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DWI: DRINKING WHILE INDIAN. THE IMPACT OF CULTURE AND  
CONTEXT ON AMERICAN INDIAN DRINKING BEHAVIOR

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DWI: DRINKING WHILE INDIAN. THE IMPACT OF CULTURE AND  
CONTEXT ON AMERICAN INDIAN DRINKING BEHAVIOR

A DISSERTATION APPROVED FOR THE  
DEPARTMENT OF COMMUNICATION

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## ACKNOWLEDGEMENTS

In many ways this work is not mine alone but the combined effort of many. By this I make no confession of plagiarism but only wish to credit those who have influenced me over the years. If this tale has a beginning it can be said to have started when I asked my mother—all those decades ago—what a word meant and she asked me if I had lost my dictionary; if I wanted to know the answer to a question, I should go and find it for myself.

Many of those who influenced me most were ones I have lived my life to prove wrong. Of all these, my Senior English teacher is the most prominent. Perhaps, she thought I could accomplish great things and so treated me the way she did. That explanation I do not believe and will never accept. Sherry Morgan, I finally managed to accomplish something ... “Funny thing”

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## ABSTRACT

American Indians have long been characterized as particularly susceptible to alcohol misuse and alcohol-related problems. Soon after initial contact with the indigenous populations of North America, European explorers and settlers began to comment on the Indian's extreme and often violent drinking. Generally referred to as the *Drunken Indian* stereotype, this depiction of how Indian people typically consume and respond to alcohol has persisted for more than 500 years. Much research has been done on the impact of alcohol use and alcohol-related problems on Indian populations, but less is known about how the beliefs Indian people have about alcohol use and its causes affect their drinking and its consequences, especially in light of the *Drunken Indian* stereotype. Understanding how Indian people drink and why they drink the way they do requires a deeper understanding of their cultural identity, their participation in that culture and their beliefs about alcohol use and its consequences. This project was undertaken to answer these questions. Two sets of in-depth interviews were done with Indian people and their answers were analyzed within the context of a set of archived interviews done nearly 40 years ago and a set of publically available videos of Indian people drinking. This study found that Indian identity is more complex than generally supposed, Indian people differ in their understanding and interpretation of alcohol-related behavior based on their understanding of themselves and the world they live in, and Indian cultural beliefs and practices shape the drinking behavior of Indian people. The impact of these findings on culture-specific alcohol prevention and treatment programs are considered.

## CHAPTER ONE

### Why are we here?

When teaching, I like to begin each course with this existential question. This approach frightens some—particularly undergraduates—and irritates others—especially medical students. But the answers to this question and its corollary *Why should we care?* provide insight into how individuals pursue knowledge and, once gained, how that knowledge gets interpreted and put to use.

So why *am* I here? Superficially, my answer is the same as that given by many of my students: “I am here in pursuit of certain academic and professional goals.” But, when pressured to look beneath the surface, my reason—like those coerced from my students—is deeper and more personal. Why I have undertaken this project is, to some degree at least, grounded in my experiences working with alcoholics and psychiatric patients for more than fourteen years. These experiences, in turn, are influenced by personal experiences gained throughout my life. The complex interaction between these two kinds of experience—personal and professional—have given form to the basic questions raised in the work that follows.

Good research is predicated on the experimenter’s ability to formulate and ask good questions. Sometimes, however, the most carefully constructed questions do not elicit the kind of responses one expects. Over the years, I have been able to conduct many one-on-one interviews with a wide range of individuals. Those involving American Indians have been the most personally rewarding, and yet, the most challenging. Often, when asked a direct question that generally elicits a robust and

informative answer from others, Indian people reply with a single word, or with non sequiturs. This phenomenon, I later learned in coursework on cross-cultural communication, generally takes place when there is a mismatch in the communication styles between the interviewer and respondent. In light of this knowledge, the style and, consequently, the quality of my interviews have significantly improved. When interviewing Indian people, rather than simply asking my pre-formulated questions, I adopt a narrative style more consistent with that of many Indian people. I say: "First, let me tell a story and then ask you a question." I begin with a personal narrative of how I, or others I have interviewed, understand a certain phenomenon and then ask the respondent to comment. This generally results in a robust narrative response, and one that is not simply an agreement or restatement of what I have offered.

Naturally, this approach flies in the face of my graduate training in Experimental Psychology. Quantitative research stresses the importance of the researcher remaining detached from the subject under study. The personal experiences and feelings of the researcher must never be allowed to affect the design or implementation of the experiment. But in *qualitative* research, the experimenter *is* the instrument through which the data are collected. In a quantitative project, the researcher must carefully describe the apparatus used to collect the data, so that other researchers can use this description to replicate (or invalidate) the experiment. Similarly, the qualitative researcher must carefully describe his or her experimental apparatus, but in this case the experimenter *is* the apparatus. The qualitative

researcher must describe, in as much detail as possible, how he or she feels about, is connected to, and has direct experience with the subject being studied.

Where one must justify one's ability to conduct quantitative research by describing formal training and mentor-supervised experience in the methods to be employed, the qualitative researcher must also explain why he or she can legitimately ask the research questions posed to a particular racial, ethnic or cultural group. This explanation is needed not only when one is presenting the results of a qualitative study to an academic audience, but to members of the group on which the research is being done.

When making presentations at substance abuse treatment centers and at open Alcoholics Anonymous meetings where I have been invited to speak, I am almost always asked by someone in the group: "How long have you been in recovery?" When I respond that I am not an alcoholic or addict, there is an immediate change in how the audience responds to me. At this point, some may get up and leave. Someone usually comments: "Well, why are you even here talking to us?" The operative principle is that members of groups sharing a common experience often believe that outsiders—who have not lived as they have lived—cannot possibly understand, and certainly have no business researching and making presentations on that experience. Alcoholics, psychiatric patients, members of various minority groups, gang members, survivors of terrorist attacks, rape victims, and feminists have been especially vocal in their objections to etic researchers.

As indicated above, it is the interaction between my professional experiences working with recovering alcoholics and events that have occurred in my personal life that directed me to undertake work that follows. So, as I often do with my American Indian informants, let me begin by offering a series of stories and, through them, perhaps, provide a justification for undertaking this project.

I joined the Oklahoma Center for Alcohol and Drug Related Studies in the fall of 1989. One of the projects I worked on, with Dr. Sara Jo Nixon, involved patients who were diagnosed with both a major psychiatric illness and substance abuse. We were primarily interested in whether or not patients used alcohol and drugs in an attempt to mask or overcome their psychiatric symptoms or, on the other hand, if their substance use contributed to or aggravated their psychiatric condition. My job was to visit treatment facilities across the state and collect data from psychiatric, alcoholic and dually-diagnosed patients. This project resulted in three abstracts published in Alcoholism: Clinical and Experimental Research (Hallford & Nixon, 1993, 1995; Harrison, Stilz, Prather, Hallford, Tivis & Nixon, 2005), five presentations at state, regional and national conferences, a published manuscript entitled Neurocognitive Function in Alcoholic, Schizophrenic and Dually Diagnosed Patients (Nixon, Hallford & Tivis, 1996), and the data for my Master's Thesis entitled Narrative Production in Schizophrenic and Normal Populations (Hallford, 1997).

On one Friday afternoon I was in western Oklahoma at a dual diagnosis unit interviewing clinical patients. One of the persons I spoke to was a young American

Indian male who was diagnosed as a schizophrenic and admitted using alcohol and marijuana.

I need to pause here for a moment and say something about my interests as a researcher. First, I am not a psychiatrist, nor am I a clinical psychologist. My master's degree is in experimental, not clinical psychology. What that means in terms of my interests when interviewing patients is this: I am not particularly interested in fixing people; in changing their attitudes, beliefs and behaviors so that they are better able to function in contemporary society. What I *am* interested in is how people experience and relate to the world as they do: How is it that the human mind can function in so many different ways, and how is it that our experiences of the world can be so profoundly different?

So while my official task was to determine whether or not a given patient met the inclusion criteria for one or another of our research projects, what I spent more time doing was talking to patients with wildly divergent perspectives. A woman at the Oklahoma City veteran's hospital, for example, once told me she believed her grandmother was a prostitute and that she knew where her grandmother was buried. She then asked me that if we dug up her grandmother's bones, did I think we could look at them and determine whether or not she really had been a prostitute. When giving my standard speech about how our research project was designed to determine the relationship between using alcohol and drugs and psychiatric conditions, one patient in a locked psychiatric ward said: "John the Baptist got his head cut off and then they invented TV, so I think we damn well know how things work around here!"

With these patients in mind, my conversation with the young American Indian in Fort Supply seemed uncharacteristically mild. He indicated that, having recently joined the Native American church, he had been having trouble sleeping. One aspect of his new religious experience, he said, was that the spirits of his dead ancestors had become real to him and, especially at night, it was hard to close himself off from these experiences. As a result of this, he had started using alcohol and marijuana to help him sleep.

My first thought, on hearing this story, was that some Native American churches use peyote—a powerful hallucinogenic—as a part of their rituals and marijuana is itself a hallucinogen. So, was this young man really suffering from a psychiatric disorder or were his spiritual experiences due to his cultural beliefs, his substance use or a combination of both? This particular case is interesting as it is consistent with one of the criticisms offered against the DSM-III--which was the current version at the time I saw this patient (American Psychological Association, 1980). This version of the Diagnostic and Statistical Manual for Mental Disorders, some have suggested, does not sufficiently account for cultural and religious beliefs. The individual therapist is left to determine, in his or her own opinion, whether or not a person's spiritual beliefs and behaviors are sufficiently bizarre as to warrant a psychiatric diagnosis. Again, I am not a psychiatrist or clinical psychologist and I did not attempt any formal psychiatric evaluation of the patient, though I have extensive training and experience with several standardized inventories used to assess and diagnose psychiatric disorders. I did, however, leave the treatment center wondering

whether the psychiatric diagnosis given this young man was due to his bizarre experiences or because the therapist considered American Indian spirituality itself to be bizarre. Was the diagnosis grounded in *Good Clinical Practice* or *Ethnocentrism*?

In the course of recruiting subjects for another project investigating the long-term effects of alcohol and drugs on cognitive function, I found myself at a local state operated alcohol and drug treatment center on a wintery Tuesday afternoon. Over the weekend, a heated disagreement had taken place between several white and several African American women, resulting in the dismissal all the participants. At the afternoon Roll Call session, a counselor was discussing the event and its consequences with all the center's clients. What the counselor said was this: "When I look out there at y'all, I don't see no black people and white people, I don't see no ladies or gentlemen. All I see is a bunch of drunks and druggies. And we are all alike."

But are all "drunks" and "druggies" really alike? Do gender, race, ethnicity, age, education, socioeconomic status and individual differences have no impact on alcohol use at all? Certainly, this is the position taken by some Alcoholics Anonymous-based treatment programs and it is consistent with the medical model of alcoholism. But working one-on-one with hundreds of recovering alcoholics, this does not seem to reflect how many alcoholics feel.

One American Indian client I screened responded to the question "How old were you when you first became an alcoholic or problem drinker?" by saying "In the womb". I attempted to clarify the issue by explaining that we were really asking when



he had first begun to experience problems as a result of his drinking, but he was intractable. He stated that he was an Indian and that all Indians were born alcoholic and all it took was one drink for this disorder to manifest. He was an alcoholic because his mother was an alcoholic, and because she drank while pregnant with him. And he is certainly not alone in making the claim that Indian people are predisposed toward alcoholism. Many of the Native Americans I have interviewed in treatment facilities believe this to be true. Moreover, when discussing alcohol use and abuse in my undergraduate Psychology classes and in the Chemical Dependency Fellowship lecture series many Indian students and healthcare providers accept American Indian heritage as, at the very least, a significant predictor of alcoholism and alcohol-related problems. The alcoholism literature is rich in studies supporting gender and ethnic differences in the quantity and frequency of alcohol consumption, and its physical and psychosocial consequences. Taken together, these reports challenge the notion that all alcoholics are alike. This issue will be taken up formally and in greater detail later. The point to be made here is that many, if not most, Indian people believe themselves to be at higher risk for developing alcohol-related problems because of their unique biological and cultural heritage.

While the genetic and biological predisposition of Indian people toward alcoholism remains an important and hotly debated issue, my principle interest is on the impact of cultural and personal experience on the individual's drinking behavior. The following incident, perhaps, will provide some insight into my interest in how

culture shapes behavior and how behavior is understood by members within, or at least familiar with that culture.

Several years ago, I took Terrye, my future wife, to the Strawberry Festival. Held on the second Saturday in May, the Festival has become the major tourist attraction for the town of Stilwell, in Eastern Oklahoma. Given the large crowds and general noise level the Festival generates, I have, for the most part, stopped going downtown and spend the day with family and friends instead. For me, visiting Stilwell is going home. Though I lived there for a brief period in early childhood, many of the most significant events in my life have happened while visiting there. And no trip to Stilwell would be complete without visiting the old Home Place, the land allotted to my grandmother and her sister through the Dawes Act of 1887. Though my grandparents' house and the house I lived in as a child have been gone for years, going home, for me, means going back to that physical location.

So on a sunny Saturday in May, I took Terrye to visit the old Home Place. We climbed over a cattle gate and hiked half a mile up to the top of a small hill, where my Grandmother's parent's house once stood. As we were walking around the foundation we noticed a Jeep had come along and stopped some distance behind my pickup on the gravel road below the hill. A minute later, the Jeep raced away in a cloud of dust. In the time it took for us to make the trip back down the hill, the Jeep returned two more times, each time a little closer to the pickup. By the time we had reached the meadow gate near the road, we could see that the Jeep contained five young Indian males. Terrye asked what they were doing and I suggested, casually, that they

appeared were getting ready to steal the pickup. I then stepped out into the open and let myself be seen. They smiled and waved and went on their way, never to return.

A little later, when we were climbing back over the gate, a very old and very drunk Indian man rolled up in an aging vehicle and asked "Say, can you tell me where the bingo game is around here?"

"Well, I don't know for sure," I said "but if it is anywhere around here it must be over at Dahlongegah school, because we drove by Zion and there was nothing going on there."

"Dahlongegah," he asked, "where's that?"

I suggested that he continue down the road a couple miles until it dead-ended on the old Cherry Tree road and go back to the West, past the lake and the school would be on the South side of the road.

In response to this he asked me if I lived in the area, and I told him that I used to live in a house that once stood on the corner across from the church he had passed about a quarter of a mile back and that the lands we had been crossing had belonged to my grandfather Jess and grandmother Flora.

He smiled "I knew the Jess Hallford, he's good people."

"Of course," I continued, "the land now belongs to my aunt Mary and her husband Jim."

"I know the Jim Dotson, he's good people," his grin widened even more and pulled out a half gallon jug and asked "you want some whisky?"

I explained that we were on the way to a party and that we would be drinking quite a bit then and thanked him for the offer. The real explanation came later, when Terrye demanded to know what in the world I was talking about. Why didn't I just say that I didn't know about any bingo games and why did I lie to him about us going to a party and drinking later?

Why indeed?

What I had experienced, beginning with my realization that the Indian man was drunk and ending with the question "you want some whisky?" was like a scene from a play. I knew what he was going to ask and how I should answer. It simply never occurred to me to answer in any other way. Moreover, I knew *why* he was asking, and it had nothing at all to do with bingo.

If he had been white, he would have asked: "Who are you and what are you doing walking around on private property?" He would probably added something about people getting shot doing things like that. The land we had crossed was part of a working ranch. My uncle kept several hundred thousand dollars worth of registered livestock on that property. Anyone living in the area—especially a rancher—would naturally be very interested in knowing why strangers were wandering around out there. But he was an Indian person and asked the question differently.

He began with a geography question: "hypothetically, if there was a bingo game around here, where would it be?" I responded with a list of the most logical places for such an event. He followed up with: "Dahlongeah, where's that?" I gave him directions. Then, satisfied that I knew my way around, he got personal, asking if

I lived in the area. I responded with a genealogical account: My grandparents used to live here and now the property is owned by my aunt and uncle. I used to live back up the road on the corner. He replied—and this is how I *knew* he was not interested in bingo—“I knew the Jess Hallford” and “I know the Jim Dotson”. My grandfather died in 1964. For him to know “the Jess Hallford”, he would have to have been in this area for about 40 years. For him to know “the Jim Dotson”, he would have to be familiar with more recent history—my uncle had been running cattle on this property less than 10 years. And if he was familiar with the local property owners for that length of time, there was no way in the world that he would not know where Dahlongah school was. To me, it was simply not possible for him not to know.

Moreover, by telling him about my grandparents and my aunt and uncle and where I used to live, I communicated to him who my father was. With this information, he could easily find out who I was—if he didn’t already know. Having been around for 40 years, he would have known my father and, perhaps, even me. The conversation also provided me with a clue as to who he might be. Remembering who my grandfather talked about and who owned the ranches nearby, I guessed that he was probably either a Campbell or a Rich. A single question to anyone in the area would reveal exactly who he was.

But, my wife asked repeatedly, how do you *know* that he was not just some lost person looking for a bingo game? How can you be *sure* that he was interested in finding out who you (we) were and why you (we) were there? The only answer, really, is that I just knew. In this place, under these circumstances, he could not

possibly have wanted anything else. And just as surely as the sun came up that morning, I knew when he said “I know the Jim Dotson, he’s good people”, that he would offer me some of his whisky: I knew that he had it, without ever seeing the bottle in the car and I knew he would share it once he knew how I fit into the community. I knew just as surely as the drug users I used to work with knew who had drugs for sale in the urban environment around them. When doing electrophysiological testing on recovering alcoholics and drug users, I would accompany them outside of our laboratory on the University of Oklahoma Health Sciences Center in downtown Oklahoma City for their smoke breaks. Often, they would point out people in the neighborhood around our building and say “that person is holding” or “he has got coke for sale.” When asked *how* they knew, they would offer clues about how the dealers were dressed or things in their car windows—one suggested that tennis shoes thrown over the power lines was indicative of a retail cocaine operation.

In working with and living around persons from many cultures I have frequently observed instances where a person will suddenly switch from one way of behaving to another, without appearing to be conscious of the change. A bilingual friend with whom I shared an office would, on answering the phone, suddenly switch from speaking fluent, accent-free English to Spanish. What amazed me even more was when he would hold simultaneous conversations with me in English and Spanish with his callers on the phone. Similarly, when visiting my younger brother in southern California I used to tease him whenever Dad would call. Having lived in

California for many years, his Oklahoma accent has all but vanished. When Dad called, however, my brother would suddenly become one of the Beverly Hillbillies—our dad being raised in rural Oklahoma, his accent was quite pronounced. A third example of this sort was when an African American female I worked with answered the phone and spoke to her mother. Not only would her accent change, but her posture, gestures and even vocabulary would change as well. In every case, the changes were instantaneous and, unless pointed out to them, unconscious. Terrye's questioning of my conversation with the old Indian man made me think about abrupt shifts in interpersonal behavior, and the underlying cultural experiences responsible for them: To what degree does cultural context influence how individuals understand, talk about and consume alcohol?

Living in an increasingly multicultural environment, we frequently find ourselves in situations in which our behavior and the behavior of others we are with suddenly changes. Where one cultural context was dominant a moment before, now another prevails, only to shift again with the arrival or departure of a particular individual or individuals, or a sudden change in scenery. While some persons seem comfortable with these abrupt shifts, others are upset by them. But most troubling of all is when our behavior shifts—as mine did when conversing with the Indian man in Stilwell—and we are asked to account for that change.

As a social scientist, the issue of interest is how our cultural knowledge and experience impacts our individual, interpersonal behaviors. Are personality and individuality culturally constructed? Do they automatically shift if we move from one

cultural context to another or are they stable? To what degree are we free to direct our behavior beyond these cultural constraints?

Obviously, these far-reaching questions cannot possibly be addressed in the current work. It will take up the rather more modest task of addressing a single set of related behaviors; specifically, alcohol use in American Indian culture. What does alcohol use mean to, and how is it used by Indian people?

This question is clearly grounded in the assumption that Indian people think about and use alcohol in ways that are recognizably different than members of other cultural groups. “To what degree, therefore, was I prepared to see an old Indian man behaving drunkenly, even before his car rolled to a stop?” This question is further regressed on the assumption—put forward by Wieder and Pratt (1990)—that Indian people think and behave in ways that are recognizably different than others. “To what degree was my interpretation of the Old Indian man’s questions and the way I chose to answer them shaped by my past experiences interacting with Indian people?” And specifically, why did I say that my (future) wife and I would be going to a party and drinking later—a blatant untruth—rather than responding honestly with: “No thank you, I don’t want any whisky right now?”



## CHAPTER TWO

### *Indian-Style Drinking and the Drunken Indian Stereotype*

The encounter with the old Indian man described in the previous chapter is predicated on a belief—held by many of the non-Indian residents of Adair County in the early to mid Twentieth Century—that most, if not all Indians are alcoholics. This belief I heard articulated in stories told, both by members of my own family and by other adults within the community, throughout my life. Though less common than once they were, one can still hear stories of this kind today. The most recent recounting of this belief took place over the Thanksgiving holiday, in 2009. At that time, a relative told me about a drunk Indian man knocking on his door in the middle of the night and asking directions. Since his house is situated far off the road, it was obvious—to the narrator—the man had been wandering across his fields before coming to the door. In another account, it was reported that “a bunch of drunk Indians” had broken into someone else’s house and stolen their cache of hunting weapons. When I asked “how do you know they were drunk?” the storyteller replied: “Well, because they went through the ice box and cabinets looking for whisky.” It occurred to me to ask “How do you know they weren’t after Fruit Loops, or bologna, or some other non-alcoholic treat?” but chose not to pursue the matter further as whatever answer I got would, no doubt, only further support the narrator’s original assertion.

A common saying in this corner of the world was—and probably still is—that the term Indian, when used alone, implies the unstated expression *Drunk Indian*. This, in spite of the fact that many of the tales told by my father and uncles involved their own wild drinking experiences and those of their non-Indian friends. For example, my grandfather’s brother, allegedly went into town one Saturday evening, got drunk and killed someone in a fight at a local tavern. My grandfather was told that if his brother wasn’t out of town by the following morning, he would be arrested for murder. Great uncle Henry was bundled onto a freight train in the quiet hours after midnight, never to be seen again. But in spite of the many wild drinking tales told about non-Indians, a distinction is made between Indian and non-Indian drinkers. An expression I have heard more than once about non-Indian alcoholics is as follows: “Well, he may be a drunk, but at least he isn’t a drunk Indian.”

I would like to think the tales rehearsed above are anecdotal and reflect no more than the beliefs of a few white residents in a rural county in Eastern Oklahoma in the last century. The first question to be answered, therefore, is to what degree are these beliefs generalizable beyond the place and time in which they were observed? Specifically, the current chapter will attempt to answer the following aspects of that question:

1. When did the belief that Indian people drink differently first arise?
2. How widespread is this belief?
3. How long and why has this belief persisted?
4. What is it about Indian drinking behavior that sets them apart from others?

5. What is the root cause, or causes, of this difference?

#### Indian-Style Drinking and the Drunken Indian Stereotype

Regular contact between the indigenous populations of what would later be called North America and the European explorers and settlers first began along the Eastern seaboard in the Sixteenth Century (Frank, Moore & Ames, 2000). The first contact between these groups usually involved an exchange of gifts and, for most indigenous tribal groups, their first exposure to fortified alcohol. Initially, the Europeans offered alcohol to the tribal groups they encountered as a gesture of friendship. As a social act, drinking was used to overcome the anxiety often felt by both European and Indian people when dealing with members of a strange and unknown culture, and as a celebratory act it was used to establish and build a relationship between them. Though often reluctant to participate in alcohol consumption, many Indian people acceded to the Europeans' insistence out of courtesy and the desire not to create disharmony (French, 2000).

At first, Indian people enjoyed a period of relative immunity to the effects of heavy alcohol consumption and its behavioral consequences. Frank, Moore and Ames (2000) cite historical accounts of first contact drinking events in which the Indians either drank quietly and peacefully, until they grew tired and went to sleep, or, frightened by the unfamiliar and often unpleasant experience of alcohol intoxication, withdrew quickly into the woods. MacAndrew and Edgerton (1969), and French (2000) recount similar events.

What is evident in these early accounts is that, when first given alcohol, Indian people did not immediately engage in those extreme behaviors that would later give rise to the *Drunken Indian* stereotype. In fact, the typical response to these primordial drinking experiences was not the desire for more alcohol, but a reluctance to participate in future drinking bouts with the Europeans. It was only after prolonged exposure to the drinking style typical of the European pioneers—sometimes as long as 20 years—that the *Indian-Style* drinking pattern finally emerged (Frank, Moore & Ames, 2000).

By the early Seventeenth Century historical accounts begin to tell of large groups of Indians, sometimes entire tribal groups engaging in communal drinking bouts (Beauvais, 1998; Mancall, 1995). Often, these events lasted for several days at a time, during which participants would engage in wild celebrations of song and dance. Fur traders, military commanders, and missionaries alike began to report that Indian people, when given alcohol, often fell into patterns of riotous drinking, fighting, fatal accidents, murder and open warfare (Dailey, 1968; Mail, 2002).

These extreme drinking behaviors are vividly portrayed in Mancall's (1995, p. 11) retelling of an incident that took place in 1753 and recorded in the Autobiography of Benjamin Franklin:

The hundred or so Indians got rum in the afternoon, Franklin wrote. By nightfall they had apparently consumed the entire available supply, and the commissioners walked into their camp after "hearing a great Noise." "We found," Franklin recalled years later, "they had all made a great Bonfire in the Middle of the Square. They were all drunk, Men and Women, quarrelling and fighting. Their dark-colour'd Bodies, half naked, seen only by the gloomy Light of the Bonfire, running after one another with Firebrands, accompanied

by their horrid Yellings, form'd a Scene in the most resembling our Ideas of Hell that could well be imagin'd.”

Dr. Benjamin Rush, who also signed the Declaration of Independence, tells a *just so* tale (recounted in Duran, 1997, p. 89) emphasizing another aspect of the emerging *Drunken Indian* stereotype:

A country man who had dropt from his cart a keg of rum, rode back a few miles in hopes of finding it. On his way he met an Indian who lived in the neighborhood, whom he asked if he had seen his keg of rum on the road? The Indian laughed in his face and addressed him in the following words “What a fool you are to ask an Indian such a question. Don't you see I am sober? Had I met with your keg, you would have found it empty on one side of the road and Indian Tom drunk and asleep on the other.”

As reports of the Indians' extreme drinking behaviors became more common, fear began to spread among both the Euro-American colonists and the Indians themselves (Hawkins and Bloom, 2002; Stevens, 1981). Many called for laws to limit the sale and distribution of alcohol to Indians. Likewise, some tribal leaders were troubled enough to contact colonial governments asking for help in reducing the availability of alcohol in tribal areas (Hawkins & Bloom, 2002). In response to these concerns, the English colonies passed laws prohibiting the sale of alcohol to Indians, beginning with Connecticut in 1645 (Hawkins & Bloom, 2002; May, 1989). Legislative efforts, initiated by the colonial governments, were continued after the revolutionary war, and culminated with the Indian Intercourse Act of 1832, prohibiting the trafficking of alcohol to all Indians within the United States and its territories (French, 2000; May, 1989). Legislation designed to protect Indian people

from the dangers of alcohol remained in place even after the repeal of the Eighteenth Amendment (Prohibition) in 1933 and did not officially end until 1953 (French, 2000). To some degree at least the concern over the impact of alcohol on Indian people has not subsided. Many tribal governments continue to prohibit alcohol sales and use on Indian lands and at tribally sanctioned events (May, 1989; Szlemko, Wood & Jumper-Thurman, 2006).

