

# The Emergence of the Breath of Life Theory

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## Abstract

Using First Nations Elder and scholar Willie Ermine and colleagues' (Ermine, Sinclair, & Jeffery, 2004) concept of ethical space, this paper proposes a bi-cultural theory founded in First Nations ontology and physics' theory of everything called the breath of life (BOL) theory. BOL assumes that a set of interdependent principles known as the relational worldview principles (Cross, 2007) overlay an interconnected reality with expansive concepts of time and multiple dimensions of reality. Diversity in human experience is accounted for as culture and context shape the manifestation of each principle. The basic premise of the theory is that structural risks affecting children's safety and well-being are alleviated when the relational worldview principles are in balance within the context and culture of the community. Implications for social work policy and practice are discussed.

Key Words: First Nations, theory, structural risks, disadvantaged populations, children

## 1. Introduction

According to First Nations Elder and scholar Willie Ermine and colleagues (Ermine, Sinclair, & Jeffery, 2004), problems streaming across western and First Nations cultures require an ethical space where western and First Nations knowledge can coexist to inform solutions. First Nations child welfare is particularly well suited for an ethical space response as it sits at the shoreline of western and First Nations knowledge. The wholesale imposition of western child protection systems on First Nations over the past 50 years in Canada has failed dramatically (Royal Commission on Aboriginal Peoples [RCAP],

1996; Assembly of First Nations, 1993; Blackstock & Trocmé, 2005; Assembly of First Nations, 2007) and while traditional First Nations child care is incredibly rich, it has not fully contemplated the full range of colonial hazards facing First Nations children and families today.

Structural risks such as service inequities, poverty, poor housing, and substance misuse substantively account for the dramatic overrepresentation of First Nations children in child welfare care (Blackstock & Trocmé, 2005; Trocmé, MacLaurin, Fallon, Knoke, Pitman, & McCormack, 2006). These same factors have been linked to poor outcomes for

First Nations children in other areas such as education, health, and juvenile justice (RCAP, 1996; Assembly of First Nations, 2007). Child welfare approaches informed by western theoretical frameworks such as ecological theory, anti-oppressive approaches, and structural theory have not adequately addressed the structural risks undermining First Nations child and family well-being, suggesting that a new theoretical framework is needed.

This paper builds on the general nature of First Nations ontology (Blackstock, 2007; Blackstock, 2009) and the theory of everything (TOE) in physics (Greene, 2003; Blackstock, 2009) to present a new theoretical approach called the breath of life theory (BOL). As noted in Blackstock (2009), there are significant differences between First Nations and western worldviews particularly in relation to time, interconnection of reality, and the First Nations belief that simple principles often explain complex phenomena such as the universe or humanity. Physics' theory of everything departs from the ontological norms underlying many western social science theories by proposing that all matter and time in the universe can be explained by a small set of interdependent physical principles set at precise values (Greene, 2003). Social science has not seriously entertained a theory of everything for all humanity. As set out in Blackstock (2009), western social science theories are limited in scope, application, and time. They are, in effect, snapshots situated within a broader interconnected reality. The breath of life theory suggests that a theory of everything for humanity should be seriously explored in western theoretical scholarship. The holistic nature of TOE and its situation within expansive concepts of time and dimensions of reality means it is a better match for First Nations ontology than western social science theories (Blackstock, in 2009).

BOL assumes that a set of interdependent principles known as the relational worldview principles (Cross, 2007), described later in this paper, overlay an interconnected reality with expansive concepts of time and multiple dimensions of reality. Diversity in human experience is accounted for as time, culture, and context shape the manifestation of each principle. The basic premise of the theory is that structural risks affecting children's safety and well-being are alleviated when the relational worldview principles are in balance within the context and culture of the community.

Although BOL was developed in response to the structural risks related to First Nations child welfare, the assumptions and structure of BOL do not implicitly bind it to child welfare applications and consideration should be given to its relevance to other areas and cultures. It is important to emphasize that this paper and the BOL draw on the general character of both western and First Nations knowledge and there is significant diversity among both cultural groups that is likely not fully captured. The inclusion of culture and context as shaping factors in BOL should make it culturally relevant for most, but in keeping with the self-determination principles for effective research with Aboriginal peoples, no theoretical framework should be imposed on First Nations without their prior approval (Schnarch, 2004). For more detail on the underpinnings of BOL, readers are strongly encouraged to read my previous work setting the foundation for BOL by contrasting First Nations and western ontology and making the case as to why physics' theory of everything is more proximal to First Nations ontology than are many social science theories (Blackstock, 2009).

