

# Breaking the Cycle of Alcohol Problems Among Native Americans: Culturally-Sensitive Treatment in the Lakota Community

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**ABSTRACT.** This study explores methods of improving the treatment of alcoholism among Native American people by integrating culturally relevant practices into treatment methodology. Primary to the findings of this study are the opinions and experiences of four Lakota people living on the Rosebud Reservation in South Dakota, individuals who have worked with alcoholism in their community for a number of years. Also important is an understanding of the history of alcoholism among Native American people, including forms of cultural breakdown that lead to increased levels of alcohol problems. Findings suggest that alcoholism treatment programs that integrate Native American culture and traditions into the recovery pro-

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The author gratefully acknowledges the assistance of the following people who agreed to be interviewed for this work: Burdette Clifford, Dean of Human Resource Development at Sinte Gleska University (SGU); Phyllis White Shield, MA, instructor at SGU and author of culturally-sensitive educational materials for Native American children about the dangers of alcohol and drug abuse; Monica Larvie, Contracting Officer at the Rosebud Housing Authority; Loretta Jordan, Clinical Supervisor, Little Hoop Lodge Alcohol Treatment Center.

Thanks is also extended to the entire Sicangu Lakota community on the Rosebud Reservation in South Dakota. Without their generosity, hospitality, and openness, none of this work would have been possible.

cess will be more likely to be accepted by Native American alcoholics than mainstream rehabilitation programs that ignore cultural factors. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2002 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Native American, Lakota, culturally-sensitive treatment, alcoholism, Rosebud Reservation

This article seeks to identify and describe treatment methodologies that will increase successful alcohol rehabilitation in a Native American community. It is a culmination of the first five trips I made to the Rosebud Reservation in South Dakota over a four-year time span. These experiences enabled me to develop friendships with Lakota people, gain the trust required to have candid interviews, and develop a knowledge of the Lakota culture that enabled me to more fully understand the results of my study.

My original intent was not to conduct research on the Rosebud Reservation but to devise a project that would contribute to the Rosebud community in some small way. After asking community members for ideas about what sorts of activities might be the most beneficial to them, Monica Larvie suggested that I interview recovering Lakota alcoholics and gather information about practices and strategies that had aided them during the rehabilitation process. Larvie was also helpful in suggesting others who would be willing to contribute to such a project. Interviews were recorded on audio tape, and the conversations were guided by an open-ended question format.

The four Lakota people with whom I spoke are influential and representative members of the Sicangu Lakota community on the Rosebud Reservation in South Dakota. Three of them have worked with alcoholics in treatments programs, and all have experienced the effects of alcoholism in their own families. All consented to contribute to this study in the hopes of improving treatment methods on their own reservation and in other Native American communities.

### ***CONTEXT: ALCOHOLISM AMONG NATIVE AMERICANS***

Before considering statistics related to Native alcoholics, it must be realized that this data takes all Native communities into account to create an aggregate picture. Among Native Americans, levels of alcoholism vary

greatly from reservation to reservation. These discrepancies can be attributed to societal dynamics, how strongly the individual is attached to her family and her social groups. Native communities with higher levels of social attachment will generally have lower levels of alcoholism. If individuals do not feel like they are part of a social group, the rate of alcoholism increases (May, 1996).

Overall, alcohol abuse in Native America yields some very grim figures. Based on morbidity statistics and alcohol treatment center data, the National Health Service estimates that 40 percent of Native Americans are problem heavy drinkers, compared with 14 percent of whites (Group for Advancement of Psychiatry, 1996). Additionally, Native Americans have a vehicular homicide rates that is 5.5 times the rate of the general population, a homicide rates 2.8 times the general rate, and an incident of suicide that is 2.3 times the general rate. Depending on the source quoted, 60-90 percent of these deaths can be attributed to alcohol (Westermeyer, 1996). Overall, it is estimated that 17 percent of all deaths among Native American people are connected to alcohol. One-third of these deaths are a result of alcoholism; the other two-thirds are alcohol-related (May, 1996). The United States average rate for alcohol-related deaths is around 4.7 percent (May, 1998). Besides the toll that alcohol takes on human lives, substance abuse drains Native communities of economic resources through medical expenses, lost wages, and social welfare programs (Westermeyer, 1996). Around 46 percent of Native men and 63 percent of Native women report being raised in an alcoholic family (Group for the Advancement of Psychiatry, 1996).

When one compares this high rate of alcoholism among the Native population to the mainstream American population, the question of predisposition to alcohol addiction is often mentioned. There is little debate among those I interviewed as to their belief in this genetic argument. Loretta Jordan states, "I think we're highly susceptible. I think for women, Native American women, they genetically have very sensitive systems and I don't think they can handle alcohol" (Jordan, Personal Interview [P.I.], July 6, 1999) Burdette Clifford adds, "our bodies, the Native person's body, how it processes alcohol isn't the same as how a person who is a non-Native processes it" (Clifford, P.I., July 16, 1999). In asserting these views, both Clifford and Jordan draw parallels between the Native American predisposition towards alcoholism and the predisposition towards diabetes, a disease which is rampant in many Native communities across the United States.

In regards to this genetic argument, some researchers have hypothesized that certain ethnic populations may differ in the amount or form of a

certain enzyme called alcohol dehydrogenase. They theorize that this enzyme may affect an individual's response to alcohol, but the link between genetics and alcoholism has not yet been proven (Heath, 1983). It is quite possible, however, that a Native American's genetic makeup may affect such diverse factors as alcohol consumption and absorption rates, alcohol sensitivity, cardiovascular changes and psychological changes (Young, 1993).

In addition to her views on genetic predisposition, Jordan asserts that there is a social predisposition towards alcoholism in certain segments of the Native American community. She relates her personal experiences working with Native youth in an urban area saying, "I had close contact with a couple of young people and had developed a relationship with both of them. They thought that part of being Indian was to also deal with this alcoholism; that part of being Indian was having a predisposition for affliction and alcoholism and because it was all around them" (Jordan, P.I., July 6, 1999). Other researchers have also commented in like view, stating that if Native people are forced to repeatedly confront images of drunken Indians, they are much more likely to believe this stereotype and allow it to change their perceptions of self (Lewis & Watts, 1989).

