

CULTURAL AND SPIRITUAL COPING IN SOBRIETY: INFORMING SUBSTANCE ABUSE PREVENTION FOR ALASKA NATIVE COMMUNITIES

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Culture and spirituality have been conceptualized as both protecting people from addiction and assisting in the recovery process. A collaborative study, utilizing focus group and survey methods, defined and examined cultural and spiritual coping in sobriety among a select sample of Alaska Natives. Results suggest that the Alaska Native worldview incorporates a circular synthesis and balance of physical, cognitive, emotional, and spiritual processes within a protective layer of family and communal/cultural beliefs and practices embedded within the larger environment. Cultural-spiritual coping in sobriety is a process of appraisal, change, and connection that leads the person toward achieving an overarching construct: a sense of coherence. Cultural and spiritual processes provide important areas for understanding the sobriety process as well as keys to the prevention of alcohol abuse and addiction. © 2001 John Wiley & Sons, Inc.

Culture, anomie, cultural identification, deculturation, and forced acculturation have all been constructs used to explain health problems, such as alcoholism, among indigenous people (Braveheart-Jordan & DeBruyn, 1995; Hild, 1987; Klyde, 1994; May, 1989; O'Neil & Mitchell, 1996; Sullivan & Brems, 1997; Young, 1994). In the theoret-

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ical literature, culture and spirituality have been conceptualized as either, or both, protecting people from alcoholism or assisting in the change and recovery process (Brady, 1995; Duran & Duran, 1995; Mohatt & Blue, 1982; Napoleon, 1991; Oetting, 1993). Medicine (1982) asserted that "social movements and positive nativistic orientations" create a means to control drinking and achieve abstinence. Naquin (1995) found that many Alaska Natives credit the Native Sobriety Movement with helping more Native people achieve and maintain sobriety than formal and conventional treatment.

Westermeyer and Neider (1984), in a ten-year longitudinal study of treatment outcome for a sample of 45 American Indian alcoholics, found that those who kept closer contact with Indian friends and relatives and engaged in more traditional Indian activities had better outcomes. Moss, Edwards, Edwards, Janzen, and Howell (1985) found spiritual and cultural factors to be helpful in the achievement and maintenance of sobriety among American Indians. Jones, Shinkwin, and Pete (1981) described how cultural development in two Yup'ik villages and religious intactness were related to sobriety.

Alcohol use and spirituality have been connected in cultural worldviews throughout the introduction of fermented or distilled beverages (Trimble, 1996). Like their European counterparts who labeled alcoholic beverages "spirits," the Lakota called hard liquor *mini wakan* or water of power, holy water (Mohatt, 1972). The approach taken in this paper is based upon an indigenous theory that argues that how Native Alaskans deal with fermented beverages is best understood from a socio-cultural and historical framework (Hild, 1987; Napoleon, 1991). Sobriety, or a respectful approach to alcoholic beverages, is achieved through a sense of cultural coherence within one's collective cultural framework, and between it and that of the majority culture (Lowery, 1998).

Spirituality is an interconnected, central component of culture that addresses experiences and beliefs related to transcendence, structures relationships with others and the natural world, and provides ways of finding meaning and achieving a sense of coherence (Antonovsky, 1980; Lowery, 1998). This sense of coherence lends meaning, provides a system of rules to govern behavior, and patterns various cognitive functions, such as foresight, appraisal and evaluation of situations, and decision making.

There is considerable interest in the mainstream addictions literature for defining spirituality and its connection to the process of recovery from addictions (Gorsuch, 1993, 1995; Marlatt, 1994; Mathew, Georgi, Wilson, & Mathew, 1996; O'Murchu, 1994; Potts, 1991) and its use in the promotion of wellness and prevention (Maton, 1989; Maton & Wells, 1995; Navarro, Wilson, Berger, & Taylor, 1997; Payne, Bergin, Bielema, & Jenkins, 1991). Proponents of Alcoholics Anonymous (Carroll, 1993; Spalding & Metz, 1997; Warfield & Goldstein, 1996) and of the Alaska Native Sobriety Movement (Anchorage Daily News, 1988) provide strong examples in their belief of spirituality as a critical component to recovery and sobriety. Miller (1998) concluded that "spiritual/religious involvement may be an important protective factor against alcohol/drug abuse" (p. 979). Witmer and Sweeney (1992) placed spirituality in the center of their holistic model for prevention and wellness.

Despite these new interests, spirituality remains a sorely neglected focus of research in understanding alcoholism recovery and sobriety (Miller, 1991, 1998), and what little exists has primarily centered on Alcoholics Anonymous members and processes (cf. Mathew et al., 1996; Spalding & Metz, 1997). Snow, Prochaska, and Rossi (1994) argued that researchers have not adequately been able to conceptualize spirituality

and indicated that “illuminating the role of spirituality in addiction change represents a major task” (p. 369).

Research on sobriety is similarly scarce. Although several authors have documented typologies or models of alcoholism and problem drinking (Jillinek, 1952; Meyer, Babor, & Mirkin, 1983; Rivers, 1994; Zucker, 1987), which have provided relevant insight into the alcoholism process, very little has been presented in the literature to help us understand which factors facilitate or hinder sobriety. Snow et al. (1994) noted that relatively little systematic research has investigated maintenance factors involved in the resolution of alcohol-related problems. Cunningham, Sobell, Sobell, and Gaskin (1993) reiterated this concern, noting this same lack of data on reasons individuals seek treatment.

Most of the recovery or sobriety research has focused primarily on Alcoholics Anonymous members and membership (e.g., Cain, 1991; Denzin, 1987, 1988; De Soto, O'Donnell, & De Soto, 1989; Emrick, Tonigan, Montgomery, & Little, 1993; Melvin, 1984; Morgan, 1995; Snow et al., 1994) or outcomes of specific treatment models (Maisto, O'Farrell, McKay, Connors, & Pelcovits, 1989; Moss et al., 1985; Murphy, 1993; Westermeyer & Neider, 1984). Except for a few articles on experiences of women in self-help groups (Kaskutas, 1994, 1996), sobriety processes for women have been relatively neglected. Further, few research efforts have specifically addressed American Indian or Alaska Native sobriety (Moss et al., 1985; Westermeyer & Neider, 1984). We were also unable to find any research that addressed sobriety from a standpoint other than that of recovery from alcoholism or problem drinking. In recognition of the continuing process of adaptation to a new sober lifestyle, and especially the importance of promoting a sober lifestyle in prevention efforts, we agree with Melvin (1984, p. 102) that “sobriety is not at all synonymous with recovery.”

