Mind, body, emotions and spirit: reaching to the ancestors for healing

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This paper is a discussion of the meaning of the personal integrated inner body, mind, emotions and spirit dialogue from an Aboriginal perspective and the importance of placing this in a collective positioning of mental health and psychological treatment. The Aboriginal/Native American concept of the Medicine Wheel and the presence of balance and free will that are associated with it, burning tobacco, the power of story and the sweat lodge are used to ground and situate this discussion and demonstrate how traditional healing and the inner dialogue are linked. A discussion is offered as to the integration of traditional healing practices in counselling and psychotherapy and also how traditional healing is a culture and community based form of traditional counselling and psychotherapy. How the engagement of the inner dialogue of the body, mind, emotions and spirit helps to heal individuals, families and communities is discussed.

Keywords: inner dialogue; traditional healing; Medicine Wheel; sweat lodge; burning tobacco and story-telling; counselling and psychotherapy

Introduction

The presence of the mind, body, emotions and spirit as foundational of human beings has been accepted by indigenous cultures for thousands of years and is supported largely by narrative and experiential dialogues (Meadows, 1992; Mehl-Madrona, 1997; Peat, 1995; Suzuki, 1997). The idea of this acceptance and support is abhorrent to those who follow Western scientific models. Western cultures for about the last thousand years, and particularly in the last five hundred years or so, have not been comfortable with this idea. They have tended to rely on the modern scientific model as developed by people like Galileo, Copernicus, and a growing host of others since then, for trying to understand the nature of the cosmos and us in it (Peat, 1995). Western science emphasizes that only evidence-based concrete models for explaining and understanding the world are acceptable (Suzuki, 1997). Indigenous cultures have tended to adopt a mind, body, emotions and spirit dialogue.

Proponents of Western science look at most indigenous knowledge as anecdotal at best and witchcraft at worst. This is true even though such areas as modern Western medical treatments are often based on the herbal and plant lore of indigenous cultures (Mehl-Madrona, 1997; Peat, 1995). The use of quinine as a treatment for malaria is an excellent example of this. Western cultures have failed to grasp and still do not accept is that indigenous groups had and have their own particular ways of knowing and determining the value of things around them (Peat, 1995).

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In doing this Western cultures rejected the idea of a mind, body, emotions and spirit dialogue, returning to the ancestral voices for healing, looking to plants and animals for understanding and learning and the power of the spirit in healing and wellness. This rejection had the influence of sending traditional practices underground, and in some instances traditional healing practices were eliminated from the cultural vernacular altogether. On top of this, many indigenous people feel that Western medicine and other evidence-based disciplines do not live up to the promises they so optimistically offer (Mehl-Madrona, 1997). For these reasons, this discussion is all the more salient as a potential means of adding to the ongoing revitalization of traditional healing ways at a deep level.

The mind, body, emotions and spirit dialogue has a connection to the work of Carl Jung and others (see Schultz & Schultz, 2001), who have chosen to follow his lead, such as Canadian Marion Woodman (1980, 1985, 2000), a devotee of Jungian psychology. Jung talked about the meaning and balance of the world and life being governed by sets of fours; the four winds, the four directions, the four aspects of human beings and so on. Jungians have emphasized the idea of a collective unconscious and a mind-body dialogue as a means for understanding self and maintaining health. Carl Rogers (1951) advocated for the inclusion of intangibles such as authenticity, unconditional acceptance, empathic understanding and relational integrity as the building blocks of self-actualization and human development, which are present in the views expressed by elders and seekers of healing in the Native community (McCabe, 2007). Aboriginal people in North America speak of the four directions and the teachings of the hoop (Meadows, 1992; Peat, 1995). The number four is an expression of balance and harmony inherently present and contained within. They also viewed animals, plants and the earth itself as integral to their lives, not just as metaphors the way that Jung did (Angel, 2002; Peat, 1995).