Surrounded by alcohol, by chemicals, there is a sense of complete enclosure in a very dark world. How does one escape that pressure, that social system, that pervasive idea that problems with alcohol are inevitable? Such a task is extremely difficult, especially when one considers that alcoholism in Native America has roots that run centuries deep. Many of the social consequences resulting from alcohol abuse today have been occurring in Native America since the first interactions between Native people and European invaders. Stories of social unraveling, poverty, factionalization of communities, and destruction of the family were the same three hundred years ago as they are now. Only the dates changed as alcohol trod a slow, destructive path across historic Native America, forming patterns of dependency that would cross generations.

It is not surprising that Native peoples were the first to realize the social consequences of alcohol in their communities and the first to call for prohibition. This concern occurred as early as 1648 when an Algonquin chief spoke both on his behalf and for other local chiefs when he called for temperance and an end to the liquor trade with the British and French. As a result of his protests, liquor sales to Native people became punishable by death in French colonies (Johnson, 1917). Deterrents such as these had little long term effect, and the demand for alcohol among Native peoples

steadily increased. Unlike blankets and pots, alcohol was quickly used up and left the consumer clamoring for more. By the 1700s, the liquor trade had spread all across the eastern United States. Unscrupulous traders convinced Native peoples to part not only with their money but to pawn possessions such as blankets, clothing, weapons and guns. The white liquor sellers rationalized their behavior by saying that if they did not take advantage of the Native people, someone else would (Mancall, 1995).

When alcohol was first introduced, Native beliefs about the nature and power of this foreign substance were quite diverse. Some Native people viewed alcohol as sacred, an element that led to a different state of being. Individuals under the effects of alcohol could talk with spirits. Because of these effects, alcohol was known to some Native people as *mni wakon*, or “sacred water.” Certain Native communities did not punish people who committed crimes when drunk. Forgiveness was rationalized through the belief that intoxicated people had a link to the spirit world and lost their sense of reason. Additionally, drinking was believed to be a spiritual experience because of the sense of power individuals felt when drunk, counteracting the realization that European invaders were beginning to dominate their lives. Native peoples faced the loss of their homes, their lands, their lives, and alcohol provided a needed outlet. These persecuted individuals had to escape the changing world, to redefine it, and alcohol was one method of coping with tragedy (Mancall, 1995).

As a dark future replaced the reality Native America had known, negative social consequences of alcohol in Native communities were obvious and devastating. People had been reduced to poverty and their villages left vulnerable to the danger of outside attacks. Alcohol was also responsible for changing the dynamics of the community and the demeanor of the people. Leaders found increased difficulty in maintaining order and peace as their communities began to lack the social harmony that was necessary for survival. Family units were stressed as a result of widespread liquor, and drunken individuals would occasionally kill relatives (Mancall, 1995).

As the level of social decay in Native America continued to increase, many Native nations remained steadfast in their support for the temperance movement. The call for abstinence is exemplified by a speech made by Mehecunaqua (Little Turtle), a chief of the Miami. His comments were delivered in 1801, more than 150 years after the Algonquins first requested an alcohol ban. “This liquor they introduce into our country is more to be feared than the gun,” Mehecunaqua said, “there are more of us

dead . . . all owing to the introduction of this liquor amongst us.” His speech was crucial to the enactment of the first prohibition law in United States. Just three years later, Ellskawatawa, a member of the Shawnee nation and a brother of Tecumseh, became known as “The Prophet” for his strong preaching against alcohol. He asserted that people who drank would go to hell. Other Native nations such as the Seneca, Omaha and Cherokee also discouraged drinking and passed liquor laws during the early 1800s. These were supplemented with numerous acts passed by Congress during the 1800s to prohibit the sale of alcohol to Native people and stop the production of alcohol in what was then “Indian Country” (Johnson, 1917).

Despite all attempts at regulation, the United States federal government failed to stop alcohol sales. European traders found numerous loopholes in laws that forbade the purchase of alcohol by Native Americans or on lands controlled by Native nations. Both Natives and whites were able to conceal alcohol and smuggle it illegally. Laws to prevent this type of black market were constantly being initiated and revised until 1953 when Congress officially ended Native American prohibition. By then, alcohol had socially devastated Native America while white traders had made a fortune from Native consumers (Uranu, 1996).

Considering the failure of liquor laws in Native America, one wonders if government officials could have tried harder to stop the flow of liquor into Native-controlled territory. It has been hypothesized that the federal government possibly schemed to further undermine Native communities through the use of alcohol as a form of biological warfare. Many experts disagree with this theory, believing that alcohol was not intended to be used as a weapon, even though it became a means of destruction for Native peoples (Mancall, 1995). On the other side of the argument, Clifford asserts his opinion that:

Historically there was a design to put alcohol into the system, into the Native American community, by Europeans who wanted to rid themselves of Native people. These Europeans knew the devastating effects of alcohol and they couldn't have found a better form of chemical warfare to gain control. They intended to wipe out the Native Americans, and integrated alcohol as part of the trade system. (Clifford, P.I., July 16, 1999)

Perhaps alcohol was not originally intended to be used as a weapon. However, after Europeans noticed the effects of liquor on the Native population, the federal government took advantage of the situation in some instances and

used alcohol to gain control. The Choctaw, for example, were given as much liquor as they wanted before treaty negotiations (Uranu, 1996). It is unlikely the gesture was made purely out of good will.

