
Tribal and Shamanic-Based Social Work Practice: A Lakota Perspective

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This article takes a critical look at the social work literature that views Indian people as a social problem group and fails to recognize the unique contributions that American Indian tribal and shamanic-based traditions of help and healing can make in shaping social work theory, practice, and social policy at a foundational level. The article examines the centrality of tribalism, which emphasizes the importance of kinship bonds or interconnectedness of all reality in Lakota thought and philosophy, and shamanism, which emphasizes the role and dimensions of spirits as powerful resources in the helping and healing processes for individual and for community health and well-being. The article looks at how the older, traditional ways of the Lakota resonate with Jungian psychology, Kohut's self-object theory, and Saleebey's strengths perspective in social work practice. The authors conclude that Lakota philosophy can reshape social work practice, theory, and policy by offering a fresh perspective based on very old American Indian ideas from the Great Sioux Nation.

Key words: *healing; Lakota; shamanism; spirituality; strengths perspective; tribalism*

Some may criticize this article and say it is best left in the oral tradition—this is a valid criticism. Lakota people are understandably wary of the written word, for often the written word objectifies understandings and can be manipulated outside the relationship in which the understanding was shared. The written word can be exploited in ways that were not intended. Thus, there is a risk in writing about traditional Lakota philosophy and thought. However, not to write about Lakota views about social services, medicine, and health care is also a concern, because it would perpetuate the invisibility of American Indian people. Some

people still consider Lakotas second-class citizens, a perception that has been internalized by some Lakotas after generations of racial oppression (Little Soldier, 1992). The purpose of this article is to honor the continuing journey (*zu'ya*) of understanding between social workers and traditional Lakota philosophies to see how these two paths can help restore health (*wicozani*) to the people and bring about increased understanding (*wo'wa'bleza*) among peoples.

This article is only one step in a process of ongoing mutual understanding and deepening respect. It is important to understand that this

article is about how Lakota philosophies of help and healing can inform contemporary social work. Other American Indian tribes may not share the same philosophies; some may, but many tribes have very different approaches to help and healing. We wish to note that in writing this article about traditional Lakota perspectives on help and healing, we are not inferring that Lakota philosophies are better than other tribal philosophies. Because social workers affect the lives of many Lakota people, we write about Lakota philosophies, so that social workers may have a greater respect for and understanding of Lakota culture. But traditional people know that the only way to learn Lakota philosophy is to live it, and an article cannot change this reality. This article simply brings together Lakota ideas in a non-Lakota language and in non-Lakota ways of thinking, and this context is very important in reading this article.

Throughout this article the term "Lakota" refers to "traditional Lakota" philosophy and values, which emphasize the distinctive cultural heritage, spirituality, social customs, and language of the Lakota Oyate, or the Teton Sioux People—the western grouping of tribes, which includes seven bands, of the Great Sioux Nation. The term is used to connote the wisdom and practices of traditional Lakotas, who historically have maintained their separateness from the dominant culture, retaining their language and cultural values and practices, aware that there are complex gradations of acculturation even among the traditionalists.

The term "American Indian" is used today to talk about common values and a certain shared identity among many Native American people, and it also is used as the legal title of federally recognized tribes holding jurisdiction on reservation lands in the United States. The indigenous people of Canada and the Six Nations' People (Iroquois) preferred the term "Natives," which is the official term used by the Canadian government to identify indigenous people. The terms "American Indian," "Native American," and "Indian People" are used interchangeably throughout this article in speaking generically about shared Indian values or issues. We are well aware of the historical and political complexity associated with these terms, as well as

the diversity that exists among tribal people (Means, 1995).

Has Anyone Noticed?

The plight of Indian people is serious. For many Indian people the Indian Health Service (IHS), a federally administered Indian health care program that is accredited by the Joint Commission on Accreditation of Healthcare Organizations, is the only medical provider serving a population in remote areas with disproportionately higher incidence rates of diabetes and cervical cancer than the general U.S. population. Presently the IHS is facing severe budget deficits, receiving overall only 50 percent to 75 percent of what it needs to operate (Goldsmith, 1996). Although there have been increasing federal appropriations for IHS over the years, the amount of "real money" has decreased (Goldsmith). At the same time IHS director Michael H. Trujillo reported that the service population has increased by more than 2 percent per year. In the wake of anticipated health care reform, Dr. Gerald Hill, director of the Center for American Indian and Minority Health in the Institute for Health Services Research at the University of Minnesota, reminded health care planners of the statistic that shows that in the American Indian population, 31 percent of the people die before their 45th birthday (Goldsmith). Although the overall adjusted death rate for American Indians is 35 percent greater than the U.S. rate, the age-adjusted death rate for American Indians in the Aberdeen area, which encompasses most of the Lakota-Sioux Indian reservations in South Dakota, exceeds 1,000.