It is important to remember that the transition from reluctant and avoidant drinking to a more aggressive drinking style was not a single event that took place in the late Sixteenth Century but a recurrent pattern, emerging whenever the Europeans expanded into new areas and encountered previously unknown Indian groups (Frank, Moore & Ames, 2000). As the Europeans—in time, becoming Euro-Americans—expanded Westward, they continued to introduce and promote heavy alcohol use. For Midwestern and Northwestern tribes, regular contact with the Euro-Americans did not begin until the mid to late Nineteenth Century (French, 2000). And with each new tribal group encountered, tales gradually began to accumulate about the emergence of extraordinary drinking among the local Indian peoples.

Unfortunately, this kept both colonists and Colonial governments focused on the *problem* of Indians and alcohol. The *Drunken Indian* stereotype emerged in the Sixteenth Century and contemporary accounts, both from public officials and in the popular press, perpetuated it throughout the Seventeenth, Eighteenth and Nineteenth Centuries. Moreover, this stereotype was further shaped and sustained through fictional accounts, from its inception to the present day (Evans, 2001; Warner, 1984).

Retellings of the of *Drunken Indian* stereotype can be found in the works of popular American novelists, such as James Fennimore Cooper, Ernest Hemingway, Mark Twain and Walt Whitman, and, more recently, in those of celebrated Native American authors N. Scott Momaday, Simon Ortiz, Leslie Silko and Sherman Alexie (Davis, 1994; Evans, 2001; Nolan, 1996; Warner, 1984). The combined impact of these official, informational and fictional accounts has been to reify and sustain the belief that American Indians drink and respond to alcohol differently than do other cultural groups, both among Euro-Americans and, unfortunately, among Indian people.

#### Defining the *Drunken Indian* Stereotype

Though aspects of the *Drunken Indian* stereotype have been alluded to above, a formal definition of this term will become increasingly important in the following chapters. In its simplest form, this stereotype might be rendered as: “All Indians are Drunks.” In alcohol treatment centers, I have heard Indian people make this claim. Fortunately, overwhelming empirical evidence exists proving this is simply not true. A similar assertion might be that Indian people are more likely than others to become alcoholics and suffer from alcohol-related problems. This assertion—addressed in Chapter Three—does not encompass, or even account for, the kinds of drinking behaviors described above. Though an important public health issue, the prevalence of heavy alcohol consumption among Indian people is not synonymous with the *Drunken Indian* stereotype.

Perhaps the most thorough articulation of this drinking style can be found in Frank, Moore and Ames' Historical and Cultural Roots of Drinking Problems Among American Indians (2000). Unless otherwise stated, their description will be used.

As troubling accounts of Indian drinking behavior became increasingly available, certain elements began to be seen as characteristic of how many, if not all Indian people drink (Frank, Moore & Ames, 2000). First among these is the tendency for drinking events to be organized and focused on the group. Unlike the Euro-Americans, both then and now, the decision of when to drink and the organization of drinking events are often collectively managed within groups of Indian people. Once the decision to drink has been made, all group members are expected not only to participate in the drinking event but to drink heavily and continue drinking until the event is officially concluded. These drinking bouts may continue for days at a time, and are typically limited to a given place and time (French, 2000). Participants are often discouraged from withdrawing from the event until all participants have stopped drinking and attained sobriety. Indian-style drinking events may either be conducted openly, in the presence of outsiders, who may even be allowed to join in the celebration, or secretly, with only certain individuals invited to participate. While many cultures understand drinking to be a social act (Social Issues Research Center [SIRC], 2000) most do not exercise this level of collective control over the drinking event. To some degree at least, the pre-Columbian Papago's fall festival, which included extended, communal drinking bouts and encouraged drinking to intoxication



(French, 2000) can be seen as a precursor to this aspect of the *Drunken Indian* stereotype.

A second characteristic common of these communal drinking events is the emphasis on bringing together the largest amount of alcohol possible and consuming all of it (Frank, Moore & Ames, 2000). Participants are encouraged to drink as much as they are able, as rapidly as possible and to continue drinking until all of the available supply of alcohol has been exhausted. With this in mind, *Indian-style* drinking events are specifically designed to last for as many hours or days as needed for all of the alcohol to be consumed. The very presence of alcohol, therefore, constitutes both the means and the justification for scheduling a drinking event. An example of this is provided by Stevens (1981). When trading for furs and leather goods, the Passamaquoddy would occasionally receive many barrels of rum at one time, an amount that—had it been consumed in the way typical of the Europeans—should have lasted for several months. This relatively rare event was seen by the Passamaquoddy as an occasion for celebration and resulted in the immediate consumption of all the alcohol they had received.

A third common attribute to *Indian-style* drinking is the location of the drinking event beyond the jurisdiction of existing social and moral controls typically in place to control both interpersonal and alcohol-related behavior (Frank, Moore & Ames, 2000). For example, the Papago's fall festival, described above, represented a departure from the tribe's normal drinking rules. Whereas tribal members were

usually penalized for drinking to intoxication at other times, drinking to excess was not only encouraged but expected during the fall festival (French, 2000).

The suspension of tribal rules governing behavior also extends to other behaviors (Frank, Moore & Ames, 2000). This generally results in an increase in antisocial behaviors, such as promiscuity, disruptive behavior and even violence. Often, this violence, which may result in bloodshed and even death, is directed toward kith and kin, rather than toward traditional enemies. Generally, during these drinking bouts, tribes do not rise up and attack rival groups or Euro-American colonists.

A final common characteristic of *Indian-style* drinking is that any mischief occurring while participants are drinking is later blamed on the drink and not the drinker (Frank, Moore & Ames, 2000). If a spouse has been unfaithful or a person hurt or killed, the perpetrator is not held accountable for his or her behavior. Early settlers were often shocked to see that—once the drinking party had ended—whatever violence was done seemed not to trouble any of the participants (Mancall, 1995). In extreme cases where a family member was killed during a drinking binge, the victim's family—who would, in any other circumstances, have demanded revenge—remained on cordial terms with the killer. In some instances, says Mancall, Indian people responded as if they did not remember what took place during the drinking event, or as if it had happened to someone else.

Frank, Moore and Ames stress, however, that these characteristics do not accurately portray the typical drinking behaviors of *all* Indian people at any point in

history. Nor are all of these characteristics present in any particular Indian drinking community. Nevertheless, similar patterns of *Indian-style* drinking were reported from the Eastern seaboard to the Pacific coast, in the years immediately following the arrival of the Euro-Americans.

But regardless of whether these characteristics accurately portray the way most Indian people drink, they have come to represent what one *expects* to see when observing an Indian person, or group of Indian people drinking. After its creation this expectation shaped the way Euro-Americans think about and interact with Indian people and how many Indian people believe they *should* behave while drinking. For many, the *Drunken Indian* stereotype represents *the Indian thing to do* (Mail & Johnson, 1993).

The terms, *Indian-Style Drinking* and *Drunken Indian Stereotype*, will be used throughout the remainder of the current work. A precise definition of each term is essential, if confusion is to be avoided.

**Indian-Style Drinking:** Refers to the use of any single characteristic, or combination of characteristics listed above to describe the drinking behavior of Indian people in a particular context, or at a particular time.

**The Drunken Indian Stereotype:** Refers to the belief that the characteristics listed above define how all, or at least most, Indian people drink typically drink.

Impact of the *Drunken Indian* Stereotype on healthcare and alcohol treatment programs

As indicated earlier, the emergence of Indian-Style drinking was reenacted throughout the Sixteenth, Seventeenth and Eighteenth Centuries whenever the Euro-American settlers moved further west and encountered other groups of alcohol-naïve Indian people. This resulted in a continuous discourse, both in the popular media and in territorial governments about the problem of Indian drinking. This discourse, aided and abetted by fictionalized accounts of drunken Indian people, has shaped the beliefs and behaviors of both Euro-Americans and Native Americans. It is no surprise, therefore, that the *Drunken Indian* stereotype came to define how many believe Indian people typically drink and behave while drinking.

As devastating as this stereotype has been on the Indian's self image and on Native cultures, its other effects sometimes go unnoticed. One often overlooked problem is the effect the *Drunken Indian* stereotype had—and continues to have—on healthcare providers who treat Indian people. In a recent article on reservation-dwelling Indians, Spillane and Smith (2007) emphasize two interrelated phenomena. First, is the sustained belief that Indian people respond differently to alcohol than do members of other cultural or ethnic groups. Though scientific research has not provided convincing evidence to support this claim, many Indian and non-Indian people continue to accept it as true, including some healthcare providers (Dobscha, Dickinson, Lasarev & Lee, 2009). Second, this belief often informs the behavior of both groups. Indian people, to some degree at least, conform their drinking behavior

to this belief (Spillane & Smith, 2007). If, as the *Drunken Indian* stereotype suggests, Indian people gather in groups and drink to the point of unconsciousness, engage in antisocial and violent behaviors when drinking and continue drinking for days at a time, then some—especially the young—will take this as the formula for how they are supposed to drink, and act accordingly. In this way, their behavior both follows and co-constructs the stereotype.

Non-Indians, expecting to see Indian people drink in ways consistent with this stereotype, will sometimes see the pattern where none exists and, by doing so, help in reifying it. Thus, the beliefs Euro-Americans have about how Indian people usually drink may, in fact, produce the very pattern of behavior they seek to eliminate (Spillane & Smith, 2007). An example of this was reported by Dobscha, Dickinson, Lasarev and Lee (2009). Their study of healthcare providers at a Veteran's Administration hospital, found that minority populations are more likely to receive screening and counseling for substance abuse disorders than are Caucasians. This raises the question of whether clinicians are making their treatment decisions, strictly on the basis of a given client's medical history or if those decisions are influenced by his or her beliefs about how minority client's use and respond to alcohol and drugs. Also, many of the diagnostic tools used by clinicians to assess alcoholism and alcohol-related problems were created for, and standardized on, Euro-Americans (Hill, Pace & Robbins, 2010; Szlemko, Wood & Jumper-Thurman, 2006; Walle, 2005). When used on minority populations, these instruments sometimes

overestimate the severity of these problems and lead to diagnoses that may not otherwise be justified.

Even those aware of and prepared to compensate for their own cultural biases can be influenced by them. In a commentary for the Annals of Family Medicine (2008), physician Richard Allen describes his experiences in a predominantly Native American community over several years. Over time, he states, his carefully cultivated sensitivity to those cultural stereotypes, so often directed against Indian people, was overwhelmed by “Hair-spray drunks vomiting blood at 3 AM. An insatiable demand for codeine. Baby-bottle tooth decay. Fatherless children of teenaged mothers, adopted by obese diabetic grandmothers. Beer-bottle lacerations a foot long.... Nor would my own prejudices allow me to *dance to the drums* and be a part of their culture” (p.82).

But how do these beliefs affect the ones who *dance to these drums*? A great deal of research has been done to determine the impact of alcohol use and alcohol-related problems on Indian populations. The question of why Indian people should be at particularly high risk for developing these problems has also been thoroughly investigated. What is less well known is how the beliefs Indian people have about alcohol use and its causes affects their drinking and its consequences, especially in light of the *Drunken Indian* stereotype. The literature cited above suggests that healthcare providers are often influenced by their beliefs about how Indian people drink and this may lead to higher percentages of them being diagnosed as alcoholic. It also suggests Indian people may alter their behavior based on this stereotype. To

understand, and thus ameliorate, the *problem* of alcohol use in Indian people requires an understanding of the interaction between these two groups, the stereotype they share, and the differential impact that stereotype has on each group. One of those *groups*, however, is not a unified whole but rather consists of hundreds of culturally and ideologically independent groups.

In contemporary American society, membership in a federally recognized Indian tribe is based on legal definitions rather than the percentage one has of Indian blood (Garrouette, 2001; Szlemko, Wood & Jumper-Thurman, 2006). Moreover, the Bureau of Indian Affairs recognizes 564 independent tribal groups; there is not a *single* Indian Nation, but literally hundreds of separate Indian tribes, each with its own unique traditions and pattern of biological dependency. What clinicians and, indeed, Indian people are responding to when they assign certain behavioral characteristics to a person based on their ethnic status, is a social construction and not a biological fact. Both are making decisions about how to act and interact, based on culture and not on biology.

Understanding how Indian people drink and why they drink the way they do requires a deeper understanding of their cultural identity, their participation in that culture and their beliefs about alcohol use and its consequences. The current investigation was designed to ask and begin to answer these important questions. Specifically, this study asks:

1. How do Indian people negotiate and maintain their connection to their traditional cultural group?
2. Do Indian people recognize the validity and legitimacy of self-described Indians who are not members of, or closely associated with a recognized Indian tribe: Are there only *real* Indians and non-Indians, or can there legitimately be recognized grades or levels of Indianness that fall somewhere in between?
3. As a group, do Indian people, when drinking, engage in any behaviors or patterns of behavior that are recognizably different than those of other non-Indian groups: are Indian people recognizable as Indians because of how they drink?
4. Does an Indian person drink differently, when he or she is drinking with other Indians, as opposed to then that same person drinks with non-Indians: Does an Indian person's perception of the social context in which drinking occurs alter how he or she drinks and behaves while drinking?
5. Are there any traditional beliefs or practices—either common to all Indian people or specific to a particular tribal community—that might explain the emergence and persistence of the *Drunken Indian* stereotype?

In order to answer these questions, four separate sets of data were collected and analyzed. The first of these was a series of in-depth, one-on-one interviews with American Indian alcoholics. Participants were asked a series of open ended questions



to determine how closely they were connected to their traditional culture, whether or not they perceive any differences in how Indians and non-Indians drink, and whether they drink differently when drinking with whites, as opposed to drinking with other Indians.

In order to look at the issue of alcohol use in Indian people more broadly a second set of interviews, following the same format, was conducted with American Indian tribal leaders and members. The questions asked in these interviews included all of those asked in the first set, along with additional questions to determine how those who identify themselves as Indian but can't meet the membership requirements of their tribe are seen and treated, and whether any traditional beliefs or behaviors, specific either to Indian culture generally or their tribal culture, could account for the *Drunken Indian* stereotype.

Next a series of transcribed interviews with notable Indian people, collected between 1967 and 1972 and part of the University of Oklahoma's Duke Indian Oral History Collection, Finally, a series of publically available videos of Indian and non-Indian people drinking was obtained and analyzed. This was done to determine whether or not there are observable differences between the two groups and the degree to which Indian people, when drinking, conform their behavior to those described in by the *Drunken Indian* stereotype.

Identifying what Indian people know and believe about their own and other Indians' drinking behavior is important for several reasons. First, this information may be useful in identifying culturally specific beliefs and behaviors likely to

contribute to the misdiagnosis of Indian people as being alcoholics or problem drinkers. Next, the identification of unmet social needs which encourage them to pursue *Indian-style* drinking as a way of fulfilling or compensating for those needs, may lead to improvements in cognitive and behavioral intervention therapies. Thirdly, by increasing our understanding of the cultural and interpersonal dimensions of drinking—particularly those supporting and encouraging binge drinking and deliberately consuming to the point of blacking out—it may help to improve culturally specific alcohol prevention and treatment programs, and the interaction between Indian people and the healthcare providers who work with them. Finally, the knowledge gained may prove useful in overcoming this malignant stereotype.

Before undertaking such a study as the one proposed here, one must be well acquainted with the work that has already been done and the implications this previous research has for the study about to be undertaken. Generally speaking, this large body of research falls into two ontological perspectives. Each of these asks different questions and derives equally divergent answers. The first approach to understanding the *problem of Indian drinking* is grounded in biology. It asks what biological processes exist which allow members of the human species to metabolize and respond to alcohol, and, if cultural groups differ with respect to their alcohol-related behaviors, what biological mechanisms allow for and produce this difference? This perspective, generally referred to as the Medical Model of Alcoholism, is discussed in Chapter Three.

A second approach seeks answers within the culture itself. If the members of a specific culture behave differently with respect alcohol, what forces—either external or internal to that culture—is responsible for the observed difference? What cultural forces existed in the past that created the patterned behavior described by the *Drunken Indian* stereotype, and what cultural forces exist now to produce and propagate this behavior? These issues will be taken up in Chapter Four. While each of these perspectives may differ in approach all are important in the development and framing of the empirical questions asked in this study and in the analysis and interpretation of its results.

## CHAPTER THREE

### The Medical Model of Alcoholism and Indian Drinking Patterns

#### Why do Indian People Drink the Way They do?

Concerned with the growing number of reports describing groups of Native Americans engaging in disruptive and often violent drinking, the European colonists began seeking explanations for that behavior. Before Drs. Benjamin Rush in the United States and Thomas Trotter in Great Britton began to describe the gradual progression from alcohol use to chronic abuse as a disease (Bride & Nackerud, 2002), drinking to excess was seen as a character flaw and those who drank too much were thought to be morally weak (Mancall, 1995; Stolberg, 2006). Problem drinking was recognized through the behaviors one engaged in while drinking. A drunkard was someone who, because of his drinking could not keep a job and support his family, who spent her time in taverns, drinking and engaging in morally unacceptable behaviors. In 1673, the Puritan spiritual leader Increase Mather said of alcohol: “Wine is from God...but the drunkard is from the Devil” (In Mancall, 1995). Drinking problems, therefore, were seen as a problem with the drinker and not the drink. The campaign against drunkenness was a crusade against those poor in character and weak in moral rectitude. It was not, at least in early Colonial America, an attempt to do away with alcohol.

That Indian people were so widely susceptible to problem drinking suggested to many Colonial Americans not only that they were morally weak, but Indian culture

as a whole was flawed: Indian people, when drinking, behave savagely because they *are* savages (Duran, 1997). This belief only served to reinforce the Euro-Americans' belief in their cultural and personal superiority and justified their attempts at civilizing, relocating, or even killing the Red Man.

Unfortunately, reports of the Indians' riotous drinking began to emerge at roughly the same time as theologians, sympathetic to the expansionist designs of the European Monarchs began questioning whether or not the indigenous populations of the New world were human beings (Docker, 2008): Were they the rightful descendants of Adam and Eve? Did they have souls and was there a need to try and minister to them? This religious dispute was ultimately settled in 1537 when Pope Paul III issued Sublimus De. The question of difference, however, was not so easily dismissed.

In the Eighteenth Century, when Euro-American attitudes began to change about the status of alcohol use and alcohol-related problems, Drs. Rush and Trotter reframed what would become known as alcoholism as a medical, rather than a moral, problem (Bride & Nackerud, 2002). Where earlier accounts of excessive drinking attributed problematic behaviors to the drinker's moral weakness and love for liquor, the drunkard's cravings were now called "overwhelming, overpowering, and irresistible" (Levine, 1979). By 1800, daily alcohol use and drinking to the point of inebriation—both considered as normal and even desirable in the Seventeenth and Eighteenth Centuries—were recognized as characteristics of problem drinking (Wilson & Crowe, 1991). Alcohol itself was no longer "a good creature of God"

(Cotton Mather in Mancall, 1995), but a poison, damaging to the body's health and well being (Wilson & Crowe, 1991). At this time, the focus of moral and political leaders shifted from attempts to control the behavior of alcohol abusers to attempts at controlling alcohol itself (Hewitt, 1995; Stolberg, 2006).

Dr. Rush was quick to point out, however, that even heavy drinking was not sufficient to produce the often observed physical and social problems which came to characterize this new medical disorder: "Why all this noise about wine and strong drink...Have we not seen hundreds who have made it a constant practice to get drunk almost every day for thirty years, who, notwithstanding, arrived to a great age, and enjoyed the same good health as those who have followed the strictest rules of temperance?" (In Levine, 1979, p. 496). From this and similar observations, physicians began to conceptualize that those who succumb to alcoholism were biologically different. Those who drank alcoholically—this interpretation came to suggest—do so because, at a physiological level, they respond differently to alcohol. Thus, Indian people drink differently because they are physiologically predisposed to drink differently. This assertion later became known as the "Firewater Myth" (Leland, 1976).

The belief that some drink and respond to drinking differently than others, because of a physiological difference, rests on the assumption that the majority share a common response to alcohol. Obviously, drinkers vary in the amount they consume and their behavior when drinking, but, generally speaking, these drinkers are thought to be capable of moderating and controlling their drinking and their behavior as

needed. Before turning to the formulation of the Medical Model of alcoholism and the creation of diagnostic criteria for determining the boundary between drinking alcohol and drinking alcoholically, the issue of similarity and difference must first be addressed. To fully accomplish this task, the following questions must be asked and answered:

1. What is the origin of alcohol?
2. Through what process does alcohol act on living organisms?
3. Do humans share a common physiological and behavioral response to alcohol? and,
4. Through what mechanisms can humans differ in their response to alcohol?

#### The Origin of Alcohol and its Action on Living Organisms

Alcohol fermentation—the metabolic process of converting sugar into alcohol and carbon dioxide—has been understood for well over a century (Manchester, 1995) and is thought to be the earliest energy-producing process employed by living organisms (McGovern, 2009). While many microbes are able to metabolize sugar into alcohol, yeasts are overwhelmingly responsible for the creation of both naturally-occurring and humanly manufactured ethanol (Manchester, 1995). At the time when single-celled microorganisms first arose, oxygen was not a major component in the Earth's atmosphere. The fermentation process employed by these ancient microbes, by necessity, required an oxygen free (anaerobic) environment.

In yeast, however, alcohol metabolism provides more than just energy; it also helps eliminate the competition, as other microbes are unable to tolerate alcohol concentrations above five percent (McGovern, 2009). This secondary property is the basis of alcohol's antiseptic, antibiotic and preservative properties. To accomplish this dual task and survive, yeast cells have acquired two genetic polymorphisms, each producing one version of the alcohol dehydrogenase (ADH) enzyme used in alcohol metabolism (Edenberg, 2007; Shain, Salvadore & Denis, 1991; Thompson, et al., 2005). The first (ADH1) allows yeast cells to synthesize alcohol from sugar in an anaerobic environment. When the majority of sugar molecules have been converted to ethanol and oxygen is environmentally available, the second variant (ADH2) allows yeast to convert alcohol into acetaldehyde and generate adenosine triphosphate (ATP), an important component of aerobic metabolism and energy production in cells.

In fact, alcohol metabolism is so important, the overwhelming majority of all organisms—including bacteria, plants, marine animals, reptiles, mammals, primates and humans—have developed some form of the ADH gene (Oota, et al, 2007; Yokoyama & Harry, 1993). Obviously, the millions of years required to produce these widely diverse species have also produced a variety of polymorphisms within the ADH gene family, each with a slightly different properties. The key point in the current discussion, however, is that in order for the ADH gene family to be so widely conserved, both across time and species, alcohol must have been available, in biologically meaningful quantities, whenever and wherever these various organisms



were found. Moreover, the ability to metabolize alcohol must have been sufficiently important to each of these species or it would have long since been lost. But regardless of its original purpose, this evolutionary process has biologically prepared the human species for metabolizing and responding *uniformly* to alcohol.

#### How do humans respond biologically to alcohol?

In Humans, alcohol acts as a depressant on the central nervous system and the severity of its impact is strictly dose-related (Garriott & Manno, 2008). It reduces the rate of neural activity by decreasing the excitatory function of glutamate at specific NMDA receptors and enhancing the inhibitory function of gamma-aminobutyric at GABA receptors (Diamond & Gordon, 1997). When alcohol is consumed, it is quickly passed through the digestive track into the blood stream, where it is rapidly distributed to all parts of the body, including the central nervous system. The rate at which alcohol is absorbed into the blood stream, however, is dependent on several factors (Mumenthaler, et al., 1999). Naturally, the greater amount of alcohol one consumes, the higher will be the blood-alcohol level. Less obvious is the influence of alcohol concentration within the beverages consumed. Drinks with higher alcohol concentrations, such as fortified wines and liquors, result in higher blood-alcohol levels than does the ingestion of the same amount of alcohol by drinking table wines or beer. Also, the amount and kind of food one consumes immediately before and during drinking affects alcohol absorption into the blood stream. Gender, age, and drinking history also impact the rate of alcohol uptake and elimination (Mumenthaler,

et al., 1999). As blood-alcohol concentration increases, a person's response to sensory stimuli decreases markedly, hand-eye coordination decreases, speech becomes slurred, he or she becomes unsteady and has trouble walking (Gattiott & Manno, 2008). Table 1 below provides a generally accepted and widely cited guide to the dose-dependent physiological effects of alcohol.

Not only do gender and age impact the rate of alcohol uptake and elimination (Mumenthaler, et al., 1999), they also appear to alter the dose-related alcohol effects curve (Ericksson et al, 1996; Mumenthaler, et al., 1999; Wang et al., 2003). Changes in hormonal levels are widely believed to account for, or at the very least, significantly influence these differences (Gavaler, 1995; Mumenthaler, et al., 1999; Wang et al., 2003). But regardless of hormone levels and other physiological characteristics, the basic response to alcohol consumption is largely biochemical.

**Table 1.** Stages of Alcohol Impairment/Intoxication<sup>1</sup>

Blood Alcohol Concentration (BAC)	Alcohol Impairment Stages	Signs/Symptoms
0.01-0.05	Subclinical	<ul style="list-style-type: none"><li>• Effects usually not apparent or obvious</li><li>• Behavior nearly normal by ordinary observation</li><li>• Impairment detectable by special tests</li></ul>
0.03-0.12	Euphoria	<ul style="list-style-type: none"><li>• Mild euphoria, sociability, talkativeness</li><li>• Increased self-confidence; decreased inhibitions</li><li>• Diminished attention, judgment and control</li><li>• Sensory-motor impairment</li><li>• Slowed information processing</li><li>• Driving skills diminished</li></ul>
0.09-0.25	Excitement	<ul style="list-style-type: none"><li>• Emotional instability; loss of critical judgment</li><li>• Impairment of perception, memory and comprehension</li><li>• Impaired balance; slurred speech; vomiting; drowsiness</li></ul>
0.18-0.30	Confusion	<ul style="list-style-type: none"><li>• Disorientation, mental confusion; vertigo</li><li>• Exaggerated emotional states (fear, rage, grief, etc.)</li><li>• Disturbances in vision</li><li>• Lack of muscular coordination; staggering gait</li><li>• Apathy, lethargy</li></ul>
0.25-0.40	Stupor	<ul style="list-style-type: none"><li>• Approaching loss of motor functions</li><li>• Markedly decreased response to stimuli</li><li>• Lack of muscular control; inability to stand or walk</li><li>• Vomiting; incontinence</li><li>• Impaired consciousness; sleep or stupor</li></ul>
0.35-0.50	Coma	<ul style="list-style-type: none"><li>• Complete unconsciousness; coma</li><li>• Depressed or abolished reflexes</li><li>• Subnormal body temperature</li><li>• Impairment of circulation and respiration</li><li>• Possible death</li></ul>
0.45+	Death	<ul style="list-style-type: none"><li>• Death from respiratory arrest</li></ul>

<sup>1</sup>Adapted from: Kurt M. Dubowski, Ph.D., The University of Oklahoma, Department of Medicine, Oklahoma City, Oklahoma, 2006  
Available At: <http://dominostrategy.org/Effect.html>; Accessed: Nov 12, 2008

### Are there common behavioral responses to alcohol?

A recent article appearing in a British news journal (Salkeld, 2008) recounts the story of a 28 year old woman who was startled from her bed by the distressing sounds of some large animal thrashing around in her back yard. Apparently, Fat Boy, the pony, escaped from a local riding stable and made his way into the woman's garden, where he found a supply of apples, which had fallen to the ground and begun to ferment. After consuming a large quantity of the fruit, the inebriated pony fell into a swimming pool, which had been covered with a large tarp. With the assistance of the local Fire Department, Ms. Penhalingon was able to rescue Fat Boy, who managed to escape with no injuries, other than a hangover.