The Lakota community, and indeed all of Native America, was not equipped to deal with alcohol and alcoholism for two primary reasons. First, the people had no previous experience with the effects of alcohol. Community leaders were at a loss because they did not know how to stop their people from drinking (Mancall, 1995). The second reason, also related to the lack of experience with alcohol, was the conviction many people had that alcoholism would not be a lasting difficulty. As White Shield relates:

I know when I grew up with alcoholism, a lot of elders in the community referred to alcoholism as a nuisance, a social nuisance. "Oh he's drinking again, he's going to come home again. When he comes home, just let him sing or let him do whatever he's going to do and he'll go to sleep." So as children we grew up with it that way, we never heard of it as a disease. It was always a social nuisance. (White Shield, P.I., July 21, 1999)

Alcoholism has proven itself to be more than "a social nuisance," becoming a problem that has passed from generation to generation to the point where the levels of addiction have reached staggering proportions on the Rosebud Reservation. As Loretta Jordan muses, "I think addiction, in one of the studies that I did at one point, was ninety percent, but those were old studies. I think new studies need to be done, our program needs to do some studies like that but . . . it's high, I can say it's very high" (Jordan, P.I., July 6, 1999).

Phyllis White Shield adds that, before the coming of alcohol, the Lakota community never had sexual abuse, spousal abuse, child abuse, or orphans among its members. All of these problems were instigated with the introduction of alcohol into the Lakota culture, and all are current pressing issues (White Shield, P.I., July 21, 1999).

#### ***ALCOHOLISM AMONG THE LAKOTA: HISTORICAL CAUSES AND CONTEMPORARY EFFECTS***

Jordan has researched how Native Americans have been put at high risk for alcoholism due to a history that they cannot forget. She asserts that oppression and discrimination against the Native community contribute to low self-esteem. Centuries of prejudice have caused some Native people to believe it is not good to be Native American. Jordan remarks:

When I look at all the recent violations that Indian people as a nation have succumbed to, it is like any other kind of violation. I compare it to being violated verbally, emotionally, and sexually. You feel that you are nothing, that you caused it, and you're the lowest of the lowest. If you're an Indian person it's just around you all the time. Your perpetrators are still there around you, reminding you that you're a dirty person and that it's not good to be who you are. (Jordan, P.I., July 6, 1999)

Jordan's statement captures the emotional pain that Native people have endured during the past few hundred years. Her illustration, a sexually or verbally abused child, translates this psychological toll of the Native American experience into a form more readily understood by non-Natives.

These emotional scars are not insignificant relics of the past. Native history is a living history; the abuse is still very real. Therefore, to better understand alcoholism in Native America today, one must study past incidents that were responsible for creating the current social conditions and attitudes. Pivotal events for the Lakota include the introduction of federally-operated boarding schools for Native children, a forced change in gender roles within Lakota society, the breakdown of the traditional Lakota family unit, or *tiyospaye*, and clashes between western methods of alcoholism treatment and Lakota societal norms.

Government-run boarding schools are often cited as contributing to the despondency and loss of identity that made the Native American population more susceptible to substance abuse. These schools became widespread among the Lakota during the late 1800s when federal officials began rigorous acculturation policies, including the institution of mandatory schools for Lakota children (Fenlon, 1998). Children forced to attend these schools were often away from their homes for months at a time, stripped of both culture and loved ones. This disintegration of the family structure led to boarding school graduates increasing their dependence on mainstream culture. As Severt Young Bear, an Oglala Lakota, notes, Lakota students became ashamed of their culture after having been subjected to a boarding school education. So disenchanted with tradition, Lakota youth turned to Western media and popular trends, going to movies on the weekends, doing drugs or drinking alcohol with their friends, and rejecting their Lakota relations. Many of these young persons soon found themselves lacking any real identity. They could no longer relate to the lifestyle on the reservation, yet off-reservation culture was not their own; they had no place in any society (Young Bear & Theisz, 1994). This

devastating loss affected not only boarding schools graduates but their families and communities, increasing the rates of alcoholism on both sides. These effects can still be observed in reservation communities today, even though the boarding school era ended in the 1960s.

Boarding schools also dealt a blow to the reservation economy. As Clifford notes, “The drawback to boarding school skills was that they applied to the reservation community on a limited basis. Say there was a boarding school graduating class of fifty. Three or four can get jobs in the community. What do the other forty-six do?” Yet when job-seeking tradesmen move to urban areas, much is sacrificed in relocating off the reservation, especially ties to family and culture. Finding themselves poor, unemployed, and often back on the reservation for lack of a better place to go, even more boarding school graduates took solace in alcohol (Clifford, P.I., July 16, 1999).

Boarding schools were infamous for their assimilation practices, and Phyllis White Shield remarks that Lakota girls were essentially instructed how to live like Western white women. They were taught reading and mathematics, but always there was an undercurrent of white culture. There were never pictures of Native American people on the walls and no Natives were ever held up as role models. Information about the tribal governmental system was excluded from the curriculum (White Shield, P.I., July 21, 1999). Clifford adds that the boarding school process lacked a focus on socialization and that students were not taught how to manage their adult lives or families. Over time, as each generation received its boarding school education, the familial system declined because students did not know how to remedy family-related problems. Additionally, these students had been deprived of cultural defenses commonly used to cope with stressors. Without the traditional defense mechanisms, other coping strategies had to be employed by boarding school graduates. Many of these individuals used alcohol as the medication of choice (Clifford, P.I., July 16, 1999).

White Shield provides one very poignant example of the potential effects of the boarding school experience, saying:

My mother was an alcoholic, but she didn't get into her disease until probably her late thirties. She was product of boarding schools from the time she was five years old until she turned seventeen. A great part of who she was [culturally] was never validated. She made a lot of demands on her parents because of what she lost, but at the same time she could never regain what she needed because of what she

lacked spiritually. She was a Lakota speaker; a lot of who she was got beaten down. (White Shield, P.I., July 21, 1999)

Accompanying drastic changes in the family and educational systems, traditional gender roles in Lakota society were greatly altered following the institution of reservations. Previously, men and women were of equal status in Lakota society. Lakota women functioned as the center of the family, processing food, taking care of their relatives, and making clothing among other duties. Supporting the home in this manner earned them much respect. The status of Lakota men, however, was tied to acts performed during the hunt and while skirmishing with other Native nations. These skills demonstrated a man's bravery, wisdom and generosity as well as determined his level of prestige and leadership abilities. Additionally, since much of the Lakota economy depended on the success of a hunt, men prided themselves on the ability to provide for their families. The federal government effectively prevented Lakota men from maintaining these duties when the reservation system was instituted. Men could no longer hunt because the buffalo population had been decimated by the United States Army and the influx of white settlers. Meager commodity rations were doled out to Lakota families living on what remained of their traditional grounds. Confined to these cramped little rectangles of land, men effectively lost their status and cultural identity (Fenlon, 1998).

