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American Indians and chemical dependency

Cecil Raymond White Hat
Iowa State University

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American Indians and chemical dependency

by

Cecil Raymond White Hat

A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Major: Education (Educational Leadership)

Program of Study Committee:
Daniel Robinson (Major Professor)
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Iowa State University

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has met the requirements of Iowa State University

Signature was redacted for privacy.

Major Professor

Signature was redacted for privacy.

For the Major Program

Dedications

I dedicate this dissertation to my wife, Ceta Luta Win (Red Hawk Woman), Rosemary G. White Shield-White Hat. Without her help this work would not have been possible. Her support, sacrifice and encouragement sustained me, her tremendous love strengthened my spirit and made our shared vision possible.

Also to my mother Sara, and my father Isadore White Hat Sr., who shared the stories of the Lakota Oyate (Sioux), their kind words, their unconditional love was food for the journey.

They have gone to the spirit world , but they still live in my heart.

I also dedicate this dissertation to my Uncle Albert White Hat Sr., who showed me the truth seeking ways of the Sun Dance, and Vision Quest. Patiently, he taught me the songs. It was when he showed me the spirituality inherent in our language that I saw the beauty of where I came from, and with that knowledge the peace that came to me.

Finally, I dedicate this work to my children, that I can be a source of inspiration as they are to me, because their stars shine so much brighter than mine.

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Mack Shelley Ph. D.

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Personal Biography

Cecil White Hat

My Indian name is Oyate Wayankapi (people see him or notice him). My grandfather gave me that name. My immediate family was comprised of my parents, two other brothers and one sister. I grew up during the time of the legalization of alcohol in 1953 and was a student in the boarding schools mentioned in this study. I lived on the reservation during the Termination Era and became part of the relocation efforts of the Bureau of Indian Affairs. At a young age, I witnessed and was saddened to see the segregated bathrooms and water fountains in the south, and grew up in the streets of a large metropolitan area in the eastern part of the United States.

I am a member of the second generation of my family to experience alcoholism. I quit drinking alcohol when my children were still babies because I wanted to break the cycle of addiction that seems to run in families where alcoholism is present. I am often asked, "How were you able to survive, when so many went back to drinking or died in their alcoholism?" I would have to say that it was a combination of the stories told to me by my grandparents, parents, and other relatives about our heritage, (where we came from) that sustained me along with following the truth seeking ways of the Sweat Lodge, Sundance and Vision Quest. I did not want my life to be just about alcoholism, pain, grief, and loss. I wanted my life to be more than just survival; I wanted it to be about the pursuit of freedom and happiness. I now have a wonderful wife who shares with me a vision for that better life.

I have a long and wonderful heritage in education from my ancestors and relatives. This heritage includes my great-grandfather, Chief Hollow Horn Bear, who insisted that educational initiatives be included for his people during the treaty-making era. I have an uncle who is an author, in addition to my father who had a eighth grade education, and yet was able to start a college (Sinte Gleska University) on our reservation. In witnessing what my father accomplished in the process of conceptualizing his vision, and following it through to its completion, I was inspired to examine the possibilities of what I could accomplish if provided an excellent education. With this in mind, as I complete my graduate work, I am mindful of the sacred hoop and I look forward to passing on these stories of my relatives committed to education.

Abstract

As we go into the new millennium, there is renewed hope among American Indians for a better life. However, in viewing the statistics regarding American Indians and chemical dependency, we realize the situation is not improving. In fact, American Indians enter chemical dependency treatment at a disproportionately higher rate than the general population. This study utilizes qualitative research as well as culturally appropriate research methodology to examine how chemical dependency came to the Oyate (people). It will examine the relationship between the unacceptable high rates of alcoholism in Indian Country and federal Indian policy. It will look at the human face of federal Indian policy and how that may have influenced the language, culture, and spirituality of Indigenous Peoples as it relates to chemical dependency. Nascent Indigenous researchers long have pointed out the fact that federal Indian policy influenced the current predicament of the chemically dependent American Indian. This study will offer a theory on the dynamic nature of this relationship, and how it affects Indigenous Peoples.

General Introduction

Chapter One includes:

- Introduction
- Statement of the problem, purpose of the study, and research questions are formulated.
- The conceptual framework is outlined and rationale is presented.
- Assumptions, limitations, delimitations, and definitions.

Chapter Two provides :

- A review of current literature that includes the foundational context for examination of the topic.
- Culturally meaningful resources from American Indian Elders

Chapter Three includes:

- Research design
- Methodological approach to the study
- Data collection method
- The researcher's identity, subjectivity, and bias are described.
- Participation selection and research sites are determined.
- Established timelines for the study are presented.

Chapter four provides:

- Analysis
- Results

Chapter five includes;

- Summary
- Conclusions
- Recommendations

Chapter 1.

Introduction

“The Lakota Oyate (the Sioux) called alcohol, Mni Wakan (Sacred Water) because of what it did for you when you drank it. It made you feel powerful, like you could do anything. It made you forget your circumstances. It elevated you. Of course over time we have found that it did more than that, and most of it was bad. We realized that it was not Mni Wakan but instead it was Mni Sica (Bad Water). I remember coming back from the border town with our alcohol and we would stop along the road where a relative died in an alcohol-related car accident and we would open a bottle and pour some out for that dead relative’s spirit. I know that we put food out for the spirits when we eat, because that is one of our oldest traditions, but I often thought that our dead relatives’ spirit didn’t care too much for that alcohol.”

-Lakota (Sioux) Elder, Personal Communication, 1986

The purpose of this document is to conduct a historically-based, qualitative research proposal to determine the factors that influenced the instant rampant addiction to alcohol by American Indians on a reservation upon alcohol legalization in 1953. This phenomena will serve as the background for this study. As one looks through this window from the past, and using the wisdom of the traditional elders spoken in their own words, one can see events unfolding that are rich in meaning to Indigenous peoples.

How Alcohol Came to the People

The arrival of alcohol came in a powerful and devastating manner to the Lakota Oyate (Sioux Nation). This phenomenon was best described by an elder from the Rosebud Sioux Reservation, Rosebud South Dakota. Isadore White Hat, founder of Sinte Gleska University, recalled that time in 1953 when Indians could buy alcohol legally for the first time.

We were sitting in our car on main street, in Mission SD. All the streets were packed with cars, people on horseback, teams of horses with wagons. The people came because that day was the first day Indians could buy alcohol legally. The liquor store owner came out, swept off his front walk, looked around, went back inside and flipped the closed sign over to the open side. Although it was open, people were reluctant to go in, everybody thought it was another trick by the white man. You must remember that before 1953, if you got caught with alcohol you were sent to a federal penitentiary for one year and a day. Well, finally someone went in and soon came out with a case of beer and some paper sacks. He got in his car and drove slowly out of town. He wasn't arrested! What happened next was amazing to see, there was a stampede on that liquor store. It was completely bought out in two hours. The people waited because they said a semi-truck load of alcohol was coming. When that came in it was also completely bought out in a matter of hours. (I. D. White Hat, personal communication, 1980)

This document will examine this phenomena from a historical perspective, regarding how the Lakota Oyate experiences with alcohol changed their culture prior to and after 1953. A Sioux elder from that time recalls the change alcohol brought to the tribal communities.

I remember 1953 very well. We used to go to Julesburg, Colorado in the fall to pick potatoes. That was the time everybody bought the things that they needed for the coming winter. When it became legal to buy alcohol, the alcoholism hit the people so fast that people would sell their brand new boots that they were wearing, clothing, cars, everything and anything so that they could buy alcohol. Our communities went downhill fast. We started to hear about domestic violence, fights, killings and sexual assaults where alcohol was involved. These things were not there before 1953. Right from the first drink, our people drank to get drunk. I don't think I ever saw an Indian social drinker. I heard they're around. I never saw one.

-Lakota (Sioux) Elder, Personal Communication, 1982.

Statement of the Problem

Vine Deloria Jr., in his book, *Red Earth, White Lies* (1995), gives credence to the notion of the culture-based methodology of Oral Tradition: "Every human society maintains its sense of identity with a set of stories which explain, at least to its satisfaction, how things came to be. A good many societies begin at a creation and carry forward a tenuous link of events which they consider to be historical—which is to say actual experiences of the group which often serve as precedents for determining present and future actions."

This example from the Oral Tradition from one of our elders tells how Indian people were introduced to alcohol. Alcohol did not come to them in the same manner as the majority culture. It was not introduced as an inalienable right. How was it that the indigenous people experienced immediate addiction right from the beginning? What sort of dynamics were present for tribes to experience the manifestations of addiction in such a dramatic fashion?

The two traits tribes seem to have in common are: (1) high rates of alcoholism, and (2) all are influenced by federal Indian policy. This study will examine the effects of federal Indian policy in relationship to alcoholism within the American Indian family. Since alcohol legalization for American Indians in 1953, the extent of the problem of chemical dependency in the American Indian family has been devastating. For example, age-adjusted alcohol deaths for American Indians are four times higher than the rate for all groups within the U.S., this counts only deaths due to alcohol dependency, e.g., cirrhosis, chronic liver disease (I.H.S., 1990). If alcohol-related deaths from accidents, suicide, and homicide categories were added to the alcohol-death rates, the rate of alcohol-caused deaths would be at least 10 times as high as that of all groups within the U.S. combined.

The Purpose of the Study

This study will utilize qualitative research as well as culturally appropriate research methodology to examine how chemical dependency came to the Oyate (people). It will examine the relationship between the unacceptable high rates of alcoholism in Indian

Country and federal Indian policy. It will look at the human face of federal Indian policy and how that may have influenced the language, culture and spirituality of Indigenous Peoples as it relates to chemical dependency. Nascent Indigenous researchers long have pointed out the fact that federal Indian policy influenced the current predicament of the chemically dependent American Indian. This study will offer a theory on the dynamic nature of this relationship, and how this affects Indigenous Peoples.

Research Questions

The research questions include the following:

1. How has federal Indian policy contributed to the family dynamics of alcoholism in Indian families?
2. Are the feelings that come from oppression experienced by Indigenous people from federal Indian policy similar to the feelings generated by alcoholism in Indian families?
3. How can the cultural and spiritual strengths found in Indian cultures serve in treating chemically dependent American Indians?

Assumptions of the Study

The following assumptions are made regarding this study: (1) The effects of long-term oppression on American Indians can be devastating, in terms of Indigenous identity and cultural attachment. (2) The loss of personal freedoms of American Indians, such as using tribal languages and practicing Indigenous religions, has caused Native people to lose hope and a will to live. (3) American Indians who begin to understand and practice traditional

tribal cultural and spiritual beliefs do stay sober and experience an enhanced quality of life.

(4) The use of traditional Indigenous aesthetic expressions such as poetry, storytelling, songs, and certain spiritual practices strengthens recovery when used in the treatment process.

Limitations of this Study

The following are limitations to this study: (1) The study includes a small number of participants., (2) It does not delineate as to gender. (3) Representation from all tribes is not included. (4) the study is limited to the geographic regions of South Dakota and Minnesota.

Delimitations

Due to the limitations regarding time, space, and financial resources, this study is restricted to the elements and process described therein.

This study contains Sioux words that are translated into English. It will also provide definitions to terms specific to this study.

Definitions

Lakota Oyate:	“the people,” used by the Sioux to refer to themselves.
Mni Wakan:	“Sacred Water,” alcohol
Mni Sica:	“Bad Water,” a term for alcohol that emerged in the 1980s.
Sinte Gleska:	“Spotted Tail.”

Oral Tradition: Stories that have been handed down generation to generation to explain how things came to be.

Raciology: The study of human races.

Organization of this Dissertation

This dissertation contains five chapters. Chapter One contains: (a) the introduction, (b) statement of the problem, (c) purpose of the study, (d) research questions, (e) assumptions of the study, (f) limitations of the study, (g) delimitations of the study, and (h) definitions of terms.

Chapter Two contains a review of foundational literature. Topics include: (a) historical overview of Western science paradigms, as it relates to American Indians and alcohol, (b) federal Indian alcohol policy historical overview, (c) oppression dynamics and the minority experience of self-development under oppression, (d) American Indian spirituality, (e) the spirit of alcohol, (f) traditional American Indian family roles, (g) chemically dependent family roles, and (h) the American Indian client.

Chapter Three includes the research design, the methodological approach, and the analysis methodology, including validity assurances.

Chapter Four includes the analysis and results.

Chapter Five includes:

1. Summary
2. Conclusions
3. Recommendations

Chapter 2.

Literature Review

The toll that alcoholism takes in Indian Country across the United States is alarmingly evident in the general mortality rates put forth by the Indian Health Services' 1998-99 reported statistics, published in *Trends in Indian Health*.

National Statistics

- Age -adjusted alcoholism death rates for American Indians and Alaska Natives decreased 47% (from 59.01 to 31.1) between 1979-1981 and 1985-1987. Since then, it has increased 57%. The 1994-1996 rate (48.7 deaths per 100,000 population) is over 7 times the U.S. All Races rate of 6.7 for 1995. These Indian rates have been adjusted for miscoding of Indian race on death certificates (Indian Health Service, IHS, 1998-98, p. 108).
- Alcoholism death rates by age and sex, American Indians and Alaska Natives (1994-1996). Drinking has taken a greater toll on Indian males compared to Indian females, as evidenced by alcoholism death rates. However, the Indian female rate is much higher than the rate for females in the U.S. all r aces population. The U.S. female rate has never reached 10.0 for an age group in 1995, whereas the Indian female rate ranged from 20.6 to 97.8 for age groups 25 through 74 years. These Indian rates have been adjusted for miscoding of Indian race on death certificates (Indian Health Service, IHS, 1998-1999, p. 109).

State Statistics

For this study, data for American Indians were collected from the state of Minnesota.

- In 1995, 16% of all treatment placements were for American Indians, compared to their proportion of the population of less than 1%.
- In 1995, there were 742 authorizations for American Indians to enter chemical dependency treatment in Hennepin County, and 146 in Ramsey County.
- In 1995, there were 1,069 placements for American Indians in outstate programs. There were over 500 placements in reservation programs.
- In 1997, there were a total of 2,697 (13%) placements of American Indians in treatment in Minnesota. Of these, 563 were in Hennepin County and 138 were in Ramsey County.
- 1,308 total reservation (11) placements and 1,376 total county placements. (American Indian only).
- The Consolidated Chemical Dependency Treatment Fund (CCDTF), is a fund administered by the Department of Human Services, State of Minnesota for indigent people needing chemical dependency treatment. Total funds spent on treatment were \$57,840,611 for all persons and \$7,878,855 for American Indians only.

As of July 30, 1999, 3,079 out of 22,000 placements within the state were American Indian.

What exactly does this mean? It means that 18,000-plus placements were non-Native out of a state population of 4,000,000, as opposed to 3,079 American Indian placements out of a

state population of 25,000 American Indians past the age of 18. Figures are from the 1990 census. This roughly figures out to the result that 1 out of every 8 American Indians in the state has had a treatment experience (LaPlante, 1999). It is a generally accepted premise in the chemical dependency treatment field that an alcoholic will affect ten people around him or her. With that premise we can say safely that the American Indian population in this state are 100% affected.

Prior Research

In the spring of 1997, I conducted a pilot study to begin to examine the phenomenon of American Indian men and women being placed in treatment for alcohol and drugs at an alarming rate. In 1995, 16% of all treatment placements in the state of Minnesota were for American Indians, compared to their proportion of the population of less than 1% (LaPlante, 1999). For this qualitative pilot study I chose to send a short survey to chemical dependency counselors across Minnesota to determine what kinds of personal issues American Indians were bringing into treatment. Over two-hundred surveys were sent out by mail, with thirty-two chemical dependency counselors responding. The survey was sent out to both Native and non-Native chemical dependency counselors. The data collected from this survey are included here because it provides historical contextual understanding for the research questions examined in this study.

Survey Results, 1997

The following responses were received from chemical dependency counselors across the

State of Minnesota when they were asked the following 3 questions:

1. What do Native and Non-Native counselors need to be aware of when working with American Indian clients? Please explain.

Response:

- “The abstract, and the spiritual, how to use culture as a recovery tool.”
- “I think knowledge and experience with a culture leads to respect and sometimes understanding.”
- “Listening to people tell their story starts a bond and desire to improve both self and systems.”
- “Cultural issues that are of personal significance to a particular client-how acculturated is that client into white society and do they wish to be?”
- “Have on hand a full range of resources to give the client the most help.”
- “That they are not all the same, different tribes, different cultures and that they have to live in two worlds, cultures.”
- “Learn to understand their anger, where it comes from.”
- “Learn about their spirituality, do sweats and more, even if they don’t practice them.”
- “Learn how they communicate (eye contact or not,) words; what they mean.”
- “Learn about those that grew up white, are embarrassed to be Indian, but use it as a defense.”
- “How to identify, name, and understand my own biases and prejudices, not necessarily color or race.”

- “Better understanding of pow-wows and what they mean.”
- “The deep American Indian spirituality, the importance of the elders in the picture of American Indian culture. More information on the traditions of some American Indians, examples could be; long hair, tobacco, sage, sweet grass, smudging, the Sacred Pipe-the circle of life.”

2. In your experience, what have you seen come up more than once as issues brought up by American Indians? Please explain.

