducted on May 27, 2006 at the  
First North-American Conference on Spirituality and Social Work, held at the  
University of Waterloo, Renison College, in Waterloo, Ontario, May 25-27, 2006  
Entitled "*Breaking Barriers and Creating Common Ground  
Through a Holistic Approach: The Medicine Wheel*"**

**ABSTRACT:**

This contribution to the helping professions focuses on social intervention with the individual. It stems from an Aboriginal philosophy of life which promotes health and wellness through a 'fully ecological' and holistic approach based on the Medicine Wheel. Thus, this paper presents a North-American Aboriginal worldview as a comprehensive and spiritual approach to life. It explains the nature of this approach to health and healing and demonstrates the relevance of such an approach for various cultures in today's world. It offers a practical set of exercises in four steps leading to the development of a person's self-care plan called 'My Wellness Wheel' and makes some recommendations as to its use. The article concludes by reiterating briefly the major components of this ancient worldview and approach to helping and its relevance for today's society.

## TABLE OF CONTENTS

	<u>Page</u>
<b>1. Introduction</b>	<b>3</b>
<b>2. The Native Worldview and Philosophy of Life</b>	<b>4</b>
<b>3. The Nature and Relevance of a Holistic, ‘Fully Ecological’ Approach to Wellbeing</b>	<b>7</b>
<b>4. The Medicine Wheel: Characteristics and Objectives</b>	<b>11</b>
<b>5. The Wellness Wheel: A Program in Four Steps:</b>	<b>12</b>
<b>Step 1: ‘My Life Today’: A Snapshot</b>	<b>13</b>
<b>Step 2: ‘My Life Today’: A Graph</b>	<b>14</b>
<b>Step 3: Reflection on My Life</b>	<b>15</b>
<b>Step 4: ‘My Wellness Wheel - A Self-Care Plan</b>	<b>17</b>
<b>6. Recommendations</b>	<b>18</b>
<b>7. Conclusion</b>	<b>19</b>
<b>8. References</b>	<b>20</b>

# **THE WELLNESS WHEEL: AN ABORIGINAL CONTRIBUTION TO SOCIAL WORK**

## **1. Introduction**

According to Calvin Morrisseau, an Ojibway healer (1998:90), the fundamental principle of life “*is not to get to the end of the Red Road but to enjoy the journey*”. Life is a path on which the traveler is invited by the Creator to grow and develop in all aspects of life, so that each one can find his\* true identity, become aware and respectful of his inherent dignity and manifest his inner goodness along the way. In this manner, each individual contributes to the collective well-being of the whole. Such is North American Aboriginal peoples’ basic belief, that humanity is a part of nature which was created by a Great Spirit, each person being a sojourner in the great circle of life. The Creator’s purpose for human beings is wellness, peace and happiness. These are achieved through individual effort toward the attainment of balance and harmony in life and the fulfilment of personal potential.

The goal of this article is to offer a contribution to the helping professions involved in promoting health and wellness for individuals, families and communities. The premise originates from the North American Aboriginal Medicine Wheel as a holistic approach that aims to promote well-being at all levels of society as well as in all realms of human functioning, i.e. the body, the heart, the mind and the soul. While acknowledging the power of the Medicine Wheel to work with groups and help transform social relations at different levels of society, this paper focuses on intervention with the individual. Practitioners involved in helping families and communities may adapt the basic formula offered in this paper to their particular needs.

\* The authors utilize the masculine pronoun in a generic way in order to facilitate the reading of the article.

The authors begin by explaining a North American Aboriginal worldview as well as a philosophical perspective of life. They describe the nature of a holistic approach to well-being and demonstrate its relevance, not only in Aboriginal milieu, but for people of various cultures in today's society. They then identify the characteristics and objectives of the Medicine Wheel. In preparation for the development of an individual's own wellness plan, a four-step concrete and practical set of exercises is proposed and followed with recommendations for assessing self-progress in the pursuit of balance and harmony in one's life. The authors conclude the article by reaffirming their position about the relevance of this approach to helping and healing in today's modern world.

