

Relational Worldview Model

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Overview

Part 1. Understanding the Relational Worldview in Indian Families

Part 2

Overview

The relational worldview model was developed by the National Indian Child Welfare Association (NICWA) in the 1980's and continues to be refined in practice by NICWA staff. It is a reflection of the Native thought process and concept of balance as the basis for health, whether that is an individual, family or an organization.

The relational worldview model serves as NICWA's philosophy and approach to providing technical assistance. It is used by NICWA community development specialists as a framework and process for assessing the technical assistance needs of a community and applying it to a specific technical assistance plan.

Part 1. Understanding the Relational Worldview in Indian Families

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On our globe today, there are two predominant worldviews—linear and relational. The linear worldview is rooted in European and mainstream American thought. It is very temporal, and it is firmly rooted in the logic that says cause has to come before effect. In contrast, the relational worldview sees life as harmonious relationships where health is achieved by maintaining balance between the many interrelating factors in one's circle of life.

Understanding these worldviews and how they relate to Indian child welfare work can serve to enhance an ICW worker's ability to meet his or her community's needs.

"Worldview" is a term used to describe the collective thought process of a people or culture. Thoughts and ideas are organized into concepts. Concepts are organized into constructs and paradigms. Paradigms link together to create worldviews. This article will summarize both the linear and relational worldviews and show how family functioning can be understood from the relational worldview perspective.

Linear Worldview

The linear worldview finds its roots in Western European and American thought. It is logical, time oriented, and systematic, and has at its core the cause-and-effect relationship. To understand the world is to understand the linear cause-and-effect relationships between events.

In human services, workers are usually taught that if we can understand the causes of a problem by taking a social history, then we will better know how to help. Interventions are targeted at the cause or symptom, and the relationship between the intervention and the symptoms is measured. Yet, the linear view is narrow. It inhibits us from seeing the whole person. It is not good or bad. It simply is, and in the U.S. it is dominant. Indian child welfare workers need to be able to understand this thinking, because they will encounter it in the mainstream system. Historically, however, Indian peoples have not used linear cause-and-effect thinking. Rather, the approach could be called a relational or cyclic view.

Relational Worldview

The relational worldview, sometimes called the cyclical worldview, finds its roots in tribal cultures. It is intuitive, non-time oriented and fluid. The balance and harmony in relationships between multiple variables, including spiritual forces, make up the core of the thought system. Every event is understood in relation to all other events regardless of time, space, or physical existence. Health exists only when things are in balance or harmony.

In the relational worldview, helpers and healers are taught to understand problems through the balances and imbalances in the person's relational world. We are taught to see and accept complex (sometimes illogical) inter-relationships that can be influenced by entering the world of the client and manipulating the balance contextually, cognitively, emotionally, physically, and/or spiritually.

Interventions need not be logically targeted to a particular symptom or cause but, rather, focused on bringing the person back into balance. Nothing in a person's existence can change without all other things changing as well. Thus, an effective helper is one who gains understanding of the complex interdependent nature of life and learns how to use physical, psychological, contextual, and spiritual forces to promote harmony.

A Relational Model

The relational worldview model for assessing family problems can best be illustrated with a four-quadrant circle. The four quadrants represent four major forces or sets of factors that together must come into balance. These quadrants represent *context*, *mind*, *body*, and *spirit*. The mind includes our cognitive processes, such as thoughts, memories, knowledge, and emotional processes such as feelings, defenses, and self-esteem. The body includes all physical aspects, such as genetic inheritance, gender, and condition, as well as sleep, nutrition, and substance use. The context includes culture, community, family, peers, work, school, and social history. The spiritual area includes both positive and negative learned teachings and practices as well as positive and negative metaphysical or innate forces.