Response:

- “Lack of knowledge regarding their cultural heritage.”
- “Most of my American Indian clients have been children of half-blood. In all instances no parental or extended family relationship. Because of that they exhibit a ‘who am I’ and ‘what am I here for’ emptiness.”
- “More access to cultural activities while in treatment.”
- “How people treat them differently, sometimes true, sometimes the same as any drunk-a powerful defense.”
- “Homeless, unemployed, American Indian group drinking, diabetes, shame of being alcoholic, fear and distrust of white CD counselors (some)-fear and shame of sexual abuse as children.”
- “Trust, spirituality, anger/hate, high incidence of alcohol use in Indian communities, changing culture, drinking/drug culture, freedom-time spent in jail from drinking/drug use, and respect Indians for their way of life.”

- “No housing, no employment, no transportation.”
- “Resources help the client; clothing, winter jacket, and winter boots.”
- “Abandonment-lost family either by residential schooling or white foster homes.
Clients can accept the traditions easier than the AA ways, even if they don’t know the traditions.”
- “The 12 steps need to be compared with Native traditions. Learning style are different and need to be addressed.”
- “Lack of trust and the need for healthy role models-lack of support and safe places to be.”
- “What are traditional values and how to apply them to the 90’s.”
- “Returning to the reservation after treatment can be difficult because of lack of support. There is peer pressure to use.”
- “American Indians adopted into white families, not knowing where they belong.”
- “dysfunctional family life, all drinkers, foster care, and abuse issues.”

3. What other clinical issues/information about chemical dependency and American Indians would you like included in future trainings? Please explain.

Response:

- “Keep training us in the basics, on sobriety, honesty, fellowship, etc., but teach us how to include cultural awareness and practice of culture in CD programs.”
- “The spiritual aspects-experiential. That does more to open eyes and ears to the person.”

- “History and tribal structure, boundaries, interrelationships or lack thereof.”
- “Continue to share and make available to non-American Indian counselors the heritage and customs of the American Indian nations.”
- “Have trainings in; a) violence against our relatives and people, b) breakdown of clan (family) systems, c) children-growing up without role models, d) grief because of historical loss, present loss or exclusion, e) generations of drinking in Indian communities, f) loss of spiritual practices, g) two standards of justice, and h) referrals to non-Indian professionals.”
- “Blending of cultural teachings to A.A., comparing the two.”

The preliminary results of this data suggests that for chemically dependent American Indians who are coming into treatment, there is a decided absence of knowledge about their culture and heritage. In the instances where there is knowledge about their culture and spirituality, they have removed themselves so far from their culture because of their drinking and using other substances, that they feel shame and a sense of overwhelming unworthiness to reconnect to their culture. The data further generates questions for the future that will be addressed in this study.

In 1997, from an article entitled: *Indian Activists Protest White Clay*, written in a weekly journal in Rapid City, SD, these staggering statistics were given in support of American Indians efforts towards closing the bars in a border town, 1mile from the Pine Ridge Sioux Reservation in South Dakota:

1. Only 22 people live in White Clay NE.

2. It has four bars.
3. In 1996 over 4 million cans and bottles of beer were sold.
4. White Clay is the 4th largest alcohol outlet in the state.
5. Each year White Clay sells over 4 million gallons of liquor.
6. Over \$30 million in alcohol sales occur yearly in White Clay.

Historical Overview

Pam Colorado, in her dissertation, *Native American Alcoholism, an Issue of Survival* (1992), explains scientific thought on American Indian alcoholism this way. She says that from a brief historical review of the literature, it becomes evident that the western view of American Indian alcoholism has shifted over time. These changes in thought fall into four general paradigms: (1) Scientific Racism, (2) Cultural Anthropological, (3) Sociocultural, and (4) New Empiricism. She offers these thoughts on her study:

The paradigmatic struggle for understanding begins with an image of Native Americans as savage and evolves into a concept of cultures, implying a shared humanity. However, a critique by nascent American Indian scientists and other contemporary alcohol researchers, questions whether the search, based in western thought and tradition, has been for truth or an exercise in dominance and authority (Colorado, 1992, p. 11).

The following are overviews of the paradigms as described by Dr. Colorado:

Scientific Racism. This paradigm instituted the use of the word “race” as an identifier of nations and cultural groups. It was born out of nineteenth century social sciences, and assumed that moral qualities of people were positively correlated with physical characteristics. All humanity can be divided into superior and inferior stocks (Berkhofer, 1978). In the paradigm of scientific racism, alcoholism among American Indians was understood as a logical consequence of belonging to an inferior biological stock. This view related directly to the theory of evolution, the pervasive philosophical force of the time (Berkhofer, 1978). Scientific racism continued on into the early decades of the twentieth century. Toward the end of that period, a shift began to occur in scholarly understanding of American Indian alcoholism. The conceptions of culture and cultural relativity, demonstrated in Horton’s (1943), and Bale’s (1946) research, led to a revolution in scientific thinking; with the birth of cultural anthropology, the scientific image of American Indians was changed (Colorado, 1992, p. 18).

Cultural Anthropology. The cultural anthropology school separated biological heredity from the social transmission of culture, thus challenging all previous work in the field. Franz Boas, considered by many to be the father of anthropology, repudiated raciology and the evolutionism of scientific racism and espoused the idea of culture to explain a diversity of lifestyles of humankind. The shift was from a singular to the plural in the word “culture,” a term which previously referred to one culture, Western European, which also implied civilization. Now, it came to refer instead to diversity. (Berkhofer, 1978).

Hallowell, (1950), combining the psychological model of Bales (1946), with the cultural orientation of the new anthropology, said that the American Indian drinking patterns were manifesting a character of suppressed hostility resulting from the impact of acculturation. This view of alcoholism as a mental health problem foreshadowed the emergent medical/clinical alcoholism model of the late Twentieth Century. The cultural anthropology school separated biological heredity from the social transmission of culture, thus challenging all previous work in the field (Colorado, 1992, p. 21).

Sociocultural. This model emphasizes patterns of belief and behavior that characterize various populations. It “derives from the view... that human behavior is the complex resultant of an interplay of biological and historical factors including interactions among systems that can be distinguished as those of the culture, the society, and the individual” (National Institute on Alcohol Abuse and Alcoholism, 1980, p. 1). Its major methodological tool is the multidisciplinary approach.

Colorado (1992, p.25) writes that a review completed by herself of 100 articles using this model produced an equal number of (100) theories of causation.

The author argues that the expanded view of Native drinking has neither clarified nor focused scientific thought on American Indian alcoholism, but has created confusion.

These research findings mark an important change in American Indian alcohol literature.

American Indians were recognized as:

1. contemporary human beings,
2. people with emotions, intellect, etc., and

3. beings subject to social pressure

Research under this model also demonstrated that traditional heritage affects the way we relate to alcohol today.

New Empiricism. From the sociocultural paradigm, two trends emerged:

1. The expanded view of Native American alcoholism, which resulted from the multidisciplinary approach.
2. The trend toward empiricism, triggered by the first trend.

The result of this was a raising of fundamental issues regarding previous work in the field.

Three problems became evident:

1. Scientists recognized that alcoholism is a complex phenomenon about which little is known.
2. Data collection and interpretation problems were presenting manifold difficulties.
3. The appropriateness of theoretical models was called into question (Leland, 1978; Noble, 1978).

Looking at the overall history of the scientific image of Native Americans leads many scholars to cynicism about the ability of one people to understand another in mutually acceptable terms (Berkhofer, 1978).

Scientific Pluralism. Colorado (1992) says that Native American science has a legitimate and important role to play in the treatment of Native American alcoholism. This, however, has

been ignored too long in the plethora of Western scientific models. The following should be taken into consideration:

- I. Establish cross cultural scientific exchanges.
 - A. One group of scholars, represented by Heath (1980), calls for incremental changes in the sociocultural model.
 - B. Another group, represented by Wilcox (1970) calls for an integration of sciences.
 - C. The third group, primarily comprised of Native American scholars, calls for a fundamental system change.
- II. Factors which contribute to the possibility of scientific pluralism
 - A. The point is not to infuse each other but to find points of intersection between the two sciences
 - B. Churchill (1982) argues that combining sciences means to accord each the proper role as one conceptual tradition among many.
 - C. Combining Western and Native American sciences is a practical and timely concept (Churchill, 1982).

This view of American Indians by western scientists over a period of time is in direct contrast to how American Indians viewed themselves over this same time span up until alcohol legalization of 1953. A review by a historian of the Lakota Oyate (Sioux Nation) during that time span in regard to the family shows a marked difference. No paradigm shift has been

experienced by American Indians during that time up to the present. Royal Hassrick, in his book, The Sioux, tells about the family unit:

The Sioux code prescribed that behavior between persons should be governed by principles of familiarity and respect. And among persons who were related, these aspects of behavior were intensified into joking and avoidance. The principles upon which the kinship system operated and upon which the family members based their behavior were ones of age and sex influenced by descent and proximity of relationship. Functioning of these concepts was to ensure a cohesive, workable society, wherein members endeavored to foster harmony and avoid conflict, was directly correlated with the Sioux notion of family and the system of reckoning kinship (Hassrick, 1964, p. 107).

Historical Overview Part II

Dr. Colorado's succinct analysis of western scientific thought and the paradigm shifts that occurred from the 1820's to the present is a precursor for what follows when a culture attempts to define another without consulting the people that are being defined. Miller and Hazlett (1996), in their article, The "Drunken Indian" Myth Distilled into Reality Through Federal Indian Alcohol Policy, offered the history, major characteristics, and impact of enacted federal Indian policy that coincided with the time frames of Colorado's (1992) paradigm shifts.

History:

Five major policy phases have attempted to define approach to alcohol and American Indians. Federal alcohol and drug policy historically was designed to control Indians or to obtain land Miller and Hazlett (1996). Policies in each era reversed or contradicted former eras, producing confusion and loss of resources. Following are the five U.S. Native

American policy phases:

- Formative Years: 1789-1871
- Allotment and Assimilation: 1871-1928
- Indian Reorganization Era: 1928-1945
- Termination Era: 1945-1961
- Self-Determination Era: 1961-present

Major Characteristics of U.S. Native American Alcohol Policy Include:

- Failure to enforce early legislation intended to protect or help Native Americans.
- Creation or use of “loopholes” in early legislation, which gave special capacity to the United States army to disseminate alcohol when necessary in the interests of carrying on business.
- Purposeful use of dissemination of liquor for land (or financial) gain. An example is the frequent distribution of liquor at treaty signings.
- Application of discriminatory policies to alcohol prohibition.

- Application of discriminatory policies such as alcohol prohibition for Indians as a group.
- Failure to fund 20th Century alcohol and drug recovery programs fully or adequately.

Impacts of U. S. Native American alcohol policy include:

- Immeasurable wealth loss, including land lost at treaty signings, and from lost battles due to influence of alcohol, “deals” made with unscrupulous traders, and dishonest government agents.
- Loss of Native cultural values and practices to an alcohol and drug culture.
- Increased mortality due to drinking styles developed in response to Indian prohibition: e.g., binge drinking, drinking while driving after purchase, illegal purchase (bootleggers, etc.).
- Lack of ability to provide sufficient treatment and other recovery help due to lack of funding, staffing, and staff development opportunities (Miller, & Hazlett, 1996).

The federal Indian alcohol policy researched by Miller & Hazlett (1996) became Federal law.

The following are Important dates to remember in this Government to American Indian Relationship:

- 1815-1871. Treaty signing era. Bureau of Indian Affairs started. Initially, under the War Department, then moved to the Department of Interior.
- After 1850, Boarding Schools established. Carlyle Indian School.
- 1887, General Allotment Act, then the Dawes Act (160 acres). During this time nearly 90 million acres of land was lost.
- 1924 - Indians are granted citizenship.
- 1934 - Indian Reorganization Act, start of Tribal governments.
- 1953 - Federal law allows Indians to legally buy alcohol.
- 1954 - Termination, start of B.I.A. relocation efforts.
- 1975 - Indian Self-determination and Education Assistance Act.
- 1978 - Indian Child Welfare Act.
- 1978 - Indian Freedom of Religion Act

(Source: *Indian Tribes as Sovereign Governments*, 1998).

The myth of the “Drunken Indian” and the issues of paternalism, alcohol use, personal freedom, and American Citizenship came into play for Luther Standing Bear when he went to Washington, DC, in 1907 to get his American citizenship. American Indians were granted citizenship by an act of Congress in 1924. In his book, *My People, The Sioux*, Luther Standing Bear tells of this time;

When I arrived in Washington, the first thing I did was to go and see Representative Curtis and ask if he would introduce me to the Commissioner of Indian Affairs. He said he would gladly do so. When we reached the office

we found the Secretary of the Interior, the Commissioner and Assistant Commissioner of Indian Affairs there. I was there introduced.... I told them I wanted a fee patent for my whole section of land. That would make me a citizen of the United States. ... I want to take care of my property, like any other man. I am old enough to do so, and perfectly able to. You put me in school and educated me to be a man. I never drink or smoke. If you refuse, I will go to Congress and ask them for my citizenship.....To make a long story short.....the principal question was, 'Do you drink whiskey?' I said 'No, I do not.' Right away, they wired to Mr. Brennan, the agent of my reservation, to find out what he knew about me. He wired back, 'Luther Standing Bear never drinks, but he is always away from the reservation.' Evidently he thought that by saying I was away, it would go against me; but it helped me along ...Finally a happy day arrived for me. I got my papers signed by the Commissioner, the Assistant Commissioner, the Secretary of the Interior Department, and President William H. Taft. All the money which was in trust with the Government I drew out, and when I had those papers and my money in my pocket, nobody can imagine how I felt!

The study suggests that with the history of alcohol and American Indians there is a progression of federal Indian policy that by its nature, language, and purpose is oppressive, resulting in incalculable costs in terms of human lives and basic freedoms.

Western View on Alcohol and American Indians

The myth of the drunken Native American has persisted in this country from colonial times to the present. Only since the 1970s has the problem been addressed seriously by the Indian Health Service (IHS) and other health care providers (Duran & Duran, 1995, p. 95). Most of the academic literature on the prevalence of alcoholism in the Native American community and treatment has focused on the sociocultural etiologies.

Among the listed of barriers to recovery are; psychopathology, personality characteristics, treatment outcomes, and peyote as a treatment alternative. Articles also almost always list poverty, poor housing, relative ill health, academic failures, cultural conflicts, and racism as predisposing factors for indigenous alcoholism (Barnes & Welte, 1986; Beauvais & LaBoueff, 1985; Beauvais, Oetting, & Edwards, 1985; Fisher, 1984; Jilek-Aall, 1978; Murphy & DeBlassie 1984; cited in Duran & Duran, 1995, p. 95). The authors point out that these articles lead the reader to believe that poverty, academic failure, and cultural conflict are Native American problems that exist in an acontextual fashion. These articles fail to mention that these problems are a direct result of the policies of the U.S. government toward Native American people (Duran & Duran, 1995, p. 95).

Some researchers have narrowed the problem further by citing laissez-faire child-rearing practices, parental and community attitudes about drug use, and conflicts between cultural ideas and behavioral realities as factors contributing to the high prevalence of substance abuse among Native American adolescents (Weibel-Orlando, 1984, cited in Duran & Duran,

1995, p. 96). This can lead to an erroneous assumption that Native people do not care about their children, and therefore it is this lack of caring that leads to alcoholism and drug abuse. Again, no mention of historical factors is made and the culpability is placed on the culture itself (Duran & Duran, 1995, p. 96).

Tribal affiliation and age were found to influence drinking styles and the attitude toward alcohol in one study of an urban Indian population (Weisner, Weibel-Orlando, & Long, 1984, cited in Duran & Duran, 1995, p. 96). American cultural values of individualism and individual choice are at odds with the traditional Native values of consensus and community. They are discussed as barriers to Native American recovery in a majority culture framework (Katz, 1979; Yellowthunder, 1981, cited in Duran & Duran, 1995, p. 96). Psychopathology is often cited as a determining factor in Native substance abuse. Listed among these problems are anxiety, depression, psychological distortion, and maladjustment (Borunda & Shore, 1978; Graves, 1973, cited in Duran & Duran, 1995, p. 96). The authors point out that high levels of pathology by Native Americans, feelings of oppression, and being persecuted, or scoring high in paranoia, may reflect good reality testing rather than pathological disorders (Duran & Duran, p. 97).

Roger Hornby, in his book co-authored with Richard H. Dana, Jr., *Mni Wakan & the Sioux*, talks about the different lenses whites use to discount American Indian perspectives on their alcohol consumption;

Alcohol consumption among Indians has many origins. The effect of alcohol

points toward an uneasy and fragmented coexistence of two conflicting value systems, Indian and white. Ameliorative attempts have a history of limited success since they fail to address the function of alcohol within Indian lifestyles, the developing modal patterns of alcohol use, and the meaning of experience from an Indian perspective. (Hornby, 1984, p. xiii)

Historical Temperance Movements

There is a long history of Indigenous peoples' efforts for temperance. Duran & Duran (1995) have this to say on those movements: "Temperance either has been the major focal point or a dominant theme in many native social movements over the last two hundred years. The Handsome Lake Religion, the teachings of the Shawnee prophet Tenskwatawa, and the spread of the Native American church all had temperance as a major subject."