## **2. The Relational Worldview Principles**

As noted earlier, the breath of life theory

incorporates interdependent principles for individual and collective safety and well-being set out by Native American child welfare expert Terry Cross in the relational worldview model (Cross, 1997; Cross, 2007). The principles are categorized in four domains (cognitive, physical, spiritual, and emotional) of personal and collective well-being:

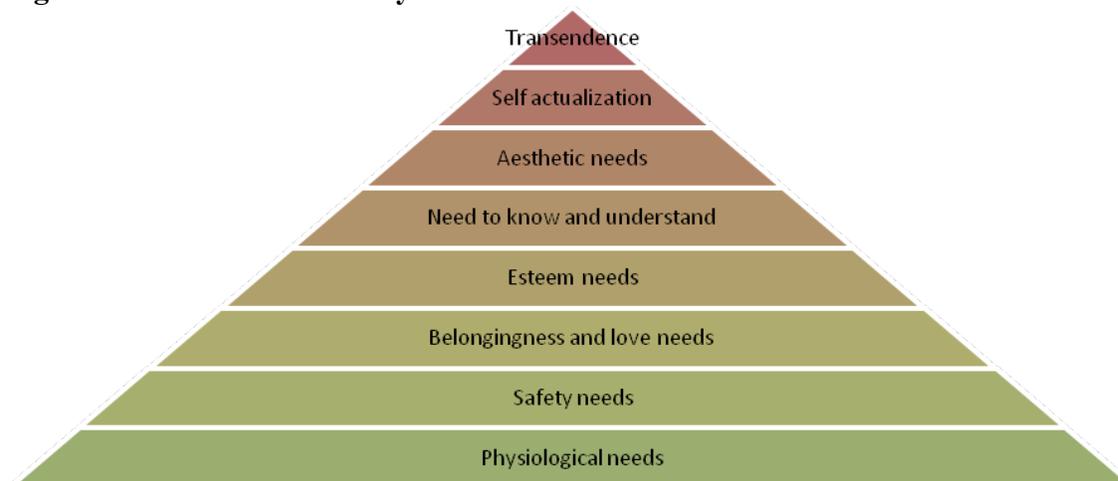
1. COGNITIVE: self and community actualization, role, service, identity, and esteem
2. PHYSICAL: water, food, housing, safety, and security
3. SPIRITUAL: spirituality and life purpose
4. EMOTIONAL: love, relationship, and belonging

The breath of life theory predicts that, if the relational worldview principles are out of balance within the framework of community culture and context, then risks to the child's safety and well-being will increase. BOL also suggests that child welfare interventions geared toward restoring balance among the relational worldview models principles will

result in optimal safety and well-being for the community and their children.

The relational worldview principles are derived from Abraham Maslow's hierarchy of needs (Cross, 2007). Maslow's work was, in turn, informed by the time he spent with the Blackfoot Indians in Canada (Coon, 2006). In effect, the hierarchy of needs was an early attempt at an ethical space concept (Ermine, Sinclair, & Jeffery, 2004). Maslow's hierarchy of needs assumes that understanding human needs is critical to understanding personal well-being (Huitt, 2004; Coon, 2006). Although Maslow emphasized the interconnection of needs, he also believed that some human needs were more foundational than others and that both the identified needs and hierarchal importance of those needs were valid across cultures (Hoffman, 1998). As shown in Figure 1, Maslow's hierarchy of needs is typically represented in an eight-level triangle with the most fundamental physical needs depicted at the bottom and the personal fulfillment needs of self actualization and transcendence at the top (Huitt, 2004).

**Figure 1: Maslow's Hierarchy of Needs**



Blood First Nation scholar Billy Wadsworth (2008) explains that Maslow's interpretation of Blood perceptions of human and societal needs

