

# **The Talking Circle: A Perspective in Culturally Appropriate Group Work with Indigenous Peoples**

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## **Introduction**

Social service programs are currently addressing service delivery, which utilizes a cultural competence or cultural sensitivity approach to the populations they serve. The need to go further than cultural sensitivity is for culturally appropriate intervention strategies that are fully incorporated into the social workers' repertoire. The author will discuss a technique called "The Talking Circle," which has been used in various groups to create a healing pattern that is legitimate to Indigenous Peoples. Based on values of sharing, respect, and honor, the Talking Circle is one way for Indigenous People to communicate about life events. Moreover, it is a way to explore the polarities which exist related to one's heritage, relationships, challenges, stresses, and strengths.

## **History**

According to the 2000 Census Bureau statistics for Population by Race and Hispanic Origin in the United States, there are 2,475,956 American Indian and Alaska Natives, or 0.9 percent of the total population. The Indigenous Peoples of this country are not merely another minority, and they possess a unique constitutional right to special recognition that allows them to be separate and apart from the rest of U.S. citizens. Indigenous People are the original inhabitants of what has become the United States, and now are the minority in their own land.

There are approximately 550 American Indian/Alaskan Native tribes in the United States, which have established a complex and unique relationship with the federal government. Past and present policies have subjected Indigenous Peoples to various programs that involved forced assimilation, segregation, and cultural pluralism. Some of the facts that make the history complicated are that much has been written from a non-Indian point of view and the analyses stemmed from a colonialist perspective.

We will not be able to discuss the history of American Indian in depth in this paper, but would note that there have been some fundamental difficulties in the relations between Indians and whites. As J. W. Green points out, "There are conflicts over the interpretation of the laws and regulations that continue to emanate from Washington D.C. Indians, like anyone else, have differing views of what they want for themselves, families, or their tribes" (1995, 218).

## **Health Care**

The Indian Health Service (IHS) is the primary source for health care among the Indigenous Peoples; however, over 60% of the total population live in urban areas, where the overall budget for those urban centers to provide medical services is only 1%. The obligation from the federal government to provide programs for the various tribes is in exchange for the reluctant cession of land figured to be in the millions of acres. The resources available to provide those services in the urban areas with Indigenous Peoples have been strained because of the high cost of health care. Many tribal members travel a long distance to IHS facilities or use medical and social services in their local communities, which are staffed by non-Indians.

According to *Healthy People 2000*, a publication of the National Health Center, the U.S. Indian population is very youthful; the average age is 23, as compared to the general population average age of 32. Tragically, according to this government publication, a large portion of these youth will die before the age of 45. The six leading causes of death among American Indians are as follows: 1) Unintentional injuries, of which 75% were alcohol-related and 54% involving motor vehicles; 2) Cirrhosis; 3) Homicide; 4) Suicide; 5) Pneumonia; 6) Complications from Diabetes.

## **Social Services**

The Indigenous Peoples include 554 tribes, which are recognized by the federal government, but there are other tribes that are not federally recognized. A challenge for social service workers is that tribal nations speak more than 300 distinct languages. There is an enormous cultural diversity among Indigenous Peoples in reference not only to language, but also community organizations, religious beliefs, and economic adaptations. Another factor with the cultural diversity is the difference in the level of acculturation among rural and urban tribal members. Geographic location can hinder access to services from the rural areas, but it can create also problems with the tribal members that live in urban areas and have to travel to IHS facilities.

As the new era of self-determination for the tribal nations approaches, many social workers will be employed by the tribes to address the needs of clients, and they will need to learn strategies that will engage and enhance quality service delivery. The social worker that does not establish rapport and trust with Indigenous Peoples will have a difficult time finding out the needs of that person. Many traditional or rural Indians do not consider themselves as a member of a minority group: "Their sense of cultural distinctiveness may be greater than that of other ethnic peoples, suggesting that social workers who serve Indians will need to make special efforts to understand the rationale of their clients' responses to offers of support and assistance" (Green 1995, 228).

### **Cultural Competence**

In the Health Resources and Services Administration (HRSA) Fact Sheet, “Cultural Competence” is defined as a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities with, among, and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs, and to work with knowledgeable persons of and from the community in developing targeted interventions, communications, and other supports. The major concern for social workers that work with Indigenous Peoples is to have a cultural competency established within their own practices or within an agency. The consideration for more cultural competency training geared toward the Indigenous Peoples is vital for successful outcomes of those served.

Culturally competent programs are characterized and guided by the following general principles: 1) acknowledge culture as a predominant force in shaping behaviors, values, and institutions; 2) acknowledge and accept that cultural differences exist and have an impact on service delivery; 3) believe that diversity within cultures is as important as diversity between cultures; 4) respect the unique, culturally defined needs of various client populations; 5) recognize that concepts such as “family” and “community” are different for various cultures and even for subgroups within cultures; 6) understand that people from different racial and ethnic groups and other subgroups are usually best served by persons who are a part of or in tune with their culture; 7) recognize that taking the best of both worlds enhances the capacity of all.

### **Cultural Sensitivity**

Cultural sensitivity is defined as an awareness of the nuances of one’s own and other cultures. Basic awareness of other cultures is an important aspect in determining methods and interventions, but so is the awareness of biases, prejudices, and differences within one’s own culture. Some cultural sensitive approaches consist of listening or conducting reliable and valid research, designing interventions that are sensitive to the value constraints of both Western and traditional culture, involving the tribal community in the planning and implementation of programs, and remaining open to collaboration or co-therapy with traditional healers.

