“The Poison That Ruined the Nation”: Native American Men—Alcohol, Identity, and Traditional Healing

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Abstract

Alcoholism and destructive drinking patterns are serious social problems in many Native American reservation and urban communities. This qualitative study of men from a single Great Lakes reservation community examined the social, cultural, and psychological aspects of their alcohol problems through their life stories. The men were in various stages of recovery and sobriety, and data collection consisted of open-ended interviews and analysis utilizing principles and techniques from grounded theory and ethnographic content analysis. Alcoholism and other serious social problems facing Native American communities need to be understood in the sociocultural and historical contexts of colonization and historical grief and trauma. This study suggests that for Native American men, there are culturally specific perspectives on alcohol that have important implications for prevention and treatment of alcohol abuse. The participants' narratives provided insight into the ways reconnecting with traditional cultural values (retraditionalization) helped them achieve sobriety. For these men, alcohol was highly symbolic of colonization as well as a protest to it. Alcohol was a means for affirming “Indian” identity and sobriety a means for reaffirming traditional tribal identity. Their narratives suggested the ways in which elements of traditional cultural values and practices facilitate healing in syncretic models and Nativized treatment. Understanding the ways in which specific Native cultural groups perceive their problems with drinking and sobriety can create more culturally congruent, culturally sensitive, and effective treatment approaches and inform future research.

Keywords

Native American, alcohol, identity, traditional culture, sobriety, healing

And after 30 years of drinking—I had to go back to my Elders and ask the Medicine man how I could be an Indian again. He laughed at me and said, “You are an Indian, but what you have to become again is a human being.”

—So-Say

Alcoholism and destructive drinking patterns are serious social problems in many Native American reservations and urban communities. Native Americans have higher rates of alcohol use, frequency of use, destructive drinking patterns, and increased rates of fetal alcohol syndrome compared with other ethnic groups (Beauvais, 1998; Hisnamick, 1992; May, 1994; Wallace et al., 2003). Compared with the majority population, Native Americans experience four times as much alcohol-related mortality, three times as much alcohol-related illness, and increased rates of alcohol-related accidental deaths, suicides, and homicides (Griffith, 1996). According to leading researchers, there is no universal, all encompassing, explanation for alcohol abuse among Native

Americans (Thomason, 2000; Trimble, Padilla, & Bell, 1987). Royce and Scratchley (1996) assert that there have been 42 theories proposed explaining the prevalence of alcohol problems and there is no consensus on this issue. The literature on Native Americans and alcohol includes social and psychological aspects of alcoholism (Beauvais, 1992; May, 1994) and information on the incorporation of traditional healing methods into standard treatment methods (Duran & Duran, 1995; Edwards & Edwards, 1988; Hall, 1986; Parker, 1990). This qualitative study of men from a single *Great Lakes* reservation community examined the social, cultural, and psychological aspects of their alcohol problems through their life stories. The original

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focus of this study was domestic violence, and although *none* of the initial research questions referenced alcohol, it became a central theme that emerged from the data and was present in *all* of the narratives and deserved its own detailed analysis. Members of the study community as well as *each* of the study participants viewed alcohol and domestic violence as linked or fused together, suggesting that effective prevention and treatment approaches must address *both* of these issues simultaneously (Matamonasa-Bennett, 2014). Each of the men stated that they were in various stages of recovery and sobriety. This study suggests that for Native American men, there are culturally specific perspectives on alcohol that have important implications for prevention and treatment of alcohol abuse. The participants' narratives provided insight into the ways reconnecting with traditional cultural values (*retraditionalization*) helped them with domestic violence issues and in achieving sobriety. The men's recovery trajectories had strong common themes that were grouped into stages in which connecting with Elders and traditional cultural traditions helped them redefine themselves with more traditional Native (desirable) identities. Understanding the ways in which specific Native cultural groups perceive their problems with drinking and sobriety can create more culturally congruent, culturally sensitive, and effective treatment approaches.

The Scope of the Problem: Separating Myth From Facts

Problems with alcohol in Native American communities have been written about since colonial times (Unrau, 1996). There is a wealth of literature on Native Americans and alcohol, including information on the social and psychological aspects of alcoholism (Beauvais, 1998; May, 1982). In 1977, Mail and McDonald reviewed 969 relevant works in this area (Mail & McDonald, 1980), and in 1998, Thurber and Thomason published an annotated bibliography and review of 135 articles published between 1975 and 1996 on prevention and treatment (Thurber & Thomason, 1998). There are, however, very few research studies on the efficacy of treatment (Thomason, 2000). Phillip May (1994) has cautioned researchers and treatment providers that many myths remain intact regarding Native Americans and the epidemiology of alcohol abuse despite lack of evidence. The persistence of the "drunken Indian" stereotype and the uncritical use of statistics is problematic for both the lay person and the clinician. May (1994) identified 12 myths or "half-truths," including alcohol as the number one problem in Native communities, the belief in the biological deficit for metabolizing alcohol among Native people and the notion of a single drinking pattern and Native alcohol

problems being unique to this population. May points out that in a population with a substantial concentration of high-risk, heavy drinkers, measuring repetitive, high-risk, problematic behavior of a subculture of problem drinkers within a community has potential to stigmatize the whole tribe (May, 1994). These myths need to be carefully considered when examining data on the prevalence and impact of drinking with Native populations. Alcoholism and other serious social problems facing Native American communities need to be understood in the sociocultural and historical contexts of colonization and historical grief and trauma. While risk factors have been identified and examined in the general population, only a few of these have been examined among Native American populations (Thomason, 2000). The unique sociocultural history of Native Americans suggests that these risk factors may operate differently than they do in other populations affecting prevention, intervention, and treatment approaches (Thomason, 2000). Research and treatment approaches are further complicated by the diversity of Native groups.

