SUMMARY. This article describes a theoretical construct that serves as a framework for anti-oppression social transformation work in Latino communities. The authors present an integral model that considers the structures and processes of individual well-being within the context of and in relationship to collective development. With this model as a baseline for a critical analysis of current realities, the authors also examine the forces that hinder individual and collective well-being, particularly, institutional oppression: racism, colonialism, classism, and other “isms.” Based on the belief that institutional oppression robs both oppressor and victim of their full humanity and potential, the authors advocate for a transformative approach to social work practice and education that challenges oppressive systems and promotes liberation and empowerment for all people.
the oppressed of their humanity, the authors provide an overview of a transformative process model. Implications of the model for the development of professional selves among social workers, counselors, and other helping professionals in relationship to the communities they serve are discussed. Broader applications of the model to other practices of the helping professions are also presented. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Well-being, development, culture, Latinos

INTRODUCTION

What is life like for Latinos (i.e., Puerto Ricans, Mexican Americans, Cubans, Central and South Americans), as a community, as a people, in the United States? Are individual Latinos experiencing satisfying levels of emotional and physical health, social and spiritual lives? Collectively, are we as Latinos adequately developing our economic potential, political influence, social participation, and cultural influence as contributing members of the U.S. society? Are we individually and collectively experiencing a path of evolution in which we exercise our cultural way of life, including our spirits, our reality? Do those of us committed to the well-being and development of Latinos and Latinas have a clear understanding about what true well-being and development are? Do we understand what conditions are necessary to move in that direction?

The integral model of well-being and development that we share here, we believe, may be a valuable resource to helping professionals, educators, organizers, and others who work within Latino communities in the U.S. The model offers a broad conceptual framework that provides a way of understanding the context for social transformation work, and a vision of an ideal state of well-being. Unlike humanistic and transpersonal models of well-being and human development that focus primarily on the individual (Maslow, 1968; Wilbur, 1977), this model uniformity considers our collective dimension, and the social, political, economic, and cultural forces that effect most human beings. By expanding the scope of what is often called “holistic” or “integral,” this model allows us to engage in a more complete assessment of well-being and development, at both the individual and collective lev-
els. In this manner, this model facilitates a critical analysis of the particular dynamics and circumstances—in ourselves and in our society—that hinder the attainment, or even the pursuit, of our well-being and evolution.

In this article we describe a model we are using in our Latino leadership development and community organizing work, mainly through ILÉ: Institute for Latino Empowerment, and Taller Coaí: Círculo de Trabajo para la Conciencia y Acción. These two organizations, of which we are active members, are committed to individual and group empowerment (concienciación) from an anti-oppression perspective. ILÉ does its work in Latino communities in the U.S., while Taller Coaí works in Puerto Rico. Both organizations offer workshops, presentations, consultation, mentoring and counseling, geared mostly to the development of oppressed individuals, groups, organizations and communities. Their members are personally active in community organizing, and are currently involved in local, national and international struggles against racism, sexism, classism, homophobia, colonialism and militarism.

This integral model of well-being and development is in itself an integration of various cultural influences (Indigenous, African, Asian, European, Anglo-, Anglo-, African-, and Latino-American), and numerous social science models, theories, and philosophies (Akbar, 1996; Am, 1994; Assagioli, 1973; Fanon, 1963; Freire, 1970; Martín-Baró, 1994; Memmi, 2000; Montero, 1997; Quiñones-Rosado, 1995; Wilbur, 1977; among others), and continues to be a work-in-progress. For the purpose of this discussion, the authors present a brief overview of the model including its most basic concepts.

Central to the model of well-being and development are three key components:

• The Medicine Wheel
• The Cyclone of Oppression
• The Spiral of Transformation

Before we look at the Medicine Wheel, let us consider the two primal elements at the core of our being. Located at the center of the model are: consciousness—our capacity to be aware, and our ability to focus our awareness, or attention; and will—our ability to act with intent, to direct our volition.
Consciousness and will, or awareness and volition, are essential to our being, in both senses of the word: they are absolutely necessary to our existence, and therefore, they are intrinsic to our essence as humans. Like the Taoist ying/yang, or the Yoruba ibeji (twins), consciousness and will are complementary aspects of our essential selves, of our core being. These elements work in concert, one with the other, as they are inextricably linked in our human form. One cannot exist without the other (Assagioli, 1976; Wilber, 1977). Together, consciousness and will enable us to make sense of our experience, our existence, and the world around us. They allow us to consider options, make decisions, and take action, thus, giving us the ability to use and mediate between the different, and sometime competing, aspects of both the individual and collective dimensions of life. As we will see, consciousness and will are what allow us to utilize the resources necessary for our personal well-being and collective development.

**THE MEDICINE WHEEL**

The conceptualization of The Medicine Wheel comes to us from the Lakota people of North America. The concepts of “medicine,” or that which brings, enhances and restores life, and the “wheel,” the all-encompassing circle of life, are concepts shared by ancient cultures around the world (Bopp, Bopp, Lane, & Brown, 1988; Lörler, 1991). These concepts offer us a worldview that is significantly broader and more relevant to our reality than contemporary models of health, well-being, and development of European origin. The Medicine Wheel points to both our individual and collective dimensions. These two dimensions coexist in a dynamic, interdependent relationship in which the individual exists and develops within the collective, while the collective is created and nurtured by the individuals who comprise it. See Graphic 1.