## **2. The Aboriginal Worldview and Philosophy of Life and Wellness**

The Aboriginal worldview is comprehensive and spiritual in nature (Bopp et al, 1984; Laugrand, 2002; Mehl-Madrona, 1998 & 2003). It is indeed impossible to discuss this worldview without considering spirituality as a vital element since it is seen as pervading every aspect of life (Royal Commission on Aboriginal Peoples, 1996). According to Morrisseau, (1998:88), the Native significance and purpose of spirituality is *“the process and relationship we have with our greater power... the part of you which helps you see the beauty along the way...[and] the goodness in [others]”*.

Duran & Duran (1995:15), for their part, describe the Aboriginal perspective of life as *“a systemic approach to **being** in the world”* (our emphasis). They consider it more important to develop our 'being', than to grow in our capacity for 'doing' or 'having'. It also implies being part of nature, that is, connected to and respectful of all of creation, since all created things are considered to have a spirit and to be alive (Ross,

2006). Graveline (1998) explores the development of several constructs that form the basis of an Aboriginal worldview which she refers to as “*Self-in-relation*” (p. 57), that is: immanence (respect for all life forms), interconnectedness and balance.

In this perspective, every created thing and every human being are respected, valued as sacred and connected to the whole of creation and to the Creator. This worldview is therefore ‘fully ecological’ in the sense that it is considerate of all types of relationships: human to human, human to non-human, human to the Creator. This implies a call for respect of ‘Mother Earth’ and all it contains. Indeed it considers “*the health of the Earth as central to human existence and wellbeing*” as Coates (2003:57) puts it.

The invisible spiritual world and the visible material world are not seen as separate entities. Spiritual influences are all pervasive and interacting with all elements in the flow of physical life. Both spheres of life are viewed as being interconnected and inseparable, the concepts of spirituality and life being perceived as one and the same (Royal Commission, 1996). To this effect, the Swinomish Tribal Mental Health Project (1991:137) states that “*there is a spiritual side to all living and natural things, not only to human beings*”: animals, plants and minerals possess life spirit (Cajete, 1994; Graveline, 1998; Mehl-Madrona, 1998; Ross, 2006; Sioui, 1989). Moreover, “*all things and all thoughts are related through spirit*” (Cajete, 1994:44, cited in Hart 2002:46). For example, air, water, the sun (fire), and mother earth are the combined sources of life for humans and other beings. If any one of these elements becomes exhausted, death and annihilation are a sure consequence. Thus, these basic elements are highly valued and respected in the Aboriginal peoples’ ecological worldview.

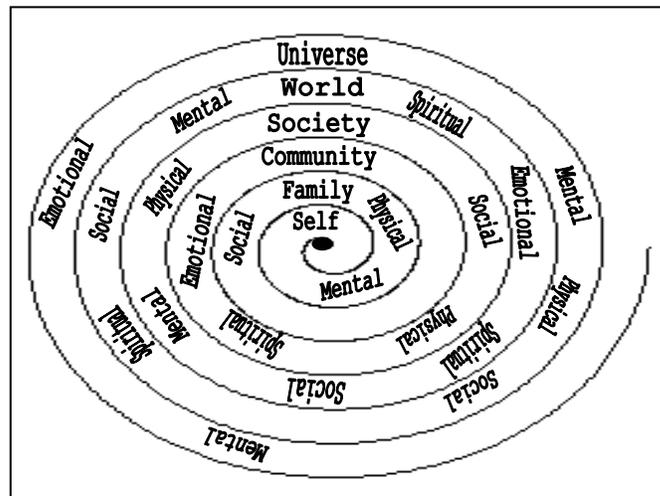
The notions of wholeness and interconnectedness lead to another fundamental Aboriginal concept: that of balance. These notions represent the inclusion of all aspects of one's inner and outer life and imply the requirement of a balanced attribution of energy, attention and care between all components of a human being, i.e. the physical, the emotional, the mental and the spiritual, and between all related systems. From balance emerges justice, peace and harmony, affirms Hart (2002). Living in harmony is perceived as a necessity. Failure to do so puts people and the environment in positions of vulnerability and danger (Swinomish Tribal Mental Health Projects, 1991). Harmony is health, disharmony is illness. Like diabetes, disharmony causes malfunctions in other parts of the body being affected, be it at the individual or at any other level of society.