In the United States today, the 2010 census indicated that 5.2 million people self-identified as American Indian or Alaska Native alone or combined with another race. This represents 1.7% of the population (U.S. Census Bureau, 2010). As of this writing, there remain more than 566 recognized tribes (also referred to as nations, bands, pueblos, native villages, and communities) each with its own language, dialect, creation stories, cosmology, and spiritual traditions. Approximately 229 of these ethnically culturally and linguistically diverse nations are located in Alaska and the rest are located in the other 33 states (National Congress of American Indians, n.d.).

Estimating accurate levels of alcohol use and abuse is difficult and some have suggested that prevention or treatment strategies that work with one tribe may be counterproductive in another. May (1994) asserts that despite the unique sociocultural nature of each tribe, detailed knowledge of the particular history, culture, and epidemiological features of alcohol abuse in the community will allow for the fine tuning and adaptation to other similar tribes and communities.

Native Americans and Treatment Models

Many different alcohol treatment programs and modalities have been used with Native Americans. Weibel-Orlando (1989) described five common treatment models: the medical model, the psychosocial model, the assimilative model, the culture-sensitive model, and the syncretic model. The medical model is based on the disease model of alcoholism, which is also a basic assumption of Alcoholics Anonymous (AA) and the general approach of U.S. society. At the other extreme is the syncretic model,

which has primarily a Native American orientation, including the use of techniques such as the medicine wheel, talking circles, the sweat lodge, and tribal healers. The Red Road is one example of a specifically Native American treatment approach (Arbogast, 1995; Books & Berryhill, 1991). *Nativized* treatments are standard treatment modalities that have been adapted to be more culturally appropriate for Native Americans, usually by including discussion of traditional Native American concepts and the use of Native American healing techniques (Thomason, 2000). Nativized treatments might include sweat lodges, talking circles, medicine wheels, and tribal-specific healing ceremonies. For further discussion of *Nativized* treatment approaches, see Jilek (1994).

Very few research studies have been conducted to study the efficacy of these various alcohol treatment modalities when working with Native Americans. The medical model and AA have been criticized as culturally inappropriate for Native Americans as these treatments are geared toward general U.S. middle-class population (Duran & Duran, 1995; Kinney & Copans, 1989; Thomason, 2000). Gordon (1994) stated that the social and cultural factors and drinking patterns of Native people do not fit with the disease model and individuals who may readily admit that alcohol causes much dysfunction but do not view themselves as sick or diseased (Gordon, 1994; Kinney & Copans, 1989; Thomason, 2000; Thurber & Thomason, 1998). Many medical model treatments evolved in the contexts of Euro-American, middle-class value structures. These fail to address the unique social, cultural, and historical contexts of Native life. Overall, there is no evidence that any single treatment modality works especially well with Native Americans. Certain suggestions and recommendations are repeated many times in the literature on Native Americans and alcohol treatment. Although these recommendations are rarely based on empirical research, they represent the consensus of many clinicians who work with Native American clients. For an extensive review of the literature on issues on treatment see Thomason (2000) and the annotated summary of the literature in Thurber and Thomason (1998).

Many researchers in this area speculate that alcohol abuse is related to poverty, school failure, unemployment, poor health, feelings of hopelessness, and the breakdown of the Native American family (Duran & Duran, 1995; Edwards & Edwards, 1988; Trimble, 1984). Other factors are believed to be cultural dislocation, or diffusion (the feeling of not fitting into either traditional Native American culture or the mainstream U.S. culture), cultural-social norms that support alcohol abuse, peer pressure, and the lack of punishments or sanctions against abuse (Bell, 1988; Edwards & Edwards, 1988). The men's narratives described many of these factors and their stories reflected lives of pain, loss, multigenerational abuse and family dysfunction, racism, isolation,

alcoholism, and struggling to define themselves as "Indian" and to find their roles in a world not of their making.

Methodology

The goal of this study was to examine the unique cultural and community contexts in which domestic violence occurs in a *Great Lakes* reservation community. The major findings regarding domestic violence are presented elsewhere (Matamonasa-Bennett, 2014) and the findings relevant to alcohol are the focus here. This study used open-ended interviews with nine men (two of whom were respected Elders in the community) between the ages of 30 and 68 to understand the cultural perspectives through intensive qualitative interviews and placing their life stories and perspectives at the center of the analysis. The principal investigator (PI) is a Native American psychologist and had existing relationships in the community as well as an understanding of the tribal history, language, and cultural and social norms and these informed the research design and process. The sanctioning of the research by the tribal leadership and participation by respected community Elders were essential for this study and is also recommended in the literature (Norton & Manson, 1996). For the protection and confidentiality of the participants, it was requested that the term *Great Lakes* tribe be inserted in place of the official tribal name. The PI agreed to provide a summary of the results to tribal leaders and domestic violence treatment providers serving the study community.