Melvin, using a semi-structured interview format with a small number of men and women who had been sober for three to ten years, found that sobriety was an “evolving process of growth and deepening emotional experience” (1984, p. 104). Cain (1991) argued that recovering alcoholics who attend Alcoholics Anonymous undergo a process of identity diffusion followed by a process of identity reconstruction, a process of reinterpretation that is facilitated by telling one's personal story. Several studies have investigated the importance of motivation in predicting and preventing addiction relapse (Collier & Marlatt, 1995). Similarly, the relationship between abstinence-efficacy and sobriety has been argued to be a reciprocally reinforcing process of success in abstinence increasing efficacy leading to lowered rates of relapse and higher rates of abstinence (Marlatt, Baer, & Quigley, 1995).

Those seeking treatment have frequently attributed their resolution to a cognitive appraisal process (cf. Klingemann, 1991; Sobell et al., 1993). Research focused specifically on sobriety (Humphreys, Moos, & Finney, 1995; Maisto et al., 1989; Morgan, 1995; Murphy, 1993) has consistently identified cognitive and behavioral coping strategies, social support, and spirituality to be important in the sobriety process for recovering alcoholics. Morgan (1995), using narrative methodology with primarily male participants who had been sober for ten years or more, found that long-term recovery from alcohol addiction was supported by a connection with a “higher power.” Maisto et al. (1989), reporting on follow-up interviews with 40 men that occurred two years posttreatment, found that recovering men generally reported seven reasons for resisting temptation and staying sober: (a) acknowledging the benefits of sobriety, (b) fearing the consequences of drinking, (c) a conscious desire for sobriety, (d) support from family, (e) formal support programs such as Alcoholics Anonymous and addic-

tion treatment, (f) keeping active, and (g) religion or spirituality. Murphy (1993) studied the coping strategies of 23 alcohol-dependent men and women at three time periods posttreatment and similarly found that cognitive restructuring, a positive reappraisal process, relapse prevention skills, social support, and spiritual awareness and prayer were hallmarks of continued abstinence.

Several authors have proposed either theoretical models or operational definitions for spirituality or spiritual wellness (Batson, Schoenrade, & Ventis, 1993; Bensley, 1991; Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988; Ellison, 1983; Ellis & Smith, 1991; Hall & Edwards, 1996; Maher & Hunt, 1993; Vella-Brodrick & Allen, 1995). Spirituality has been variously described as a multidimensional construct, not necessarily the same as religion or religiosity (Burkhardt, 1989; Maher & Hunt, 1993; Miller, 1998; Westgate, 1996), and defined by Elkins et al. (1988) as "a way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to the self, others, nature, life, and whatever one considers to be the Ultimate" (p. 10).

Spirituality involves overt behavior as well as beliefs and experiences (Miller, 1998). Westgate (1996) delineated four broad dimensions of spirituality that have been discussed in the literature: meaning and purpose in life, intrinsic values, transcendent beliefs or experiences, and community or relationship with self and others. Others' definitions of spirituality have included concepts such as balance, belief in the sacredness of life and respect for all living things, altruism, a sacred journey, idealism, and harmonious interconnectedness (Bensley, 1991; Burkhardt, 1989; Elkins et al., 1988; Maher & Hunt, 1993; Westgate, 1996). Spiritual wellness or attunement brings inner peace and strength, joy, a sense of fulfillment in life, hopefulness, courage, serenity, and psychological and physical health (Bensley, 1991; Burkhardt, 1989; Westgate, 1996; Witmer & Sweeney, 1992). However, the bulk of the research thus far has minimized the broader concept of spirituality and focused primarily on Judeo-Christian conceptualizations of God and religion (Pargament, 1997). Little research focused on health or sobriety has been positioned within an American Indian or Alaska Native cultural-spiritual understanding.

Locust (1990) has described the worldview or beliefs that span tribal communities, most of which are relevant to Alaska Native communities. Tribal or indigenous communities believe in a Supreme Creator and the spirituality of other lesser beings; plants and animals are a part of the spirit world. The spirit world exists side by side and intermingles with the physical world. Contrary to many Western conceptualizations, indigenous people believe that humans are made up of spirit as well as the mind and body; and the spirit existed before it came into a physical body and will continue to exist after the body dies. As such, illness affects the mind, body, and spirit, and unwellness is seen as a disharmony in spirit, mind, and body, caused by the violation of the sacred or a taboo, or by bad or negative energy or power. Each person is responsible for her or his own wellness. Spirituality is central to the worldviews of Native people.

Duran and Duran (1995) have argued that a paradigmatic shift is necessary, one which moves away from a deficit and disease theory to an examination of the problem of alcohol addiction from an indigenous perspective. The new paradigm would focus on the revitalization of cultural pride, work within communities rather than just on individuals, see both abstinence and temperance as worthy goals, and acknowledge Natives' search for personal competence and spiritual power. It is clear that the role of spirituality in sobriety and, specifically, the role of cultural-based spirituality need to be addressed in alcohol addiction research within Native communities.

RESEARCH SETTING AND CONTEXT

People in Peril (Anchorage Daily News, 1988) described a growing revolution of hope known as the Alaska Federation of Natives Sobriety Movement. The sobriety movement stresses the need for people of the villages, not health agencies and Native Corporations, to take responsibility for their own well-being. Similar to the Alkali Lake community in British Columbia (Guillory, Willie, & Duran, 1988; Johnson & Johnson, 1993; Willie, 1989), Alaskan communities are creating indigenous-based treatment and prevention methods, as well as using existing spiritual and cultural resources to treat and prevent alcohol addiction despite a lack of systematic evidence describing the sobriety process or what constitutes effective prevention (Mohatt, Hazel, & Mohatt, 2001).

The People Awakening (PA) project is a collaborative study between Alaska Natives and university researchers with the goal of providing an Alaska Native understanding of the sobriety process. It originated in response to concerns expressed by Alaska Natives who attended a three-day symposium on alcohol research sponsored by the National Institute on Alcoholism and Alcohol Addiction and the Center for Addiction Studies at the University of Alaska Anchorage in August of 1995. Strong concerns were expressed by Natives who attended the conference that no research presented showed the successes and gains made in fighting alcoholism within Native communities or indigenous ways of achieving sobriety. They noted that much of the research has ignored the many positive and life-sustaining activities of people who are maintaining their sobriety, and felt it misrepresented Native people as “alcoholics” and “drunks.”