Fat Boy's unfortunate drinking experience, however, is not unique. In 2009, residents of Memphis Tennessee complained to the Health Department when large numbers of Cedar Waxwings began flying wildly about and crashing into buildings near Beale Street (Associated Press, 2009; McGovern, 2009). Animal Control officers discovered that a recent frost had caused holly berries in the area to rupture, allowing airborne yeasts to metabolize their juices into ethanol. Similar examples of fortuitous alcohol consumption have been reported with elephants (Dudley, 2000; 2004), bats (Orbach, Veselka, Dzal, Lazure, & Fenton, 2010), tree shrews (Wiens, et al., 2008), bees (Ohio State University, 2004) and even flies (Cell Press, 2009).

Beyond the fortuitous consumption of naturally occurring alcohol, some animals appear to actively seek out fermented crops. Recently, South African vintners have been plagued by loss and damage, due to increasingly aggressive troupes of

baboons (Telegraph Media Group, 2010). Apparently the baboons are not only eating the expensive sauvignon blanc grapes used in winemaking, but specifically looking for bunches that have fallen to the ground and fermented. Those fortunate enough to acquire the alcohol-rich grapes frequently continue eating to the point of unconsciousness and have to be physically removed from the fields by angry landowners. Similarly, chimpanzees have been seen raiding illicit breweries in Uganda in order to get beer (Wakabi, 2004). Local officials report drunken chimps frequently turn violent, attack children, kill livestock and damage property. Obviously, these animals are engaging in more than simple food-seeking behavior, they are deliberately seeking alcohol and, once got, they are consuming it to the point of intoxication.

Comparative biologist Robert Dudley (2000; 2002; 2004) suggests primates have been seeking out and consuming over ripened fruit for millions of years. Though modern humans are not primarily frugivores, they are biologically and behaviorally similar to other large primates whose diets consist almost exclusively of fruits. From this, Dudley speculates those hominid species ancestral to modern humans are likely to have sought out and consumed over ripe fruits containing alcohol and then modern humans acquired not only their taste for alcohol but perhaps even many of their behavioral responses to it (Dudley, 2002). This theory Dudley refers to as the “Drunken Monkey Hypothesis”.

On what basis can humans differ physiologically in response to alcohol?

Drinking history appears to bridge the gap between biological and behavioral responses. Persons who regularly consume moderate amounts of alcohol begin to develop alcohol tolerance. Woods and Ramsay (2000) suggest evolutionary processes have evolved to ensure the internal state of the human organism remains within a biologically optimal range. With continued exposure to alcohol or other psychoactive drugs, this biological system becomes more efficient in counteracting its physiological effects. At a practical level, what this means is that individuals will have to consume more of the substance in order to enjoy its intoxicating effect. At its foundation, this process is biologically based and, similar to changes in hormone levels, progressively alters the body's dose-related response curve (Ginsburg et al., 2008; Woods & Ramsay, 2000). Woods and Ramsay, however, suggest the tolerance response is subject to psychological influence. Consistent with the Pavlovian model, individuals who believe they are about to receive alcohol begin physiologically preparing to process that alcohol. In fact, the body begins to respond, not to the presence of alcohol, but to the belief that it will soon be exposed to alcohol. Other psychological conditions, such as mood and whether or not one anticipates a positive or negative drinking experience can also alter the body's physiological response to alcohol.

One interesting tolerance-related phenomenon is context-specific tolerance. The question of context-specific tolerance was first raised because of the number of persons overdosing on heroin and other drugs. It is generally assumed that individuals

who overdose on drugs do so because they have mistakenly taken a larger amount of that drug than they normally do, or as a result of taking a more potent dose. In fact, many overdoses occur as a result of taking the same amount of the drug normally consumed, but in a different location or situation (Ehrlman et al, 1992; Texas A & M, 2000). This same phenomenon has also been observed with alcohol tolerance (White, Roberts & Best, 2007).

Another context-related phenomenon has recently been identified through an animal study. It has long been thought that alcohol leads to an overall reduction in the brain's impulse control function, producing disinhibition. Grant and MacDonald (2005) discovered that alcohol can produce either system excitation—leading to increased aggression, sociability or impulsivity—or inhibition, depending on information obtained about current environmental conditions.

While it is abundantly clear that alcohol metabolism and the dose-specific physiological effects of alcohol are biological in nature, these biological processes, to some degree at least, can be influenced by psychological and emotional states. Even more significant is the fact that the physical environment in which drinking takes place, the alcohol content of the beverage consumed—which drinkers may consciously select, and the food served while drinking all change how the individual responds to alcohol.

Taken together, these findings begin the task of answering the questions raised—by Dr. Rush and later proponents of the Medical Model—about the variable expression and outcomes of chronic alcohol abuse. They are not sufficient, however,

to fully account for Dr. Rush's original observation that some individuals drink heavily, for years at a time, and do not develop alcohol-related problems, while others, who drink less, become alcoholics. The persistence of this observation over time—in spite of more carefully defined diagnostic tools—led to the assumption that those who develop alcohol-related problems are biologically or genetically different from those who do not. This resulted in a search for changes in specific genes that alter how the human organism metabolizes or responds to alcohol.

Recent advances in genetic technology have identified specific forms of certain genes—different forms of the same gene are called polymorphisms—responsible for a wide variety of medical disorders (Foster, Sharp & Mulvihill, 2001) including many associated with alcoholism (Beirut et al., 2010; Long & Lorenz, 2002; Long, et al., 1998). The chromosomal changes that appear to have the greatest impact on the development of alcoholism have been found on human chromosomes four and eleven (Ehlers, et al, 2004 A&B; Ehlers & Wilhelmsen, 2005; Long & Lorenz, 2002; Long, et al., 1998; Mulligan, et al, 2006). The regions of these chromosomes most strongly associated with alcoholism include:

1. A region on chromosome 4 that alters how the body metabolizes alcohol. The ADH, ALDH1A1, ADH-2 genes are in this chromosomal region. Changes in this region affect how much alcohol an individual must consume in order to achieve and maintain a given blood-alcohol concentration.



2. A region on chromosome 11 related to dopamine receptors (DRD4) appears to change how pleasant (reinforcing) the experience of drinking and feeling drunk is to those who drink. On average, those who are alcoholic or are likely to become alcoholic experience the sensation of drunkenness as more pleasant than do those who are not predisposed to alcoholism.
3. A region on chromosome 4 that alters the GABA receptor appears to: 1) Influence how drunk a person feels. Typically those predisposed to alcoholism are less likely to feel drunk than others, when given equal doses of alcohol; 2) Alcohol tolerance. Those predisposed to alcoholism develop alcohol tolerance more quickly than do others; and, 3) The severity of acute alcohol withdrawal. Alcoholics and non-alcoholics differ in the severity of their response to alcohol withdrawal (i.e. delirium tremens, alcohol-related seizures, etc.).

Of course, simply having one, or a combination of these gene changes does not predestine one to alcoholism (Beirut et al., 2010; Seabrook & Avison, 2010). Studies of heritable conditions, ranging from alcoholism and schizophrenia to diabetes mellitus and familial cancers have been done—using twin, sibling and family history, and animal model comparisons—demonstrate the importance of environmental factors and personal behaviors to the development of these conditions. The most that can be said is that those possessed of any of the genetic risk factors associated with alcoholism are more likely than others to develop that disorder.

So, based on what is currently known about the biological basis of alcoholism and alcohol-related problems, can it be said that Indian people genetically predisposed to them? It has not been shown that any of the gene variants known to be associated with alcoholism or alcohol-related problems are exclusive to, or disproportionately common in, any racial or ethnic group, including American Indians (Ehlers, et al., 2004a; Ehlers & Wilhelmsen, 2005; Long & Lorenz, 2002). In fact, all these polymorphisms have been found in non-Indian samples *and* inter-tribal comparisons reveal that not all tribal groups tested even carry them (Ehlers, et al., 2004a; Long & Lorenz, 2002).

Also, Yale geneticist Kenneth Kidd indicates that recent analyses of genetic variation within and between racial and ethnic groups reveals a continuum of genetically-linked traits across all groups, with no specific characteristics indicative of racial group membership (Marhsall, 1998; Smedley & Smedley, 2005). Analysis suggests that approximately 94 percent of all human genetic variability exists within racial communities, while between-group comparisons indicate that, at most, any particular ethnic group will differ genetically from all other groups by less than six percent overall (American Anthropological Association, 1998).

Clearly, some Indian people are likely to possess some of these gene variants and be at higher risk for developing alcohol-related problems. Possibly, some of these gene variants *could* have become more prevalent in some Indian tribal groups, but current research does not support this idea that Indian people as a whole are more likely to carry any of them than any other racial or ethnic group. Whatever the root

cause of the *Drunken Indian* stereotype may be one thing is certain, it is not due the existence of a *Drunken Indian* genotype.

Up to this point, the discussion has been limited to those aspects of drinking that can be linked directly to the body's metabolic response to alcohol. The most interesting and, indeed, most troubling aspects of alcohol consumption, however, cannot be accounted for at the level of biology. What originally inspired and has subsequently sustained the study of alcohol use and its effects is overt human behavior.

On what basis can humans differ behaviorally in response to alcohol?

In *Drunken Comportment: A Social Explanation* (1969), MacAndrew and Edgerton give voice to a fundamental problem for the biological interpretation of intoxication. Specifically, they raise the question of how alcohol impacts overt human behavior. It has been firmly established that ethanol intake leads to dose-related changes in the brain and central nervous system and these changes, in turn, alter sensorymotor function (Gattiott & Manno, 2008; SIRC, 2000). The impact of alcohol on an individual's observable behavior, however, is far more complex and highly variable (SIRC, 2000). While some individuals become more excited, aggressive and outspoken when drinking, others become more socially withdrawn, depressed and less active. In the forty years of investigation since MacAndrew and Edgerton's work in 1969, the list of responses to alcohol has grown dramatically. The Social Issues Research Center states that: "Some people, in some societies, may indeed behave in

an aggressive or promiscuous manner when drunk, but the range of behavioral outcomes also includes calmness, joviality, passivity, indolence, affability, tolerance, sociability, generosity, volubility, confidence, loquaciousness, sentimentality, gaiety, euphoria, animation, tenderness, tranquility, boastfulness, jocularly, silliness, laziness, effusiveness, vivacity, cheerfulness, relaxation, drowsiness, [and] peacefulness” (SIRC, 2000). Able and Plumridge (2004) go further. They claim that: “while alcohol has undoubtedly a pharmacological effect on the body and cognition, the translation of this into behavior has to be understood as a socially mediated rather than solely biologically impelled activity” (p. 497).

Humans appear to share a common pattern of physiological responses to alcohol that are similar to those of other primates (Dudley, 2002, 2004) and the mechanisms responsible for them are genetic (Ehlers, et al, 2004 A&B; Ehlers & Wilhelmsen, 2005; Johnson, et al., 2006; Long & Lorenz, 2002; Long, et al., 1998; Mulligan, et al, 2003). At the most basic level, changes in the body’s physiological response to alcohol is thought to result from changes in specific genes which are responsible for alcohol metabolism, tolerance and reinforcement properties. These pharmacological properties, however, appear to be mediated by psychological (Ginsburg et al., 2008; Grant and MacDonald, 2005; Woods & Ramsay, 2000), environmental (Ehrlman et al, 1992; Texas A & M, 2000; White, Roberts & Best, 2007) and even cultural (Able & Plumridge, 2004; MacAndrew & Edgerton, 1969; SIRC, 2000) influences.

The following chapter will explore the influence of psychological and cultural forces on Indian drinking behavior. The issue currently under study is how Indian-style drinking is seen and interpreted by Euro-American physicians from the early Eighteenth Century to the present. This cannot be accomplished without first understanding the development and dominance of the Medical Model of Alcoholism and the Diagnostic and Statistical Manual of Mental Disorders (APA, 2000), which is the primary tool for diagnosing and assessing alcohol-related problems.

#### Development of the Medical Model of Alcoholism

As indicated above, Drs. Benjamin Rush and Thomas Trotter are generally credited with identifying and describing the clinical progression of alcohol addiction (Bride & Nackerud, 2002). Together, they characterized this disorder as a gradual process in which the drinker loses control over his or her ability to limit alcohol intake, and experiences increasing distress and disapproval as a result of their behavior while drinking (Gregoire, 1995). In noting the variability of outcomes associated with heavy drinking, Benjamin Rush, clearly recognized the difficulty of establishing a direct link between heavy alcohol consumption and the physiological consequences of drinking (Levine, 1979). Many, however, believed the problem to lie with the kind and quality of clinical observations of alcohol drinkers rather than with the emerging Medical Model of alcoholism.

Subsequent investigators have attempted to refine these early observations. Magnus Huss, in 1849, catalogued the various drinking patterns likely to result in the

disorder he named *alcoholism* (Miller, 1986). The definition of alcoholism that emerged, however, was polymorphic, both in the proposed styles of drinking leading to it and its diverse outcomes. Often called the “generic definition of alcoholism”, this system was considered unsatisfactory by many, who assumed that lost within this heterogeneous list of causes and consequences was a unitary syndrome of chronic alcohol abuse (Bonner, 2009; Levine, 1979; Miller, 1986). The task of defining that syndrome and identifying its characteristics has occupied alcohol researchers and treatment providers ever since.

#### Alcoholism and the Diagnostic and Statistical Manual of Mental Disorders

The first systematic attempt at collecting data on the prevalence of psychiatric disorders across the United States was in the US Census of 1840 (Scotti & Morris, 2000). By the 1880 Census, at least seven diagnostic categories were in use, including mania, melancholia, paresis, dementia, epilepsy, and dipsomania (an uncontrollable craving for alcohol) (DSM-IV-TR, APA, 2000). This resulted in a proliferation of diagnostic systems for alcoholism, and by 1940, at least 39 systems had been created (Schuckit, 1994). The drive to establish a universal and definitive criteria for psychiatric illnesses, including alcoholism, culminated in the creation of the Diagnostic and Statistical Manual of Mental Disorders (DSM), in 1952 (Malmgren, Radovic, Thoren & Haglund, 2010; Scotti & Morris, 2000; Seixas, 1982).

Given that the earliest versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-I, APA, 1952; DSM-II, APA, 1968) were grounded in

clinical experience and psychodynamic theory, alcoholism was initially treated as a personality disorder (Schuckit & Nathan, 1991). These early versions of the DSM have been criticized for not providing evidence-based explanations for its differential alcohol-related classifications and not suggesting how persons with them would differ with respect to the course of their alcoholism and treatment needs (Schuckit & Nathan, 1991).

DSM-III (DSM-III, APA, 1987) improved on the earlier versions by classifying alcoholism as an organic mental disorder, and distinguishing alcohol abuse from alcohol dependence. *Alcohol Dependence* is characterized by the pathological use of alcohol, as evidenced by symptoms, such as daily use for a period of two weeks or longer, experiencing alcohol-related blackouts, tolerance or withdrawal symptoms, and family or work-related problems as a result of drinking. *Alcohol Abuse* is characterized as a pattern of pathological use with social, familial, or work-related problems in the absence of alcohol tolerance or withdrawal symptoms (Schuckit & Nathan, 1991). While providing greater clarification of the physiological and psychosocial characteristics of alcoholism, the DSM-III classification has also been criticized. The most salient of these criticisms, are that not all pathological drinkers experience the medical problems typical of alcohol abuse, such as physical withdrawal symptoms and cirrhosis of the liver, and the diagnosis of alcohol dependence is confounded by the inclusion of physiological symptoms (i.e., seizures, delirium tremens, etc.) and behavioral symptoms (i.e. job loss due to drinking, etc.) (Schuckit & Nathan, 1991).

In a coordinated effort involving both alcohol researchers and clinicians, the next major revision to the DSM divided the *Alcohol Dependence* classification into two subtypes based on the presence or absence of alcohol-related tolerance and withdrawal symptoms and expanded *Alcohol Abuse* to include drinking in spite of recurrent social, interpersonal and legal problems (DSM-IV-TR, APA, 2000). Also, DSM-IV-TR recognizes the fact that many of the problems typically associated with alcoholism, such as depressive symptoms, suicidal ideation and anxiety may be related to other concomitant psychiatric disorders.

Many have been critical of the applicability of the DSM and similar measures to American Indian populations, as they tend to overestimate the severity of psychiatric disorders and, in some instances, interpret aspects of Native culture as pathological (Hill, Pace & Robbins, 2010; Szlemko, Wood & Jumper-Thurman, 2006). Walle (2005) argues that the DSM IV-TR, like its predecessors, is a product of the Western European and Euro-American cultures and tends to discount the worldviews of other cultural groups. With respect to alcohol-related problems, this includes such issues as the trauma experienced as a result of cultural loss, bereavement for lost relatives and cultural alienation. While these are seen as significant by American Indians, they are largely discounted both in the DSM IV-TR and by many Euro-American therapists who treat them.

Another significant problem with this culturally-bound diagnostic criteria is that it attempts to segregate alcohol use from the life-world of the drinker, for whom alcohol is a culturally significant object and its consumption a socially meaningful act



(Bonner, 2009). For example, in many cultures drinking takes place within the context of a celebration. In such cases, drinking for the purpose of getting drunk, drinking to excess and drinking to escape the pressures and responsibilities of ordinary life are common. In other cultures alcohol is thought to be a stimulant and drinking in the morning is as common as drinking coffee among Euro-Americans (SIRC, 2000). When taken out of context, as the DSM does, all these reasons for drinking are considered as symptomatic of alcohol abuse.

By devaluing the worldviews of cultures non-Western cultures, ignoring the increased stress placed on Indian people by the Euro-American culture, and decontextualizing the drinking experience, these culturally-bound diagnostic tools overestimate both the prevalence of alcoholism and the severity of alcohol-related problems. Support for this claim can be found in recent statistics of alcohol use.

#### The National Survey on Drug Use and Health

According to the National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration SAMHSA, 2007)—the most recent national data currently available—fifty two percent of all Americans twelve and over report drinking alcohol at least once in the last 30 days (See Table 2 below). This estimate includes *current* drinkers (consuming at least one drink in the last month, but less than five drinks on any day), *binge* drinkers (consuming five or more drinks at one time, on fewer than five days in the past month), and *heavy* drinkers (drinking at least five drinks at the same time on at least five days in the last month). When

separated by racial and ethnic identification, Caucasians report the highest overall drinking rate (57%), compared to only forty two percent of American Indians and Alaska Natives. The most common drinking pattern for American Indians is abstinence (58%).

**Table 2.** Current Drinkers (including *binge* and *heavy* drinkers) for persons Aged 12 and older, by Race/Ethnicity (SAMHSA, 2007)

All Races Combined	52%
Caucasians	57%
Hispanics	43%
American Indians and Alaska Natives	42%
African Americans	41%
Asians	38%
Native Hawaiians and Other Pacific Islanders	37%

When those who drink less than five drinks on any drinking occasion and drink less than five times per month are excluded, however, this pattern changes dramatically (See table 3 below). The same survey (SAMHSA, 2007), finds one third of all American Indians and Alaska Natives are either *heavy* or *binge drinkers*. American Indians (33%) binge drink or drink heavily at a rate nearly ten percent higher than do Euro-Americans (23%), Hispanics (24%), or African Americans (20%). A second point to be made is that, when compared to the statistics presented

in Table 2 only nine percent of American Indians report social drinking, whereas thirty four percent of Caucasians fall into this classification.

On the other hand, setting the minimum number of drinks per occasion at five could inflate the overall number of heavy and binge drinkers. This amount of alcohol would be less than that needed for most drinkers to reach the legally recognized blood-alcohol level of drunkenness (Bonner, 2009; Hallford, Tivis & Nixon, 2003). Moreover, as Bonner suggests, considering only the amount of absolute ethanol consumed without assessing the level of harm associated with it is uninformative.

**Table 3.** Current Binge and Heavy Drinkers for persons Aged 12 and older, by Race/Ethnicity (Grant et al., 2005)

American Indians and Alaska Natives	33%
Native Hawaiians and Other Pacific Islanders	26%
Hispanics	24%
Caucasians	23%
African Americans	20%
Asians	13%

<sup>1</sup> US Racial and Ethnic Groups Include: African American, American Indian & Alaska Native, Asian American, Caucasian and Hispanic/Latino

<sup>2</sup> American Indian and Alaska Natives

Similarly, Grant et al. (2005) report a higher percentage of American Indian and Alaska Natives meet DSM-IV-TR (APA, 2000) psychiatric criteria for current Alcohol Abuse (5.75%) and Alcohol Dependence (6.35%) than the overall United States population (4.65% and 3.81% respectively). See Tables 4 and 5 below.

While Indian people are indeed higher, these differences represent a 1.1 percent increase in alcohol abuse and a 2.54 percent increase in alcohol dependence. The greatest difference between Indians and non-Indians appears to be in 18 to 29 year old males who have a 6 percent higher incidence of alcohol abuse and 30 to 44 year old males who have a 6 percent higher incidence of alcohol dependence. Given the relatively modest between group differences reported in this study and the tendency of the DSM to overestimate the incidence and severity of alcohol-related problems in Indian people (Bonner, 2009; Hill, Pace & Robbins, 2010; Szlemko, Wood & Jumper-Thurman, 2006) these differences are questionable.

**Table 4.** Percentage of population meeting DSM-IV criteria for Alcohol Abuse in any given year (Grant et al., 2005)

Age Cohorts	Males Only		Females Only		Males and Females	
	All	AIAM <sup>2</sup>	All	AIAM <sup>2</sup>	All	AIAM <sup>2</sup>
	Groups <sup>1</sup>		Groups		Groups	
18-29	9.35%	15.25%	4.57%	6.68%	6.95	10.35%
30-44	8.69%	7.67%	3.31%	6.52%	5.95	7.07%
45-64	5.50%	4.85%	1.70%	<1%	3.54	2.57%
65+	2.36%	3.59%	<1%	4.12%	1.21	3.91%
Combined	6.93%	7.47%	2.55%	4.18%	4.65	5.75%

<sup>1</sup> US Racial and Ethnic Groups Include: African American, American Indian & Alaska Native, Asian American, Caucasian and Hispanic/Latino

<sup>2</sup> American Indian and Alaska Natives

**Table 5.** Percentage of population meeting DSM-IV criteria for Alcohol Dependence in any given year (Grant et al., 2005)

Age Cohorts	Males Only		Females Only		Males and Females	
	All	AIAM <sup>2</sup>	All	AIAM	All	AIAM
	Groups <sup>1</sup>		Groups		Groups	
18-29	13.00%	15.96%	5.52%	8.73%	9.24%	11.83%
30-44	4.98%	10.94%	2.61%	5.77%	3.77%	8.27%
45-64	2.67%	5.11%	1.15%	2.53%	1.89%	3.90%
65+	<1%	<1%	<1%	<1%	<1%	<1%
Combined	5.42%	8.38%	2.32%	4.49%	3.81%	6.35%

<sup>1</sup> US Racial and Ethnic Groups Include: African American, American Indian & Alaska Native, Asian American, Caucasian and Hispanic/Latino

<sup>2</sup> American Indian and Alaska Natives

On the other hand, prevalence rates of alcohol abuse in some tribal groups are significantly higher than those presented above (Ehlers, et al., 2004ab; Welty, 2002). When considering the lifetime risk of alcoholism, rather than reports of heavy alcohol use within the last year, many studies report prevalence rates in excess of fifty percent. A sample of these reports can be found in Table 6 below.

**Table 6.** Differential Rates of Alcohol Abuse/Dependence in Tribal Groups

Tribal Group	Males	Females
Southwestern Tribe <sup>1</sup>	83%	51%
Sample Navajo Community <sup>2</sup>	70%	30%
Pacific Northwest Tribe <sup>3</sup>	73%	33%
Sample of Cheyenne Tribe <sup>4</sup>	65%	37%
Mission Indians (California) <sup>5</sup>	70%	50%
Thirteen Tribes in OK, AZ, ND & SD <sup>6</sup>	55%	32%

<sup>1</sup> Robin, et al. (1998); <sup>2</sup> Kunitz, et al. (1999); <sup>3</sup> Kinzie, et al. (1992); <sup>4</sup> Brown, et al. (1993); <sup>5</sup> Ehlers, et al. (2004ab); <sup>6</sup> Welty, (2002)

Even though intertribal alcoholism prevalence rates differ widely, these rates are consistently higher than those experienced by other ethnic and cultural groups in the United States (Grant, et al., 2005; SAMHSA, 2007). It should be remembered, however, that many of the statistics cited come from either reservation-dwelling or rural populations which are known to have much higher rates of alcoholism. This, when considered against the larger, nationwide SAMHSA sample only further demonstrates the large between-group differences in alcohol-related problems. Together, these facts suggest that while American Indians may be less likely than others to consume alcohol, those who choose to drink are more likely to drink heavily. Moreover, among American Indians, binge drinking is the most frequent alcohol use pattern (Ehlers, et al., 2004; May & Gossage, 2001; Welty, 2002), which

has frequently been associated with a wide range of negative drinking-related consequences (Welty, 2002).

Young and Joe (2009) suggest that a better measure of the impact of alcohol consumption in Indian populations is to assess its impact on health-related and legal problems. For example, they report Indian Health Service statistics that suggest American Indian males are seven times more likely to die of alcohol-related causes than are white males. Similarly, American Indian women between the ages of 25 and 34 are 23 times as likely to die of alcohol-related causes. While some evidence suggests that such statistics may exaggerate the number of deaths by including those killed by others—sometimes non-Indians—who were drinking. For example, while it is true that Indian people are at nearly three times higher risk for being the target of alcohol related violence (12 percent) than are whites (5 percent) or African Americans (6 percent), sixty percent of this violence is due to attacks carried out by non-Indians (Greenfield & Smith, 1999; Zahnd, et al., 2002). Again, it is the aggressor and not the victim who was drinking at the time of the attack.

Campos-Outcalt and colleagues (2002) found Indians in Arizona were between six and thirteen times as likely to die as a result of being struck by motor vehicles as Euro-Americans. Unsurprisingly, the likelihood of pedestrian fatality was more common in urban than in rural areas for all groups, but particularly among Indian people. Again, however, it is not clear from these statistics whether the deaths were the result of the Indian person being struck by a drunk driver (who may have been white) or as a result of the victim being drunk. Also, in fatalities resulting from



auto accidents, if the driver is drinking at the time of the accident, then all resulting deaths—including children or non-drinking adults—are considered as alcohol-related fatalities. Consequently, a single drinking individual may result in several Native American Indian deaths being reported as alcohol-related, regardless of the ethnicity of the drinker.

Similarly, Christian, Dufour and Bertolucci (1989) compared the alcohol-related mortality rates of eleven different tribes living in Oklahoma over a period of ten years. When all tribal groups were merged and compared to other ethnic groups, Indians were shown to have the highest overall percentage of alcohol-related deaths (9.3%), followed by African Americans (3.2%) and whites (2.4%).

A comparison based on Tribal affiliation, however, revealed a wide distribution in alcohol-related mortality rates ranging from 24.2% for Cheyenne-Arapahos to 0.8% for Seminoles (Christian, Dufour & Bertolucci, 1989). In fact, three tribes had significantly lower alcohol-related death rates than did whites: the Pawnees, (1.6%), Kiowa (1.1%) and Seminoles (0.8%).

Finally, while it may be the case that Indian people are more likely to suffer as a result of alcohol-related accidents, injuries and illnesses these higher rates may, to some degree at least, be attributable to factors such as socioeconomic status, access to and quality of healthcare, diet, exercise, and social alienation (Beauvais, 1998; Hawkins & Bloom, 2002; Jones-Saumty, et al., 2003; May, 1994; Rhem, et al., 2004).

