

state, to identify gaps in service delivery and coordination, and to recommend corrective action plans to the Boards of the respective agencies.

2 Interagency agreements that outline the responsibilities of each agency should be drafted and signed. These agreements should address such issues as confidentiality and referral procedures.

3 Joint training programs for addictions counselors and child protective services workers should be developed and implemented. It is essential that addictions counselors know and are able to recognize the dynamics of child abuse and neglect. Child protective services workers need the knowledge and skills necessary to effectively recognize and refer substance abusers for services. A trusting relationship between these professionals should be a goal of the training. The training should also provide an opportunity for workers to examine their own attitudes about substance abuse and child abuse-neglect.

4 At the local levels, perhaps on a regional basis, interagency councils should be formed. These councils should be composed of service delivery personnel who, in addition to staffing specific cases, would advocate for needed family services that are currently inaccessible or nonexistent. These councils could also be responsible for program development by providing recommendations to the Advisory Council. In addition, the interagency councils could provide feedback for the development of agency policies and procedures.

5 Agencies should develop a network of volunteers who would be trained to provide ancillary services to the families. For example, volunteers—including rehabilitated child abusers—could conduct support groups. Other volunteers could be trained to assist homemakers and to expand this service to appropriate families.

6 Agencies should collaborate in developing outreach programs focusing on the prevention of substance abuse and child abuse-neglect. Family life education programs and living skills programs could be implemented in both school and nonschool settings.

7 Because of the lack of services currently being provided substance abusers, it is recommended that management and supervisory skills training for direct-service providers include a component on decision making and the development of community resources. If services are to improve, administrative support is also critical. Without this support, the changes needed to prevent maltreatment of children cannot occur.

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Finding the "Meaning" of Native American Substance Abuse: Implications for Community Prevention

JILL PEDIGO

The author examines chemical use by Native Americans with a proposal for a holistic prevention program involving enhancement of cultural interdependence.

The scope of alcohol and drug use among Native Americans has been well documented. Destructive use of alcohol and other drugs is the number one problem facing Native American society (Task Force Eleven: Alcohol and Drug Abuse, 1976). Magnitude, however, is only one aspect of the problem. The focus should now shift from quantitative definition of the problem to development of a holistic approach to the issue. An

attempt should be made to identify all factors within the society that are significant to the society's drug use and abuse. Stephens and Agar (1979) term this process as giving "meaning" to the drug usage. They propose that Native American drug use has a meaning unique to that society. The meaning has

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been created within the context of a value system and external and internal culture influences that are exclusively Native American.

This article will attempt to provide one possible meaning for Native American chemical use by exploring the factors that create its context. It will explore the implications that follow for the area of substance abuse prevention and will outline the appropriate components of a prevention program.

NATIVE AMERICAN VALUES

A holistic view of drug use among Native Americans is vital because community rather than individualism, as in Anglo-American society, forms the normative base for Native American culture. The basic tenet of individual Native American existence is that a person is one with self and also with family, tribe, and the universe (Task Force Eleven, 1976). Redhorse (1980) suggests that selfhood is derived from a historic culture as transmitted through the family systems. A Native American child is instilled with a value system in which the primary goal is community survival (Wilkinson, 1980). Behavior that promotes and enhances community survival is reinforced. Redhorse characterizes the value system as being based on "care." Relational bonds and one's behavior are ordered through mutual cultural and spiritual maintenance as well as physical and emotional needs satisfaction. Kindness, generosity, noninterference, and sharing are permanent ideals.

Lewis and Gingerich (1980) distinguish Native American concepts of leadership from Anglo-American leadership concepts on a qualitative basis. Anglo-American leadership is a property concept; something to be obtained by increasing skill and knowledge and performing tasks. Native American leadership is spiritual and humanistic. If one person is respected more than another, it is because that person has acted more friendly, generous, considerate, and modest. One does not improve or better oneself in the Western sense. Within this system, concepts of individualism and private property have diminished significance (Wilkinson, 1980).

These values have profound ramifications on substance use and abuse.

The ties of family, friends and community create a bond that...many times is the nemesis of the drug and alcohol user. (Task Force Eleven, p. 22)

Within the value system, peer pressure plays a fundamental role in social interaction (Stephens & Agar, 1979; Oetting, Edwards, Goldstein, & Garcia-Mason, 1980). Albaugh and Albaugh (1979) describe the function of peer pressure in Native American drug use as creating a situation where it is desirable to share intoxication equally with one's peers and participate in opportunities for intoxication. Failure to do so is to reject sharing and the generosity of one's peers. Peer pressure then often facilitates unnecessary and harmful use of alcohol and drugs for certain individuals.