Likewise, they recognized that much of alcohol research and theory had ignored cultural and spiritual processes. People argued that research focused on cultural and spiritual aspects of sobriety could assist communities in developing more effective prevention and treatment strategies. Consequently, a group of those who attended the conference and other Natives involved in alcohol treatment and the sobriety movement joined with University of Alaska Fairbanks researchers to design a research project focused on Alaska Native ways of achieving sobriety. The project has subsequently received strong support among Alaska Native organizations.

The major goals of the initial research reported here were to define what is meant by spirituality and to develop a listing of spiritual and cultural factors that were important for people’s sobriety. The research presentation is divided into two sections. The first section describes the methods and results of a focus group that explored spirituality and sobriety from an Alaska Native worldview. From this focus group, we developed a survey to further develop our understanding of Alaska Native spiritual coping as it relates to sobriety. The methods and results of this survey are reported in the second section. The article concludes with a general discussion that integrates and synthesizes the results of the two interconnected research studies.

STUDY 1: DEFINING SOBRIETY AND SPIRITUALITY

Methods

The research process began by convening two 3-day focus groups with Alaska Native leaders in the sobriety movement. Focus groups have been found to be particularly useful in conducting cross-cultural research and identifying cultural knowledge, thus anchoring the research within the cultural paradigm (Hughes & DuMont, 1993). The

primary goals of the focus groups were to describe the Native worldview regarding sobriety, create an inventory of spiritual and cultural coping processes in sobriety, and develop a means of measuring cultural and spiritual coping domains.

Participants. Seven people were recruited by the researchers for their experience with alcohol addiction or sobriety, experience in both traditional and nontraditional alcohol treatment settings, and knowledge of Alaska Native cultures. Their ages ranged from early 20s to elder status (60+ years). Each of the five major Alaska Native cultural groups (e.g., Athabaskan, Yup'ik, Inupiaq, Tlingit-Haida, Aleut) was represented. Three of the members were male. One member was not a member of an Alaska Native cultural group, yet had extensive experience working with Alaska Native people in addiction treatment and prevention settings.

Procedures. Three specific questions were explored during the first focus group meeting: (a) what is meant by sobriety; (b) what is meant by spirituality; and (c) what spiritual and cultural factors enhance the sobriety process. The authors moderated the focus group meetings, one person moderating the discussion and taking notes, while the other documented the group's issues on flip chart paper taped to the walls of the room. The group also worked collectively to develop pictorial representations of the concepts and interactions. Both sources of documentation were reviewed after the first meeting and compiled into a list of cultural and spiritual coping elements. During the second focus group meeting, which occurred several months later, participants reviewed the list and pictorial representation for inclusiveness and cultural appropriateness in both content and wording. The group also reviewed a proposed survey to be given to Alaska Natives, the content and results of which are presented in the second study section. Focus group members not only suggested new items and questions for inclusion, but also suggested improved wording and question order.

Results of the Focus Group

Defining Sobriety. Focus group members began by expressing their concerns with the misrepresentation of Native people in the research literature. The primary focus of the research literature has been on Natives as a problem. Very little has been published describing the wealth of examples of Native people living healthy, non-abusing lifestyles and helping others to achieve or maintain healthy lifestyles.

In discussing sobriety, focus group members were clear that binge drinking (a drinking pattern characteristic of rural as well as urban problem drinking behavior in Alaska), regardless of the time spent sober between binges, was not descriptive of sobriety. They also expressed concern with what they called the "one black eye syndrome," which is characterized by abusive drinking behavior that is denied. The denial leads people to fool themselves into believing they are leading a sober lifestyle, despite their abusive drinking behavior—their one black eye. The focus group was concerned that they may perpetuate the idea that Native people can abuse alcohol and still be considered sober by defining sobriety to include anything but total abstinence. However, they recognized the importance of including nonabusive drinking patterns as well as abstinence into a definition of a sober lifestyle.

The focus group was interested in fostering the idea that Natives can drink alcohol and not abuse it or become addicted, and are not genetically, historically, or culturally predetermined to be alcoholics. They explained that it was important for research to

dispel the myth and misunderstanding that has led to the stereotype of a Native person as an alcoholic, one held by many Natives as well as non-Native people. Therefore, focus group members came to a consensus to define sobriety more broadly, to include the concept of temperance and light-to-moderate non-problem drinking. Research that addresses sobriety based on this definition will identify Native people who are not only abstinent, but also temperate in their relationship to alcohol. Further, sobriety should apply to anyone who does not abuse alcohol whether or not their past experience included alcoholism. The focus group also indicated that the abstinent or temperate drinking pattern needed to be evident for at least three years in order for the person to be considered sober.

Defining Spirituality. In describing the Alaska Native understanding of the connection between spirituality and sobriety, one focus group member described a Yup'ik Eskimo theory of the recovery process as a coming back to one's self through reliving and repairing damage done in the domains of the physical, emotional, cognitive, and spiritual. Spirituality is viewed as an integral component of culture and spiritual development is essential to self-identity. It is a process of opening to what the Yup'ik refer to as *Ellam-iinga*—the eye of awareness or eye of the universe/cosmos/God—to meet one's real self in relationship to the world around. In the Yup'ik worldview, all people are born as spiritual beings and the eye of awareness is open. As people develop and become disconnected, their *Ellam-iinga* begins to close. Addictions are seen as a process of disconnection and imply an underlying sense of losing one's self and one's connection to the world around. Therefore, recovery is a process of returning to one's self as connected to transcendent powers of the universe. Prevention is a process of maintaining one's awareness, involving oneself in activities and understandings that honor all parts of the self and the interconnections with others and the world around. The ring or circle motifs that are often seen on traditional masks and other Yup'ik art represent *ellanuaq*, vessels through which there is movement between the mundane and spiritual levels of the world. Therefore, the circle is best to depict the spiritual process in sobriety.

Spirituality in Sobriety. In explaining the Native worldview, the focus group described a circle with four quadrants. The recovery process, as well as continued spiritual awareness and healthy living, involves action and connection to all four quadrants of the circle. As depicted in Figure 1, the Alaska Native worldview incorporates a circular synthesis and balance of physical, cognitive, emotional, and spiritual processes within supportive layers of family and communal/cultural beliefs and practices, challenges, connections, responsibilities, and inspiration. This synthesis is further embedded within the larger environment. In describing the role of spirit and culture in sobriety, focus group members stressed the importance of family connections, relations with elders and ancestors, and developing one's knowledge and practice of cultural and spiritual traditions. Thus, the sobriety process is mediated by a set of cultural and spiritual variables that provide meaning, moderate and attenuate individual and collective trauma, and provide access to and a willingness to utilize interpersonal, personal, and collective resources that raise the probability of either never abusing alcohol or of recovering from addiction.