Handsome Lake

The Seneca prophet, Handsome Lake preached abstinence from alcohol as early as 1800. The political climate present at the time of Handsome Lake's vision provides clues to the struggle for alcohol's function and meaning (Duran & Duran, 1995, p. 127). There were three main themes to Handsome Lake's social gospel: (1) temperance was not left to the individual but was made a part of the political and community structure; (2) peace and social unity; and (3) preservation of the tribe's land base. Handsome Lake taught that temperance from alcohol was as important as traditional ceremony (Duran & Duran, 1995, p. 130).

Tenskwatawa, Shawnee Prophet

Tenskwatawa emerged as a leading visionary of the Shawnee and neighboring tribes during a time of intense cultural change and a from a personal life of great hardship. Tenskwatawa knew from personal experience, the circumstances of alcohol degeneracy and recovery. The prophet experienced a series of visions and a near-death experience initially thought to be brought about by an alcoholic stupor. After these experiences, the prophet denounced the drinking of alcohol as poison and accursed. Like Handsome Lake, he preached the return of certain traditional Shawnee ritual and ceremonial practices (Duran & Duran, 1995, p. 131).

Tenskwatawa urged tribal members to give up the notion of private property, to return to communal life, and to fight any white acquisition of Native land. The prophet taught that temperance from alcohol restored equilibrium to traditional life, and resisted assimilation. Alcohol was condemned as a threat to native identity (Duran & Duran, 1995, p. 133).

Native American Church

The Native American church, a peyote religion, had its roots among the pre-Columbian natives of Mexico. It was brought north by the Mescalero Apaches in 1870, and quickly spread to the Kiowa and Comanche. It was characterized by all-night meetings, and the peyote was seen as a helper spirit. Whereas earlier movements preached revitalization, the Native American Church preached accommodation. It developed ideology and ceremonies

more in line with twentieth century realities of native life (Hertzberg, 1971, cited in Duran & Duran, 1995, p. 133).

The Native American Church's major canon is opposition to alcohol. Anthropologists studying native cultures have gone so far as to say it began as a temperance movement with antialcohol activities. White society's temperance movement and the Church's temperance activities started at about the same time (Duran & Duran, 1995, p. 134).

The Minority Experience

Dr. Richard Daetwiler (1984, June), in a symposium at Glenwood Springs, Colorado, offered this formulae on the minority experience and suggested how that resembled the dynamics of an alcoholic family.

Formulae on Minority Experience

Oppression + Deception = Alienation

Oppression + Awareness = Anger

Awareness + Contact = Liberation

Dr. Daetwiler likened the dynamics of this formula to the growth stages of a minority group living under an oppressive system. He noted further that the rigidity and the harsh disciplinarian nature of oppression dynamics that a minority group lived under was a look-alike for an alcoholic family, simply without the substance. Dr. Daetwiler offered these points for discussion on how the majority culture often views a minority culture: (1) How is

the minority group viewed? (2) Where do these perceptions come from? (3) How does that make the minority group feel? (4) What does the minority group want from society?

Dr. Daetwiler stated that it was easy to see how a minority group can relate to living under the formula on the minority experience, then he gave further points for discussion on how that could be felt in an alcoholic family: (1) How does the alcoholic oppress the family? (2) How does the alcoholic deceive the family? (3) When the deception is found out, how does that make the family member feel? When family members become aware of the deception is there alienation and anger? (4) Once you become aware of, and there is contact with, the element of oppression, whether it is a government policy, or awareness of the alcoholic in the family, and learn how as an individual you can help, and then action is taken, you enter into a stage where freedom is realized.

Ben Nighthorse Campbell, an American Indian, US Senator from Colorado, came to the same conclusion, coming from an indigenous perspective. He gave this advice on “taking action” to the graduating class of May, 1991, at Haskell Indian Nations University :

I cannot tell you how much I believe that as we go into 1992...the coming decade will be a major turning point in the history of our people. As my friends know, I never let an opportunity go by without encouraging Indian people to get involved in the political system. I am convinced that America, which has failed so miserably in fighting social evils from drugs to crime, from prostitution to hunger, is *ready* to learn

values of traditional Native American ways. Native Americans cannot continue to live our insulated lifestyles if we are going to help lead this nation. We need to help lead this nation. We need not abandon our traditional values—we need to affect public policy to recognize those values, and to do that, we must be involved in city, school board, county, state, and federal government. Run, help question (Native North American Voices, 1997, p. 63).

Summary

In the course of this literature review, it may be that we need to revisit the wisdom of our elders for answers or an answer as to why many American Indians experienced immediate addiction to alcohol from their first drink. The words of Black Elk come to mind as he told his story to John G. Neihardt:

You have noticed that everything an Indian does is in a circle, and that is because the Power of the World always works in circles...In the old days when we were a strong people, all our power came to us from the sacred hoop of the nation, and so long as the hoop was unbroken, the people flourished... Everything the Power of the World does is done in a circle. The sky is round like a ball, and so are all the stars. The wind, in its greatest power, whirls, Birds make their nests in circles, for theirs is the same religion as ours. The sun comes forth and goes down again in a circle... the seasons form a circle in their changing, and always come back again to where they were. The life of a man is in a circle from childhood to childhood, and so it is in everything where power moves...(Black Elk Speaks, 1932, pp. 164-165).

There is evidence in the literature review and the wisdom of our elders to suggest that we have come as Black Elk has said “full circle” as we seek answers to the unacceptable high rates of alcoholism. There is evidence to strongly suggest that American Indians living under federal Indian policy undergo the same type of feelings that an Indian alcoholic or their family members have of despair, frustration, fear, anger, hopelessness, and loss of a will to live. When the phenomenon of the alcohol legalization of 1953 is revisited and closely examined, the only real plausible reason why the Indians completely bought out the liquor store in Mission, S.D. was because there was no other way it could have happened. The groundwork for it to happen was laid with the first federal Indian policy, with its inherent oppression dynamics.

Chapter 3.

Research Design

In considering the research design, particularly research in education about American Indians, it is paramount that from the outset consideration be given to the culture from which the information is being gathered. Basic to this is offering the respect and integrity that is due the particular tribe from which the data are being gathered. The first step is to get permission from the tribe or tribal members involved in the study, informing them of the content and extent of the study, in short, the process, to explain the process of data collection. If this is not done, then the results of the study, no matter how enlightening, will be viewed by the people involved as not having any merit.

Researching and writing about American Indian issues demands a set of professional ethics, considerations, and responsibilities (Steenhout & St. Charles, 1997, p. 15). They go on to say that important considerations researchers should embrace if they wish to produce an insightful and valid representation of American Indian issues are:

- Permission to conduct the research in a tribal community must be obtained from the tribal council.
- The point of view of the tribe should be clearly presented in any discussion of issues pertaining to the tribe.
- Tribal members should be involved directly in every step of the research process, from planning the methodology and pre-testing the instrument, to the collection of data and the analysis and interpretation (review) of all findings.

- Research instruments must be adapted to be used in the cross-cultural environments of tribal communities.
- The findings of the study must be communicated clearly to the tribe.
- The study must produce a product (data and documents) that is of actual use to the tribe. The tribe should agree that the research effort is needed, and possess at least partial ownership of the final product.
- Researchers must have, and demonstrate, a high degree of respect for American Indians by visiting and interacting with people in their communities.
- Researchers must recognize the social and cultural pluralism of different societies. Recognizing that one's own cultural values affect choice-making and interpretations in research will help prevent irresponsible decision-making.

Numerous researchers have provided insight into why typical Western scientific research approaches fail to produce valid findings and insightful recommendations to improve American Indian communities (Steenbout & St. Charles, 1997, p. 16-17), list some of those reasons as:

- the minimal involvement of tribal people in the research effort
- the obtrusive role of investigators
- controversies over the content of research
- the shortcomings of conventional research training frequently result in the insensitivity of many researchers to important cultural, environmental, and social influences on the behavior of people from ethnic cultural groups.

- conventional research serves purposes of control and manipulation, and may have inherent problems of application to American Indian concerns due to the issue of self-determination.

Other researchers who have gone before offer cautionary considerations: “Naivete unfolds as a cultural ignorance which prevails in most professional circles. A crucial barrier results: professionals fail to understand the preeminent and ubiquitous concerns that tribal people have regarding rights to heritage, tribal customs, and extended family (Steenhout & St. Charles, 1997, p. 17). Respecting these concerns is integral to the success of a research project. “In doing research with Indian people... the real clue to obtaining information is being aware of the values, the traditions, the customs, and the way of life of the people you are studying” (Steenhout & St. Charles, 1997, p. 17).

“Historically, the relationship between researchers and tribes has resulted in numerous conflicts; tribes have encountered many abuses and often perceive no benefit from participating in research” (Steenhout & St. Charles, 1997, p. 18).

A major barrier to the researcher who is attempting to conduct research with an American Indian tribe is the residual feelings of distrust the community members harbor toward past researchers who have used the findings of a study against the tribe (Steenhout & St. Charles, 1997, p. 18). As a result of these past actions, Steenhout & St. Charles (1997) report, “...a high level of trust on the part of tribal leaders may be detrimental to research interests but are not necessarily damaging to tribal interests” (Steenhout & St. Charles, 1997, p. 18).

In the absence of a culturally meaningful (intrinsic) research design and methodological approach, the listed considerations will serve as the research design for this study.

Methodology

In considering research methodology, qualitative research methods, when used in concert with the listed considerations when researching an American Indian culture could prove to be beneficial. Research methodologies can be divided into two major paradigms, logical-positivism and phenomenological inquiry (Best & Kahn, 2003, p. 240). For this study the phenomenological inquiry method will be used as this will allow for the use of a variety of interpretive research methodologies including participant observation. This method will allow “the researcher a more central role in the elucidation and interpretation of the behaviors observed (Best & Kahn, 2003, pp. 240-241). Lincoln and Guba (1985) refer to this type of research as *naturalistic inquiry*, which implies that participant observational techniques result in a more natural approach than the tests, surveys, and the like used in the more quantitative approaches (Best & Kahn, 2003, p. 241). Marshall and Rossman (1999) suggest that qualitative research offers opportunities for conducting exploratory and descriptive research that uses the context and setting to search for a deeper meaning understanding of the person(s) being studied (Best & Kahn, 2003, p. 241).

Patton (1990) proposes 10 themes that characterize qualitative research (Best & Kahn, 2003, p. 241). This study will follow 8 of these themes of qualitative inquiry, as those particular

themes seem to apply as one reviews the literature and proposed field study. They are the following:

1. Naturalistic inquiry—studying real-world situations as they unfold naturally; non-manipulative, unobtrusive, and noncontrolling; openness, to whatever emerges—lack of predetermined constraints on outcomes.
2. Holistic Perspective—the *whole* phenomenon under study is understood as a complex system that is more than the sum of its parts; focus on complex interdependencies not meaningfully reduced to a few discrete variables and linear, cause, effect relationships
3. Qualitative data—detailed, thick description; inquiry in depth; direct quotations capturing people's personal perspective and experiences
4. Personal Contact and insight—the researcher had direct contact with and gets close to the people, situation, and phenomenon under study; the researcher's personal experiences and insights are an important part of the inquiry and critical to understanding the phenomenon
5. Dynamic systems—Attention to process; assumes change is constant and ongoing whether the focus is on an individual or an entire culture
6. Context sensitivity—places findings in a social, historical, and temporal context; dubious of the possibility or meaningfulness of generalizations across time and space
7. Empathic neutrality—complete objectivity is impossible; pure subjectivity undermines credibility; the researcher's passion is understanding the world in all its complexity—not proving something, not advocating, not advancing personal agendas, but understanding; the

researcher includes personal experience and empathic insight as part of the relevant data, while taking a neutral nonjudgmental stance toward whatever content may emerge.

8. Design flexibility—open to adapting inquiry as understanding deepens and/or situations change; avoids getting locked into rigid designs that eliminate responsiveness; pursues new paths of discovery as they emerge.

Data Collection Method

For this study, parameters set forth by Patton (1990) will be used as guidelines, which will be followed by cultural considerations as described. They are as follows:

Qualitative methods consist of three kinds of data collection: (1) in-depth, open-ended interviews; (2) direct observations; and (3) written documents. The data from interviews consist of direct quotations from people about their experiences, opinions, feelings, and knowledge. The data from observations consist of detailed descriptions of people's activities, actions, and the full range of interpersonal interactions and organizational processes that are part of observable human experience. Document analysis in qualitative inquiry yields excerpts, quotations, or entire passages from organizational clinical or program records; memoranda and correspondence; official publications and reports; personal diaries; and open-ended written responses to questionnaires and surveys (Best & Kahn, 2003, p. 241).

Keeping in mind the *holistic perspective* of Patton (1990), the following data collection method can be used without sacrificing the integrity of either the Western science method or the Indigenous researcher working in his/her own community.

Data Collection and the Indigenous Researcher

1. The Indigenous researcher would first take the Indigenous thought and purpose of this study to a ceremony, or, if a medicine man were not available to conduct a ceremony, they would take this study to a sweat lodge ceremony and turn this whole endeavor over to the care of creation. He/She would ask for guidance and assistance so that the outcome of the study could be used to better the lives of the people.
2. Next, the researcher would ensure that the study would be conducted in a respectful and caring manner. For example, tobacco or a gift would be given to research participants to acknowledge the seeking of truth and the seriousness of the undertaking. These aspects would be understood by the researcher and participants as matters of the heart and the spirit.
3. The researcher would visit with elders, and indigenous and non-indigenous alcohol and drug counselors who work with chemically dependent American Indians as primary sources of data.
4. The researcher would conduct an extensive literature search as another source of data. The researcher would utilize material created by American Indian authors. The literature search would include oral tradition (storytelling) as well as historical and current material.

5. The researcher would include aesthetic expressions of American Indians such as poetry, stories, and songs as another source of data.
6. The researcher would use culturally based methodology in data collection, inclusive of the Sacred Hoop (the Circle), the cultural value system, oral history, focus groups, interviews, and field notes.

The data collection would be triangulated with: (a) the review of American Indian alcoholism literature, (b) the review of American Indian historical documents, and government Indian policy; and (c) interviews with Indigenous and non-Indigenous chemical dependency counselors who work with the chemically dependent American Indian, and with elders respected by the community for their knowledge of traditional cultural and spiritual practices.

Researcher's identity, subjectivity, and bias are described

Identity

Personal: My Indian name is *Oyate Wayan Kapi* (People notice him or see him), and what I call my Social Security name is Cecil White Hat, I am a member of the Sicangu Lakota Oyate (Burnt Thigh band of the Brule Sioux) from the Rosebud Indian Reservation, at Rosebud, South Dakota. I am a Sacred Pipe carrier and participate in the spiritual beliefs of my tribe, some of which are the Sweat Lodge, Sundance and Vision Quest.

Work: For this study, I have utilized my twenty-three years of experience in the chemical

dependency (CD) field, equally divided between clinical experience and administration of CD programs. I first became certified as a level 3 Counselor in 1984 with the State of Colorado. I am currently licensed as a chemical dependency counselor by the State of MN. I have served as the past director of the Institute on the Study of Alcohol and Drugs at Sinte Gleska University, Rosebud South Dakota, where I developed and implemented alcohol and drug courses, employee assistance (EAP), and student assistance (SAP) programs. I have served as *chair* for both the Northern Plains Native American Chemical Dependency Association, in South Dakota, and the American Indian Advisory Council, which serves in an advisory capacity to the Department of Human Services, State of Minnesota. My past consultant work includes having evaluated the Aberdeen Area Indian Health Services' twenty-two alcohol and drug programs. My academic credentials consist of a BS in Human Services with a major in alcohol and drugs; a Masters degree in Education; and a near completion of a Masters degree in Public Policy Administration.

I am currently a student pursuing my Doctorate in Education at Iowa State University. My graduate work is with the Educational Leadership and Policy Studies Department. I am a current member of the Education Committee and serve as *Chair* of the Cultural Diversity Committee, (Department of Health); both committees are with the State of Minnesota.

Subjectivity

An Indigenous researcher will provide contextual understanding, thereby promoting subjectivity rather than undermining credibility. The Indigenous researcher would speak and

understand the language. With this ability he/she would be able to pick up the nuances of the language. An example would be the use of the Lakota word “makuje” (to be ill). Compared to everyday conversation, that same word now subtly takes on the connotations of an alcohol subculture in its current use to mean “hangover.” Albert White Hat, Sr., In his book, *Reading and Writing the Lakota Language*, talks of the language taking on a dysfunctional alcohol and drug meaning in a 1973 discussion with middle school students:

When asked the definition of *makuje* (“I am sick”) students responded, “Hangover.” When I asked them to define *otehi* (“difficult or hard times or circumstances”) they responded, “You have one hell of a hangover. You are flat broke with absolutely no resources for another drink” The language began to reflect the rise of alcoholism and a changing value system. (White Hat, A, 1999, p. 9).