### **Cultural Appropriateness**

In order to be culturally appropriate one needs to be able to demonstrate both sensitivity to cultural differences and similarities and effectiveness in using cultural symbols to communicate a message. It is important to recognize these differences with Indigenous Peoples because of the historical distrust with systems they have experienced. Assistance has not always been there, or the goals of the services have not been followed through. One must recognize that the families that live within a community may consist of clans and lineage affiliations, which value particular ceremonies, activities, and protocols. The social worker needs to be aware of taking a slow and patient approach to building a relationship with Indigenous Peoples in addressing problems. There is a

confidence established when social workers have an understanding of the respect for the spoken word and the unspoken one. Other important aspects to remember are that kinship is associated with tribal members, wisdom is attributed to elders, cooperative efforts are more highly valued than individual ones, parenting is often delegated to other family members, education can be formal and informal, approaches to life are fraught with spiritual connections, and material things are not as important as the natural ways of life.

### **Group Work**

Amid all the incorporation of ideas, strategies, and evaluations of the approaches used to work with Indigenous Peoples, one has to keep in mind the cooperative and consensus effort in group work, which involves a patient, cyclical, community-based, and kinship-oriented understanding of the deep respect for all things. An important suggestion is that after confidence has been gained a social services worker in a group setting “should keep discussion at a general level, avoiding attempts to diagnose any group members” (Nofz 1988, 71). When working with a group it is also good to begin with a group-oriented task rather than with individual tasks. This task should be chosen by the group and reflect the objectives valued by the group members. This method helps to create a bond and a sense of common purpose among group members and is congruent with traditional beliefs.

### **The Circle**

Indigenous Peoples’ understanding of time is cyclical or circular rather than linear, and they believe that everything has a natural order. Black Elk, Oglala Sioux, stated, “the circle helps us to remember *Wakan-Tanka*, who like the circle has no end” (Brown 1972, 92). Indigenous Peoples believe everything is connected in a circular fashion: “everything an Indian does is in a circle, and that is because the Power of the World always works in circles, and everything tries to be round (Niehardt 1979, 194). Dances, drums, ceremonies, and symbolic meanings attribute their honor to the circle, which carries the significance of life with the ancestral ways.

### **Talking Circle**

The Talking Circle has been used on occasion for various groups as part of support, healing, discussion, and evaluation. The Talking Circle “is a simple yet powerful Native American tradition that we have found useful in various settings” (Hammerschlag 1997, 145). In the American Indian Counseling Seminar in Dallas, Texas, the Talking Circle was used for the closing ceremony and to evaluate the participant’s experience of the day-long event. The structure of this group began with each seminar participant sitting in a circle and sharing their experience. The group facilitator opened with a flute song and passed a feather to the person on her left to begin the sharing of their experience. The person holding the feather could speak to the group and receive respectful attention to their spoken words. However, you could pass on taking the feather and speaking if you so desired. The facilitator gave honor to the males of the group and acknowledged all participants. A special recognition was given to an inner circle with

gifts to the planning committee for the event. The Talking Circle ended by all participants holding hands, and an elder closed it with a prayer.

Another example of the Talking Circle was used for a substance abuse support group in addressing various personal and family issues. This group used some AA principles, but was creative in incorporating some tribal cultural aspects. Storytelling, humor, songs, and having Indian food were employed for integrating traditional ways into the Talking Circle. A Talking Stick was used because of the preference of some tribal affiliates more comfortable with that symbol of respect when giving a group member the opportunity to speak.

The latest use of the Talking Circle came from the development of a project that involved identifying Indigenous Peoples located in Houston/Harris County in Texas who were at risk for HIV/AIDS, substance abuse, and other related health issues. The group members in the Talking Circle met to talk about personal issues related to life, health, culture, and community. This group was set up not to be a political forum, a time for lecturing, or the spreading of gossip. Respect was the key and honoring one's presence was important, as well as being attentive and supportive. Any discussion or conversation during this group would be held in complete confidence and would not be taken from the circle. The person holding the feather was careful to speak for himself in a non-judgmental, non-aggressive manner when speaking in the circle.

The first part of the Talking Circle began with the smudging (smoking) of the area. Each group member could participate. The surroundings and members would be smudged for purification. A moment of silence was given to honor those that had moved on and those struggling with health-related problems and issues. The facilitator or group leader began with recognition of the sacred directions, which vary from tribe to tribe. In this group we used the four directions and opened the discussion with the passing of the feather from member to member. The only time you were allowed to speak was when you were holding the feather in the circle. The person was aware of time constraints and respected those that had yet to speak. If a group member declined to speak, then he could pass the feather to the next person. After the members had talked, then one could address a concern or answer a question that was posed to the group. Everything was said in honor and in helping one another feel comfortable with discussing relevant problems and solutions. This was not a time for criticism or debate. The last part of the Talking Circle involved the discussion of the culture such as information pertaining to tribal activities, announcements, speakers, and heritage.

## **Conclusion**

The areas of concern for the quality of care for Indigenous Peoples pertaining to service delivery involve not only cultural competency, but also going a step further with cultural appropriateness. Using the Talking Circle as a means to incorporate the group process in addressing issues by involving a culturally appropriate approach can help ensure the possibility of successful outcomes. This perspective establishes trust and creates an open discussion geared specifically to commonalities that agree with the culture. The Talking

Circle generates a continuum of hope and partnership with other tribal members that encourages them to share life events and assures them that travel in the circle is not solitary. The Talking Circle can open up avenues of cooperation and strength to cope with issues of concern not only to Indigenous Peoples, but possibly others as well.

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