For nearly 500 years the Euro-American public has been troubled by accounts of Indian people engaging in extreme drinking behavior (Frank, Moore & Ames,

2000; Mancall, 1995). This has resulted in much attention being focused on the issue of alcohol use in Indian populations by public officials, healthcare providers and alcohol researchers. Over the last 170 years significant effort has been made to create and standardize evaluation tools for diagnosing and measuring the severity of alcohol-related problems, however these instruments have not always been adjusted for cultural differences (APA, 2000). This has resulted, some say, in higher numbers of Indian people being diagnosed as alcoholics and more severe alcohol-related problems attributed to them (Hill, Pace & Robbins, 2010; Szlemko, Wood & Jumper-Thurman, 2006). If true, then the Medical Model of Alcoholism has—either deliberately or inadvertently—served as a tool for reifying and perpetuating the *Drunken Indian* stereotype. But whether Indian people are at slightly or significantly higher risk for suffering the effects of alcohol-related problems, the reasons for these problems—based at least on the evidence presented above—are more likely attributable to psychological and cultural factors than to biological ones. While the Medical Model is useful in determining the impact of chronic alcohol use on human health, cultural models offer more convincing explanations for why it is that people—and Indian people in particular—drink the way they do.

## CHAPTER FOUR

### The Influence of Culture on Indian Drinking Patterns

Of all the available psychoactive substances, alcohol is the most widespread (Denzin, 1993; Heath, 1991a; Mandelbaum, 1965; McGovern, 2009; Royce, 1981; SIRC, 2000). In 2003—the most recent year for which worldwide statistics are available—more than 150 billion liters of beer, 27 billion liters of wine and 2 billion liters of distilled liquor were manufactured commercially, not including that produced by individuals for personal consumption or illicit production sources (McGovern, 2009). According to the World Health Organization's (WHO) Department of Mental Health and Substance Abuse one third of the world's population (about 2.4 billion people) participated in consuming this alcohol (WHO, 2004). Though average alcohol consumption has increased in some regions and decreased in others, the worldwide pattern of alcohol use has changed little over the past 40 years (WHO, 2004).

And, of course, alcohol use is not limited to contemporary cultures, but can be found in all documented ancient and historical cultures (Denzin, 1993; Jellinek, 1977; Mandelbaum, 1965; McGovern, 2009; Royce, 1981; SIRC, 2000; WHO, 2004). Bonner (2009) observes that of all known cultures only the Inuit do not make alcohol, as they live in an environment incapable of supporting its production. Elvin Morton Jellinek—arguably one of the most important proponents of the Medical Model of Alcoholism in the twentieth century—when commenting on the cultural importance of drinking, asks why this should be so (Jellinek, 1977). Why *should* alcohol use be

so pervasive and why should it have persisted for thousands of years, in spite of the well known facts about its harmful effects and countless attempts made to prohibit it?

The most common response to this question is, of course, that alcohol is an intoxicant. For more than 20,000 years, mankind has sought after a release from the ever-present burdens of day-to-day life (Rudgley, 1994). In every culture, at all times, the most common solution to this inner need has been the use of intoxicants and, of all available intoxicants, alcohol is the easiest to manufacture (McGovern, 2009; SIRC, 2000). Alcohol fermentation, says Bonner (2009) is such a basic process that the deliberate creation of alcohol must have emerged quite early in mankind's history and is, in all likelihood, coextensive with the evolution and development of organized human cultures.

This, in fact, constitutes a second important aspect of alcohol use in human cultures, it's value as a cultural artifact. The SIRC (2000) reports that, at least as early as the Ancient Egyptians, the typical pattern of alcohol use has been communal drinking. One hieroglyph from that culture apparently depicts a communal drinking bowl with many straws, suggesting not only that participants were to drink together in a group but to do so from the same vessel. Similar vessels have been found in ancient Britain and Belgic-Gaul (Pitts, 2005), Bronze age Crete and Minoa (Borgna, 2004), and in the Neolithic Dawenkou Culture of North China (Fung, 2000).

The similarity of this widespread cultural motif and the Biblical account of Christ's sharing of wine at *The Last Supper* is unmistakable (Bonner, 2009). Based on this ancient tradition, most modern Christian churches continue the ritual of *The*

*Lord's Supper*, though many have substituted grape juice for wine. The sacrament of communion both commemorates the church's founder---"This do in remembrance of me", Luke 22:19---and serves as a mechanism for establishing and maintaining group identification. Only members of the *Body of Christ* are to receive communion. Similarly, many contemporary cultural groups use alcohol not only as a means of maintaining group identity, but in a wide range of socially significant rituals (Bonner, 2009; SIRC, 2000; Waddell, 1973). In fact, alcohol use is so fully incorporated into the lived experience of individuals within many cultures that any attempt to understand its use, outside of its cultural context is inappropriate (Meyers & Stolberg, 2003).

As indicated in the last chapter, attempts to explain the reports of Indian people drinking collectively and engaging in wild celebrations began as early as the Seventeenth Century (Mancall, 1995). With the classification of alcoholism as a disease, proponents of the Medical Model of Alcoholism began seeking physiological differences in Indian people, to account for their troubling drinking behavior. This, combined with the creation of standardized instruments for the diagnosis and assessment of alcohol-related problems (APA, 2000) has resulted, some say, in higher numbers of Indian people being diagnosed as alcoholics and more severe alcohol-related problems attributed to them (Hill, Pace & Robbins, 2010; Szlemko, Wood & Jumper-Thurman, 2006). This is due, in part, to the discounting or outright rejection of aspects of Indian culture and the unique place alcohol use has within Indian culture and the continued acceptance of the *Drunken Indian* stereotype.

Cultural explanations soon began to emerge, offering alternative accounts for this phenomena (Szlemko, Wood & Jumper-Thurman, 2006). Indian people were thought to drink differently, not as a result of biological or genetic differences, but because of psychosocial forces, originating from the dominant Euro-American culture and from within the local Native American culture, that shape and direct what has come to be known as *Indian-style* drinking. The most prominent of these cultural perspectives include, social learning, colonialism, structural violence, the lack of cultural rules defining and regulating alcohol use, cultural alienation and cultural accommodation.

Indians drink the way they do because the Europeans taught them to drink that way.

Proponents of the social learning approach believe the extreme drinking behaviors attributed to Indian people emerged as a result of their contact and interaction with heavy drinking Europeans (Frank, Moore & Ames, 2000). Early historical accounts tell of large groups of Indians, sometimes entire tribal units, engaging in communal drinking bouts (Beauvais, 1998; Mancall, 1995). Often, these events lasted for several days at a time, during which participants would engage in wild celebrations of song and dance. All too often, violence and murder were reported as well (Mancall, 1995). What is less often reported is that these same behaviors were also common among the European settlers (Beauvais, 1998; Smart & Ogborne, 1996; Stolberg, 2006). Traders and trappers, seamen and soldiers were the first Europeans most Indian people encountered. Unfortunately, many of these newcomers were also

heavy drinkers. On average, they drank more than Europeans as a whole and frequently engaged in aggressive behaviors while drunk (Frank, Moore & Ames, 2000; Stolberg, 2006).

After their initial contact with these hard-drinking Europeans, Indian people enjoyed a period of relative immunity to the effects of heavy alcohol consumption and its behavioral consequences. In fact, the typical response to these primordial drinking experiences was not wild celebration and the desire for more alcohol, but fear and a reluctance to participate in drinking bouts in the future (Frank, Moore & Ames, 2000; Mancall, 1995). It was only after prolonged exposure to the drinking style typical of the European pioneers—sometimes as long as 20 years—that the *Indian-Style* drinking pattern finally emerged. If the emergence of *Indian style* drinking was, in fact, due to a biological predisposition why did it take a generation for this drinking pattern to emerge? Such a delay is more consistent with cultural learning model than one based on biological risk factors.

Indians drink the way they do because the Europeans manipulated them into drinking that way.

A second culturally based explanation for the emergence of *Indian style* drinking invokes the extraordinary level of power and control the Europeans and Euro-Americans are believed to have exercised over Indian identity (Quintero, 2001). Following Cohen (1996), Quintero believes that one of the principal tools colonizing powers employ in the subjugation of indigenous populations is categorization

(Quintero, 2000; Quintero & Nichter, 1996). Upon arriving in the New World, the European colonists came to see the various Indigenous groups as physically and culturally distinct from themselves—recall the debate in the previous chapter over whether Indian people were even human beings—and indistinguishable from each other, regardless of their cultural, occupational and linguistic differences. For Indian people, the colonization of the Americas reduced their socially complex world of inter-tribal relationships to the simple dichotomy of *us* [Indian people] *versus them* [Euro-American people].

The naming game did not end here, but continued with the identification of characteristics that could be used to further stigmatize and dehumanize the local Indian groups. The emergence of the *Drunken Indian* stereotype proved to be a powerful rhetorical tool for accomplishing this task. For Stuckey and Murphy (2001), the most basic tool of colonial power is the power to name. Following Kenneth Burke (1966), they argue that naming does not merely *reflect* the objective nature of the individual or group of individuals named; it *selects* and ultimately defines how they can be perceived, both by the colonizing power and by themselves. Once labeled as *Drunken Indians*, Indigenous Americans were recognized as a threat to the newly-founded American colonies, who quickly passed laws banning the sale and possession of alcohol in Indian lands; relocated them outside their recognized territorial boundaries, first west of the Mississippi River and eventually on reservations and in Indian Territory; and finally attempted to eliminate the threat altogether by destroying their cultures and waging genocidal campaigns against their persons.



Sadly, the colonial power of definition performed its semiotic magic on the Indian people too, as is evident in the Indian people's apparent willingness to accept and enact the *Drunken Indian* stereotype and, once accepted they came to believe it was their own weakness—both cultural and personal--that made them drink the way they did.

Indians drink the way they do because of the violence, starvation, cultural loss, and injustice directed against them by the dominant Euro-American culture.

A third explanation for the increased prevalence of alcoholism and alcohol-related problems in Indian people is the increased sense of personal trauma that many experience as a result of historic, situational and personal injuries.

Before the arrival of the Europeans, the Indigenous population of North America is estimated to at between 5 and 17 million. War, disease, forced relocation, starvation and harsh government policies inflicted on this population, however, reduced that number to about 250,000 by the beginning of the Nineteenth Century (Snipp, 1989; Szlemko, Wood & Jumper-Thurman, 2006). Similarly, of the estimated 1,500 pre-contact tribal groups, less than 300 survived the European invasion (Nagel, 1997). Those fortunate enough to survive witnessed the gradual erosion of tribal cultures and the inevitable replacement of the Indian way of life with the Euro-American worldview. The practices of land confiscation, systematic assault on tribal governments, extermination of tribal elders, placement of culturally and linguistically unrelated groups together on reservations, mass relocation of hundreds of tribes to the

Indian Territory, and outlawing of Indian language use challenged the very existence of Indian tribes as a recognizable cultural groups (Nagel, 1997; Szlemko, Wood & Jumper-Thurman, 2006).

Also, the severe acculturation practices inflicted on Native children resulted in the suppression of both personal and tribal identities. This process was most forcefully articulated in the creation of the Indian boarding school system (Grover, 1999). The institutionalized removal of very young Indian children from their families and placing them in boarding schools resulted in some children either forgetting or never learning their tribal affiliation, or even their own family names.

In addition to these issues—which younger Indian people may have experienced second hand, through interactions with their older relatives and tribal elders—those living on reservations and in rural communities frequently experience high unemployment rates, poor access to education and healthcare services and limited social opportunities. The concatenation of these historic and environmental stressors create for the Indian an enduring sense of loss and personal distress (Szlemko, Wood & Jumper-Thurman, 2006). This, in turn, increases the risk and severity of alcohol-related problems in Indian communities.

Indians drink the way they do because they are no longer closely tied to their traditional cultures and not assimilated into the dominant Euro-American culture.

Corollary to the loss of traditional cultures and language and the alienation that some Indian people experience as a result of attending Indian boarding schools,

many Indian people are both physically and culturally separate from their traditional communities (Napholz, 2000; Szlemko, Wood & Jumper-Thurman, 2006). Many of these individuals also experience significant difficulties functioning in the mainstream Euro-American cultural context (Walle, 2005). As a result of this unfortunate condition, these individuals often find themselves not fully accepted in either cultural context and, as a result of this alienation, beyond the limiting influence either culture would impose on his or her alcohol use behavior. This cultural perspective holds that Indian people, especially those who live in urban environments and are not closely connected to—or perhaps not eligible for membership in—their traditional tribal communities are at significantly higher risk for developing significant alcohol-related problems (Napholz, 2000). According to this perspective Indian people drink the way they do because they are not sufficiently aligned with their traditional communities. Many Indian centered alcohol prevention and treatment programs, sensitive to the assumptions of this perspective, include Indian cultural practices, such as sweat lodges, smudging, talking circles and medicine wheel as a way of reconnecting the alcohol-abusing Indian person with her or his traditional culture (Szlemko, Wood & Jumper-Thurman, 2006).

Indians drink the way they do because their traditional cultures had no knowledge of and rules for alcohol use before it was introduced to them by the Euro-Americans.

Another cultural explanation for *Indian-style* drinking is that when alcohol was first introduced by the arriving Europeans, the majority of North American tribal

groups had no prior experience with alcohol and, consequently, had no cultural rules in place for defining and controlling its use (Frank, Moore & Ames, 2000; Lamarine, 1988; Watts, 2001). Having no cultural model to explain their newly-acquired drinking behaviors, many Indian cultures simply adopted the Euro-American image of the *Drunken Indian* and incorporated it into their worldview.

Growing evidence, however, suggests that Indian cultures were not naïve to alcohol and other psychoactive substances (Bonner, 2009; French, 2000; Hawkins & Bloom, 2002; Waddell, 1980). These substances are known and available, though not all groups used them regularly. When alcohol was used at, it was almost exclusively limited to religious and ceremonial contexts (Abbott, 1996; Bonner, 2009; Waddell, 1980). Waddell notes that among the many tribes of the American southwest and central Mexico, where ceremonial alcohol use was common, only the Western Apache allowed secular, social drinking. It was not simply the introduction of alcohol, says French (2000), that led to the adoption of extreme drinking behaviors among Indian people, nor was it the lack of rules for the proper use of alcohol. What the Euro-American settlers did was introduce, in addition to their own heavy drinking practices, highly concentrated, distilled liquors, which had not been widely available before their arrival. It would appear that, while traditional cultures did have rules governing the proper use of alcohol, these rules were superseded by the Europeans' gift of a new drinking pattern and a new form of highly concentrated alcohol.

Indians drink the way they do because of unique cultural beliefs and practices which encourage and support their drinking behavior.

This perspective differs from many of those cited previously in that it seeks to explain *Indian-style* drinking by identifying traditional beliefs and behaviors within Indian culture that may encourage and support some aspects of this drinking pattern. For example, one common feature of *Indian-style* drinking is uncontrolled maximal dosing. Participants are encouraged to consume all of the available supply of alcohol, and to do so as quickly as possible (Frank, Moore & Ames, 2000). Stevens (1981) believes this drinking behavior is a grafting of the traditional practice of eating large quantities of food in a single setting. These *eat all* festivals, she asserts, play an important role in traditional hunter-gatherer cultures, and are especially common among the nomadic tribal groups in the Northeastern United States.

Like many aspects of Indian culture, the justification offered for these *eat all* festivals requires an extensive explanation. First, in the Indian worldview any animal killed for food is honored by the proper treatment of its remains and will become offended if its remains are allowed to go to waste. Should this happen, the animal will attempt to make trouble for the tribe by interfering with its future hunting efforts (Stevens, 1981). As these hunter-gatherer cultures have no permanent home, it is difficult for them to process and store large amounts of meat. So, when a large animal is killed, this is seen both as a great gift and as a problem. The tribe must not only prepare several hundred pounds of meat but consume all of it, before the meat can go to waste. Typically, these groups hold a celebration—not unlike a thanksgiving

feast—invite all their near neighbors and continue the celebration until all the meat is consumed. This necessity led to the custom of having extended feasts in which participants were encouraged to eat as much as possible, until all of the available food was consumed.

Similar to the *eat all* festivals associated with large game hunting, *Indian-style* drinking is characterized by *gulp drinking* (Frank, Moore & Ames, 2000). Historically, alcohol was obtained from Europeans who traded rum for furs, leather wampum belts and other goods (Mancall, 1995; Stevens, 1981). As these trading sessions took place only once or twice a year, the tribal groups would receive several large barrels of liquor in trade for their offered goods. These liquor barrels presented the same storage and transportation problems that Indian people experienced with a large animal kill; they could not easily carry the barrels along with them on their travels and there was no practical way for them to store them for later retrieval. Their response to receiving that alcohol, therefore, was consistent with the hunter-gatherer's response to bringing down a large prey: both were seen as a rare event, an occasion for celebration, and both required the immediate consumption of all spoils (Stevens, 1981). Consequently, the Passamaquoddy drank all of the liquor they received as soon as they received it. Of course, not all Indian people were occupational hunter-gatherers before the arrival of the Europeans. Indeed many were either farmers or semi-sedentary and lived in settled communities. This explanation, some have argued is both oversimplified and not generalizable beyond the group of interrelated hunter-gatherer groups from which it is drawn.

It does, however, provide an example for seeking culturally specific beliefs and behaviors that may provide insight. Obviously, alcohol has become a culturally significant object. As such it must have become associated with other cultural artifacts within Indian culture. By identifying these related artifacts and recognizing how they are understood and used, a deeper understanding of alcohol use can be gained.

#### Indian-style prevention and treatment programs to combat Indian-style drinking

Alcohol prevention and treatment programs available to individual Indian people and Indian tribal communities fall into two broad categories, those based on Euro-American treatment modalities and those specifically designed to incorporate Indian ways and worldviews into the treatment and recovery process (Szlemko, Wood & Jumper-Thurman, 2006). The former are often criticized as both ineffective and inconsistent with the worldviews of many Indian tribal communities. These programs, generally based in the Medical Model of Alcoholism, tend to encourage the alcoholic to see herself as an alcoholic, essentially creating a self-image defining the alcoholic person as different in kind from non-alcoholics. This conflicts with the typical Indian worldview of unity between the individual and his or her extended family and tribal group.

Indian-style prevention and treatment programs attempt to translate these Euro-American treatment models into the Indian worldview by focusing not on fostering separation but integration. Indian drinkers are encouraged to reestablish

their connection to their traditional culture and to increase their participation in it (Napholz, 2000; Szlemko, Wood & Jumper-Thurman, 2006). These programs take a holistic—as opposed to a reductionistic—approach; they attempt to treat the whole person, not simply the addicted persona. In pursuit of this agenda, Indian-style programs create treatment plans that include assistance with economic issues (job training and gaining access to social services), treatment for post traumatic stress and concomitant psychological disorders, and the reintroduction of problem drinkers into Indian culture through the use of sweat lodges, medicine wheel, talking circles and treatment programs like White Bison and Red Road. While these programs have flourished, there has been little research, especially with respect to those incorporating aspects of Indian culture, to validate them (Szlemko, Wood & Jumper-Thurman, 2006).

If, as Stevens (1981) suggests, there are aspects of Indian culture into which Indian style drinking can be accommodated, then perhaps reintroducing Indian people into Indian culture may, in fact result in more, and not less alcohol consumption and the increased likelihood that the drinker will pursue a style of alcohol consumption consistent with the Drunken Indian stereotype. To date, no research has been done on the connection between an Indian person's connection to his or her traditional culture, his or her competence in the larger Euro-American culture and their adherence to the drinking behaviors codified in the Drunken Indian stereotype. The current investigation was designed to ask and begin to answer these important questions.



## CHAPTER FIVE

### Study Design and Methods

#### Overview

Historically, Indian people have been singled out as drinking and engaging in alcohol-related behaviors that are recognizably different than those of other cultural and ethnic groups. Over time, this resulted in the widely held belief that when they drink all, or at least most, Indian people engage in the characteristic set of behaviors, later referred to as the *Drunken Indian* stereotype. Once formed, this belief came to define how Euro-Americans expect Indian people to behave while drinking and how many Indian people, themselves, expect they and others will behave when drinking. These expectations not only alter how both Indian and non-Indian people perceive Indian drinking behavior, it dramatically alters that behavior; the *Drunken Indian* stereotype not only conforms to previous observations but informs future behaviors.

Of particular consequence is the fact that this stereotype has been shown to affect how healthcare and treatment professionals diagnose and treat Indian people. What clinicians and, indeed, Indian people are responding to when they assign certain behavioral characteristics to a person based on their ethnic status is a social construction and not a biological fact. Both are making decisions about how to act and interact, based on culture and not on biology. Understanding how Indian people drink and why they drink the way they do requires a deeper understanding of their cultural identity, their participation in that culture and their beliefs about alcohol use

and its consequences. The current investigation was designed to ask and begin to answer these important questions. Specifically, this study asks:

1. How do Indian people negotiate and maintain their connection to their traditional cultural group?
2. Do Indian people recognize the validity and legitimacy of self-described Indians who are not members of, or closely associated with a recognized Indian tribe: Are there only *real* Indians and non-Indians, or can there legitimately be recognized grades or levels of Indianness that fall somewhere in between?
3. As a group, do Indian people, when drinking, engage in any behaviors or patterns of behavior that are recognizably different than those of other non-Indian groups: are Indian people recognizable as Indians because of how they drink?
4. Does an Indian person drink differently, when he or she is drinking with other Indians, as opposed to then that same person drinks with non-Indians: Does an Indian person's perception of the social context in which drinking occurs alter how he or she drinks and behaves while drinking?
5. Are there any traditional beliefs or practices—either common to all Indian people or specific to a particular tribal community—that might explain the emergence and persistence of the *Drunken Indian* stereotype?

This qualitative, phenomenological study attempts to answer these empirical questions by: 1) conducting a series of in-depth interviews with self-identified American Indian alcoholics, to determine whether or not they perceive a difference in how Indians and non-Indians drink; 2) conducting a second set of in-depth interviews with American Indian people who are actively involved in their traditional culture, to determine what aspects of Indian culture are likely to inform and support *Indian-style* drinking and the *Drunken Indian* stereotype; 3) analyzing a series of publically available videos of Indian and non-Indian drinkers, to determine whether or not Indian people engage in observably different patterns of behavior when drinking; and, 4) analyzing a series of historical interviews with notable Indian people, to determine whether the information about Indian drinking and Indian cultural beliefs collected in the current study's interviews are consistent with what others have obtained and stable over time.

### Approach

Phenomenology, according to Stewart and Mickunas (1990), is the “reasoned inquiry” into one’s understanding and lived experience of some object or event. By placing emphasis on the lived experience of individuals, however, phenomenology becomes both a philosophical perspective and a research method (Creswell, 2003). Ontologically, phenomenology is concerned with the essence or nature of whatever is presented to and present in consciousness. Methodologically, it begins with a series of

assumptions about the object under investigation and the conditions under which it can be investigated.

First among these assumptions is intensionality (Sokolowski, 2000). This assumption holds that whatever activity the conscious mind pursues, be it perception, cognition, reflection or hallucination, consciousness is always directed toward some object. Consequently, there is no way to investigate the objects of consciousness—in this case, the *Drunken Indian* stereotype and the drinking behaviors it describes—without reference to consciousness itself. This of course, stands in direct opposition to the methodological assumptions of the positivist approach and its reductionist scientific methodology.

Natural philosophers of the Seventeenth and Eighteenth Centuries, say Stewart and Mickunas (1990), went astray when they defined consciousness as one substance among many in the natural world. This is perhaps most clearly seen in Descartes' division of reality into mental (thinking) substance and extended (physical) substance. Once this division was made, all later science was free to concentrate on the physical substance of reality, to the near exclusion of the mental (Poole & McPhee, 1994). This ontological stance effectively limits the scope of scientific inquiry to phenomena that can be directly observed, objectively measured and subjected to experimental manipulation. The methods of this new science are predicated on the following three assumptions: 1) the subject of a scientific investigation (i.e., physical object, person, behavior, utterance, etc.) is taken to be real and independent of the observer; 2) the observer is fully separate from the subject

under study; and, 3) when properly applied, these methods produce an objective and value-free description and evaluation of the subject under study.

Adoption of this methodology results in the virtual elimination of consciousness as a legitimate object of scientific inquiry (Stewart & Mickunas, 1990). Due to the influence of behaviorism and empirical approaches, consciousness was largely ignored, even by psychologists, during much of the twentieth century (Hilgard, 1986). In The Intentional Stance, Dennett (1998) suggests consciousness has been considered by many as the “slightly embarrassing, undignified, [and] maybe even disreputable” reality lying just beneath the surface of modern cognitive science. Psychologists, neurophysiologists and behaviorists have long attempted to shift the focus of modern psychology away from the mind and consciousness to the brain and neural function. This diversionary tactic, says Dennett, is becoming increasingly unsatisfactory.

Traditionally, physiological psychologists hold that a belief exists as a particular physical state of the brain and sufficiently sensitive imaging technology would allow the physiological state producing that belief to be identified. Dennett argues that while any particular belief may be a perfectly objective phenomenon, in and of itself, it exists within the field of the supernumerary belief system in which it is imbedded. Ultimately, understanding the belief requires an understanding of the individual who holds that belief (Dennett, 1998). So, like William James argued a hundred years earlier, cognitive science again finds itself in the unfortunate position of having to account for that which is believed in the absence of that which believes.

The relationship between belief and behavior was first introduced in Chapter Two and the discussion continued throughout the next two chapters. Early accounts of Indians drinking described a pattern of behavior that was at once different than that of the Colonial Euro-Americans and dangerous to those involved in the behavior. Over time, these accounts resulted in the widely held belief that when they drink all, or at least most, Indian people engage in the characteristic set of behaviors, later referred to as the *Drunken Indian* stereotype. Once formed, this belief came to define how Euro-Americans expect Indian people to behave while drinking and how many Indian people, themselves, expect they and others will behave when drinking. These expectations not only altered how both Indian and non-Indian people perceived Indian drinking behavior, it dramatically altered that behavior; the *Drunken Indian* stereotype not only conformed to previous observations but informed future behaviors.

The ability to think about alcohol use and alcohol-related behavior; what it means to the drinker to drink and to be drunk; how culture affects these meanings; and cultural meanings affect behavior are all predicated on consciousness. No methodology that excludes consciousness from the list of phenomena that can legitimately be studied can provide meaningful answers to these questions. For this reason, phenomenology and not Cartesian Science is the better method of inquiry in the current study.

A second assumption critical to the phenomenological method is the process through which ideas, opinions and beliefs are formed. Dennett (1998) raises the

question of how individuals make predictions about the world and invest meaning and belief into these predictions. On the basis of cultural knowledge and personal experience individuals assign meaning and significance to physical objects, social events, and personal experiences and, over time, they organize and integrate these meaningful objects into complex organizational structures. *Folk physics*—used to make inferences and predictions about natural objects—and *folk psychology*—which attempts to explain and predict the behavior of others—are examples of these systems. In phenomenology these belief systems are collectively known as the natural attitude (Sokolowski, 2000). Once fully developed, they are tenaciously defended, even in the face of overwhelming evidence to the contrary.

Unfortunately, these preexisting assumptions are antithetical to phenomenological investigation. Stewart & Mickunas (1990) assert that all *rational* investigations begin with a series of assumptions about the nature of the phenomenon of interest and the proper method in which it can best be studied. Phenomenological investigation, however, must begin with a suspension of these rational assumptions. This process, Husserl called the phenomenological *epoche* (Stewart & Mickunas, 1990).

The phenomenological attitude begins with a reflection on the natural attitude and its contingent assumptions about the object under study (Sokolowski, 2000). Sokolowski reminds, however, the natural attitude is not simply a way of thinking, but a spectrum of interrelated belief systems. The *folk theory* under investigation here, of course, is the *Drunken Indian* stereotype, and the individual attitudes, beliefs and

behaviors from which it has been formed. Assumptions about how Indian people drink and why they drink the way they do are built up as result of 500 years of historical and fictional accounts, stories told to us by friends and relatives and through direct experience. And, as indicated earlier, this belief system is strongly held, even in the face of competing evidence.