From the above description of Aboriginal worldview and philosophy of life and wellness, it follows that, as stated by Sioui (1989:14), "*the duty of man is to work for the Great Spirit*" (translated by Loiselle) (see also Ouellette, 2002). 'Working for the Great Spirit' means that each person works, or is intended to work, for the good of His entire creation. Thus, each individual carries a responsibility for the well-being of the whole, be it the family, the community, the larger society or the world, including future generations (Ouellette, 2002). From the consciousness of one's duty and responsibility in the world, awareness of personal accountability becomes acute as stated by Graveline (1998:58): "*Through embracing this worldview, each individual becomes intensely aware of personal accountability for the welfare of others*".

Figure no. 1, below, presents a graphic description of an Aboriginal comprehensive worldview. The diagram is an integration of spirals originating from two sources: Graveline (1998:58) and Swinomish Tribal Mental Health Project (1991:127).

A central core, in the form of a black circle, is added to the original combined spirals by the present authors to represent the individual's soul and conscience, as well as the seat of consciousness from where stems, in the words of Bopp et al (1985:37), "*the journey of authentic human development*". The spiral itself indicates the intersecting growth and development of all aspects in the flow of life.

**Figure No. 1: The spiral of interconnectedness and interdependence**



**3. The Nature and Relevance of a Holistic, ‘Fully Ecological’ Approach to Wellness**

The Aboriginal worldview is best portrayed by a circular or holistic vision. The circle represents the cyclical and harmonious pattern of life. According to most North-American Native cultures, "*space is spherical and time is cyclical*" Graveline (1998:59). From an Aboriginal perspective, the circle also symbolizes unity, wholeness, continuation, perpetuity, inseparability, completeness, balance, security, equality, comfort

and health. The well known Sioux Medicine man, Hehaka Sapa or Black Elk summarized the significance of the circle from his Native way of seeing:

*“All things created by the Great Power, He made in the shape of a circle. The sky is circular and I heard that the earth is round like a ball and the stars too are round. The wind, in its greatest force, whirls. The birds make their nests in the form of a circle because they have the same religion as us. Our teepees were circular like the birds’ nests and were always arranged in a circle – the circle of the nation, a nest made of many nests where the Great Spirit wished that we protect and nurture our children”* (cited in Sioui, 1989:13 – translated by M. Loisel).

The circle is also a reminder that important universal spiritual principles of behaviour such as love, kindness, patience, sharing, caring, honesty, truthfulness, trustworthiness, justice and humility are conducive to well-being and healthy relationships.

The “*circular nature [of the circle]*” explains Mehl-Madrona (2003:99) “*ensures that the whole is addressed [as it] informs us that all its elements are related to each other*”. No single element at any level or of any kind can thus be treated in isolation. Mehl-Madrona (2003:99) further states that “*action or work on one element leads to potential change in any other element*”. Systems theory also maintains that balance is essential to health (Andrea, 1996) and stipulates that change in one component of a system has a rippling effect on all other components (Barker, 2003; Miley, K.K. O’Melia, M. and DuBois, B. 2004). Indeed, Duran & Duran confirm that the Native way of thinking and seeing the world is a systemic one. In addition to being systemic, the most relevant social work approach to health and wellness is a holistic one in Aboriginal view, since it identifies with an all-encompassing philosophy of life and addresses all aspects of the “*self-in-relation*” (Graveline, 1998:57). This view affirms, for example, that the fish, the lake and its entire surroundings, must all be treated equally in order for well-being to

be restored and sustained. Such a view is also fully and truly ecological. As Coates' (2003:156) argues, when speaking of an "*unfolding paradigm*" ... "*a goal of social work will be to help create conditions that provide an opportunity for every person and all of nature to achieve fulfillment...*". The '*unfolding paradigm*' thus stems from an ancient source: the Medicine Wheel.

Another aspect of the nature of an Aboriginal approach is the view that the world in which we live is composed of four cardinal directions existing in harmony, balance, complementarity and unity: east, south, west and north. Each of these directions corresponds to one component of a person's being as identified in the Medicine Wheel: the physical/material, the emotional/relational, the mental/intellectual and the spiritual/cultural. This connection between the four complementary cardinal directions and the four facets of the self symbolically signifies that balance and wholeness are essential to the development of one's full potential (Hart, 2002; Morrisseau, 1998; Royal Commission, 1996). Caring equally for each of these facets is therefore vital to the attainment of a person's full potential which will, in turn, enhance the well-being of all created things.