Given the lack of any prior data on Native American men's experiences or perceptions of domestic violence, the goals of this research were discovery and exploration of the participants' own interpretations of reality, a qualitative design was most congruent. This consisted of the use of loosely structured, open-ended interviews and an approach to data collection and analysis utilizing principles and techniques from grounded theory and ethnographic content analysis. This form of research is inductive in approach in that, rather than beginning with a theory and formal hypothesis that is verified and understood through the collection of data, the data are examined for the theories that may be contained within them. The standards in the qualitative paradigm used in this study to ensure trustworthiness (rigor) and the social and intellectual value of the research were credibility, transferability, dependability, and confirmability (Creswell & Miller, 2000; Guba & Lincoln, 1983; Lincoln & Guba, 1985).

Participants and Design

Participants were recruited to the study through flyers posted at the local mental health facility and at public and

Table 1. Each Participant's Demographic Information.

Pseudonym		Age	Married or living with partner	Domestic violence treatment	Living on reservation	Highest education
So-Say	Elder	>60	Married	No	Yes	8th grade
Wa-Ni	Elder	>60	Married	No	Yes	GED
Daniel		50s	Married	No	Yes	MA degree
Tom		50s	Married	No	No	Associates degree
KC		40s	Married	Yes	Yes	GED
Skin		40s	Living with partner	Yes	Yes	High school graduate
Bob		30s	No	No	Yes	8th grade
Joe		30s	Living with partner	Yes	No	High school graduate
Kanasa		30s	Living with partner	No	No	GED

cultural events both on and off the reservation. Early participants referred other men to participate in the interviews. To minimize risk to women and families, men who were currently in treatment for domestic violence were ineligible for the study.

Consistent with cultural tradition, all participants were given an offering of tobacco just prior to the interviews as a sign of gratitude and respect for their willingness to share their stories. A list of local mental health counselors and spiritual counselors was provided in case the interviews caused distress to the participants. The privacy and confidentiality of participants were protected throughout the research process and they chose pseudonyms. Interviews were conducted in a private, off-reservation location not used during recruitment. Identifying information was obscured or removed, and participants had the opportunity to refuse the use of direct quotes in the presentation of results. Nine men identified experiences with domestic violence and self-selected to participate.

The participants represented three generations ranging from ages 30 to 68 with widely varying levels of formal education. Two of the men were Elders (men with traditional knowledge, status, and respect in the community) and the remaining seven had varying levels of formal education and cultural knowledge. Levels of traditional cultural identification, assimilation, or acculturation were not measured formally—but rather, participants were asked open-ended questions to describe themselves in relation to their cultural identity (e.g., *How would you describe yourself to others when they ask you about your background?*).

All but three of the men lived on the reservation, and the three lived within 50 miles and traveled there frequently. All the participants had been married at least once, and seven out of the nine had been married more than once. All the participants were living with a spouse or female partner at the time of the interview.

This sample consisted of both men who had exposure to domestic violence treatment and men who admitted to

violent behavior but had never received treatment. Even though five of the participants reported that they had police involvement and had served time in jail for violent behavior against their female partners, only three of the five indicated that they had been court-ordered for treatment. This treatment consisted of group anger management, and one participant received a 26-week domestic violence treatment program in conjunction with substance abuse treatment. The men had all completed treatment prior to the study. The treatment facility at the time of the study utilized standard mainstream Euro American approaches, and treatment staff were Caucasian. Participants' demographic information is summarized in Table 1.

Data Collection

The qualitative data were collected through loosely structured, open-ended, face-to-face interviews between 1 and 3 hours in length. The initial interview questions were informed by the research questions, the reflexive process, and fieldwork done by the PI prior to the formal study. The questions focused on cultural dynamics (such as cultural identity, values, and knowledge or adherence to traditional cultural values) while at the same time allowing for additional themes and concepts to emerge. Interviews were audio-taped and transcribed verbatim by the PI. Field notes were taken during the interview process describing impressions, reactions, or other significant events that occurred as additional data. Once saturation was achieved, evidenced by repetition—or the parallel nature of participants' stories—the interviews were halted (Bowen, 2008).

Data included reflexive field notes of the researcher's observations, reactions, and impressions taken during the interviews. During the interviews, participants were asked to clarify meanings and context if these were unclear. During the consent process, participants decided if they would permit the PI to contact them after the

interview if data needed to be verified. The consenting participants were mailed a copy of their verbatim transcript for review. Only one participant followed up to clarify responses. The interview narratives offered a tapestry of personal life stories and recovery narratives.

Data Analysis

The methods of analysis included several stages and utilized principles from grounded theory and ethnographic content analysis (Bowen, 2008; Glaser & Strauss, 1999; Hammersley & Atkinson, 2007). The element of grounded theory that was used in this study was the element of coding—or the labeling of phenomenon. The analysis of the data utilized the *constant comparative method* used in both ethnographic content analysis and grounded theory (Guba & Lincoln, 1983; Merriam, 2002). The goals for this form of analysis are to discover emergent patterns, themes, and cultural perspectives. Although systematic, it is not rigid and allows for the constant discovery and constant comparisons of culturally relevant situations, styles, images, and meanings (Bowen, 2008; Glaser & Strauss, 1999; Hammersley & Atkinson, 2007; Strauss, 2003; Strauss & Corbin, 1997). Consistent with grounded theory approaches, the coding and analytic work occurred alongside the data collection.