Growing numbers of people from indigenous populations in many places around the world, such as Australia, Canada, the United States and New Zealand are revisiting natural beliefs and methods as sources of achieving and maintaining healing and wellness (LaDue, 1994; Suzuki, 1997) and, at the same time, are reconstructing and recapturing pre-colonial cultural norms (Csordas, 1999; LaDue, 1994). The upsurge in the use of traditional healing goes well beyond the Aboriginal population (French, 1997; Blue & Darou, 2005; McCabe, 2007; McIntyre, 1996). Virtually every Native community in North America uses some form of the sweat lodge (Walker, Lambert, Walker & Kivlahan, 1993) and people from outside indigenous communities are also attending healing ceremonies and events at increasingly higher rates (LaDue, 1994; McCabe, 2007; McIntyre, 1996).

This paper is an attempt to present the meaning and value of the mind, body, emotions and spirit dialogue from an Aboriginal perspective. The paper also explores the placement of this dialogue at an individual and community level. I will attempt to demonstrate the vitality of the model through brief discussions of the Medicine Wheel, burning tobacco, the sweat lodge and story-telling. Finally, I conclude the paper by considering the integration of traditional healing practices into counselling and psychotherapy.

The Medicine Wheel

The Medicine Wheel is physically configured as a circle that is made up of four quadrants (Bopp, Bopp, Brown & Lane, 1984). However, it is also a process (healing), a ceremony (sweats, sharing circles) and teachings (a code for living). So, it can be a place and at the same time an action and a presence. The Medicine Wheel is the way of understanding,
centring and balance. It has the directions east, south, west and north as guides embedded within it. Each direction is connected to a part of the person, which includes the spirit (east), body (south), emotions (west) and the mind (north). It is also connected to conditions of life such as determining (spirit), giving (emotions), holding (body) and receiving (mind) (Meadows, 1992). By keeping the conditions at the appropriate positioning on the Medicine Wheel a person finds balance and harmony. Mixing the conditions causes discord and imbalance, while the inner dialogue helps to keep a person centred.

Native American and Aboriginal Canadian healing traditionalists take the view that each human being is made up of an integration of the mind, body, emotions and spirit (Benton-Banai, 1988; Meadows, 1992). This is based on the Medicine Wheel philosophy (Angel, 2002; Bopp et al. 1984). Health and wellness in a person’s life are seen as outcomes of the balance and integration of these within a person (Angel, 2002; Benton-Banai, 1988; Bopp et al. 1984). It is believed that these traits need to work harmoniously together in the interest of healing to result in wellness. For example, at this moment as I write this paper, I take the view that I am not just a physical body moving my hands with my brain using and developing concepts and sentences simply as a response to neural impulses. I believe that an integrated dialogue is occurring in me composed of my mind, my body, my emotions and my spirit. This integrated process engages me at a deep and profound level of understanding and experience, without me necessarily being aware of it, although at times I may sense its presence. In practical terms, according to the Medicine Wheel, without an integration of the mind, body, emotions and spirit, the necessary qualities to create potentially meaningful experiences would be missing. In the same sense, the essential ingredients for activating healing processes would be missing.

The idea of the Medicine Wheel and the mind, body, emotions and spirit dialogue has significance for the world of counselling and psychotherapy. The Medicine Wheel offers a way of understanding and conceptualizing the unexplainable and the mystical. In this the inner dialogue is needed for maintaining balance and harmony. The Medicine Wheel and the inner dialogue can help counsellors to hear their own inner dialogue of healing (their beating hearts) i.e., the drum, which facilitates their hearing the beating of the hearts of others. These are expressed through the healing conditions (McCabe, 2007) and become the healing connection between the healer and the person seeking help.

The Medicine Wheel philosophy of life is important to the inner dialogue because it identifies and describes the parts of the human make-up and shows how they are connected. It is a framework for understanding the interconnectedness of the mind, body, emotions and spirit. It also has importance in terms of redressing the damaged self-concept that Aboriginal people have adopted due to colonization and oppression by providing a respected world-wide and long-held indigenous model for organizing and guiding people and communities in living good lives.