**The Individual Dimension**

Four aspects are included in the individual dimension of the Medicine Wheel. These are: (1) the mental—refers to the logical mind, the ability to reason, to seek and to find solutions to problems. It also refers to the creative mind, the capacity to imagine, wonder, and to create new things. It is the mind that allows us to shape and name reality; (2) the spiritual—refers to our capacity for intuition, to sense an intimate relatedness and/or connection to other beings, the planet, and a universal
transcendental consciousness. Our values, principles, convictions and life purpose are also associated with this aspect; (3) the emotional—refers to our affect, our feelings and desires. Our emotions are what allow us to effectively interact with other individuals, and are key to learning and survival itself and (4) the physical—refers to the body and all its physiological functions, which allow us to interact directly in the world.

These four aspects are intimately related and inseparable. Like any conceptual model, the divisions represented here ("elements," "aspects" or "dimensions") are, in fact, artificial and arbitrary. These aspects coexist holographically, one aspect intrinsically tied to and contained within the other. For example, a human being’s mind and emotions do not exist independently of the biochemical and electromagnetic processes in the brain, which in turn, depend on other many
and complex functions of the body. And as many would affirm, corporeal life, with mind and feelings, simply cannot exist without spirit.

The Collective Dimension

Well-being is not limited to the individual dimension, nor is development limited to individuals. After all, we individuals live in communities, and belong to groups that organize, and develop structures, policies, processes, and shared purposes that, over time, become institutionalized. So, if we focus our attention on the collective dimension of The Medicine Wheel, we will see its four aspects. First, the political—refers to the rules and laws by which societies are governed. It encompasses all groups, organizations and institutions in charge of adopting and implementing these rules and laws. Among these are the government and all its agencies and dependencies, and, of course, political parties and other political groups (i.e., think tanks, lobbyists, etc.); second, cultural—refers to the values, beliefs, attitudes and behaviors shared by members of particular social groups and/or communities, and by the members of society at large. Among the main institutions responsible for teaching and (re)enforcing these values, beliefs, etc., are the school system, religious institutions, and the media; third, social—refers to the norms and ways in which people relate as members of families, neighborhoods, communities, organizations, and interact between distinct identity groups (by race, gender, class, ethnicity, etc.); and fourth, economic—refers to the production, management and distribution of the material resources of a society. Obviously, it includes banking, industry, commerce, and other forces within our economic system, including labor, and consumers.

Well-Being

According to the Medicine Wheel, a person’s well-being and development are attained through the on-going process of nurturing and fostering each and all of the aspects of both the individual and collective dimensions. At the individual level, well-being is attained to the extent that a person nurtures his or her mind, body, feelings, and spirit. In order for integral well-being, to occur through one’s life, there must be balance, in which every aspect is given the necessary attention and care. There can be no well-being in a person whose main activity and focus is, for example, his or her professional training; a person who, in the process, abuses their body with drugs or inadequate exercise and diet, neglects their personal (i.e., loving) relationships, and betrays their own
core values of service, honor and justice. The person committed to his or her well-being cares for their body, engages their loved ones, and honors their principles, while also attending to their own intellectual and professional development.

Equally important in the process of integral well-being is the principle of harmony. This refers to congruency between the four aspects of this dimension. This principle affirms the need for consistency between our ideas and beliefs (mental aspect), our values (the spiritual), our feelings (the emotional) and our behaviors (the physical). It is the principle captured in the popular phrases, “Practicing what you preach,” or “Walking the talk.” It is embodied in the ongoing struggle to resolve contradictions, conflicts or dissonance between what we think, feel, believe and do.

Together, the principles of balance and harmony lead us to another key principle in the process of well-being, integrity. The concept of integrity includes several connotations. One of these alludes to the mathematical concept of oneness (i.e., unity, the union of potentially fragmented parts). A second connotation is one that is commonly used to refer to a person of flawless personal character, and of high moral standing. Yet another refers to the architectural concept of “structural integrity,” which refers to the synergistic strength obtained by the strategic and precise placement of the different elements of construction.

Integrity, a unity free of fragmentation and flawless character, gives a person the ability, capacity—a psychological, physical, and spiritual strength, to increase the potential to lead their life with enhanced levels of well-being and development. In this broader sense, integrity is the basis of what we call personal power, authentic power or transformative power. It is the source of what we refer to as true empowerment that may become authentic or transformative leadership.

Consciousness and will play a key role in this process, since it is through our capacity of self-awareness and the ability to direct our actions that we can create change in our lives. Our consciousness allows us to become aware of the internal conflicts and contradictions as they arise; our will permits us to take the necessary corrective action. This way, we mobilize and utilize the internal resources of each of the four aspects of our being for the purpose of enhancing our personal well-being and development.

Through our consciousness and will, we can identify, and seek to mobilize and utilize the external resources we may need to further our survival, growth and beyond. This leads us to the collective dimension of the Medicine Wheel. Similar to well-being at the individual level, balance and harmony, and the resulting integrity, are also essential to
the well-being of the collective and to its on-going development. In a similar manner, a society (or a particular community or group within a society) must use its collective consciousness and will to address its political, economic, social and cultural needs.

Collective consciousness and will refers not only the sum of the personal self-awareness of individuals and their particular capacities to direct their own actions, but also the synergistic, group-level awareness and volition attained through people’s shared experience in addition to a common history, identity, and purpose. It is this synergy that enables a society, community or group to identify, mobilize and utilize all of their resources to meet the needs of the entire collective. Collective consciousness for example, gives a society a sense of national identity on the basis of a shared history and a present experience. Collective will is what would have the people of that nation rally together to defend that shared identity, and seek and protect their national sovereignty.