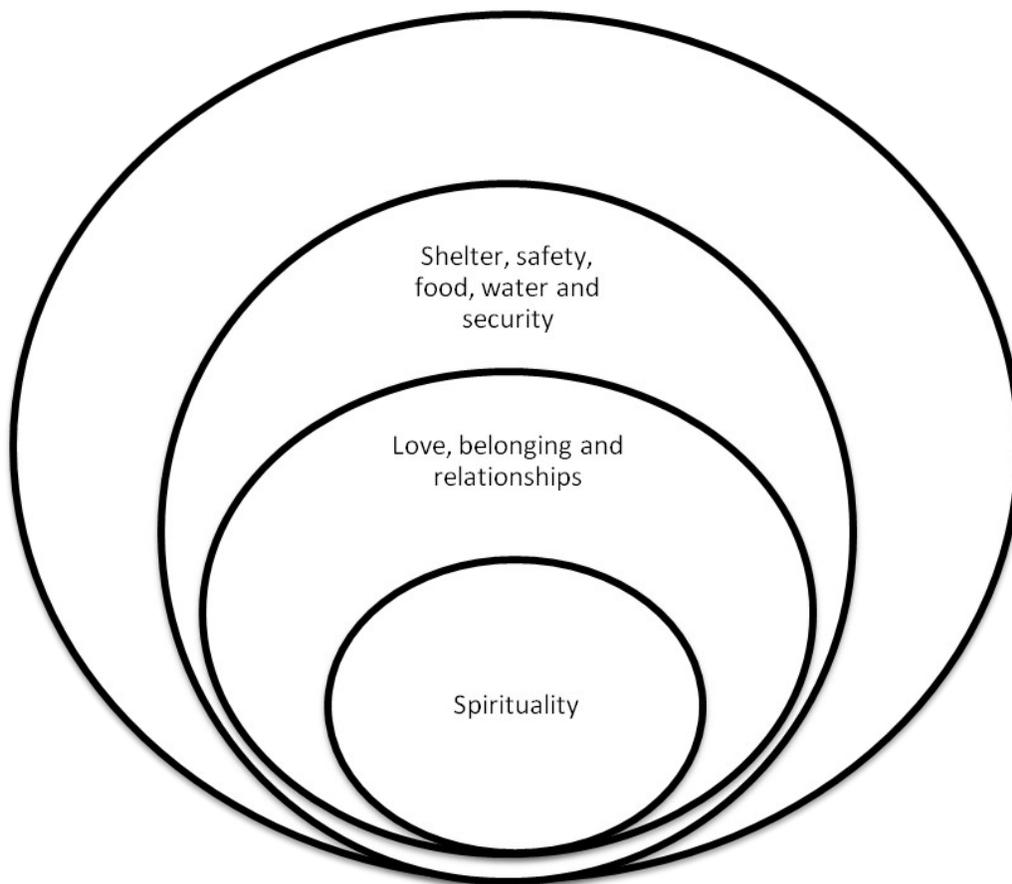
are not wholly reflected in Maslow's final model. Maslow did not fully incorporate Blood First Nation understandings of ancestral

knowledge, spirituality, and multiple dimensions of reality, nor did he fully situate the individual within the context of community (Wadsworth, 2008). For instance, if Maslow had more fully integrated Blood First Nations perspectives, the model would be centered on multi-generational community actualization versus on individual actualization and transcendence.

As shown in Figure 2, Native American

scholar and child welfare expert Terry Cross (2007) reinterprets Maslow's hierarchy of needs through indigenous eyes to create the relational worldview principles. Cross (2007) argues that human needs are not uniformly hierarchical but rather highly interdependent in nature with cultural values and laws defining how balance is achieved on personal and collective levels.

**Figure 2: Cross (2007) reinterprets Maslow's hierarchy of needs through Indigenous eyes**



For example, Cross (1997) argues that physical needs are not always primary in nature as Maslow argues, given the many examples of people who forgo physical safety and well-being in order to achieve love, belonging, and relationships or to achieve spiritual or pedagogical objectives. The idea of dying for

country is an example of this as men and women fight in times of war. Cross (1997) believes that spirituality is the unique force differentiating human life from other forms of life, defining our individual and collective experience. Spirituality should not be misinterpreted to mean organized religion