This form of research is *inductive* in approach in that, rather than beginning with a theory and formal hypothesis that is verified and understood through the collection of data, the data are examined for the theories that may be contained within them. The standards in the qualitative paradigm used in this study to ensure trustworthiness (rigor) and the social and intellectual value of the research were credibility, transferability, dependability, and confirmability (Creswell & Miller, 2000; Guba & Lincoln, 1983; Lincoln & Guba, 1985). Lincoln and Guba (1985) have asserted that these standards are analogous to standards in quantitative research in the following ways: Credibility (internal validity) refers to the investigator's attempt to demonstrate that the true picture of the phenomenon being studied is presented. Transferability (external validity) refers to providing sufficient details of the context and the fieldwork or interviews that other researchers can ultimately decide if the research environment is similar to another situation and the findings might justifiably be applied to another site. Dependability (reliability) means that the researcher strives to enable future researchers to repeat the study. Confirmability (objectivity) is achieved when researchers take steps to demonstrate that the findings that emerge from the data come from the data and not their own predispositions.

Verification strategies in qualitative research ensure rigor through methodological coherence, sampling sufficiency, developing a dynamic relationship between sampling, data

collection and analysis, and thinking theoretically and theory development. Methodological coherence refers to the congruence between the research question and the method used. Since the research is not linear, questions and approaches to data collection are often adjusted throughout the research process. Sampling sufficiency refers to ensuring that sufficient data have been collected to account for all aspects of a phenomena. The dynamic relationship between sampling data collection and analysis is an iterative interaction between what is known and what one needs to know. In thinking theoretically and developing theory, ideas that emerge from the data are reconfirmed in new data. This in turn gives rise to new ideas that are verified by looking at data previously collected. This back and forth process helps build a solid conceptual foundation or "theory" about the data.

The analysis began with a careful reading and rereading of each narrative transcript, noting initial impressions until themes and patterns began to emerge. During the process of open coding, each transcript was read line by line and words phrases and sentences were given codes based on the questions "what is being referenced here?" and "what is this about?" The codes were then grouped into similar concepts and those were later combined with related or similar ones and emerged as categories. A coding template was created and words, phrases, sentences, and paragraphs from each narrative were transferred to the coding template for further analysis. The data were highly interconnected, and often, the quotations overlapped conceptually and were relevant for more than one category. These data were double coded. In reflexive analysis, the coded interviews were reread and tensions, conflicting, or contradicting codes were noted. The core categories were again tracked and compared from beginning to end *within* each narrative and *across* each narrative by reading separately and repeatedly for each code/theme. Through analysis and comparison, several new "in vivo" codes/themes emerged spontaneously from the data. These included culturally specific terms and meanings used by the participants.

None of the research or interview questions referenced alcohol, yet within and across the narratives, references to it were so pervasive that it became a major category and finding emerging from the data. Because the focus was on domestic violence and *not* alcohol, the men interviewed were in various stages of recovery. Some participants had been sober for several decades and some for just a few months or years. Alcohol, as a major thematic category, was further divided into subcategories that included (1) Alcohol and individual/tribal identity, (2) Retraditionalization, and (3) Recovery. The criterion for data to be included in the subcategory "alcohol and individual identity" were when they described themselves through their present or past relationship with alcohol.

The criterion for the “alcohol and tribal identity” were references to the tribe or community and alcohol. The criterion for “retraditionalization” were any references to replacing, reconstructing, or re-acculturating aspects of tribal life or identity that had been lost or harmed during the trauma of colonization. The criterion for the “recovery” category were any references to identifying drinking as a problem or seeking help or healing for drinking specifically. These data provide insight into these men’s reflections and perceptions about their own recovery process and sobriety.

“Recovery” as an important subcategory was present in each of the narratives and analyzed for its dimensions and properties and these were compared both within and across the data. Similar dimensions and properties of the recovery process were grouped together and eventually became “stages.” These were not presented in the data as discrete, linear, or sequential processes but were the result of analysis and were found to varying degrees in *all the* narratives. Those participants with the longest reported sobriety (the two Elders) had the most descriptive and well-developed sense of recovery as a process of change centered on retraditionalization. Within and across the transcripts, the men’s recovery process centered on reconnecting with traditional elders and forming a more “traditional” self-identity.

Alcohol Subcategories.

Alcohol individual/ tribal identity	Retraditionalization	Recovery
<i>Criterion a:</i> Describing self through past or present relationship with alcohol	<i>Criterion:</i> References to replacing, reconstructing, or re-acculturating aspects of tribal identity that had been harmed or lost through colonization	<i>Criterion:</i> Any references to identifying drinking as a problem or seeking help or healing for drinking specifically
<i>Criterion b:</i> Describing community or tribe through past or present relationship with alcohol		R (a) Crisis R (b) Healing R(c) Modeling R (d) Meaning R (e) Social Action R (f) Identity expansion

The alcohol subcategories were highly overlapped in each of the narratives. The “recovery” core subcategories were again tracked and compared from beginning to end *within* each narrative and *across* each narrative by reading separately and repeatedly for each code/theme. From the analysis and comparison of subcategories within *recovery*, (a) crisis, (b) healing, (c) modeling, (d) meaning, (e)

social action, and (f) identity expansion emerged the concept and theory of *recovery through retraditionalization* and identity transformation grounded in data.