As Young Bear notes, not only was the social and economic place of the man attacked, their spirituality was assaulted. During the 1880s, the federal government tried to outlaw the sweat lodge, the sun dance, warrior societies, and other ceremonies and dances. Young Bear asserts that these new laws killed the spirit of the Lakota man and made him increasingly susceptible to outside pressures. Broken men could be manipulated easily, forced into farming, ranching, and living a "proper" life as defined by the federal government (Young Bear & Theisz, 1994).

White Shield cites this changing position of men in Lakota society as being a major contributor to high rates of alcoholism on the Rosebud Reservation. She believes that Lakota men have been severely affected by the reservation system, stripped of their traditional position as hunters and warriors. "I think that what we need to do today is support our men even more," says White Shield, "because it is the men who suffered a lot. The man suffered a lot because he had to change his whole way of living . . . I think they are still struggling today because they are trying to find their place in that society. Their roles have changed so drastically that, for generations and generations, the humility, the embarrassment, all those emo-

tions . . . have no place to go” (White Shield, P.I., July 21, 1999).

In contrast, according to White Shield, Lakota women have always been strong in the *tiyospaye* system, and thus are able to maintain more of their cultural identity. White Shield asserts that if the federal government had destroyed the traditional family-oriented role of the woman instead of that of the man, the Lakota culture would not be nearly as strong as it is today (White Shield, P.I., July 21, 1999). Given the social and spiritual confusion experienced by men in Lakota society, Monica Larvie emphasizes the need for women to aid men in regaining their cultural identity. She says, “If you look at our society . . . it’s more of the women that are working than the men. It is very difficult for them to find jobs . . . that takes their self-esteem away. The men were out there hunting years ago, that was in their culture. The man probably wants to provide more and have a steadier job and I notice that’s not happening” (Larvie, P.I., July 21, 1999). It is the lack of identity, of cultural responsibility, that has led to despondency and to alcoholism; people are lost when they do not know who they are and when they do not feel useful. To resist alcohol, men will need to regain their purpose in Lakota society, to find responsibilities in contemporary reservation life that are similar to those they held during the pre-reservation era.

While gender roles were still in flux, further policies instituted by the federal government drastically weakened the *tiyospaye*. Severt Young Bear describes one of the social practices that the government targeted specifically: that of the *tirole*, or looking-for-a-home. Young Bear remembers that when he was a child, his family would often go visit neighbors and relatives who lived a distance away. They would stay with these relatives a few days, and the get-togethers served to keep family stories alive as well as reinforce their kinship identity. The United States government, however, wanted to stop this practice as it was counter to living a “proper Western lifestyle.” In the eyes of interfering officials, the *tirole* was a waste of time that could be better spent tending gardens or cattle. To counter the “negative social effects” of the *tirole*, the federal government imposed regulations that restricted travel during farming seasons. Unable to visit their friends, the government assumed that Lakota people would increase time spent tending their herds or crops. As a result of this and similar regulations designed to weaken the *tiyospaye*, Young Bear comments that respect for the elderly and for family is fading in contemporary Lakota society (Young Bear & Theisz, 1994).

Phyllis White Shield agrees that the *tiyospaye* is no longer stable enough to provide the kinds of support members need. Alcoholics require a healthy *tiyospaye* on which to rely during difficult times, and the weakening of this family unit has exacerbated the problem of alcoholism on the reservation. "If their [the alcoholic's] *tiyospaye* system is broken, how are they going to express their shame?" White Shield asks. "I really think that's why we have the disease on the reservation, because there's no place for them to go to get that consultation. The familial systems are not strong enough. Not everybody is going to get the support they need" (White Shield, P.I., July 21, 1999). Alcoholics require help not only from treatment professionals and counselors but in their primary environment, the home.

Clifford concurs that the lack of identity in Lakota culture resulted from this destruction of the social system. He asserts that in Lakota culture, everyone in the family had a defined role. When the government attacked the family, removing status from individuals who had been leaders, confining the Lakota population to reservation lands, this system was thrown into chaos. "The question now is where are the role models for the youngsters going to come from?" says Clifford. "Also the individual that you take the status away from, what happens to them?" (Clifford, P.I., July 16, 1999). With the loss of family came a loss of the identity, an identity that the *tiyospaye* had previously designated.

Another cause for widespread chemical dependency is that traditional Lakota culture involved customs and social mores that were counter to solving the problem of alcoholism. For example, in traditional society one's demeanor had to be very reserved, careful not to display emotions at the wrong times (Utley, 1993). Acceptable public behaviors did not mesh with building the community-wide discourse needed to bring alcoholism out in the open. Also, in the *tiyospaye* system itself there were social rules about communication. These still prevail today, perhaps inhibiting open discussions about alcoholism or an alcoholic family member. As Larvie explains, some communication within the family continues to go through third parties. "You don't have interaction with your in-laws or your daughter-in-law . . . you talk to your children and they tell" (Larvie, P.I., July 21, 1999). White Shield adds, "That conflicts with the disease [alcoholism]." She notes that Lakota cultural norms would have to be broken to truly expose the problem of alcoholism on the Rosebud Reservation (White Shield, P.I., July 21, 1999).

Other mannerisms in the *tiyospaye* also did not encourage an alcoholic to seek professional treatment or counseling. For example, Phyllis White Shield explains that issues about family members were usually discussed among relatives and not allowed to leak outside that immediate circle. However, as problems with alcoholism became more widespread, the traditional systems were inadequate to deal with the situation. "Everyone was still practicing those same manners. They said, 'Don't be saying anything. We'll keep it right in the family,'" notes White Shield. "All of the sudden, you were trying to handle it in your home . . . that's when the older generation would send their kids to treatment . . . not realizing that the kids had to be the ones to choose that. And so many of them came back and started drinking again" (White Shield, P.I., July 21, 1999).