Burning tobacco

In many Native communities tobacco has a deep meaning. It is used as an agreement based on the giver of the tobacco asking something of the receiver, which often relates to teachings, help with a particular problem and/or emotional support. One day several years ago a woman came to me and said, “Glen, I’ve been diagnosed with cancer. I know you follow the spiritual ways, and I would ask that you burn tobacco for me”.
I said, “Yes, absolutely I will burn tobacco for you. And, I will do it at a fire in the forest by a sacred river”. I knew that this would have a profound meaning for her and for the people who care about her. To do this on her behalf was to say to Gichi-Manitou, “This woman prays for your help in dealing with this illness she has. She sends tobacco to honour this request”.

Based on the Medicine Wheel teachings, burning tobacco was as essential to her healing as any other treatment might be. It unites and activates powerful healing forces within. It united her body with her emotions, thoughts and spiritual voice. Her emotions became less troubled by her knowing she is cared for and supported. Even if it turned out that the illness claimed her life, she would have been given strength in her last days as she prepared for the journey to meet her ancestors. The burning of the tobacco and the calming of her emotions allowed her to put her thoughts toward strengthening her body and releasing healing energies from within. The healing spirit was given freedom by knowing that she was once again connected to the Great Spirit.

As it happened, the cancer diminished. The multiple roles associated with burning the tobacco were doubtless very powerful and important. It aided a renewal of her inner dialogue and a reconnection to her community. This woman has always loved to paint and draw. She has joined a group dedicated to furthering art, and now, because of the healing she received, every time she paints a picture she does it from her heart as a gift to Manitou, regardless of her own beliefs. The gift of healing has touched her physically, emotionally, mentally and spiritually, and causes her to celebrate her life through her art.

Tobacco is a symbol of personal integrity and respect for others and all creation. For this reason, it is very important to the inner dialogue of healing. One can only heal when the forces of healing in the self are free to do their work. This is encouraged by the use of tobacco in ceremony and in the development of the relationship between the healer and the client (Young, Ingram & Schwartz, 1989). It is important in assisting Aboriginal people to gain wellness by encouraging the sharing and proliferation of cultural knowledge and understanding and setting the stage for developing positive working relationships between people and across cultures and generations.

Healing and the power of story

Healing, in the framework of Native traditional spirituality, is a process that incorporates many things. It is both complex and simple. It is a layered process and is, at the same time, a singular experience. As the Medicine Wheel suggests, it is contained in the whole self and it contains the whole self. So, it is something that can be understood and yet is so profound that we can often only accept that it exists as a part of life. It can be seen from the standpoint of life narratives. Traditional Aboriginal healing is very much the telling of story. The narrative of one’s experience and understanding is connected to the inner dialogue of the mind, body, emotions and spirit and makes the connection between the client and the healer.

Some years ago a man who came to Canada from an indigenous community in Africa came to see me for counselling. He was suffering for some time from a great unhappiness. In Medicine Wheel terms one might say that he was suffering from a deep inner imbalance. As we began our work together, he started to tell me about his life travels. He said he had been to many places and had done many things. He talked to me for our entire first two sessions together about his travels. I was tempted to direct him toward some goals for therapy. I was worried that we were not making progress. However, I resisted this
temptation and kept listening. As he talked, I tried to convey to him that I understood his experiences. He seemed to benefit from this. I grew more confident that he would tell me what he needed when he was ready. Each place and event he told me about became a feeling, a thought, a sensation and/or a spiritual expression. From this emerged expressions of feelings of loneliness, a loss of family and even a sense of an inner disconnection.