American Indian People Are More than a Special Problem Group

Despite the fact that American Indian people have ancient community-based tribal and shamanic traditions of healing and helping tribal members in need, most of the social work literature focusing on practice issues concerning Native American people has viewed them primarily as a special client population or social problem group (Garrett & Garrett, 1994; Good Tracks, 1973; Williams & Ellison, 1996). The paucity of articles about Native American people in *Child Welfare* (two articles), *Social*

Work (two articles), and *Social Service Review* (zero articles) from 1980 to 1989 (McMahon & Allen-Meares, 1992) reflects a general attitude of disinterest in issues and concerns of Indian people in academia. Viewed from a Lakota-centric perspective, one might characterize such a disinterested stance as a form of intellectual colonialism and oppression that perpetuates the invisibility of American Indian philosophy and thought in social work theory, policy, and practice and further imposes a therapeutic ideology emphasizing culturally incompatible methods and ideals.

In their content analysis of social work articles published between 1980 and 1989, McMahon and Allen-Meares (1992) found 22 articles on Native Americans. The majority of these articles (86.4 percent) proposed individual interventions, whereas the remainder of articles published proposed institutional change as the appropriate method of intervention. Considering the traditional Lakota emphases on tribalism and shamanism in help and healing traditions, a question must be raised: To what extent does the repertoire of practice methodologies institutionalized in the dominant culture's social work theory and practice impose the cultural values of individualism and materialism (empiricism) on Lakota culture?

Ancient Non-Christian Roots of Help and Healing

Canda, Shin, and Canda (1993) examined the effects of more than 2,000 years of shamanism and the traditional philosophies of Buddhism and Confucianism on the Korean consciousness, noting that the Judeo-Christian influence on Korean social welfare has been a relatively recent innovation in Korean culture and thought. Their article makes an important contribution to the development of more diversified ethnically and culturally specific approaches (that are not prescribed by Judeo-Christian philosophy or ideology) to the helping and healing processes. Canda et al. noted that "Zen Buddhism and shamanism can support the development of spirituality sensitive and culturally relevant social work in the United States" (p. 84). This article by Canda et al. is particularly important in extending culturally competent

social work practice to non-Christian people, particularly to traditional Lakotas, whose worldview differs from and often conflicts with that of the dominant culture. The Lakotas' worldview places emphasis on the spiritual realm of ancestral spirits and natural powers, bound by kinship bonds.

This spirit-centered worldview of the Lakotas sees the entire universe imbued with and intimately related to spirits and spiritual forces that have real power to influence outcomes. It is a worldview in which human beings are not superior to but equal with other creatures of the earth. This view contrasts sharply with that of Judeo-Christian philosophy, which views human beings as superior to other creatures—"a little less than the angels. . ." (Ps. 8:6)—a philosophy that places an ontological and hierarchical distance between human beings and the natural world, setting the hierarchical template institutionalized in the medical model of the helping relationship in social work and other helping professions.

The timing is ripe for social work and other health care professionals to look carefully at how traditional Lakota practices, traditions, and values could shape social work theory, practice, and public social and health care policy at a foundational level and perhaps develop a uniquely "American" model of social work and public health care. This will be particularly important as tribal governments develop strategies and responses to welfare reform with the implementation of Temporary Assistance to Needy Families, which is being met with grave concern by many Native American tribal leaders and health care providers alike (Goldsmith, 1996).

Tribal and Shamanic-Based Social Work Practice

In its overemphasis of intervention with individuals, social work practice has failed to recognize the powerful influences of tribalism and shamanism on traditional Lakota people and other traditional American Indian people. Tribalism is a pervasive cultural attitude or interactional style that emphasizes the primacy of the extended family and kinship relations over individualism (which emphasizes the importance of individual identity). To stand above one's

family, extended family, or kinship community is not a good thing among traditional Lakotas. Recognition of and respect for kinship bonds and demonstrations of generosity among family members are powerful social values among the Lakota. Tribalism ensures that one's identity overlaps one's family and kinship community, an identity that also spans generations. Often a Lakota is given the name of an ancestor and in the naming ceremony is expected to take on the qualities of that relative.

The notion of a separate, independent, individual ego is foreign to the Lakota cosmology. Each person is a living testament as well as a collectivity or legacy of his or her ancestral spirits and the spirits of creation. The Lakota sense of "self" is close to the Kohutian notion of self, in which boundaries between "self" and "non-self" are remarkably permeable and fluid and in which the self can cross interpersonal borders to include other people. Kohut identified the concept of "self-object," which was a conflation of self and object experienced by the person as psychically one (Schlauch, 1993). Compatible with Lakota philosophy, the theory of object relations views the self as intimately related to other things, so much so that it has been referred to as the "relational self," intersecting with and overlapping others (Schlauch). Emphasis on individualism, or a view of an autonomous or independent self detached from the natural world and other beings (people), is viewed by traditional Lakotas as flawed and misguided. They consider that this concept misses the fact that everything is intimately connected and related to everything else biologically, spiritually, and psychically.