These particular social dynamics of reservation alcoholism are very important to consider when discussing alcoholism among Native people, yet it is equally important not to overlook the large population of Native Americans residing in urban areas. The nature of alcohol and other drug problems among Native people in large cities are distinct from the problems experienced among their reservation counterparts. As Burdette Clifford remarks, community attitudes towards alcoholism differ greatly, depending on whether one is living on or off a reservation. Clifford notes that, on a reservation, alcoholics often receive strong support from their families. "When you're sick or you have a hangover, you have a sense that they're [your family] going to help you out. You don't have any money because you drank it all up and you need some money, then I'm going to help you out." He adds that mainstream society does not share this view, believing the reservation family is merely helping to sustain the addiction. "We don't see it the same way," Clifford concludes. "We're supporting the person's pain and trying to get rid of this pain, whether it comes from addiction or another area" (Clifford, P.I., July 16, 1999).

Lacking support from culture and community, some urban Native Americans try to find replacements for their family units. White Shield, who has worked with Native women in large cities, comments that people on reservations will first look to their extended family for help before resorting to social services. In contrast, Native women in an urban setting use the social system to replace the family network. "They would call emergency children's centers or emergency crisis centers and they would say, 'Would you take my children for two days? I'm really at a down point in my life . . . so will you do this?'" recalls White Shield. "And many times, some of these women didn't realize that if they left their children

there over forty-eight hours, then the social services did take over and place their kids in foster care” (White Shield, P.I., July 21, 1999).

Despite their best efforts, these women were unable to find institutions that could fulfill all of the roles of their relatives. Consequently, they would be subject to increasing levels of spiritual and emotional stress. Lacking the traditional support structures, Native American people in urban areas may find themselves without a cultural identity as well, since the family helps to define an individual’s place in society. White Shield explains that sense of loss; Native Americans in large cities often feel disconnected, like nobodies (White Shield, P.I., July 21, 1999). As mentioned previously, this loss of cultural identity is also one of the major contributions to the high rates of alcoholism on reservations.

Urban Native Americans also experience stress because of transplantation to a culture that is quite unlike reservation culture. Jordan says that her experiences in urban settings forced her to confront the reality of being in a white world. “It was so terrifying. I was fearful of asking directions, of how to use the transit system, I didn’t know how to board a bus and put in a token,” she remembers. “Little things like that . . . reinforced a dragging low self-worth. I immediately put myself down as being unworthy. Gosh, you don’t know how to ride the bus. Or, you don’t know how to apply for a job, so I blamed myself. I bought into the psyche that drinking was the Indian thing to do” (Jordan, P.I., July 6, 1999).

It can be surmised that alcoholism and other drug problems among Native Americans in an urban setting is in part a result of the alcoholic’s confusion about how to relate to a new social setting and how to define herself/himself without the aid of a family system. Native people who move to urban areas from reservations must adjust to city life, a discriminatory labor market, cultural differences, and a generally faster pace of life (Heath, 1993). Despite the increase in cultural stress, however, Loretta Jordan believes that there are some positive consequences to an urban lifestyle. For example, she notes that urban school districts can have more effective drug abuse resistance programs because they are often more open to educating teachers and counselors about chemical dependency than school districts in a rural setting. Additionally, urban areas provide greater access to AA and other twelve-step programs, whereas these methods of treatment are just beginning to be established on reservations (Jordan, P.I., July 6, 1999).

**ALCOHOLISM ON THE ROSEBUD RESERVATION  
AND CULTURALLY-SENSITIVE TREATMENT  
FOR NATIVE ALCOHOLICS**

Problems with alcohol on the Rosebud Reservation pose a strong contrast to what is otherwise a very community-oriented culture that stresses generosity over material possessions. For one who did not grow up on a reservation, the beauty of the land and the kindness of the people can become captivating. That captivation explains why I have continued to return to Rosebud for five summers, puzzling how alcoholism and other societal problems have managed to co-exist in Lakota society with extremely admirable traits such as a giving nature and love of family. No community members are free of the effects of alcohol problems, either through a personal battle or that of a friend or family member.

Burdette Clifford comments about the manner in which substance abuse has infiltrated reservation society, saying, "I remember one of the Lakota instructors of language made that point that the term *lacuja*, meaning, "I'm sick," over the years has taken on different meanings. Now when you say that, you're sick because you have a hangover, not sick because you have indigestion" (Clifford, P.I., July 16, 1999). The fact that alcohol has created new definitions for old Lakota words serves as a strong indication of just how pervasive the drug has become among the Lakota people.

During the past few decades, the federal government has supported different types of alcohol treatment programs on reservations, transplanting ideas that have worked in non-Native society. Examples include controlling or limiting the supply of alcoholic beverages and shaping drinking practices through community education. However, since these programs were developed without taking the cultural needs of the Native community into consideration, the Native population has quickly rejected them (Young, 1994). Instead of trying to "solve" alcohol problems among the Native American population, White Shield suggests that the federal government would do best to offer an alternate form of assistance. She comments:

I think that this therapist said it the best. He . . . was talking about Alaskan Indians and alcoholism there. He said, 'Indian people in this country have never, never been told by the federal government that they were sorry for taking away their homes. How does a tribal people heal when they have lost their homes? That is probably the strongest foundation any person in this country has is their home. And

when its taken away from you and you're forced out of your home, how do you heal? You do not heal. Especially if you don't have somebody who is saying, 'Yes, I did that to you.' That alone will help Indian people in this country heal. (White Shield, P.I., July 21, 1999)

While it is true that an apology from the federal government would not immediately decrease the rate of alcoholism in Native America, an admission of wrongdoing might allow certain emotional scars to begin healing. This is needed before alcoholism can be combated in any real sense. The Native American community is still experiencing a pain that has been passed down from generation to generation. Never have they been told the words, "We were wrong. What can we do to help mend your lifeways?"