The phenomenological approach begins with an honest, dispassionate inventory of all these preexisting beliefs and assumptions, through which the researcher hopes to gain access to a broader, value-free, perspective from which to observe and analyze the phenomenon of interest. It is through this attitude the phenomenologist may perceive the nature of the object as it is presents itself to consciousness (Stewart & Mickunas, 1990). Phenomenological research is most often conducted through prolonged and extensive interaction with and evaluation of a small number of individuals (Moustakas, 1994), and the most common techniques for doing this are ethnographic observation and in-depth interviewing.

The first of these methods, however, presents two logistical problems. First, observing Indian people who are drinking behavior without subtly altering that behavior is only possible if one is recognizably Indian and known those who are drinking. For an outsider to come and watch—an outsider who is white and who tells them that he will be watching to see how they act while drinking—will fundamentally alter the behavior under observation, and in so doing result in misleading observations. In fancy research terms, it would undermine the study's external validity.



I remember a similar event that took place at my 20<sup>th</sup> high school reunion. Much like we did in former days, many of my former classmates were drinking and having rather a good time, when someone asked me what it was I did for a living. When I explained that I did research with on recovering alcoholics, drug addicts and psychiatric patients, the behavior of all within earshot instantly and dramatically changed. Some became self-conscious and explained *well, you know, I don't normally drink this way*, while others said: *well hell, you ought to come over and study me!* It wasn't very long before everyone I had been talking with found an important reason to be somewhere else. Moreover, as the issue of how an individual's behavior is modified by the cultural context, even if I were taken to be a Native American, I would not be able to observe what happens when Indian people move between Native American and Euro-American drinking contexts.

A second methodological problem with attending—and perhaps participating in—a drinking event, for the purpose of collecting research data, is the issue of human subjects protection. Such a study would require Internal Review Board (IRB) approval and obtaining written, informed consent from dozens, perhaps scores of people, some likely to have already begun drinking—which would call into question whether they were even competent to provide consent. And every time someone new showed up, data collection would have to stop until they were approached, the project was explained to them, and they agreed to participate. If even a single person was unwilling to sign the consent form, then the study could not be done.

Moreover, changing rules for gaining access and working with members of recognized Indian tribes have made it significantly more difficult to work with Indian people. Many tribes now have their own IRBs and, if one wishes to do research with members of that tribe, then the researcher must meet with the tribal leadership and, with their permission, submit a research proposal to the tribal IRB. For smaller tribes that do not have an IRB, the Indian Health Services' IRB must be used. In each case, obtaining access to tribal populations can require a year or more. Moreover, given the previous research on alcoholism, many tribes are reluctant to allow non-Indians access to tribal events for the purpose of observing Indian drinking behavior. For these reasons, any attempt at the conduct of ethnographic observations involving Indian people drinking is both prohibitively complex and likely to result in questionable results.

The most practical method available and the only one likely to result in meaningful and methodologically valid results is in-depth interviewing. The primary methodological focus in the current project, therefore was to conduct a series of in-depth interviews with Indian people about how they maintain their connection to their traditional culture, their understanding of *Indian-style* drinking, whether Indian people drink differently than Euro-Americans and, if so, how Indian culture affects this difference.

These interviews were done with two distinct populations. First a set of interviews was conducted with self-identified Indian people who were receiving inpatient treatment for alcoholism. These interviews were done to determine whether

American Indian alcoholics perceived a difference in how Indians and non-Indians drink and whether they, themselves, drink differently when drinking with other Indians, as opposed to drinking with non-Indians.

A second set of in-depth interviews was conducted, in an effort to broaden the investigation from Native American alcoholics to the more general *Indian-style* drinking. These interviews were conducted with Indian people who were actively involved with their tribal communities and were also familiar with the dominant, Euro-American culture. They were selected, not because of their own alcohol use but on the likelihood that their broader cultural knowledge and experience would provide deeper insight both into how alcohol is used in Indian country but what aspects of Indian culture, if any, are likely to inform and support *Indian-style* drinking and the *Drunken Indian* stereotype.

Two secondary datasets were obtained and analyzed for the purposes of providing context and external validity for the findings obtained in the two sets of in-depth interviews. First, a series of publically available videos of Indian people engaged in drinking were compared to similar videos of non-Indian drinkers. This was done to assess the overall claim of the *Drunken Indian* stereotype that Indian people drink differently and behave differently while drinking. Analysis of the videos was done to determine if there were, in fact, any observable differences in the drinking behavior of these groups.

A second dataset, consisting of a series of transcribed interviews with notable Indian people, collected between 1967 and 1972 and part of the University of

Oklahoma's Duke Indian Oral History Collection, was analyzed to determine whether the information about Indian drinking and Indian cultural beliefs collected in the current study's interviews were consistent with what others had obtained and stable over time. This was done to ensure that any findings relating to Indian drinking contexts—specifically the forty-nine celebration—and Indian cultural beliefs and behaviors likely to support or promote *Indian-style* drinking, represent genuine cultural phenomena and are not the result of the specific questions asked in, or characteristics of the data collection process.

#### Overall Design and Methods

This project consists of four individual, but interrelated studies. As indicated above, these include two sets of in-depth interviews with different populations, one set of publically available interviews with notable Indian people and a set of publically available videos of Indian and non-Indian drinkers. Each of these studies draws upon a different population, and each employs a unique sampling, data collection and analytical method. Also, each study raises a different set of regulatory and privacy issues and three of the four required its own IRB approval. As a result of these differences, the current chapter will provide specific details only on those features common to more than one study. Features specific to each individual study will be fully developed at the beginning the chapter specifically devoted to that study.

## Overview

As originally designed, the current project attempted to identify: 1) how self-identified American Indian alcoholics understand and maintain their connection to Indian culture; 2) whether or not they perceive a difference in how Indian people and non-Indians drink and behave while drinking; and, 3) whether they behave differently when drinking with other Indians, as opposed to non-Indians. These questions are captured in Specific Aims 1, 3 and 4 listed at the end of Chapter Two and Study One was initiated to answer them. Based on the results of Study One and subsequent review of the existing literature, the overall study was broadened to include all American Indians who drink, rather than just those who report drinking alcoholically. Study Two was designed to answer the questions listed above in a sample of American Indians with strong ties to their traditional cultures. In addition to the questions listed above, this study also asked: 1) whether Indian people with strong ties to their traditional cultures recognized the legitimacy and authenticity of those who maintain their connection to Indian culture through inter-tribal, pan-Indian cultural activities; and, 2) whether there were any aspects of Indian culture that might contribute to or sustain *Indian-style* drinking and the *Drunken Indian* stereotype. With the addition of these questions, Study Two addresses all five Specific Aims listed at the end of Chapter Two.

Studies One and Two employed the same experimental method and data collection strategy and, together, they constitute the primary data collected in the current research initiative. Those features common to both Studies One and Two are

listed below. Those features unique to each study are listed at the beginning of Chapters Six and Seven.

### Studies One and Two: The Interview Procedure

Though Studies One and Two access different populations and attempt to answer different aspects of the overall project's specific aims, the same data collection method is used. In both studies a series of in-depth interviews were conducted, using open ended questions specifically designed to elicit detailed, content rich responses. Respondents are encouraged to provide as much information as possible and to include any additional information needed to fully answer the questions asked. Participants were given as much time as needed to answer questions and to complete the interview session.

Ethical and Regulatory Issues. IRB approval was obtained prior to the initiation of the subject identification and chart review process in Study One (OU IRB: FY 2002-056) and prior to subject recruitment and interviewing in Study Two (OUHSC IRB: 13591). Once potential informants were identified, they were individually approached and asked if they would be interested in participating in the study. Only those who were willing were scheduled for an interview. At the interview session, I explained the interview procedure to each participant and answered all questions asked about the study, the information collected and the rights of study participants. Once this was

done, all participants provided written, informed consent and were given a copy of the signed consent form.

Privacy and Confidentiality. To ensure the informant's privacy, all interviews were conducted in a private room, where responses could not be overheard. Should informant privacy be compromised—and this did occur on several occasions, when someone inadvertently entered the room—the interview was stopped until privacy could again be restored. In order to protect the informant's identity, he or she was instructed not to provide either personal names, the names of close friends or relatives, places of residence or employment, or any other information that might be used to establish their identity. Whenever such information was inadvertently provided, it was omitted from the written transcription of the tape recorded interview. The interview tapes were then collected and securely stored. The interview transcripts were de-identified and kept in a secure location.

The In-Depth Interview. The interview procedure employed in Studies One and Two is based on the format and guidelines established by Briggs (1986) and Kondora (1993). Interviews began informally with a brief introduction describing the interviewer's upbringing in a rural, largely Indian community in Eastern Oklahoma, his experience working with alcoholics and his interest in understanding and challenging the stigmas and stereotypes many people have about Indian people and alcohol. Informants were then asked to provide a little information about themselves,

with a particular focus on their upbringing and participation in their traditional cultural communities. This preliminary phase is intended not only to establish rapport between the interviewer and informant, but to gain information about how the informant identifies him- or herself as an Indian person. Depending on the informant's response, this interview phase either continued with more casual conversation—until he or she appeared to be at ease and was willing to provide robust answers to questions posed by the interviewer—or led directly into the more formal data collection phase.

The data collection phase consisted of a series of informal, open-ended questions about the informant's beliefs and experiences with his or her family, traditional community, the Euro-American community and with alcohol. Informants were encouraged to provide as much detail as possible in responding to these questions and yes or no responses were followed up with requests for examples or stories to garner more detailed information. The questions asked in Studies One and Two are provided in Appendix I. Obviously, not every informant was asked, or answered every question. If, for example, an informant indicated never, or hardly ever, drinking around other Indian people, the question asking whether he drank more or drank differently with other Indian people was omitted. Also, depending on the answers provided by the respondent, other questions were sometimes asked to clarify, or get more information on the topic introduced. The interview continued until all the primary research questions had been asked, the informant ran out of things to talk about or was no longer willing to provide additional information, or the allotted



interview time has been exhausted. The interview concluded with a request that informants feel free to add any additional details or information that he or she felt was important to the discussion but had been glossed over or left out. Respondents were given as much time as needed to answer all questions and the interviews ranged in length between 30 and 90 minutes.

Emergent Research Questions. As the interview methodology employed in this study is qualitative and grounded in phenomenology, the primary questions asked were not strictly limited to those set down when the study was originally designed. The most important question to be added to the list of questions emerged when the very first respondent, answered a question about how Indian people drank alcohol, with a description of a particular Indian drinking context called a forty-nine celebration. Though I had heard of this drinking context in the past, I knew very little about it and had not considered it important enough to add to the questions asked in this first series of interviews. All later informants were asked what they knew about and their experience with forty-nine celebrations.

Interview Transcription. Upon completion of the in-depth interviews, the tapes were transcribed, whenever possible, into a word-for-word representation of the original interview content. When names or other identifiers were inadvertently provided, these were excerpted from the transcribed text. Given the presence of background noises and poorly recorded segments, some words and, less frequently whole passages were

inaudible. These were, indicated in the text as missing or unrecognizable. Also, in some interviews, discussions unrelated to the research questions intruded into the conversation. For instance, discussions of events at the treatment center staff in Study One and common acquaintances in Study Two were sometimes discussed. In these cases, the extraneous materials were not included in the transcript text. Once transcribed, the written texts became the primary data to be analyzed and interpreted.

Study One and Two interviews resulted in 135 pages and 266 pages text respectively.

### Study One and Two Analysis

The data collection method employed in Studies One and Two was an in-depth interview in which a series of open ended questions were asked. These questions were designed to elicit responses on topics related to the specific aims. The most basic level of analysis, therefore, is at the level of these individual questions. Analysis begins by summarizing how respondents answered each of these questions. Analysis at the level of these individual questions is simply descriptive.

The second level of analysis is to pool the answers provided by respondents to the questions associated with each specific aim and assess: 1) whether these responses present a consistent answer to that aim, and, 2) overall, how the answers fulfill that aim. These findings will then be compared to other, similar research in the existing literature.

The interview texts are then submitted to a grounded theory analysis, following the method described in Charmaz (2006). First, each narrative is read and coded at the level of the complete thought. While some suggest that coding should be done at the level of the line of text or the sentence, analyzing at the level of the thought seems more practical. In some instances, a single word or phrase may communicate an important idea, but in other cases a respondent may speak for several minutes and generate paragraphs of narrative trying to get across a single meaningful idea. Whatever the length of the text needed to accomplish this communicative act, the current study considered that as the basic element of analysis. Once Initial Coding is completed, Focused Coding will be used to determine the most commonly occurring initial codes and those that appear responsive to the overall aims of the current study. Next a Theoretical Coding method is used to develop hypotheses about how the most significant codes identified in the Focus Coding stage are related to each other. Once derived, these theories will then be applied to the findings derived through analyses of respondents' answers to the questions posed and to the project's overall specific aims.

#### Studies Three and Four

Though Studies Three and Four are designed to acquire, describe and analyze extant datasets and themselves contribute to this research initiative's Specific Aims, their initial and primary purpose was to provide context and external validity for the findings derived from Studies One and Two. As indicated in Chapter Two, Study

Three analyzed a series of transcribed interviews with notable Indian people, collected between 1967 and 1972 and part of the University of Oklahoma's Duke Indian Oral History Collection. This study was undertaken to determine whether the information about Indian drinking and Indian cultural beliefs collected in the current study's interviews were consistent with what others had obtained and stable over time. A comprehensive description of the research strategy and the methods used to collect and analyze these data are presented at the beginning of Chapter Eight.

Study Four was designed to describe and analyze a series of publically available videos of Indian and non-Indian people drinking. This study was undertaken to determine whether or not there are observable differences between the two groups and the degree to which Indian people, when drinking, conform their behavior to those described in by the *Drunken Indian* stereotype. A comprehensive description of the research strategy and the methods used to collect and analyze these data are presented at the beginning of Chapter Nine.

## CHAPTER SIX

### Results of In-Depth Interviews with Self-Reported American Indian Alcoholics

#### Purpose of Study One

Study One was undertaken for two reasons. First, preliminary discussions with several researchers experienced in recruiting and working with Native Americans raised the possibility that members of this community might not be willing to participate in interviews with someone who was perceived as non-native. For this reason, I set out to conduct a series of preliminary interviews with Indian people, to demonstrate that I could, in fact, gain their cooperation and collect data about their cultural identification and alcohol-related behavior.

Secondly, at the time these first interviews were collected, the primary focus of my research was on self-identified Indian people who were also alcoholics. The second series of conversations I had, therefore, was with the Director of the Oklahoma Department of Mental Health and Substance Abuse Services, the Directors of Norman Alcohol and Drug Treatment Center (NADTC) and Drug Recovery Incorporated (DRI), to gain access to these facilities for subject recruitment; and with substance abuse counselors at both NADTC and DRI, whose assistance would be critical for the successful identification and recruitment of alcohol-abusing Indian people. Though, as a research assistant at the Oklahoma Center for Alcohol and Drug-Related Studies, I had worked in these and other state and private substance abuse treatment facilities for many years, I met with the Directors and Counselors to

make clear that the proposed work with American Indian alcoholics was not a part of my *day job* but pursuant to completing my Doctoral training at the University of Oklahoma. Based on these conversations, I received written permission to conduct this research at both NADTC and DRI and the cooperation of the counseling staff. Once the project had been approved by ODMHSAS and the treatment centers it was then submitted to the OU Institutional Review Board and it was approved in the fall of 2002 (OU IRB# FY 2002-056).

Access to these two treatment facilities was critical, I believed, as the research I proposed to do there would set the stage for a later, more comprehensive series of in-depth interviews with American Indian and Euro-American alcoholics that would be recruited from these and other state and private substance abuse treatment facilities.

Though primarily intended to demonstrate that interview data could be collected from American Indian alcoholics and as a mechanism for gaining access to an important clinical population, this project was designed with the overall objectives of the later project clearly in mind. Previous research has shown that Indian people not strongly tied to their traditional cultures are at greater risk of becoming alcoholics (Mail and Johnson, 1993, Szlemko, Wood and Jumper-Thurman, 2007). Many of these studies, however, have assessed tribal affinity on the basis of whether or not one has a tribal roll number, how far one lives from one's tribal community or by using one of several ethnic identity questionnaires (Morris, Crowley and Thomas, 2002; Winterowd, Montgomery, Stumblingbear, Harless, and Hicks, 2008). This project

asked a series of open-ended questions about tribal involvement, attendance and participation in Indian events, such as powwows and dances and family issues, such as whether or not a Native language is spoken in the home.

A second line of inquiry taken up in this preliminary study was the perception that Indian people drink differently than non-Indians. To address this question, participants were asked whether they had observed any differences in how Indians drink and, if so, what these differences were. Finally, if they reported drinking both with other Indians and with non-Indians, informants were asked whether their drinking experiences were different depending on which cultural group they were drinking with. A list of the interview questions can be found in Appendix I. Specifically, Study One attempted to answer the following questions:

1. How do Indian people negotiate and maintain their connection to their traditional cultural group? This corresponds with Specific Aim 1 as listed in Chapter Two.
2. As a group, do Indian people, when drinking, engage in any behaviors or patterns of behavior that are recognizably different than those of other non-Indian groups: are Indian people recognizable as Indians because of how they drink? This corresponds to Specific Aim 3 as listed in Chapter Two.
3. Does an Indian person drink differently, when he or she is drinking with other Indians, as opposed to then that same person drinks with non-Indians: Does an Indian person's perception of the social context in which drinking occurs alter

how he or she drinks and behaves while drinking? This corresponds to Specific Aim 4 as listed in Chapter Two.

### Data Collection

Setting. All interviews took place at the Norman Alcohol and Drug Treatment Center (NADTC). NADTC is a 28 day inpatient facility, which provides substance abuse treatment to male and female alcoholics and substance abusers from across the state and, at the time this study was conducted, it served approximately 100 patients per month. Those asked to participate were individually interviewed in a private office at the treatment facility.

Study Population. Study included self-identified American Indian alcoholics currently residing in at 28 day inpatient program at the Norman Alcohol and Drug Treatment Center. Only those who were alcoholics and did not have a secondary psychiatric diagnosis were asked to participate in this project. Participants were accepted on the basis of their meeting the following inclusion criteria: 1) residence at an inpatient substance abuse treatment facility; 2) self-report of heavy alcohol use; and, 3) denial of regular, chronic drug use. All clients meeting these criteria were asked to participate.

Participant Recruitment. Informants were recruited from the Norman Alcohol and Drug Treatment Center. Each week, NADTC program staff provided a list of new



clients. From this list, those of American Indian descent were identified. On average, 1 to 2 Indian people were admitted each week. These individuals' charts were then reviewed to determine their primary drug of choice and whether or not they had any concomitant psychiatric diagnoses other than alcohol or substance abuse. Only those who were alcoholics and did not have a secondary psychiatric diagnosis were interviewed to determine eligibility. Potential informants were individually interviewed to determine whether or not they met the inclusion criteria. All clients meeting these criteria were asked to participate.

Sampling Strategy. All individuals who met study criteria were asked to participate. Participants were not selected on the basis of gender, or on their knowledge of the topics under study. Recruitment was to continue recruiting until the study target enrollment was reached.

Study Participants. As originally designed, participant recruitment was to begin at NADTC and continue there until ten interviews were completed. Subject recruitment was then to begin at DRI, where an additional ten interviews would be conducted. The project ended prematurely, however, as a result of a job change. Due to the resignation of Dr. Sara Jo Nixon, my supervisor at the Oklahoma Center for Alcohol and Drug-Related Studies and the original outside committee member on my dissertation committee, I left the OU Health Sciences Center and accepted a position doing clinical drug trials for an independent research company. This career change

resulted in my loss of access to the treatment centers. As a result of this change, only six in-depth interviews were collected. Though participants were not selected on the basis of gender, half of the informants were female. This is particularly interesting as the treatment center is—or at least was at that time—designed to accommodate far more males (80%) than females (20%). The demographic characteristics of the study sample are presented in Table 7 below. Obviously, the limited number of interviews obtained in this study presents significant challenges to the analysis and interpretation of the data and validity and generalizability of its findings. This issue will be thoroughly addressed below. Interviews took place between October of 2002 and May of 2003.

**Table 7.** Demographic Characteristics of Study One Participants

ID	Tribal Identity	Blood Quantum	Gender	Age	Alcohol Use
1	Kiowa	3/4	Male	Not Given	Alcoholic
2	Ponca	Full Blood	Female	50	Alcoholic
3	Choctaw	3/4	Female	21	Alcoholic
4	Aleut	1/2	Male	45	Alcoholic
5	Cherokee	1/4	Female	42	Alcoholic
6	Kiowa	Full Blood	Male	Not Given	Alcoholic

### Brief Description of Participants

Respondent One. The first respondent is a young Kiowa male whose only connection to his tribal culture is through his mother. Early in his life, she, for her own reasons, turned away from the Kiowa tribe and, as a consequence of this, he developed no close contacts with that tribe. While the Kiowa language was spoken by some of his relatives, it was not spoken in his home and he did not learn the language. This resulted in a sense of loss, a lack of connection to his traditional tribe and he expressed the desire to learn more about and participate more closely in the Kiowa culture. Beyond his family and tribal connections, he has participated in many inter-tribal activities, such as sweat lodges and powwows but he most enjoys attending and participating in forty-nine celebrations. He also has many friends from different tribes. In addition to drinking to the point of blacking out, he enjoys these celebrations because of the singing and dancing and because he can laugh and joke there with close friends and family members. At one point, he describes the forty-nine celebrations as being like a family reunion.

Respondent Two. The second interviewee is a 50 year old Ponca woman who lived on a Reservation and attended an Indian boarding school until she graduated from high school. It was while attending boarding school—during seventh and eighth grades—that she started drinking with a group of close Indian friends. The Ponca language was spoken in her home and among her friends on the Reservation. After high school, she moved around the country and eventually returned to Oklahoma to

live in a mixed Indian non-Indian community. In adulthood, she began associating with many Indian people from other tribes and became heavily interested and involved in Fancy Dancing. In spite of her active participation in powwows and her alcoholism, she did not participate in forty-nine celebrations. She attended one when she was a teen and her father came and took her away. After that she avoided them. When drinking around other Indians, she drank heavily, always drinking until she passed out, and usually with close family members and friends. She indicated that she prefers drinking with Indians because it is more fun, there is more laughing and joking and she is more at ease. She still visits the Reservation she grew up on regularly.

Respondent Three. The second interviewee is young Choctaw woman who was adopted at birth and lived with her non-Indian uncle. She was raised in a small town and lived in a primarily white neighborhood. Her only connection to her tribal culture was when she went to visit her full blood cousins one or two times a month. Choctaw was not spoken in her home or among her friends in the neighborhood or at school, but she did learn a few words from her visits with her cousins. She was exposed to drinking through her association with white kids at her school, though she did drink on occasion with her Choctaw cousins. She had heard about how Indian people behaved when drinking, the violence and how Indian women were treated, so she avoided drinking with Indians and drinks primarily with whites.

Respondent Four. The fourth interviewee is an older Aleut male who was adopted at birth into a white family and relocated from Alaska to New Jersey. He was raised in a white household and in a white cultural context, where he had no exposure to any Native American influences. Because the adoption records were closed, he was unable to locate his birth family and could not prove his Indian heritage, even though he is easily recognizable as being Indian. After spending several years in the military—where he was introduced to alcohol and began drinking heavily, he moved to Florida and began to associate with the Indian people he encountered there. As there were few members of his traditional Aleut culture in Florida and they did not accept him, because of his inability to prove his heritage, he attended powwows and inter-tribal events. Eventually, he was taken in by the Seminole tribe there and began learning their customs and participating in their tribal events. In time, he left Florida and lived in several states, before ending up in Oklahoma. Once in Oklahoma, he discovered the local Indian bars and other Indian drinking event—including forty-nine celebrations—and began drinking exclusively with other Indians. He located the Seminole Indian tribe in Oklahoma and passed himself off as member of the Florida Seminole community. Obviously, he did not claim full tribal membership or apply for tribal benefits, but attended tribal events and convinced many that he was a member of that tribe.

Respondent Five. The fifth interviewee is a 42 year old Cherokee woman who grew up in a large metropolitan area. In spite of the fact that there was a large Reservation

nearby, she associated largely with whites in school. Her mother was half Cherokee and her stepfather white. Cherokee was not spoken in her family and she did not learn the language. She has only attended one powwow in her life. Her mother drank alcoholically and caused many problems for the family. Her primary exposure to Indian drinking behavior is through interactions with her mother's family. She reports these as unpleasant, argumentative and often frightening. For example, during a funeral all her family members got drunk and stayed that way for several days while the funeral ceremony was conducted. They drank and sang all night long and never sobered up. During this time several fights and violent arguments took place. This type of behavior, she said, was typical of what happens when Indians get together. Her own drinking began with her white friends in school. Because of her negative family experiences, she drinks exclusively with whites.

Respondent Six. The last interviewee is a young, gay Kiowa male with HIV. He was adopted at birth into a white family and had no exposure to his traditional language or culture until he was sent to an Indian boarding school at the age of 14, where he remained for three years. He returned to public school for his senior year, but he ran away from home and lived on the streets. He became a male prostitute and began drinking heavily with other hustlers there. While he did drink some with Indian kids in the boarding school, he said they never were able to get alcohol frequently or in sufficient quantities to drink heavily. So his first experiences with alcoholic consumption were with non-Indians. He said that there were many groups of Indian

people who drank heavily living on the streets and at various missions and half-way houses, but he did not associate with them. Though he is full blood and is taken to be Indian by the majority of people who encounter him, he prefers to identify himself not as Indian but as gay. His only contact with the Indian community as an adult has been to attend powwows when someone specifically asks him to—and not participating even then, and by attending a special program for Indian people with HIV. And that program, he admits, he attends primarily for the benefits available to him there.

#### Interview Procedure

Study One and Two Protocols are identical and a comprehensive description of ethical and regulatory Issues, privacy and confidentiality, interview methodology and transcription is provided in Chapter Five.

Interviewer's Relationship with Study One Informants. As previously indicated, I have been actively involved in alcoholism and alcohol-related research since 1989. As part of my work, I regularly I visited NADTC, the inpatient treatment center from which the informants of Study One were recruited. At least once a week, I attended the afternoon roll call session at NADTC and at that meeting addressed the entire client population, recruiting participants for several large scale research projects under way at my place of employment. Because of this, I would have been known town to those individuals who I subsequently approached and asked to participate in

this study. Frequently, NADTC clients mistook me for an employee of the treatment center as I was there so much and, many sought me out as the studies I recruited patients for, as part of my job, often paid in excess of \$200, not an insignificant sum for inpatients in a state operated treatment facility. Because of this, I explicitly explained the nature of this research project to potential interviewees, explaining that it was not a part of their treatment program and that they would not get paid for participating. My professional relationship with NADTC at that time might have been seen by some clients in such a way as to alter their responses to the questions I asked. To counter this, I made explicitly clear that whatever information they provided to me would not in any way affect their treatment and would not be shared with the treatment staff.

A second characteristic about me that is likely to alter how participants responded to me and to the questions posed is my ethnicity. I am clearly not recognizable as an Indian person. In fact, this is one of the original reasons why Study One was undertaken, to establish that, in fact, Native American alcoholics would agree to allow me to interview them and would provide meaningful answers to the questions I asked them. In fact, one of the points I explicitly made to each potential interviewee was that I do not consider myself to be an Indian person and that, while I am interested in the issue of alcohol and Indian culture, I am in no way whatever attempting to pass myself off as being an Indian.