It is difficult, or perhaps impossible, for the social work practitioner who has been trained to assess self-esteem, for example, as an indicator of good mental health and personal adjustment to comprehend the importance of the Lakota's *wo'onsila*, or "recognizing one's pitifulness or condition of neediness" (personal communication with A. White Hat, Sr., instructor in Lakota studies, Sinte Gleska University, Mission, South Dakota, June 11, 1997) as a creature in the world, dependent on all the forces and powers of creation all around and an intimate part of the natural world, not separate from it.

Such an emphasis on humility—on averting eye contact and so forth—often is viewed as dysfunctional or as an indicator of poor self-esteem by professionals aligned with the values of the dominant culture. It is interesting to read Erikson's "Observations on Sioux Education" (1939) and to sense his befuddlement at attempting to fit and analyze Sioux kinship and child-rearing customs into psychoanalytic categories. Despite the thinly veiled hostility and patronizing stance evident in this "observation," Erikson concluded with a disturbing yet revealing paradox he recognized in himself in relation to the Lakotas he was observing. Clearly the Lakotas were part of Erikson's self-object, to use Kohut's term:

One day the Indian seems more foreign than an animal; the next day one will be surprised to discover something of the Indian in oneself and much of oneself in the Indian. But this represents only one of the strenuous psychological situations for which we have to prepare ourselves in order to find the way to methods other than the defeatist, coercive ones we say we abhor. (p. 155)

Sometimes the coercive measures used in social work education are subtle but nonetheless damaging. I recall an experience a young Lakota social worker related when, as a BSW student, he was coached by his social work practice professors to "overcome" averting his eye contact with others. This student worked long and hard to look others in the eye—something his whole being felt was extremely rude. This student was able to "pass" this cultural hurdle by actually looking a little beyond the other person's face, across the person's shoulder, and holding his head up high and confidently—important values and behavioral cues of the dominant culture. This student was rewarded by his professors for learning this new behavior. However, when he applied for a social work position at tribal social services, he at first was rejected. He asked the reason for the rejection, and, as it turned out, was told that he acted very rudely during the interview by staring impolitely at the interviewer: "How could he work with Indian people with such offensive manners?" Similar accounts often are

heard when interviewing American Indian educators as they work to buffer the cultural impasses that American Indian students often face in their social work practice classes (personal communication with J. Bates, BSW Program Director, Eastern Washington University, Spokane, June 18, 1998). Often, what is viewed as good, healthy, and confident behavior in the dominant culture is based on a high valuation of the individual. This is in direct contradiction to the traditional Lakota valuation of tribalism and the deep respect for the ancestral and natural spirits that continually remind human beings of their humble place in the universe.

The other powerful element of Lakota cosmology related to social work practice is the importance of shamanic healing and help. Shamanism emerges from a cosmology that views nonmaterial or transpersonal reality as the source of power and health. Canda (1983) noted that "the most ancient and widely distributed therapeutic systems in the world are those of shamanism" (p. 15). In citing University of Chicago anthropologist Mircea Eliade's book *Shamanism: Archaic Techniques of Ecstasy* (1972), the classic treatise on the phenomenon of shamanism, Canda further noted that

shamanism is not a single religion. Rather it is a religious style which centers on the helping ministrations of a sacred specialist, the shaman, who utilizes a technique of ecstatic trance in order to communicate with spirits and other powerful forces, natural and supernatural. The shaman obtains sacred power from the spiritual realm to heal and edify the human community in harmony with the non-human environment. (p. 15)

For the Lakota a shaman—medicine person (*wicasa wakan*) is one who has been picked by the spirits to address a specific kind of need (this type of medicine person is distinguished from the *pejuta wicasa*, or a medicine person who works with sacred plants and herbs, although sometimes a shaman—medicine person also works with sacred medicinal herbs) (personal communication with A. White Hat, Sr., October 28, 1996; White Hat cited in Smith, 1987; Voss, in press a). The Lakota shaman—medicine people rely on their spirit helpers to

"give them permission" to treat people and conduct ceremonies (personal communication with A. Little Soldier, elder, spiritual advisor, and president of the Native American Heritage Association, June 16, 1997; Holler, 1995; Smith, 1987; Voss, in press a, in press b). This permission is very specific—for example, a medicine man or woman may be instructed to use certain herbal medicines for men only or for women only or for people in general. The spirits work through the healer. The medicine person is only as effective as the spirits "working through him" (personal communication with A. Little Soldier, June 16, 1997; Running cited in Smith, 1987). He is responsible and accountable to the spirits for everything. Spirits are understood as the power, force, and source of help and healing for all medicine and healing practices among the Lakotas. One cannot "buy" or "learn about these things through books or weekend workshops" (personal communication with A. Little Soldier, June 16, 1997).