In keeping true to the principle of integrity, collective well-being and development are attained and maintained by continually striving for congruence between the shared ideas, values, feelings and behaviors of the group, and between the potentially competing interests of its political, cultural, social, and economic institutions. This, we believe, enables a society, community or group to consciously and skillfully direct its future development, allowing it to be truly self-determining. Therefore, a fundamental key to this model is: the greater the level of well-being and development of a society, the greater the level of development and empowerment of the individuals that comprise it. Naturally, the inseparable “twin” of this principle is that: the greater the level of well-being of individuals within a society, the greater the level of collective well-being, the greater its potential for full development, and the greater its ability to be self-determining.

The Forces that Hinder Well-Being and Development in Latino Communities

In an ideal world, and in accordance with the Medicine Wheel of Well-Being, individuals and communities should be able to grow and develop to their fullest potential, in the individual as well as the collective dimensions of their life experience. However, we understand that in the real world there are societal forces that negatively impact, and moreover, hinder our ability as people, communities, and nations to fully develop our potential. This is particularly true in Latino and other diverse ethnic minority communities across the U.S.
A critical analysis of societal forces in the U.S. allows us to recognize and understand a discernible pattern, an observable dynamic that is present in every sphere of human activity. This is the dynamic by which members of dominant social groups systematically subordinate members of other groups for the purpose of maintaining access to, and control of the resources of this society. This historical pattern of control and power is known as *institutional oppression.*

In our integral model of well-being and development, these forces are represented as a vortex surrounding and encompassing the collective dimension of the Medicine Wheel. We alternately refer to this phenomenon the “wheel,” the “circle,” or the *cyclone of oppression.*

**GRAPHIC 2. The Cyclone of Oppression**

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As we can see in the graphic, oppression takes on many forms, since it impacts subordinated members of each of the major social identity groups in a society. While the major social identity groups may vary from one society to another, in the U.S. the primary groups include: ethnicity, religion, sexual orientation, age, gender, race, class, mental and physical ability, and nationality. Racism, classism, Eurocentrism, sexism and the other “isms” illustrated here are specific forms of institutional oppression.

Among anti-oppression educators and organizers, institutional oppression is often defined as: prejudice + power = institutional oppression. This definition serves to make sure that institutional oppression is not confused with prejudice or discrimination. Prejudice, in this context, is a set of beliefs, positive and negative, about members of a social group based on stereotypes, myths, misinformation and/or lies. It is a belief system, not a behavior. When a prejudiced belief system is acted upon and becomes a behavior used to hurt, harm or otherwise exclude others based on their membership of a different group (i.e., race, gender, etc.), it then becomes discrimination. When discriminatory behavior is legally sanctioned by the state, through its political, economic, and social institutions, reflecting the interests of the dominant cultural group, such activity is then referred to as institutional oppression. Institutional oppression then, symbolizes the ideology, behaviors, beliefs, attitudes and values of the dominant society, that have been institutionalized throughout the history of the United States. By creating all the major institutions of the society (i.e., governmental, economic, religious, educational, military, etc.), this dominant, albeit relatively small, group has managed to systematically impose their way of life upon all groups in this society. To ensure the inheritance of membership, leadership, and control of these institutions by their descendants, this dominant group’s “culture” became and remains the cultural norm, the standard by which everyone else is expected to adopt.

**INTERNALIZED DOMINANCE AND OPPRESSION**

The process of socialization in the dominant culture impacts everyone in a society. We are all thoroughly socialized in the ideas, behaviors, feelings, attitudes, beliefs and values of those who retain control and power. Early in life we all learn that “Pink is for girls” and “Real men don’t cry,” that “White is right,” and that “I want to live in America” (“America” meaning the United States, of course) since it is only here that “All men are created equal.” However, these and other mes-
sages about our different social identities do not impact us all the same way. From these messages, dominant group members internalize a sense of superiority and dominance, and learn to, consciously or unconsciously, exercise their power and privilege in the pursuit of their well-being and development. This is what we refer too as internalized dominance. In contrast to the dominant group’s internalized dominance, the same messages resulted in subordinated group members internalizing feelings of inferiority, powerlessness, limited ability to access resources needed for their well-being, if not for their very survival. This is what is then referred to as internalized oppression.

Given the daily assault of negative messages carried out by teachers, ministers, entertainers and reporters, judges, merchants, bankers and bosses, who continue to communicate untruths, half-truths or no information at all about our groups, it is understandable how subordinated group members are influenced to believe these negative characteristics about themselves. In concert with the violent impact of blatant negative expressions of institutional oppression (i.e., poverty, police profiling and brutality, violence against women, continued de facto segregation in housing, education and health care delivery, etc.), internalized oppression leads oppressed people to doubt their very selves, their inherent worth as human beings. In this context, to say that oppression undermines its victims’ self-image and self-esteem is a gross understatement. The unmitigated internalization of racist, sexist and other oppressive messages and experiences, in fact, leads to self-hatred and self-destruction among oppressed people (Akbar, 1996; Bulhan, 1985; Fanon, 1963; hooks, 1995, 1993).

The assaults, previously noted, upon people who are oppressed, is represented by the inward spiral in the “cyclone of oppression” graphic, with its powerful “winds” impacting each of the aspects of the individual dimension of being. Furthermore, the massive and persistent assault of institutional oppression impacts the very essential core–consciousness and will—to the point where the oppressed person’s awareness and volition are also severely impaired. This inevitably results in mental, physical, emotional and spiritual unbalance and disharmony, “disease,” and all too often, death (Bulhan, 1985).

