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American Indian elders share personal stories of alcohol use with younger tribal members

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Abstract

In this Great Lakes Indian reservation qualitative study we utilized focus groups in the form of talking circles to elicit tribal members' views of alcohol use. We report on how the elder participants utilized the talking circles to inform the youth of the deleterious effects of alcohol use and abuse. Indigenous research methods were utilized so elder tribal members were consulted about the study; an elder was hired as a research associate; youth were hired as note takers/observers; and the 2-hour groups were led by a tribal community member. Demographic data were gathered, and a semistructured guide with substance use questions was utilized. Tribal members, 30 females and 19 males, age 12 to 78 participated in 8 talking circles (N = 49). Tribal elders unexpectedly utilized the format as an opportunity for cross-generational storytelling to convey their own oral histories of the harmful effects of alcohol use for the younger participants. They shared personal pathways to quitting or to a reduction in drinking with messages aimed at preventing the youth from initiating drinking. A shortage of American Indian (AI) substance abuse treatment programs that are culturally relevant exists. The widespread and renewed use of cross-generational talking circles could serve as an inexpensive substance abuse prevention and intervention treatment modality for AI youth. The elders' stories highlight the need to rejuvenate traditional methods of healing among AIs to reduce the initiation and/or harmful effects of overuse of alcohol among AI youth.

Keywords

American Indians; elders; alcohol; intergenerational; prevention

Alcohol use and abuse among American Indian and Alaska Native (AI/AN; note that *American Indian* [AI], *Alaska Native* [AN], *Native Americans*, *Indigenous peoples*, and *Native populations* are used interchangeably throughout this document to refer to the Native peoples of the continental United States and Alaska) youth is a major public health concern. In 2013, AI/ANs aged 12 or older had the second highest rate of current illicit drug use compared to any other single ethnic/racial group in the United States, and among youth aged 12 to 17, AI/AN youth had the second highest rates of heavy drinking and the highest intensity of binge drinking (largest number of drinks consumed) (Substance Abuse and

Mental Health Services Administration [SAMHSA], 2014). National survey data indicate that AI/AN high school students are more likely than their peers to engage in early alcohol use (de Ravello, Everett Jones, Tulloch, Taylor, & Doshi, 2014). In addition, early onset of substance use is associated with an increased risk of suicide, homicide, and physical and sexual assault (Executive Office of the President, 2014). In 2012, the Center for Behavioral Health Statistics and Quality (CBHSQ), U.S. Department of Health and Human Services (2014) reported that 69% of AI/AN youth aged 15–24 admitted for substance abuse treatment reported alcohol as the substance of abuse when compared with 45% for non-AI/AN admissions. Of concern is that few substance abuse treatment programs exist either on or off the reservation, and those that do are “strikingly ineffective” or culturally inappropriate (Gone & Calf Looking, 2011, p. 292; Novins et al., 2011).

Despite these troubling rates of alcohol use, AI/AN people are diverse and rates differ across regions and tribal groups. Reported moderate drinking rates are 12.8% in Minnesota and 47% in Georgia; while many AI/AN youth have high rates of abstinence, with as many as 83% of AI youth in Mississippi abstaining (Walters, Simoni, & Evans-Campbell, 2002). The most recent data from the National Survey on Alcohol and Related Conditions (NESARC) show that the lifetime abstinence data for AI/ANs and all races are similar (17.1 vs. 17.3%) (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2006). However, alcohol use in AI/AN tribes and communities is so prevalent that nearly all AI/AN families have been affected directly or indirectly (Hawkins, Cummins, & Marlatt, 2004).

There are many historical, political, and economic aspects that shape AI/AN alcohol use and are too complex and detailed to review in this article. It is important to take into account the effect of historical trauma on AI/AN communities and alcohol and substance use behaviors. For example, trauma from colonization, forced assimilation, relocation, and genocide are all part of the context of lifespan traumas and ongoing discrimination (Brave Heart, Chase, Elkins, & Altschul, 2011) that can contribute to substance abuse. Compounding these factors are barriers to care including transportation, limited availability of services, and avoidance of services in fear of discrimination (Walters et al., 2002).

Protective factors for substance use and abuse among AI/AN youth include supportive familial and community relationships, strong cultural identification via participation in traditional and ceremonial practices, positive AI/AN identities, and success in school (Hawkins et al., 2004; LeMaster, Connell, Mitchell, & Manson, 2002; Walters et al., 2002; Whitesell, Beals, Big Crow, Mitchell, & Novins, 2012). Participation in AI/AN cultural activities also has been shown to increase AI/AN youths’ ethnic identity, which is associated with positive psychological well-being (Robert et al., 1999; Schweigman, Soto, Unger, & Wright, 2011). In addition, in a study by Moran and Bussey (2007), when mainstream prevention programs were modified to include AI/AN cultural elements, the experimental groups showed an increase in scores indicating more negative beliefs about alcohol use at posttest to 1-year follow. Interventions that capitalize on these protective factors against substance use include AI/AN elders sharing stories in a communal setting, where they can act as positive role models and actively engage AI/AN youth (Beebe et al., 2008).