alone; rather it is a personally defined force that centers one's sense

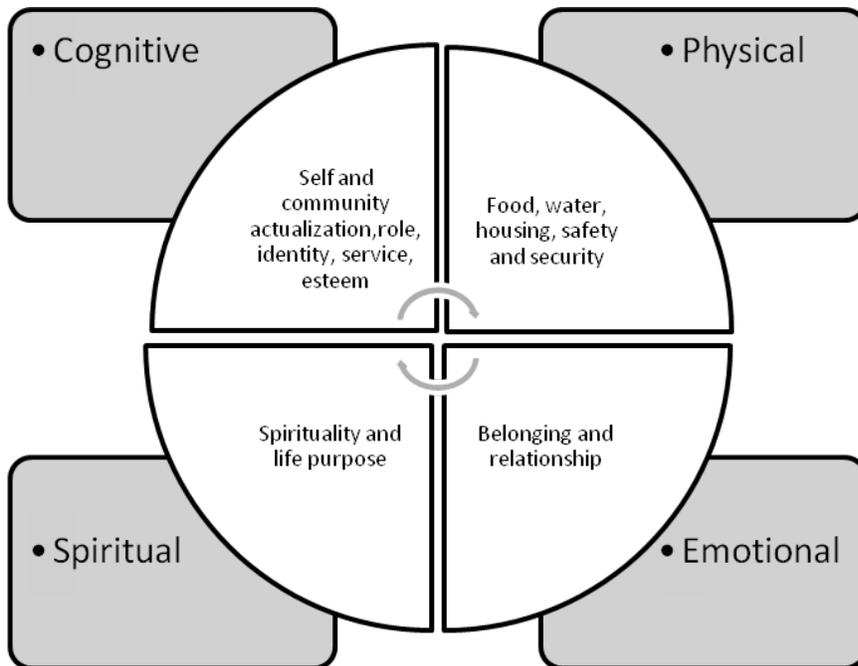
Self actualization, role, service, esteem, identity

of self, community, and world across time (Baskin, 2002).

For the purposes of the breath of life theory, Cross's worldview principles (2007) are reframed within the Medicine Wheel holistic model as shown in Figure 3. It is important to emphasize that although the beliefs underlying the Medicine Wheel are widely held among First Nations, the representation of those beliefs varies. Thus, the Medicine Wheel depiction is not recognized as culturally valid by all First Nations. The Medicine Wheel holistic model is based on an understanding that all things are affected by the interconnected domains of emotional,

physical, spiritual, and cognitive experience. When the relational worldview principles are situated in the holistic model, they are experienced within the four dimensions (physical, emotional, spiritual, and cognitive) and at all levels (personal, family, community, society, and world). Optimal well-being is achieved when the four dimensions of experience are in balance at individual, family, and collective levels. As will be discussed later, culture and context shape the manifestation of these needs.

**Figure 3: Cross's worldview principles (2007) oriented in the holistic model**



It is important to note that the principles in Cross's relational worldview model are based on indigenous oral history capturing patterns of human experience across millennia (Cross, 2007). Although more research is definitely required using both indigenous and western research, there is a growing body of evidence to support the principles. For example, the Canadian Incidence Study on Reported Child

Abuse and Neglect points to caregiver poverty, poor housing, and substance misuse as key drivers of the overrepresentation of children in the child welfare system (Trocmé, Knoke, & Blackstock, 2004). This aligns with Cross's principles in the physical dimension of experience. Cultural identity erosion and spiritual disconnection have been linked to heightened risk for stress related disorders and

substance misuse among Aboriginal peoples in Canada (RCAP, 1996; Chandler & Lalonde, 1998; Carriere, 2005; Chandler & Lalonde, 2004; Dell & Lyons, 2007) and positive spiritual connection has been linked with increased reunification rates of children in child welfare care (Bullock, Gooch & Little, 1998). Researchers have also linked poverty alleviation with improved mental health outcomes for Native American children (Costellano, Farmer, Angold, Burns, & Erkanli, 1997). These findings link with the worldview principles in the spiritual and emotional domains. Additionally, life experience has been linked to the multi-generational epigenetic changes (McGowan, Sasaki, Alessio, Dymov, Labonte, Szyt, Turecki, & Meaney, 2009) and multi-generational changes in behavior patterns (RCAP, 1996; Assembly of First Nations, 1993) relating to principles in the physical and cognitive domains.

The relational worldview principles are just one component of BOL. The next step is to situate those principles within a culturally shaped holistic and interdependent reality that gives rise to human diversity.

### **3. Accounting for Culture, Context, Multiple Dimensions of Reality and Time in the Breath of Life Theory**

Nesting the relational worldview principles in an interconnected reality consistent with First Nations ontology requires several layers to be added to the model: (1) culture and context shape the manifestation of the principles; (2) the entire model is situated within an expansive concept of time called the seven generations concept; (3) multiple realities are acknowledged and utilized to inform the optimal values for the worldview principles and strategies to restore balance among the principles and (4) individuals are viewed within the context of their relationships to the

world and others.