Results

None of the original research questions referenced alcohol, but it was an overarching theme throughout the narratives and is highly symbolic. The men referenced their past and current relationship with alcohol when describing themselves. All the men expressed that one could not be “traditional” and use alcohol and that using it prevented people from maintaining their true cultural identities, from adapting to the realities of reservation life, and from being “human beings.” For at least the past 200 years in Native American communities, alcohol has been a religious, spiritual, and political idiom—a concept that is well documented in the literature (Arbogast, 1995; Duran & Duran, 1995; Garrett & Carroll, 2002; LaFromboise, Trimble, & Mohatt, 1995; McCormick, 2000; Schinke et al., 1988).

In terms of recovery, the men varied in terms of stage and length of time, but all believed that returning to traditional spiritual and cultural traditions were keys to sobriety and nonviolence. Prevention and intervention efforts that have focused on revitalization of traditional culture as a means for sobriety have supported this view. The men were replacing the assignment of alcoholic identity with a more positive view of themselves as “traditional” men. These findings provide support for current substance abuse treatments that emphasize traditional values and indicate that alcohol use and destructive drinking patterns should be addressed in the assessment and treatment of domestic violence. Participants in this study agreed that their own healing was initiated by their readiness to change and their sense of urgency about breaking negative drinking patterns and violence. The men expressed that these issues need to be addressed from within the community by its members and that they already have the solutions and means to change if given “freedom” and “autonomy.”

“I’m Not a Drunk”: Alcohol, Life Trajectories, and Individual Identity (N = 9)

What was most striking about the narratives was the emphasis on alcohol as a central theme in each stage of these men’s lives. Each participant began his self-description with his past and current relationship to alcohol as a part of his identity—“They would say I am really into protecting the environment, that I view education as important, and that I don’t drink or do drugs. Sometimes I am brutally honest” (Daniel). Skin, one of the men with a very violent history explained, “I don’t drink, I used to

be an alcoholic—a long time ago—then plus I was a drug addict. . . . I don't do that stuff no more" (Skin).

Themes of childhood neglect, family dysfunction, and violence as a result of "49'n" (binge drinking over a 48-hour weekend) were reported across the sample. The men stated that as children they "despised alcohol and anyone who drank" and all were adamant about not drinking or wanting to be like the adults around them. During adolescence and young adulthood, however, each of the men told of struggles with destructive drinking and substance abuse patterns that have, unfortunately, become social norms in the community.

My parents had a real good relationship except when they were drinking. And I think that this is a _____¹ problem. Because it was so obvious growing up here. It seemed like the more and more they drank, the more problems they had. They were always fighting. Alcohol was the catalyst, because somehow *they quit being human beings*. . . . In my case, my father wasn't a violent person—but he hollered at my mother when they would come home from a weekend of drinking. You know they only drank on Friday and Saturday nights. Otherwise, during the week we had 5 pretty cool days. (Daniel)

Eight out of the nine participants began drinking between the ages of 14 and 17. Daniel describes this, "So I started doing exactly what I said I wasn't going to do—getting heavy into alcohol." After having his own children his drinking and violence with their mother escalated and he remembered a turning point, "Immediately it hit me. . . . Christ! I'm getting like my dad. . . . I had resolved when I was younger I was never going to be like my father" (Daniel).

Kanasa, who was placed in a White foster home as a toddler, told of reconnecting with family on the reservation and experienced "drinking to be Indian." His story was filled with conflicting loyalties and aspects of "Indian-ness" in identification with, and eventual rejection of, the "drunken Indian" stereotype. The men described their parent's violence, their own violence, and others' violence as linked to destructive drinking patterns. Skin tells of his parents drinking and violence:

I used to put my head under the pillows—just to not hear that. That violence all the time. Be crying—I wish they wouldn't do that—I would wish they wouldn't drink. I didn't like it when they drank. . . . I think that's where the violence started in the family so when I got older I started doing it—you know the same thing my dad did. . . . I didn't know I had that much anger in me . . . it kinda flashed back on my ma and dad when they used to fight. . . . But I didn't realize I hit her that hard. (Skin)

"Poison That Ruined the Nation": Alcohol, Colonization, and Tribal Identity (N = 9)

During the interviews, it became apparent that alcohol is *highly* symbolic. Alcohol is symbolic of destruction,

colonization, and foreign *invasion*. It "takes over" and the people themselves become something different. It prevents them from being "human beings." A theme across the sample was that alcohol is not only a symbol or artifact of colonization it is a *protest* to it:

They see all these benefits of being [White] and you go on the Indian reservation and 95% of them people-maybe higher don't experience the benefits of the society they're in. And so now, they're striking out. They are going to do things . . . maybe they'll drink more, or do less, or become more combative or whatever. (Joe)

Alcohol. The acceptance of alcohol and acceptance of that behavior—or the denial that goes with it. Denying that it has happened . . . we had our own way then we were a group abruptly stopped. They come in and say "you can't do this anymore—the way you've always been going. We want you to change and be this other person." But they really threw a curve ball at us when they threw in alcohol—you know on top of everything. So we really won't know who the hell we are for another couple of generations. (Wa-Ni)

Today we don't have that no more [traditional family and social structures]. I believe that's why we have so much drug use, alcoholism and domestic violence. . . . Well, I can only say one thing and that is alcohol and drugs have devastated our people. . . . I believe greed and control is the biggest factor for our condition. . . . I think that the non-Indian was the cause of it—they had a big influence on it. They say that the "West was won" but I believe it was won by IW Harper and Jim Beam and things like that. (So-Say)

The men's responses varied in length and complexity, but they all shared the perspective that one cannot be a traditional tribal person and use alcohol.