AI/AN elders are recognized and respected by their community for their experience and wisdom, and they perform important spiritual, political, and tribal functions. Indian Health Services, and many tribal services, define elders as aged 55 and older. AI/AN elders use storytelling as a vehicle for sharing tribal and familial histories, culture, and traditional healing through ceremony and rituals and information about natural medicine, which contribute to the healing process (Starks, Vakalahi, Comer, & Ortiz-Hendricks, 2010). Storytelling is used as an integral part of culture and healing. Storytelling in talking circles can potentially play a role in the treatment of alcohol and other substance abuse for AI/AN youth as it relies on cross-generational transmission of knowledge and social and cultural support.

Study purpose

The aim of a larger study on this Great Lakes Indian reservation was to elicit AI/AN tribal participants' perspectives of tobacco, alcohol, and other drug use by conducting focus groups in the form of talking circles. Talking circles are a traditional method of group communication and storytelling among many tribes and have been established as a successful research tool (Becker, Affonso, & Blue Horse Beard, 2006; Running Wolf & Rickard, 2003; Strickland, 1999). This portion of the study seeks to answer the following question: What are tribal members' perceptions of alcohol use on this reservation that can be used to inform treatment? Unexpectedly, the elder participants used the talking circles as an opportunity to share with the youth participants their personal stories related to alcohol use and its effect on their lives. As a result, in this manuscript our overarching purpose is to highlight the elders' perspectives.

Methods

This study was conducted on a Great Lakes Indian reservation between 2006 and 2007 and continues to be highly relevant as treatment funds remain limited and substance abuse is still evident in this community. Approval was received first from the tribal chairman, as the tribe does not have a formal institutional review board (IRB), and second from the University IRB.

Procedures

The authors utilized an Indigenous research framework and approach, which honors AI/AN cultural norms and is a relational approach (Kovach, 2010; Lavallee, 2009). Indigenous research is effective when tribal elders are included as they know the traditional teachings, the ceremonies, and the stories of our relations both past and present (Lavallee, 2009). Therefore, the first author consulted with elder tribal members about the study, and a respected elder, who is actively engaged in the community, was hired as a research associate. The researchers valued incorporating tribal members of all ages to assist with the logistics of the research process, so we hired youths to take notes and be observers in the talking circles as this was recommended by the elder research associate. We chose youths deemed to be capable of doing these tasks as well as youths in need of employment. Including respected tribal members in all aspects of this project fostered trust between the research team and the community.

We conducted two elder focus groups in a talking circle format in December of 2006 in order to get input on study content, process, and design for the subsequent six talking circles conducted in April of 2007. The results of these two elder talking circles were included in the analyses of all the circles as we piloted the questions with them and were able to collect data on topics covered in subsequent talking circles. Then we elicited input for study design, which did not include changes to the piloted questions but did change facets of the design. For example, our initial study design included adults only, but the elders were adamant that substance use issues were of great concern to youth. One elder remarked, “I think that you have to run a group of the young kids. You have to do that to get the ideas and the opinions of the younger generation. Well, you have some good-minded young people around here.” Elders also requested that select members be invited more than once as AI people do not always speak openly in a group until a level of comfort is reached, and attending more than once creates an opportunity for participants to develop comfort with the research process (Strickland, 1999). This is also consistent with a multistage approach to focus groups, which enables participants to gain comfort in speaking (Morgan, 2006).

Incorporating these suggestions, the first author and the research associate utilized purposive sampling to choose talking circle participants that included elders, adults, and adolescents of both genders to maximize participant sharing. The research associate was aware that a heterogeneous sample was needed, so she advised the first author on choosing participants. This is consistent with focus group research, which typically uses purposive sampling, in which the participants are selected according to the project and the potential contributions of participants (Miles & Huberman, 1994). In addition, the research associate and a respected elder suggested that an elder attend most of the sessions and in particular the session with the young people as one stated “you still got to have an elder there—somebody with more knowledge, a guide for when younger kids come.” We conducted eight talking circles totaling 49 people until we reached saturation—no new information was being introduced (Strauss & Corbin, 1998). We had one youth group, but youth under 18 were members of three other groups. The group sizes ranged from 6 to 12 tribal members (see Table 1).