Sutton and Broken Nose (1996) cited a poignant vignette that powerfully illustrates the kinds of professional conflict that confront social workers involved with traditional American Indian people. In their chapter "American Indian Families: An Overview" in *Ethnicity and Family Therapy*, the authors cited the experience of a social worker sent to run an alternative school program on an Indian Reservation in Montana. The social worker recalled the following:

One day I came to work and no one was there. There were no teachers, students, or counselors. At first I thought it was Saturday or some holiday I had forgot about. I checked my calendar and the one the tribe printed to see if it was some special kind of Indian holiday, but it was not. Finally, I went riding around in my car. I saw one of the counselors and asked where everyone was. He said [an elder] had died. I found out later that [this elder] was one of the oldest men in the tribe and was somehow related to almost everyone at school. When I tried to find out when everyone would be back at work, I couldn't get a definite answer because they weren't sure when some of [the elder's] relatives would come in from out

of state. I was upset because I felt we had been making progress with some particularly difficult cases. I was concerned about the continuity of therapy and the careful schedule we had all worked out. When I expressed my frustration to one of my counselors she just shrugged her shoulders and said we all have to grieve.

All I could think of is how am I going to explain this to my superiors. [emphasis added] (pp. 39–40)

The vignette provides a vivid illustration of the priority and power of tribalism and shamanism in the American Plains Indian consciousness. The social worker—presumably educated in an accredited social work program and influenced by the pervasive cultural (clinical) values of individualism and materialism (note his concern about “progress” and therapeutic gains)—was mystified by the behavior of his staff, which he interpreted as a regression, hence his frustration in facing this situation. The vignette also elucidates a common dilemma facing practitioners on the edge of cross-cultural practice: Do the structures of social work policy and practice encourage flexibility, innovation, and out-of-the-ordinary thinking in approaching differences in culture, or do they rigidly reinforce a kind of clinical colonialism (promoting “therapeutic progress”) with the goal of “civilizing” the Indian?

For traditional Lakota healers, the helping process begins and ends with spiritual powers and influences. To what extent does social work’s (and now managed care’s) emphasis on empirical results, time-limited tasks, and goals achieved undermine spirit- and ancestor-based worldviews of diverse client groups? When Albert White Hat, Sr., was asked about his perceptions of the role and function of social workers on the reservation, he described them as “books, not real live people, more interested in enforcing regulations than responding to [the needs] of people” (personal communication, June 11, 1997).

For Lakota people, all aspects of life are intimately connected to good health and well-being. The interconnections among family, tribe, and clan with moral, political, and ceremonial life all contribute to a sense of harmony and

balance called *wicozani* (good total health) by the Lakota and *hozhon* (harmony, beauty, happiness, and health) by the Navajo. For Lakota people, life is like a circle—continuous, harmonious, and cyclical, with no distinctions. Medicine and healing are a coming-together of all the elements in this circular pattern of life. The circle of healing is formed by the interconnections among the sick person, his or her extended family or relatives, the spirits, the singers who helped with the ceremonial songs, and the medicine practitioner.

Peter Catches, Sr. (*Petaga Yuha Mani*), a Spotted Eagle holy man, and Peter Catches, Jr. (*Zintkala Oyate*), in their book *Oceti Wakan (Sacred Fireplace)* (1997), sum up the core qualities of a medicine man:

I will try to explain what is a medicine man, what makes him a medicine man. In my wanderings here and there as a medicine man I have talked of it, but I never gave a full account of what really constitutes a medicine man.

A medicine man first has to be honest with himself. He has to be truthful. He has to be humble. *Wakan Tanka* works in many strange and mysterious ways. He calls on the weakest to do a great thing. This is the way *Wakan Tanka* works. He calls on the lowly, the poor man to do his handwork—that of curing humanity, human beings that are sick.

Humility is such a great thing, one of the essential things. We medicine men do not jump to the center, we do not raise our hands and say, “Here! Here! Here I am!” We do not do that sort of thing. We stay in the background. (p. 47)

Catches and Catches expressed the values of humility and dependence on *Wakan Tanka*, the power of creation, further illustrating the shamanic basis for help and healing in Lakota philosophy.

Dimensions of Spirit-Relational-Self in Lakota Philosophy

Lakota philosophy does not separate good and evil, sickness and health, or right and wrong as distinct realities. These elements coexist in each person, in every creation; even in the most

sacred thing there is good and evil. The important point to understand is that there is negative and positive within everyone and everything, and to be responsible in one's life is to live in a good, moral, healthy way, in balance with all creation (personal communication with A. White Hat, Sr., June 11, 1997).

Mental and physical health are viewed as inseparable from spiritual and moral health. The good balance of one's life in harmony with the *wó'ope*, or natural law of creation, brings about *wicozani*, which is both individual and communal. For traditional Lakotas the physical life is not corrupt. The corruption of the physical life is a Christian concept foreign to traditional Lakota philosophy (personal communication with A. White Hat, Sr., June 11, 1997; Amiotte, 1992). Rather than viewing the individual as a mind-body, good-evil, healthy-sick duality, as Western psychiatric thinking has done, traditional Lakota philosophy views the individual person as an unexplainable creation with four constituent dimensions of self that reflect the Lakota view of reality. When all these dimensions of the self are aligned or in balance, one experiences *wicozani*. When any one of these dimensions of self is out of alignment, one experiences imbalance (*towaci'cow'pta*), or having "one's head on its side" (Amiotte, 1992). Ceremonial and spiritual practices help the individual find balance, harmony, and good health.