This internal state is often externalized toward others, most often toward those of the same social identity group or toward members of other similarly oppressed groups. Colorism, the negative dynamic between diverse ethnic and racial minority individuals (i.e., People of Color), due to the relative privilege granted to, or assumed by, those that are lighter-skinned, is one manifestation of this cross-group and intra-group hostility. Other expressions observed between and within these diverse
groups include non-cooperation, distrust, competition, aggression and violence.

A similar dynamic of intra-group hostility is also witnessed among women, gays and lesbians, poor people, and virtually all oppressed groups, as they, too, are socialized to uphold the societal norms of the dominant culture. Similar to racially and ethnically oppressed groups, members of these groups also find themselves competing against each other for access to resources, such as opportunities in employment, pay raises, promotions, and political positions. Other circumstances may include seeking favors from those in power and/or by assimilating to the dominant culture.

It is also important to understand that the internalization of institutional oppression impacts negatively on members of the dominant group. In the context of the principles that inform this integral model of well-being and development, we propose the following: (1) to the extent that a man must rely primarily on the privileges bestowed upon him merely by virtue of his maleness, he is, ultimately, weak; (2) to the extent that a white person can enjoy a higher social status based on the long history of institutional violence perpetrated by their ancestors against Indigenous Peoples, Africans, Latin Americans, Asians, and Arabs, their socially-constructed sense of superiority is, ultimately, false; (3) to the extent that a millionaire may obtain his or her sense of worth at the expense of exploited workers and on the backs of those left without any employment, he or she is, ultimately, poor; and (4) to the extent that any dominant group member gains his or her sense of power, status, worth, and identity merely on the basis of their dominant group membership, he or she is, ultimately devoid of truth, integrity, and lacks the authentic power attained only from true integral well-being and development.

These principles are mutually applicable at individual and group levels in our society. It applies to men, as a group, whites, as a group, the owning class, as a group, heterosexuals, Christians, and to each and every dominant group in this society. This is why we clearly understand that: institutional oppression also hinders the well-being and development of those who wield institutional power over others, as it ultimately robs them of their own humanity.

**FROM OPPRESSION TO TRANSFORMATION**

Clearly, transformation works at both the personal and collective dimensions, with both oppressors and oppressed, is essential if we are to seriously seek our integral well-being and development as a society. By transformation we mean change that is radical (at the root) as it posi-
tively alters the foundation of the person, of the group, of the organization, of society. Transformation cannot be realized if it does not end institutional oppression. Otherwise, all changes will remain superficial, limited to reforming or reorganizing the same institutional structures and dynamics without fundamentally changing the outcome: i.e., that dominant group members maintain their continued advantage in the pursuit of their well-being and development at the expense of those subordinated.

We further understand that revolution (i.e., merely shifting the center of power from the oppressor to the oppressed), does not fundamentally transform society, as it leaves intact the undesired oppressive power dynamics. Like reform, revolution simply does not facilitate the integral well-being and development to which we aspire. After all, the vast majority of people are members of one or more dominant groups, even those of us whose primary social identity is that of a targeted, oppressed group member. In the U.S., a person such as a foreign-born, poor, unemployed, uneducated, lesbian, atheist, women of color with severe psychological and/or physical disabilities would find it difficult to claim any dominant group membership. The rest of us, even most white men, are in one way or another subordinated by virtue of one or more of our multiple group memberships.

Each of us has the difficult task of identifying both those situations in which we are dominant and those in which we are subordinated. We must be clear about the privileges we obtain, consider the disadvantages of our subordinated group memberships, and evaluate the overall impact these memberships have on our lives in terms of our well-being. The key point here, again, is that institutional oppression, and the internalization of the culture of oppression, negatively impacts everyone—including those who control our society. This is why both oppressors and the oppressed must work together toward their well-being and development by struggling together to undo or dismantle institutional oppression. See Graphic 3.

How do we go about transforming our selves, our communities, our society? The model suggests a process that applies to both personal and collective transformation. In essence, the process of transformation begins by interrupting the cycle or cyclone of oppression. First, we need to perceive (recognize) oppression: to see it, to hear it, to feel it. To consciously acknowledge that “something” just happened to me, to my child, to my neighbor...; to become aware that “something” is “wrong,” because somewhere in our mind, body, feeling, or spirit we “know” that whatever just happened (or was said, or done), is sensed as
disharmonious or out of synch with our being, our true nature, our group, our identity. Clearly, the more in touch we are with our true nature, and the different aspects of our personal and group identity, the more likely we will quickly be in touch with this perception.

This ability to perceive is what leads us to acknowledge oppression, and to name it. When we acknowledge what we see, hear, feel, or otherwise notice in our field of awareness, we stop denying that oppression exists. Then we can begin to observe more skillfully, and recognize patterns of behaviors and power dynamics, beyond those isolated instances of misuse or abuse of power. We may notice, for example, how men at work tend to get heard more often than women; that almost all Black/African Americans on TV are in comedy shows, and Latinos are rarely seen at all;
that the majority of all people in political office are relatively wealthy; how most social service organizations and agencies are run by people who are not from the communities they serve. We begin to notice, and even predict, patterns of behaviors and outcomes affecting others like us, and those that are different from us by social group and rank.

As we become more skillful at observing and noticing oppression, and become more honest in acknowledging and recognizing the lack of balance and harmony in us and in our society, we begin to better understand it. We are then in a position to engage in a critical analysis of the meaning of these patterns. We are able to see and understand just how we are an integral part of this reality. Through our understanding, we gain increased consciousness, whether as dominant or subordinated members of the society, that we are active participants, and that it is impossible for us, to be neutral.