The Indigenous researcher not only would know the language, but also would be trusted by the community because of their deep involvement. They also would have a better understanding of the culture, economics, and politics of the group because of their participation. Deloria (1995) says that often a researcher who does not speak the language, has never lived in the community, and visits the people only occasionally during the summer purports to have a better understanding than the people themselves (Deloria, 1995, p. 49). He goes on to say, “When this attitude is seen in religious studies it is appalling: white scholars truly believe that they know more about tribal religions than the people who actually do the ceremonies” (Deloria, 1995 p. 50). The major difference between American Indians’ views

of the physical world and Western science lies in the premise accepted by Indians and rejected by scientists: the world in which we live is alive (Deloria, 1995, p. 55).

The benefits to having an Indigenous researcher are that the study would not be immediately suspect. The Lakota Oyate (The People) would know that the Indigenous researcher would act in concert with the physical world; whereas the non-Indigenous researcher, at a great price in understanding, would detach as much as possible from the event he or she is observing (Deloria, 1995, p. 56).

Bias

My bias is to live out my commitment to help American Indians recover from their chemical dependency and live happy, productive lives.

Participation selection and research sites are determined.

For the survey portion of this study, participants were seven American Indian chemical dependency counselors from treatment programs that primarily serve American Indians. Their locations are in South Dakota and Minnesota. For the worksheet portions of this survey, chemical dependency counselors from Minnesota participated in the workgroups. Forty counselors participated in this forum on how alcohol came to the people. The participants consisted of both Native and non-Native chemical dependency counselors.

Established timelines for the study are presented.

The surveys were distributed in February, the data were collected, and analyzed, and the results are presented as part of this study. The worksheet part of this study was done in workgroups in February, after which the data were collected, analyzed, and made part of this study. For validity assurances peer member checking has been done with both the survey participants and workgroup members.

Chapter 4.

Analysis and Results

Analysis

Surveys

The following data come from answers that were given by seven chemical dependency counselors who were interviewed by phone. All the interviewees were American Indian and were currently certified as alcohol and drug counselors in the field. Four of the counselors are working in alcohol and drug programs in South Dakota, and three are working in Minnesota in chemical dependency programs that primarily serve American Indians. The length of time they have been in the field of chemical dependency ranged from eight to eighteen years. They all were asked the same five questions, which are given here with their responses.

1. In your work with the chemically dependent American Indian client, how many of your clients have disclosed that they experienced problems with their drinking right from their first drinking episode? Please explain.

Response: The percent of their clients who disclosed that they experienced problems from their first drink ranged between sixty-five (65%) and ninety-eight (98%). This was exhibited by binge drinking and experiencing blackouts from their first drinking episode. The mean for the counselor responses for this question is eighty-nine percent (89%).

2. What do American Indian and Non-Indian chemical dependency counselors need to be aware of when working with American Indian clients? Please explain.

Response:

- That the “nagi,” or spirit, requires attention before anything else. Many American Indian people have been traumatized at a young age, which can lead to drinking behavior that is harmful. This trauma impacts the spirit and requires spiritual intervention.
- One of the main things to work on with families is the issue of trust. Many women that I have worked with worry about confidentiality, that what they say may get back to the Indian community. It seems to take longer for American Indian clients to trust.
- We need to reconnect the clients with their spirituality.
- Be respectful of any belongings that the American Indian clients bring with them to treatment that is of a spiritual nature. Medicine bag, sage, feather, a medicine pouch that may be worn around the neck. Many times these items have been blessed by a Medicine Man or Woman prior to coming to treatment. Be aware that therapy stops the minute these sacred objects are confiscated.
- For the most part Native people know where they come from. They know that they are not living a cultural/spiritual life by their drinking. Therefore you have many clients who have a deep sense of alienation from their culture. An overwhelming sense of “unworthiness.” The younger generations seem to be proud of being a member of the seven council fires (the seven bands of the Sioux, located primarily in North Dakota and South Dakota) and are more open to change. The older American Indian clients seem to be beaten down worse. They

lived a harder life, accepting a language change. Most of them experienced physical, mental, and sexual abuse. It is better today because laws are helping to prevent past abuses.

- Counselors need to be culturally aware. Especially with different tribes, and how they practice their spirituality. Some of the concepts are the same, but they may practice it differently. Be respectful of different worldviews.
- Identify spiritual and cultural strengths to help them stay sober.
- Respecting another culture such as an American Indian can open doors with acquiring knowledge and experience in working with a client from that culture.
- This is very important, listen to the client when they tell their story, no matter if its all about a drinking lifestyle. Your job as a counselor is to help them put that particular lifestyle into proper context for the client with his/her new lifestyle. Too often I hear in AA when American Indian clients tell their story, and that story being dismissed by some old crusty AA guy who says, "I'm tired of hearing these old war stories," not realizing that this is a growth stage for the client and eventually will move past the war stories stage when he has sober days to reflect on and talk about. It's no wonder Native clients are turned off by 12 step programs.
- The cultural issue has to be addressed, how acculturated are they into white society? Do they identify with their Indian identity or white society values?

- Have on hand resources that will address the immediate needs of the client. It may be health issues, clothing, or giving assurances to the mother in treatment that the children are well taken of.
- The counselor needs to be aware that there are different tribes, different ways of doing things, and still are bound living in the white culture.
- Some American Indian clients come into treatment with extreme anger, this needs to be addressed.
- Learn how much they know about their own spirituality. Go from there.
- I need to be aware of my own biases and prejudices, for example, how do I feel about half-breeds, full bloods, perpetrators of sexual abuse, and know my limitations so that I can refer them to someone else who can work with the client without bias or prejudice.
- It would be good to have an assessment tool to see what the client feels and knows about the following: the Sacred Pipe, importance of elders, the use of tobacco in prayer, the Sacred Hoop, smudging with sage and sweet grass, what that entails and what it means. American Indian spirituality issues have been discounted in treatment for so long that we are reluctant to bring them up, when we know that oftentimes that is the core issue.
- Of course, you need to do a standard battery of tests to bring out the mental, emotional, medical, and spiritual needs of the client. Many of the Native clients are diabetic, which is exasperated or heightened by the disease of alcoholism.

- What does the client have in the way of family support (extended family) or elders in the community? Who can be a source of support and encouragement in their new life?
- Many Native clients were adopted out as babies and grew up white, when they come into treatment they are confused as to who they are. They say, "I feel like I don't belong anywhere."
- Establishing rapport and opening up lines of communication with the client is important. Lack of eye contact may not be a sign of resistance or non-compliance but may actually be a sign of respect for the therapist.

3. In your experience, what have you seen come up more than once as issues brought up by chemically dependent American Indians? Please explain.

Response:

- Sexual abuse
- Poverty
- Early childhood trauma
- Cultural self-hate
- Trust issues
- Their perspective of 12-step programs. They say, "I can't do AA, it's white man's medicine, it's not for me."
- A sense of being overwhelmed by parenting.

- The difficulty of going back into a family where everybody is still drinking, and being told, “You think you’re too good for us, now that you stopped drinking.”
- Not being connected to their culture.
- Peer pressure to go back to drinking or using drugs again.
- Being abused while they were in foster care.
- Not having healthy role models. One client told me, “I looked in my community to see if there was somebody who I could use as a role model, and I have to tell you, I’m still looking.”
- There is a sense by the Native client that the Indian way of life is gone, that traditional values are no longer applicable. We have to correct that fallacy.
- Some of the older clients recall a time in their communities when it was a healthy community, no drinking, no violence, no sexual abuse, and then in the fifties and sixties it started to change with all the drinking that took place.
- The younger clients think that all the drinking, fighting, someone beaten to death with a baseball bat, was all part of growing up on a reservation. It was seen as normal.
- The inability to trust themselves to stay sober when they leave treatment. One client remarked, “if I hadn’t spent so much time in jail, I would probably be dead by now.”
- The absence of any job skills, or how to keep a job for any length of time. Then you add to that an 80% unemployment rate on a reservation. It is hard to instill hope when you have all those strikes against you from the beginning.

- The American Indian clients that I worked with have the feeling that everything about their culture is a negative. The Lakota (Sioux) heritage is full of stories that are rich in meaning that can help the Native client stay strong in their sobriety. This is how we learned, through storytelling. They should be “mined” and made part of the treatment experience. I’m sure that is true for other tribes as well.

4. What other clinical issues/information about chemical dependency and American Indians would you like included in future trainings? Please explain.

Response:

- Fetal Alcohol Syndrome and American Indians and how to work with the Native clients who have it.
- How applicable is the 12-step programs for American Indians. Are they able to stay sober with just the 12 steps, or do they stay sober because it is used in conjunction with their own cultural practices.
- What has been missing for a long time is the practice of cultural values in chemical dependency programs. How one should conduct themselves and treat one another.
- The history of American Indian alcoholism has never been part of any treatment program where I was employed, that would help the client to put things into perspective.
- I would like training in how to reconstruct family systems that have broken down because of the alcohol in the family. Whole clans have experienced alcoholism.

- Cultural issues need to be addressed. When you get an American Indian client into treatment, almost all have experienced sexual abuse, trauma from growing up on a reservation, unresolved grief, loss of loved ones from alcoholism. A long history of cultural pain, sometimes generations. Without cultural work in treatment, therapy is only half complete.
- As an American Indian counselor I realize that our spirituality needs to be a major part of treatment. I would like more training in the experiential part of our spirituality. For example, how do you provide the clients ownership of their spirituality?
- Training would be helpful with an in-depth comparison of cultural teachings and Alcoholics Anonymous (AA).
- Sexual Abuse.
- Because of the alcohol there is violence against our own relatives and people in the community. I remember a catholic priest from our parish who stood in tears at a wake for a young man, and told the people that beating each other to death while you were drunk was not normal.
- Generations of drinking in our Indian communities.
- What clients need to know is how they can practice their American Indian spirituality on a daily basis. As a counselor, I have often asked myself the question, “can an American Indian client remain sober just using his/her cultural and spiritual practices of their particular tribe?”

In his book, *The Peculiar Institution*, (Stampp, 1968, p. 144-48) a face is put on oppression, of the feelings that are generated and become part of the individual, and the culture, when they experience oppression over an extended period of time.

5. In the course of treatment, when the American Indian clients tell their story, did he/she express undergoing any of the following faces of oppression: a) experience strict discipline, b) have to show total submission, c) have no chance to exercise free will and judgement, d) talk of feelings of inferiority, e) display a "I know my place" attitude, f) express feelings that ancestry is a negative rather than a positive, g) express feelings that color is a badge of degradation, h) express a situation where they made to feel "less than."

Please explain.

Response:

- In the clients that I worked with, strict discipline was talked about a lot. Clients felt like they were betraying their parents if they talked about the strict discipline or other forms of abuse mentioned in the question.
- The "don't talk, don't trust, don't feel" dynamic prevalent in alcoholic homes was common with the clients I worked with. They have mentioned all the faces of oppression in relation to the dynamics within their alcoholic family. Clients often talked of being the cause of the problem. A parent will say, "if it wasn't for you, and how you behave, I wouldn't drink so much."
- I have had clients who related all of the above. The "white history" we learned in school was full of lies as to who we were and what we were.

- The older clients especially mentioned experiencing all of the faces of oppression mentioned above. They seemed to be the ones that were hit the hardest. They all have stories of where they experienced racism and oppression. The younger clients seem to have more problems with their identity.
- All the clients that I worked with experienced over half of the faces mentioned above. One woman client I worked with had the feeling that living with all those faces of oppression was her “lot” in life. That it was out of her control. She thought that she was without empowerment.
- The clients that I worked with had some of the faces mentioned above, not all. The older people, 40 years old and above, experienced them through severe discipline, but the younger ones (teens) did not.
- The older ones seemed to have more cultural self-hate as a result of the items mentioned above. The younger ones seemed to not know who they were. The identity issues of “who am I” and “where do I belong” were prevalent.
- Ninety-nine percent (99%) of them talked of experiencing racism and oppression.

6. Are there any other comments that you would like to make that would benefit this study? Please explain.

Response:

- The aspects of a person that makes them whole require equal attention. They’re physical, mental, emotional, and spiritual. Talk therapy alone is not going to help people.

- Native clients who come into treatment need a whole array of cultural and sober activities to experience while in treatment. Essentially, to learn how to live sober on a daily basis. I have had young people in treatment who have no concept of a sober household. No sober experiences to look back on and reflect. I believe this is one of the reasons for our high rate of suicide in our young people. I had one young adult say, “my parents were alcoholic, my grandparents were alcoholic. In my community, there is drinking going on day and night. Is this all that I have to look forward to?”

Worksheets

For my worksheet portion of my data collection, I will provide information gathered from a class exercise that was done from the topic area “How Alcohol Came to the People.” This topic area was the first class from a 45-hours, 3-credit course on American Indians and chemical dependency that was presented to 40 graduate students with Hazeldens’ Graduate School of Addiction studies. It was taught to the students in a three-week-end format during February and March of 2003.

It was presented in the beginning to lessen bias, and assure validity. The class exercise is a response to a scenario presented to the graduate students of how American Indian people responded to alcohol legalization in 1953 in a small reservation town in South Dakota. The story of “How Alcohol Came to the People” will be presented to provide context followed by the responses from the six focus group worksheets.

How Alcohol Came to the People

I remember that it was 1953 and I was a little boy, five years old. I was standing in the middle of the back seat of our car with my elbows up on the front seat, watching. Up front, my dad was sitting in the driver's seat and my uncle was sitting on the passenger side. The place was Mission, South Dakota, and the streets were jam-packed with cars. There were wagons with teams of horses, and people were sitting and standing under trees. I remember that there was present an air of great expectation. Because, it was the first day that Indians would be able to buy liquor legally.

You must understand that up until that time it was a federal offense to have alcohol, and if you were caught with it, you went to a federal penitentiary for a year and a day. I remember I had a relative who went to jail under this law, because my mother had pointed out an uncle to me.

I remember seeing the liquor store owner come out and sweep off the front of his walk, look around, and go back inside and turn his sign around to show the "open" side. For what seemed a long time, nobody went in. Finally an Indian man went in and after a time came out carrying a case of beer and paper sacks. He looked around cautiously while he walked to his car, and then got in and drove away. He was not arrested!

What happened next was amazing to watch. I can only describe it as a stampede on that liquor store. They completely bought out the store in a matter of a couple of hours, and they

were still waiting in the streets because they were told a semi-load was coming and would be there by 1 o'clock.

How Alcohol Came to the People

Questions for Discussion in Small Group

Focus Group: One

Group Name: Sacred Six

Group Members: Six

1. What caused the people to take to alcohol, right from the beginning, in such an addictive-like manner?

Response:

- Seen as something attractive, because of denial of the substance.
- Wanting equalization with dominant (white) culture. A cultural acceptance.
- Bio-genetic sensitivity, an allergic reaction to sugar.
- Oppression - only source of gratification, to deal with powerlessness, relieve hopelessness
- Self-medication because the culture/traditions/spirituality/language were outlawed.
- Cultural genocide - relieve pain
- Stock up before it is taken away; the 1953 legalization law may be repealed.

2. More importantly, how do you begin to treat the people? For example, we know about the progression of the disease model. Is this, or any of the other addiction models, applicable? Please explain.

Response:

- Disease model best fits to treat the people. With help from other theorists.
- Jung's theory would apply - "misguided spiritual quest"- disconnected from traditions/old quests/spirituality.
- Silkworth's theory would apply because of the allergy of the body to alcohol. With obsession of the mind. Bio-genetic sensitivity to alcohol creates craving.

3. After discussion of this phenomenon of how alcohol came to the people, offer a remedy, a treatment model, or an approach to help the people overcome their rampant alcoholism.

Response:

- Use the 12-step model culturally modified.
- Reintroduce and affirm cultural spiritual values to cope with powerlessness and unmanageability of use.
- Multidisciplinary approach.
- Change face of addiction - integrate sober supports in the community with the help of mentors and elders.
- Encourage entrepreneurial collectivism to move away from dominant culture handouts. Help to restore sense of autonomy, self-responsibility.

- Restore the warrior spirit in a healthy sense.

How Alcohol Came to the People

Questions for Discussion in Small Group

Focus Group: Two

Group Name: Red Road Warriors

Group Members: Seven

1. What caused the people to take to alcohol, right from the beginning, in such an addictive-like manner?

Response:

- Poor cultural context.
- Alcohol appealing as a forbidden fruit.
- Alcohol was used as a pain, shame, and rage killer.

2. More importantly, how do you begin to treat the people? For example, we know about the progression of the disease model, is this, or any of the other addiction models applicable? Please explain.

Response:

- Incorporate American Indian spiritual beliefs into 12-step model.
- Get entire community and clans involved.
- Take the road to “Wellbriety.”

3. After discussion of this phenomenon of how alcohol came to the people, offer a remedy, a treatment model, or an approach to help the people overcome their rampant alcoholism.

Response:

- Involve the elders and the women in the clans in the concept of the road to “Wellbriety.”
- Introduce sobriety as a spiritual and cultural value.
- Incorporate this concept into all the ceremonies, particularly pow-wows.

How Alcohol Came to the People

Questions for Discussion in Small Group

Focus Group: Three

Group Name: High Fives

Group Members: Six

1. What caused the people to take to alcohol, right from the beginning, in such an addictive-like manner?

Response:

- 1953 - The end of prohibition for American Indians.
- Self - Medication of accumulative pain.
- The boarding school experience, with the loss of language.
- Genocidal practices by the federal government with historical social policies
- Loss of land, therefore interference with traditional ways of living.