They all say, "I want to be a [GreatLakes tribal person]" then you stop drinking 'cause that has nothing to do with being Indian. As a matter of fact, it's a curse to Indian tribes throughout the United States.

Wa-Ni states,

A lot of them [Great lakes tribal people] profess to be traditional . . . still use alcohol. I mean *how can you justify taking one drink if you know that this is the poison that has ruined the Nation?* You know, without having a sense of guilt? So, you see in the culture, when we choose to follow out culture I think we made a big decision in our life that we have to be strong. (Wa-Ni)

Retraditionalization: Becoming "Human Beings" (N = 9)

The men had a clear sense of the negative stereotypes of themselves as "drunks" and the "savages the books made

us out to be.” All the men identified themselves “traditional” or “becoming more traditional” in terms of cultural identification—regardless of where they lived, their roles in the community, and their apparent level of knowledge and exposure to cultural traditions. The youngest men in the study, Bob, Joe, and Kanasa, reported they were seeking out traditional Elders to connect deeper with their Native identity. The most traditional men expressed they wanted to “educate” the non-Native community to combat negative stereotypes and preserve their culture.

“Human being” was a frequent term (*in vivo* code) across the narratives. This term represented a state of spiritual and social development in which one is living in harmony with traditional tribal values. The values included humbleness, humility, consistency in words and actions, sobriety, education, and reciprocity. Colonization is referenced as not allowing the people to be “human beings” and alcohol is *also* referenced as preventing people from becoming “human beings” Daniel states,

When you get a lot of alcohol involved there—people seem, from what I’ve seen, you know, from the last 30 or 40 years, is they forget how to be *human beings*. They forget how to be true [*Great Lakes tribal people*].

Daniel described the Elders that he reconnected with who taught him to live with traditional Native values. Through these “life lessons,” he believes he has achieved his success with sobriety and in other areas of his life.

An Elder told me, “When you first picked up that bottle—when you started drinking . . . and you start staggering—you thought that was funny. That flag should have gone up IMMEDIATELY . . . people should always know when you take a drink or drugs you are out of balance. That there is something wrong—because we always lived in perfect balance and harmony.” When you stagger—then you know something’s wrong. If you put it in simple things, simple things like that will go a long way.

They [the Elders] were down to earth and I could see that—humbleness and humility. It had a great effect on me.

The Elder So-Say states,

And after 30 years of drinking—I had to go back to my Elders and ask the Medicine man how I could be an Indian again. He laughed at me and said, “You are and Indian, but what you have to become again is a *human being*.”

So-say states that he entered formal alcohol treatment “at least seven times” but what were most effective were the traditional ceremonies and the “medicine” he learned from his Elders. His process of retraditionalization paralleled his process of becoming sober—thus becoming a

“human being.” The turning point in So-say’s life involved a sudden awareness that as an alcoholic he was living very contrary to traditional values and not taking his proper “place” in the community.

One time a judge told me that I was a burden on society because of my alcoholism—because I had been in hospitals and having them take care of me and my sicknesses and illnesses. So, I became a burden on society—which I didn’t like—it made me do a double-take and started my road to recovery. I’m not recovered—you know—not by a long shot. But the thing is that the road to recovery has to be faced with truth. I mean, that’s how I see it today. People tend to not know their responsibilities as human beings. (So-Say)

The core common themes and processes of these men’s healing journey toward sobriety are categorized, analyzed, and summarized below. This process has been termed “retraditionalization” because of the focus and emphasis on exposure and internalization of traditional Native American values *and* identity. Retraditionalization is a term coined by Rayna Green in 1983 and currently used by Native scholars to define movements within Native communities toward the revitalization of culture, language, and spiritual traditions through self-determination (LaFromboise, Heyle, Ozer, 1990; LaFromboise, Trimble, & Mohatt, 1990; Legha & Novins, 2012; Nebelkopf & Phillips, 2004; Peters, Green, & Gauthier, 2014). These are grouped into six stages; however, these were not always discrete, sequential, linear processes.

Stages of Recovery Through Retraditionalization

Stage 1: Crisis stage. This stage occurs when the need for change is recognized. Accompanied and motivated by pain or loss, it is marked as a “turning point” in awareness where the individual cannot continue to exist or live with contradictions (believing or saying something and living something else) or continued self-destructive behaviors. Abusing alcohol was way of coping with the contradictions between stereotypes and reality, between knowledge of culturally appropriate behaviors and the ability to live up to these expectations and pressures of acculturation and adaptation.

They (Native men) are protecting and image for a person that doesn’t exist—they don’t know who they are. They are frustrated because they are basing too much value on material things. They can’t reach out. They are totally immersed into this society . . . the dominant society and they experience none of it’s benefits. (Daniel)

You have to re-educate them because they lived through years in that kind of environment. They don’t know what normal is. . . . By teaching how to be true [*Great Lakes Tribe*] people . . . going back to being more “human beings.”

You know it all starts with spirituality, connection to the earth—what's slowly eroded away here. (Daniel)

Stage 2: Healing stage. Seeking help from traditional Elders expands the resources and options available for social support and increases coping strategies. In this stage, either Western models of counseling or therapy have failed or were negative experiences because of cultural insensitivity on the part of the clinicians. Traditional healers are sought out as the “last resort,” or sought out as *preferred* ways of dealing with crisis. Affective processes and healing can take place through exposure to and participation in talking circles, sweat lodges, and other ceremonies. These cultural experiences are not only healing “wounds,” they are also reaffirming positive aspects of the culture and tribal identity. These ceremonies help individuals cope with acculturation stress, loss, grief, and other life stressors. These ceremonies provide an individual with more flexibility and skills in interpersonal problem solving and communication.