The Aboriginal holistic view of health and of the healing process through the Medicine Wheel is relevant in today's world as confirmed by the two following statements. First, the World Health Organization's (WHO, 2006:1) constitution defines health as "*a state of complete physical, mental and social well-being...*". Second, Penny Ericson, the Dean of the Faculty of Nursing at the University of New Brunswick, stated the following when addressing the Royal Commission of Aboriginal Peoples during a public consultation session:

*«It is powerful for Aboriginal people to realize that one of their traditional approaches to health [the Medicine Wheel] is now viewed as progressive and crucial by health care educators and policy planners within the United Nations and in Canada. [...] The interplay of the physical, emotional, social and spiritual for achieving well-being has long been inherent in the aboriginal health paradigm and is now appearing as a stated value in health care teaching in Canada» (Royal Commission, 1996, p. 5 on website)*

Moreover, the Medicine Wheel combines both the ‘emic’ (based on cultural particularities) and ‘etic’ (based on universally shared human characteristics) (Canda, 1999; Massé, 1995) approaches to helping and is adaptable to a variety of cultures. Human cultures differ in a number of ways: in their value systems, worldviews, guiding principles, thinking and learning processes, customs, practices and means for attaining goals. However, in their fundamental nature, human beings share many similarities with regard to the four components of the Medicine Wheel. Their basic needs are the same; they feel similar emotions in similar situations; harmonious relationships, identity, recognition and a sense of belonging are individual aspirations in all cultures; human beings of all backgrounds have capacities for creative, rational, logical and intellectual functioning; all humans have choice of thoughts and attitudes when confronted with moral and ethical issues; desires for the spiritual qualities of love, justice, unity and peace and for general happiness are universal. According to Bopp et al (1984), all humans also have the capacity to grow and to change. Just as Canda (1999) and Massé (1995), who argue that both approaches, ‘emic’ and ‘etic’, in situations of cultural diversity, must be combined into a “*transemic approach*” (Canda 1999:39) in addressing issues of health and wellness, so too does the Aboriginal view of social work.

#### **4. The Medicine Wheel : characteristics and objectives**

The Medicine Wheel, from which the Wellness Wheel originates, constitutes the foundation of Aboriginal healing practices. It is an ancient symbol of the universe and a sacred item that has been used from time immemorial (Bopp et al, 1984) by most indigenous nations. It is meant to provide direction and guidance for understanding the process of life and for striving to achieve well-being (Nabigon and Mawhiney 1996; Swinomish Tribal Mental Health Project, 1991). Each individual has within the self a 'wheel of life' or Medicine Wheel.

There is no absolute universal version of the wheel, as pointed out by Hart (2002). There are culturally specific ways of presenting it and many possible adaptations of it according to how a healer or practitioner intends to apply it and depending on the needs and circumstances of a client. The four-step process of an individual's Wellness Wheel presented in this paper is an adaptation, by the authors, of the basic Medicine Wheel.

The Medicine Wheel is a pro-active and empowering approach to social intervention with individuals as well as a self-help tool. It is a framework that presents a complete picture of a 'person-in-environment' and provides a map or plan for problem solving, for enhancing one's awareness and understanding of self and for restoring healthy relationships and general well-being (Nabigon & Mawhiney, 1996). The wheel is meant to be an awakening for the individual to acknowledge and accept responsibility for his behaviour and to become accountable to his family, his community, society, including past and future generations. Its concepts remind the individual that the only person he can change is himself and recalls simple, albeit profound, principles that need to be applied in order to ensure wellness.

The Medicine Wheel graphically identifies small steps that one can take on the self-help path to recovery and wholeness. This tool is a positive visual incentive for motivation and stimulation of the volition to change one's negative and destructive attitudes, thinking patterns, self-talk and behaviours for the benefit of the whole (Bopp et al, 1984). The wheel also provides a check list for an individual to see his progress and adjust himself or his plan on his journey to well-being. It can help in transforming an individual's impulse to control others, situations and the environment and steers the individual toward the acquisition of self-discipline (Morrisseau, 1998). According to Bopp et al, (1984), it may be utilized as a model of what human beings could become should they decide to develop their full potential and act upon that decision. The following section describes the Wellness Wheel as a tool for a personal program.