In the physical quadrant are the actions and practices inherent in one's culture and spiritual belief system. Examples of issues and experiences in this quadrant include: the use of Native healers; eating traditional foods; cleansing and purifying rituals;

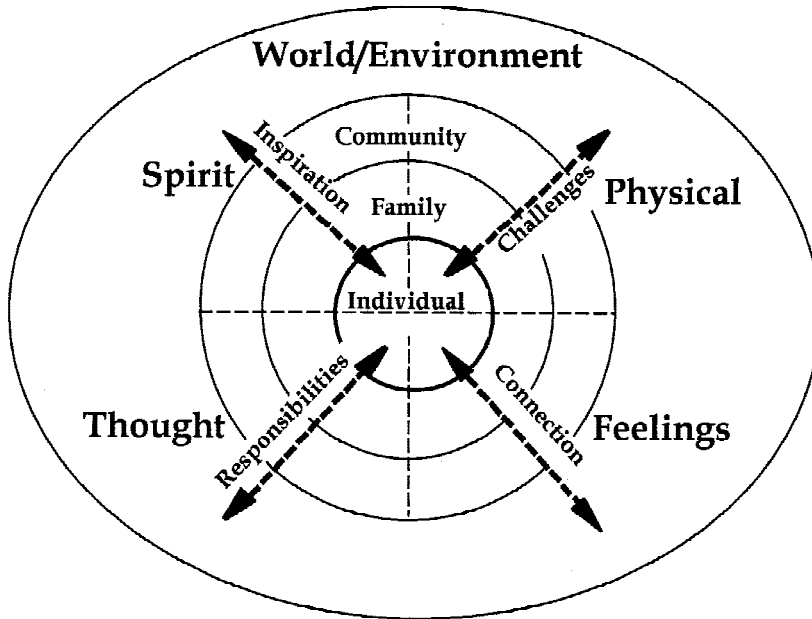


Figure 1. Alaska Native worldview.

participating in Native dancing; singing and drumming; subsistence activities such as berry picking, hunting, and fishing; involvement in traditional art and crafts; attending spirit camps, and other worthwhile and meaningful activities that challenge the individual to remain connected to the *Ellam-iinga*. For the person with an addiction, the path to sobriety begins with the physical quadrant, calling for help, recognizing their physical deterioration and disconnection, and opening the physical *ellanuaq*.

The process continues in the emotional quadrant, where the person with an addiction learns to become vulnerable and to honestly express their feelings. Emotional quadrant elements important to sobriety identified by focus group members included: developing trust in oneself and others; finding and practicing forgiveness; allowing oneself to feel losses; to grieve as well as to enjoy humor and laughter; loving one's self; and connecting with the love, joy, and sorrows of one's family and community, and feeling happy to be alive. The path of sobriety involves taking an inventory of one's resentments and angers, as well as all the emotions and experiences that have been blocked from awareness; facing one's fears rather than drowning them in alcohol; and developing a sense of order, coherence, and hope.

As the person opens to their emotional *ellanuaq* they become more able to express and open themselves to the cognitive quadrant. Here the focus is on becoming knowledgeable of cultural legends, history, and practices; learning about community values; defining goals; finding new solutions as well as learning about the ancestors' choices and solutions; learning and speaking the culture's language; achieving respect and developing pride in one's self and one's culture; taking responsibility for one's relations to self, family, and community; and developing a personal conviction to follow a path of sobriety. Living a sober lifestyle involves realizing that drinking hurts oneself and others, learning how alcohol abuse impacts one's physical and emotional self, deciding to live a healthy lifestyle, recognizing irrational thought processes that

lead them into abusive patterns, becoming more accepting of life's challenges, learning how to manage stress, and making a personal commitment to sobriety.

As the person connects with the physical, emotional, and cognitive *ellanuaq*, they become more open to the *Ellam-iinga*, thus developing their spiritual self. The spiritual *ellanuaq* involves "taking off the masks and being real," connecting with ancestors, celebration and ceremony, meditation, prayer, drumming and singing, inspiration from elders and the broader culture, using dreams and visions as guides, and developing a conscious connection with the natural world as well as the transcendent. For some, this element may involve participating in formal religious ceremonies and practices. For others it may involve developing a deeper awareness of the interconnection of all life energies/spirits, or developing a conscious connection with a "higher power" or God. Because Native people live in two worlds—one Western, the other Native tradition—this quadrant may be particularly difficult. There is a need for Alaska Natives to develop pride in their heritage as well as learn to live with others from different cultures. It is a search for an identity that is in balance and harmony with the world around and within, developing a sense of personal empowerment, wellness, and creativity. For the person on the path of sobriety, work in this quadrant involves a desire to be at peace with oneself; maintaining connections with the land; generating pride in one's cultural traditions; seeking help from the spirit world, ancestors, elders, spiritual leaders, or a higher power; and working to achieve balance and harmony in one's life and a sense of continuity, inspiration, and coherence.

Focus group members stressed the importance of a research focus that extends beyond the individual level. In the Native worldview, the individual is intricately imbedded in the family and community. For Alaska Native people, connections and cooperation with and responsibility to family and community are central to the path of sobriety. Remembering and honoring one's role in the community, practicing patience, sharing and cooperating, providing for family and community, and maintaining supportive and respectful relations is essential. For the person who wishes to achieve or maintain their sobriety, their path may include seeing and visiting with elders and people who are sober, seeing the effects of alcohol on their family and community, honoring family and community expectations of sobriety, helping others along the path to sobriety, finding and developing friendships with people who are sober and avoiding relationships with people who drink, giving back to their community, making reparations for the hurt they have caused, and developing respectful relations with others as well as the self.

STUDY 2: SPIRITUAL AND CULTURAL COPING PROCESSES SURVEY

Methods

The second study built upon the focus group process. It was an exploratory study to begin the process of developing measurement instruments to be used in future studies of Alaska Native cultural and spiritual coping processes in sobriety. We designed and administered a paper and pencil survey that contained both closed- and open-ended questions that explored the person's experience with alcohol and sobriety.