To make clear why I am interested in and feel qualified to ask questions about this issue, I explain that I was raised in a rural county that was—at the time—about



90 percent Cherokee and grew up in a family where my grandmother was recognizably Indian and she spoke Cherokee. In my childhood I learned the Cherokee words for common objects, like bread, boy and girl, man and woman, water and cow (etc.) and expressions like *pass the bread* and *come in to dinner*. So, in spite of the fact that I was not myself an Indian person, I had grown up in a family and community heavily influenced by Indian culture. My relationship to the Indian world, therefore, is one of close association. I am interested in the relationship between Indian culture and alcohol because of how and where I was raised. What cannot be known from the data is what the informants made of my explanation or how their feelings toward me as a result of this self-disclosure may have influenced their responses.

Study Limitations. As originally designed twenty in-depth interviews were to be collected for this study. This sample size was chosen as it falls well within the range Baum (2000) recommends as generally adequate for most qualitative research approaches. Such estimates, however, are provisional and the actual number of cases needed in any given study is based on the principle of saturation. A dataset is thought to be saturated when further data collection results in the accumulation of no new knowledge (Tuckett, 2004). Data collection in this study ended because of an arbitrary event and not because the proposed sample size was reached or because preliminary data analysis suggested that saturation had been reached. There is no reason to suppose, therefore, that the information collected here accurately reflects

the range of responses that would have been found had additional interviews been done. Any analysis of this dataset, therefore, must be limited to a description of the data collected and not used to make inferences or generalizations about the larger population.

### Study One Analysis

Responses to Individual Questions. The data collection method employed in Study One was an in-depth interview, in which a series of open ended questions were asked. These questions were designed to elicit responses on topics related to the specific aims. In all fifteen questions were asked. A list of these questions can be found in Appendix I. What follows is a summary of respondents' answers to each of these questions.

Question One. In response to the question: "How connected are you with your traditional community?" three informants indicated they had been raised in Indian households, in predominantly Indian communities. One informant reported that he had been adopted at birth into a white family and had no contact with his traditional community until the age of 13 when he was sent to an Indian boarding school for three years and another, also adopted into a non-Indian family, only had contact with her traditional community when visiting her cousins one or two weekends a month. The sixth informant was adopted at birth into a non-Indian family and had no contact

with other Indians until he was an adult. Of the six informants, only three (50 percent) reported regular contact with their traditional communities as adults.

Question Two. In response to the question: “Was your tribal language spoken at home when you were a child?” three indicated that it was not, two reported their native language was regularly used at home and one said her father did speak the language but that it was only infrequently spoken in front of her.

Question Three. In response to the question: “Did you learn, and do you speak your traditional language?” Of those reporting that their native language was spoken at home, only one reported learning to speak that language, while the other only understands words and phrases spoken to him. Similarly, the informant indicating that her father spoke his traditional language, she acquired only a few words for common objects. Of those not raised around their traditional languages only the informant who, as an adult, sought out contact with the Indian community reported acquiring any level of competency in a native language.

Question Four. In response to the question: “Do you participate in any of your tribe’s traditional ceremonies, or dances?” only one informant reported regular participation and one occasional participation in cultural events specific to their specific tribe. A third reported attending events only one or two times as a child. Curiously, one informant who was adopted out a birth and was never able to prove his membership

in his Native Alaskan (Aleut) community actively sought out other tribal affiliation. Eventually he was able to find some degree of acceptance in the Seminole tribe and subsequently participated regularly in their dances and ceremonial events.

Question Five. In response to the question: “Do you participate in any inter-tribal events such as powwows, sweat lodges or the Native American Church?” one informant is an active traditional dancer and competes regularly in Fancy Dance competitions at powwows, three others attend and sometimes participate in dances, sweat lodges and other inter-tribal activities, one indicated that he only attended powwows when someone specifically invited him and one has not attended any traditional events since childhood.

Question Six. In response to the question: “Do you associate mainly with Indian people, with whites or equally with both?” half of the study participants reported they primarily associate with other Indian people but also have white friends or drink occasionally with whites, two said they associate primarily with whites and interact with other Indians who are close relatives or only at powwows and other Indian events. The final respondent reported associating almost exclusively with whites, though he does occasionally attend a Native American support group for persons with whom he shares a medical condition.

Question Seven. Only three informants' responses to the question: "When associating with other Indians, do you associate mainly with members of your tribe or with Indians, regardless of tribe?" were relevant, as the others reported associating primarily with whites. Of the three informants who seek out and spend time with other Indian people, only one indicated a preference for members of the tribal community he has chosen to identify with, but regularly interacts with members of other tribal groups as well.

Question Eight. Responses to the question: "When you drink, do you drink with other Indians, with whites or does it not matter?" were consistent with those provided on Question Seven. All those who indicated a preference for spending time with Indian people also reported drinking most often with Indian people.

Question Nine. Similarly, those who regularly drank with other Indians also responded to the question: "If given the chance, do you prefer to drink with whites or with other Indians?" that they did, in fact, drink most often with other Indian people not because these were the most proximate and available drinking partners but because they preferred to with other Indian people.

Question Ten. In response to the question: "Do you think that Indian people drink differently than white people, and if so, how?" one reported that, unlike whites, Indian people don't know when to stop drinking and are much more likely to continue

until they black out. Two others indicated that drinking around other Indians is more fun and that they tended to drink more heavily than whites. A fourth said Indian drinkers are more likely to become argumentative and violent and that drinking bouts generally last all day long and sometimes for several days at a time. The final two respondents did not normally associate with or drink around other Indians and did not know.

Question Eleven. In response to the question: “What kinds of things happen when Indian people get together and drink?” two respondents described negative and frightening events, including arguments and fighting. Two others said that Indian people, when drinking, tend to laugh, tell jokes, sing songs and have fun. Another informant described Indian drinking occasions as being like a family reunion where friends and family members get together, drink and enjoy being together. The final respondent indicated he did not know how Indian people drank.

Question Twelve. In response to the question: “What kinds of things happen when white people get together and drink?” one respondent said that whites are more capable of controlling their consumption and know when to quit. Another said white drinkers were not as wild. Similarly another indicated that when she drank with her husband, who was white, they most often went to a bar and had a few beers and another said white people go to bars and listen to juke box music or shoot pool but do

not get as socially involved as Indian people do. One said that whites just liked to go to bars and have fun and the final respondent said they just drank and got drunk.

Question Thirteen. In response to the question: “Do you drink more alcohol, or drink differently when you are drinking with other Indians as opposed to drinking with whites?” three informants indicated that drinking with whites is less of a social occasion and they tend to drink less, one even saying that she often does not drink enough to get drunk when drinking around whites, but always gets drunk when drinking with other Indian people. The final two respondents reported they do not drink with Indians.

Question Fourteen. The question: “What is a forty-nine celebration and what happens there?” emerged as a result of a question concerning Indian drinking put to the first interview participant. He answered that when he drinks with other Indians he does so at forty-nine celebrations. These he described as occasions where Indian people get together, sing songs and drink all night long and that these events began as a traditional celebration honoring young warriors going off to fight. All later interviews included this question. A second informant indicated that the forty-nines are not a traditional celebration but a reasonably new event that takes place after powwows specifically designed for drinking and engaging in illicit behaviors. This informant and another indicated that these events typically involve dangerous and violent

behaviors, in which participants are frequently injured. The three remaining informants did not know anything about these celebrations.

Question Fifteen. The question: “Have you ever been to or participated in a forty-nine celebration?” As with Question Fourteen, this question was added after the first scheduled interview. The first informant indicated that he regularly attends and enjoys these events. Another said she had attended one as a child and was frightened by what happened there. The third respondent, again, attended only one or two and found them to be dangerous and frightening. The remaining informants had never attended a forty-nine celebration.

#### Relation of Interview Questions to Specific Aims

As previously indicated the interview questions were designed to elicit responses to topics related to the Specific Aims listed in Chapter Two. The final two questions emerged as a result of a specific line of discussion initiated by the first informant. These questions, however, add important information to the resolution of Specific Aim Three and have been added to the list of questions associated with it. Questions 1 through 7 were concerned with Specific Aim One; questions 10 through 12, 14 and 15 with Specific Aim Three; and questions 9 and 13 with Specific Aim Four. Specific Aims Two and Five are not addressed in Study One.



Specific Aim One. “How do Indian people negotiate and maintain their connection to their traditional cultural group?” Each of the first seven questions challenged informants to consider one aspect of how he or she was connected to their culture. When combined, these questions reveal a consistent pattern of cultural identification for each of the six study participants.

At the beginning of the interview session, all six informants indicated a personal connection to one specific tribal group, though the Alaska native—who considered himself to be an Aleut—associated himself with a group to which he was not born into. Of the six informants, three were born into and spent their childhood years in Indian families, one living on a reservation and the other two in predominately Indian communities. The others were adopted into non-Indian families. One of these individuals visited her Indian cousins at least twice monthly; another had no contact with the Indian community until the age of 13, when he was sent to an Indian boarding school for three years and the third had no significant contact with any Indian community until adulthood. Only two of those who were raised in an Indian environment have maintained their tribal connection into adulthood. One who was adopted at birth and had no contact with the Indian community until adulthood, became actively involved in a tribe (not his birth tribe) and continued to remain actively involved in its ceremonial events.

Of the three raised in Indian communities two lived in households in which their native tongue was spoken, while the third reported that family members did speak the language but seldom around her. Only one of the participants report being

able to speak their native language, with two others saying they can recognize some words of food, water and other common objects. None of those adopted into non-Indian families learned their native language, however the Aleut indicated that he had picked up a few Seminole words through his close association with members of that tribe.

All six participants report attending powwows, tribal dances, sweat lodges, or other inter-tribal cultural events. Of these one reports attending only a couple of events early in life and none since that time. A second attends powwows only when someone specifically invites him to do so. The others actively attend and participate in these events. One is actively involved in native dance. Her costume was especially made for her and serves as a reminder of her traditional and family heritage.

When taken together, these responses suggest that the maintenance of a connection to one's traditional culture is a complex issue. While three individuals indicate being raised in a predominantly Indian cultural context, only two of these continued to maintain a close relationship with their tribal culture into adulthood. Also, one individual who was adopted at birth and raised in a strictly non-Indian cultural context successfully established a significant connection to Indian culture later in life, and that connection was largely maintained through a tribe with which he had no blood connection.

A second interesting characteristic of these responses is the fact that all but one attend Indian cultural events, such as dances and powwows, at least occasionally as adults, though one only when invited by someone. Only three of these five,

however, indicate a significant connection to Indian culture. Clearly, attending Indian cultural events is not, in and of itself, sufficient to establish and maintain a significant connection to one's traditional Indian culture.

These findings, though based on a limited sample, are consistent with the literature on Native American cultural identification. For example, Garrouette (2001) argues that the establishment of American Indian identity is complicated by the competing requirements of tribal and governmental rules for establishing and maintaining tribal membership. Because of these, many Indian people rely on family connections to establish and maintain their connection to Indian culture while others attempt to define their Indianness through participating in tribal and inter-tribal activities. Ultimately, informants responses to these questions led to the inclusion of additional questions in Study Two, concerning how those Indian people with strong ties to a particular tribe feel about inter-tribal ceremonies and those who attempt to define their connection to Indian culture through them. See Study Two Questions in Appendix I.

Specific Aim Three: “As a group, do Indian people, when drinking, engage in any behaviors or patterns of behavior that are recognizably different than those of other non-Indian groups: are Indian people recognizable as Indians because of how they drink?”

Of those responding to Question Ten, which asks if Indians and whites drink differently, two indicated they did not know; one because he does not drink with

Indians and one because she does not drink with whites. All the rest reported a noticeable difference in drinking behavior. One said that Indians, when drinking together, drink to the point of blacking out: “drink, pass out, wake up and drink some more” and two others reported that Indian people typically drink heavily and continue drinking for days at a time. In all, three indicated that Indian people laugh, tell jokes and have more fun when drinking than do whites; one even compared Indian drinking to a family reunion. One, who is not close to her traditional community, felt that when Indians drink, they become dangerous and are frightening to be around. Another indicated that being around Indians who are drinking is not always safe and another said they are often rowdy and fight while drinking. Though limited by the small sample size, it is informative that all respondents who report having knowledge and experience of the drinking behaviors of both Indian and non-Indian drinkers report that Indians are more likely to engage in precisely those behaviors most commonly associated with the *Drunken Indian* stereotype (Davis, 1991; Frank, Moore & Ames, 2000; Mancall, 1995; SIRC, 2000). Not a single respondent provided evidence that was inconsistent with that stereotype.

Specific Aim Four: “Does an Indian person drink differently, when he or she is drinking with other Indians, as opposed to then that same person drinks with non-Indians: Does an Indian person’s perception of the social context in which drinking occurs alter how he or she drinks and behaves while drinking?”

Of the six informants interviewed, three stated they primarily associated with whites and other ethnic groups and seldom, if ever, drank with Indians. Consequently, the responses to the two questions concerning whether individuals drank differently, when drinking with other Indians, as compared to when they drank with non-Indian groups come from only three individuals.

All three, of those who drank both with whites and with Indian people indicated that drinking with Indians was more fun, and they tended to laugh, joke and sing but, when drinking with whites, they usually went out to dinner and had a glass of wine, went to a bar and listened to music, or had a few beers with friends. These informants also indicated they drank more heavily when drinking with Indians. One said that when she drank with her former husband, who was white, she typically drank beer, but when drinking with Indian friends and family she preferred to drink liquor and always drank to intoxication. Another said that when drinking with whites, she always drank less and sometimes did not even drink enough to get drunk. While it is methodologically unsound to infer much from so small a sample, it is suggestive that every individual who reported drinking with both Indians and non-Indians reported the same pattern of difference.

The fact that Indian alcoholics report drinking differently when drinking with other Indians, as compared to how they drink with non-Indians, raises the question of whether or not this phenomenon is also true in non-alcoholic Indian drinkers. This question resulted in the inclusion of non-alcoholic Indian respondents in Study Two.

Grounded Theory Analysis. The six Study One interview texts were then submitted to a grounded theory analysis, following the method described in Charmaz (2006). The transcripts were read and, based on careful reading coded at the level of the complete thought. These codes were then reviewed to determine the most commonly occurring codes and those most responsive to the current project's Specific Aims. This analysis revealed the following:

#### Passive Cultural Identification

One of the common reasons given for the increased incidence of alcoholism among Indian people is the lack of close connections to their tribal culture (Napholz, 2000; Szlemko, Wood & Jumper-Thurman, 2006). Study One respondents all reported some participation in Indian culture and five wished they know more about or were more involved in their culture. Participation, for most, however was passive, rather than active. Respondent One, when asked if he had learned Kiowa, stated "It was spoken, but I didn't pick up on it." When asked how involved he was in his traditional culture, he replied "I just never went and find out about my own tribe." Similarly, Respondent Three said "I learned a few words, like [dad] would name some food, like water and stuff...I kind of remembered" and Respondent Six stated "I go to powwows every once and a while. If somebody invites me to one I'll go." While all respondents identified themselves as American Indians and three indicated

maintaining a close connection to their culture in adulthood, the quality of this connection may, in part, play a part in their drinking behavior.

### Drinking as an Exercise in Freedom

Szlemko, Wood and Jumper-Thurman (2006) suggest that many Indian people—especially younger persons—may drink alcoholically as a result of the combined effect of historical stressors, based on the treatment of Indian people in the past and current environmental conditions, such as high unemployment rates, poor access to education and healthcare services and limited social opportunities. That is, Indian people drink more frequently than members of other cultural groups because of increased stress and fewer options. Analysis of the responses of Study One informants suggest that Indian people may drink, not just to avoid stress, but because of the freedom associated with drinking. When asked about attending forty-nine celebrations, Respondent One said “I mean I’m happy being there. I see a lot of friends...I’m doing what I really wanna do.” and later, that drinking with whites is different than drinking with Indians because, with whites “you can’t get rowdy like you do at a forty-niner.” He further suggests that one has to be more careful and more restrained when drinking around non-Indians. Similarly, Respondent Four stated that in a white bar “you’re sitting there drinking, to me, you know very boring, very quiet...You open the door to an Indian bar, its wild in there...you got a bunch of drunk Indians, not always peaceful, it’s not always safe but you can be yourself.”

Respondent Two added “we would go out to the bars...then we would go to a different town..it would depend on what tribe the person we were with came from that night. They would want to go somewhere and we all went.” To some degree then, drinking events may be seen as an escape, not only from the stressors and limitations of everyday life, but as an adventure as an exercise in freedom. If true, then current substance abuse treatment programs, which stress abstinence, may in fact be seen as attempts at taking away the Indian person’s personal freedom.

One point must be kept in mind about the responses given to individual questions, the application of these to the Specific Aims and Grounded Theory analysis of the respondent’s narratives. All these analyses are based on the statements of six individuals. A larger study must be undertaken before any methodologically sound conclusions can be drawn. In the current project, they serve as the foundation for Study Two, when the same questions are applied to a larger sample, but one that also includes non-alcoholics. If it should be the case that analysis of Study Two interviews reveals similar results, then the generalizability of these findings may be established. At this point, however, they are merely interesting.



## CHAPTER SEVEN

### Results of In-Depth Interviews with American Indian Informants

#### Purpose of Study Two

Much research has been done on the impact of alcohol use and alcohol-related problems on Indian populations. What is less well known is how the beliefs Indian people have about alcohol use and its causes affect their drinking and its consequences, especially in light of the *Drunken Indian* stereotype. Understanding how Indian people drink and why they drink the way they do requires a deeper understanding of their cultural identity, their participation in that culture and their beliefs about alcohol use and its consequences. Study Two was designed to ask and begin to answer these important questions. Specifically, this study asks:

1. How do Indian people negotiate and maintain their connection to their traditional cultural group?
2. Do Indian people recognize the validity and legitimacy of self-described Indians who are not members of, or closely associated with a recognized Indian tribe: Are there only *real* Indians and non-Indians, or can there legitimately be recognized grades or levels of Indianness that fall somewhere in between?
3. As a group, do Indian people, when drinking, engage in any behaviors or patterns of behavior that are recognizably different than those of other

non-Indian groups: are Indian people recognizable as Indians because of how they drink?

4. Does an Indian person drink differently, when he or she is drinking with other Indians, as opposed to then that same person drinks with non-Indians: Does an Indian person's perception of the social context in which drinking occurs alter how he or she drinks and behaves while drinking?
5. Are there any traditional beliefs or practices—either common to all Indian people or specific to a particular tribal community—that might explain the emergence and persistence of the *Drunken Indian* stereotype?

### Data Collection

Setting. One-on-one, in-depth interviews took place either in my private office on the University of Oklahoma Health Sciences Center or at the offices of interviewees. All were conducted in a private setting, to insure that informants' comments could not be heard by others.

Study Population. Study included self-identified American Indians who maintain close ties to their traditional culture, are involved in tribal, or Indian cultural affairs, and willing to answer questions about Indian culture and alcohol. All clients meeting these criteria were asked to participate.

Participant Recruitment. Informants were self-identified American Indians recruited through personal contacts at the University of Oklahoma campuses in Oklahoma City, Tulsa and Norman, at State Agencies, the Indian Health Services, Substance Abuse Treatment Centers and through recommendations given by these individuals. The principal investigator contacted potential participants either in person or by phone and asked if they would be willing to participate and then met with each individually to discuss the project and determine the eligibility and interest of potential participants. All those who were eligible and interested were scheduled for an interview.

Sampling Strategy. Study Two employed a purposive sampling strategy. Rather than choosing interview participants randomly, as was done in Study One, participants in Study Two were chosen on the basis of their participation in and knowledge of Indian cultural practices, Indian healthcare issues, alcohol use and alcoholism, and substance abuse treatment programs. Potential participants were first identified through personal contacts and through the recommendations of tribal leaders and study participants. These individuals were then contacted by the study investigator and the project was discussed. Individuals were asked to participate based on their interest in and knowledge of the topics under study in this project.

Sample Size. Twenty in-depth interviews were collected for this study. This sample size was chosen as it falls well within the range Baum (2000) recommends as

generally adequate for most qualitative research approaches. Such estimates, however, are provisional and the actual number of cases needed in any given study is based on the principle of saturation. A dataset is thought to be saturated when further data collection results in the accumulation of no new knowledge (Tuckett, 2004).

Human Subjects Protection, Confidentiality and Regulatory Concerns. As Study Two was designed to collect data about a sensitive topic—alcohol use in Indian populations—the University of Oklahoma Health Sciences Center’s Internal Review Board felt that a significant risk existed that the information obtained might, if released, constitute a significant risk to study participants. Based on this assessment, the IRB required that an NIH Certificate of Confidentiality be obtained before data was collected. Consequently, a Certificate of Confidentiality was obtained and remains in effect.

Study Participants. Following the original study design twenty in-depth interviews were conducted. Though participants were not selected on the basis of gender, half (n=10) were female. Unlike those recruited in study one, nearly half (n=9) of the sample was made up of Indian people who reported affiliation with more than one tribe. In all 18 tribal groups were represented (11 individuals reporting multi-tribal affiliation), with the most common being Cherokee (n=5), Choctaw (n=5), Creek (n=4) and Cheyenne (n=3). The demographic characteristics of the study sample are presented in Table 8 below.

**Table 8.** Demographic Characteristics of Study Two Participants

ID	Tribal Identity	Blood Quant.	Gender	Age	Alcohol Use
1	Osage	4/4	Male	60's	Social Drinker
2	Cherokee, Muskogee-Creek	4/4	Female	40's	Abstainer
3	Cherokee, Choctaw, Chickasaw	1/2	Male	40's	Heavy Drinker
4	Apache	1/4	Female	40's	Heavy Drinker
5	Kiowa, Tuscarora, Comanche	4/4	Male	30's	Abstainer
6	Caddo	1/2	Female	40's	Social Drinker
7	Cheyenne-Arapaho, Seminole-Creek	3/4	Male	40's	Heavy Drinker
8	Southern Cheyenne	4/4	Male	50's	Heavy Drinker
9	Cherokee, Creek	1/4	Female	20's	Heavy Drinker
10	Sac & Fox	1/2	Female	30's	Social Drinker
11	Wichita-Creek	4/4	Male	30's	Social Drinker
12	Cherokee	1/8	Female	50's	Abstainer
13	Choctaw	3/4	Male	30's	Heavy Drinker
14	Choctaw, Cherokee, Chickasaw	1/8	Male	20's	Social Drinker
15	Caddo	4/4	Female	50's	Abstainer

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ID	Tribal Identity	Blood Quant.	Gender	Age	Alcohol Use
16	Southern Cheyenne	4/4	Male	40's	Heavy Drinker
17	Choctaw	1/2	Male	60's	Social Drinker
18	Pawnee-Wichita	4/4	Female	40's	Social Drinker
19	Kiowa-Navajo	4/4	Female	50's	Social Drinker
20	Choctaw	Adopted	Female	50's	Social Drinker

Description of Study Two Participants. The descriptions provided below are strategically vague. This is essential because the Native American community is both close knit and small. If one were to include participants' gender, age and tribal affiliation along with their job title this, in many cases, would identify a specific person. This fact was demonstrated to me during the course of conducting the Study Two interviews when I mentioned conversations I had held in the past with leaders in research, healthcare and substance abuse treatment who were also Indian persons. In one interview, I mentioned that I had discussed tribal differences in the alcohol-related health outcomes with an Indian person at the State Health Department and the interviewee said "Oh, you mean Tim Tallchief." In this instance I had not given the person's tribal affiliation or job title. Naming where this individual worked was sufficient for a positive identification to be made. In many cases, naming a tribal affiliation and a job title identifies a specific person. If I were to say that one of the informants were a former Principal Chief of a certain tribe—I did not, in fact, interview any tribal chiefs—that alone would limit the range of possible individuals

to a very small number. I did, however, interview tribal liaisons, a well known Native American performer, a tribal medicine man and alcohol researchers and healthcare providers who would be immediately recognizable if any additional information about them were provided. Consequently, the descriptions given below must be vague.

#### Brief Description of Participants

Respondent One. The first respondent is an older Osage male who has played a leading role in healthcare policy. He is actively involved in his tribe, sets on many tribal committees and is involved in the tribe's ceremonial activities. He is also fluent in his traditional language.

Respondent Two. The second respondent is an enrolled member of the Cherokee tribe, but is also closely associates with the Muscogee-Creek tribe. She has maintained close ties with the Cherokee community, is fluent in her traditional language and has been actively involved in its tribal government. Professionally, she is involved in the healthcare field.

Respondent Three. The third respondent moved from his traditional tribal community in early childhood and primarily maintains his connection to American Indian culture through his association with and participation in the Oklahoma City powwow club. While he is eligible for membership in his tribal community he has not done so. He

does, however, speak his traditional language. He is also active in assisting American Indian alcoholics and substance abusers through Indian-based treatment programs, such as White Bison and Red Road.

Respondent Four. Respondent four is a female Apache, though she has not been closely associated with her own tribe, she has been more involved in her husband's, primarily for the benefit of her children. She does not speak her native language and, because of her light complexion, she is often not accepted as being an Indian by many Indian people.

Respondent Five. Respondent five is closely associated with three tribes. He is closest to the Tuscarora tribe in New York. He lived on the reservation there with his parents during his childhood. Later he moved to another reservation, because of his father's work. Because of his early and intensive experience with a wide variety of tribal groups, his cultural perspective is wider than most and feels a close kinship with all Indian people.

Respondent Six. Respondent six is a Caddo female and is less closely associated with her tribe than she would like to be. She has not yet filed paperwork for enrollment in her tribe but is eligible to do so. She is actively involved in promoting health issues and providing health education to Indian people and attends inter-tribal powwows several times a year.



Respondent Seven. Respondent seven comes from a multi-tribal background, but maintains a relationship with the Cheyenne-Arapaho community in his home state of West Virginia, primarily through his extended family. He travels back to that community regularly, because of his family. He does not speak his native language or participate in tribal ceremonies, but wants to cultivate a closer relationship to that community.

Respondent Eight. Respondent eight is an older Southern Cheyenne male, who is in recovery. Since attaining sobriety several years ago, he has become increasingly involved in his traditional community and sponsors sweat lodges and other healing ceremonies for inter-tribal groups, particularly those in recovery. He also serves on several statewide boards relating to Indian health and is actively involved in traditional tribal rituals, particularly the Sun Dance.

Respondent Nine. This respondent is a young Cherokee-Creek female who is mostly African American. In spite of the fact that she was raised around her grandmother, who is a full blood Creek, she is often not accepted as being Indian. Given that she feels a close connection to her grandmother and to the Creek culture, it has been difficult for her to maintain any relationship both with her tribe and with Indian people generally.

Respondent Ten. Respondent ten is half Sac and Fox and half Hispanic. In elementary school, her mother remarried and moved away from their tribal community to live with her new Hispanic husband out of state. Because of this, respondent ten lost contact with her tribal community until she graduated from high school. Upon returning, she has not been accepted back into the tribal community, in spite of the fact that a close relative is a tribal leader. Recently, she ran for a tribal position and was defeated, largely because she was seen as an outsider. This, in spite of the fact that her mother is a full blood and her aunt and other relatives are tribal elders. Because of her being rejected by her traditional community, she has become very active in Indian healthcare, working primarily with small western tribes.

Respondent Eleven. This respondent is a member of the Wichita tribe, but is closely affiliated with the Creek tribe as well. Though he does not speak his native language, he is active in tribal affairs, traveling across the state to his traditional community at least twice a month. Also, his professional position requires that he work with tribal leaders from all tribes in the state as well as representatives from the Indian health services. For him, Indianness is not so much an issue of participating in Indian cultural events—though he does attend many—but by living in a traditional way. For him, being Indian is about the way one lives more than about the activities one participates in.