This consciousness is what leads us to engage our will, to respond to oppression. This consciousness-in-action is the essence of empowerment. Empowerment (concienciación) therefore, is to recognize, acknowledge, and understand oppression, so that we may then respond effectively, in spite of it, in order to overcome it. When we can clearly perceive, acknowledge, and comprehend our situation, we no longer remain condemned to merely react unconsciously in fear and pain. Therefore, true empowerment, according to this model, begins the moment we consciously choose our response to the oppression with which we are confronted.

The process of empowerment is the process of transformation. Transformation takes place as we move toward the attainment of balance and harmony, of integrity and authentic power, of individuals, groups, and society at large. Empowerment and transformation is living in accordance to the Medicine Wheel of Well-Being. This transformative process, represented in Graphic 3 by an outward-directed spiral, is on-going and never-ending. As noted previously, this process occurs simultaneously at the individual and collective dimensions. Unlike classical Marxist theory or contemporary transpersonal perspectives, this integral model does not presuppose that-development at one dimension is a prerequisite for development of the other. Social change and transformation is not a linear process requiring that individuals first attain well-being and develop their potential so that they may then influence group and societal change. However, this may be a useful strategy for change. Transformation happens anywhere in “the circle,” in every “sphere” of life.
IMPLICATIONS OF THE INTEGRAL MODEL OF WELL-BEING AND DEVELOPMENT TO THE HELPING PROFESSIONS

The majority of mission statements included in the codes of ethics of most helping professional associations, refer to the association and professions’ commitment to the well-being of human beings. National Association of Social Workers’ Code of Ethics (1996), for example, goes even further by affirming their commitment to fight for social justice. However, these commitments have been easier to declare in a document than to exercise in practice. There have been multiple conceptual approaches and interventions that helping professionals have developed with the good intention of promoting and maintaining the well-being of individuals and collectives. Nevertheless, there are numerous examples where our approaches and interventions in practice contradict the mission expressed in our declarations and professional oaths.

It is in this process that we can generally identify deficit models that emphasize deficiencies among individuals and collectives, in contrast to those that do have these elements (i.e., a lack of capacities, conditions, genes, abilities, defenses, capital, resources, etc.). Generally, in the Americas, “comparison” or “control” groups (i.e., those who have what others lack), tend to be white, heterosexual, middle/upper class males, of European descent, Christian, relatively physically and psychologically healthy, and with all the other privileges associated with an oppressive system. Practice models and interventions are those that we usually refer to when we speak of traditional models in the different professional areas of the helping relationships. For example, in social work, the assistance models; in psychology, the therapies of adaptive and behavioral change; and in medicine, the emphasis on medications to combat symptoms and not the source of the illness. These models are based on a paternalistic view that promotes charity among those who are socio-economically well-to do, toward others who are less well off, without addressing the root causes of problems of inequality. Other characteristics of the noted models include: the fragmentation and array of specializations among the disciplines; the professionalization and distancing of professionals from those who are in need of help; and the conceptualization and treatment of individuals as objects (Wallerstain, 1998; Ani, 1996; Maguire, 1987).

On the other hand, subsequent to the impact of historical materialism, conflict theories, and other theories in the social sciences, we find a peak in the development of alternative models attempting to focus on revolution or social change as the basis for the work of helping profes-
sionals. From this conceptualization then, our professional work identifies us as change agents, rather than help agents. In contrast to traditional models of the helping professions, contemporary models of social change are characterized by their promotion of interdisciplinary collaborations, encouraging increased proximity between practitioners and their clients, acknowledging clients as individuals with strengths and resources, and understanding individual and community problems from the clients’ perspectives. In spite of increased efforts to develop intervention models to promote change among individuals and collectives, there remains a lack of integral models that practitioners could use to study, analyze, and evaluate our realities and the interaction among individuals, collectives, and structures. Also missing is the perspective by which we visualize and project ourselves toward the creation of a vision for individual and collective well-being.

Traditional models of helping as well as alternative models developed in Western societies have been influenced by European cultural thought. As a result, some authors argue that when the latter are intended to denounce systematic oppression and offer alternatives to this reality, both lack an understanding of the interaction between different forms of oppression and their influence on the social identity of different group members. They also fail to identify an integrated vision acknowledging different aspects of our individual and collective being. As a result, feminists as well as anti-racist workers have criticized the limitations of historical materialism, conflict theories and dialectics from Marx to Freire, as explanations to the reality of different oppressed groups (Ani, 1994; hooks, 1994; Maguire, 1987; Martinez, 1999; McLaren, 1993).

Marimba Ani (1994), in an African-American centered criticism of European thought, explains how the dichotomous and lineal thinking characteristic of this cultural element has influenced the works of the best alternative thinkers of European background in trying to eradicate oppression. According to Ani (1994), traditional and alternative models of helping influenced by Eurocentric perspectives, are products of a similar paradigm since to a great extent social thinkers of European descent have not been able to overcome their own ideology of supremacy. This in turn explains the emphasis placed on rational thinking above considerations of emotional and spiritual character, a factor that negatively impacts on our integrity as human beings and further dehumanizing the individual. Ani’s criticisms affirm the need for a transformation to the interior of the ideology of European supremacy in the development of models of well-being and health with which we are more familiarized with in Western societies.
The model of integral well-being and development presented here is in fact nurtured by a range of models from multiple disciplines with European based philosophical perspectives as well as in models of Native American, African, and Asian origin. The influences of Marx and Weber, conflict theory, the relationship between knowledge and power of Foucault and the synergy of Covey are evident in these models. One can also identify the presence of Freires’ (1970) conscientization work, the Native American medicine wheel, the Taíno hurricane (cyclone), and the Asian ying/yang among others previously mentioned. The importance of any technique, intervention, or approach to reach our full development and well-being is in its effectiveness to facilitate healing processes, transformation, and liberation in an integrated vision of the human being. As a result, those of us using this model have incorporated a wide variety of “interventions,” such as relaxation techniques, meditation and visualization, interpretation of dreams, goals setting, confrontations, recognition of feelings and fears, role playing, modeling, self-assessments; processes of participatory education, popular theater, community organizing, and oratorical presentations. We also capitalize on integrating other cultural elements into our work, including music, incense, rituals, altars, retirements, art projects, medicinal herbs, doll making, preparation of foods, among others. From the integration of these tools into our community work, a dynamic and creative model of interventions has been developed that is in turn a tool for analysis and evaluation; a guide for a process of individual and collective transformation; and a goal and vision for an integrated human being. As such, the model is graphically intellectually stimulating, and the opportunity to elaborate a three-dimensional graphic perspective, its theoretical possibilities, and implications may be of a physical/metaphysical character.