Participants. The survey was administered to a convenience sample of Alaska Native people. The choice of sampling method was predicated on three concerns: (a) the

nonexistence of an adequate sampling frame from which to draw a random sample, due to difficulties in a priori identification of people who live a sober lifestyle, (b) the size and frontier nature of Alaska, which precludes efficient access (economically as well as time wise) to sufficient numbers of Native people, and (c) difficulties related to conducting research with Alaska Native people. Because of past abuses of research, and alcohol-related research in particular (Foulks, 1989), Alaska Native people are understandably suspicious of any research conducted by non-Natives. Since the overall research project is most likely to last several years, it was essential at these early stages to utilize sampling procedures that would be acceptable to the culture and not threaten our continued access to communities and community members. The authors, therefore, accessed people and environments that were conducive to generating interest in the research project and recruiting participants.

Participants were recruited from rural as well as urban centers scattered throughout Alaska. Two alcohol addiction treatment centers were asked to recruit participants for the survey. Members of the focus groups, who subsequently became members of the PA Alaska Native Sobriety Workgroup (the project's expert advisory committee), asked friends and relations to complete the survey. The first author and members of the Workgroup attended several gatherings of Alaska Native people to talk about the nature of the research and to encourage people to complete the survey. The authors also asked students at the University of Alaska Fairbanks to participate. We explained to potential participants that we were interested in studying sobriety, not alcohol addiction or alcohol problems. Participants self-screened themselves for participation based on their personal commitment to sobriety. At this stage of the research process, it was inappropriate for us to question their personal commitment. However, we did include questions about alcohol consumption as a means of exploring the variability in coping based on people's experience with alcohol and sobriety. Over 150 surveys were given out, 78 individuals completed and returned the survey. Reasons for non-response are unknown. Due to the non-representativeness of the sample and the small sample size, all results should be considered exploratory rather than definitive.

Of the 78 participants, 21% indicated that they were of Athabaskan heritage, 17% were Inupiaq Eskimo, 24% were Tlingit-Haida-Tsimshian, 24% were Yup'ik Eskimo, and 3% were Aleut. An additional 8% indicated that they were of Native heritage but not a member of one of the major Alaska Native cultural groups, and 2% chose to not specify their heritage. Sixty-five percent of the participants were women. Age ranged from 16 to 62, with an average age of 40.

Measures. The survey included closed-ended questions that inquired about the person's experience with alcohol: (a) whether or not they had "always lived without drinking alcohol," "ever had a problem with drinking alcohol," and how long they had been sober (ever as well as currently), (b) what type of drinker they were at the present time and when they were drinking their heaviest, (c) whether or not they had ever tried to stop drinking alcohol, and (d) whether or not a "single event" helped them to stop drinking alcohol.

In addition, two open-ended questions were asked. One question asked those who indicated that they had experienced a single event to identify the event. The other, which was located after the inventory of cultural and spiritual coping items, asked for them to describe in their own words what their "experience had been with sobriety or abstinence or non-problem drinking" and what things helped them "to stop drinking or not to have problems with alcohol."

Qualitative Analysis. The two open-ended questions were analyzed using a modified grounded theory approach. The second author coded and extracted themes, the results of which were given to the first author for confirmation and then provided to the Workgroup¹ for discussion. Frequencies for types of single events were tabulated. Each event was then categorized as to whether it was descriptive of the physical, emotional, cognitive, or spiritual quadrant and if it occurred primarily within the individual, family, or community sphere. Answers pertaining to the person's experience with sobriety were analyzed with a more open-ended format. Each record was examined for themes related to the worldview model and events and experiences were linked and examined in terms of the consequences to the person. Quotes were chosen to illustrate the themes based on their specificity to the theme and the commonality of the expression across the sample.

Survey Results

Experience with Drinking and Sobriety. Survey respondents varied in their experience with alcohol. A small minority (6%) of respondents were lifetime abstainers, while 77% indicated that they had had a problem with alcohol at some time in their life. The majority (56%) indicated that they were currently sober for more than 10 years, while 13% had been sober for 5 to 10 years, 9% for 1 to 5 years, and 15% indicated that they were sober for less than a year. The average length of time of being sober was 15.5 years ($SD = 14.8$). For those who indicated that they did have a problem with alcohol at some point in their life, the average length of current sobriety was 8.5 years ($SD = 6.4$).

Participants were asked to describe their current level of drinking. The majority (50%) of respondents indicated that they were recovering alcoholics, 24% were total abstainers, 13% were light social drinkers (1 to 3 drinks a month), 3% were moderate (1 to 3 drinks a week) to heavy social drinkers (more than 3 drinks a week), 4% described themselves as a problem drinker, and 3% considered themselves as alcoholic. Participants who drank alcohol ($n = 71$) were also asked to describe their drinking behavior when it was at its heaviest. The majority (47%) indicated that they had been alcoholic, 21% indicated that they had been problem drinkers, 14% indicated that they had been heavy social drinkers, 7% had been moderate social drinkers, and 11% indicated that their heaviest drinking pattern would be described as light social drinking.

A large majority (74%) indicated that they had tried to stop drinking at some time in their life span, while the same percentage indicated that a "single event" had influenced their decision to stop drinking. Of these 58 respondents, 54 mentioned a total of 63 single events that influenced their decision to stop drinking. Of the 63 events, 46% were aversive events of which half were losses, many of catastrophic proportions. For example, one person wrote "[my] younger sister's death, loss [of] girlfriend, bullet through my chest, and my son committing suicide." Another 9 individuals (16%) experienced an illness, accident, or serious physical pain, and 6 people (11%) had a serious problem with the law. All of the aversive events involved either the physical or the feeling quadrants and each had a strong connection to loss of relationship, or, as mentioned in the worldview model, a disconnection between

¹The members of the focus group described in the first study became the expert advisory group, the PA Alaska Native Sobriety Workgroup, for the second study.

self and the world. Participants often identified events and issues pertaining to more than one of the quadrants, indicating the importance of connection between the components of the model. Treatment accounted for 14% of the single events, and 11% of the events involved a change in thinking (e.g., "looking at my self and deciding if I wanted to keep on or change"). Finally, 8 people (11%) mentioned a spiritual event.

What Things Helped on the Sobriety Path?

Sixty-eight individuals wrote their reflections on their experience with sobriety. The content of their answers was grouped into four general categories that accounted for the majority of responses: pivotal events, cognitive appraisal, social support, and culture/spirituality. A fifth category contained responses that did not fit into the other four. Of those who answered this question, 78% had experienced a drinking problem sometime in their life. For 53% of those, all four of the following categories were identified as important to their recovery. The majority of the balance of the respondents mentioned at least one of the categories as important.