Healing the culture is crucial to the future of alcohol abuse rehabilitation programs for the Native American population. It is equally important that treatment professionals working with Native American people realize the importance of integrating culture into the recovery process. For example, as Clifford explains, alcohol counselors who have been assigned to the reservation from state-sponsored alcohol and drug problems often experience problems attracting clients. He believes that some of these counselors are unable to relate to the Lakota people and are trying unsuccessfully to institute treatment programs that were designed for the mainstream Americans. "The point is to develop a treatment model to the population that you're working with," Clifford says. "No matter how good you are or how much you know, the proof of the pudding is who's coming to visit you" (Clifford, P.I., July 16, 1999).

Alcoholism rehabilitation methods that work best in Native American communities are ones designed to treat both the individual and the culture. For instance, programs could include the restoration of traditional warrior societies to contemporary Lakota culture. This would help strengthen the cultural identity of Lakota males, giving them the sense of self-worth that is necessary to reject alcohol as a medicator. White Shield and Larvie agree that reinstating warrior societies to Lakota culture would not only help men to recapture their identity, but the community as a whole could regain a sense of cooperation. As White Shield remarks, "societies had their own power and they had their own gifts to offer other societies. They weren't in competition with each other. We did that years ago and now we have to relearn it. [Societies] made tribes strong" (White Shield, P.I., July 21, 1999).

Traditional spiritual practices are another tool that can help Lakota alcoholics through the recovery process. Jordan comments that her recovery was aided by returning to her culture and finding the spiritual base her parents could not provide when she was growing up. They had not experienced true Lakota religion, she says, because they were boarding school children. "In my recovery I had the support of spiritual traditions," Jordan remembers. "I went back into the sweat lodge . . . I got involved with dancing. Gaining back your self-worth has a lot to do with gaining back your culture . . . reclaiming yourself as a sacred spirit if necessary. Only our culture can provide that right now" (Jordan, P.I., July 6, 1999).

During the past few decades, recovery methods such as the ones suggested by White Shield and Jordan have been gaining prominence among alcoholism treatment centers. One example of this type of "indigenous therapy" includes programs among the Coast Salish of British Columbia. Some Coast Salish people who had problems with alcohol dependency found that participation in Native ceremonies was key to their recovery. The hours that had been spent drinking were used to prepare costumes and meet with other dancers. Additionally, Salish tradition forbids consuming alcoholic beverages for the duration of the six-month ceremonial season. The pride that Salish dancers gained in their culture through participating in these rituals helped to alleviate depression and other problems that might have occurred as a result of abstinence (Heath, 1983).

Another form of cultural therapy includes the sun dance, a tradition among some Great Plains nations. Dancers pledge to dance for four years, a sacrifice they make of themselves in order to better the life of another or the community as a whole. In recent times many dancers have danced to help a loved one who is addicted to alcohol, or because of alcohol-related problems that are detrimental to the entire reservation. Ceremonies such as the sun dance impose a strict ban on liquor, and no one is allowed to either drink at a sun dance or attend while intoxicated. Posters and other advertisements for sun dances make this prohibition very clear, while at the same time emphasizing the traditional and spiritual experience of ceremony (Weibel-Orlando, 1985).

In addition to reclaiming spirituality and culture through ceremony, it is necessary that Native communities and family structures be strengthened. Phyllis White Shield remarks that when they were children, their lives were greatly influenced by their grandparents and other members of their *tiyospaye* who did not drink. It was these role models, says White Shield, who were responsible for leading their younger relations down the right

path, away from substance abuse. White Shield notes that “if you have that [*tiyospaye* system] in place . . . [alcoholism] can be prevented by that type of culture. We need to re-train our youth and our people . . . I had other, healthier family members in my *tiyospaye* . . . those people who didn’t drink” (White Shield, P.I., July 21, 1999).

As drinking and alcoholism have become more prevalent, an increasing number of Lakota children are finding they lack healthy role models in their *tiyospaye*. To circumvent this problem, White Shield suggests there be more *hunka* ceremonies—a traditional making-of-relatives adoption in which an older person accepts a younger person to guide as a special friend or mentor. “It’s really culturally appropriate to adopt someone in your family that’s healthier,” she says, “or to say, ‘I need a healthier family member because I have to take care of myself.’ You need to teach kids that taking care of themselves is not selfish.” White Shield emphasizes that children must realize that moving out of an alcoholic family means they can still love their parents while choosing a healthier lifestyle free of substance abuse (White Shield, P.I., July 21, 1999).

Along this line, White Shield asserts that Lakota ceremonial life should be restored, made a part of the everyday. “A child lost a tooth, we celebrated that. If a child started walking we celebrated that, we fed the community, just invited people over because we were so proud that the child was walking,” she says. “Everything, anything in that human development we celebrated. And we need to do that more . . . there needs to be a revival . . . we need to show and demonstrate it more and more” (White Shield, P.I., July 21, 1999). Celebrating becomes an assertion of cultural identity and self-worth as well as a healthy alternative to drinking. Such ceremonies strengthen community and family ties necessary to rebuild culture and work together as a whole.

Even in an urban setting, Native Americans can opt to return to their cultural background for strength when undergoing rehabilitation. When Jordan was faced with confronting her alcoholism while living in a large city, one of her coping strategies was to attend powwows and be in groups with other urban Native people. “I met and adopted an Omaha-Winnebago family,” she recalls. “They were members of the Native American church and I found out after meeting some of these members that they were staying sober that way” (Jordan, P.I., July 6, 1999).

While living away from her reservation, Jordan also had very positive experiences attending Alcoholics Anonymous (AA) meetings. She states

that the beliefs on which AA is based complement Native American societal values. "Being an active member of Alcoholics Anonymous, I find that the principles and the traditions of twelve-step support groups contain some universals that my culture fits nicely with," she says. "When people in AA talked about spiritual awakenings as being the key that helped them during the recovery process, my ears were very much in tune as a Native person because we are a very spiritual culture" (Jordan, P.I., July 6, 1999).