There is good evidence that culture and context matter when it comes to optimal well-being for First Nations peoples. For example, self-determination as expressed by the congruency of services with the cultural identity of First Nations youth has been linked to lower suicide rates (Chandler & Lalonde, 1998) and higher levels of community socio-economic outcomes (Cornell & Kalt, 1992). Differing cultural child rearing practices have been found to influence substantiation rates in child welfare (RCAP, 1996; Earle-Fox, 2004; SNAICC, 2007) and First Nations status appears to influence social worker decisions to place children in care (Trocmé et al., 2006). Contextual factors such as colonization, social exclusion, geographic location, and service access have all been linked to differing levels of child maltreatment risk (RCAP, 1996; Irvine, 2004; Blackstock & Trocmé, 2005; Carriere, 2005; Loxley, De Riviere, Prakash, Blackstock, Wien, & Thomas-Prokop, 2005).

Humanistic diversity emerges in BOL as culture and context shape the manifestation of the relational worldview principles. For example, we all need food but what food is eaten, when it is eaten, and how it is eaten are highly dependent on cultural norms and contextual factors. Culture and context are therefore shaping factors for the principles that make the principles relevant to specific communities.

Once culture and context are taken into account in the shaping of the worldview principles, the principles must be set within the seven generation concept of time and appreciation for multiple realities. One of the most fundamental differences between First Nations and non-Aboriginal ontology relates to concepts of time. First Nations believe in expansive concepts of time where the past, present, and future are mutually reinforcing.

First Nations often consider their actions in terms of the impacts of the “seven generations.” This means that one’s actions are informed by the experience of the past seven generations and by considering the consequences for the seven generations to follow (Assembly of First Nations, 1993). If western child welfare followed First Nations ontology, it would need to assess child maltreatment based on the ancestral experience of that child and actively consider the consequences of intervention not only on that child but on the subsequent seven generations of children. This simply does not happen. At best, western child welfare considers the impacts of parental behavior and the impacts of child maltreatment on the child as he or she grows to adulthood and become a parent. The same pattern is apparent in western theories. Although some theories such as ecological theory and complexity theory include concepts of time, they are limited to one life cycle and therefore are not as expansive as the seven generation concept. BOL integrates the seven generations concept of time, meaning that the principles are influenced by historical factors and the today’s actions taken today will have future impacts.

Many First Nations acknowledge plural realities of equal validity and realism, whereas westerners tend to view reality in terms of what they can see, feel, and hear. First Nations beliefs in alternate realities have often been misinterpreted by western social science scholars and practitioners as entirely fictional. As described earlier, leading research in physics echoes First Nations multidimensional views of reality, suggesting that multiple dimensions of reality are not only possible – they are probable (Hawking, 1988; Greene, 2003; Kaku, 2006). The idea of multiple dimensions of reality invokes the western ideological tug of war between spirituality and multiple dimensions of reality at one end and science and empiricism at the other (Campbell

& Moyers, 1991). These two realities were thought by many to be mutually exclusive, but for First Nations, and now increasingly western science, they are seen as indivisible (Campbell & Moyers, 1991; Hawking, 2005).

Credible First Nations traditional knowledge holders must be consulted on both the cultural context and multiple dimensions of reality elements of BOL. For the purposes of the breath of life theory, multiple and equally valid dimensions of reality are acknowledged. Some realities exist within cultural, spiritual, and contextual domains, whereas others are encoded into physical empiricism. The specific forms and meanings of alternate realities need to be interpreted within the context of distinct First Nations. Many First Nations will also have interventions to restore balance in alternate realities that should not be discounted as irrelevant or magical. These beliefs need to be respected and accounted for in the interpretation of the relational worldview principles and the mechanisms that set and restore balance among the principles.

One final important layer in the model is that structural risk must be considered within the context of individuals’ relationships with others and the natural world. Human beings are interactive actors in an interconnected web of life that includes both other people and the natural world. The relational worldview principles are nested in this reality, and resolution of risk to children and their families may require the resetting of balance in domains that are not typical of social work or even the social sciences. For example, a healthy diet for a child may mean eliminating environmental toxins from the soil where traditional foods are harvested. Preserving a child’s sense of security may mean strengthening a child’s relationship with community and the natural world of their ancestors.