The implications of this model to the practice of helping professionals are varied and apply to multiple disciplines in the fields of psychology, social work, and health care. We also believe that they are of relevance to the multiple roles that we play in the helping professions as healers, consultants, facilitators, researchers, advocates, lobbyists, educators, organizers, mentors and agents of change and transformation. The following are a few of those transformations we consider most relevant.

**The Sphere**

**There Is No Beginning–There Is No End**

What seems to be this model’s most evident contribution is its circular form which forces us to re-conceptualize our basic human needs not
in a lineal or pyramidal form, but with the same distance from its center and in accordance with the values of non-European cultures. On the one hand, this implies that all human needs are of equal importance and interrelated. The only division made is between the individual dimension and the collective, which supposes a relative distance between the range of the individual’s influence with self and the collectives in which she or he interacts (i.e., family, community, institutions, nation, etc.). On the other hand, this leads us to question if the transformation processes have a beginning place and an end. Or, if we can begin where the circumstances and interests allow us to, and leave with the faith that we will arrive at the place we need to be at, knowing that where we are going is not the end of the road. This is not to imply that the transformation toward a state of integral well-being is not reachable, but that once it is reached, maintaining it will require a continued walking together, integrated, or what Freire (1970) called a permanent culture of revolution or transformation (p. 139). We then are encouraged to re-evaluate the concept of revolution, a term emerging from a mechanical conception of society and indicating a change in the hierarchal structure. The change would reflect a restructuring of those who are on top of the pyramid, with those below, without altering the original pyramid in hierarchical structure that maintains the oppression.

Finally, the sphere gives us a sense of connection among all the parts, among one and the other, among our individual and collective dimensions of being, among all our struggles. For this reason, the sphere forces us to affirm ourselves as spiritual beings connected to each other. As helping professionals it forces us to include ourselves inside the model, not outside of it, as facilitators of a process with others but for all. This in turn implies that in our practice we have to be willing to be held accountable for our own personal contradictions and the inadequate use of our privileges to maintain positions of power as gatekeepers, specially in relation to knowledge and information. For example, if as helping professionals we believe in the power of personal transformation, then we have to respond to our alcohol and tobacco addictions, as well as to our access and control to institutional resources and information. It also requires that we be more inclusive in the variety of communities and people we work with. From working with or without indigent clients in poor neighborhoods, to our work settings, the nice suburbs and urban areas we live in, the professional organizations, social groups, political parties, and health insurance organizations we belong too. Others may include individuals involved in acts of corruption, organized crime, violence (e.g., batterers/abusers of women and chil-
dren), students, and so on. Too often, helping professionals go in search of helping those who live in poor communities, however it seems to be less the times that we use our influence in our nearest circles; as with family, friends, co-workers, and members of our own socially dominant groups.

**Well-Being**

*The Well-Being of One Is the Well-Being of All*

An individual’s well-being is the well-being of the collective, and vice-versa. The model does not lend itself to justify that the well-being of a person could be contrary to that of the other, or that this is a world for the survival of the fittest. Neither does it imply that for practical reasons the owning class has to live off the surplus of the poorest, or where an individual’s needs have to be sacrificed for the needs of the collective or vice-versa. The model’s spherical and integral design requires a conceptualization of well-being as a potential for all individuals. In this way it becomes a vision to guide our personal transformation and to aspire for the well-being of all members of the community.

The model also forces us to re-focus our professional practices with individuals and collectives. First, it requires that we think about refocusing our interventions (i.e., medications or therapies) as healing processes and the effects of years of internalized multiple manifestations of oppression. Thus, if a practitioner is presented a young, poor, black, Latina, with a problem of a drug addiction, the practitioner should avoid focusing automatically on the client’s addiction problem. The practitioner could instead attempt to understand that the addiction problem may be one manifestation of years of socialization (including those of her ancestors), internalizing fears and negative messages, and dehumanization of her as a person in relation to her gender, class status, race, and colonization. Within this context of the client’s reality, it is her ability to respond with consciousness and critical action to these messages that she will help herself to heal and overcome the effects of these multiple oppressions. The range of interventions that we can use to facilitate the healing process can be varied and creative as is necessary. This may vary from prescribing methadone to firewalking provided they are compatible with the principles of integrity and transformation of the model.