### **5. The Wellness Wheel: A Program In Four Steps**

The purpose of the Wellness Wheel Program is to help the individual to focus on self through a view of his current life and through self-reflection on all four facets involved in initiating change in order to promote well-being for self and others. The exercises lead the person to the initiation of strategies for the improvement of his life. The process is profound yet simple. It is not intended for crisis situations nor as a 'quick fix' solution to problems.

The Wellness Wheel acts as a mirror to help a person see his whole life at a glance. The intention is that the client will be encouraged and supported in his journey by the intervener and significant others in his life. Of the four consecutive steps, the two first ones are completed with the help of wheels. The third step is an in depth reflection

guided by questions that prepare the client for the final step, the completion of his personal wellness wheel.

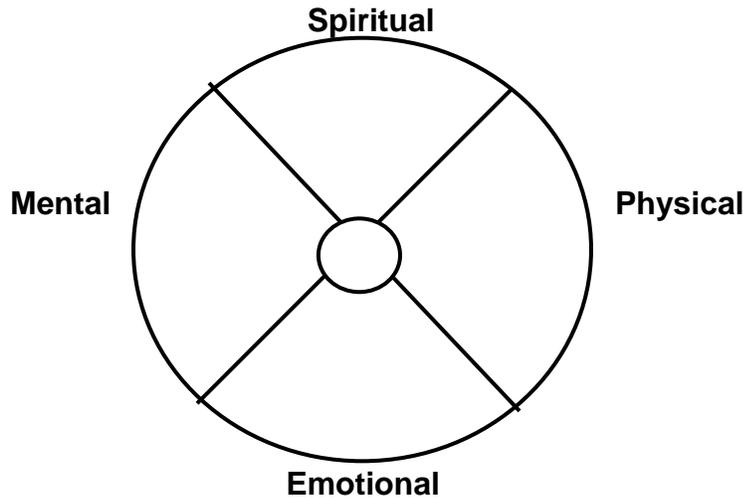
Practitioners are encouraged to make enlarged photocopies of the three wheels presented hereafter (Figures 2, 3 and 4). It is recommended that they complete the exercises before implementing the program with their clients so that they may experience the full potential of the process and then be in a position to facilitate the process and accompany their clients through the four steps. Copies may be made for clients as well.

The authors wish to emphasize the importance of starting the process where the client is at, without specifying any criteria for the first exercise. In this way, the client will discover on his own that his life is not entirely what it may appear to be. By looking into the mirror, which is the first wheel, the person can see that his construct of the reality of his current life may not be complete or accurate. He will then be able to identify his strengths and weaknesses and plan adjustments accordingly.

### ***Step 1 – My Life Today: A Snapshot***

The purpose of the first exercise is self-assessment. The client is instructed to write his name in the center circle of this wheel of life. The following question initiates the process: ***What am I doing presently to enhance my physical well-being?*** The client begins by listing all the actual positive activities or things that he is doing in the physical quadrant of the circle. The same procedure is carried out, with the same basic question, for the completion of the other three quadrants. The client is now ready to proceed to the second exercise.

**Figure No. 2: My Life Today: ‘A Snapshot’**



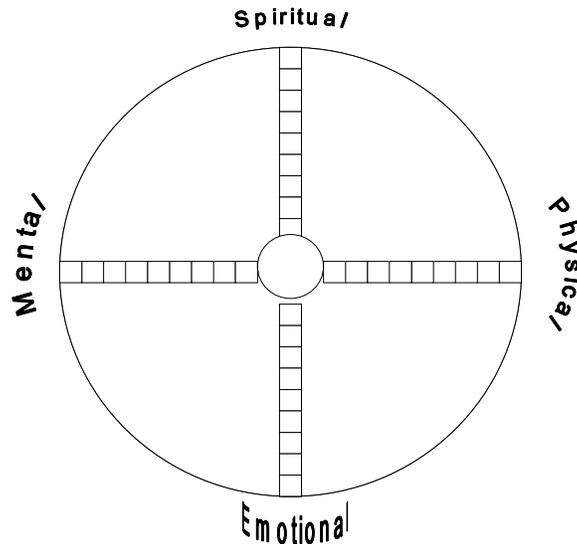
***Step 2 – My Life Today: A Graph***

The aim of this exercise is to provide the client with a graph depicting the first wheel. Again the person writes his name in the center of the wheel. Beginning with the physical quadrant, the client is asked to start from the center of the circle (beside his name) and to shade one square for each activity that is on his list in the first wheel. For example, if a client has three activities listed in the physical quadrant of the first wheel, then the first three squares will be shaded. The person continues this process for the three other aspects of life, filling the number of squares corresponding to his positive activities listed in each quadrant.