Drug and alcohol use conducted within a group framework arguably serves positive community goals of social cohesion and social interaction (Stephens & Agar, 1979). Isolation and rejection of individuals who use substances to excess is foreign behavior. Rather, because of the positive goals drug use may serve, the Task Force Eleven findings show that the prevalence of destructive drinking or drug usage in some Native American communities has become almost socially accepted and a ready excuse for deviant behavior.

The value of noninterference fosters itself in denial and avoidance behavior by Native American adults when they are faced with destructive alcohol and drug use by individuals within the community. Overuse of alcohol and drugs is not sanctioned, yet the community's tendency to ignore its weaknesses and emphasize its strengths places the focus on the

positive rather than the negative outcomes of alcohol and drug use.

Peer pressure, caring values, and parental denial and avoidance combine to facilitate drug experimentation by Native American children and youth. Oetting and others (1980) posit that children's natural curiosity concerning substance use is only piqued by parental denial and avoidance of the topic of substance use. Peer pressure is especially strong among children, and sharing is fundamental. Researchers cite these as causal factors in widespread experimentation and early use (Albaugh & Albaugh, 1979; Goldstein, Oetting, Edwards, & Garcia-Mason, 1979; Oetting et al., 1980).

NATIVE AMERICAN CULTURE AND ENVIRONMENT

Disorganization and deterioration of Native American society, the result of industrial society's impingement, ultimately frames the context for the culture's drug use. Before the arrival of the Europeans, Native Americans used crude wine and drugs such as peyote primarily in ceremonies or religious rituals. The cultures historically have had difficulty developing strong social controls for the use of alcohol and other drugs outside of a spiritual context (Task Force Eleven, 1976). Traders and trappers in the 18th century and cowboys from the Western frontier in the 19th century furnished the Native Americans their first models of social drinking. Certain characteristic drinking patterns developed during that early period and are still viable today: no solitary drinking; no mixing of food and alcohol; drinking until the supply is exhausted; excusing breaches of codes of good conduct committed by persons under the influence of alcohol; developing a high cultural expectancy for the value and effects of alcohol; and experiencing a marked release of hostilities as a result of alcohol intoxication (Task Force Eleven, 1976). Prohibition on Native American drinking from 1892 to 1953 solidified these drinking patterns. Gulp drinking and rapid ingestion of alcohol, particular drinking patterns of Native Americans, are also said to have evolved from that era (Task Force Eleven, 1976).

Beyond promoting social behavior that did not fall within a delicately balanced cultural system, the Anglo-American society has assumed control over Native American culture, leaving it disorganized and impoverished. High unemployment, poor housing, low educational levels, poverty-level income, and isolated living conditions are standards of Native American existence (Task Force Eleven, 1976). The main tribal resources are their people, yet they lack unity and cohesion. Wilkinson (1980) proposed that the intervention and nearly absolute control by outsiders into the tribal communities has destroyed the classic interdependence necessary for community survival. Members displaced from their respective functions have less worth for other community members. Wilkinson cites the dominant society's method of dealing with community problems as a series of individual problems as the cause of further community disintegration. The holistic value system necessary for tribal existence cannot regulate behavior where daily life is controlled by a society with an isolationist value system.

The control of the dominant society extends to education. The value conflict is amplified by actual rejection of the unique system of Native American education of legends and folklore that taught Native Americans how to live in the traditional way. Education has become reading, writing, and arithmetic. Farris, Neuhring, Terry, Bilecky, and Vickers (1980) in a study of self-concept formation in Native American children found that educational programs often perceive Native American heritage only as reflective of an imperfect culture that should be rejected or at least ignored. Native American spirituality has been declared pagan. Family ties have been broken by removing children to federal boarding schools and foster homes outside the reservation.

In a culture where survival of self and community are the same, it is not an exaggeration to say that Native American life is a constant struggle for survival. Native Americans are left with conflicting value systems and expectations that lead to stress. Rhoades, Marshall, Altneale, Echo Hawk, Bjorck, and Beiser (1980) reported that the primary causes of visits to Indian Health Service outpatient facilities in 1975 were anxiety, depression, and other internal conflicts. Alcoholism was the second greatest cause. The Report on Alcohol and Drug Abuse (Task Force Eleven, 1976) said these conditions within Native American society make it ideal for the development of destructive alcohol and drug use.