According to the model, transformation work is not complete once we deal with her immediate drug problem or we help her raise her self-esteem. Effective treatment is more complete when the client can heal from her multiple oppressions, increase her self-efficacy (Bandura,
1986), and see herself as part of a collective of people, who united can transform their political, economic, social, and cultural conditions. This also means that in our interventions we need to rediscover, recover and regain healing processes of non-European origin. This does not mean to recover ancient healing practices as a cliche or new age fashion for personal power, but as part of a conscious effort that these are vital processes in our individual and collective healing, and ultimately the recovery of our humanity. Dealing with, or healing, internalized oppression through the process of social transformation is perhaps the greatest challenge for helping professionals, second only to the challenge of healing internalized dominance.

Second, it is necessary to practice and actively promote our collective consciousness and action since the transformation process cannot be achieved if institutional oppression is not dismantled. This requires the awareness that existent structures of power have not been built by chance neither are they maintained by pure coincidence and innocence. They were built and are maintained to satisfy the interests of the groups’ agents of oppression. For many, it is clear that the creation of our political, social, cultural, and economic institutions are class oriented, racists, sexist, heterosexist, and so on. Furthermore, they were created with full conscience to perpetuate the power of the dominant groups. It is imperative however, to recognize that everyone who is identified as a member of an oppressive group cannot give up privileges that she or he enjoys within that system whenever they would like too. We, the authors, as people of lighter skin complexion in our country, must also acknowledge and take responsibility for unearned white privilege(s) we enjoy and benefit from, despite our commitment to dismantle racism in Puerto Rico and the United States.

Finally, the model offers a clear vision of what integral well-being is, and if accepted, would set forth a challenge to our professional practice. It would also provide us an opportunity to do our work with more direction and sense of purpose.

**Development**

**Development Is a Continuous and Interactive Process**

Development in this model is not a lineal process where there is a continuum or progression that goes from savage to civilized, sub-developed to developed, or from naïve conscience to critical consciousness. It requires a re-conceptualizing of development as a dynamic, multidimensional, and interactive process that evolves from the constant inter-
action among the individual and collective dimension. It also requires an understanding and appreciation of those aspects that compose each one of these elements, including the hurricane or cyclonic effects of oppression. Describing the developmental process as an interaction among multiple development spirals in the individual and collective dimensions, spiraling from the center of the sphere toward the outside, maintaining balance and harmony in a unified force, empowers us to challenge and move toward dismantling institutional oppression. Therefore, depending on available resources and needs, individuals and communities can develop different aspects from each dimension at different levels in relation to different forms of oppression. However, transformation will be attained only when these different components are unified. This development is not exclusive of those who are targets of different forms of institutional oppression, for example, the poor, black/African Americans and Latinos, women, and children. Members of oppressive groups also require healing processes, development, and a recovery of their humanity. In order for helping professionals to effectively facilitate healing and transformation processes, they must aspire for their own personal integrity and participate in the struggle for transformation. They must recognize that they (we) are not alone, but that we are all a part of a larger movement.

As an evaluation or diagnosis process of our individual or collective development, the proposed model could be used to assess the needs and resources of different aspects and levels of development. This process can help us identify specific areas requiring healing and strengthening in the development of our authentic transformative power. The process can also help us identify specific responses-abilities to confront institutional oppression in order to regain the humanity denied us through a system of institutionalized oppression. It could also be used as an analysis framework for the development and formulation of social welfare policies and programs since every aspect of our individual and collective well-being is identified in the model. The evaluation criteria could include: a measure by which social policies contribute in the promotion of balance and harmony among the different aspects of the individual and collective dimensions of well-being.

**Integrity**

*The Authentic Power Emerges from the Integration of All the Parts, but Never of Any of Them Separately.*

We cannot assume or believe that the acquisition of economic, political, social, or cultural powers, separately, will solve all our collective
problems. Obviously, each one of these aspects of collective power has as much of a decisive role in our dehumanization as in our survival. However, our collective transformation cannot be achieved until a harmonious balance is achieved among all these four aspects of power. Harmony is vital in this transformation process since it would be ineffective and inefficient if the elements contradict each other.

Equally false is the illusion of individual power based on privileges granted to each of us by virtue of our membership to an oppression group or to our positions in the structures or systems of institutional oppression. In other words, the power associated with the privilege is not an authentic power since it has been earned from personal integrity, but is granted as a benefit of institutionalized oppression. A man who violates and mistreats women, or harasses female coworkers in the workplace, does so because institutions grant him that privilege, and allow him to act as agent of oppression despite laws and policies prohibiting such behavior. This power is so illusive that it could turn against him if the special interests of other dominant groups with institutional power are present. Furthermore, individual oppression could not exist without institutional oppression, a condition that is true for all forms of oppression. Therefore, in our interventions, we must integrate psychological, social, and structural theories. It is not a matter of which one is best, but rather that they are all necessary for understanding the interactions between individual and collective needs, and in confronting the impact of a structure of oppression on those needs. Thus, in the previous case, the man’s problem as an abuser/violator or harasser cannot be resolved individually without dismantling the structural root of institutional sexism. Nor can it be solved without providing an individual intervention that addresses his psychological and social needs.

Given the choice in the use of empowerment as a tool to create interventions for individuals and different communities (i.e., public health and community development projects), we must discuss other implications of integrity as used in our empowerment work. It is erroneous to think that the problem of marginalization faced by these communities will be resolved through community development or social capital projects, without considering the fundamental importance of balance and harmony in relationship to the political, social, and cultural aspects of community development. Ideally, work in community development or health promotion, for example, could be provided at the same time that the community is politically organized to demand resources; have a strong and cohesive group membership; and critically analyze the values and principles that guide the work in their community. It is equally
important to adequately address specific needs of the individual such as the emotional, physical, and spiritual. Consequently, we need to seriously consider, beyond rhetoric proclaims, the need to create spaces and processes for multidisciplinary work in our commitment to the process of transformation. There is no reason why committed social workers, psychologists, doctors, artists, and economists, to name a few, cannot work collaboratively in a common mission for social justice.