We utilized an adapted talking circle format, which was not the sacred talking circle format used in ceremony and for spiritual practices, in order to respect tribal members who might not have been familiar with the sacred talking circle format, but this format still involves a more holistic approach than traditional focus groups (Lavalley, 2009). Talking circles are a traditional format for groups that encourages dialogue and respect and allows each person’s voice to be heard. Unlike focus groups, in which the moderator plays an active role in eliciting information, in talking circles the moderator does not interrupt elders, so elders are allowed to speak for as long as they want (which adheres to cultural norms). For example, if a person who is 60 years old is speaking and another person who is older starts to speak, the older person has the floor. Talking circle members were allowed to arrive at their own pace and take time to catch up with others they knew who were participating in the talking circle, and a meal was provided, as is the norm when AI/ANs meet. Once everyone arrived and had an opportunity to sign the consent forms, which were explained orally and in written format, questions were encouraged and answered and the importance of the confidentiality of the information provided by other participants was discussed. Specifically, participants were informed that information discussed could not be shared outside the talking circle, and if

they indicated that they could not honor confidentiality they were asked not to participate. Deferral to the elders led to sessions in which the elders took the opportunity to openly share their stories related to alcohol in a manner that was informative and sought to impress upon the youth the importance of not using and abusing substances. Sample questions included the following: “We’re trying to understand more about how you and people in our tribe think about drinking, can we talk about that?” “Can you tell us what you think about past and present drinking on the reservation?” All of the 2-hour sessions were recorded; notes were taken; incentives of \$50 were provided for their time and transportation costs; and if a participant needed child care or transportation, it was available.

Data analysis

Data included verbatim transcripts of the talking circles as well as observer and debriefing notes. Because a non-Native transcriber was hired, the first author, a Native researcher, then reread all of the transcripts for accuracy as she attended all of the taking circles. Inconsistencies were found in the transcriptionist’s interpretation of the data, leading the first author to update and correct obvious cultural errors in wording.

Transcripts were then analyzed manually using thematic analysis procedures to identify important codes, phrases, patterns, and themes (Krippendorff, 2004). In addressing the stories from the talking circles, the authors adopted an inductive approach in which they applied descriptive codes to segments of data without using a preexisting framework in order to develop themes. The authors independently coded the transcripts, identifying themes. Memos defining each theme and the “story” each theme told were used to further refine the emerging themes (Braun & Clarke, 2006), which were developed through a process of ongoing discussion and decision making shared between the first two authors involved in data analyses.

Results

The elders used the talking circles as an opportunity for cross-generational storytelling about the deleterious effects of alcohol use and avenues to quitting for the youth. The voices of the tribal elders and youth participants elicited the following key themes on drinking and alcohol use: (a) the importance of family as motivation for abstaining from drinking; (b) viewing drinking as a negative way of life and advice on leading a good life; (c) the avoidance of drinking to excess in order to fulfill family responsibilities; (d) the consequences, regrets, and recovery; (e) youth participants’ value of the stories and lessons of the elders. It is important to the tribal participants, the tribal community, and the authors that the tribal participants’ stories be told in their entirety so as to gain the full effect of the wisdom and communication style of the AI elders. These stories were chosen because they were the exemplar examples from the themes and provided context and details for insights on their life experiences with alcohol. Historically and presently the voices of Indigenous people are silenced. It is important to respect the words and the meaning of the stories of the individual participants and offer the opportunity to center these stories in their truest possible form.

Tribal participant characteristics

Of the 49 participants, 30 were female and 19 were male between the ages of 12 and 78 ($M = 35$) and came from a variety of backgrounds: retirees, casino employees, tribal administration, or health center; single moms (employed outside the home or not); students in grade school, high school, or community college; and 11 tribal elders (see Table 1). The majority of adults were never married (53.1%); 20.4% were married; 14.3% were divorced; 12.2 reported “other” as their relationship status (others did not respond). More than one third of the participants (38.8%) had some education beyond high school; 30.6% had a high school diploma or GED; the rest had some grade school or high school (30.6%). Those who were employed represented 38.8% of the sample. Participants under 18 were living with parents or other relatives and were in school; one was working. About one fifth of the participants (18.4%) had a yearly household income of \$10,000 to \$20,000.

Elder stories about alcohol use

The importance of family as motivation for abstaining from drinking—A female elder directed her comments toward the 11 young people (aged 12 to 19 years) in the youth circle in an attempt to offer insights into the observations of her peers and to use these as a source of inspiration to avoid negative experiences and build a good life.

I used to go to the bars, but I would sit there and watch everybody—people I knew, really well, and after they started drinking, they’d get to a certain point when their whole personality changes, and they do things and say things they would never ever say if they were sober, and I just made up my mind then, and because I saw a lot of it, too, when I was a kid, I wasn’t going to do that, and I think one of the main reasons why I chose not to be a drinker is because I didn’t want my kids to ever see me in that state, and I didn’t ever want to come home drunk and raise heck with my kids or with anybody in my household because that’s what happens a lot. I’ve seen it when I was a kid, and I know I’ve heard about it. People come and talk to me and tell me things, and so that’s one thing that I never ever want to expose my children to. (Talking Circle 3, Elder Female)

When elders share their wisdom, often the lessons are not explicit or directive. Many times, reflecting on the story, processing these stories, and identifying the lessons occur over time, and when faced with similar life situations reminders are brought forth of the lessons of the elders. In this story, the lessons include being observant of the environment and the consequences of the choices of those around you. She offers the youth a method of critical thinking that could assist them in many situations throughout their lives. Specifically toward alcohol, she is asking them to listen to the stories of others, to make their own observations, and to learn from these, and she is indirectly asking, “Is it worth it for you?” A theme that appears in all of the stories is the value of family. She did not want to create a negative environment for her family. The elder continued, “Just one more thing to tell them about drinking?” She shared:

I know of people who started drinking when they were really young, and I also know of people who started drinking as they got older. And I’ve known people who ... became heavy drinkers. And I’ve seen people die at a very young age because of

alcohol. My daughter-in-law for one; she was 40–45 years old when she died, and it was because of the use. She overconsumed alcohol, and it affected her liver, and once your liver starts going, it affects all your other organs—your heart, your kidneys, and everything. And that’s what caused her death. It affected the liver There was just no way that we could save her. So that was one of the young people. And I know other people in our community who’ve died because of drinking too much. So when you’re thinking about, when you’re going and you think it’s fun, and it is ‘cause you’re able to socialize. You’re with a group of people that you like, you want to spend time with. But sometimes you got to sit down and think of the implications of what you’re doing, and only you can stop that or only you are the ones that make the decision. Am I going to have that next drink? Am I going to have that next snort of drugs or what? Nobody else can do it but you. And then you’ve got to think, what am I doing to myself? What am I doing to my parents? Because boy, that hurts a parent when they find out their kids are doing stuff like that. So those are some of the things you need to think about before you start or now that you’ve started. Am I going to continue or am I going to be a responsible person? (Talking Circle 3, Elder Female)

She continued to offer them consequences without chastising, offering them a personal story of loss, gently reminding them of the deadly consequences of alcohol. Their community loses people they love, many who are too young, so everyone loses. She continued with more concrete methods of thinking critically about their actions. She offered them support and empowerment and actual tools to use when they are faced with a challenge. The questions touched on the cultural values that are important—personal responsibility, effects on family, personal pride, and contrasting that with having fun for the night. Essentially, she centered on what is important—family and living well.

Viewing drinking as a negative “way of life” and advice on leading a good life

—A younger male elder in his early 50 s offered a different method of thinking about the effects of alcohol on his life. He had participated in drinking behaviors and highlighted how drinking became a “way of life,” living in both urban AI environments and on the rural reservation settings, and he had to overcome these influences; he then directed the youth to listen to their parents’ advice on how to lead a good life. He shared his story in a predominantly male group of 11 men and one woman, ranging in age from 14 to 71:

With alcohol . . . it’s just a way of life around here. And you know no one ever told me that it was wrong. It was always learning on the go. And gambling’s bad Drinking can be okay if you keep it at a limit. Gambling could be okay if you set yourself limits People need to use it as entertainment not as a money-making business ‘cause they’ll never win.

. . . I just think like I drink, and I still think it’s bad. And I gamble, and I still think it’s bad. So that’s a disease—both of ‘em. If I had to choose, I’d rather gamble than drink though. (Talking Circle 5, Elder Male)

Offering a different perspective from the previous story, this elder had to learn from experience instead of from observing the effects of alcohol around him or having guidance

from his parents. He is offering the youth the lessons related to drinking that were absent in his formative years. He offered hard-earned insights in an effort to prevent them from repeating it. In the Indian way, parenting advice can come from respected members of the community. He continued:

Well, I drank when I was 13, 14 years old, and about 16, I was in the city living, and I was number two ranked pool shooter in the city. And, while I didn't go to high school, I'd go to the pool hall, so I was in the bar since then. Twenty-four—actually I was here on the reservation. I moved here when I was 18 and they had a thing called Buck Night. Every night of the week, except for Tuesday, you had two bucks you could drink from eight to midnight free ... then you have a couple buddies that had jobs ... then that'd last 'til closing and you would go ... and dressed up on Tuesday and go again. Well, that life was actually—I got tired of that ... I got tired of the beer cans, and I ended up moving into a—a buddy of mine's house. We both went in treatment for ... both about five times. I was lucky because they counseled me ... they didn't tell me what they were doing until they helped me out. So then when I was 24, I went to [Name] Bar, New Year's Eve. And I walked in the bar, and I said, "Give me a Coke. I quit." I walked into the bar and said, "I think I had enough." And I walked in on New Year's Eve and I quit drinking that night. Then I do drink now and then ... and it does taste good. I ain't gonna lie to you about that. But then I ended up going to college. What drinking did to me is it took away my self-esteem ... I believe that. I used to run 10 miles a day when I was a kid, and the more I got into drinking then I just slowly stopped doing that type of activity But I went to college and I had an eighth-grade education. I had my GED and basically an eighth-grade education. So I was doing good in junior high. I was, I could have gone to the best high school in the city, but I decided I wanted to go where my brothers were, my older brother and sister, and party ... that's what we were doing at the time So I guess after learning your lesson and what I have to say to these young guys is your parents are going to tell you to go to school and do—look out for your life, and if I had only listened. It took me that long to learn what they were trying to tell me, to finally snap out of it. So then I knew I had to become a man. All that time I said, I got lots of time. Well, you run out of time. You become 25, 26, and it's time you're on your own. And you don't have that no more. You run out of time. Your time is limited. How you use that, it's up to you. But if you take advantage of that being young—and college takes a lot to—to accomplish ... So I got pounded in by my parents, my grandfather, my older brothers. And it was a time when I was drinking that I'd go in a bar. My whole family would leave 'cause that's where I was ... They didn't want to be around me ... I kind of believe that turned my life around, became a success. By being, you know on the reservation that some of the guys, I was there ... I had to change my life to get to where I'm at now ... it came to a point where I just started drinking and my wife says, "you need to quit or I'm leaving." Well, I came from a broken family and I have an older son ... so I couldn't do that again. That was an easy choice to make to put the bottle down and put the beer down. And it wasn't that hard ... (Talking Circle 5, Elder Male)