He said that somewhere along the way he had lost himself. What he determined he had lost was his ability to talk to himself. Not in the obvious physical way, but rather in the figurative inner dialogue way. He felt that he was not able to hear his inner voice any more. He was in a state of disconnect between his mind, emotions, body and spirit. These were not his words, but when I suggested to him that this was how it appeared to me as I listened to his story he seemed to resonate with the idea and feel understood in a way that he had not for a long time. So the outward signs of his unhappiness such as a lack of money, feelings of failure, the absence of goals and feelings of physical illness suddenly felt different for him. He started to give rein to his inner dialogue again. He reported that he was able to ‘hear’ his voice again. He was finding his balance again.

I have conducted decolonizing qualitative inquiry with many Aboriginal traditional healers, elders and people who have gone to them for help (Hill, Thompson, & Williams, 1997; Smith, 1999; Richardson, 1999). My basic assumption was that they all possessed wisdom as a result of their work and experiences, and I believed that they could speak as experts on their own healing and provide insights into their experiences that would be helpful to others on their healing paths (Martin, 2000; McCabe, 2007). I knew and accepted that this would be entering into the unknown in a way, but I also believed that it would be recognizable to me because of my own ties to that world. I believe that my assumptions were accurate, but I was amazed at the depth and their openness as they discussed the stories of their healing journeys. They talked about readiness to begin the healing journey, openness to the lessons of daily living, empathy, acceptance, genuineness, challenges to accept healing forces, role modeling, safety, willingness to explore inner and unknown experiences, ceremonies, teachings and belief in the power of the healing spirit (McCabe, 2007). What they expressed, and what I experienced on this particular part of the journey with them, went far beyond what I expected. In fact, the telling of the stories became an expression of the healing itself. In effect, the healing was the story and the story became part of the healing.

The inner dialogue is supported by the sharing of healing narratives because it helps to remove blockages to the integration of emotions and thoughts, particularly about self. As a person tells a story he/she re-experiences the whole event, not just parts of it. Healing energy is unleashed as the blockages disappear (Peat, 1995). By sharing stories of pain and suffering and also of healing and finding self and meaning in life, indigenous people cause the creation of increased development of alliances in the general community and greater understanding in those who would be sympathetic to the problems and issues of indigenous people.

The sweat lodge
Like the Medicine Wheel, the sweat lodge is a place, a configuration and a process all at the same time (Peat, 1995). It is a dome-like structure in the same shape as a beaver lodge. When in use, it is completely covered to block out all light. It has symbolic doors that reflect the directions of the Medicine Wheel. One elder told me that she closes her eyes.
when people first come to talk to her because she understands them better. She said she “...can feel what they are saying.” The sweat lodge is considered to be one of the most spiritual elements in traditional healing. It is a place of physical and spiritual cleansing (Angel, 2002). It is also a place where a person can experience deep emotions, have visions and clearer perceptions of issues and questions they may be dealing with. In Ojibwe tradition, when a sweat is being conducted, people enter from the east door and travel around the circle as the sun crosses the sky until they reach their place to sit (Angel, 2002). The elder who is conducting the sweat lodge ceremony sits next to the east door and the participants sit in a circle around the inside edge of the lodge. Sweat lodge ceremonies have guidelines of process, procedure and objectives, but different elders do the ceremony according to his/her teachings. Despite this, its meaning and purpose are consistent. A healing experience is considered to be possible for every person every time they attend a sweat lodge ceremony.

The sweat lodge is used to help individuals with personal problems, when there are great decisions to be made and where a great event is pending. For example, most sweets are done for the benefit of the people in attendance, but Sitting Bull conducted a sweat for the whole community before the Battle of the Little Bighorn (Peat, 1995). This was done to get a vision for how the coming battle might be fought and the fortunes of the various combatants. In fact, he remained in the lodge and offered prayers and pieces of flesh as a sacrifice (Peat, 1995) while the battle occurred. Also, it is often used at the start and the end of an individual vision quest to mark the deep meaning of this event. It is almost always done in a group, but its meaning can be highly personal.