Four Dimensions of Self

Amiotte (1992) described the four dimensions of self according to Lakota understanding. As one attempts to understand these Lakota ideas, it is important to remember the threshold of understanding through which one is walking—this is a discussion of traditional Lakota terms in a non-Lakota language and with non-Lakota concepts, thus full realization and conceptualization are impossible. The concepts include the *woniya*, *nagi*, *nagila*, and *sicun*. The *woniya* or *niya* is the self of the physical body, it anchors the self of the spiritual body. The *niya* is the "vital breath," which gives life to the body and is responsible for the circulation of the blood and the breathing process (Goodman, 1992).

The *nagi* comprises all that one knows. It is the capacity to understand. It carries all the per-

sonalities that one knows and does not know who influence the self (for example, the personalities of our parents, relatives, and ancestors). It is the legacy of one's stored memories. The *nagi* is the idea of who one is, the self-concept; it encompasses one's total personality of self and others. This dimension of the human being is similar to Kohut's understanding of the "relational self" or self-object. "For Kohut, the child is born into an empathic, responsive human milieu; relatedness with others is as essential for his psychological survival as oxygen is for his physical survival" (Greenberg & Mitchell, 1983, p. 353).

Not unlike Jung's concept of the personal unconscious, inclusive of the personal as well as the deeper transpersonal psychological structures of the collective (tribal) unconscious (1931/1960), the *nagi* encompasses the personal conscious and unconscious. It is the conscious and unconscious collection of personalities across generations that constitutes who one is. Cowley (1993) noted that transpersonal theory has relevance to social work practice by stating that transpersonal theory or psychology has a multidimensional focus and assesses the developmental dimensions of being. He also noted that the distinguishing feature of transpersonal psychology is that it makes the spiritual dimension the main area of focus. "Transpersonal psychology concerns itself primarily with an expanded view of human potential and the evolution of consciousness" (Cowley, p. 528). From a cognitive-behavioral perspective, the *nagi* is composed both of one's false and of one's true selves; it can illuminate one's understanding of oneself and one's world, and it can distort or play tricks on one's understanding of the way things are. Encountering one's *nagi* can be terrifying or heartening or expansive, depending on one's family or collective legacy. Buechel (1983) translated *nagi* as "the soul, spirit; the shadow of anything, as of a man (*wicanagi*) or of a house (*tinagi*)" (p. 342).

The *nagi* also includes what Jung identified as the "shadow" and the "autonomous complexes," which are powerful unconscious influences on the individual and can actually function as if they were foreign or not part of the self (Jung, 1971). Sometimes these autonomous

aspects of the self take over, and later, after an embarrassing experience, one might say, "That wasn't me. Something came over me." Some Jungian analysts have noted that the autonomous complexes often, although not always, are organized around traumatic childhood experiences after which unacceptable aspects of the personality were split off and repressed (Moore & Gillette, 1992).

According to G. Thin Elk, "We are not humans on a soul journey. We are nagi, 'souls,' who are making a journey through the material world" (cited in Goodman, 1992, p. 40). Existence in the material world is tenuous for the newborn, according to Lakota philosophy. E. Little Elk commented, "The most important things for infants and little children are to eat good, sleep good and play good" (cited in Goodman, p. 41); thus, the nagi of the child is persuaded to become more and more attached to the body of the child. Traditional Lakota philosophy sees abuse, rejection, or neglect as affecting the child's nagi and potentially causing the nagi to detach from the child's body and not return. This absence of the nagi from the body is called "soul loss" (Goodman, p. 41). In these cases ceremonies are conducted by a shaman or medicine person to find the child's nagi and bring it back. This is very similar to alternative ways different psychotherapy theorists have discussed psychopathology, for example, "a malaise of the soul" (Goldberg, 1980) and "spiritual barrenness" (Bradshaw, 1988) or "a hole in the soul" (Bradshaw, 1988). These descriptions are ways of speaking about the same phenomenon—the loss of soul or the dislocation of spirit—which is the traditional Lakota view of psychopathology. Therefore, good mental or emotional health is related intimately to good spiritual, moral, and physical health. These elements cannot be separated, for they are all part of the circle of kinship relationships (*mitakuye oyas'in*). Ceremonies provide access for the individual to meet or encounter his or her nagi in a very experiential way. This is done under the guidance of an experienced spiritual adviser.

The spirit dimension of human beings is a powerful source of help and healing for Lakotas and an often-neglected area in the social work

practice and human behavior literature. However, Jung's notions of the collective unconscious as a repository of an "ancestral heritage of possibilities" and as the "true basis of the individual psyche" (1931/1960, p. 152) provide grounding from a depth psychology for discussing traditional Lakota notions of the nagi from within our understanding of the human psyche. Jung's depth psychology, or analytical psychology, valued the mysteries of the human soul. Jung understood that dreams, visions, symbols, images, and cultural achievements arose from the mysterious depths that the world's religions have understood as the "spiritual dimension" of human experience (Moore & Gillette, 1992, pp. 28–29).