- Stereotypes magnified by Hollywood exposure.
 - Assimilation into European culture.
 - Spiritual traditions were still illegal; “Dark Ages.”
 - No standards for social and occasional use.
 - Introduction to an alien entity; alcohol was not part of traditional cultures.
2. More importantly, how do you begin to treat the people? For example, we know about the progression of the disease model. Is this, or any of the other addiction models, applicable? Please explain.

Response:

- Treat the people holistically, the whole person, which means addressing the cultural needs.
 - Early education about consequences and effects.
 - Medical and mental health outreach and education.
 - Early intervention.
 - Good treatment models integrating 12-steps and Native traditions.
 - Include cognitive behavioral therapy and rational emotive therapy.
3. After discussion of this phenomenon of how alcohol came to the people, offer a remedy, a treatment model, or an approach to help the people overcome their rampant alcoholism.

Response:

- Develop trust, partnerships, collaboration between tribal leadership; traditional leaders with addiction professionals.
- Be willing to be a partner with traditional people.
- Use mentoring, sponsorships, and role models.
- Research into cultural pre-legalization and see what can be brought forward to help in today's setting.

How Alcohol Came to the People

Questions for Discussion in Small Group

Focus Group: Four

Group Name: Inside Outs (Because the solution needs to be worked from the inside out).

Group Members: Six

1. What caused the people to take to alcohol, right from the beginning, in such an addictive-like manner?

Response:

- No social norms regulating social use of alcohol.
- “Forbidden fruit” becomes legalized.
- Historical and cultural trauma characterized by the loss of culture, the practice of traditional spirituality was outlawed.
- No purpose in life.

- Loss of family support and cultural identity through government policy.

Examples are the boarding schools, Tribal languages outlawed, the reservation structure.

- Drinking as a form of relief from the pain of oppression.

2. More importantly, how do you begin to treat the people? For example, we know about the progression of the disease model. Is this, or any of the other addiction models, applicable? Please explain.

Response:

- Educate and utilize existing systems such as elders, traditional spiritual practices, medicine men, internal legal systems, and positive role models.
- Replicate American Indian communities where they have been successful in fighting alcoholism.
- This needs to be supported by external systems such as legal, financial, medical, and social services.

3. After discussion of this phenomenon of how alcohol came to the people, offer a remedy, a treatment model, or an approach to help the people overcome their rampant alcoholism.

Response:

- A holistic systems approach needs to be used as opposed to an individual approach.

- This would include education and intervention with the family, culture, environment, spiritual and tradition.
- Indian communities have the resources to heal, but it needs to be worked at from a “it takes a healthy community to raise a healthy child” concept.

How Alcohol Came to the People

Questions for Discussion in Small Group

Focus Group: Five

Group Name: Whispering Waters

Group Members: Six

1. What caused the people to take to alcohol, right from the beginning, in such an addictive-like manner?

Response:

- Combination of historical oppression with societal and government abuse.
- Possible biological propensity
- Natural human desire for autonomy after being repressed.

2. More importantly, how do you begin to treat the people? For example, we know about the progression of the disease model, Is this, or any of the other addiction models, applicable? Please explain.

Response:

- Treat the people using the biopsychosocial paradigm.

- Use the 12-steps to deal with the historical issues and other problems such as powerlessness.
 - Do community outreach with a strong educational component.
 - Set up sober networks.
3. After discussion of this phenomenon of how alcohol came to the people, offer a remedy, a treatment model, or an approach to help the people overcome their rampant alcoholism.

Response:

- Utilize their spirituality.
- Utilize existential therapy.

How Alcohol Came to the People

Questions for Discussion in Small Group

Focus Group: Six

Group Name: Six Deer

Group Members: Six

1. What caused the people to take to alcohol, right from the beginning, in such an addictive-like manner?

Response:

- No defenses
- No role models

- Alcohol stronger when they finally had freedom of choice.
- To cope with the feelings of emptiness, pain, anger, lost, and not belonging.
- Biological and physical reasons which are still unclear.
- Loss of spirituality.

2. More importantly, how do you begin to treat the people? For example, we know about the progression of the disease model, is this, or any of the other addiction models applicable? Please explain.

Response:

- You treat the people by using a multi-disciplinary, holistic approach.
- Disease model
- Psychosocial
- Address the social and the cultural aspects of Native peoples.
- Treat with dignity and respect.

3. After discussion of this phenomenon of how alcohol came to the people, offer a remedy, a treatment model, or an approach to help the people overcome their rampant alcoholism.

Response:

- Treat the community, to regain a balance. The 7th generation will come into balance with the natural world.
- Need many resources, role models, sober activities.

- Education on cultural traditions.
- Have plenty of tolerance to counter the internal fighting and power struggles.

Results

This section will look at the literature reviewed, surveys, and worksheets from the data collection to see if it provides a better understanding to the research questions particular to this study. Each research question will be discussed utilizing the data collection and it suggested meaning to the study.

1. How has federal Indian policy contributed to the family dynamics of alcoholism in Indian families?

From the literature review, it is possible to see how federal Indian policy contributed to the family dynamics of alcoholism in Indian families. Colorado (1992) pointed out the long history of how this took place. She found that in the century and a half of federal policy in regards to American Indians, four paradigm shifts that took place, and that these four paradigm shifts; 1) Scientific Racism, 2) Cultural Anthropology, 3) Socio-Cultural, and 4) New Empiricism, attempted to describe the American Indian from one perspective only, the Western Scientific view. Colorado questioned whether this one-sided view really was an attempt to help the American Indians, or if it was an exercise in dominance and authority.

Miller and Hazlett (1996) defined the five major policy phases that attempted to define the federal government's approach to alcohol and American Indians.

- Formative Years: 1789-1871
- Allotment and Assimilation: 1871-1928

- Indian Reorganization Era: 1928-1945
- Termination Era: 1945-1961
- Self-Determination Era: 1961-present

The authors point out that Federal alcohol and drug policy historically was designed to control Indians or to obtain land. Policies in each era reversed or contradicted former eras producing confusion and loss of resources. It is important to point out that the five major policy phases coincided in time with the paradigm shifts referenced by Colorado's (1992) research.

The Western Scientific view of American Indians to the five major policy phases resulted in the following laws that coincided with the time frames of the policy phases.

- 1815-1871. Treaty signing era. Bureau of Indian Affairs started. Initially, under the War Dept. then moved to the Dept. of Interior.
- After 1850, Boarding Schools established. Carlyle Indian School.
- 1887, General Allotment Act, then the Dawes Act, (160 acres). During this time nearly 90 million acres of land was lost.
- 1924 - Indians are granted citizenship.
- 1934 - Indian Reorganization Act, start of Tribal governments.
- 1953 - Federal law allows Indians to legally buy alcohol.
- 1954 - Termination, start of B.I.A. relocation efforts.
- 1975 - Indian Self-determination and Education Assistance Act.

- 1978 - Indian Child Welfare Act.
- 1978 - Indian Freedom of Religion Act

(Source: *Indian Tribes as Sovereign Governments*, 1998).

When one views the resulting laws over this history of American Indians and federal policy, it suggests a decided focus on laws that were oppressive in nature. Terms such as citizenship, granted as late as 1924, were reversed with terms such as termination, in 1954. It contradicts and creates confusion (Miller, Hazlett, 1996). It is just within the last three decades of the twentieth century, that laws were passed that gave American Indians the opportunity to have a voice in their educational priorities, as well as the freedom to practice their traditional religions, a basic right that American citizens have had for two hundred years. This suggests that oppressive laws designed to erode culture, language, and spirituality will have serious consequences for an Indian nation. What many tribes across the nation have in common are high rates of alcoholism and the fact that most are wards of the federal government.

In the further review of literature it is important to note historical inaccuracies. traditional family roles for the Lakota Oyate (Sioux) was reviewed to see if there were any significant changes since the early 1800's. This review coincides with the time frames of the paradigm shifts mentioned by Colorado (1992), and policy phases researched by Miller and Hazlett (1996).

Royal Hassrick (1964) reported from the 1830's to the 1880's, the Sioux's traditional family roles were practiced through the Kinship System. Governed by principles of familiarity and respect. Among persons who were related, these aspects of behavior were intensified into joking and avoidance. According to the kinship system, family members based their behavior according to:

- age of the person
- gender, influenced by descent
- proximity of relationship

The functioning of these principles enabled it to:

- be cohesive, and promote loyalty
- be a workable society
- foster harmony
- avoid conflict

Examples of familiarity and respect were:

- Toward one's sister-in-law a boisterously friendly and intimate joking relationship was expected.
- Toward one's mother-in-law complete avoidance was the rule, avoidance being an expression of highest reserve and respect.
- Tenderness and affection characterized the correct expression between parents and children. Their behavior should be one of love colored by respect.

- One loved and respected one's parents.
- One loved and respected one's children.
- The relationship between grandparent and grandchild was the same, though often more gentle and open.
- A man showed towards his "brother" the deepest love and devotion, also likewise, towards a male cousin.
- A woman likewise showed a strong devotion toward her "sister" and likewise toward her female cousin.
- Reserve and respect were the accepted modes of behavior for all persons called "Uncle" and "Aunt" and "Nephew" and "Niece."

Partial Avoidance - which made it improper to look directly at the other person, or to speak except under most urgent conditions. This was required for all persons whom a man called "sister," "female cousin," or "father-in-law." Similarly, a woman should avoid her "brothers," "male cousins," and "mother-in-law."

Complete Avoidance - was demanded between "sons" and "mothers-in-law," and between "daughters" and "fathers-in-law." Kindness and ceremony marked much of the attention showered upon little children. Youth were taught:

- dignity and reticence in speech and manner.
- restraint
- that bragging was considered a social sin.

- That children were influential beings with parents.

Parenthood: The hardest duty in the performance of parenthood was not so much to watch the conduct of their children as to be ever watchful of their own, a duty placed upon parents through the method used in instructing their young - living by example:

- parents and elders were under scrutiny for their conduct and conversation.
- parents were consequently bound to act in as kind and dignified a manner as possible.
- a man's family was his first thought.
- his ties to that of family was the strongest.
- then to his clan or extended family (tiospaye).
- then to his tribe.

From the 1890's to the 1930's, Luther Standing Bear (1975), talked about the Sioux Family. Traditional family roles were very proscribed and exacting as to behavior. They were full of meaning and were prompted from very deep sources of regard, kindness, and love for one another.

Examples of proscribed behavior:

- Mother-in-law and son-in-law went to extremes not to look at each other or talk to each other.
- A husband who was lazy was scorned at or laughed at.

- A man who verbally abused his wife or who beat her or his children was not considered a good man.
- A man who would inflict punishment upon the women and children was considered a weakling and a coward.
- Whenever it was said about a man “he ought not to have a wife,” that was expressing strong disapproval of him.
- A good husband was first of all a good provider.
- He was also the protector. When walking the man walked in front to take the brunt of danger and assumed the position of protector for the women and children who came behind.
- The young men walked ahead of the old people for the same reason.

The home was the center of Lakota society. The home was where offspring learned duty to parents, to the home, to the band (tiospaye), to tribe and to self. The women decided where to live. The wife, or the other half, showed respect and etiquette for her household by showing courtesy to visitors, attending to their needs, including clothing, and particularly food. Indian mothers --taught youth how to worship and pray.

The mother taught her boy:

- Honesty.
- Not to show fear in the face of danger.
- Duty to parents.
- Loyalty to family.

The mother taught her girl:

- To be industrious in the home
- Loyalty to family
- The importance of fidelity in the marriage.

Every son was taught to be:

- Generous to the point of sacrifice
- Truthful no matter what the cost
- Brave to the point of death
- How to know mercy and kindness
- How to seek right and justice

Neglect of children was unknown. An example is the *Wablenica* (the child without parents).

Everyone took care of them and usually they were taken into a home. The simple acts of kindness and warm humanness displaced any notions of charity.

How Elders were viewed; Elders, Grandparents were objects of care and devotion to the last.

- They were treated with respect.
- They were revered for their knowledge.
- They were the storytellers.
- They were the teachers

Grandmother,

- Was the medicine woman.
- Provided food for the sick.
- Kept bags of herbs.
- Bound wounds.
- Dried tears.

The Lakota Oyate (Sioux) displayed from the 1830's through the 1930's a consistent living of their cultural values through traditional family roles.

- | | |
|--------------|----------------|
| • Wisdom | (Woksape) |
| • Courage | (Woohitika) |
| • Fortitude | (Wowacintanka) |
| • Generosity | (Wacantognaka) |

Certainly, up until the legalization of alcohol in 1953, the Lakota Oyate experienced no discernible change in their traditional way of life. Some terms may have changed, but the concepts of caring, respect and dignity in the way they treated each other and other cultures, their relationship to the natural world, and their worldview remained constant. How the Lakota Oyate viewed themselves and how other people viewed them over that same time, with all the paradigm shifts, policy phases, and contradictory laws, is omitted from the history books. This led one American Indian counselor to offer in the comments section of the survey the thought that over 90% of what the history books tell about American Indians begs credibility.

Duran and Duran (1995) in their chapter on the spirit of alcohol point out that high levels of pathology by American Indians, feelings of oppression and being persecuted or scoring high in paranoia may reflect good reality testing rather than pathological disorders.

In the worksheet exercise, on How Alcohol Came to the People, when chemical dependency counselors were asked what caused the people to take to alcohol, right from the beginning, in such an addictive-like manner? Their responses were:

- Seen as something attractive, because of denial of the substance.
- Wanting equalization with the dominant (white) culture.
- Bio-genetic sensitivity, an allergic reaction to sugar.
- Oppression, the only source of gratification, to deal with powerlessness, relieve hopelessness.
- Self-medication, because the culture/traditions/spirituality/language were outlawed.
- Cultural genocide, Native people drank to relieve pain.
- Stock up before it is taken away; the 1953 legalization law may be repealed.
- Poor cultural context.
- Alcohol appealing as a forbidden fruit.
- Alcohol was used as a pain, shame, and rage killer.
- 1953 -the end of prohibition for American Indians.
- Self-medication of accumulative pain.
- The boarding school experience, with the loss of language.

- Genocidal practices by the federal government with historical social policies.
- Loss of land, and therefore interference with traditional ways of living.
- Stereotypes magnified by Hollywood exposure.
- Assimilation into European culture.
- Spiritual traditions were still illegal, “Dark Ages.”
- No standards for social and occasional use.
- Introduction to an alien entity, alcohol was not part of traditional cultures.
- No social norms regulating social use of alcohol.
- “Forbidden Fruit” becomes legalized.
- Historical and Cultural Trauma characterized by the loss of culture, the practice of traditional spirituality was outlawed.
- No purpose in life.
- Loss of family support and cultural identity through government policy.
Examples are the boarding schools, Tribal languages outlawed, and the reservation structure.
- Drinking as a form of relief from the pain of oppression.
- Combination of historical oppression with societal and government abuse.
- Possible biological propensity.
- Natural human desire for autonomy after being repressed.
- No defenses.
- No role models.
- Alcohol stronger when they finally had freedom of choice.

- To cope with the feelings of emptiness, pain, anger, loss, and not belonging.
- Biological and physical reasons which still are unclear.
- Loss of spirituality.

All of the responses made by professionals in the chemical dependency field have merit, with the exception of the responses where Bio-genetic influences are mentioned. There is no research to support the premise that if you are an American Indian, you are born an alcoholic. Just as you are not born angry, or born hating a certain group of people, those are learned behaviors, influenced by family of origin or society.

The responses further suggest a strong connection to Federal Indian policy and an addictive-like reaction by American Indians to historical and present circumstances when it became legal to buy alcohol in 1953. This supports the statement made by a Lakota (Sioux) elder who said he drank because it elevated you and made you forget your circumstances.

This phenomenon of addictive-like drinking right from the beginning in 1953 was asked again of American Indian Chemical Dependency counselors in February of 2003, to see if what happened in 1953 was an isolated incident.

The question was asked: In your work with the chemically dependent American Indian client, how many of your clients have disclosed that they experienced problems with their drinking right from their first drinking episode? Please explain.

Response: The percentage of clients that the counselors mentioned who had disclosed that they experienced problems from their first drink ranged from sixty-five percent (65%) to ninety-eight percent (98%). This was exhibited by binge drinking and experiencing blackouts from their first drinking episode. The mean for the counselor responses for this question is eighty-nine percent (89%).

These figures indicate that how alcohol came to the people was quite different from the experience of any other ethnic group, and apparently is still manifesting itself in the clinical setting. It also indicates that existing treatment models are not impacting the cultural and spiritual losses experienced by American Indians due in large part to past and current Federal Indian policy. The second question in the survey that was given to American Indian chemical dependency counselors give a more detailed picture as to what American Indian clients are bringing into treatment as unresolved issues.

The question was asked: What do American Indian and Non-Indian chemical dependency counselors need to be aware of when working with American Indian clients? Please explain.

Response:

- That the “nagi” or spirit requires attention before anything else. Many American Indian people have been traumatized at a young age which can lead to harmful drinking behavior. This trauma impacts the spirit and requires spiritual intervention.