Respondent Twelve. Respondent twelve is a Cherokee female who is married to a white man. Though she did not learn her traditional language and has not insisted that her children learn Indian ways, she has maintained her connection to her traditional culture, primarily through her close ties to her family. She attended powwows and Cherokee ceremonial events as a child but has not continued to do so as an adult. Though she is only 1/8<sup>th</sup> she is clearly Indian in appearance and is accepted as an Indian whenever she interacts with other Indians. Professionally, she is involved in Indian healthcare and research and maintains professional relationships with Indian leaders across the state.

Respondent Thirteen. Respondent thirteen is a young Choctaw male who participates in sweat lodges, and traditional ceremonies, but avoids powwows that are open to the general public. He feels that Indian cultural practices—especially those involving medicine—should be kept for tribal members and not shared with outsiders.

Respondent Fourteen. Respondent fourteen is a college student who has only recently become involved in his tribal community. Though his grandparents were Indian, his parents were embarrassed by their Native heritage and did not participate in that culture or teach him about it. At this point he is actively seeking information and is trying to re-acquire the culture that has been lost to him.

Respondent Fifteen. Respondent fifteen is a Caddo female who maintains her relationship with her traditional culture primarily through following the traditions passed down to her through her family. She argues that many of the typical measures of traditionality she would fail because she does not participate in a lot of dances or other “Indian” ceremonies. For her Indianness is an attitude, a way of living that is respectful, that recognizes and maintains one’s connection to and relationship with family and friends. She emphasizes the importance of gift giving, prayer, and maintaining relationships as fundamental to the Indian way of life.

Respondent Sixteen. Respondent sixteen is a Western Cheyenne male who is preparing to become a traditional medicine man. He has completed his preparatory training and is awaiting the proper time to begin his withdrawal from society. He stresses the importance of participating in ones traditional culture and is skeptical of the value of inter-tribal events, such as powwows and events open to the general public. Most of this, he feels is not traditional and not really a part of Indian culture.

Respondent Seventeen. Respondent seventeen is a Choctaw male who is a tribal elder and is actively involved in his tribal government. He is also actively involved in research and healthcare, particularly involving Indian persons. He practices traditional rituals, such as smudging daily and is a member of the Native American Church. He is not as involved in traditional dances and other ceremonial events.

Respondent Eighteen. Respondent eighteen is a tribal liaison and is actively involved in health promotion and education, especially among American Indian women and is an athlete. Professionally, she has been involved in tribal finance, especially in the administration of Indian casinos.

Respondent Nineteen. Respondent nineteen is an epidemiologist and was employed both in an academic research environment and at the Indian Health Services for many years. While she attends powwows and tribal events regularly, she is less involved in actual tribal events than she is in maintaining personal and family connections. Like others, maintaining a connection to her tribal community means remaining close to friends and family, not dancing and voting in tribal elections—though, she says she does vote.

Respondent Twenty. Respondent twenty was adopted and cannot prove her tribal heritage. She does, however, attend tribal events and participate in sweat lodges, healing ceremonies and the Native American Church. Professionally, she is involved in Indian health research and promotion and education.

### Study Two Analysis

Responses to Individual Questions. The data collection method employed in Study Two was an in-depth interview, in which a series of open ended questions were asked. These questions were designed to elicit responses to the specific questions the

study was originally designed to answer. In all twenty one questions were asked. A list of these questions can be found in Appendix I. What follows is a summary of respondents' answers to each of these questions.

Question One. In response to the question: "How connected are you with your traditional community?" eighteen respondents indicated they are close to their traditional communities. Of these six maintain that relationship through their family, five do so through participating in tribal government and operations, four by regularly attending and participating in tribal cultural events, two through their active participation in Indian health programs and one through the Native American Church. Both of those who are not close to their communities indicate they would prefer to be more closely associated with them.

Question Two. In response to the question: "Was your tribal language spoken at home when you were a child?" half of all respondents indicated that it was.

Question Three. In response to the question: "Did you learn, and do you speak your traditional language?" only seven respondents admitted any degree of proficiency in speaking their native language.

Question Four. In response to the question: “Do you participate in any of your tribe’s traditional ceremonies, or dances?” eight respondents indicated that they do participate regularly; three others said they participated, but not often.

Question Five. In response to the question: “Do you participate in any inter-tribal events such as powwows, sweat lodges or the Native American Church?” seventeen answered affirmatively, two more indicated they had in the past but not recently, and one said he had never been to any of these events.

Question Six. In response to the question: “Do you believe that these inter-tribal events are based in Indian culture; are they, in your opinion, genuinely Indian events?” five respondents believe they are not, three believe them to be traditional, five more indicate that some elements of these events are or may be based on traditional practices and the remainder are not sure.

Question Seven. In response to the question: “How do you feel about those individuals who, for whatever reason, cannot prove their Indian heritage but still identify themselves as Indian? Are they, in your opinion, Indians or not?” six do not believe these individuals can or should be able to be treated the same as those who can prove their Indian heritage, three reported feeling sad or sorry for them, two others feel a kinship with them as they have faced the same problem and the rest are not sure.

Question Eight. In response to the question: “Do you associate mainly with Indian people, with whites or equally with both?” twelve indicated they primarily associated with Indian people, four primarily associated with whites and the remainder associated equally with both whites and Indian people.

Question Nine. In response to the question: “When associating with other Indians, do you associate mainly with members of your tribe or with Indians, regardless of tribe?” Thirteen said that it does not matter what tribe they come from, four associated most often with members of other tribes and the remaining three with members of their own tribe.

Question Ten: In response to the question: “Some have claimed—and many people still believe—that Indian people are biologically or genetically predisposed to alcoholism. Do you believe this is true?” fifteen stated that it was not true and the remainder that it was.

Question Eleven. In response to the question: “Do you drink alcohol at least occasionally?” eleven said that they do, the remaining nine denied current drinking.

Question Twelve: In response to the question: “If you drink, do you drink with other Indians, with whites or does it not matter?” seven indicated drinking with Indians,



three with non-Indians, for two it didn't matter who they drank with and the remainder do not currently drink.

Question Thirteen: In response to the question: "If given the chance, do you prefer to drink with whites or with other Indians?" eight prefers to drink with other Indians, three with non-Indians and the rest do not drink or have no preference.

Question Fourteen: In response to the question: "Do you think that Indian people drink differently than white people, and if so, how?" nine indicated that Indians drink more, six said there is no difference in how Indians and non-Indians drink, and the remainder were not sure.

Question Fifteen: In response to the question: "What kinds of things happen when Indian people get together and drink?" five respondents indicated that Indian people would drink more, three that fights were likely to occur, two believe that Indian people would drink to the point of having a blackout, one said that there would be singing and dancing and having fun and the rest either believed there would be no difference or were not sure.

Question Sixteen: In response to the question: "What kinds of things happen when white people get together and drink?" ten indicated that non-Indians drink less and

three said that whites tended to sit and drink or drink with dinner, whereas Indian people would get up, dance and play games while drinking.

Question Seventeen: In response to the question: “Do you drink more alcohol, or drink differently when you are drinking with other Indians as opposed to drinking with whites?” eight indicated that they would drink more alcohol if they were drinking with other Indians the rest indicated wither that they would not drink differently or were non-drinkers.

Question Eighteen: In response to the question: “What is a Forty-Nine Celebration and what happens there?” eighteen respondents indicated that heavy drinking was likely to occur, six said that fighting and rowdy behavior was likely to occur, seven that singing, drumming and dancing were likely and one that it was a place where one could let their hair down and no one would care.

Question Nineteen: In response to the question: “Have you ever been to or participated in a forty-nine celebration?” ten informants indicated attending these events, and two more said that had done so only once or twice many years ago.

Question Twenty: In response to the question: “Some have attempted to explain Indian style drinking—drinking in groups, drinking for several days at a time, drinking all of the alcohol available, things like this—by looking at aspects of Indian

culture, such as traditional festivals which last for days or weeks, or the habit of eating all the meat whenever there is a large animal killed—particularly in hunter gatherer groups. Do you believe that aspects of Indian style drinking can be explained this way?” all respondents either did not believe that Indian drinking was caused by any element of Indian culture or did not know of any likely to cause problem drinking.

Question Twenty-one: In response to the question: “What aspects, if any, of Indian culture are most likely to contribute in the alcohol related problems so many Indian people seem to suffer?” only three respondents offered any answer to this question, all indicating that the cultural factor most likely to lead to Indian drinking was the suffering caused by the violence and economic hardship that Indian people so frequently experience.

#### Relation of Interview Questions to Specific Aims

As previously indicated the interview questions were designed to elicit responses on topics related to one of the Specific Aims listed in Chapter Two. Questions 1 through 5 were concerned with Specific Aim One; questions 6 and 7 with Specific Aim Two; questions 14, 15, 16 and 18 with Specific Aim Three; question 17 with Specific Aim Four; and, questions 20 and 21 with Specific Aim Five.

Specific Aim One. “How do Indian people negotiate and maintain their connection to their traditional cultural group?”

When combined, respondents’ demographic characteristics and answers to the interview questions associated with Specific Aim one presents a complex pattern. First, nearly half of all study participants report a personal connection to more than one tribe. In fact, several indicated affiliation with as many as four independent tribal groups. It is not surprising, therefore, that the most common response to question one, concerning how one maintains a connection to their traditional culture, is through their family rather than their tribe. This, of course, reflects the fact that the reason they are associated with more than one tribe is because different family members belong to different tribal groups. The most obvious example of this is when one parent is a member of one tribe while the other belongs to another. Often the tribe in which they are enrolled is based on a decision of whether to become a member of their mother’s or their father’s tribe. For some, however, the problem is more complex. Different tribal groups have different requirements and some become members of one because they are not eligible for the other, regardless of which they feel a closer affinity for.

Also, while many are skeptical of the authenticity of inter-tribal cultural events, seventeen of the twenty respondents attend them. At the same time, less than half of respondents (n=8) admitting regular attendance at cultural events specific to their tribe. Given that the majority sees these events as largely social and not based on any traditional Indian culture, this seems counterintuitive.

Specific Aim Two. “Do Indian people recognize the validity and legitimacy of self-described Indians who are not members of, or closely associated with a recognized Indian tribe: Are there only *real* Indians and non-Indians, or can there legitimately be recognized grades or levels of Indianness that fall somewhere in between?”

Given the fact that so many respondents indicated affiliation with more than one tribe and admitted participating in inter-tribal events more frequently than those specific to their tribe, it is curious that these inter-tribal events were so widely seen as not being authentic. Five claimed that they were not traditional at all and another five that perhaps some elements might be authentic, but that the events as a whole were not. When these numbers are combined with the number of respondents who are not sure whether or not they are authentic (n=7), the overwhelming majority of respondents appear to be agnostics. Moreover, in spite of their own multi-tribal identities, respondents were largely unsympathetic to the plight of those Indian people who could not definitively prove their Indian heritage. Curiously, more than one respondent indicated their choice over which tribe they enrolled in was based on the fact that they did not meet the eligibility requirements of the tribe which they felt closest to. Regardless of this fact, the combined responses to the questions directed toward this Specific Aim suggest the majority of Indian people see Indianness as a categorical variable; one either is or is not an Indian person and there is not anything in between.

Assuming the research presented in Chapter Two claiming that those Indian persons at highest risk for developing alcoholism and alcohol-related problems are those least in touch with their traditional cultures (Napholz, 2000; Szlemko, Wood & Jumper-Thurman, 2006), then these findings are troubling. So long as this attitude prevails, those Indian people who, for whatever reason, cannot definitively prove a strong tie to any particular tribal group will be denied recognition as being authentic Indians. So those at highest risk will forever remain at higher risk. Unless that is, they renounce their claims at being Indian and adopt the Euro-American culture.

Specific Aim Three. “As a group, do Indian people, when drinking engage in any behaviors or patterns of behavior that are recognizably different than those of other non-Indian groups: Are Indian people recognizable as Indians because of how they drink?”

Nearly half of all respondents (n=9) indicate that Indian people drink differently than non-Indians and five others are not familiar enough with the drinking practices of both Indians and non-Indians, because they either do not drink or do not drink with whites. When considered together, this suggests that between half and two thirds of Indian people believe that Indians drink differently. As to how they drink, all those who responded, suggested that Indians drink more heavily, that they are more likely to engage in violent or aggressive behavior when drinking, and are more likely to drink to the point of passing out or blacking out. In sum, respondents in Study Two

appear to hold beliefs that are consistent with and supportive of the *Drunken Indian* stereotype.

Specific Aim Four. “Does an Indian person drink differently, when he or she is drinking with other Indians, as opposed to then that same person drinks with non-Indians: Does an Indian person’s perception of the social context in which drinking occurs alter how he or she drinks and behaves while drinking?”

Consistent with the findings reported above, many of those who indicated drinking with both Indian and non-Indians report drinking more alcohol when drinking with other Indians. As four respondents were abstinent, fully half of all respondents who do drink, drink more when drinking with other Indians, as opposed to how they drink with whites or other non-Indians. Moreover, not all respondents reported drinking with both whites and Indians, suggesting that the actual percentage may be higher.

Specific Aim Five. “Are there any traditional beliefs or practices—either common to all Indian people or specific to a particular tribal community—that might explain the emergence and persistence of the *Drunken Indian* stereotype?”

Overall, respondents provided the traditionally accepted claims, when asked to account for the emergence and persistence of the *Drunken Indian* stereotype. All responses given to questions twenty and twenty-one were variations of the cultural,

social and economic hardships inflicted on them by the dominant Euro-American majority (Nagel, 1997; Szlemko, Wood & Jumper-Thurman, 2006).

### Supplemental analysis

In reviewing the Study Two transcripts one striking difference immediately became clear. Some interviewees, when responding to questions posed by the interviewer, provided direct answers while others frequently answered questions with detailed and prolonged narratives. This difference becomes obvious, when looking at the form of the transcripts. Some consist of short exchanges between interviewer and interviewee while others have a sentence or two from the interviewer followed by at the very least a full page of response. This narrative style is evident in seven of the interviews conducted in Study Two.

But not only are the responses of some interviewees longer, their structure and content are also different. More interesting than the difference between one respondent and another in terms of their style of responding, however, is when a respondent suddenly shifts from a Euro-American logical structure to a mythically-oriented narrative format. An example of this took place while interviewing Respondent Three. This individual, who had been giving direct answers to the questions posed, suddenly changed to a narrative style when asked about alcohol use and how Indian people come to understand alcoholism. To that question, he provided the following response:



All the people dance around the sacred fire the Cherokee set up clans and they had their own word they gave to that fire so the fire was sacred and special to them. They renewed that fire every year and it was up to the holy man to maintain that fire all year long so that they could renew it at the next renewal ceremony. And the people kind of went to sleep one night and this great creature came and circled itself around the sacred fire and it sat there and it opened its mouth and it had horns and great big eyes. It just opened its mouth and laid there and people got curious and they walked up to this beast and they looked in there in its mouth and they heard all this noise all these pretty sounds and this voice saying come on in and have a good time, come on in and have a good time so they got careless and went on in and didn't renew the sacred fire and then the creature, and when all of the people had run inside, the creature closed its mouth. All except for three little kids and these kids were upset because they were afraid and so this angel came to them and asked what was the matter and they said all the people went inside this creature and it closed its mouth. So the angel gave them three arrows. One was water, one was clay and one was fire. And the angel said, see that diamond shape on its head. Hit that diamond and it will let the people out. The first little boy notched his arrow, shot it and it fell short, so the next little boy he notched his arrow. It went farther than the first arrow, but it too fell short. So the third little boy notched his arrow, it was the third arrow, fired the arrow and it went farther than the second little boy but it too fell short. But when it hit the

ground it hit a rock and when it hit that rock it bounced right back up and stuck right in that serpent. And when it did that great beast got indigestion and it opened its mouth and all the people came running out and they shoed that thing away from the sacred fire and they never let it get between them and that sacred fire again. It's kind of a way of saying not let anything come in between you and that sacred fire. And that story explains chemical dependency to most folks.

This change in narrative style also signals a shift in the respondent's ontological approach. Where he had previously been providing precise and logical answers, now his answers were grounded in a mythological worldview. This ontological shift presents a significant interpretative problem for anyone attempting to make sense of and appropriately respond to these kinds of statements.

Hegeman (1989) suggests that the tendency of Indian people to answer questions by providing traditional narratives is difficult for non-Indians---and many who identify themselves as Indian---to understand, as they reflect a profoundly different cultural orientation. Making sense of them requires an appreciation of what use the storytellers put them to and what cultural motivations and beliefs these stories intended to reflect. Indeed, Bahr (2001) identifies this as a common problem among contemporary American Indians: traditional myths reflect cosmological and genealogical perspectives that are observably incorrect. If, in fact, the narratives are

to be understood as science or history (i.e., *How did the world come to be?* and *Where our ancestors came from?* etc.), then many of the traditional myths are simply wrong.

If, on the other hand, these mythic accounts are to be taken as “mythological parody,” or “just so” stories created for the purpose of communicating cultural values, then they are no longer reflective of the cultural milieu in which contemporary Indian people find themselves. In this case, they are no longer relevant to the drives and desires of contemporary Indian people.

Paul Spicer (1998), on the other hand, argues that telling stories is part of the Native American culture and is the preferred mode of communicating. While sometimes punishing to goal-directed Euro-Americans, this narrative form allows Indian people time to think and reflect, especially when discussing issues they find troubling or difficult. Indeed, these narratives can provide access to the cultural and personal worlds their creators live in. As the task set forth in Chapter Five is to access and attempt to understand the life world of the American Indian drinker, Bahr’s (2001) perspective is simply misguided. What is needed to make sense of this ontological shift is a theoretical approach capable of explaining it.

Given the kinds of narratives produced and the cultural values reflected in them, Spicer’s approach seems more applicable. The narrative provided above appears to reflect the American Indian worldview. The speaker tells us that a traditional activity of the tribe is to preserve and maintain the tribe’s ceremonial fire and that alcohol use has drawn many away from that sacred task. Those who did not

turn away were given the power, by the intervention of a spiritual force, to redeem not only the lost tribe members but the sacred fire as well.

Similarly, the narrative produced by Respondent Fifteen (provided in the Grounded Theory analysis below), when asked about her connection to her tribal community, described in detail a special trunk her grandmother kept that contained all kinds of objects specifically intended to be given as gifts to whoever visited her house. She went on to describe the special place gift giving has in building and maintaining relationships between Indian people in her tribe and how choosing the most appropriate gift for a person reflects your relationship with and respect for that person. While this narrative was not a tribal myth, it most certainly was a personal one. And the values reflected in it were intended not to describe what a single person—her grandmother—did, but as an indication of what being Indian was to her.

One of the few theorists to put forward an interpretive structure that is sufficient to explain and fully account for the kind of ontological shifts than can be found in the Study Two narratives is Jean Gebser (1984). In his great work, The Ever Present Origin, Gebser describes two fundamental ontological orientations toward the world, the Mythic and the Mental. Those operating within the Mythic structure of consciousness tend to perceive the world in terms of relationships; the perceiver's relationship to his or her traditional culture, to the world, and to the supernumerary forces that suffuse and sustain it. The individual is not, in fact an individual at all, but exists by virtue of its relationship to the tribe and to the natural world. Those operating within the Mental structure, however, see themselves as fully separate from

the tribe and from the world. Not only can he or she can look objectively at and objectify features of the outside world but themselves.

Gebser's system of consciousness structures offers an excellent interpretive tool for understanding and making sense of the narrative shifts seen in the Study Two interviews. Not only does it clarify the difference in rhetorical style found in the answers provided to questions, it allows for a deeper understanding of the thought processes producing and supporting them.

Grounded Theory Analysis. The twenty Study Two interview texts were then submitted to a grounded theory analysis, following the method described in Charmaz (2006). The transcripts were read and, based on careful reading coded at the level of the complete thought. These codes were then reviewed to determine the most commonly occurring codes and those most responsive to the current project's Specific Aims. This analysis revealed the following:

#### Drinking as an Exercise of Freedom

Though Studies One and Two sampled different populations, careful coding and analysis of the texts generated in them, found this to be common to both. Alcohol use, for some Indian drinkers at least, is an exercise in freedom. Respondent Ten, for instance, questions why white college kids are free to drink the way they want to while Indians are not: "I always used to say how come it is ... you see these young college kids get together and they are binge drinking and that is supposed to be all fun

and games and that is just how kids are but when you see a group of Indian kids doing the same thing it looks like they are just a bunch of drunken Indians...why don't we have the same freedom to drink the way we want?" Respondent Thirteen sees alcohol as a way to get beyond the boundaries of everyday life: "I feel strong about that, [drinking] is just another way of being closer to Grandfather, you know, to God. It is just something that I feel was given to us ... and with it you can come closer to God" Respondent Eight sees the drinking context, the forty-nine, as a place where the normal tensions and frustrations of life are, at least temporarily, set aside: "I would like to go and drink because ...I knew there was no drama, no chaos there. ... I wanted to go and get a drink because it was real low key."

As indicated in the previous chapter, if drinking is seen as an exercise in personal freedom and, at the same time it is a stigmatizing behavior for Indian people, because of the *Drunken Indian* stereotype, then this creates a unique challenge both for the Indian person who chooses to engage in this behavior and for the healthcare provider attempting to diagnose and treat what appears to be a problem behavior.

Mutual drinking and alcohol sharing as a mechanism for creating and maintaining social ties.

Drinking alcohol has long been recognized as a socially significant act (SIRC, 2000). One of its most common uses in many cultures is to build and maintain social cohesion, to assist in binding of the individual to the community to which he or she belongs. Often this takes the form of ritual drinking, which generally involves

drinking from the same cup or container. A second aspect of this is the act of sharing and giving; alcohol is a substance to be shared with others and, as a sign of mutual respect, it is to be given to others. One of the most prominent elements to emerge through the coding of the Study Two transcripts is the cultural importance of giving and sharing to the establishment and maintenance of mutual trust and respect within Indian culture. Informant fifteen told this story about the importance of giving and sharing:

One of the earliest memories that I have is of the huge trunk that my great grandmother had and what was in it. ... In it, she ... had lots of different kinds of stuff. It's not that she said we couldn't play with it or anything; it's just that it was full of her stuff. When we would have visitors come, then she would always go to that trunk and get stuff out and give it to the visitors. I don't care if it was somebody that came for several days or came for just a little while, ... we didn't have cars then so sometimes people came for two or three days at a time and visited for two or three days before they left, so her going to the trunk and getting stuff out of the trunk. It was the whole welcoming someone and giving to them and sort of tending to them and that tending is very ... my kids say that if they are ever going to be sick they want to be sick in my house because, and that same image of my grandmother and of my mother and also of us is that when we go visit we take gifts and when we have visitors we give gifts. It is not just the giving but the anticipation the idea that it is for that particular person or remembrance. It is many things that go into the exchange of gifts and what that means and so it is not unusual to give gifts. And it's not so much that it's the gift it's the idea of, the anticipation, the recognition, the honor, so it really depends on who the person is because the gift has to be for the person and it's not just me, it's the whole family, the whole extended family it goes beyond just one thing it depends on who it is and the purpose of the gift. It should be meaningful to them. It is the establishment of that relationship and that the next time you meet them they are going to remember you.

Given the long and widespread use of alcohol for establishing and maintaining social ties, it is likely that it would have become an important cultural artifact in Indian culture, especially given its current lack of social cohesion. As many of the respondents in Studies One and Two admitted a longing for closer ties to their traditional communities, the salience of alcohol drinking as a tool for establishing and deepening such ties would not have been overlooked. Moreover, those frequenting inter-tribal events and lacking any legitimate avenues for establishing closer cultural ties, as was experienced by the Aleut interviewee in Study One, would logically turn to alcohol as a means of forging a cultural connection. Seen in this way, the development and gradual spread of the forty-nine celebrations as primarily a drinking context can also be explained.



## CHAPTER EIGHT

### Results of the Doris Duke Interview Data

#### Purpose of Study Three

Qualitative studies are frequently criticized for a lack of methodological rigor and called to task about the apparent subjectivity of their findings. Qualitative researchers are often chided—especially by positivists—for engaging in the production of results that are specific to the sample from which they are drawn. Though recent advancements in the methodological sophistication of qualitative methods have overcome many of these challenges, but their specter continues to haunt the qualitative researcher (Britten, 1995; Charmaz, 2006; Smith, 1998; Taylor and Bogdan, 1998). The purpose of Study Three, therefore, is to determine whether the findings that emerge from Studies One and Two are, in fact, consistent with what others have obtained and stable over time. To this end the findings obtained in Studies One and Two will be compared with interview data collected nearly 40 years ago from American Indian informants.

#### Study Four Population

The Doris Duke Indian Oral History Project was established in 1967 for the purpose of collecting and preserving the oral histories of knowledgeable Indian people (Jordan, N.D.). This project conducted 695 one-on-one interviews with individuals from every Indian tribe in the state of Oklahoma, to obtain in-depth,

personal accounts of historical events, cultural traditions and personal histories. Respondents were encouraged to tell their story in their own words, to answer the questions in whatever way that seemed best to them, and they were given as much time as needed to provide their responses. All interviews were conducted by trained researchers, some of whom were themselves Indians, who were familiar with, and familiar to, the persons being interviewed, and took place between 1967 and 1972. Transcripts of these interviews are now available as a public resource through the University of Oklahoma's Digital Western History Collection. These transcripts have been produced in such a way as to preserve—as closely as possible—the actual words used by respondents.

Sample Selection. The first page of each transcript includes a list of the major topics covered in the interview. For example, some of the interviews focus narrowly on the Indian names for common objects, others on genealogy and others on specific historical events. Some, however, cover a wide range of topics, including Indian culture and alcohol use. The first page of all 695 transcripts were reviewed for specific references to alcohol and alcohol-related phrases, including whisky, beer, liquor, wine, drunk, drinking, alcoholic and alcoholism. This resulted in a set of 56 transcripts. These transcripts were then reviewed to determine what each says about alcohol. Of these, 16 only make incidental remarks about alcohol use, including statements such as “my uncle used to drink a lot” or “the Kiowa word for whisky is ...” One transcript describes an event in which an Indian person was arrested for

accidentally transporting a bottle containing alcohol back into Indian Territory. The remaining 41 transcripts provided sufficient detail as to be useful in accomplishing the Specific for this Study. These transcripts, ranging in length from 8 to 49 pages, together comprise 983 pages of text.

Data Reduction. Given that these transcripts were generated in response to questions about a wide range of historical, cultural and personal topics, the majority of their content is unrelated to the current study. Transcripts were reviewed and text blocks directly related either to alcohol use or Indian culture were extracted. This data reduction procedure resulted in 142 pages of useable narrative.

Demographic Characteristics of Study Four Participants. Interviews included in this sample include members from 17 tribes, with the most common being Arapaho (n=4), Cheyenne (n=4), Cherokee (n=4) and Choctaw (n=3). Interviewees included both males (n=27) and females (n=14) and who ranged in age from 23 to 90. See Table 9 below for additional demographic information.