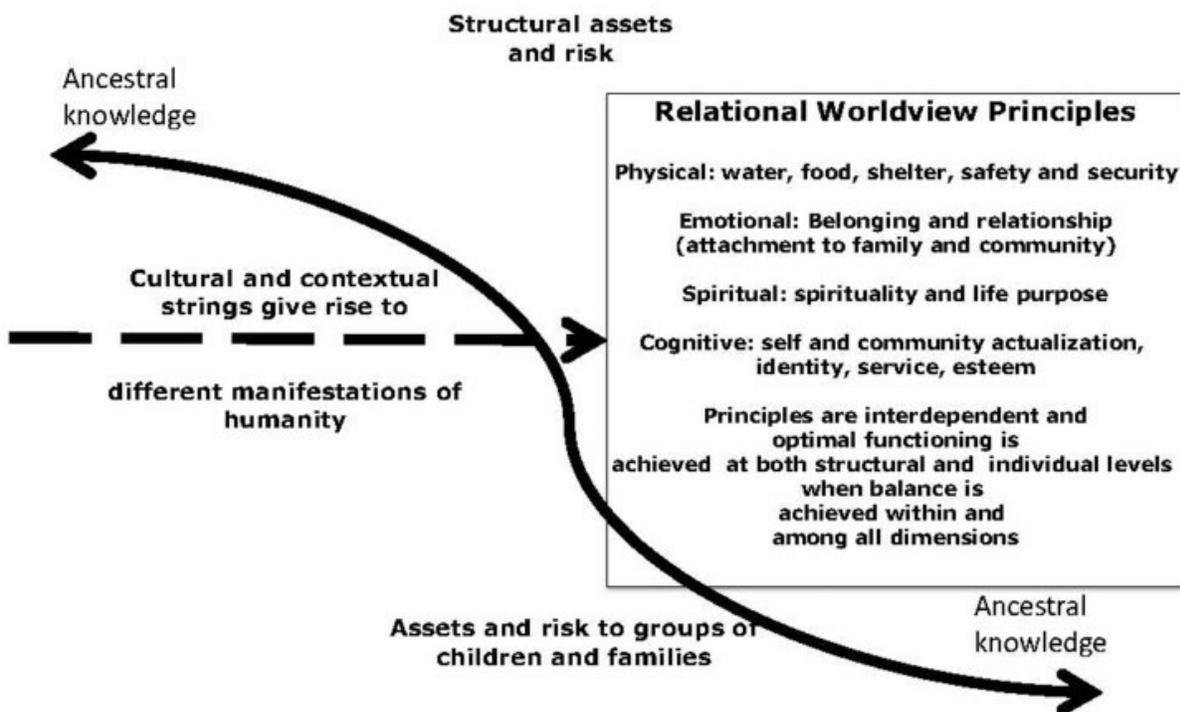
#### **4. Summarizing the Breath of Life**

## Theory

As Figure 4 demonstrates, the breath of life theory provides a new way to conceptualize how a limited sequence of human constants known as the relational worldview principles

(Cross, 2007) interpreted within the culture and context of the community and expansive concepts of time and dimensions of reality can simultaneously influence risk sourced at a structural level and the intergenerational experience of First Nations children and families.

**Figure 4: The Breath of Life Theory**



By focusing on principles that apply both at the structural and individual levels, the breath of life theory reaches across the expanse of structural and individual social work foci, combining them into one coherent reality. Diversity among people can be accounted for by thinking of culture, time, and context operating in the breath of life theory in the same way that the vibrations do in string theory, diversifying the manifestation of the relational worldview principles at the level of individuals and groups. I hypothesize that the predictable impacts of structural factors can be

harmonized with the comparatively erratic patterns of individuals when individuals are viewed within collectives of family and community.

## 5. Testing the Breath of Life Theory

BOL is an emerging theory that requires more testing from both indigenous and non-indigenous research perspectives. Indigenous and western research methods should be jointly deployed in this effort. Out of respect for the importance of getting BOL correct

from an indigenous perspective, it was presented to indigenous audiences across Canada, Australia, and the United States for review prior to publication. The general consensus was that BOL was reflective of indigenous knowledge; however, more investigation by indigenous researchers and traditional knowledge holders is required. Indigenous research could compare the BOL model against First Nations oral histories to judge its validity as well as to research the mechanisms used to judge balance and restore balance across time. The effects of culture, time, and context on the principles would also be responsive to indigenous oral history investigations.

An outstanding challenge in the development of BOL will be to more specifically define the worldview principles and determine the value or range of values for each principle that produces optimal levels of well-being. This links directly to the question of how to measure and maintain balance among the interdependent set of relational worldview principles. Physics may help inform this challenge. Keep in mind that physics' standard model suggests that all matter and time are created by a limited number of physical constants set at precise values. If those values are altered then the universe as we know it will cease to exist (Greene, 2003). To put it another way, think of a series of oven dials controlling each constant in the universe. If you turn one slightly and disrupt the balance among the constants then the universe will alter considerably (Greene, 2003). I am arguing that the relational worldview principles stand as a similar set of constants existing in terms of human behavior (along the lines of the determinants of health concepts). The trick will be to determine at what value, or range of values, the child welfare oven dials should be set, and then to predict what happens in terms of structural and individual risk when one dial exceeds the optimal

threshold.