I think you can talk better with an Indian person. . . . I was in treatment three times—and that was with all White counselors. . . . And those White counselors—they tried to make me cry—because all those other people they would cry. But when it comes to a[n] Indian person they wouldn't cry. They would try to break you down and they make you cry . . . like the stuff you did like violence—but when I was in there . . . they could never make me cry. (Skin)

But if I go in the [sweat] lodge, you know there are Indian people around there if I did something wrong you know . . . somebody died or something—that's how I'd let my feelings out—in the lodge. . . . You go in and get all the evil out of you. Get in there and leave it there. I'd go to a sweat before I'd go to an AA meeting. (Skin)

Stage 3: Modeling stage. Through continued contact with Native role models, a reconstruction of Native identity takes place. The modeling of nonviolent behavior and sobriety is very important. As knowledge of cultural values increases, those values are also internalized. Contact with Native men who have *reported* ways of coping successfully with the realities of reservation life provides alternatives to the idealized stereotypes and the dehumanizing stereotype of the “drunken Indian.” This modeling helps create a strong core of identity from which to expand into bicultural competence, or at least live successfully with the reality of constant cultural contact with the dominant culture.

Interestingly enough, during the time the culture was popping up. I watched the Black Panthers and the whole AIM movement start to take place—cultural awareness and all this other stuff. . . . And all these traditional people—like my father-in-law had stopped drinking and I respected that. (KC)

Our young men, they are always trying to be something that they are not. They are trying to take on somebody else's character or culture. . . . I think they need to come back and listen to the stories of the traditional Elders—that they have been through a lot of things and are living a good life on that good “red road.” (Kanasa)

Stage 4: Meaning stage. Negative past experiences are “reframed,” and new meaning is given to these painful experiences. These painful past experiences are now viewed as keys to helping others or with a spiritual meaning. The sharing or telling of one's story is an important cultural value and tradition—stories *are* “medicine.” There is a common cultural belief that help can only come from someone who has “been there.”

I've shared some things with groups that I've talked to. . . . The thing of telling the truth is you know quite simply, because people don't tell the truth. . . . If you told somebody you were in jail for beating up somebody—you know right away you could be ostracized, you know what I mean? From a group of people—When maybe your telling them that would also inspire them to begin speaking from their heart. I mean everything is in context. Everything in a cultural healing context. If people want to begin to speak the truth, begin to open up—there aren't any questions that it can be helpful. (KC)

Stage 5: Social action stage. Once the individual's sense of self is strengthened through a sense of cultural competency in the traditional culture, tribal identity begins to emerge, or for some, begins to be redefined within the community. By taking on roles and responsibilities that serve the continuation or survival of the culture, tribal identity is strengthened.

I think I helped my people, I am also an example of what can happen if you put the bottle down. You know that I'm like one of those people that always respected those that practice what they preach—I think you get a lot of respect in the community members see that—so they know there is a way. (Daniel)

So I've always spoken out. . . . I really strongly believe that we as Native people are a sick society—and maybe it's not our doing. It might have been forced on us. But once we become smart enough or intelligent enough we should be able to distinguish the right from the wrong—and the way we really want to go—as a people.

I don't know if it will every happen, but I have to try—and hope—that maybe I can get all three kids grown up and not using alcohol—thinking clearly. That's the only thing that going to save us. (Wa-Ni)

Stage 6: Identity expansion stage. Once individual and tribal identity are strengthened through healing, modeling, and achieving a degree of cultural competence in the

Native community, the individual may expand his “role repertoire” beyond the tribal community and develop a truly bicultural (rather than diffused) identity. For some, expansion may mean educating or sharing Native culture with non-Natives in an effort to decrease racism and misunderstanding. Wa-Ni, So-Say (the Elders), KC, Daniel, and Kanasa all spoke about their roles as “warriors,” and those roles included teaching about the tribal culture both within the tribe and to outsiders. The younger men in the study Bob and Joe expressed that they would like to be in these roles someday.

So what is a warrior today? A warrior is someone that makes a decision to be a leader of his people. . . . Makes a decision to fight against those things that are destructive to people . . . real warriors were people that this left country to avoid the draft to kill other people. A real warrior to me is somebody that marches with Martin Luther King for social justice. (Wa-Ni)

That's about when I met _____² and his wife when he was doing cultural presentations. I thought, “Wow!—that's something I would really like to do.” . . . He said, “Well come up and I'll show you some things” and we just hit it off immediately . . . he gave me my first dance outfit . . . and I started to dance at powwows and stuff. So I watched him and did presentations and followed his lead. . . . I've been kind of starting my own things and you know being recognized and getting called out to schools and stuff. (Kanasa)

The themes and stages of retraditionalization as a part of these men's recovery process suggest ways in which *Nativized* and syncretic treatment modalities may facilitate recovery and sobriety for Native men by increasing social and community support, increasing coping and communication skills, developing bicultural competence, reframing negative experiences, and strengthening tribal identity.

