College students may face a myriad of adjustment issues when attending college, with stresses of financial burden, academic pressures, and absence from family, friends, and support networks (Drum & Baron, 1998). College counsellors, acutely aware of these stresses, offer counselling in order to guard against potential mental health issues such as anxiety, depression, and negative emotional disruption (McCarthy, Fouladji, Juncker, & Matheny, 2006). The counselling field recognizes that there must be tools and models in order to allow for the prevention of psychological difficulties which may be visible in university counselling centres (Romano & Hage, 2000). For decades, those employed in the counselling and psychology professions have utilized a variety of approaches to effect change in their clients. Counsellors and psychologists apply concepts from theories, such as psychoanalysis, humanism, behaviourism, and cognitive-behavioural therapy. Educators also use different approaches to effect positive growth in their students. To enhance student learning processes, professors use various pedagogical techniques including written materials, lecture, computer technology, media presentations, guest speakers, experiential exercises, and small group discussion. The medicine wheel (MW) is an innovative example of an experiential learning exercise used to promote personal growth in the classroom. Yamagishi and Houtekamer (2005) describe in detail how two elementary school teachers use the circle of courage (i.e., a MW) as an assessment and goal-setting tool to address students’ problems and needs. They discuss their development of the tool and how they apply it when working with children and other populations. The purpose of this essay is to illustrate the versatility of the MW, both in

The Medicine Wheel: A Versatile Tool for Promoting Positive Change in Diverse Contexts

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This essay describes the utility of employing the medicine wheel with university students in both counselling and instructional contexts. A brief description of the medicine wheel, its history, symbolic significance, and use in diverse contexts is discussed. The preliminary data suggest this to be a valuable tool in addressing both the academic performance and psychological adjustment issues often faced by university students.

Introduction

College students may face a myriad of adjustment issues when attending college, with stresses of financial burden, academic pressures, and absence from family, friends, and support networks (Drum & Baron, 1998). College counsellors, acutely aware of these stresses, offer counselling in order to guard against potential mental health issues such as anxiety, depression, and negative emotional disruption (McCarthy, Fouladji, Juncker, & Matheny, 2006). The counselling field recognizes that there must be tools and models in order to allow for the prevention of psychological difficulties which may be visible in university counselling centres (Romano & Hage, 2000). For decades, those employed in the counselling and psychology professions have utilized a variety of approaches to effect change in their clients. Counsellors and psychologists apply concepts from theories, such as psychoanalysis, humanism, behaviourism, and cognitive-behavioural therapy. Educators also use different approaches to effect positive growth in their students. To enhance student learning processes, professors use various pedagogical techniques including written materials, lecture, computer technology, media presentations, guest speakers, experiential exercises, and small group discussion. The medicine wheel (MW) is an innovative example of an experiential learning exercise used to promote personal growth in the classroom. Yamagishi and Houtekamer (2005) describe in detail how two elementary school teachers use the circle of courage (i.e., a MW) as an assessment and goal-setting tool to address students’ problems and needs. They discuss their development of the tool and how they apply it when working with children and other populations. The purpose of this essay is to illustrate the versatility of the MW, both in
The Medicine Wheel

Although MWs have been used by many cultures throughout the world, they are often associated with Native American tradition. The MW is a circular structure often made of stone. Many versions of the MW exist and the purpose of the circular wheel differs somewhat across tribes. One Native American spiritual teacher indicates that the MW is a healing and connection tool to be used for the uplifting and betterment of mankind. Storm (1972) described it as the essence of Native Americans’ way of life, a key to understanding the universe; it serves as a way in which individuals achieve wholeness. The MW “provides a framework for growth and direction in one’s life” (Brink, 1989, p. 45). A wide variety of MWs exist, each being slightly different given the diverse values/beliefs of a tribe (Coggins, 1990; Garrett, 1996; Pepper & Henry, 1991; Simonelli, 1993).