- One of the main things to work on with families is the issue of trust. Many women that I have worked with worry about confidentiality, and that what they say may get back to the Indian community. It seems to take longer for American Indian clients to trust.
- We need to reconnect the clients with their spirituality.
- Be respectful of any belongings that the American Indian client brings with them to treatment that is of a spiritual nature. Medicine bag, sage, feather, a medicine pouch that may be worn around the neck. Many times these items have been blessed by a Medicine Man or Woman prior to coming to treatment. Be aware that therapy stops the minute these sacred objects are confiscated.
- For the most part Native people know where they come from. They know that they are not living a cultural/spiritual life by their drinking. Therefore you have many clients who have a deep sense of alienation from their culture and who feel an overwhelming sense of “unworthiness.” The younger generations seem to be proud of being a member of the seven council fires (the seven bands of the Sioux, located primarily in North Dakota and South Dakota) and are more open to change. The older American Indian clients seem to be beaten down worse. They lived a harder life, accepting a language change. Most of them experienced physical, mental and sexual abuse. It is better today because laws are helping to prevent past abuses.

- Counselors need to be culturally aware, especially with different tribes, and how they practice their spirituality. Some of the concepts are the same, but they may practice it differently. Be respectful of different worldviews.
- Identify spiritual and cultural strengths to help them stay sober.
- Respecting another culture, such as an American Indian, can open doors with acquiring knowledge and experience in working with a client from that culture.
- This is very important, listen to the client when they tell their story, no matter if it's all about a drinking lifestyle. Your job as a counselor is to help them put that particular lifestyle into proper context for the client with his/her new lifestyle. Too often I hear in AA when American Indian clients tell their story, and that story being dismissed by some old crusty AA guy who says "I'm tired of hearing these old war stories", not realizing that this a growth stage for the client and will eventually move past the war stories stage when he has sober days to reflect on and talk about. It's no wonder Native clients are turned off by 12-step programs.
- The cultural issue has to be addressed, how acculturated are they into white society. Do they identify with their Indian identity or white society values?
- Have on hand resources that will address the immediate needs of the client. It may be health issues, clothing, or giving assurances to the mother in treatment that the children are well taken care of.
- The counselor needs to be aware that clients come from many different tribes, different ways of doing things, and still are bound living in the white culture.

- Some American Indian clients come into treatment with extreme anger. This needs to be addressed as a clinical goal for resolution while they are in treatment.
- Learn how much they know about their own spirituality. Go from there.
- I need to be aware of my own biases and prejudices, for example, how do I feel about half-breeds, full bloods, perpetrators of sexual abuse, and know my limitations so that I can refer them to someone else who can work with the client without bias or prejudice.
- It would be good to have an assessment tool to see what the client feels and knows about the following: the Sacred Pipe, importance of elders, the use of tobacco in prayer, the Sacred Hoop, smudging with sage and sweet grass, and what that entails and what it means. American Indian spirituality issues have been discounted in treatment for so long that we are reluctant to bring them up, when we know that often that is the core issue.
- Of course, you need to do a standard battery of tests to bring out the mental, emotional, medical, and spiritual needs of the client. Many of the Native clients are diabetic, which is exasperated or heightened by the disease of alcoholism.
- What does the client have in the way of family support (extended family) or elders in the community, who can be a source of support and encouragement in his or her new life?

- Many Native clients were adopted out as babies and grew up white. When they come into treatment they are confused as to who they are. They say, “ I feel like I don’t belong anywhere.”
- Establishing rapport and opening up lines of communication with the client is important. Lack of eye contact may not be a sign of resistance or non-compliance, but actually may be a sign of respect for the therapist.

The responses all have merit as clinical issues to be deal with in a therapeutic setting. Threaded throughout the responses is a pronounced cultural and spiritual disconnect. American Indians are lost when they come into treatment. There seems to be a strong connection to unresolved cultural and spiritual needs. Whether those needs are given due attention in current treatment settings warrants further study. The relevance of the above responses as client goals while in treatment can be seen by the following letter that was written by an eighteen-year-old American Indian women who turned in a journal assignment. The letter is about her father as part of her “family of origin” work while in treatment for her chemical dependency.

A Daughter’s Letter

I regret my treatment of my father. I think that after I was adopted there was no one in my new life and family to rage at because they had no idea of the abuse or neglect I had experienced. So, I raged at my father. I felt that he was responsible for so much of it all. I just kept thinking if he hadn’t fought so hard to keep us. If he could have quit drinking or if

he had been a better man it would have all been different. It was only when I searched for answers to ease my own pain that I discovered the extent of his. I have known that life was painful for him from hints dropped and periods of silence that sometimes dominated our time together. I think that he must have been experiencing some kind of post-traumatic stress. I could see the pain in his eyes and feel the distrust of me, his daughter. My sister and I have always been upset and angry that he would not allow us in. He would not tell us about the past or how or where we fit in his life. I don't know that I ever doubted that he loved me, but for years I felt like a strange object, like a Rubik's cube, that he just stared at and wasn't sure how to work. My sister and I not only mourned a family that we lost or maybe never had; but, we also had to learn to deal with the casualties of our parents. They were victims too. I can no longer blame them for what did or did not go right in my life. I am beginning to understand the pain of generations. Generations of pain and anger affect me and reach through me into my ancestry. I am a survivor of a war that spans 500 years and threatens to claim my history. Through a history that has been damaged and a people so hurt they struggle to envision a future.

The image that comes to mind is a surrealistic battle for survival happening on far away plains. A people ravaged by war and trying to protect their children. I can see them crying and instead of drinking water, they drink alcohol because that's all there is. Some drink because they want out and as quickly as possible, they drink to die. Others drink because they have been told that's all there is. While some talk of a place where water exists, a place that will allow them to survive. They hold onto the hope that they will find the water to begin

living. They struggle with the strategies. Because they understand that there are some left in this war who will not go with them. There are some that will sit with the alcohol and die because they have lost hope. There are others who if they can convince them that it will be different and better, they will go. But, first they must convince them that alcohol and war are not what has always been. This will be a struggle because for some this is all they have known. It's like trying to convince them that the world is round when they believe it is flat, and among the resistance, the water believers, there are only a few strong enough to begin the journey. Their strength is what they take for this journey, because there is little left to provide them with, and time is running out. They are told to go on and the rest will stay to try and gather more strength and people. As they leave they are given children to take with them to provide these children with a different life. The hope is that for the children the war will be a distant and dim memory. So, they carry these children and begin a long walk to a place of water they have only dreamed of, and their faith guides them to the horizon.

As they walk they ignore each other and some hold anger at others for atrocities committed during the war. They all on some level blame each other for their individual losses. Slowly because there is no one else, they begin to talk. They begin to feel lucky, and slowly they begin to feel guilt. They feel guilt for surviving the war and for those they have left behind and for those that will never come. Slowly, they begin learning to love each other because in their journey they are the only ones they have. But again, the trauma of those who have survived the war begins to take its toll. They are angry and hurt, and as they near the land of water, their small community is breaking down. Eventually, and inevitably, someone pulls

out alcohol and says that life will be different because they have escaped the war. They tell everyone that life was hard because of the war, not the alcohol. They tell each other that the war is what made life hard. Never having the realization that the war is the alcohol. Some in the small community begin drinking and eventually they are all drinking. Things become difficult again, people fighting and hurting each other. They begin to recreate the war for themselves. Mostly, because they have only known this war and cannot think of ways to stop it from happening again. But they are close now, close to the land of water. Eventually, they send the children on without them. They tell them, "go and find your way, you're close now, we will give you all that we have to offer in the hopes that you leave this place and build again. We are too old and cannot remove ourselves from this way of life but the gift we give you is the opportunity. Life without alcohol and remember this. Look at us and remember what has happened so that you do not make the same mistakes." They give the children all the supplies and things they have and point to the horizon. They tell them to continue walking and they will get there. It's not far. The children walk and they hold each other. They cry about leaving the others behind and the pain of their loss is so great. Now, they know they must survive. They carry with them the knowledge of this war and the way it breaks people apart from the heart inside out.

Eventually, these children find the water and begin anew. They talk to each other about the people they left behind and sometimes feel guilt. Some take comfort in the knowledge that so much was given for their survival. Some go back in search of their families. Others never look back.

This is who I am. I am a child who was given to another place and family in the hopes that I would come out this surrealistic war and survive. I have. I continue to go back and look for the people I left behind and sometimes I take comfort in the knowledge that love and desire for a family were sacrificed for me to go on. When I look in the mirror, I see images of my people in my face. I carry the pain of generations, the healing laughter, and hope. All of it lives in my heart.

I got lucky and some of my family came out. My father and sister have joined the ranks of those fleeing this war and I look at them, I see lasting scars. Slowly, I have worked away from my place of anger and isolation. Anger at being pushed out and away from my people. Pushing me out and away, was the best way to insure my survival. I understand that now. I have ceased my attacks on my father. Now, we will begin our journey to the water together, and as we walk he will teach me the language that is being lost. He will share my culture with me. He will teach me about myself. He will tell stories about a people so powerful in their culture that they lived in balance in all things. Then a war begins...

-Lakota (Sioux) Young Woman, Personal Communication, 2001

As the literature review indicates, American Indians have been without a voice and basic human rights since the inception of the Constitution of the United States and the Bill of Rights. With laws that seemed to be designed to oppress these same groups of people for generations, the dynamics of oppression will result in feelings of helplessness, hopelessness,

despair, and a loss of a will to live. The irony of such a state of being is that in an alcoholic family, particularly an American Indian family, these same feelings are present. The American Indian counselor who responded in the survey indicating that simply living and growing up on a reservation is a traumatic experience gives credence to the theory that living under Federal policy and the dynamics of an alcoholic family are so connected that it is hard to distinguish where one ends and the other begins.

The evidence suggests that the dynamics of oppression and the alcoholic family are so similar that it could be said that American Indian families were living in an alcoholic environment for generations simply without the substance. This phenomenon manifests itself when the Lakota Oyate completely buy out a liquor store on the first day of legalization of alcohol sales to American Indians in 1953. Was it predictable? Not on the surface, but certainly underlying historical factors made it inevitable. The analogy that can be drawn from this is that when two oppressive systems of living (the alcoholic family and living under Federal Indian policy) are combined, they produce a synergistic effect, where they potentiate one another, it becomes stronger, and in some cases more lethal than if they were taken separately over a period of time. It could be argued that American Indian alcoholism is not only a sociological, and an environmental problem, but is also a political problem with its roots in Federal Indian policy.

The second research question this study will examine will be the responses from American Indian counselors on the question of:

2. Are the feelings that come from oppression experienced by Indigenous people from federal Indian policy similar to the feelings generated by alcoholism in Indian families?

Survey question:

In the course of treatment, when the American Indian clients tell their story, did he/she express undergoing any of the following faces of oppression: a) experience strict discipline, b) have to show total submission, c) have no chance to exercise free will and judgement, d) talk of feelings of inferiority, e) display a "I know my place" attitude, f) express feelings that ancestry is a negative rather than a positive, g) express feelings that color is a badge of degradation, h) express a situation where they made to feel "less than." Please explain.

Response:

- In the clients that I worked with, strict discipline was talked about a lot, clients felt like they were betraying their parents if they talked about the strict discipline, or other forms of abuse mentioned in the question.
- The "don't talk, don't trust, don't feel" dynamic prevalent in alcoholic homes was common with the clients I worked with, they have mentioned all the faces of oppression in relation to the dynamics within their alcoholic family. Clients often talked of being the cause of the problem. A parent will say, "if it wasn't for you, and how you behave, I wouldn't drink so much."
- I have had clients who related all of the above. The "white history" we learned in school were full of lies as to who we were and what we were.

- The older clients especially mentioned experiencing all of the faces of oppression mentioned above. They seemed to be the ones that were hit the hardest. They all have stories of where they experienced racism and oppression. The younger clients seem to have more problems with their identity.
- All the clients that I worked with experienced over half of the faces mentioned above. One woman client I worked with had the feeling that living with all those faces of oppression was her “lot” in life. That it was out of her control. She thought that she was without empowerment.
- The clients that I worked with had some of the faces mentioned above, not all. The older people, 40 years old and above experienced them through severe discipline, but the younger ones (teens) did not.
- The older ones seemed to have more cultural self-hate as a result of the items mentioned above. The younger ones seemed to not know who they were, the identity issues of, “who am I”, and “where do I belong,” were prevalent.
- Ninety-nine percent (99%) of them talked of experiencing racism and oppression.

It is apparent from the responses from the survey that many feelings that are prevalent in American Indian families who are still considered “wards” of the Federal government, are expressing them when they are undergoing treatment for chemical dependency. These responses can be compared to the responses that American Indian clients are expressing while in treatment.

The question was asked: In your experience, what have you seen come up more than once as issues brought up by chemically dependent American Indians? Please explain.

Response:

- Sexual abuse
- Poverty
- Early childhood trauma
- Cultural self-hate
- Trust issues
- Their perspective of 12-step programs, they say “ I can’t do AA, it’s white man’s medicine, it’s not for me.”
- A sense of being overwhelmed by parenting.
- The difficulty of going back into a family where everybody is still drinking, and being told, “You think you’re too good for us, now that you stopped drinking.”
- Not being connected to their culture.
- Peer pressure to go back to drinking or using drugs again.
- Being abused while they were in foster care.
- Not having healthy role models, one client told me, “ I looked in my community to see if there was somebody who I could use as a role model, and I have to tell you, I’m still looking.”
- There is a sense by the Native client that the Indian way of life is gone and that traditional values are no longer applicable. We have to correct that fallacy.

- Some of the older clients recall a time in their communities when it was a healthy community, with no drinking, no violence, no sexual abuse, and then in the fifties and sixties it started to change with all the drinking that took place.
- The younger clients think that all the drinking, fighting, someone beaten to death with a baseball bat, was all part of growing up on a reservation. It was seen as normal.
- The inability to trust themselves to stay sober when they leave treatment. One client remarked, “If I hadn’t spent so much time in jail, I would probably be dead by now.”
- The absence of any job skills, or how to keep a job for any length of time. Then you add to that, an 80% unemployment rate on a reservation. It is hard to instill hope when you have all those strikes against you from the beginning.
- The American Indian clients that I worked with have the feeling that everything about their culture is negative. The Lakota (Sioux) heritage is full of stories that are rich in meaning that can help Native clients stay strong in their sobriety. This is how we learned, through storytelling. They should be “mined” and made part of the treatment experience. I’m sure that is true for other tribes as well.

The responses suggest that in this comparison the feelings generated by the faces of oppression and feelings generated by the chemically dependent American Indian family member are not only the same, but, are now heightened by the chemicals of alcohol and other drugs. In the comparison, it is possible to see the additional data that has surfaced because of

the alcoholism in Native families: The sexual abuse, one counselor told of a young teenage girl being given alcohol by men until she passed out, and when she became conscious, the men who were giving her drinks were now raping her. This behavior was uncommon before 1953. This is not to say that sexual abuse was unheard of. Because there is deviant behavior present in all cultures, incidents of sexual abuse did occur. Our elders tell us that when sexual abuse did happen in its various forms; rape, molestation, and incest, after the evidence was in the perpetrators were taken outside the community and killed. In my own clinical experience, 98% of the American Indian women that I worked with disclosed sexual abuse in their history. My assumption is that the other 2% were simply not going to tell anyone, ever.

The other issues counselors are reporting are the cultural self-hate, violence against each other, and reluctance to return to their community because of the peer pressure to return to drinking, the lack of role models, the lack of knowledge about their culture and spirituality, and the lack of trust in everybody and themselves. The other issues seem to be early childhood trauma as well as historical and present-day cultural trauma. These are all strong indications of the synergistic effect it has on a people with a long history of living under a system of oppression, now taking on more oppressive-like traits in the look-alike Native alcoholic family.

To further demonstrate how the dynamic of oppression resembles and functions like the dynamic of alcoholism, and to provide information that will help to understand the policies that created the dynamic of oppression. Tables have been provided through paradigms and

experiential work. These tables provide information that will create a greater understanding of the connection between the suggested oppression of Federal Indian policy and the American Indian family. Please see tables 1, 2, 3, and 4, for further results of the following formulae.

The American Indian (Minority) Experience

Formulae on Minority Experience

Oppression + Deception = Alienation

Oppression + Awareness = Anger

Awareness + Contact = Liberation

Source: (Daetwiler, 1984)

The data from this study suggests that American Indian alcoholism has its roots in Federal Indian policy, because the symptoms it generates in the American Indian population with its subsequent feelings of grief and loss of their culture, spirituality and language are showing up as clinical issues for chemical dependency treatment. It could be argued from the results of this study that at the core of alcoholism in American Indians is an issue of human rights. It has serious implications for what can happen when a group of people are treated "less than." In this struggle for equality, at the very least it can be a frustrating experience.

The art of stealing human rights

The following extracts are from a speech given by Gerry Gambill at a conference on Human Rights at Tobique Reserve in New Brunswick, in August, 1958. In this speech, he warned Native people about how this society goes about taking away the human rights of Native people. His words still has validity for American Indians today.

Mr. Gambill remarked, "The art of denying Indians their human rights has been refined to a science. The following list of commonly used techniques will be helpful in "burglar-proofing" your reserves, and your rights. Gain the Indians' cooperation; it is much easier to steal someone's human rights if you can do it with his own cooperation, so..."