The *nagila* is the divine spirit immanent in each human being (Goodman, 1992). Amiotte (1992) explained this dimension as the aspect that participates in paranormal phenomena; it is the "other" realm of knowing, the shamanic or spirit realm. The *nagila* is "something of the sacred" in the human being. It has also been translated as the "little ghost" (Amiotte, 1992). The *nagila* can be distinguished from the nagi in that it is similar to Jung's notion of the "collective unconscious," which is totally unconscious and is not a personal acquisition. The *nagila* is not based on one's personal experiences, but is similar to an impersonal aspect of a "collective self" or a "transpersonal self." The *nagila* is paradoxical: It is the "self-not-self," "part-of-me-but-not-part-of-me" part of who one is. This collective, unconscious self is influenced by archetypes, just as the personal unconscious (similar to the nagi) is influenced by the personal "complexes." Jung defined the collective unconscious much as the Lakota define their notion of the *nagila*:

The collective unconscious is a part of the psyche which can be negatively distinguished from a personal unconscious by the fact that it does not, like the latter, owe its existence to personal experience and consequently is not a personal acquisition. While the personal unconscious is made up essentially of contents which have at one time been conscious but which have disappeared from consciousness through having been forgotten or repressed, the contents of the collective unconscious

have never been in consciousness, and therefore have never been individually acquired, but owe their existence exclusively to heredity. Whereas the personal unconscious consists for the most part of *complexes*, the content of the collective unconscious is made up essentially of *archetypes*. (1959/1990, p. 42)

The *nagila* is the part of one's collective unconsciousness that participates in the dream or spirit world. How is it that one can dream of flying or of defying gravity? How is it that one can dream of snakes even when one has never seen a snake before? How does the mother of a three-year-old know that her child is in danger, run back to where she left the child, and see the child at the bottom of the pool just in time to revive the child? The *nagila* constitutes this other kind of knowing, perhaps similar to intuition, extrasensory perception, paranormal phenomena, or nonlocal consciousness. Often a person appeals to his or her *nagila* for assistance. The *nagila* is a power within each person that can help him or her overcome obstacles in life. This concept is also very similar to the Christian understanding of protective spirits or guardian angels.

The *nagi* and the *nagila* are in constant interaction and are interrelated. The *nagila* is the reflection of the shadow (*nagi*). When the *nagi* is strengthened, it strengthens the *nagila*, and when the *nagila* is strengthened, it strengthens the *nagi*. So from a Jungian lens, as the Lakotas are reconnected to their culture and spirituality, which transmit power of the *nagila*, the *nagi* is strengthened. These aspects of the self are ecologically based and interactive in the person and in his or her interaction with the larger culture—this reflects a powerful understanding of the person-in-environment view that is unique to social work theory.

The final dimension of the person is the *sicun*, or "intellect" (Goodman, 1992). White Hat described the *sicun* as "your presence [that] is felt on something or somebody" (personal communication June 11, 1997). Buechel (1983) translated the word as "that in a man or thing which is spirit or spirit-like and guards him from birth against evil spirits" (p. 454). Amiotte (1992) described the *sicun* as the alignment of

one's consciousness; it is the *syzygy* or cumulus of the *woniya*, the *nagi*, and the *nagila*. In this sense the *sicun* is the net effect of one's balance of all of the dimensions of the self. The *sicun* is the integrated and energetic "self," which comprises all aspects—somatic and dynamic (*niya*), ancestral and personal (*nagi*), collective and impersonal (*nagila*), and conscious and unconscious (*nagi* and *nagila*).

Lakota Concept of Self Compared with Concepts of Self

Although Lakota philosophy often is contrasted and compared to Christian philosophy (Holler, 1995; Huffstetter, 1998; Steltenkamp, 1993; Stolzman, 1992), the literature does not examine the similarities with non-Christian models. The dimensions of spirit and *mitakuye oyas'in* understood in traditional Lakota philosophy are very similar to the Buddhist notion or spirit of *tiép hien* (Nhat Hahn, 1998). According to Nhat Hahn, "*tiép* means 'being in touch with'" and *hien* "means 'realizing' and 'making it here and now'" (p. 1). He further explained that "getting in touch with [our] true mind is like digging deep in the soil and reaching a hidden source that fills our well with fresh water" (p. 1). Distinguishing various dimensions of mind, Nhat Hanh noted that "being in touch with the true mind is being in touch with Buddhas and bodhisattvas, enlightened beings who show us the way of understanding, peace, and happiness" (p. 1). Thus, he recognized the effect and importance of nonlocal consciousness on the person as the Lakotas do in their notion of the *nagila*. The spirit of *tiép hien* was described eloquently by Nhat Hanh (1998):

To be in touch with the reality of the world means to be in touch with everything that is around us in the animal, vegetal, and mineral realms. If we want to be in touch, we have to get out of our shell and look clearly and deeply at the wonders of life—the snowflakes, the moonlight, the beautiful flowers—and also the suffering—hunger, disease, torture, and oppression. Overflowing with understanding and compassion, we can appreciate the wonders of life, and at the same time, act with the firm resolve to alleviate the suffering. Too many people distinguish between the inner world of

our mind and the world outside, but these worlds are not separate. They belong to the same reality. . . . If we look deeply into our mind, we see the world deeply at the same time. If we understand the world, we understand our mind. This is called "the unity of mind and world." (pp. 3–4)

Although elements of Lakota philosophies about the nature of the human person may contrast with dominant elements of the medical model, there are many similar themes in other non-Western systems of thought that are also worthy of consideration by social work practitioners and thinkers.