The sweat lodge experience assists the inner dialogical expression because it creates an atmosphere where a person is able and encouraged to get in touch with self. It assists in becoming more fully aware of one’s own thinking, feelings, behaviour and spirit by shutting out visual stimuli and placing an emphasis on letting go of the things that interfere with the flow of healing energy, such as negative thoughts and anxiety. The power of the sweat lodge is a symbol of cultural integrity for Aboriginal people and serves as a reminder of the value and beauty of the traditional ways, which, in turn, encourages belief in self and community and creates hope for the future. These are two very important factors in overcoming the problems brought on by colonization and oppression.

Integrating traditional healing in counselling and psychotherapy

Currently, Native people are using the services of mainstream counsellors and psychologists for help (French, 1997; McCabe, 2007; McIntyre, 1996). Practitioners are trying to respond to these requests for service in an effective way, but often find it difficult to do so. Native clients leave counselling feeling disappointed. This outcome is understandable when placed in the context of the beliefs about healing and how it is achieved in people. As we have seen, in a number of fundamental ways Aboriginal beliefs and Western beliefs about healing and wellness do not coincide, even though the goals may be the same. Modern conventionally trained counsellors and psychologists are often ill equipped for helping Native clients (French, 1997; McIntyre, 1996). Although there are areas of commonality in these two helping systems, meaningful differences also exist which carry important implications for counselling.

One of the apparent similarities between traditional healing and conventional Western models is the presence of core therapeutic conditions such as empathy, acceptance and genuineness (McCabe, 2007; Martin, 2000). However, the presence of similar helping
methods does not mean that a therapist can simply walk into a Native community, apply the core conditions and expect to be instantly helpful (McIntyre, 1996). By the same token, mainstream therapists should not automatically abandon the skills they have acquired when contemplating or being invited to work in Aboriginal communities. The point is that a counsellor contemplating work across any cultures needs to make suitable preparations. Effective intercultural counselling practice is a result of suitable cultural and social experience (Arthur & Collins, 2005; Baruth & Manning, 2003), a principle that should probably be applied to all counselling practice.

One of the central implications of recognizing that an inner dialogue of the body, mind, emotions and spirit exists is that it means accepting that this exists below the cognitive awareness level. This, at least in the more modern times of the last 30 years or so, has been overridden by the overwhelming presence of cognitive approaches to therapy (Corey, 2005). There has been a tendency in psychology and medicine to rely on the principles of cognitive psychology rather than the insight-based methods. Thirty years ago a survey would have revealed that about 70% of therapists in the US and Canada would have identified themselves as person-centred, reality or gestalt therapists, where today about 75% would identify as cognitive therapists (Corey, 2005).

Another important issue is that therapists who accept the existence of an inner dialogue in psychological healing will also need to accept that there is a spiritual component in the process. Typically, therapists have been somewhat willing to accept that there is some possibility of the existence of a mind and body interaction, have tended to diminish the place of emotions in healing but have all but eliminated the idea that a life giving spiritual force is present that can be tapped into for personal improvement. This exists despite the ongoing assertions from recipients of service that they feel the presence of this in themselves and that they believe that it plays a meaningful role in healing. A person planning to do work in an Aboriginal community is well advised to check his/her beliefs in this area. Of course, there are some practitioners who believe in the existence of the human spirit and among them are the Aboriginal traditional practitioners who bring a great sense of place and purpose to the lives of their clients in the Native community.

Another implication for professional counsellors if they accept the inner dialogue/spirituality component of wellness is that they will need to give up the idea that the therapist is an expert (Martin, 2000) and that we as humans do everything on our own without the help of a guiding spirit (Meadows, 1992; Peat, 1995). Human service professionals will need to consider that the tools and conditions of healing and wellness are a basic part of human life and that we need simply to set the conditions in motion that, in turn, activate the inner dialogue of healing and wellness (McCabe, 2007). One of the sacred teachings of the Medicine Wheel is humility (Benton-Banai, 1988). It is there because human pride is always a threat to our inner balance and harmony (Bopp, Bopp, Lane & Brown, 1984). Effectiveness as a counsellor in Aboriginal/Native communities requires a knowledge and understanding of important teachings (McCabe, 2007).