This elder shared his experiences that may mirror the experiences of the youth in regard to living in both urban and reservation settings, having difficulties finishing school, and managing the losses as a result of his decisions. The major lessons to the youth that are apparent are the fact that his social network and siblings modeled partying and supported each other's drinking in the bars. While no one in his upbringing may have told him that drinking was wrong, they did show him through their behavior that choosing drinking leads to living a life that is not honorable. His family and friends were also a support network that enabled him to work his way to sobriety. The underlying lessons are that the people around you can help you live the life you want to live—be that living with drinking or living in health. By modeling his life story, he shared many lessons, and the importance of his wife and child were central in guiding his choices. In addition, ultimately when one decides what is important, there are people to support you in making good choices. Learning and living these values can guide the youth to stay sober or obtain sobriety. There are also important lessons in the losses associated with drinking. He lost his self-esteem, but when he got sober he was able to go to college. Finally, life is short and making the best choices and enjoying life does not have to include drinking because it robs you of precious time and opportunity.

The avoidance of drinking to excess in order to fulfill family responsibilities—

This theme is highlighted by the story of an older elder in his early 70 s who joined this talking circle and shared an important aspect of his life story for the younger people in the group. He offered insights into an earlier time in his story of alcohol use on the reservation and continued the themes of teaching the youth about the values of family, working hard, and teaching critical thinking. He shared the following:

So maybe I could just maybe touch a little bit on all that, too. So I think I'm going to go right back to probably the days when I was your age. You guys are probably 15, 16, 17, so that would take us all the way back to about 1950, which is about 57 years ago. When we were kids your age our lifestyles and our background life was altogether different from what it is today. When I was your age, 18 even, Indians were not allowed in taverns. It was against the law for an Indian to go into a tavern. It was only up 'til the 50 s when they said that Indians could go into taverns. So there was not a whole lot of alcohol and drugs when we were kids. In fact, there was not a whole lot of anything when we were kids ... life was tough ... I think we were healthier. We didn't have a lot of the things that you have in [our] food today, didn't have the alcohol and drugs that's floating around. But that—that come into our lives a little bit later ... And that kind of bringing up and that kind of lifestyle I began with ... a lot of the people my age—well, I'm 71. I'll be 72 pretty soon. And we never—we never lived that kind of life. And back in those days, parents were just a little different. Now this little bit of alcohol I did some alcohol time. I never was an alcoholic. But I think, you know, I always had the upper hand on alcohol. I can take a bottle of beer and drink it, but I can put that bottle of beer down and say, "I'm not going to drink any more 'cause I got to go to work tomorrow. I got to go home. I've got some kids. I got to go home; I got to go up in the woods tomorrow, cut wood." That's the secret is not let this stuff control you, gain control over everything. This is not number one. It's not going to take the place of bringing up your child, feeding your child, helping your mom and dad out, uncles, everybody.

But that's what happens. I see that today in today's world. This is the mighty thing here ... This holds a—it's more powerful than going to school, more powerful than going to work and earning some money for your family, more powerful than going home after work and being with your family ... See you guys, now you're right in the midst of your life where you have to start building some memories for you, your wife and kids and stuff. You know, you're going to have to sit around some evening when you're old like I am and start talking to your grandkids, saying I can remember this. I can remember you when you did that. But if you don't do it ... if you only remember this ... it's no good. It's no good. Or if you bring these kids into the world and throw them away, but don't take care of them, have nothing to do with them. See, when this thing happens, the only thing—the only body hurt in a relationship like that is that little baby that comes into the world but he can't help himself. He can't help himself. (Talking Circle 5, Elder Male)

An important aspect of the elders sharing stories is to offer aspects of identity that include knowing how to teach younger generations who they are and where they come from. This elder provided insights into life on the reservation and how it differed from the generations living there today. In many ways, this elder revealed that the simpler times were easier than today but offered the tools needed to resist these negative influences. In order to choose a healthier life, AI/AN people need to choose the health of their families—provide for their children, have control over their bodies, work hard, and perform acts of service for their family members. He also shared with the youth what they might not be getting from their own parents. They might not have been able to build those family memories because their parents are or were drinking. He tried to give them a vision of what a good life is, or can be, even if they have not experienced it for themselves.