After each section has been completed, the person joins the outermost shaded boxes of the four sections by drawing a continuous line in a circular motion from the first to the last. This joining together of his activities in the four aspects of life will demonstrate if his wheel is actually a balanced circle or if it looks like an uneven shape. If it is not a completely round circle, then his wheel of life is out of balance. The client's

strengths and weaknesses become clear. This exercise is an eye-opener as to what attitudes and behaviours one may need to develop in order to live a balanced, harmonious, responsible and accountable life.

**Figure No. 3: My Life Today: A Graph**



***Step 3 – Reflection on my life***

At this stage in the process, the practitioner will initiate a reflection with the client, through a set of guiding questions, so that the client can determine what other positive activities he may choose to incorporate into his life and identify negative behaviours that need to be avoided. Throughout the process, the emphasis is mainly placed on strengths. This step is the foundation upon which step four will be based. It enables the client to plan his personal wellness program utilizing the Wellness Wheel.

The following constitutes an example of a set of possible guiding questions which practitioners may use as is or adjust depending on the client's situation.

**Guiding questions:**

### Physical / Material Aspects:

1. In what condition is my physical health?
2. What are my physical needs right now?
3. What does my body language tell me? Do I like myself?
4. What are my priorities to improve my physical well-being?
5. What positive activities can I do to enhance my physical well-being?  
(areas of example: nutrition, sleep, personal hygiene, exercise, appearance, posture, rest & relaxation, clothing, home tidiness, financial situation)
6. What harmful things must I avoid to achieve health? (examples: various dependencies).
7. What do I see about my future on the physical and on the material planes?
8. What are my goals? How do I see myself in two years from now?

### Emotional / Social / Relational Aspects:

1. In what condition is my emotional health?
2. What are my emotional needs at this time?
3. Do I have a positive self-esteem and a strong sense of self-worth?
4. Am I able to express my feelings and do I have someone I can confide in?
5. Do I trust people?
6. Do I feel the need to control others / situations?
7. Am I maintaining healthy relationships? (Examples: with my life partner, family, relatives, friends, co-workers, neighbours, etc...)
8. What are my coping strategies?
9. What positive things can I do to enhance my emotional and social wellbeing?
10. Am I taking time to nurture the relationships in my life?
11. Do I have unresolved issues from the past?
12. What do I feel about the future?

### Mental / Intellectual / Cognitive Aspects:

1. What is my self-talk (or inner dialogue) usually like? (For example, is it affirmative, positive, optimistic or self-deprecating or generally negative about others?)
2. What are my general intellectual activities?
3. What are the mental stimulations in my life? (Examples: creative activities, reading, writing, studying, puzzles, crosswords, etc...)
4. What are my creative abilities and how do I foster them?
5. Am I satisfied with my level of education as well as intellectual and cognitive development?
6. Am I satisfied with the kind of work I am doing?
7. Do I take time to reflect and analyze what is happening in my life?
8. What are my problem solving skills and how can I improve them?
9. Is time management a problem in my life?
10. What positive activities can I do to enhance my life in the mental, intellectual and cognitive spheres?

### Spiritual / Ethical / Cultural Aspects:

1. Do I have meaning and purpose in my life?

2. Do I live up to my principles, beliefs and values?
3. What are my spiritual / religious beliefs and practices? Or do I have any?
4. Do I take time out for prayer, fasting, silence, meditation, enjoyment of nature?
5. Do I have a grateful attitude about life?
6. Do I fear death and dying, and if so for what reason(s)?
7. What efforts do I make to develop qualities or 'virtues' or 'moral principles' or 'ethical values and behaviours'?
8. Am I honest, loving, caring, sharing, respectful, trustworthy, humble and helpful?
9. In what ways am I respectful of nature?
10. Do I feel a sense of connectedness to and pride for the values of my culture?
11. What positive activities can I do to nurture my spiritual life?