1. Make him a non-person. Human rights are for people. Convince Indians their ancestors were savages, that they were pagan, that Indians were drunkards. Make them wards of the government. Make a legal distinction, as in the Indian Act, between Indians and persons. Write history books that tell half the story.
2. Convince the Indian that he should be patient, that these things take time. Tell him that we are making progress, and that progress takes time.
3. Make him believe that things are being done for his own good. Tell him you're sure that after he has experienced your laws and actions that he will realize how good they have been. Tell the Indian he has to take a little of the bad to enjoy the benefits you are conferring on him.

4. Get some Indian people to do the dirty work. There are those who will act for you to the disadvantage of their own people. Just give them a little honor and praise. This is generally the function of band councils, chiefs, and advisory councils: They have little legal power, but can handle the tough decisions such as welfare, allocation of housing, etc.
5. Consult the Indian, but do not act on the basis of what you hear. Tell the Indian he has a voice and go through the motions of listening. Then interpret what you have heard to suit your own needs.
6. Insist that the Indian “GOES THROUGH PROPER CHANNELS.” Make the channels and the procedures so difficult that he won’t bother to do anything. When he discovers what the proper channels are and becomes proficient at the procedures, change them.
7. Make the Indian believe that you are working hard for him, putting in much overtime and at a great sacrifice, and imply that he should be appreciative. This is the ultimate in skills in stealing human rights; when you obtain the thanks of your victim.
8. Allow a few individuals to “MAKE THE GRADE” and then point to them as examples. Say that the “HARDWORKERS” and the “GOOD” Indians have made it, and that therefore it is a person’s own fault if he doesn’t succeed.
9. Appeal to the Indian’s sense of fairness, and tell him that even though things are pretty bad it is not right for him to make strong protests. Keep the argument going

on his form of protest and avoid talking about the real issue. Refuse to deal with him while he is protesting. Take all the fire out of his efforts.

10. Encourage the Indian to take his case to court. This is very expensive, takes lots of time and energy and is very safe because laws are stacked against him. The court's ruling will defeat the Indian's cause, but makes him think he has obtained justice.
11. Make the Indian believe that things could be worse, and that instead of complaining about the loss of human rights, to be grateful for the rights we do have. In fact, convince him that to attempt to regain a right he has lost is likely to jeopardize the rights that he still has.
12. Set yourself up as the protector of the Indian's human rights, and then you can choose to act only on those violations of human rights you wish to act upon. By getting successful on a few minor violations of human rights, you can point to these examples of your devotion to his cause. The burglar who is also the doorman is the perfect combination.
13. Pretend that the reason for the loss of human rights is for some other reason that the person is an Indian. Tell him some of your best friends are Indians, and that his loss of rights is because of his housekeeping, his drinking, his clothing.
14. Make the situation more complicated than is necessary. Tell the Indian you will have a survey to find out how many other Indians are being discriminated against. Hire a group of Professors to make a year-long research project.

15. Insist on unanimity. Let the Indian know that when all the Indians in Canada can make up their minds about just what they want as a group, then we will act. Play one group's special situation against another group's wishes.
16. Select very limited alternatives, neither of which have much merit, and then tell the Indian that indeed he has a choice. Ask, for instance, if he could or would rather have council elections in June or December, instead of asking if he wants them at all.
17. Convince the Indian that the leaders who are the most beneficial and powerful are dangerous and not to be trusted. Or simply lock them up on some charge like driving with no lights. Or refuse to listen to the real leaders and spend much time with the weak ones. Keep the people split from their leaders by sowing rumor. Attempt to get the best leaders into high-paying jobs where they have to keep quiet to keep their paycheck coming in.
18. Speak of the common good. Tell the Indian that you can't consider yourselves when there is a whole nation to think of. Tell him that he can't think only of himself. For instance, in regard to hunting rights, tell him we have to think of all the hunters, or the sporting good industry.
19. Remove rights so gradually that people don't realize what has happened until it is too late.
20. Rely on some reason and logic (your reason and logic) instead of rightness and morality. Give thousands of reasons for things, but do not get trapped into arguments about what is right.

21. Hold a conference on HUMAN RIGHTS, have everybody blow off steam and tension, and go home feeling things are well in hand.

American Indian counselors were asked what clinical issues/information they would like in their continuing education to determine for this study if there was a similarity in the feelings of oppression and feelings brought to chemical dependency treatment by the American Indian client. The responses were:

- Fetal Alcohol Syndrome and American Indians and how to work with the Native clients who have it.
- How applicable is the 12-step programs for American Indians. Are they able to stay sober with just the 12 steps, or do they stay sober because it is used in conjunction with their own cultural practices?
- What has been missing for a long time is the practice of cultural values in chemical dependency programs: how one should conduct oneself and treat one another.
- The history of American Indian alcoholism never has been part of any treatment program where I was employed, that would help the client to put things into perspective.
- I would like training in how to reconstruct family systems that have broken down because of the alcohol in the family. Whole clans have experienced alcoholism.
- Cultural issues need to be addressed. When you get an American Indian client into treatment, almost all have experienced sexual abuse, trauma from growing up

on a reservation, unresolved grief, and loss of loved ones from alcoholism. This entails a long history of cultural pain, sometimes spanning generations. Without cultural work in treatment, therapy is only half complete.

- As an American Indian counselor I realize that our spirituality needs to be a major part of treatment. I would like more training in the experiential part of our spirituality. For example how do you provide clients ownership of their spirituality?
- Training would be helpful regarding an in-depth comparison of cultural teachings and Alcoholics Anonymous.
- Counselors need training on how work with clients who have experienced sexual abuse.
- Because of the alcohol there is violence against our own relatives and people in the community. I remember a Catholic priest from our parish who stood in tears at a wake for a young man, and told the people that beating each other to death while you were drunk was not normal.
- Generations of drinking in our Indian communities.
- What clients need to know is how they can practice their American Indian spirituality on a daily basis. As a counselor, I have often asked myself the question, “can an American Indian client remain sober just using his/her cultural and spiritual practices of their particular tribe?”

The responses show a decided resemblance to feelings generated from living under an oppressive system and feelings generated from living in an alcoholic home. The responses also show a desire by American Indian counselors to have the cultural aspects to be a mainstay of the client's experience in treatment, not just as add-ons, incorporation, or an adaptation of existing treatment modalities. The failure to do this may be the reason for the continued increase of treatment placements for American Indians.

The last question for this study: 3. How can the cultural and spiritual strengths found in Indian cultures serve in treating chemically dependent American Indians? will be discussed with the results from the worksheet, addressing how alcohol came to the people. Eighty-seven percent (87%) from this work group were non-Native chemical dependency counselors who were asked to do the following:

After discussion of this phenomenon of how alcohol came to the people, offer a remedy, a treatment model, or an approach to help the people overcome their rampant alcoholism.

Response:

- Use the 12-step model culturally modified.
- Reintroduce and affirm cultural spiritual values to cope with powerlessness and unmanageability of use.
- Multidisciplinary approach.
- Change face of addiction -- integrate sober supports in the community with the help of mentors and elders.

- Encourage entrepreneurial collectivism to move away from dominant culture. Use handouts. Help to restore a sense of autonomy, self-responsibility.
- Restore the warrior spirit in a healthy sense.
- Involve the elders and the women in the clans in the concept of the road to “Wellbriety.”
- Introduce sobriety as a spiritual and cultural value.
- Incorporate this concept into all the ceremonies, particularly pow-wows.
- Develop trust, partnerships, collaboration between tribal leadership, , and collaboration between traditional leaders and addiction professionals.
- Be willing to be a partner with traditional people.
- Use mentoring, sponsorships, and role models.
- Research into cultural pre-legalization and see what can be brought forward to help in today’s setting.
- A holistic systems approach needs to be used as opposed to an individual approach.
- This would include education and intervention with the family, culture, environment, spiritual experience and tradition.
- Indian communities have the resources to heal, but it needs to be worked at from a “it takes a healthy community to raise a healthy child” concept.
- Utilize their spirituality.
- Utilize existential therapy.

- Treat the community, to regain a balance. The 7th generation will come into balance.
- Need many resources, role models, sober activities.
- Education on cultural traditions.
- Have plenty of tolerance to counter the internal fighting and power struggles.

What defines the results of this worksheet is that non-Native chemical dependency counselors express the need for a collaboration of existing treatment methodology for chemical dependency as well as culturally meaningful treatment methodology. American Indian counselors also see the need for a collaboration, but realize that culturally meaningful treatment methodology deserves its own space in a treatment setting, as a valid treatment regimen.

Chapter 5.

Summary, Conclusions, and Recommendations

Summary

Introduction

The results from the research survey and worksheets begin to provide an understanding in establishing the relationship between federal Indian policy and the inordinately high rates of alcoholism in American Indian families. Nascent indigenous researchers long have pointed out the fact that federal Indian policy influenced the current predicament of rampant addiction and the American Indian. The results of this study begins to put a face on federal Indian policy to answer the research questions for this study. The analysis and results of the study goes further in describing how that dynamic relationship took place. It further offers a theory supported by the results of this study in describing the deleterious effects of living under federal Indian policy and similar effects of living in an American Indian home environment where Alcoholism is present. The results of this study shows the negative synergistic effect of this dynamic relationship. Finally it answers the question, how can cultural and spiritual strengths found in American Indian cultures serve better the lives of chemically dependent American Indians. The research questions follow, with a brief summary.

Research Questions with summary

1. How has federal Indian policy contributed to the family dynamics of alcoholism in Indian families?

From the literature review, it is possible to see how federal Indian policy contributed to the family dynamics of alcoholism in Indian families. Colorado (1992) pointed out the long history of how this took place. She found that in the century and a half of federal American Indian policy that four paradigm shifts that took place (1) Scientific Racism, (2) Cultural Anthropology, (3) Socio-Cultural, and (4) New Empiricism attempted to describe the American Indian from one perspective only, the Western Scientific view. Colorado questioned whether this one-sided view was really an attempt to help the American Indians or if it was an exercise in dominance and authority.

Miller and Hazlett (1996) defined the five major policy phases that attempted to define the federal government's approach to alcohol and American Indians.

- Formative Years: 1789-1871
- Allotment and Assimilation: 1871-1928
- Indian Reorganization Era: 1928-1945
- Termination Era: 1945-1961
- Self-Determination Era: 1961-present

The authors point out that Federal alcohol and drug policy historically was designed to control Indians or to obtain land. Policies in each era reversed or contradicted former eras producing confusion and loss of resources. It is important to point out that the five major policy phases coincided in time with the paradigm shifts referenced by Dr. Colorado's (1992) research.

The Western Scientific view of American Indians to the five major policy phases resulted in the laws that coincided with the time frames of the policy phases.

When one views the resulting laws over this history of American Indians federal policy, it suggests a decided focus on laws that were oppressive in nature. Terms such as “citizenship,” granted as late as 1924, were reversed with terms such as “termination,” in 1954. It contradicts and creates confusion. It is just within the last three decades of the twentieth century, that laws were passed giving American Indians the opportunity to have a voice in their educational priorities, as well as the freedom to practice their traditional religions, a basic right that American citizens have had for two hundred years. This suggests that oppressive laws designed to erode culture, language, and spirituality will have serious consequences for an Indian nation. What many tribes across the nation have in common are high rates of alcoholism and the fact that most are wards of the federal government.

In the further review of literature it is important to note historical inaccuracies. Traditional family roles for the Lakota Oyate (Sioux) were reviewed to see if there were any significant changes since the early 1800’s. This review coincides with the time frames of the paradigm shifts mentioned by Colorado (1992) and policy phases researched by Miller and Hazlett (1996).

In the review of the literature (Hassrick, 1964) and (Standing Bear, 1975) indicate that the Lakota Oyate (Sioux) displayed through the 1830's through the 1930's a consistent living of their cultural values through traditional family roles.

Certainly, up until the legalization of alcohol in 1953, the Lakota Oyate experienced no discernible change in their traditional way of life. Some terms may have changed, but the concepts of caring, respect and dignity in the way they treated each other and other cultures, their relationship to the natural world, and their worldview remained unchanging and constant. How the Lakota Oyate viewed themselves and how other people viewed them over that same time period with all the paradigm shifts, policy phases, and contradictory laws is omitted from the history books.

Duran and Duran (1995) in their chapter on the spirit of alcohol point out that federal Indian policy is the culprit for the high rates of alcoholism in Indian country.

This study further suggests a strong connection to federal Indian policy and an addictive-like reaction by American Indians to historical and present circumstances when it became legal to buy alcohol in 1953. This supports the statement made by a Lakota (Sioux) elder who said he drank because it elevated you and made you forget your circumstances.

Analysis of the data also indicates that how alcohol came to the people was quite different from any other ethnic group and apparently is still manifesting itself in the clinical setting. It

also indicates that existing treatment models are not impacting the cultural and spiritual losses experienced by American Indians, due in large part to past and current federal Indian policy.

The results of the study suggests that the dynamics of oppression and the alcoholic family are so similar that it could be said that American Indian families were living in an alcoholic environment for generations simply without the substance. This phenomenon manifests itself when the Lakota Oyate completely buy out a liquor store on the first day of legalization of alcohol sales to American Indians in 1953. Was it predictable? Not on the surface, but certainly underlying historical factors made it inevitable. The analogy that can be drawn from this is that when two oppressive systems of living (the alcoholic family and living under federal Indian policy) are combined, they produce a synergistic effect; where they potentiate one another, it becomes stronger, and in some cases more lethal than if they were taken separately over a period of time. It could be argued that American Indian alcoholism is not only a sociological, and an environmental problem, but that it is also a political problem with its roots in Federal Indian policy.

The review of the literature, survey and worksheets from the work groups give a clear perspective of how Federal Indian policy contributed to the family dynamics of alcoholism in Indian families.

2. Are the feelings that come from oppression experienced by Indigenous people from federal Indian policy similar to the feelings generated by alcoholism in Indian families?

As the literature review indicates, American Indians have been without a voice and basic human rights since the inception of the Constitution of the United States and the Bill of Rights. With laws that seemed to be designed to oppress these same groups of people for generations, the dynamics of oppression will result in feelings of helplessness, hopelessness, despair, and a loss of a will to live. The irony of such a state of being is that in an alcoholic family, particularly an American Indian family, these same feelings are present. The American Indian counselor who responded in the survey indicating that simply living and growing up on a reservation is a traumatic experience, gives credence to the theory that living under Federal policy and the dynamics of an alcoholic family are so connected and enmeshed that alcoholism in the family is now a cycle of addiction going from one generation to another.

The responses from this study all have merit as clinical issues to be dealt with in a therapeutic setting. Threaded throughout the responses is a pronounced cultural and spiritual disconnect. American Indians are lost when they come into treatment. There seems to be a strong connection to unresolved cultural and spiritual needs. Whether those needs are given due attention in current treatment settings warrant further study.

The responses show a decided resemblance to feelings generated from living under an oppressive system and feelings generated from living in an alcoholic home.

The surveys also show a desire by American Indian counselors to have the cultural aspects to be a mainstay of the client's experience in treatment, not just as add-ons, incorporation, or an adaptation of existing treatment modalities. The failure to do this may be the reason for the continued increase of treatment placements for American Indians.

3. How can the cultural and spiritual strengths found in Indian cultures serve in treating chemically dependent American Indians?

The research indicates that the cultural and spiritual strengths inherent in Indian cultures are alive and well, and that many of the values such as songs and stories that seemingly were lost are now returning to the tribes. What defines the results of this research is that non-Native chemical dependency counselors express the need for a collaboration of existing treatment methodology and culturally meaningful treatment methodology in chemical dependency treatment. American Indian counselors also see the need for a collaboration, but realize that culturally meaningful treatment methodology deserves its own space in a treatment setting, as a valid core aspect of treatment. In the words of the American Indian counselor who said, "To provide chemical dependency treatment to the American Indian client and not address the cultural and spiritual needs is to provide an incomplete treatment experience," what I

would add to that is that you will probably see that same client in chemical dependency treatment again.

Conclusion

Implications for Higher Education

The research shows a need for literature about chemical dependency and American Indians, preferably by Indigenous researchers. Indigenous eyes and experiences have not been included when policy and treatment methodology for chemical dependency were formulated. The American Indian experience through their eyes is minimal in current research. Further research in the following areas would prove beneficial to American Indians.

1. the progression of social scientific thought and its influence on American Indians as it relates to alcohol and drugs
2. the development of United States policy in regard to American Indians as it relates to alcohol and drugs
3. the history of the American Indian experience in the United States and its influence on alcohol and drug use among American Indians
4. the functioning of traditional American Indian cultures before the arrival of alcohol and drugs
5. the practical application of traditional American Indian spiritual and cultural living to clients

6. the changes that alcohol and drugs have caused in the traditional American Indian cultures.

The study also provides information of the need for cultural awareness by chemical dependency professionals who work with chemical dependent American Indians. The indicators are that chemical dependency professionals have at the minimum :

1. the ability to understand and impart the characteristics of a healthy and culturally appropriate lifestyle.
2. knowledge of cultural practices that will recreate a supportive, alcohol free environment.
3. the awareness and ability to identify the dynamics of an alcohol and drug subculture, as opposed to traditional American Indian practices, and
4. the capacity to integrate self-evaluation into personal and professional development.