One obvious meaning alcohol and other drug usage has for the society is how it functions as a coping mechanism. A Task Force summary of information received from more than 50 tribes cited unemployment and poverty, related to loss of individual self-esteem, as a major cause for alcoholism. Loss of Native American culture that contributes to feelings of anxiety was also cited as a cause. Splits between old and young people and children going away to boarding schools was mentioned. Adults did not feel as though they had to serve as role models for children away in boarding schools.

Given the disintegration of social cohesion, and the positive social functions drug use may serve in that regard, the magnitude of Native American drug use does not seem inconceivable or even unreasonable. The additional role it serves as a coping mechanism enhances its desirability and justifies the Native American tendency to look the other way when faced with destructive use.

Native American children born into this fragmented existence are still cared for within their extended family network and seemingly are not affected until they enter the educational system. There they are confronted with rejection of their culture. Saslow and Harrover (1968) suggest that school experiences of Native American children tend to accentuate rather than resolve identity problems, with an outcome of increased behavioral and disciplinary difficulties. This early study identified the time period between the 4th and 7th grades as the point at which a decline in academic achievement sets in and the Native American student starts to fall behind his Anglo-American counterpart. Farris and others (1980) in a study of school dropout patterns, underachievement, and acting-out behavior identify 4th to 10th grades as the high-risk time for Native American children in developing their self-concept. They propose that self-concept of a Native American child is closely tied to the child's esteem for his tribe and how clearly the child's identity is developed. Taken together, these studies suggest a pattern where rejection of Native American culture in education results in the formation of a marred self-concept in a Native American child. This is revealed through academic failure, behavioral deviance, and dropping out of school.

Saslow and Harrover explain this pattern in terms of alienation and achievement. Alienation is defined as a general condition in which values and mutually agreed upon goals and means do not regulate behavior. As previously discussed, this condition is the standard of cultural existence. Saslow and Harrover associate lack of power, norms, and meaning with alienation. The result is social isolation and self-estrangement.

Native American children are instilled with holistic values and then expected to function within a system that rejects those values and their culture. Parents and elders do not provide strong role models to demonstrate that their society is a viable, thriving one. They provide nothing on which children can build self-esteem. The character of substance use by Native American children and youth is shaped by these cultural factors. It is important to note that the pattern of the children's drug usage may most profoundly set Native American drug use in a unique context.

In 1976 the Indian Health Task Force reported an alarmingly rapid increase in drug abuse among Native Americans, particularly children and adolescents. In the first quarter of calendar year 1974, the number of cases of drug abuse by Native American youth seen increased by almost 50% over the preceding 6 months. Native American children have been reported to start drinking as early as age 9. In Minnesota, 8750 Native American youths from ages 11 to 18 use abusive chemicals. In a study of high school students in a plains tribe, 84% of the boys and 76% of the girls claimed they drank regularly (Task Force Eleven, 1976). Such extensive chemical use has meaning as a coping mechanism that serves positive social purposes among Native American children. Adult Native Americans provide the role models for such use.

The choice of drugs by Native American children may, however, be the most significant factor in creating the context of their chemical use. A majority of Native American children are regular users of toxic inhalants. Toxic inhalants have been used by Native American children as young as 6 years old (Task Force Eleven, 1976). The Task Force views abuse of inhalants and other chemicals as an extension of previous generations' alcohol abuse, caused by the same cultural factors. Inhalant use may be distinguished and may represent a new dimension of meaning for chemical use by Native Americans. The observation of Goldstein and others (1979) that despite the ready availability of marijuana and alcohol to young adult Native Americans, inhalant use if still prevalent, seems to support this. The Task Force report states that inhalant use is increasing.

Cohen (1973) places the cause of inhalant abuse in a disorganized existence. Massive familial, personal, and social disorganization that creates emotional disruption causes use. Native American childhood seems to provide the ideal environment for heavy inhalant usage. Several researchers have proposed that inhalants serve as self-medication for emotional states brought on by factors such as poverty and devalued self-image (Albaugh & Albaugh, 1979; Cohen, 1973; Oetting et al., 1980). Albaugh and Albaugh (1979) describe sniffing as a learned passive-aggressive behavior that provides escape and relief for personality disorder. Their findings that chronic "sniffers" have difficulty expressing aggression or sexual drives follow from that characterization of the behavior. The chronic sniffer is also characterized by a lack of motivation or goal orientation, poor school record, minimal adult influence, and a gang orientation.