One of the underlying assumptions of conventional counselling is that it works well when dealing with one person at a time. The mind, the body, the emotions and the spirit are engaged whenever a person seeks help from another. However, from the Aboriginal spiritual view it is only part of the solution. The community is considered by Aboriginal people to be an integral part of the healing process. Ceremonies, teachings and spiritual integrity are considered to be essential components of traditional healing (McCabe, 2007). Participants in traditional healing actively link their past, their present and their futures and the meaningful relationships through their participation in ceremonies, the
development of wisdom through teachings and their acceptance of higher life force in the universe (McCabe, 2007).

In Native traditional healing accepting the role of one’s life narrative as a component in therapy is absolutely vital to the healing process. In the Native community stories about defending family honour, about overcoming addiction and dependency, about dealing with trauma, about addressing the social disruption of cultural interference, about residential schools, about loss of language and identity and so on need to be told, heard and accepted (McCabe, 2007; McIntyre, 1996). Chandler and Proulx (2006) found that Aboriginal youth tend to adopt a non-essentialist view of their lives, and that they try to link time together through narratives of life experience. When social systems are interfered with and people are traumatized normal pro-social feelings and behaviours and understanding of personal experiences are disrupted. People feel overwhelmed and unable to cope (Collins & Collins, 2005). They start to grasp at quick and easy fixes. This is no less true in the Aboriginal community than in any other.

Conclusion

Every culture and every group has its ways of transferring knowledge and ways of knowing across generations (Baruth & Manning, 2003). Each has its ways of ensconcing its members in its rituals, beliefs and aspirations. The proponents of Western science have tried to discredit traditional indigenous ways at every turn (Meadows, 1992; Peat, 1995; Suzuki, 1997). Character assassination and psychological warfare have been the tools of choice for this work. If these did not succeed, then outright force was used (Brown, 1990; Meadows, 1992). Western science has disdainfully described indigenous healing as superstitious mumbo jumbo, and used such images as rolling bones of dead animals (or humans) on the ground to get predictions of the future or a cure for an incurable disease, or a highly caricaturized rendition of a bizarre dance or “spell” incantation. These images bear little or no connection to actual healing and wellness ceremonies and events that take place in just about every Native community in North America (Blue & Darou, 2005; Mehl-Madrona, 1997; Morrison & Wilson, 1995; Ross, 1996; Wyostock & Paulson, 2000). The world is changing and the indigenous voice seems to be gaining momentum. It is time to throw off the shroud of rejection and marginality and embrace the indigenous model as legitimate without embarrassment or fear.

Victor Fankl (1970) wrote of finding meaning in suffering in a small treatise on “Logotherapy”. It was part of his healing journey after he lost his whole family to the World War II death camps. We have to look for the meaning because to do otherwise would be to give up. Chief Seattle pointed out in his address to the American authorities who wanted to form a treaty with his people that the forest and the earth would forever hold the spirit of the Redman, even after “…the last Redman has vanished form the Earth, and the memory is only the shadow of a cloud moving across the prairie…” (Meadows, 1992). This is an expression of sorrow, but also one of permanence and placement. Through the engagement of the inner dialogue, and with the empathy and acceptance of others, we can find meaning in our suffering. In Aboriginal culture, it is accepted that much healing is derived from our ancestors through our spiritual connection to them. Also, much is derived from our peer groups and from healers and elders who provide counsel and support. From the perspective of the Medicine Wheel, we have no choice but to be in the web of all life and in the accountability of the ripples we make on the ocean of human experience.
References