Trends in Contemporary American Indian Health Care

Today many of the old Indian healing traditions are experiencing a renaissance and are being viewed with a renewed sense of respect and credibility as alternatives and complements to more invasive or secular Western medical treatments (Berman & Larson, 1992; Hall, 1985; Pierce 1995a, 1995b; Thin Elk, 1995; Voss, in press a, in press b). For example, on the Cheyenne River Indian Reservation at Eagle Butte, South Dakota, the tribal council approved alcohol treatment programs as well as delinquency prevention programs based on traditional values, methods, and approaches to helping people. These traditional methods and values emphasize that the problems encountered by the people are problems with social, cultural, emotional, physical, and spiritual dimensions or powers (personal communication with L. Red Dog, member of the Cheyenne River Sioux Tribe, drug and alcohol counselor, and spiritual advisor, Eagle Butte, South Dakota, June 24, 1997; Thin Elk, 1995). These traditional methods include the *inipi*, or purification ceremony (popularly called the "sweat lodge") (Hall, 1986), the *hanbleceya*, or pipe fast (often called the "vision quest"), and the *wiwang wacipi*, or Sun Dance. The infusion of these ceremonies into the treatment process collectively has been called the "red road approach" (Pierce 1995a, 1995b; Thin Elk, 1995; Voss, in press a, in press b).

The Cheyenne River Sioux tribe also just opened a fitness center in 1998 modeled on the

Zuni Wellness Center, an alcohol treatment program sponsored by the Zuni Pueblo tribe in New Mexico. The Zuni Wellness Center also houses the tribal social services. The center is a state-of-the-art fitness gym that is physically connected to other tribal social services and alcohol treatment programs. This setup manifests the Lakota understanding of an emphasis on total health care, literally connecting physical fitness resources with other tribal social services. This structure is a powerful model for social services elsewhere.

Whereas traditional Western psychiatric thought has emphasized the typology and mechanics of the mind, traditional American Indian philosophy has emphasized the natural flow of the individual's spirit–body–mind–self in relation to everything that exists, assuming a truly ecological–interactional worldview—an insight that Erikson grappled with in his early observations of the Oglala-Lakota Sioux, mentioned earlier. The Lakota term *mitakuye oyas'in* often is heard during ceremonies reminding and reaffirming the participants of their relationships to ancestral spirits, powers, and energies of creation and their *tios'paye*, or kinship relatives, and the extended family and community. All of these elements are considered essential for *wicozani*. The notion of *mitakuye oyas'in* is consistent with family systems theory, which looks at the effect of intergenerational family dynamics on the present functioning of family members.

Perhaps one of the most important trends in Indian health care today is the concern about the effects of welfare reform on Indian people (Iron Cloud & Robertson, 1997), along with the national trend of individual states' reducing welfare rolls and moving Medicaid services under managed care providers. An article that appeared in *JAMA* noted that American Indians know much about government program reforms: "If some people had had their way, Native American tribes would have been reformed out of existence a century ago. So it's not surprising that members of some 500 federally recognized tribes that remain are wary when talk in their locality turns to 'health care reform'" (Goldsmith, 1996, p. 1786).

Lakota-Based Social Work Practice as Strengths Perspective

Lakota tribal and shamanic-based social work practice perhaps is most compatible with Saleebey's (1992) "strengths perspective," key concepts of which include empowerment, membership, regeneration and healing from within, synergy, dialogue and collaboration, and suspension of disbelief. Each of these key concepts resonates closely, although incompletely, with the orienting values of tribalism and shamanism integral to Lakota cosmology and meaning. Saleebey noted that "humans can only come into being through a creative and emergent relationship with the external world {with others}" (p. 11). Lakotas would understand "others" to include all creations above {stars, sun, moon, and so forth}, around (the winds and directions, ancestral spirits, animals, fish, other human beings, and vegetation), and below (the earth, stone, roots, oceans, fish, and so forth). This is a profoundly ecological understanding of human relatedness, vulnerability, and power in an expansive universe that provides an abundance of spiritual and physical medicines.

Similarly, Saleebey (1992) noted that the "synergistic perspective assumes that when phenomena (including people) are brought into relationships, they create new and often unexpected patterns and resources that typically exceed the complexity of their individual constituents" (p. 11). Lakota wisdom also would include ancestral spirits and all creatures and creations in the term "people," or *oyate* (nation), as well as familial relatives and the extended family and community. Thus, one can find in the social work literature the kind of practical wisdom compatible with Lakota wisdom, providing fertile ground for developing a broader foundation for more culturally relevant understandings of social work practice and theory formulation from a Lakota-based perspective.