Despite Jordan's success in the program, AA has failed to take hold on the Rosebud Reservation. Monica Larvie offers one possible reason, saying that group meetings have received scant attendance because people are unwilling to acknowledge that alcoholism has become a pressing issue. In line with traditional Lakota social decorum, discussing one's personal life is not acceptable; thus it is much easier to ignore alcoholism and avoid the pain of a public forum on the subject (Larvie, P.I., July 21, 1999). As White Shield remarks, the Rosebud community is not very good about discussing alcoholism, but they excel at living with the problem (White Shield, P.I., July 21, 1999).

Jordan notes, however, parallels can be drawn between AA and Lakota traditions. For example, AA meetings involve ceremonies reflecting the shared experiences of alcoholics. In a similar fashion, Lakota culture uses rituals to link the Lakota people together as one people. Both AA and Lakota traditions also place great emphasis on community (Jordan, P.I., July 6, 1999). Through prayer and spirituality, the AA member breaks his self-centeredness and realizes he cannot recover alone. Older AA members become mentors for newcomers and eventually discover that they cannot stay sober unless they are helping other people achieve sobriety (Wilcox, 1998). Thus, empowering one member of the community to reject alcohol empowers the entire AA network. There is a similar focus in Lakota culture, based on the *tiyospaye* and survival through cooperation.

For the alcoholic, AA meetings become an alternate activity to drinking and provide a circle of friends who do not drink. These same elements occur in Lakota society through engaging in cultural activities such as sweat lodges, powwows, and sun dances. Similarly, AA members feel a responsibility towards the other members of their AA group (Wilcox, 1998). Lakota people commit to helping members of their *tiyospaye*. Finally, the anonymity on which AA is based means that members are more willing to discuss their problems with other AA members and builds confidence in the group (W., 1967). An equal level of comfort is provided by the

*tiyospaye*, in which problems faced by a recovering alcoholic can remain more secretive.

For alcoholics living in mainstream society, AA becomes their social circle; they bond like a *tiyospaye*. Since this system already exists on the reservation, White Shield suggests that AA would do better to build itself around pre-existing social groups instead of trying to create new ones. "You have to base . . . AA on that *tiyospaye* practice," she says. "If they [Lakota people] get in with a circle of men or women that they don't know and they're all telling about their problems . . . they don't feel comfortable. If it's going to be a AA group, then it needs to be in the *tiyospaye*, like a family" (White Shield, P.I., July 21, 1999).

Clifford proposes another change to AA meetings, basing a program not on the *tiyospaye* but on Rosebud Reservation communities. "Each community would have a broad definition of the outcome," he says, "and develop a plan . . . have sweats or go to medicine men or something else . . . we'd have someone managing that, a council. One model is not going to fit everybody but you can have some choices." These choices, Clifford explains, would suit the needs of the diverse reservation population, satisfying people who consider themselves to be traditional Lakotas as well as those who have adopted more culturally-assimilated practices. Additionally, basing an alcohol treatment program around individual communities would allow recovering alcoholics to be in the company of friends, neighbors, and other relations, people who knew them well (Clifford, P.I., July 16, 1999). Hopefully, rehabilitation in this sort of friendly social climate would encourage more discussion about alcoholism.

These sorts of "Native AA" programs have already been successful among other groups of Natives, including the Coast Salish. As on the Rosebud Reservation, conventional AA did not suit the needs of these people. Many of them viewed the white AA meetings they attended as cold and impersonal, thus they were usually silent during group discussions. When the Coast Salish began to operate their own AA sessions, the climate was much more relaxed. Salish-style AA eschewed the conventional AA anonymity, and members would often bring their spouses and children to meetings, creating a strong sense of family and community in an informal setting. People were free to come and go during sessions that were characterized with many interruptions and long coffee breaks. When the Salish invited members of a non-Native AA group to attend their meetings, the non-Natives became very irritated at the lack of structure and reverence, whereas the Native people felt very much at ease.

Salish tradition also played a very strong role in shaping AA meetings. For example, speeches made by former alcoholics about their recovery process began to take on qualities of Salish storytelling. In each of these tales, the alcoholic dramatically related how he or she had nearly died as a result of alcohol dependency, only to be reborn and redeemed in the end. Casting themselves as the heroes of these tales, the recovering alcoholics drew from a long tradition of oral myth and history, creating an AA environment that was sensitive to the Native worldview. In this manner, the Salish successfully adapted AA to meet their cultural needs (Jilek-Aall, 1981).

While developing sound methods for treating current alcoholics should be a priority, problems are arising in Native communities such as the Rosebud Reservation because little energy is being expended to prevent future alcoholism. Phyllis White Shield laments that the consequences of alcohol problems on the next generation are not being addressed. There needs to be a reservation-wide program to prevent children from drinking. "People need to know what the effects are," she says. "Just because I didn't drink didn't mean I wasn't affected by alcoholism" (White Shield, P.I., July 21, 1999). Larvie adds, "They sent us to an alcohol . . . treatment class, and I asked, 'Do you have treatment here or classes for children of adult alcoholics?' They said, 'No, we never thought of it.' I was really shocked . . . it's just for the adults . . . how are the children . . . and the people going to heal?" (Larvie, P.I., July 21, 1999).

Increasingly, Native people, treatment professionals, and researchers are emphasizing that prevention of alcoholism among Native people has to receive more funding and attention. Simply because people are recovering from the disease does not imply that the Native community is free from danger. It is for this reason that more programs must be instituted to educate Native people (Westermeyer, 1996). Crucial to the success of the programs is the idea that they incorporate the entire family, indeed the entire community, in a focused effort. Also important are other social aid programs, such as economic development programs, that provide hope for a more stable future, a reason to rehabilitate (Lewis & Watts, 1989).