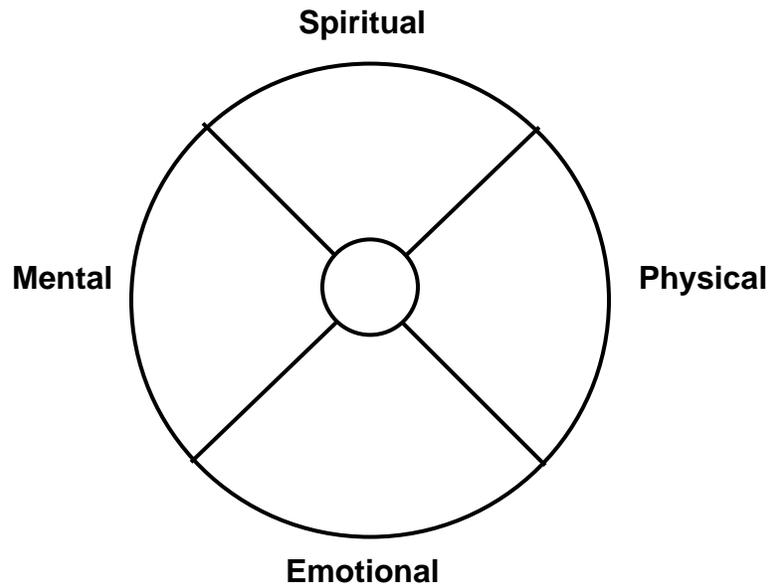
Following this reflection, the client is now prepared to identify a set of positive activities to be taken in each quadrant of the wellness wheel. He is also able to decide which attitudes and behaviours he must avoid on the transforming path towards well-being.

#### ***Step 4: My Wellness Wheel – A Self-Care Plan***

The client is given the third wheel (figure no. 4) which will become his personal Wellness Wheel or self-care plan. Again, his name will appear in the center of the wheel.

Here, the client will list attainable positive activities for each quadrant that he intends to practice in his daily life. Care must be taken to ensure that the activities listed in the wheel are equally balanced among the four quadrants. The person may also choose to list, and even prioritize, some harmful behaviours or things to be avoided. At this point, the practitioner may feel free to suggest some helpful activities or techniques that are relevant to the client's situation and culture.

**Figure No. 4: ‘My Wellness Wheel - A Self-Care Plan**



## **6. Recommendations**

### ***6.1 For the individual's self-assessment of progress***

Just as a violinist must tune his instrument before each concert and the orchestra conductor must ensure that every musician plays his part in cooperation with the others to offer a harmonious symphony, likewise, the individual needs to check regularly on his self-care progress to ensure balance and harmony within self and with his environment. It is therefore recommended to encourage clients to display their Wellness Wheel in a convenient place where they can monitor their progress on a regular basis.

### ***6.2 For its utilization by the helping professionals***

This tool is not intended for crisis situations. It has proven to be effective with clients who have attained some stability after an initial treatment program such as for violence or dependency. In such cases, it is recommended to use it as a complementary tool to ensure the maintenance of the client's stability. For other types of clientele, it may be applied as a counselling tool on its own.

## **7. Conclusion**

This article has limited itself to the elements that are most relevant and basic to the topic. A number of fundamental concepts that would have revealed more completely the authenticity of the North-American Aboriginal worldview and philosophy of life have been consciously omitted. Some vital elements pertaining to the Medicine Wheel have also been excluded. It has, however, given all the required background information for practitioners to provide psychosocial intervention in utilizing this holistic approach.

This article has demonstrated how an ancient North American Aboriginal tool, the Medicine Wheel, is universally applicable and relevant in today's modern world. The Wellness Wheel offers a powerful and dynamic strategy to holistic health. Indeed, as mentioned in this article, the United Nations, the World Health Organization, the Canadian Royal Commission on Aboriginal Peoples, Canadian health care educators and policy planners, as well as a number of authors such as Canda & Furman (1999), Coates (2003) and Massé (1995), all recognize and confirm the necessity of holistic and ecological intervention to help people attain wellness and in so doing, "*enjoy [their life] journey*".