Most important, this elder subtly instructed them to think about the generations coming after them. The future generations are in the consciousness of the AI/AN traditional teachings; decisions that we make today affect the generations far into the future. In this story, when the elder mentioned building memories, and taking care of the children, these are key lessons for the youths' lives that build on the stories of the other elders and can possibly help build youths' self-esteem and health as individuals and as members of a tribal community.

The consequences, regrets, and recovery—These stories are from the point of view of two female elders with past histories of drinking and its consequences and histories of how they achieved sobriety but still regret their earlier drinking behaviors. This last talking circle included one new member and five repeat members aged 14 to 63. In this group, we continued to gather data on alcohol as well as get feedback on how the talking circles were received by the participants. The two female elders began talking to the young men in the group about drinking:

Elder Woman 1: And even if they do instill it in them, the youth, they're not going to listen to them anyway because you think you're older now, and you're going to do it. And that's how you get in trouble, a lot of trouble sometimes I got a lot of trouble. I ran away from home. I ran to the city. I got in a detention home, and I was drinking.

Moderator: How long were you in the home?

Elder Woman 1: A good week, but then ... my grandmother come and got me out of the detention home. And that was worse than seeing anybody, my Ma or anybody else. I'm not gonna lie. I drank a lot through the years.

Moderator: What made you stop? Do you remember?

Elder Woman 1: Old age and I don't like the hangovers. And I never did like drugs. I tried them. I tried marijuana, but I never tried anything harder than that. And my parents drank on the weekends. (Talking Circle 8)

This story builds upon the lessons of the younger male elder that were shared previously in that she had lived both in urban and reservation communities, and we see that when she struggled her grandmother was there for her. She carries a great deal of shame related to facing her grandmother and knowing that she was not living in a healthy manner. She made choices where her life included a long history of heavy drinking. The cautionary story of the oldest male elder is the life of this female elder—she may not have built memories and cared for her family. This female elder shares that her family of origin involved drinking and she replicated this behavior.

Another elder woman was inspired by this story and included her own insights:

Elder Woman 2: Yup, mine did, too. And everyone drank that I knew of, you know, a long time ago, and had their fights.

Elder Woman 1: Just the way a life. And they thought it was all right to do. That was the thing 'cause that's the way we grew up.

Elder Woman 2: I've heard that. I don't know. I hear that periodically. But, you know, another thing I was thinking about with the alcoholism very prominent on this reservation, and it still is. I mean our—our body—I've done some studying on it, the Native body is not put together to be able to tolerate alcohol. And our makeup is not put together enough to tolerate that 'cause our lifestyle was always very different. And it was introduced to us. That's the way we became addicted to it. And you know when it was introduced to us that was one of the reasons it was introduced to us was to annihilate us to begin with ... And so it became a disease, of course ... And one of the things I guess—you were asking her how come she quit? Well, I've did many years on my own looking into my own self and learning why I drink like I do. Well, I've started—I thought I don't like this feeling. I don't like living like this. And so I needed—you know I had to find another way of life. And I wanted to find it. And so I started reading about alcoholism and ... What effect it had on me, why I drank. And then I learned that it was a way of life ... Because that was what I saw was acceptable and—and alcohol is still very acceptable. That's the only real acceptable drug there is. And I finally realized that that was the reason I did some of the things that I did was because of the alcoholism. And I just didn't want to do those things anymore. And then, of course, later in life after I had stopped drinking, I got hit by a drunk driver, which, of course, today has taken me to where 18 years later I lost my leg. I mean I was in the

hospital for 5 months after the accident. All those kind of things and—and made me really stop and think about a lot of the things that I did and how lucky I was ... And I would never be able to live with myself. But the effect—the long-term effect I think that, you know, there's a lot of regrets I have with it also. (Talking Circle 8)

This powerful story provides a broader historical context to alcohol introduction to AI/AN people on the reservation; it was an act of control and negative effects brought about by the colonizers or federal government. These are important lessons about what their people have survived through the years. This elder also provided examples to the younger generation of personal responsibility and tools in learning to deal with problems. She offered being proactive: information seeking, understanding the dynamics of alcoholism, self-education, self-reflection, and analysis of the contributions to the abuse of alcohol in her life. In addition, without preaching or being instructive, she offered insight into the consequences of drinking and driving through her own injuries. She shared the feelings of shame and regret that are carried by the heavy drinkers in this study. An elder woman in her 60 s shared the following experiences of raising children while being a heavy drinker and trying to affect her children after she stopped drinking:

And like with my kids... I told 'em I only—I only was able to give you what I knew. You know, I—since I think different and do things different now ... and I've talked to them since they're all grown up and told 'em I'm really sorry that all I could give you was my knowledge. I—and that was the only knowledge I had. So I want—you know if you can do better, I'd really appreciate it if you—you can learn from what I learned ... And—I mean you can't go back to yesterday ... So I mean you just gotta keep on going. Like can I holler at—at my boys for drinking sometimes 'cause they get like—they can get pretty loaded sometimes. And they'll say, "Well, you did it." ... I said, "Well, so I did. But you don't have to do it." (Talking Circle 8, Elder Female)

The raising of children in an environment where alcohol is accepted and pervasive can make it very difficult to offer one's children the tools to resist pressures to drink. This mother tries in vain to make inroads with her sons. She modeled drinking and now is trying to stop the next generation from falling into the same patterns. This elder is modeling a healthier life by making choices that do not include alcohol, and her sons will hopefully follow in her footsteps.

Stories on the Value of the Talking Circles

The youth participants' value of the stories and lessons of the elders—We conclude with the words of the last group of elders and youth and include the responses of the youth, which highlight their view of the value of the stories of the elders. Participants enjoyed hearing the stories from all of the age groups, particularly the elders. A 14-year-old youth who had attended two groups remarked:

Moderator: How do you think the groups could be done differently ... or what you liked about the group?

Youth: I don't know. I thought they were pretty good.

Moderator: Do you like to be in a group with the older people?

Youth: Yeah.

Moderator: Why?

Youth: 'Cause they got stories. See, I think a—a few we had—maybe if you just had like—like a big group all together. You know, maybe even a couple groups with the same people though That everybody could ... have different stories, everybody can learn their stories ... 'cause we get the stories when they're here, but we don't know what [the others have to say] ... [about the] questions that we might have ... somebody else explain what you're like when you're high on Oxys 'Cause then some of us don't know what that is And then well, you have maybe a couple days ... maybe like a conference kind of thing ... 'Cause you're kind of more familiar with people when you—if you spend a couple days with 'em.

Moderator: Okay ... what do you think?

Elder 1: I think they should be mixed, too, young men, elders, and middle, um 'cause you got a good outlook of everything, from everybody.

Elder 2: I think it's a good idea, too, with mixed groups. Just today—I mean I've learned some things that I didn't know. And from the younger ones that, you know, I can't, you know, I didn't know about some of this stuff. (Talking Circle 8, Youth and Elders)

The participants offered insights into the benefits of the talking circles having a diverse mix of age groups, genders, and experiences. Several of the youth approached the first author afterward and shared that they valued the stories of the elders and how they are not always able to gain the time and experience of listening to the elders. The talking circles provided a forum for the elders to share their wisdom in a way that the youth were not distracted and could focus their full attention on them. The youth also shared informally that they appreciated the stories because they felt like they were not being “preached at” but instead were participants with the elders. This speaks to the need for cross-generational communication and sharing of life experiences around alcohol and substance abuse.

Discussion

It is apparent from the talking circles that there is an important place for cross-generational storytelling between AI/AN elders and youth related to drinking behaviors. This method of communication is not new to AI/AN peoples as storytelling and oral histories are common traditional methods of cross-generational communication (Hodge, Pasqua, Marquez, & Geishirt-Cantrell, 2002; Washburn, 2006). The themes expressed here by the AI/AN elders highlight reasons to avoid, reduce, or stop drinking. These reasons include family responsibilities of raising children and respecting one's parents. What is important as well is the manner in which the elders conveyed these reasons; they did not preach—they simply shared lessons they had learned about drinking over their lifetimes.

In these conversations, the elders also relayed stories of the negative effects of excessive drinking—death, car accidents, and incarceration, as well as regret and shame for

inappropriate behaviors. This is an important message as these negative effects continue to exist. During 2006–2010, the CDC reported that the median alcohol-attributed death rate for AI/AN (60.6 per 100,000) was twice as high as that for any other racial or ethnic group (Centers for Disease Control and Prevention, 2014).

Last, and most important, engaging youth in talking circles is not an easy task, but we found that after they had attended an initial group, the youth were eager to come to additional groups to “hear the stories” of the elders. Many of the youth welcomed being exposed to the healthy community members and appeared to appreciate a different way of living that occurred in the past—just like traditional families were in the past, where aunties and uncles would fill in the historical gaps for families when things were not going so well. Prevention programs might be more successful if the youth learn who they are and where they come from. This interaction could be a protective factor and with repeated participation in cross-generational circles might offer a chance for the youth to establish healthy nonparental role models, engage in open dialogue about their own alcohol and drug use, and increase their knowledge of the perceptions of risk. It is important to increase AI/AN youth perceptions of risk as this has been found to be associated with decreased risk of alcohol and substance abuse (Beebe et al., 2008; SAMHSA, 2004).