Inhalant usage is not unique to Native Americans, however. Factors of low cost, easy availability, convenient packaging, and mood enhancement that blots out unpleasant everyday reality make it a drug of choice for other impoverished minorities. A survey by Goldstein (1978) of the Pueblo tribes of New Mexico suggests that inhalant usage is strongly tied to a new concept of Native American identity. Of those surveyed, inhalant abusers indicated that they did not care what happened to them significantly more than either nonusers of inhalants or users of other drugs. Heavy inhalant users felt as though they were not as successful in the Indian way as the rest of the youth Goldstein surveyed. Thus, inhalant abuse may indicate an expression of hopelessness within the society that diminishes social cohesion and promotes behavior harmful to community values. Cohen (1973) describes the impact of adolescent inhalant abuse on a social system as creating a population that will not, or cannot, learn necessary information and values, and that is characterized by bizarre and unpredictable behavior.

Albaugh and Albaugh (1979) suggest that chronic sniffing is pre-alcoholic behavior. If present sniffing behavior patterns create a new meaning for substance use that does not include value system enhancement and those using inhalants "grow

into" alcoholism, substance abuse will only have some meaning as an individual coping mechanism.

THE MEANING OF NATIVE AMERICAN SUBSTANCE USE

Substance use by several generations has served as a major cultural survival mechanism. Chemical usage has eased the pain, elevated feelings of well-being and provided a primary source of community social interaction and cohesion building. "New" forms of use and abuse by Native American youth are altering this meaning. The drugs chosen by adolescents serve as coping mechanisms but prevent enhancement of cultural values and community. Inhalant abuse by the youth promotes disorganization in their existence (Cohen, 1973). The possibility that young inhalant abusers will carry this meaning of chemical use as a coping mechanism that disintegrates community values into adult alcohol usage forebodes disastrous effects on the surviving remnants of cultural values.

IMPLICATIONS FOR A PREVENTION MODEL

The magnitude of substance abuse by Native Americans implies a grave need for prevention programming. Task Force Eleven (1976) emphasized the need for comprehensive prevention and prevention strategy in education in conjunction with the expressed need of Native Americans to return to their traditional heritage and culture. The Task Force stressed that any form of prevention must go further than providing substance use information; it requires changing behavior patterns. Strengthening of traditional Native American values and heritage is seen as the appropriate means for effective change. Task Force Eleven recommendations in this regard are the following:

- 1 Give the building of a comprehensive prevention and preventive education strategy a high priority, stressing community leadership and involvement in changing behavior patterns and development of alternatives to drinking and drug usage;
- 2 Build prevention strategies emphasizing the strengths of the Indian culture;
- 3 Build upon familial and community ties. (p. 26)

These proposals are consistent with changing the meaning of substance use where the use is a major bonding force in the society. The required change in behavior patterns is to replace chemical substances as positive elements in that bonding process. This requires holistic change because the context of use must be altered. It is logical to promote reconstruction of community interdependency to provide a social structure that does not require chemical support. Prevention should not have a narrow problem orientation, but rather be developmentally oriented on a community basis (cf. Spoth & Rosenthal, 1980).

Enhancement of cultural values, norms, and heritage has been successfully used as the basis for Native American alcoholism treatment. Albaugh and Anderson (1974) describe one such successful treatment program at the C and H Lodge in Bessie, Oklahoma. The program is ethnically oriented and its goals are to clarify and strengthen cultural values and norms. The Native American Church (NAC), which prohibits use of alcohol and other chemicals outside of religious services, plays a fundamental role in the cultural therapy. Program participants attend the structured NAC meetings that are guided by a highly respected tribal member. NAC is seen as a factor in the reduction of individual Native American anomie and the concomitant reduction or elimination of social substance use.

Another residential alcoholic treatment program for Native American adults, at Mendoch State Hospital, employed individual and large group non-culture-based therapy. Kline and Roberts (1973) report those therapies were ineffective. Small groups where members had known each other prior to entering the program were more effective. They suggest that self-

help, in view of the power of Indian peer group pressure, might be the better arrangement. These two program reviews are helpful in identifying what might be workable and necessary elements in a community-based prevention program.

PROGRAM COMPONENTS

Two aspects of prevention for Native Americans stand out in sharp relief. One is the importance of Native American involvement and the other is the necessity of stake-building (Ferguson, 1976).