As much as integrity requires a balance and harmony among all the aspects of the individual and collective dimensions, it also requires recognition of our own multiple identities including those of agents as well as targets of oppression. Therefore, it is indispensable that we analyze for ourselves and facilitate for others a process of self-assessment focused on the effects of our internalized oppression privileges. Therefore, we promote that people in all types of groups must acknowledge their privileges in relation to each group member, as well as the group behaviors that are products of their internalized oppression. In a community group organized for the purpose of promoting community development, for example, it is as necessary that the men of the group reflect upon the impact their male privileges has on the women in the group. It is equally important that the women work with their internalization of sexist values. Similar considerations are necessary in family therapy or in understanding the relationship between doctor and patient. In order to do this, a greater level of trust must exist between individuals and an appropriate process needs to be offered to acknowledge and promote these connections. It is also imperative that helping professionals acknowledge their own privileges (internalized dominance), and the impact internalized oppression has upon them.

The dynamics of oppression indicate a need to recognize the limitations and counteractive effects that exist when fragmentally working with different forms of oppression and the false notion that if we successfully fight against one form, we can subsequently challenge and take care of other forms. Three forms of oppression with significant impact are: colorism, sexism, and homophobia present in anti-racist organizations; racism and sexism in the anti-colonization movements in Puerto Rico; and, the lack of effective intervention strategies against child abuse, racism, and classism in the feminist movement that leads the fight against domestic violence. In all three cases we are guilty of ignoring different forms of oppression that are interrelated. We have refused to understand the difficulty this poses in our capacity and ability to effectively work to dismantle any form of oppression. This may be due to our lack of understanding the connections among the different
forms of oppression and our avoidance to promote the dismantling of all forms of oppression, including that which exists within our own organizations and movements. For example, sexist actions by fellow community organizers and educators in anti-racist or anti-colonial movements must be dealt with at the institutional levels in these organizations and not left up to the individuals directly involved to deal with it themselves. The same is true for racist, homophobic, and/or nationalistic behaviors in any organization working to end oppression.

Finally, the concept of authentic transformative power can help us in the reconceptualization of integrity. This can take place by first, recognizing that authentic transformative power develops from the balance and harmony among all its components, and secondly, that this balance and harmony can only be achieved through our individual, collective and divine consciousness and will. The latter is identified in the model the spiritual character of humanity. Subsequently, integrity occupies a central place as much in our personal development as in our professional practice and in what we aspire for all. Living with integrity will become the force, the power that will propel our individual and collective transformation. Fulfilling our professional roles with integrity should lead to our becoming more effective practitioners, organizers, and agents of transformation.

The previously noted implications for practitioners are not exclusive of this model. Neither are they new discussions in the fields of health and social sciences. They have previously been presented in relation to new conceptualizations and research of the varied disciplines in the helping professions. This discussion has addressed practice and policy implications as they relate to a model of well-being and development and a rethinking of the concept of integrity. More in-depth dialogues should focus on other implications for the field of social research, leadership development, issues of accountability, and the helping professional’s role as gate keepers in the area of human services.

CONCLUSION

As social workers, community psychologists, educators, and other health and helping professionals, we attempt to promote a positive influence in the lives of people we seek to assist. Therefore, it is incumbent upon us to be clear in our analysis about the impact that institutional oppression has upon the communities we work in. After all, not all practitioners work with society’s most wealthy, most educated, healthy or otherwise well-to-do citizens. Many of us, for the most
part, work with society’s most oppressed populations, primarily women, children, ethnic minority groups, and people in poverty.

Furthermore, it is particularly important that we gain consciousness of our own ideas, beliefs, feelings, attitudes and values, of how we ourselves have been socialized in the dominant cultural worldview. We must be mindful of the conflicts and contradictions—lack of integrity and authentic power—in all aspects of our lives. It is especially important that as social workers, educators and other helping professionals, we apply our critical awareness and responsibility as we work on behalf of oppressed people.

NOTES

1. It is with great appreciation and gratitude that we acknowledge Dr. Lenore Stiffarm, the Four Worlds Development Project, University of Lethbridge, Alberta, Canada, and the Lakota people for sharing the wisdom of their Medicine Wheel with us.

2. In addition to the vast literature on oppression, primary sources of information include numerous professional training programs and anti-oppression workshops attended by the authors presented by groups including. Equity Institute, Amherst, MA; The People’s Institute for Survival and Beyond, New Orleans, LA; Elsie Y. Cross Associates, Inc., Philadelphia, PA.

3. In Puerto Rico and elsewhere in Latin America, political affiliation is considered a major social group identity, since the livelihood and even the lives of subordinated political group members are often at stake.

4. The nationality (or national identity) of an entire Latin American country itself may be considered a major identity group, as the people of that nation may be subordinated in a colonial or neo-colonial relationship to an imperialistic foreign national power. This subordinated relationship is a very important, and a most overlooked, aspect of the social group identity of Latinos in the US.

5. Pyramids are used in African cultures but not in the same way as in Western philosophy. In African thought it is used as a symbol of equality since all sides of the pyramid are equal, and of integrity between thesis and antithesis which results in a synthesis. In European cultural thought it is has been used to symbolize a hierarchy of power and dominance.

6. Firewalking is a ritual or technique that is used to facilitate the process of recognizing our personal power to overcome fear and confront difficult situations.

REFERENCES