These four quadrants are in constant flux and change. We are not the same person at 4 p.m. that we were at 7 a.m. Our level of sleep is different, our nutrition is different, and our context is likely different. Thus, behavior will be different, feeling will be different, and what we think about will be different. The system is constantly balancing and re-balancing itself as we change thoughts, feelings, our physical states, or our spiritual states. If we are able to stay in balance, we are said to be healthy, but sometimes the balance is temporarily lost. We have the capacity as humans to keep our own balance for the most part, yet our different cultures provide many mechanisms to assist in this process. Spiritual teachings, social skills and norms, dietary rules, and family roles are among the myriad of ways we culturally maintain our balance.

Death is an example of an event that threatens harmony. When we lose a loved one, we feel grief emotionally; physically, we may cry, lose appetite, or not sleep well. However, spiritually, we have a learned positive response, a ritual, called a funeral. Usually such events are community events, so the context is changed. We bring in relatives, friends, and supporters. In that context, we intellectualize about the dead person. We may recall and tell stories about him or her. We may intellectualize about death or be reminded of our cultural view of that experience. Physically, we touch others, get hugs and handshakes; we eat, and we shed tears.

These experiences are interdependent and play off each other in multi-relational interactions that, if successful, allow us to resolve the grief by maintaining the balance. If we cannot, then, in a Western sense, we are said to have unresolved grief or, in some tribal cultures, to have a ghost sickness or to be bothered by a spirit. Different worldviews often use different conceptual language to describe the same phenomenon.

Family Assessment

When performing an assessment of an Indian family, the worker needs to look not only for linear cause-and-

effect relationships to isolate the causal factors; he or she should also ask, "What are the holistic and complex inter-relationships that have disrupted the balance in the family? What factors can come into harmony and allow a family not only to survive but to grow strong?" The nature of our strengths and challenges becomes evident as we examine families from the relational perspective.

First Quadrant: Context

The context within which Indian families function is filled with strength-producing or harmonizing resources. Oppression, for all its damage to us, creates an environment where survival skills are developed and sharpened. We learn to have a sixth sense about where we are welcome and where we are not. We teach our children to recognize the subtle clues that may spell danger. We sit with our children at the movies or in front of the TV and interpret to cushion the assaults of the mainstream media. We learn how to cope with the dynamics of difference and pass our strategies on to our children.

The richness of our histories and heritages provide anchors for our identities. Our relations, relatives, and kin often form systems of care that are interdependent and system-reliant. Healthy interdependence is the core of the extended family. It does not foster dependence and does not stifle independence. Rather, it is a system in which everyone contributes in some way without expectation of reciprocity. I give my cousin a ride to the store, and, while at the store, my cousin buys some items for our grandmother. Our grandmother is home watching my brother's children who are planning to wash my car when I return home. No one person is paying back another, and yet the support and help cycle within the family.

The community provides additional influences. From church to social organizations to politics, we are all affected by the events in the world around us. Family resilience is supported by role models, community norms, church structures, and the roles of elders and natural helpers or healers. However, we struggle with negative forces in our environments: poverty, oppression, substance abuse, unemployment, crime, trauma, or any of hundreds of negative influences. Together, these influences contribute to the balance of who we are and how we cope.

About the Author

Terry Cross is an enrolled member of the **Seneca Nation of Indians** and is the developer and founder of the National Indian Child Welfare Association. He is the author of the *Heritage and Helping*, an eleven manual curriculum for tribal child welfare staff including a volume on working with substance abusing families. He is also author of the *Positive Indian Parenting* curricula, as well as *Cross-Cultural Skills in Indian Child Welfare*. He also co-authored *Toward a Culturally Competent System of Care* published by Georgetown University, Child Development Center.

His life and work in both Indian and non-Indian settings and his academic background give him unique skills to serve the project. He has 30 years of experience in child welfare, including 10 years working directly with children and families. He served on the faculty of **Portland State University School of Social Work** for 15 years. He has served on the board of the National Committee to Prevent Child Abuse and has been an advisor to the American Professional Society on the Abuse of Children. He has directed the Indian Child Welfare Association since it's founding in 1983 and has traveled to make presentations internationally in relation to child welfare work. Terry is experienced in evaluation design, and policy related research. He has organized culturally specific technical assistance programs for over 16 years.

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