Pivotal Event. Respondents often mentioned a pivotal event that was typically of severe and even catastrophic proportions, such as the loss of a loved one, severe illness, incarceration, loss of children, a pregnancy, violent arguments and fights, or anticipated loss of one's life or fear of hurting others, as the reason for stopping their drinking. For example, a 16-year-old Yup'ik man wrote "when my friend passed away from driving while drinking it hurt me and so I quit drinking." "Eight years ago I almost died from drinking . . . after 3 days of hanging on 'the edge' I came out of [the] world's worst hang over. The pain was so immense even four C-sections [are] not equivalent to the pain" (41-year-old Athabaskan woman, sober for eight years). These events most clearly fit within the feeling quadrant of the Alaska Native worldview model with a close connection to the physical and interpersonal, most typically familial. These events precipitated strong emotions that convinced the person of the severe consequences of drinking for them or their family. If they continued to drink, they realized that they would end up disconnected from both life and family.

Cognitive Appraisal. Participants described their recovery process as very much cognitive in nature, more so than the focus group had identified. Respondents wrote about how they thought through consequences, thought about the future, evaluated goals, and examined their lives, past, present, and future. For example, a 45-year-old Tlingit man who has been sober for 13 years wrote "I stopped drinking because I knew I had to make a choice between drinking or raising my family and taking care of myself." A 46-year-old Tlingit-Tsimshian man recovering from alcohol addiction wrote, "I was able to look at my drinking as a serious problem in my family's life." "Looking at my past, owning, grieving, accepting, letting go, [and] the thought of my daughter living in an alcoholic environment" helped a 24-year-old Athabaskan-Aleut woman to stop drinking. A 24-year-old Aleut woman, newly sober, focused on how "I had to let go of old ideas and my old way of thinking."

A 38-year-old Tsimshian man, who was also recently sober and recovering from alcohol addiction provided one of the most textured responses:

gaining knowledge of alcoholism . . . has helped me to understand the chemical problem I'm dealing with. It affects me mentally, physically, and spiritually

... As I continue to learn more about these matters I see what I need to do in my life to correct them, work through them, and find positive solutions to help me through life, in order to remain a healthy, responsible, and productive member of my community.

A number of people discussed the immediate time after deciding to become sober as a “learning experience” or as a time of unlearning and new learning. This sense of unlearning a habitual way of thinking and relating seems central to the appraisal process for those recovering from an alcohol addiction.

Much of the cognitive restructuring involved responsibility (as identified in the Alaska Native worldview model), primarily personal responsibility and seeing oneself as an active participant in life. Participants expressed how they could empower themselves to change, such as “finding pride in being a woman,” “learning acceptance and tolerance,” being able to “pursue my dreams,” gaining “self-confidence,” and being able to draw personal limits on what is or is not acceptable.

Social Support. Simultaneously with and often linked to the cognitive appraisal process, which for the majority of respondents focused on consequences to family and the desire to create a better family environment, was the importance of social support. Half of the respondents cited some type of social support as important for them in their sobriety. “I have the love and support of my family and friends to help me maintain my sobriety. Some of my friends drink and they are aware that I am a recovering alcoholic and they respect my desire to abstain from drinking” (58-year-old Yup’ik man, sober for 13 years). A 34-year-old Inupiaq man who has always abstained from drinking wrote, “being with friends helps me a lot to stay sober.”

Social support often included maintaining or establishing a social group made up of sober individuals who provided encouragement, advice, and a model for health; and staying away from friends and family members who drank. A 44-year-old Tlingit woman who has been sober for 14 years wrote that “having friends who held my hand, prayed with me, spent time with me [and] called if they couldn’t spend time with me” helped her stop drinking. A 44-year-old Yup’ik woman who has always abstained from alcohol indicated that “growing up, staying away from so-called ‘friends’ that were messing with alcohol kept me from ever trying it.” “I don’t think it had much to do with my culture. It had more to do with limiting interaction with alcoholic family members and being away from the village context where alcohol was misused. It was also because of my family’s values and beliefs about healthy living and alcohol use” (29-year-old Inupiaq woman, always a light social drinker). A 24-year-old Aleut woman, sober for less than 1 year, wrote she “had to give up old using friends and gain clean, healthy, sober friends.”

Other respondents wrote of receiving help from their parents and teachers. Some wrote of going to their elders, especially their grandmothers for help, encouragement, and advice, while others wrote of the support of their children or their spouse. “My son helped me a lot in staying sober—the guilt and pain was so great I couldn’t bare to subject him to any more neglect and abuse of any kind. Also, my native peoples have been a backbone in my recovery. It’s good to know I have a lot of support” (18-year-old Athabaskan woman, sober for 1 year). Respondents also talked about their experience and how it was affecting the future of their family and their desire to contribute to a better life for their family, especially the children. “The things that have helped me to stay sober are my family (husband, kids, grandkids). My grandkids

have never, ever seen me drink and I'm going to make sure they never do . . . My children and I have become closer than ever before—there's more laughter in the home and we make decisions as a family" (55-year-old Yup'ik woman, sober for 13 years). A 22-year-old Inupiaq woman wrote that she was "learning how to raise my children in a sober environment to where they know about alcohol but make it their own choice to stay sober."

Social support also came from 12-step and other support groups. "AA—The people in the fellowship loved me until I could love myself. The compulsion to drink was lifted from me. I never took another drink from the first AA meeting" (48-year-old "American" woman, sober for 16 years). A 42-year-old Yup'ik man wrote: "I sobered up by going to treatment and going to AA meetings." "The biggest support I had in the beginning was a Native women's talking circle which helped to stabilize my sobriety. I have continued the friendship with these women today" (52-year-old Yup'ik woman, sober for 8 years).

Additionally, there was a strong sense of the need to contribute to family and community. Often central to this process was a desire to help others and contribute to the community by working with others in recovery programs or being a role model for community members. "I am a native involved in political, community, church, helping others. I participate in talking circles, sweats . . . I assist people daily in my job. I stay busy, positive, spiritual and hopefully a role model to other Native women . . . I celebrate my life and I share my story with others" (51-year-old Tlingit woman, 12 years sober). A 54-year-old Yup'ik woman who has been sober for 17 years wrote that her "life commitment is to work in the field of recovery, develop more cultural healing models . . . these are helping me in my sobriety."