A secondary question is at what values do the principles represent an unacceptable level of risk? This may sound simple but as other researchers have demonstrated, it will not be. For example, Canadian Incidence Study on Reported Child Abuse and Neglect (CIS) data indicate that poverty is a key driver of neglect in First Nations children but uses source of income (e.g.: full time employment, social benefits) as a proxy measure for income given that child welfare workers are more likely to know source of income versus the amount of annual income (Trocmé et al., 2006). The problem is that these two are not necessarily conflated; for example, a person may be employed full time but earning minimum wage, resulting in an income that is equivalent to social assistance benefits. Context also makes a difference as factors such as the high cost of rent in urban centers may result in less disposable income for a person on social assistance than a similar person living in a rural area.

Although there is a need for culturally valid instruments to measure Cross's relational worldview principles embedded in BOL, the plethora of western instruments that already exist testing various aspects of the model evidence the possibility of creating such measures within First Nations contexts. For example, the western personal orientation survey measures self actualization, and research on attachment theory has given rise to the spiritual assessment inventory (Hall & Edwards, 2002). Environmental science has developed measures on the attachment to place (Vorkinn, 2001) and more recently the inquiry has extended to measuring attachment to space and place among indigenous populations (Semkin, 2005). Townsend and Kennedy (2004) provide a good synopsis of the variety of poverty measures, which although imperfect, are providing a reasonable basis for

public policy making. All this to say that over time, it is entirely plausible that culturally valid measures can be developed for the relational worldview principles.

First Nations knowledge suggests that there are a limited number of constants that govern reality in the social world and the determinants of health and social health movements seem to be moving along similar lines of thought. The fact that reliable and culturally valid instruments to test the values for all constants are not currently available should not thwart the entire model. Over time, empirical testing of the principles against their effect on well-being at structural and individual levels will better define the constants and establish a platform for testing them at different values.

## **6. Are the Determinants of Health a Western Substitute for BOL?**

If the breath of life theory were conceptualized on western terms, the closest approximation would be to overlay the determinants of health onto ecological theory in such a way that achieving balance among an interdependent set of determinants of health across all dimensions of ecological theory is a marker for optimal functioning at individual, family, and societal levels. Further modifications would need to include expanding the scope of time for the model to include seven

generations before and seven generations after and an appreciation for multiple dimensions of reality, culture and context.

Like BOL, the international determinants of health and determinants of social health movements embrace the idea that a universal set of needs underlies human well-being and development (Commission on Social Determinants of Health, 2007). Similar to Maslow's hierarchy of needs, both movements assume universal human needs must be met in the individual and social dimensions in order to achieve a basic level of personal health and well-being. However, the determinants of the health movements are nested in western ontology, privileging bracketed concepts of time, reality, and individualism.

There are differences between the determinants of health and Cross's (2007) worldview principles. As shown in Table 1, comparing the determinants of health promoted by the Public Health Agency of Canada (2007) with Cross's relational worldview principles suggests that the determinants of health focus more on how needs are met (e.g.: employment and income status) whereas Cross (2007) focuses more on the needs themselves (e.g.: water, food and housing). The determinants of health also do not explicitly emphasize spirituality and concepts of belonging and service for all people.

**Table 1: Contrasting the Determinants of Health with the Relational Worldview Principles**

| Holistic Worldview Dimensions of Individual and Collective Wellbeing | Determinants of Health (Public Health Agency of Canada, 2007)  | Relational Worldview Principles (Cross, 2007)   |
|--|--|---|
| Physical   | Income and social status<br>Employment and working conditions<br>Physical environments<br>Biology and genetic endowment<br>Health services<br>Gender<br>Health child development<br>Culture* | Food<br>Water<br>Housing<br>Safety<br>Security  |
| Emotional  | Social support networks<br>Personal health practices and coping skills*<br>Culture*  | Belonging<br>Relationship<br>Esteem*  |
| Spiritual  |  | Spirituality<br>Life purpose  |
| Cognitive  | Education and literacy<br>Personal health practices and coping skills*<br>Culture*   | Self actualization<br>Community actualization<br>Role<br>Identity<br>Service<br>Esteem* |