Community Involvement

Leon (1968) expressed the view that a prevention program should focus on involving tribal members in the "determination of their own fate" (p. 128). Task Force Eleven (1976) emphasized the need for Native Americans to be involved in all stages: from the planning to the management of their own programs to ascertain that all their cultural needs are met. The two treatment programs illustrate that Native Americans involved in caring for Native Americans within a program can be effective whereas a program staffed and controlled by outsiders was unsuccessful. Motivation within a program based on cultural enhancement would be defeated if that goal was controlled by individuals outside of that culture. Community development intrinsically is the active involvement of its members.

Stake Building

Ferguson (1976) formulated the stake theory to explain the successful recovery rate of Navajo men in a New Mexico alcoholism treatment program. He defined *stake* to be a consistent investment of time, skill, and other resources in the context of a society, with the expectation of reward for the investment. Ferguson found that of the Navajos under treatment, 72% who were in the successful treatment group had their stake in traditional Navajo society and 23% had their stake in modern society. The concept of stake for a prevention program implies that substance use must become a disadvantageous behavior pattern that if followed will lead to loss rather than reward. Patterns of behavior must replace substance use in desirability to allow retention of a stake in Native American society and the rewards of maintaining one's stake.

Required, then, is the desire to act to preserve one's stake in Native American society. Native American culture must be enhanced by and for its people. The first step is to educate members of the Native American community and to build awareness of the scope of Native American traditions and community values. For school children, a restoration of the traditional Native American education consisting of legends and folklore would continue their preschool training and provide them with a healthy basis for self-concept formation. C and H Lodge members received formal instruction in native arts and crafts, participated in discussions with tribal ceremonial chiefs, and were encouraged to become involved in Native American social organizations. Such involvement would aid children and all other community members in understanding their role within the community. Cultural education for children should help the children understand how they can contribute their parts as members of families that make up the community.

Adult family members must be taught the value of the family band in relation to society. An encouragement of family activities and communication might enhance the importance of each family member to the others.

Community education in traditions through organized social events will build awareness of the traditions on the one hand, but will also build interdependence through allocation of roles in these activities. Institutions such as the Native American Church, whose goals include (a) to help Native Americans preserve their traditional culture without resorting to the use of chemical substances and (b) to promote Native American

folkways while at the same time understanding the dominant culture (i.e., "the White way"), should be encouraged to develop and grow within a community. Participation in social activities that create social cohesion and cultural power without the use of chemical support must become desirable behavior patterns. Chemical use must be made unnecessary for community survival; indeed, at some point, chemical use should be viewed as harmful to community survival. Pharmacological education programs for all ages will help to accomplish this goal. Information on drug effects alone would have little effect on a society that lacks alternatives to chemical use as a survival mechanism. A community that has built up its human reserves to the point where those reserves become its primary means of survival will be willing to find chemical use an unacceptable alternative.

SUMMARY

Substance usage has become a survival mechanism for Native Americans whose culture and values have disintegrated because of the intrusion of the mainstream society's Anglo-American values. Adolescent inhalant usage promotes societal disorganization, however, thus altering the meaning of chemical usage as survival mechanism. Failure to institute preventive programs now, in light of this usage, threatens the remnants of the culture. Substance use must be replaced by community-based programs as cultural survival mechanisms. These programs, to be developed and administered by Native Americans, should aim to enhance cultural values and traditions and rebuild the societal interdependence that allows the social structure to maintain itself.

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Styles in Intimate Relationships: The A-R-C Model

LUCIANO L'ABATE

From a continuum of differentiation in intimate or close and prolonged relationships the author derives a model based on three styles: Abuse-Atrophy (A); Reactive-Repetitive (R), and Conductive-Constructive (C).

A previous theoretical presentation (L'Abate, 1976) omitted the linking of internal personality differentiation to external patterns of interpersonal style. The purpose of this article is to correct such an omission and to link certain characteristics to visible interpersonal patterns, suggesting three basic styles in intimate relationships. These basic styles are Apathy, Reactivity, and Conductivity. Apathy (A) stands for (a) autism (maximal distance from people), (b) alienation (feeling apart and isolated from others), (c) indifference, and (d) abuse among others. Reactivity (R) stands for (a) reaction, (b) repetition of the same or opposite pattern, and (c) rebuttal among others;

Conductivity (C) stands for creativity, congruence, and commitment to change in intimate relationships among others. By apathy is meant doing nothing through withdrawal, turning away, nonparticipation in an interaction, or violent, abusive actions. By reactivity is meant following the initiative of someone else; doing something in sequence, secondarily to what someone else has already said, stated, or done. Conducting means taking initiative, responsibility, and leadership ahead

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