As social workers begin to take multicultural and relational perspectives seriously, the limiting nature of the Eurocentrism of our dominant epistemologies and pedagogies and the professional practice of community and allied health services will come under greater scrutiny,

and we may even question some long-held beliefs about how to provide social and health care services. There will be a greater awareness of the role and importance of spirituality, shamanic practices, and the role of the natural world (biological ecology) as essential elements of social work practice. There will be a reaffirmation of the importance of grassroots community development in health care services delivery and an expanding awareness of the limitations of the dominant Eurocentric models of help and healing in the United States. There are increasing opportunities and a need for incorporating alternative and complementary models of health care into our mainstream health care services (Micozzi, 1995). Canda (1983) asserted that

social work deserves praise for its attempts to deal with the person-environment whole, at least as an ideal. Yet it lacks the insight of shamanism that all beings, human as well as non-human, are personal, powerful, and deserving of respect. Adequate treatment of damaged connections requires dealing with all relevant beings to reaffirm their connections in a personal, balanced, and sacred manner. This is a truly transcultural approach, transcending the bias that only beings with human physiognomy and culture are persons." (p. 16)

The increasing cooperative relations between medical and health care services personnel and practitioners of traditional Lakota medicine provide grounds for encouragement that a multicultural and relational approach not only is possible but also actually is taking root in Indian Country. It is time for social work and other health care disciplines to learn more about Native American ways of health and healing. Traditional Lakota colleges offer workshops, classes, and institutes on traditional philosophies that are open to the public. The benefits of this cross-cultural collaboration extend not only to Indian people but to everyone in the larger culture. All people will benefit from greater access to a more holistic, interactive, and integral health care model that recognizes both the physiological and the spiritual etiologies of disease and sickness and the efficacy of both biosocial and spiritual remedies.

Lakota Wisdom and Social Work Practice

Clearly, a Lakota tribal and shamanic-based model of social work practice challenges the emphasis on the individual deficit intervention model and offers a multigenerational family-centered strengths perspective model as the starting place for social health and assistance. The Lakota view of health and wellness emphasizes a universalistic approach to health care as opposed to the exceptionalistic approach typical of most Western social services and medicine today in the United States. Traditional Lakota values emphasize the participation of the family in the healing process, including the extended family and the larger kinship community, to bring about *wicozani*. The help and healing process is not impersonal, objective, and distancing but is highly personalized around specific needs. This personal dimension touches on all of reality (creation) as fundamentally relational and ecological, challenging mechanistic views of many social service system orientations. For the Lakotas and other Indian peoples, there is no dualism in reality or creation. Health and sickness, good and evil, and mind and body are intrinsic, interrelated, and unified. Help and healing practitioners' roles are multidimensional and multifaceted and include the roles of healer, counselor, politician, and priest. For the Lakota the helper and healer is one who knows what it means to walk in the moccasins of another.

To speak of human beings is to speak of spiritual or transpersonal reality. All social or health care services are first and foremost spiritual endeavors. The Lakota concept of medicine and health care prompts one to look more broadly, and with a more encompassing scope, at the human person. The Lakota concept of health and well-being views the human being as part of a lively and interacting biopsychosocial-spiritual creation, and the person is viewed as a peer of other beings in a highly personalized universe that includes the worlds of plants, animals, insects, fish, stones, the earth, fire, air, water, wind, and spirit entities. Human beings are not above creation and as peers are dependent on good relations with all the other creations for survival and good health. If anything, the human creation is the most needy of all the

created beings and as such is dependent on the medicine of other beings (for example, plant nations and various animal nations) to overcome sickness and support the autoimmune system. The Lakota view of life is based on radical mutuality, interrelationships, and respect among all the members or peoples of creations. Lakotas have no word for "animal"—the birds belong to a nation and have status as everything does (personal communication with A. White Hat, Sr., instructor of Lakota studies, Sinte Gleska University, Mission, South Dakota, October 28, 1996; Smith, 1987).

The most obvious implication of adopting a Lakota-centric perspective on social work and allied health care is that it would compel educators and practitioners to "indigenize" their own consciousnesses. Social work education should include the positive contributions of Indian people toward an integral understanding of the help and healing arts and offer a clearer critique of the fundamental influence and limitations of Western materialism and Eurocentrism (including Cartesian dualism) on our thinking and consequently on our treatment models and pedagogy. Rather than being theory driven, Lakota-centric social work would be practice based and focus on the human mystery and wonder of helping another human being on the road of life, humbly aware, as Clinebell (1998) wrote, that "there are a thousand times more that we *don't* know than what we *do* know about human sickness and health in the psychosocial-relational areas, not to mention in the methods of psychotherapy" (p. 304). And one might add social work practice methods to Clinebell's comments as well. ■

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