Recommendation

This study offers suggested topic areas for a course in American Indians and chemical dependency. The study highlights a need for such a course. The recommended topic areas that warrants further inquiry are:

- Examination of family attitudes about American Indians and alcoholism.
- Extent of the problem of American Indians and chemical dependency.
- How alcohol came to the people.
- Historical overview.
- Examination of traditional paradigms and how American Indians viewed alcohol.
- American Indian spirituality.
- The American Indian (Minority) experience.
- Examination of addiction models and their relevancy to American Indian addictions.
- Alcoholism and the individual/family.
- Traditional family roles.
- American Indian client: case studies/clinical applications.
- Education and therapy through storytelling.
- Treatment and prevention strategies.
- Examination of a cultural specific treatment model.

In conclusion, the guidelines and the suggested topic areas were included in this study because of the emerging themes for consideration from this study and the implications it has

for higher education, particularly tribal institutions of higher learning, geographic regions with high populations of American Indians and chemical dependency treatment programs where American Indians are being treated for their addictions.

References

- Bales, R. F. (1946). Cultural Differences in rates of alcoholism. *Quarterly Journal of Studies on Alcohol*, 480-489.
- Berkhofer, R. Jr. (1978). *The White Man's Indian, Images of the American Indian from Columbus to the Present*. New York: Alfred A. Knopf.
- Best, J.W., & Kahn, J. V. (2003). *Research in Education* (9th Ed.). Boston: A Pearson Education Company.
- Churchill, W. (1982). White studies: The intellectual imperialism of contemporary U.S. education. *Integratededucation*, January, 51-57.
- Colorado, P. (1992). *Native American Alcoholism: An Issue of Survival*. Ann Arbor: UMI Dissertation Services.
- Daetwiler, R., (1984, June). Counseling the Substance Abuser. *The Minority Experience*. Symposium conducted at the meeting of the Colorado Chemical Dependency Counselors Association, Inc., Glenwood Springs, Colorado.
- Deloria, V. Jr. (1995). *Red Earth White Lies*. NewYork: Scribner.
- Dana, R.H., & Hornby, R. (1984). *Mni Wakan & The Sioux*. Manitoba, Canada: Justin Publishing.
- Duran, E. & Duran, B. (1995). *Native American Postcolonial Psychology*. Albany: State University of New York Press.
- Gambill, G. (1954, August). *On the Art of Stealing Human Rights*. Extracts from a speech Given at a Conference on Human Rights at Tobique Reserve in New Brunswick. Extracts retrieved July 8, 1998 from <http://www.dickshovel.com/rights.html>

- Hallowell A. I. (1950). Values, acculturation, and mental health. *Journal of Orthopsychiatry*, 732-743.
- Hassrick, R. B. (1964). *The Sioux*. Norman and London: University of Oklahoma Press.
- Heath, D. W. (1980). A critical review of the sociocultural model of alcohol use. U.S. *DHEW Public Health Service, ADAMHA*, National Institute on Alcohol abuse and Alcoholism.
- Horton, D. (1943). The functions of alcohol in primitive societies: A cross-cultural study. *Quarterly Journal of Alcohol Studies*, 199-220.
- Indian Activists Protest White Clay. (1997, November). *Northern Plains Indian Country Today*. pp. 17-24.
- Indian Health Service. (1998-99). *Trends in Indian Health* (Program Statistics Team). Rockville, MD: Author.
- Indian Tribes as Sovereign Governments* (Fifth Ed.). (1988). Oakland: American Indian Resource Institute Press.
- LaPlante, V. (1999, July). *Consolidated Chemical Dependency Treatment Fund Report*. Symposium conducted at the meeting of the Department of Human Service's American Indian Advisory Council., ST. Paul, Minnesota.
- Leland, J. (1978). Alcohol, anthropologists and Native Americans. *Human Organization*.
- Lincoln, Y. S., & Guba, E. C. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.
- Marshall, C., & Rossman, C. B. (1999). *Designing qualitative research* (3rd ed.). Thousand Oaks, CA: Sage
- Miller, R.J. & Hazlett, M. (1996). The "Drunken Indian" Myth Distilled into Reality Through

- Federal Indian Alcohol Policy. *Arizona State Law Journal*. 28, 225-289.
- National Institute on Alcohol Abuse and Alcoholism. (1980). *Normative approaches to the prevention of alcohol abuse and alcoholism*. Author.
- Neihardt, J. G. (1972). *Black Elk Speaks*. New York: Simon and Schuster.
- Noble, E. P. (1978) *Third special report to the U.S. Congress on alcohol and health*.
Rockville Maryland: Public Health Service, National Institute on Alcohol Abuse and Alcoholism.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods (2nd ed.)*. Thousand Oaks, CA: Sage.
- PBS: Think Tank: Transcript for "Who was Franz Boas?" (n.d.). Retrieved July 3, 2003
from wysiwyg://10http://www.pbs.org/thinktank/transcript920.html
- Stampp, K. (1968). *The Peculiar Institution*. New York: Alfred A. Knopf.
- Standing Bear, L. (1975). *My People the Sioux*. Lincoln and London: University of Nebraska Press.
- Steenhout, M. L., & St. Charles, J. (1997). *The Mental Health Needs of American Indians in Washington State: The Implications of Phase III Mental Health Reform for American Mental Health Programs*. Olympia, WA: Department of Social and Health Services, Mental Health Division.
- Straub, D. G. (Ed.), (1997). *Native North American Voices*. Detroit, New York, Toronto, London: UXL An Imprint of Gale Research.
- U. S. Department of Health and Human Services. (1998-99). *Trends in Indian Health: (Indian Health Service report)*. Rockville, MD: Author.

White Hat, A. Sr. (1999). *Reading and Writing the Lakota Language*. Salt Lake City:

University of Utah Press.

Wilcox, P. (1970). Social policy and white racism. *Social Policy*, May/June, 41-45.

**Table 1: The American Indian (Minority)
Worksheet**

How is the American Indian perceived?	Where do the perceptions come from?	How does this make the American Indian feel?	What does the American Indian want from society?

Table 2: The Minority Experience/Alcoholic Family Worksheet

The Great White Father was an Alcoholic
How Federal Policy looks like an Alcoholic Family

Formulae on Minority Experience	The Alcoholic and the Family
<p><u>Oppression + Deception = Alienation</u></p> <p><u>Examples of oppression could be:</u></p> <p>Broken promises, treaties.</p> <p>Attacks on the people via government and mission boarding schools.</p> <p>Termination Era.</p> <p>Issues surrounding the 1953 decriminalizing alcohol consumption by Indians.</p> <p>The need for the 1978 Indian Freedom of Religion Act.</p> <p>Other:</p>	<p><u>Oppression + Deception = Alienation</u></p> <p><u>Symptoms of oppression in the American Indian Alcoholic:</u></p> <p>How does the alcoholic oppress his/her family?</p> <p>How does the alcoholic deceive his/her family?</p> <p>How does the alcoholic alienate his/her family?</p>

**Table 3: The Minority Experience/Alcoholic
Family Worksheet Cont.**

<p><u>Oppression + Awareness = Anger</u></p> <p>e.g. American Indian Movement</p>	<p><u>Oppression + Awareness = Anger</u></p> <p>When family members become aware of the deception, how does the anger come out?</p>
<p><u>Awareness + Contact = Liberation</u></p> <p>e.g. Cultural Diversity Requirements</p>	<p><u>Awareness + Contact = Liberation</u></p> <p>How does the alcoholic and the family acquire freedom?</p>

Table 4: Cultural Treatment Plannin Guide

When the client tells his/her story, did they as Indians:	Goals in Treatment
<p>Experience strict discipline</p> <p>Have to show total submission</p> <p>Have to obey without question</p> <p>Have no chance to exercise free will and judgment</p> <p>Talk of feelings of inferiority</p> <p>Display an "I know my place" attitude</p> <p>Express feelings that ancestry taints</p> <p>Express feelings that color is a badge of degradation</p> <p>Express a situation where they were made to feel "less than"</p>	

Appendix A:

Human Subjects Research Office Letter

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Institutional Review Board
Office of Research Compliance
Vice Provost for Research and
Advanced Studies
2810 Beardshear Hall
Ames, Iowa 50011-2036
515 294-4566
FAX 515 294-7288

TO: Cecil White Hat
FROM: Human Subjects Research Office
RE: IRB ID # 03-279

DATE REVIEWED: February 17, 2003

The project, "Dissertation Proposal" has been declared exempt from Federal regulations as described in 45 CFR 46.101(b)(2).

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

To be in compliance with ISU's Federal Wide Assurance through the Office of Human Research Protections (OHRP) all projects involving human subjects, must be reviewed by the Institutional Review Board (IRB). Only the IRB may determine if the project must follow the requirements of 45 CFR 46 or is exempt from the requirements specified in this law. **Therefore, all human subject projects must be submitted and reviewed by the IRB.**

Because this project is exempt it does not require further IRB review and is exempt from the Department of Health and Human Service (DHHS) regulations for the protection of human subjects.

We do, however, urge you to protect the rights of your participants in the same ways that you would if IRB approval were required. This includes providing relevant information about the research to the participants. Although this project is exempt, you must carry out the research as proposed in the IRB application, including obtaining and documenting (signed) informed consent, if applicable to your project.

Any modification of this research should be submitted to the IRB on a Continuation and/or Modification form to determine if the project still meets the Federal criteria for exemption. If it is determined that exemption is no longer warranted, then an IRB proposal will need to be submitted and approved before proceeding with data collection.

cc: ELPS

HSRO/OCR 9/02

Appendix B:
Participant Letter

February 13, 2003

Dear Participant,

I want to thank you for volunteering to participate in this research study entitled American Indians and Chemical Dependency. Please find along with this cover letter the following enclosures; 1) Informed Consent Document, and 2) The survey questions. Please consider this letter an informational letter to explain the elements of the informed consent document.

I, Cecil White Hat, will be the sole investigator for this study, I will be the responsible party for obtaining the informed consent, the data from the survey questions, and will be the only person to have contact with the participants.

The purpose of the study is to obtain information on what types of issues American Indian clients are dealing with when they enter treatment. You have been selected to participate in this study because you are a chemical dependency counselor who is currently practicing in the field, and have American Indians as part of your clientele.

Your participation in this study will take approximately 45 minutes. This time will be spent in completing the survey questions. In answering the survey, you may skip any questions that you do not wish to answer or that makes you feel uncomfortable.

While participating in this study there are no foreseeable risks at this time.

If you decide to participate in this study there will be no direct benefit to you. It is hoped that the information gathered in this study will benefit society by reducing the extremely high rate of alcoholism with American Indians.

You will not have any costs from participating in this study. You will not be compensated for participating in this study.

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

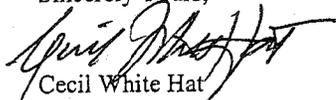
Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken. Participants will be assigned a unique code and letter instead of their name. Race identifiers such as American Indian counselors and non-Indian counselors will be kept with the data. The principal and sole investigator will be the only one who will have access to the data. The data will be kept in a locked file cabinet, in a locked office, in a secured building. All data will be kept for one year after which it will be destroyed. If the results are published, your identity will remain confidential.

You are encouraged to ask questions at any time during this study. For further information about the study contact Cecil White Hat at 1-515-294-3817 or Dr. Daniel Robinson (Major Professor) at 1-515-294-8182. If you have any questions about the rights of research subjects or research related injury, please contact the Human Subjects Research Office, 2810 Beardshear Hall, Iowa State University, (515) 294-4566; meldrem@iastate.edu or the Research Compliance Officer, Office of Research Compliance, 2810 Beardshear Hall, Iowa State University, (515) 294-3115; dament@iastate.edu.

In closing, I trust that in describing the elements of the informed consent document has been informative and of benefit to you. If you have any further questions please do not hesitate to call.

Sincerely Yours,



Cecil White Hat

Appendix C:
Informed Consent Document

INFORMED CONSENT DOCUMENT

Title of Study: American Indians and Chemical Dependency
Investigators: Cecil White Hat M.Ed., will be the only investigator for this study. He will be responsible for obtaining the informed consent and will be the only person to have contact with the participants.

This is a research study.

INTRODUCTION

The purpose of this study is to Interview American Indian and non-Indian Chemical Dependency Counselors to obtain information on what types of issues American Indian clients are dealing with when they come into treatment. The survey/worksheet will be given out for counselors to fill out. This will be done by mail and face to face. The survey questions accompany this document. You are being invited to participate in this study because of your experience in the field and in working with the chemically dependent American Indian.

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your participation will last for approximately 45 minutes. This time will be spent in completing a survey. In answering the survey, you may skip any question that you do not wish to answer or that makes you feel uncomfortable.

RISKS

While participating in this study there are no foreseeable risks at this time.

BENEFITS

If you decide to participate in this study there will be no direct benefit to you. It is hoped that the information gained in this study will benefit society by reducing the extremely high rate of alcoholism with American Indians.

COSTS AND COMPENSATION

You will not have any costs from participating in this study. You will not be compensated for participating in this study.

PARTICIPANT RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken. Participants will be assigned a unique code and letter instead of their name. Race identifiers such as American Indian counselors and non-Indian counselors will be kept with the data. The principal and sole investigator will be the only one who will have access to the data. The data will be kept in a locked file cabinet, in a locked office, in a secured education building. All data will be kept for one year after which it will be destroyed. If the results are published, your identity will remain confidential.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study. For further information about the study contact Cecil White Hat at 1-515-294-3817 or Dr. Daniel Robinson (Major Professor) at 1-515-294-8182. If you have any questions about the rights of research subjects or research-related injury, please contact the Human Subjects Research Office, 2810 Beardshear Hall, (515) 294-4566; meldrem@iastate.edu or the Research Compliance Officer, Office of Research Compliance, 2810 Beardshear Hall, (515) 294-3115; dament@iastate.edu

Appendix D:
Survey Questions

American Indians and Chemical Dependency
Survey Questions

1. In your work with the chemically dependent American Indian client, how many of your clients have disclosed that they experienced problems with their drinking right from their first drinking episode? Please explain.

2. What do American Indian and Non-Indian chemical dependency counselors need to be aware of when working with American Indian clients? Please explain. _____

3. In your experience, what have you seen come up more than once as issues brought up by chemically dependent American Indians? Please explain. _____

American Indians and Chemical Dependency
Survey Questions Page Two

4. What other clinical issues/information about chemical dependency and American Indians would you like included in future trainings? Please explain. _____

5. In the course of treatment, when the American Indian clients tell their story, did he/she express undergoing any of the following faces of oppression: a) experience strict discipline, b) have to show total submission, c) have no chance to exercise free will and judgment, d) talk of feelings of inferiority, e) display a "I know my place" attitude, f) express feelings that ancestry is a negative rather than a positive, g) express feelings that color is a badge of degradation, h) express a situation where they were made to feel "less than." Please explain.

6. Are there any other comments that you would like to make that would benefit this study? Please explain. _____

Appendix E:

How Alcohol Came to the People Experiential Worksheet

How Alcohol Came to the People Experiential Exercise and Worksheet

I remember that it was 1953 and I was a little boy, five years old. I was standing in the middle of the back seat of our car with my elbows up on the front seat, watching. Up front, my dad was sitting in the driver's seat and my uncle was sitting on the passenger side. The place was Mission, South Dakota, and the streets were jam-packed with cars. There were wagons with teams of horses, and people were sitting and standing under trees. I remember that there was present an air of great expectation. Because, it was the first day that Indians would be able to buy liquor legally.

You must understand that up until that time it was a federal offense to have alcohol, and if you were caught with it, you went to a federal penitentiary for a year and a day. I remember I had a relative that went to jail under this law, because my mother had pointed out an uncle to me.

I remember seeing the liquor store owner come out and sweep off the front of his walk, looked around and went back inside and turned his sign around to show the open side. For what seemed a long time, nobody went in. Finally an Indian man went in and after a time came out carrying a case of beer and paper sacks. He looked around cautiously while he walked to his car, got in and drove away. He was not arrested!

What happened next was amazing to watch. I can only describe it as a stampede on that liquor store. They completely bought out the store in a matter of a couple of hours, and they were still waiting in the streets because they were told a semi-load was coming and would be there by 1 o'clock.

Questions for Discussion in Small Group

- 1 What caused the people to take to alcohol, right from the beginning, in such an addictive-like manner?

2. More importantly, how do you begin to treat the people? For example, we know about the progression of the disease model, is this, or any of the other addiction models applicable? Please explain.

3. As a group, select a group leader, give your group a name, then for the next 20 minutes discuss this phenomenon of how alcohol came to the people, then offer a remedy, a treatment model, or an approach to help the people overcome their rampant alcoholism. Finally, the group leaders will give their reports.

Note: If you need more space, please use the back of this sheet.

Appendix F:

Peer Member Checking Letter

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

College of Education
Department of Educational
Leadership and Policy Studies
N243 Lagomarcino Hall
Ames, Iowa 50011-3195
515 294-4143
www.educ.iastate.edu/elps

March 30, 2003

Dear Participant,

I want to thank you again for participating in this research study. Please check the enclosed survey or worksheet, whichever applies and see if what has been transcribed is accurate. I want to be certain that your response is true to what you wanted to say.

I will be calling you in two weeks to see if there are any changes that you may want to make. Your participation in this survey will certainly help to make some people's lives better.

Sincerely Yours,

Cecil White Hat