In designing substance abuse prevention programs, counselors must ensure that their plan allows the community to function as a whole. These programs should encompass many different facets of chemical dependency, such as economic development, child abuse, spousal abuse, and unemployment, recognizing that this is a web of cause-and-effect relationships and should be treated as such. Successful treatment programs must en-

hance the primary support structure that is already in existence in Native communities, the family. If treatment programs are designed to give families added strength, the entire community will in turn be strengthened in its efforts against alcoholism. Additionally, it cannot be forgotten that the Native American community is extremely diverse. Since each group of Native people is different from the next, there is no set Native American response to alcohol, or anything else for that matter. Therefore, each community must be taken on a case-by-case basis and a program designed to meet its specific social and cultural requirements (Lewis & Watts, 1989).

### ***SUMMARY AND CONCLUSION***

Many of the problems involved with treating Native American alcoholics exist because of the discrepancy between how Native alcoholics interpret the world and how rehabilitation programs try to combat their alcoholism (Weibel-Orlando, 1985). Lewis and Watts state that while there have been many good quantitative studies performed on Native alcoholism, treatment professionals still lack information about the Native worldview that would allow them to more efficiently treat the disease. They write, "We still need more sound qualitative research that explicates some of the meanings that Native people ascribe to their lives, and most especially their lives in tribal and family communities. . . . [We must] focus on tribes existing as a collection of families and family-like contexts, and not as a collection of individuals." By neglecting to consider social contexts, how community members interrelate with each other and how the community functions as a whole, these studies cannot accurately portray the nature of alcoholism within Native American communities (Lewis & Watts, 1989).

My personal experiences on the Rosebud Reservation during the past seven summers have allowed me to observe firsthand the nature and the consequences of alcoholism on a reservation, tragedies such as child abuse, fetal alcohol syndrome, and spousal abuse. I have had friends whose family members were killed in drunk driving accidents, and witnessed the hopelessness that high unemployment and despondency can cause in a close-knit community such as Rosebud. Although the reservation is culturally rich, maintaining centuries-old customs in the present day, the traditions that still exist are merely a shadow of what once thrived there. For this reason, culturally-sensitive treatment methods are of primary importance when combating alcohol addiction in a Native commu-

nity. Native people must be given control when treating substance abuse locally, for they will know how best to integrate culturally-sound techniques into the rehabilitation process. All too often, those who design substance abuse recovery programs for reservation communities have ignored the ideas and opinions of Native Americans. This refusal to involve Native people has resulted in programs that were doomed to rejection by the community because the methodology did not blend with Native cultural and social practices.

Members of the Rosebud community reveal that they have keen insights on how the problem of alcohol abuse should be addressed within their own society; they simply lack the wherewithal to implement such plans. Few researchers have ever paused to consult Native Americans as to how alcohol and other drug dependency can best be treated among their people; instead, programs have been thrust upon them. Alcoholism on the Rosebud Reservation and in Native America as a whole cannot be looked upon as if it is merely a collection of dire numbers and graphs. Instead, the problem must be regarded for what it is, a complex interaction of social, political, economic, cultural, and historic factors.

Persons wishing to conduct research on a reservation must be aware of the time commitment involved with gaining the trust and confidence of community members. Too many researchers have tended to view Native people as mere instruments for study. These attitudes have created not a little ill will in some reservation communities towards non-Native people who come to "investigate" a Native culture. Lakota friends have told me stories of such research, as well as how they have been made to feel objectified and used.

This caution in mind, I cannot emphasize enough the need to be aware of the feelings of Native people, to become involved with the community and the culture, before requesting permission to undertake any form of research. It is better to spend time establishing a relationship with a Native community before requesting permission to begin a study. If there is a problem that the Native people would like to have researched, they should initiate the request. This is an extremely sensitive issue among many Natives and one that should not be forced in the name of gaining a "better understanding" of Native societies.

One alcohol rehabilitation program will not serve all people, all communities, or all Native American peoples. Effective treatment methods can be designed with consideration for the psychological needs of specific groups, ethnic or otherwise. It can be hypothesized that, just as Native American people can respond more positively to culturally-sensitive programs, so would other ethnic groups. The alcohol counselor should then

be aware not only of the psychology of the alcoholic but of the social mores and customs of the various ethnic groups of her patients. Moreover, Native American alcoholics who move from a reservation to an urban setting may require different treatment methods and support systems than would normally be used for individuals living in those same areas. The counselor must consider the reservation background, as well as customs pertaining to the Native American group in question, when determining what sorts of treatment will be most beneficial.

Equally important to the fight against alcoholism in Native America is the issue of prevention. All four interviewees agreed that the reservation's focus has been on combating the visible part of the alcoholism problem, current alcoholics, while the younger generation of potential alcoholics is being ignored. Given the sparseness of funding, this inattention is understandable. To ensure a future with decreased levels of chemical dependency, education is key. As Phyllis White Shield remarks about this situation, "We're breaking cycles and we have to break those cycles and we have to let kids know what that means. What does it mean to break the cycle? What are we breaking?" (White Shield, P.I., July 21, 1999). For the alcoholic cycle on the Rosebud Reservation to truly be broken, we must begin with those who can be saved, those who are not yet alcoholics.

The future of these Native American young people depends on their ability to resist the pressures of alcohol and drug abuse. If current rates of alcoholism remain static, the Rosebud Reservation and other reservation communities will likely continue to experience problems such as child abuse, spousal abuse, and high unemployment levels. These societal ills affect other issues of importance in Native America, such as the economic self-sufficiency of reservation communities and the continuing fight for sovereignty of Native American nations. How can Native people work to further these causes when faced with the more immediate problems of alcoholism and its effects on the community? The battle against alcoholism and other drug problems saps Native communities of energy that could be focused on improving the educational and tribal college systems or working on economic development projects and job creation.

Perhaps most importantly, defeating alcoholism in Native America can break the historic stereotype of the "drunken Indian," refuting the idea that drinking is "the Indian thing to do." These notions must be replaced with an image of Native people as strong and capable, a change that is important to the collective psychology of Native America and non-Native America. Through this restoration of pride, Native Americans will be able

to continue the process of regaining their ethnic identity, remembering who they are as a people. Knowledge of self and culture can ultimately lead to the elimination of alcoholism and other forms of drug dependency, the breaking of cycles, and the rising of nations of people.

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