Social support includes both the familial and community spheres and was focused both on reconstruction of family supports and construction of a new community-based support system. Therefore, it had major effects on the number and types of resources outside of the family and often required a break with their usual support systems. This aspect of social support has been discussed within Alcoholics Anonymous and other self-help groups for decades. However, changes in social support networks are more difficult within small villages that have intense kinship bonds. Tensions result from feeling that one needs to let go of close kinship networks while developing networks of extended family and friends that support sobriety. The struggle in this sphere is to construct or find a new community that is supportive of sobriety.

Culture and Spirituality. Forty-four percent of the respondents found support in spirituality, 43% of whom specifically mentioned Native cultural-based spirituality, such as "spirits of my Tlingit ancestors," "Red road to sobriety," "a spiritually filled life, spiritual meaning hunting," "spirit of the staking ceremony," "native spirituality," and "native traditions, culture, dance . . . subsistence way of life." A 36-year-old Lakota woman, sober for 14 years, wrote, "the return to our Native spiritual beliefs and my Grandmothers' teaching has helped me the most." "[I] developed at a very young age a great sense of pride being a native hunter . . . I also learned the spiritual ways of our hunting culture" (50-year-old Inupiaq man who has always been a light social drinker). The importance of maintaining connections with the land, through hunting and other subsistence activities, was often cited as integral to the person's cultural identity, spirituality, and sobriety.

For the balance, a more generic (e.g., "use my higher power," "having a spiritual awakening," or "giving my power to God") or more formal or Christian-based spiritual

support (e.g., “going to church” and “praying to God each day”) was important. “My greater respect and desire was to please my Creator and to be ‘blameless’ before Him” (39-year-old Yup’ik man, sober for 2 years). A 44-year-old Tlingit woman who has been sober for 14 years wrote that what helped her was “a lot of prayer and . . . asking Jesus to deliver me from alcohol and drugs . . . [and friends who helped me to] really talk to Jesus and believe the Bible. When times got tough I was encouraged . . . I had confidence that *Yes!* God will listen to little me and yes God did a lot of work in my heart. He helped me to see I was very special and he cared about me. I attribute my being sober to Jesus Christ.” Spirituality appears related to a special relation with the transcendent, from which a person gains strength, has a dependable entity to whom to appeal for help, and a sense of giving back. A 40-year-old Inupiaq woman who has been sober for 13 years remarked that she has “chosen a spiritually filled life. I study sobriety and would like to work in this field someday as it truly has changed my life!”

Miscellaneous Reasons. A number of other reasons were given and serve to establish that individuals have their own idiosyncratic methods and reasons that do not easily fit into one model for all. Such reasons include “just quit cold turkey,” “desire to change” or “become healthy,” or “wanted a better life,” which are mentioned but are not elaborated. A 21-year-old Tlingit man wrote, “I just don’t feel like drinking anymore.” For a 29-year-old Yup’ik woman who has never had a problem with alcohol “not drinking is not a struggle. I enjoy being aware of life around me and that can only be without alcohol.” For a 43-year-old Yup’ik man (a light social drinker), his sobriety “was what I wanted to do for myself and not for anyone else.” Several other people who describe themselves as lifelong abstainers or light social drinkers indicated that they did not much like the flavor of alcohol or the effects (e.g., being drunk, hangovers). Others spoke of going back to school or finishing their schooling, as well as other meaningful activities, as important reasons for not drinking.

DISCUSSION

Sobriety, in the addiction treatment and Alcoholics Anonymous literature, has come to mean total abstinence following a period of alcohol abuse and/or dependence. Yet, it can be also argued that lifelong abstention from alcohol should also be considered as sobriety. Our focus group also argued that temperance, or the moderate use of alcoholic beverages combined with nonabusive drinking patterns, was descriptive of a sober lifestyle. Since the definition of the problem often defines the scope of relevant argument as well as the focus of research and problem definition (Seidman & Rapaport, 1986), the importance of defining what is meant by “sobriety” for this particular research project was critical to the definition of the scope of the research in terms of content as well as method. It is clear from our work that Alaska Native leaders in sobriety suggest and hold a broader definition of sobriety, one that includes the concept of temperance as well as abstinence. If future research is to have relevance for prevention, this broader definition of the criterion variable is necessary in order to provide clues as to potential protective factors.

Clearly, the collaborative process of this research project allowed for a broader understanding of sobriety, one that is culturally grounded and particularly relevant for Alaska Natives. This broader understanding is centered within a Native worldview that incorporates a circular synthesis and balance of physical, cognitive, emotional, and spiritual processes within a protective layer of family and communal/cultural beliefs

and practices. Within this worldview, cultural and spiritual processes provide important areas for understanding the sobriety process as well as keys to the prevention of alcohol abuse and addiction. There is an intimate relationship between health, culture, and spirituality for indigenous people around the world, and Alaska Natives in particular (Garrett & Wilbur, 1999; Locust, 1990; Pavlik, 1997; Reimer, 1999). Health and illness are viewed as continuous manifestations of the individual's long-term and changing relationships and dysfunction between self, family, community, and environment (Huff, 1999). American Indian traditional health practices encompass a holistic and wellness-oriented approach to healing and maintaining health. Health/wellness arises from a lifestyle that seeks to establish and maintain harmony in one's intra- and interpersonal life (physically, mentally, emotionally, spiritually, and socially) as well as one's relationship with the environment. The results of this research are descriptive of and reiterate these indigenous worldviews. In harmony with Witmer and Sweeney's (1992) holistic model of wellness, Alaska Natives' cultural and spiritual coping in sobriety emphasizes the wholeness of mind, body, and spirit within a circle of interconnection among self, family, community, and environment.

Issues of cultural identity and cultural-spiritual awareness have a particular relevance to prevention. Several authors have argued the importance of addressing what is perceived as problems related to cultural identity and esteem in substance abuse prevention programs for American Indian youth (Edwards & Edwards, 1988; Edwards, Seaman, Drews, & Edwards, 1995; Navarro et al., 1997). One substance abuse prevention program, described recently by Navarro et al. (1997), and a community-organizing model outlined by Edwards et al. (1995) incorporate interventions that impact cultural identity and pride. Both of these prevention models are grounded within an American Indian cultural paradigm. The results of this research suggest that these and similar prevention programs and models that incorporate and enhance cultural and spiritual dimensions deserve more attention. It is clear from this research that issues of cultural identification, which is highly interrelated with spirituality, is important not only for American Indians and Alaska Natives who are recovering from alcohol addiction but also for the prevention of alcohol abuse within Native communities.