Most representations of the MW involve two vertical and horizontal lines bisecting at the midpoint, placed within a circle. The importance of the circle is echoed throughout indigenous literature, writing, and research: it has significant cultural and spiritual meaning among indigenous people (Bowen, 2005; Lavallee, 2007). Native spirituality tends to be circular in nature (Walters, Simoni, & Evans-Campbell, 2002). Native American healing practices are incorporated within a holistic and circular framework: “[t]he circle is a key symbol in Native American philosophy and is sacred in Native American spirituality” (Rybak, Eastin, & Robbins, 2004, p. 26). According to Black Elk (Neihardt, 1932), the central symbol involved in everything Native Americans do is the circle because the world is viewed as working in circles. For example, the sky is round; the earth is round; birds make their nests in circles; the life of a person is a circle composed of a cycle of life phases; individuals and families are circles within a larger community circle.

The MW circle is divided into four quadrants. The number four is very sacred to indigenous people, since it refers to so many aspects of Native American life. These aspects will be covered in the next section. The MW is also very sacred in that it represents the very essence of Native Americans, as a whole. The wheel can also be considered a symbol that functions as a metaphor for life symbolizing the developmental stages from birth to death.

Anishinaabek Medicine Wheel

The Anishinaabek (also known as Chippewa, Ojibwa) are a Native American/First Nations people residing primarily in the Great Lakes region, including Canada. The nation is made up of several tribes, bands, and clans that share both similarities and differences. Therefore, the use of the MW among diverse tribes is both tribe-specific as well as representing common functions across all tribes. One Anishinaabek version of the wheel allows people to break down complex life situations into small, manageable pieces. The goal is to understand the world and live effectively and positively within that understanding (Rheault, 1999).

For the Anishinaabek, the four quadrants represent many different ideas or concepts and their relationships to each other, the universe, and the individual. Examples include the four directions (east, south, west, and north), four seasons (spring, summer, fall, and winter), four colors (yellow, red, black, and white), four sacred medicines (tobacco, cedar, sage, and sweet grass), four sacred animals (i.e., eagle, deer, buffalo, bear), four stages of life, (child, adolescent, adult, and elder), and four directions of human growth (mental, physical, emotional, and spiritual).

The Versatility of the Medicine Wheel

MWs have been utilized in a variety of healing settings. White Bison (an American Indian owned,
non-profit entity) incorporates the wheel with a 12-step re-entry curriculum for recovery support and relapse prevention. The program focuses on Native Americans who are completing treatment, returning to the community from incarceration, or who have been working on their recovery journey and wish to provide support to others experiencing similar situations. The MW and 12-step program is designed in a series of modules that enable people to meet their individual needs. For example, steps 1 through 3 focus on Finding the Creator; steps 4-6 focus on Finding Yourself; steps 7-9 focus on Finding Your Relationship with others; steps 10-12 focus on Finding the Wisdom of the Elders (Wellbriety Programs, 2004). Dapice (2006) focused on how the MW can be used as a conceptual framework and integrative approach to respond to the issues of health and wellness of Native Americans. Most significantly, the author proposes that the MW is needed in the medical world to help enrich the health of people indigenous to the United States. At the Professional Development Program, facilitators for the Phoenix Institute of Victoria integrated the medicine wheel in “Shamanism for Women: Traversing the Worlds of Self” (2007). The program focused on a deeper connection to women’s traditional healing, discovering personal healing through ritual, self-discovery of one’s spiritual path, and building a spiritual community of women’s medicine. Facilitators used the MW and its four directions to describe the women’s journey related to birth (East), courage and strength (North), healing and compassion (West), and questing for a vision (South). The workshops are for women who wish to face the challenge of navigating through their many selves, to reconnect with their own strength and resources as they weave their personal life stories (Shamanism for Women, 2007).

Application of the Medicine Wheel in University Counselling Situations

A professor’s goal is to help students learn; however, many other issues, including adjustment, coping with illness, and isolation, may impact learning in the classroom. The first author of this paper began using the MW in Fall 2006 at a university counselling and testing centre, with students distressed over coping with a significant other’s terminal illness, surviving a terminal illness, transition from high school to college, and the numerous challenges for married and unmarried couples. All of these issues have affected the students’ academic performance in the classroom before counselling.