\*Cross cutting determinants of health or relational worldview principles entered in multiple holistic worldview dimensions

The evidence base for each determinant varies and the Public Health Agency of Canada continues to pursue research to validate the list of determinants and refine optimal values for each. The World Health Organization (2007) agrees that the evidence base for individual determinants of health vary widely, with the strongest evidence supporting the health determinants relating to transport, health, water and food security, housing, and environmental factors such as radiation, energy, and urbanization. The assumption of the determinants of health movement that a

limited number of principles have universal application to human health suggests that a similar concept could be applied in BOL. The breath of life theory substitutes the western determinants of health for the indigenous worldview principles and then situates the worldview principles in the seven generation concept of time and multiple dimensions of reality that are all given shape by the context and culture of the community in which the children under study find themselves.

Overall, the research on the determinants of

health can inform BOL particularly with respect to the relational worldview principles; however, the fundamental differences in the theoretical models means one cannot be substituted for the other.

## 7. It Takes a Community to Raise the Breath of Life Theory

As many social science theories are not testable, the role of others is often limited to investigating the application of the theory in different settings. Although in an early stage of development, the basic tenets of BOL are potentially testable, inviting a much more communal approach to theoretical development and testing akin to that pursued in physics and other western sciences. There are literally thousands of physicists all over the world developing and testing various elements of the theory of everything or its sub-component string theory. This communal theoretical development makes sense as scientists bring their respective strengths to the communal task of pursuing a unified theory in physics. BOL also actively invites the involvement of others to debate, build on, and test, the theory and its applications in various contexts and cultures. Some of the areas for future scholarship include:

- Further defining the worldview principles and developing culturally based measures for each principle.
- Developing mechanisms to measure the interdependent impacts of the principles on risk experienced by First Nations children across varying dimensions of time and reality.
- Further development of the theory and testing using indigenous ontology and research methods.

- Analysis to test application of the theory across cultures and in different contexts such as health, justice, and education.

## 8. Conclusion

Inspired by Ermine's and colleagues' (Ermine, Sinclair, & Jeffery, 2004) concepts of ethical space and the tragic, longstanding overrepresentation of poor outcomes for First Nations children, BOL proposes a holistic approach for conceptualizing structural factors affecting First Nations children and families. The interpretation of the breath of life theory within the distinct cultures of First Nations peoples is embedded into the theory so as to avoid "pan Aboriginal" approaches that negate the rich diversity of Aboriginal cultures and languages. It comes at an important time when our current ways of thinking about structural risks have failed to stem the tide of First Nations children experiencing poor outcomes in child welfare and other areas.

So how does the breath of life theory differ from structural theory, ecological theory, and anti-oppression frameworks? This new theory assumes the world is indivisible and that everything across all time is important to understanding human experience. This theory goes beyond describing structural risk to identifying a series of constants that must be in balance in order to eradicate or reduce structural risk and its manifestation at the level of individuals and groups. BOL would agree that Bronfenbrenner's dimensions of reality (1979) are important but would argue one lifetime (Bronfenbrenner, 1989) is inadequate to truly understand the experience of intergenerational groups. This new theory embraces the value of ancestral knowledge not only in identifying the constants that govern our reality, but also the culture and context that give shape to different manifestations of

reality. It considers oppression as important only as a contextual factor—not as a focal factor—and provides a mechanism for restoring well-being: balance among the constants.

BOL introduces a First Nations perspective on social science. To fully understand the theory and its applications, some fluency in First Nations ontology is required. BOL invites western social science scholars to explore their current assumptions about knowledge and humanity from another worldview that situates human experience within expansive concepts of interdependence, time, and reality. It is an opportunity rarely presented in North American social science theoretical deliberation that is so dominated by western ontology and theoretical derivatives.

The implications of the theory are potentially significant. In the field of child welfare, if this new theory is proven correct, it would suggest that child welfare interventions should focus on restoring balance among the relational worldview principles instead of over-focusing on treating the way that the imbalance manifests at the level of individual children and families. BOL may also be useful in the development of child and family and community assessment tools aimed at identifying sources of structural risk and redressing its impacts.

With further testing, it may also have application in other disciplines where structural risk impacts on individual experience such as justice, health, and education. Importantly, even though the breath of life theory was developed based on general tenets of First Nations ontology, with proper cross-cultural evaluation it may inform structural interventions for other cultural groups.

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