Beyond the individual level, the support from and responsibility to family and community were also distinctive and identified as helpful to sobriety for Alaska Natives. Social activities, social support, and responsibilities to family have also been similarly found to be of relevance to coping in a variety of stressful situations (Berman & Turk, 1981; Hobfoll, Dunahoo, Ben-Porath, & Monnier, 1994). In fact, a wide literature exists on the nature of social support, both received and given, in the process of adjusting to various life events. What appears to be important for Alaska Natives in sobriety, and what may differ from what has been presented in the literature thus far, is the importance of the family expectations of maintaining sobriety and the responsibility to the community that the person feels. Here is where the Native Sobriety Movement has had its greatest impact in prevention: by establishing and promoting a new community norm of sobriety, and providing supportive, culturally embedded environments for people to gather, celebrate, and share their success.

The Native worldview described by the focus group, with its attention to the Yup'ik concept of *Ellam-iinga*, was seldom explicitly mentioned by survey respondents. References to spirituality were likely to be described using both Christian and indigenous concepts. On a conceptual level, spirituality and its relation to sobriety is related to spirits, God, the church, and to subsistence activities within the sacred context of connection with the land. On a practical change basis, spirituality, like other aspects

of the worldview model, guides people to a better understanding of what they want, what they value, and what sustains them through tough times. A spiritual change or connection, which helped people achieve meaning and an awareness of a better way to live (i.e., a sober lifestyle), was a prime feature of the sobriety process. However, the written format and the inability to clarify the responses through interviews limit the data. Further exploration and explication of the Native worldview model is needed, as it is clear from this research that people travel paths that combine the various aspects of the model in unique ways. However, the model can serve as a flexible, culturally grounded framework for understanding how to conceptualize and capture an individual's sobriety process.

Although results and subsequent interpretation are limited by the sampling strategy, there is sufficient breadth and depth, because of the multimethod approach taken in this research, to propose a theoretical understanding of an Alaska Native pathway to sobriety. This model, which may be most relevant for those who experience problems with alcohol abuse and addiction, will need further elaboration and confirmation through research efforts employing a larger, more representative sample of Alaska Natives. This goal, along with further elucidating the coping strategies and experiences of people who do not experience problems with alcohol abuse, is the current focus of the People Awakening project.

Our results suggest a set of linkages that flow through the physical, emotional, cognitive, and spiritual quadrants of the self in relation to family, community, and the environment (Figure 2). These linkages involve appraisal and change processes that lead the person toward achieving an overarching construct: a sense of coherence. Antonovsky (1980) describes this sense of coherence as:

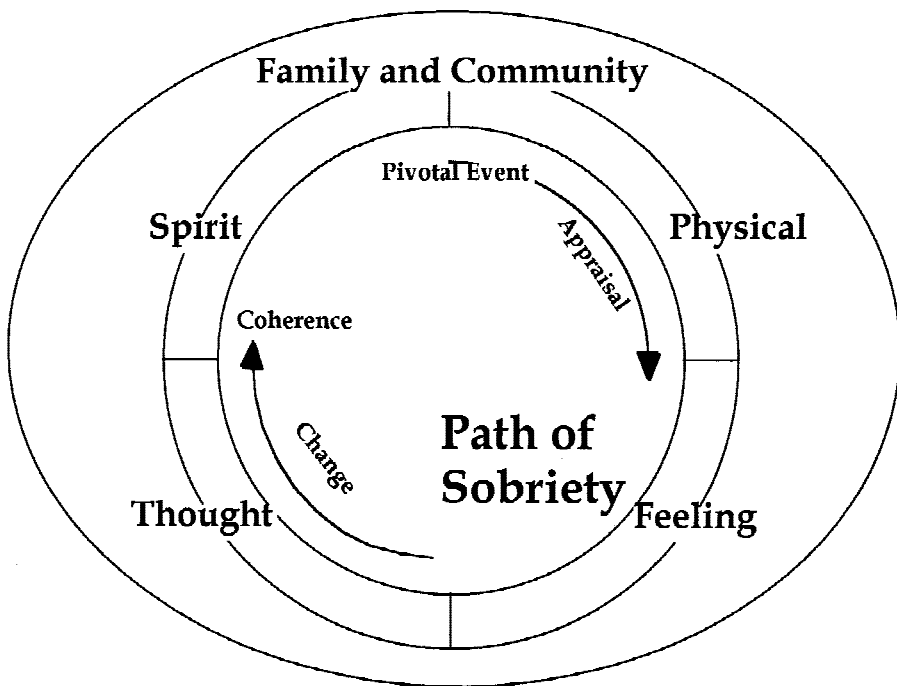


Figure 2. Theoretical model for the path of sobriety among Alaska Natives.

a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected. (p. 123)

We see this process as one of spiritual connection and renewal, involving desire (motivational factors) as well as physical, emotional, and cognitive restructuring. As individuals engage this process they become immersed in a dynamic assessment of their life's situations. The grandmother of a 41-year-old Athabaskan woman told her "not to focus on quitting but on helping others and when she was ready to be sober to go to places where people drank." She had to assess her abilities and face multiple situations. After her first year, in which she lost many of her "so-called friends" because she would not "buy booze for them or drink with them," she was "tested from God" when her "oldest closest relative committed suicide." Similarly, a 58-year-old Athabaskan man found a new life which he "didn't want to forfeit" by going back to drinking. For many, life may continue to be a struggle, but they will have a new found strength both in others and in their spirituality, which sustains them as "as well as can be expected" (Antonovsky, 1980, p. 123).

This may seem to be only an individual model, but it is fundamentally a community model. Resources and strength exist in the person interacting and living within their environment. One calls upon others at times while at other times one must, as several of the respondents said, stay at home with the children and avoid old drinking pals. The way Native people describe their sobriety process points to the power that is both in their hands as well as others' with whom they interact (i.e., elders, their children, mother nature, the spirits, or God). A continuum exists along which a person finds more or less coherence in self, others, and the society. Through the appraisal and change process they achieve some sense that there exists a world, inside and outside themselves, on which they can rely and that is reasonably trustworthy and coherent. And when things fail, one can depend on one's relationship to the transcendent present in the everyday life of a person living within a subsistence world in which spirit and self are one. The pathway to sobriety is embedded in the world of community transaction, of support received and given, between the mundane and spiritual world represented within the Native worldview.

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