The following case example describes how the first author used the MW during the healing process of a female domestic violence victim who came to the university counselling and testing centre seeking services due to academic disruption. It appeared the client had established an identity based on verbal and nonverbal feedback from her allegedly abusive father. Subsequently, she was unable to realize her true identity. It seems her challenge was to live according to an identity separate from that of her psychologically abusive father. Throughout the therapeutic process, the client established identity lists using the MW, and tracked her progress on the four MW quadrants across the counselling sessions. Periodically, the therapist and client revisited the MW in subsequent sessions to determine the client’s progress. At one point, the client reported a decrease in how much she lives the abuser’s identity of her – she made a mark on the adult quadrant arc – and an increase in how much she now knows and lives her identity of herself – she marked on the adolescent quadrant arc.

Use of the Medicine Wheel in Two Different Undergraduate Classes

The second author utilized the MW in quite a different context – the university classroom. The first class the MW was piloted as a tool for helping students in goal setting, and future planning was an undergraduate capstone diversity course; the second, an introductory prerequisite lifespan human development course. The first week of a diversity summer class the authors presented the symbolism of the MW to Native American culture in class. A lecture on goal setting was then covered with an eye to life plans/career aspirations. Students in this diversity class (mostly
sers ready to graduate) then responded individually to a single sheet of paper containing three MWs with the life domain labels of academics, major-career, and interpersonal relationships portrayed above each wheel. The students were instructed to plot two points of each of three MWs similar to the case example above: where they currently feel they are in terms of developmental growth in that domain, and second, where they hope to achieve in that domain. They were also asked to note specific short- and long-term goals needed in order to achieve their ideal level of growth in all three domains. The authors returned two weeks later (this was a concentrated 5-week class meeting daily), and repeated this process. Preliminary inspection of the plots from pre- to post-assessments revealed progress had occurred on all three domains for 90% of the students – indicating personal growth. Students shared their feedback on this experiential exercise and indicated it was something they had never experienced before, yet felt very positive and offered that it helped them focus on personal goal achievement growth.

The second class, the introductory human lifespan course, is comprised of approximately 200 freshmen, and this class serves as a prerequisite course for those majoring in social work, human development and family studies, and nursing. Instead of presenting the symbolism of the MW in Native American culture, the authors first described the four colours, four directions, and how these directions represent four distinct life phases experienced by humans. Students learned that the top right quadrant is coloured yellow and represents new beginnings or infancy; the next quadrant down in clockwise fashion, coloured red, representing change and growth or adolescence, next, black, representing responsibility and maturity reflecting the adulthood phase, and top left quadrant, white in colour, reflecting wisdom and inner reflection or elderhood. As with above, three coloured MWs on a single piece of paper were presented to the students. They were asked to again indicate their self ratings on where they were at in terms of goals and progress in three domains-academics, major-career, and mental and physical health. We reassessed the same students four weeks later and with the same MWs. Students reported that they had kept the MW rating sheet (we returned a copy for their personal use) in their notebooks and looked back at it often to see if they were progressing in these life domains. The majority rated this activity as valuable and worthwhile on an evaluation sheet we provided after the post-assessment. This highlights the importance and utility of utilizing this personal growth and goal setting tool early on in the students’ academic careers. Since the majority of students reported reflecting and checking back on their ratings on the MWs, we felt that using this tool can be especially important with freshman, early in their academic career, as a motivator and a tool for them to track their progress.

Final Note

During a specific consultation, it was indicated by a colleague of the first author that the MW also seems to take the form of a projective instrument. In effect, a student client projects onto the wheel her/his life challenges or situations. For the first author, the colleague’s rendition currently serves as one more method for depicting a person’s struggles and healing process, and potentially to establish treatment goals that promote positive change and growth for the client. In the second example, applicability of the MW was demonstrated in promoting positive personal growth among undergraduates in a traditional classroom context. Our essay highlighted the versatility of the MW across contexts and for very different outcomes. Counsellors and teachers may want to consider using this valuable tool to intervene with college student adjustment difficulties, while optimizing personal development among all students.

References