As Graveline (1998) states: "*This paradigm challenges us to shift from the linear, mechanistic cause-effect models of thinking now dominant in the Western industrial world, and to embrace the circular, ever evolving dynamic captured in a single phrase: all life is a Circle*".

## **8. References**

- Andrea, D. (1996). Systems Theory and Social Work Treatment. In F. J. Turner, *Social Work Treatment. Interlocking Theoretical Approaches* [4<sup>th</sup> ed., ch.25]. N.Y.: The Free Press.
- Barker, R. L. (2003). *The Social Work Dictionary, [5<sup>th</sup>. Ed.]*. Washington, D.C.: nasw Press.
- Bopp, J., Bopp, M., Brown, L. and Lane, P. (1984). *The Sacred Tree*. Lethbridge, Alberta: Four Worlds Development Press.
- Cajete, G. (1994). *Look Through the Mountain: An Ecology of Indegenous Education*. Durango, CO: Kivaki Press.
- Canda, E. R. & Furman, L. D. (1999). *Spiritual Diversity in Social Work Practice: The Heart of Helping*. N.Y.: The Free Press.
- Coates, J. (2003). *Ecology and Social Work. Toward A New Paradigm*. Halifax: Fernwood Publishing.
- Duran, E. & Duran, B. (1995). *Native American Postcolonial Psychology*. Albany: State University of New York Press.
- Hart, M.A. (2002). *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping*. Halifax: Fernwood Publishing.
- Graveline, F. J. (1998). *Circle Works: Transforming Eurocentric Consciousness*. Halifax: Fernwood Publishing.
- Laugrand, F. (2002). Les religions amérindiennes et inuites. In M. Boisvert, (ed.) *Un Monde de Religions, Tome 3, Les traditions de l'Asie de l'Est, de l'Afrique et des Amériques*. Sainte-Foy : Presses de l'Université du Québec.
- Massé, R. (1995). *Culture et santé publique*. Boucherville : Gaëtan Morin, éd.
- Mehl-Madrona, L. (1998). *Coyote Medicine : Lessons from Native American Healing*. N. Y.: Fireside Books, published by Simon and Shuster..
- Mehl-Madrona, L. (2003). *Coyote Healing : Miracles in Native Medicine*. Rochester, Vermont: Bear & Company.
- Miley, K. K., O'Melia, M. & DuBois, B. (2004). *Generalist Social Work Practice: An Empowering Approach*. Boston, Pearson.

Morrisseau, C. (1998). *Into the Daylight: A Wholistic Approach to Healing*. Toronto: University of Toronto Press.

Nabigon, H. & Mawhiney, A.-M. (1996). Aboriginal Theory. A Cree Medicine Wheel Guide for Healing First Nations. In F. J. Turner, *Social Work Treatment. Interlocking Theoretical Approaches* [4<sup>th</sup>. Ed., ch. 2]. N.Y.: The Free Press.

Ouellette, G. (2002). *The Fourth World: An Indigenous Perspective on Feminism and Aboriginal Women's Activism*. Halifax: Fernwood Publishing.

Ross, R. (2006). *Dancing with a Ghost: Exploring Aboriginal Reality*. Toronto: Penguin Canada.

Royal Commission On Aboriginal Peoples (1996). Health and Healing. In *Report of the Royal Commission on Aboriginal Peoples, vol. 3, 'Gathering Strength'* [ch. 3]. Ottawa: Ministry of Goods and Services and Indian and Northern Affairs Canada web site: URL [http://www.ainc-inac.gc.ca/ch/rcap/sg/si23\\_e.html](http://www.ainc-inac.gc.ca/ch/rcap/sg/si23_e.html)

Sioui, G. E. (1989). *Pour une autohistoire amérindienne: essai sur les fondements d'une morale sociale*. Québec : Presses de l'Université Laval.

Swinomish Tribal Mental Health Project (1991). *A Gathering of Wisdoms. Tribal Mental Health: A Cultural Perspective*. LaConner, Wash.: Swinomish Tribal Community.

WHO (World Health Organization) (2006). *About WHO*. URL: <http://www.who.int>