The use of talking circles to encourage cross-generational teaching as a traditional healing method may be efficacious in reducing the initiation and harmful effects of alcohol use and abuse, especially for youth between the ages of 13 and 20, like the youth in this study, as patterns of alcohol use have been shown to escalate among this age group (Mitchell, Beals, Kaufman, & The Pathways of Choice and Healthy Ways Project Team, 2006). It is well documented that AI/AN cultural beliefs and practices should inform clinical services as many AI/AN researchers believe that the disappearance of AI/AN traditions is linked to an increase in substance and alcohol abuse (Duran, Duran, & Yellow Horse Brave Heart, 1998; Duran, Duran, & Yellow Horse Brave Heart et al., 1998; French, 2004; Gray, 1998; Morgan & Freeman, 2009; Stone et al., 2006; Walle, 2004) (as cited in Legha & Novins, 2012). Thus, the intentional use of cross-generational talking circles as a prevention of substance use in AI/AN youth needs to be considered as in Indian country the use of talking circles in sobriety programs is well known. Therefore, we posit that the use of cross-generational talking circles as a form of substance use and abuse prevention and intervention for AI/AN youth should be considered.

We hope that the talking circles were a beginning and more activities can be planned to reduce the harm that alcohol and substance use does to AI/AN youth. There is the potential for these circles to incorporate youth learning skills from the elders such as canoe building, drumming, singing, beading, and harvesting rice, and through these activities they might build relationships with healthy community members and participate in traditional and productive activities (Dickerson, Roubichaud, Terua, Nagaran, & Hser, 2012). These relationships could encourage the youth to learn the stories of their elders in the process and heal. Spiritual involvement, cultural identification, and participation in AI/AN activities have been found to be linked to greater resilience among reservation youth (LaFromboise, Hoyt, Oliver, & Whitbeck, 2006).

Limitations

This study is not without limitations. It was conducted with tribal participants from only one Great Lakes Indian reservation, so results cannot be generalized beyond this group but can inform the practices of the nearby reservations that have similar social and cultural contexts. In addition, there are limited qualitative research studies on the contemporary experiences of AI people in this region. AI/AN people are diverse and alcohol use is varied, so sharing experiences and cultural practices of this tribe is an important contribution to the literature. Second, as is common in focus groups, we utilized purposive sampling techniques in order to ensure some homogeneity in each individual talking circle and heterogeneity in the overall study. In addition, as the female elder wished to be an observer in most of the groups, the “all male” group was truly not “all male” because the facilitator was female. It is possible that the stories told by the male elders might be even more detailed for the young male participants if the group were all male.

Implications

It is important to note that the original aim of the study was to gather data on substance use behaviors, but the results and actions of the elders described in this study were not limited to the original intent. This is a positive development as the use of Indigenous methodologies may have influenced the elders to feel comfortable in essentially “taking over” the study to teach the younger tribal members. Future studies could intentionally incorporate elders sharing their stories around a particular issue, creating an intentional cultural and research space for sharing of knowledge that could result in very rich data. Utilizing this technique could be very beneficial for tribal groups conducting research intergenerationally. Returning to the use of intergenerational talking circles in treatment settings for youth, as opposed to homogeneous age groups, could be beneficial for AI/AN youth as well.

Conclusion

This study highlights the results gathered from AI/AN elders, while utilizing Indigenous methodologies like talking circles, to gather much-needed data on alcohol use on an Indian reservation in the Midwest. The elders took this opportunity of data collection to use the circles as a place to tell their stories of drinking, including talking about motivations to abstain or avoid drinking because of family, consequences of excessive drinking, and ways that they were able to quit. The manner in which they did this was a cross-generational form of communication that was in the form of stories that were nondirectional and not prescriptive. The youths’ responses were to listen, learn, and even come back to subsequent talking circles. This style of communication is not new as AI/ANs have always believed in multigenerational learning via demonstration, and this was the norm in traditional education, as elders passed down oral histories that included well-defined customs, values, and beliefs (Demmert, 2001; Reyhner & Hurtado, 2008). Historically, elders also modeled practical life in a noninterfering manner with choices given as guidance in decision making (Subia-Bigfoot & Funderburk, 2011). Prior researchers have recommended that AI/AN treatment approaches should “incorporate American Indian and Alaska Native cultural values into clinical practice” especially when evidence-based culturally relevant treatment programs are not relevant or available (Novins et al., 2011, p. 1). This research team, with the input of the

AI/AN elders, was able to witness talking circles being used as an example of how traditional healing methods, which are culturally appropriate and cost effective, may be an efficacious way to reduce the harm that alcohol can do to our AI/AN youth.

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Table 1.Distribution of talking circles by gender and age ($N = 49$).

Talking circle #	Group size	Females	Males	Age range
Elder female ^a 1	7	5	2	41–68
Elder female 2	6	5	1	18–65, 67
Elder female 3	12	5	7	12–19, 67
4	8	8	0	23–78
Elder female 5 (3 repeats)	12	1	11	14–71
Elder female 6 (2 repeats)	10	9	1	17–70
7 (4 repeats)	6	6	0	19–38
8 (5 repeats)	6	4	2	14–63

Note. There were 15 repeat participants.

^aElder female (age = 67) participated in 5 groups.