Discussion

This qualitative study of men from a single Native American cultural community identified that alcohol is highly symbolic of colonization as well as a protest to it. Alcohol is viewed as a poison that prevents people from being true tribal people and the antidote is a reshaping of individual and tribal identity through reconnecting with traditional tribal identity and values in a process of retraditionalization. The issues of identity loss from colonization and historical factors that are critical for understanding social problems and psychological wellness in Native communities has also received support in other literature (Horse, 2001; Walters, 1996). Retraditionalization as a means to sobriety has been well documented (Arbogast, 1995). Healing initiatives based on aspects of retraditionalization hold the greatest promise (Legha & Novins, 2012; Nebelkopf & Phillips,

2004; Peters et al., 2014). Numerous internationally renowned addictions programs have achieved notoriety with this premise (Garrett & Carroll, 2002; McCormick, 2000; Schinke et al., 1988). This study examined the narratives of Native men who have achieved sobriety for their perspectives on *how* and *why* connecting with Elders and traditional culture helped them.

Consistent with other research (Gordon, 1994; Kinney & Copans, 1989; Thomason, 2000; Thurber & Thomason, 1998), participants reported ineffective and negative experiences with Western treatments and AA because of cultural differences and insensitivity. Many leading researchers and practitioners have recommended that the Native American client's level of acculturation or identification with traditional tribal values be assessed to determine the goodness of fit for *Nativized* or syncretic approaches. This small qualitative study suggests something very different in that it was the *retraditionalization process* itself and exposure to traditional tribal values and healing modalities that were key elements of change. The incorporation of a new aspect of identity as a “traditional” person was key to helping these men achieve sobriety.

Community ties tend to be much stronger in collective societies such as those of Native Americans than in individualistic societies such as the general U.S. society (Duran & Duran, 1995; Jilek, 1994; LaFromboise, Trimble et al., 1990). This suggests that Native Americans may be more successful in stopping or controlling their alcohol use if the treatment approach includes a family, group, or community component. For these men, traditional Elders and community members provided key social and community support. These men began drinking between the ages of 14 and 17, suggesting that targeting prevention and treatment efforts to adolescents in Native communities might be an effective strategy to reduce destructive drinking patterns.

Clinical Practice Implications

For researchers, clinicians, and policy makers, this study emphasizes the need to understand contemporary social problems such as alcoholism in Native American populations through each community's historical, social, and cultural lens. Although there are commonalities that exist with experiences with genocide and colonization, each Native American nation has a unique cultural history that needs to be considered. Additionally, individuals within Native communities have unique perspectives on these issues.

Although assessing each Native American client's level of acculturation is often recommended in the literature (Choney, Berryhill-Paapke, & Robbins, 1995; Chun, Organista, & Marin, 2003), this study highlights the challenges, complexity, and perceived desirability of identifying with Native versus mainstream culture. As Walters

(1999) has suggested, implicit in acculturation research is the erroneous assumption that acculturation is synonymous with identity and is often used as a proxy for identity in research, possibly accounting for discrepant findings in the wellness literature. Participants in this study varied widely in terms of their lifestyle and knowledge of traditional culture, yet all the men identified themselves as "traditional." This point underscores that individuals be allowed to determine how they identify themselves and illustrates that identity attitudes and acculturative behaviors, although related, are separate constructs. Contrary to assimilationist models, these men buffer negative colonization processes through the internalization of positive "traditional" identity and externalize negative dominant (colonizing) group attitudes.

For therapists and practitioners, cultural competence and sensitivity is essential for effective treatment and to avoid harm. Mental health, substance abuse, and domestic violence treatments were often negative experiences for these men, and this study suggests that there are traditional values and healing opportunities within the traditional tribal culture that may mediate and prevent destructive drinking patterns. Research and practice that builds on the inherent strengths of Native cultural values are both culturally sensitive and empowering to tribal people who have been marginalized and disenfranchised.

Implications for Research

Themes from this study may provide important directions for future research on alcohol abuse and treatment from a Native American perspective. The use of alcohol as a means for coping with loss and the stress of colonization, the construction of alcohol as a defining element of individual and tribal identity, and the notion of it as both symbolic of acculturation and at the same time a protest to it are not currently included in the theoretical and clinical frameworks for addictions treatment. Clearly these concepts might generate future research questions about potentially effective treatment modalities with Native American populations.

Horse (2001) developed a framework for understanding of Native American racial identity development based on collective and individual experiences and commonalities, which he referred to as "collective consciousness." The strong common themes in the participants' narratives regarding the role of "traditional" racial identity development in their recovery process suggests the importance of continuing this research and the further development of theory.

Study Limitations

Each of the participants had formal exposure at some point in their lives to addictions treatment or counseling in the community. The notion of *stages of change* in

addictions treatment (based on Prochaska and DiClemente's work dating back to the 1970s and 1980s) is well established in community-based programs on this reservation. It is unclear how exposure to these concepts may have influenced these men's recovery narratives or their understanding of the change process.

Most researchers working with Native Americans agree that research needs to begin with tribal or community-specific populations. A strength of this study is that it is culturally and community specific, as well as culturally sensitive and congruent with best practices for conducting research with Native American populations. However, because this study is purposefully culturally specific, its findings may not be generalizable to other Native American groups. Additionally, all men recruited for the present study were older than 30 years old, so that men from a younger cohort, who might be much less psychologically and developmentally reflective and who may have different experiences of acculturation and exposure to other cultural groups, might yield different perspectives.

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Notes

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