**Table 9.** Demographic Characteristics of Duke Archival Transcripts

Tape	Tribe	Gender	Age	Interviewed
M-4	Arapaho	Male	83	1967
M-5	Shawnee	Male	79	1968
M-38	Creek	Male	*	1969
T-4	Kiowa	Male	86	1967

Tape	Tribe	Gender	Age	Interviewed
T-7	Kiowa-Apache	Female	30	1967
T-10	Kickapoo	Female	67	1967
T-24	Kiowa	Male	84	1967
T-41	Arapaho	Male	83	1967
T-58	Comanche	Female	72	1967
T-69	Caddo	Female	66	1967
T-84	Cheyenne	Male	90	1967
T-89	Comanche	Female	72	1967
T-92	Cheyenne	Female	51	1967
T-143	Cheyenne	Male	67	1967
T-151	Kiowa	Male	81	1967
T-201	Cheyenne	Male	40	1968
T-201b	Cheyenne	Male	38	1968
T-207-1	Oto	Male	59	1968
T-213	Cherokee	Male	75	1967
T-255	Osage	Female	65	1968
T-284	Choctaw	Male	90	1967
T-291	Arapaho	Male	84	1968
T-295-4	Cherokee	Male	70	1968
T-307	Miami	Female	73	1968

Tape	Tribe	Gender	Age	Interviewed
T-311-2	Cherokee	Male	*	1967
T-385	Chickasaw	Female	69	1968
T-433	Choctaw	Male	58	1969
T-386	Cheyenne	Male	75	1969
T-457	Choctaw	Male	48	1969
T-481	Cherokee	Female	55	1969
T-484	Comanche	Male	23	1969
T-502	Cherokee	Male	52	1969
T-510	Seminole	Male	33	1969
T-547-1	Seminole	Male	79	1969
T-602	Osage	Male	80s	1969
T-609-4	Cherokee	Male	32	1970
T-610	Arapaho	Female	88	1970
T-615	Arapaho	Female	88	1970
T-620-2	Shawnee	Male	*	1969
T-672	Wichita	Female	68	1968
T-674	Wichita	Female	60s	1968

Transcripts available online in PDF format at: <http://digital.libraries.ou.edu/WHC/duke>

\*Age Not Given

### Study Three Analysis

Arguably, the most significant example of a drinking context to be found in contemporary Indian culture that appears to reflect the Drunken Indian stereotype is the forty-nine celebration. First introduced by Informant one in Study One, the forty-nine celebration appears to be a widespread cultural phenomenon. What is not clear, however, is when this drinking context first emerged and how it is understood by those who participate in them. The current chapter, therefore, will attempt to integrate the information about this cultural practice collected across Studies One and Two and supplement them with the data available in the Doris Duke Indian Oral History Collection.

### Forty-Nine Celebrations

I first heard about forty-nine celebrations early in my career as a research assistant, long before I began conducting in-depth interviews with American Indian alcoholics. The term would come up from time to time, whenever I was recruiting alcoholics to participate in various research projects being conducted at the Oklahoma Center for Alcohol and Drug-Related Studies. Occasionally, when I would ask Indian people about their drinking—“How often do you drink? On a typical drinking day, do you drink a lot of alcohol at one time, or do you drink more-or-less continuously all day long? How much do you normally drink at a time?”—they would sometimes reply: “Well, it depends, if I’m at home, I drink so and so, but if I’m at a forty-nine, well then I drink all that I can get a hold of.” When I asked what these celebrations

were, the answers varied, but it was clear these activities involved music, singing, dancing and, of course, drinking.

To my naive ear, this sounded like many other kinds of parties in which alcohol is the primary focus—fraternity parties, New Year’s Eve parties, Research Society on Alcoholism annual meetings—except they were held outside and with Native American music. Consequently, during the very first interview, when my Informant, a young Kiowa male, said at forty-nines he would deliberately drink until he blacked out, I asked, “Ok, so what is that? I mean is like a party, where they have a drinking contest?”

To this, he replied: “my mother explained to me one time, they were journey songs ... they sang these songs...whenever the warriors go off to hunt or whatever...kill, or battle, ... and they come back and they’d celebrate and they would have, ... these what they’d call forty-nine songs, and now ... they are journey songs. Anyway, we sing them all night, and uh, you know, we didn’t we didn’t compete about, against each other drinking, just having a good time.”

This explanation seemed to suggest that forty-nine celebrations are, in fact, some traditional Native American ceremony at which those who liked to drink would sometimes—perhaps regularly—go a little too far. My second Informant, a 50 year old Ponca woman, told a different story. When asked whether they had any cultural significance, she replied: “No. It’s just, it’s just a drinking, drinking thing. They just go over and sing them Indian songs and that’s about it and drink. ... They do it and

it's not traditional. But, they all go over there and sing and dance, I mean, not dance, but drink.”

When I asked her what went on at these events, she replied: “Its where they cross the river after the powwow and they all drink over there and they fight and its where men...men and women that were married, they would go with someone else, across the river and it'd be a different tribe over there, they'd over there they'd be drinkin’.”

None of the remaining Informants in this first series of interviews had ever attended or was knowledgeable about these gatherings. As one Informant described the forty-nine celebration as a culturally significant event and the other as nothing more than a drinking party, this seemed an important issue to take up again in later projects. In the fall of 2009, I discovered the Doris Duke Indian Oral History Collection, at the University of Oklahoma, which contains hundreds of transcripts of interviews with prominent American Indians, conducted between 1967 and 1972. From this online archive, I identified 41 transcripts containing information on alcohol. Several of these transcripts not only discussed American Indian drinking behavior, but specifically discussed forty-nine celebrations.

This is particularly important for two reasons. First, they might be useful in resolving the apparent conflict between my two Informants' opinions on the cultural significance of these celebrations. Surprisingly, the Duke Collection included six American Indian males and females (3 Kiowa, 2 Arapaho, and 1 Comanche) who had discussed forty-nine celebrations. A second advantage of using this resource is its



antiquity. The interviews took place nearly 35 years before I conducted mine, and many of the Informants were in their 70's and 80's. This provides strong support for the stability of these events over time. Moreover, one of the Duke Informants recalls first hearing about forty-nines in 1917 (Transcript T-610), suggesting these events have been taking place for at least 93 years. That they continue to take place is evident by an online video of a forty-nine held in Oklahoma City after the 2010 Red Earth Festival (Private Party 49, N.D.).

Clearly, forty-nine celebrations have been held for quite a long time, but do they partake more of Native American culture or college drinking party antics? One of the Duke Informants, a 30 year old, Kiowa woman (Transcript T-7), said:

“Well, the forty-nine today is a dance that they always do after the other social dances are over with and it's during the later part of the night on through the early morning. And, nowadays, it seems like most—well, all of the teenagers take part in this instead of the older people a long time ago. Now it seems like there are more people there--younger ones—drinking, and they don't have respect for the forty-nine as them old people did, way back.”

*Today*, of course, was in 1967. Based on this interview, these celebrations appear to have featured heavy alcohol consumption for the last 35 years. At some time *way back*, however, they might have been something other. An 84 year old Kiowa man (Transcript T-24) provides insight to what their original intent may have been:

“At the first Indian Fair, at Anadarko ... that's where they start that forty-nine, right there. Comanches, Kiowas, and Cheyennes, Otoes, Pawnees. All these started that [war journey] song. ... way back. But if you go to other country (on a war journey), you got to sing this forty-nine. ... they sing forty-nine at night ... and in the morning they're gone—already gone. But that time they don't use no drum. They got big buffalo hide (rawhide). That's the kind, and they got them tipi sticks ... and they hit (the rawhide) ... with those sticks. No

drums like that. That's the way they do. They first start that way--the forty-nine. And now these young people, they use a big drum now.”

Another Informant (Transcript T-151) added:

“..., in the early days, when they used to have a war party expedition. Going to go on a warpath expedition to old Mexico or some other enemy. That night they take a rawhide, take a rawhide stick and beat all night. Sing, people, young men, that's all they understood. Those that take part will have to go on the war expedition. [Going to the 49 is like] enlisting for service. And they sing, and they go out there and outside they are singing. Girls commenced to come in, women come in, men come in, and nobody's to come there unless he's going to enlist to go on the expedition, war expedition. Cause they don't know whether they're going to get back or not. And enlisted like you're going overseas in the service, you don't know whether they come back or not. And they sang the love songs and girls encouraged them—give them a good time. They sing all night long. After they get through, -the next morning, they go out and everybody that took part in that forty-nine Dance that night has to go. Nobody's supposed to sit, just like they're drafted, drafted for service. So, that's the beginning of the forty-nine. And after they return victorious, they have a scalp dance. At the end of the Scalp Dance, they have this same love dance again. Rejoicing dance. Only those that's been on an expedition and come back are the ones to take part.”

More recently, a Kiowa elder gave a similar explanation for the forty-nine Celebration (Kiowa War Journey Songs, N.D.):

“War Journey songs are sometimes called forty-nines. Where this comes from is not really clear, but what I have heard and what I know with regards to the name forty-nine, seems like it scares people off but actually in the Kiowa language it is Gu-Daw and that means wisdom singing, and forty-nine songs are wisdom songs and these things have a very strong connotation and meaning in regards to honoring our veterans or military people. And again the story our grandpa used to tell our grandma is that when they got ready to go on an expedition, not necessarily going into battle or war but they kind of had a pep rally so to speak and they sang these songs to commemorate deeds that was done, especially when they come back they had a rally to honor these people that came back, the warriors, they came into the camp to tell their

stories and whatever, well they honored them with these songs. In my generation when we went into the military they honored us in this form and manner.”

In a self-produced documentary about forty-nines (Yeahpau, Live at the 49 part 1, N.D.), the narrator standing on a dirt road somewhere near Anadarko Oklahoma has this to say: “What is a forty-nine? Well, a forty-nine is a celebration after the powwow. Indians get together. They pick a lonely road .. drum.. have a good time. Now you heard the drumming, Indians like to have a good time too, after the Powwow people take them fancy dancer outfits off and everybody has fun. That’s what this is forty-nine.”

But whether or not the original forty-nine celebrations featured alcohol, they certainly included singing and dancing. Later, in the same interview, the 84 year old Kiowa Informant (Transcript T-24) told the following story:

“When they have that Forty nine, that's where they meet their sweethearts. You know, maybe, you're married. I'm married. And he's married. We're all married. We all got boyfriends or girlfriends we meet there, see. We sing there. And we get with them. There was this man, Old Man Smoky. He was dancing forty-nine. He was dancing. Dancing, and feeling real good. Dancing with a woman.” [In these dances the participants used to cover up almost completely with a sheet or blanket so that they would not be recognized.—Interviewer’s note]

This woman said, "Sing loud. You sure sing good!"

He sing louder. He then he pulled his ring off. Put it on her hand, like that--his ring.

That woman was his wife. She said, "You're sure doing good," she said. “Stay right here. I'll be—back.” She went back home and went to bed.

He said, "Here's some money, too. Take it, you might need something." He gave her five (dollars). Put the ring on her hand.

This woman went home to bed. She had that ring, but she didn't put it on. And then this man, he come home. He was an old man, you know. "It's getting late. Where have you been? An old man like you ought to be in bed!"

He said, "I been visiting some people—some friends."

"Good. I trust you." Then she said, "Well, you know, I heard some people singing over there. They were dancing with women. And this woman told me some man gave her a ring."

"Hah!" He said, "What kind of ring?"

She said, "It's right here!"

You could have hit him with a feather and it would have killed him. Old Man Smokey. That was his wife. She got off with that, money, too.

She said, "Oh, I didn't know you'd give money to a woman. You're a bad man. I found that out!"

The old man said, "I'll never go to a forty-nine no more!"

What these data suggest is that, in spite of the fact that many of the Study One and Two informants estimate that it is only recently that the forty-nine celebrations have been transformed from a celebration commemorating young men going off to war, into a drinking party, the Duke interviews suggest this change was already taking place as early as the 1950's. The forty-nine celebrations, therefore, are not a new phenomenon but one that has been taking place for at least 60 years. Moreover, the earliest report of a forty-nine celebration, as it was originally intended anyway, comes from a Duke informant and is dated to the first decade of the Twentieth

Century. So, as a cultural phenomenon the forty-nine celebration has been in existence for nearly 100 years. While the current chapter attempts to provide a basic description and background history of the forty-nine celebration and to situate it within the narratives collected as part of Studies One, Two and Three. The following chapter will review publically available videos of this phenomenon and attempt to situate them within the larger context of culturally articulated drinking contexts.

## CHAPTER NINE

### Videos of Indian Drinking and the *Drunken Indian* Stereotype

#### Purpose of Study Four

One of the assumptions of the *Drunken Indian* stereotype is that Indian people drink in ways that are characteristically different than do members of other cultural groups. This statement implies the behaviors Indian people, as a group, engage in while drinking are observably different than those of others. Specific Aim three, listed in Chapter Two, seeks to discover the truth of this statement. Clearly, the best way to evaluate this truth claim would be to go and see, to observe directly the drinking behaviors of Indian people and compare these behaviors with those of other non-Indian drinkers in similar situations.

As indicated in Chapter Five, however, this approach presents two significant logistical problems. First, observing the behavior of Indian people who are drinking without subtly altering that behavior is only possible if one is recognizably Indian and known those who are drinking. For an outsider to come and watch—an outsider who is white and who tells them that he will be watching to see how they act while drinking—will fundamentally alter the behavior under observation, and in so doing result in misleading observations. Equally challenging, given recent developments in the rules governing human subjects protection is gaining access to the population of interest. Many tribes now have their own Internal Review Boards which one must apply to and gain approval from before such an observation could take place. This

process alone could easily take a year or more to complete. Moreover, given the previous research on alcoholism, many tribes are reluctant to allow non-Indians access to tribal events for the purpose of observing Indian drinking behavior. For these reasons, any attempt at directly observing Indian people drinking is both prohibitively complex and likely to result in questionable results.

Study Four was designed with these facts in mind. If direct observation of Indian people drinking is not practical, what other means could one pursue to accomplish this objective? The approach taken here was to collect and evaluate a series of publically available videos of Indian and non-Indian people drinking. This was done to determine whether or not there are observable differences between these two groups and the degree to which Indian people, when drinking, conform their behavior to those described in by the *Drunken Indian* stereotype. As indicated above, these questions attempt to address Specific Aim three in the current research project.

### Data Collection

Source Used for Obtaining Study Four Data. The primary online resource for persons wishing to make their personally recorded videos available to the public is You Tube (youtube.com). Here, individuals can upload videos and anyone interested in viewing them can do so. Videos uploaded to this site, especially those depicting newsworthy events, frequently make their way into broadcast news reports and serve as a primary resource of raw material for journalists, as well as members of the general public. In

fact, the videos made available through this site are no different than those broadcast over any other public media source.

Study Four Population. Using various internet search engines (Google, Yahoo, etc.) to locate online references to American Indian substance abuse treatment programs and the *Drunken Indian* stereotype, I inadvertently discovered a large number of videos depicting Indian people engaged in drinking. A precise estimate of the number of these videos is problematic as many videos with titles indicative of Indian drinking are, in fact, unrelated. For example, dozens of videos with titles such as “Drunk Indians” are actually videos of persons from India who are drunk. A second problem in estimating the number of videos depicting American Indians drinking is that new videos are continually being uploaded while older ones are deleted. In fact, this resulted in my having to remove several videos I had originally identified as potentially useful in the current research, because when I went back to review them, they were no longer available. At any given time, however, there are between 100 and 300 videos available for viewing that actually involve American Indian people who are drinking. These videos constitute the primary population of interest in Study Four. For comparison, however, videos of non-Indians drinking were also identified. For example, videos of white college students, of non-Indians drinking in public places and of Irish persons drinking were also identified. The overall population of interest, therefore, are publically available videos of Indian and non-Indian drinkers.



Sampling Strategy. Potential videos were identified by searching the You Tube video site using search terms related to American Indians and drinking. Examples of these search terms include: Indian Drinking, Drunk Indians, Drunk Native American, Drinking and Reservation, powwow and drinking, forty nine celebration, drinking party and Indian, alcohol and Indian, beer and Indian, Whisky and Indian, drunk Indian guy (etc.). For comparison, similar searches were conducted for non-Indians, including fraternity members, college students, and Irish persons. Results of these searches were then reviewed to determine if the video: 1) actually portrayed American Indian persons and not whites pretending to be Indians or persons from India; 2) primarily focused on drinking behavior; 3) revealed any useful information—some were simply depictions of Indian people passed out or talking to the camera; and, 3) portrayed naturally occurring behavior and not staged performances. Videos meeting these criteria were considered for inclusion in Study Four. Also, videos were selected on the basis of the following drinking contexts: 1) Individuals drinking in a public (Euro-American) setting; 2) groups of individuals drinking at parties; and, 3) groups of individuals drinking in a culturally significant context (i.e. at a forty-nine celebration or St. Patrick’s Day celebration). Videos meeting these selection criteria were included in Study Four.

Regulatory, Privacy and Human Subjects Protection. Given that these videos depict human beings engaged in drinking behavior, I contacted the University of Oklahoma Health Sciences Center’s Internal Review Board to determine whether or not these

constituted human subjects research. On the other hand, these videos were broadcast over a public media source and not different in kind from events depicted on television or in commercially available videos. For example, televised accounts of New Years Eve celebrations and pre-game parties before major sporting events sometimes include footage of drinking behaviors. Not sure how the IRB would rule on this issue, I submitted a request for exempt status. The IRB determined that since all these videos had been created for public distribution and had, in effect been broadcasted, then they constituted publically available content, just as if they had been broadcast over any other form of mass media and granted the project Exempt Status.

#### Study Design and Analysis

The data collected and analyzed in Study Four is primarily intended as background and support for the findings of Studies One and Two, and not as an independent research project. As such, the objectives of this study are limited to the identification and description of Indian drinking behaviors and the comparison of these behaviors with those of non-Indians and those described in the *Drunken Indian* stereotype. Given this objective and the nature of the data included in this study, no attempt will be made to further analyze and interpret these data.

Study Limitations. As these data consist of videos of drinking behavior captured for the purpose of making them publically available, it is not clear: 1) what the filmmaker

was trying to convey about those drinking behaviors; 2) whether the videos were edited to emphasize or exclude certain aspects of the drinking behavior; 3) whether those depicted in the videos were aware their behavior was being recorded and thus whether they were deliberately modifying their behavior based on that knowledge; and, 4) what the context was in which the videos were recorded. To be sure, some videos explicitly state their purposes. One, for example, portrays itself as a documentary of a forty-nine celebration and includes interviews of people at the event. Others purport to be videos of powwows, Halloween parties and other specific occasions. It is not clear, however, the degree to which these events are deliberately staged. These facts significantly limit the level of confidence one can have about how accurately these samples reflect the typical drinking behaviors of the persons seen in them.

#### Study Four Analysis

Four sets of publically available videos were collected and recruited to address the problems posed above. A comprehensive list of these videos can be found in Appendix II. Specifically, the empirical question to which these video sets respond are:

1. Are Indian people aware of and responsive to the *Drunken Indian* stereotype?

2. Are there observable differences in the behavior of Indians and non-Indians when drinking in a Euro-American drinking context, specifically in public places?
3. Are there observable differences in the behavior of Indians and non-Indians when drinking in a private drinking context, specifically at parties?
4. Are there observable differences in the behavior of Indians and non-Indians when drinking in a culturally specific drinking context, such as a forty-nine celebration as opposed to a Saint Patrick's Day celebration?

Video Set One. The first dataset includes three drinking-related videos depicting American Indians participating in activities that appear to be inspired by the *Drunken Indian* stereotype. Video One is a European beer commercial (Rick Mora, N.D.):



Swiss Commercial for Koff Beer with American Indian actors Rick Mora, William Elk and David Midthunder (Koff Beer Commercial, You Tube Video)

**Video One:** The scene begins with a wide shot of three young, good looking Native Americans dressed in traditional costumes. Slowly the camera zooms in, showing each to be holding a can of beer. They are speaking in what sounds like an Indian language, with English subtitles below. The Indian in the center says “It’s still quiet here, but it’s gonna get busier.” An Indian maiden in a buckskin dress, carrying a bundle of straw slowly walks from left to right, in front of the three. One of the young men says: “evening.” She stops, looks over her shoulder. The man in the center replies, “we’ll have another round and check the menu later.” She rolls her eyes and walks on to the horses and gives them some of the straw. The young man says “thanks” then opens his beer. A close shot of the can reads Koff Indian Beer.

Chapter Two describes the long literary and theatrical tradition in American culture of portraying Indian people as drunkards (Davis, 1994; Evans, 2001; Nolan, 1996; Warner, 1984). The Koff Beer commercial appears to rely not only on this tradition but on the well established cliché of the matinee western. Here we are given a scene that could have taken place in any number of television westerns of the 1960's and 1970's, populated with cowboys and Indians. The concatenation of these stereotypes—the cowboy western and the *Drunken Indian*—provide a pre-packaged interpretation of this scene to anyone familiar with American popular culture, one the product manufacturers hope will connect their product with these familiar images. From a marketing perspective, the commercial works—if it works—because of the cultural salience of these stereotypes.

Similarly, Video Two (Hey. This is Joe, N.D.) plays on the audience's likely interpretations of this video's audio message and the unlikely visual images juxtaposed with them:

**Video Two:** A second video appears to be a recording of someone leaving a message on an answering machine:

“Hey. This is Joe. Call me. I'm calling you tell you that a powwow tonight, man. Go get your feathers on and dance around a little bit tonight. But anyway, after the powwow going to go and uh, goin' go down to my house and get us all drunk, you know cause I got fridge full of beer, so, don't be shy

man, just get them feathers on so we can go dance for a little bit and go get drunk. Call me back. Aho.”

In this video, the statements “goin’ go down to my house,” “I got fridge full of beer,” and “we can go dance for a little bit,” are likely to evoke typical-case representations of houses, refrigerators and dancing. In each case, however, the words are followed up with atypical and culturally specific images. For example, the house pictured in the video is a traditional Native American long house made of thatch, with a dirt floor and no door. The refrigerator is a commercial grade, beer cabinet with a glass door and all images of dancing depict Indian people in full ceremonial dress. Intended as a parody, this video relies, much like the Koff beer commercial, on the viewer’s knowledge about popular Euro-American culture and the *Drunken Indian* stereotype.

In sharp contrast to the earlier videos, Video Three (Drunk Indian Song, N.D.) explicitly articulates the Drunken Indian stereotype:

**Video Three:** This video begins with a close-up of a young man sitting on a bench playing guitar in front of a large glass window. It is night and very dark, the young man’s face is hidden. Behind him, however, customers can be seen clearly, in a large, well lit liquor store. The young man strums an out of tune guitar and begins to sing:

I been sitting here on the streets of Cortez Colorado and I’m a drunk Indian,  
I been sitting here drinking this booze...

Pass me a bottle, pass me a fucking thing of Ever Clear  
We are here, we are there...but I'm a drunk Indian,  
and I been here I been there..I'm playing a shitty guitar but it's all right  
because I been sitting in the street until you arrived  
I'm a drunk Indian I like to drink Everclear  
I drink fucking booze and it's free to me here.  
I'm a drunk Indian and I am here.  
I moved into town and I'm living here,  
I see this liquor store that I'm singing in right now...

What is most striking about these videos is not that they rehearse and rely upon the *Drunken Indian* stereotype, but that they are all populated by Indian people. As has already been discussed, one of the most troubling aspects of this stereotype is that so many Indian people seem to accept it as fact (Spillane and Smith, 2007). The current chapter is not concerned with whether or not this stereotype accurately portrays how the majority of Indian people drink, but whether Indian people believe it to be true and act in ways consistent with that belief. Whatever other messages these videos may communicate, they clearly aid and support the *Drunken Indian* stereotype.

Video Set Two. Pursuant to the second empirical question posed above, this group of videos compares the alcohol-related behaviors of Indian and non-Indian drinkers in a



Euro-American drinking context. Specifically, this video set includes three videos of Indian people and three of Irish people drinking in public places.

If the characteristics of the Drunken Indian stereotype define how all Indian people drank at all times, then one would not expect to see a lone Indian person drunk in public. The characteristics outlined by Frank Moore and Ames (2000) clearly describe typical Indian-style drinking as a group activity. This, however is not what occurs in the first two videos presented below:

Video Four (The Drunk Indian, N.D.) shows an older Indian man leaning in the window of a commercial bus and talking to passengers about killing and eating various exotic animals. He wears a dark ball cap and what appears to be a white ski jacket. His physical appearance and speech clearly identify him as an Indian person. Equally clear is the fact that he is very drunk. Video Five (Drunk Indian Guy, N.D.) shows a similar scene. Here, a drunk Navajo man—we know he is Navajo because he tells us—is talking to passengers in a van and singing Indian songs at a Sonic Drive In.

Also, inconsistent with the *Drunken Indian* stereotype, Video Six (Drinking Indians, N.D.) follows three Young native American Indians who are outside, in front of a convenience store, attempting to buy food and cigarettes. Again all three women are both drunk and Indian. But apart from their physical characteristics and accents, the same behavior could easily have come from a group of African Americans or Hispanics.

What these videos clearly portray are Indian people in a public place, who are very drunk and who are either singing Indian songs, discussing issues related to their traditional cultures or attempting to conduct business as usual while under the influence. But does this support the claim that Indian people drink and behave in ways categorically different than members of other cultural groups? Videos Seven, Eight and Nine are not helpful in maintaining that claim.

Video Seven (Bono is a Fucking Wanker, N.D.) shows a very drunk Irish man at a Burger King restaurant in a large metropolitan city singing Irish songs, turning cartwheels and proclaiming in no uncertain terms that U2 and Bono—the Irish band’s lead singer—do not represent the cultural his interpretation of contemporary Irish culture. As with the Native American videos above, the conversation takes place in a public place and in English. Video Eight (Great Ramble of a Drunken Irishman, N.D.) documents an older Irish man at a public gathering moving about and talking to different individuals about the difficulties of life in America and other more personal issues. Video Nine (Drunk Irish guys at Store 24, N.D.) documents the antics of a pair of you drunk Irishmen at a convenience store singing and telling jokes.

When taken together, these videos reveal individuals and groups of individuals who are in public places, clearly drunk and behaving in ways characteristic of their respective cultures. While these videos support the assertion that alcohol use is culturally mediated (Bonner, 2009; SIRC, 2000) it does not support the *Drunken Indian* stereotype.

Video Set Three. Pursuant to the third empirical question posed above, this group of videos compares the alcohol-related behaviors of Indian and non-Indian drinkers in a private drinking context. Specifically, this video set includes videos of Indian people and of Irish people drinking at parties.

These videos, one would presume, should be more likely to reveal culturally-based differences in drinking behavior as they present individuals drinking together within their respective cultural groups.

Video Ten (Party Timz, N.D.) reveals a large room full of Indian people, who appear to be college age with a few who look a little older. Along one wall are tables and chairs. The rest of the room is used as a dance floor. The music sounds like a contemporary version of Traditional Indian songs. Many of those present are drinking, but none appears heavily drunk. The style of dance—couples—also appears more Euro-American than Indian. If not for the appearance of those present and the music being played, this could be a video of any college drinking party. Similarly, Video Eleven (Navajo House Party, N.D.) documents a Halloween party. All of the rooms in a small house are filled to overflowing with young people, dressed in typical Halloween costumes and drinking. In the front room, a large screen television is playing an old movie, other rooms are occupied with costumed people listening to music, preparing food and smoking marijuana. Similar to the earlier videos, the activities shown here could have taken place with a house full of white partiers. In fact, the next two videos clearly demonstrate this to be the case.

Video Twelve (Dance Party Plus Drinking, N.D.) documents a groups of white youths listening to music, dancing and drinking at a party held in someone's home. Video Thirteen (Fancy Dress Halloween House party, N.D.) is even more similar to the Native American Halloween party documented in Video Eleven. Here, rooms are filled with young people in costume, some drinking, some dancing, some preparing or eating food and some engaged in more adult behaviors in the back rooms. Alcohol and drug use is pervasive among the party attendees, though no one appears to have reached the point of incapacitation or unconsciousness.

Video Fourteen (Party in the Rez, N.D.), however, appears to deviate from the typical Euro-American style of drinking. About ten people are gathered in a kitchen drinking beer. In the center of the room is a table with several cases of beer. Many of the cans are already empty, suggesting the party has been going on for some time. Both males and females attend the party and all are drunk. Present are two older, and two younger women. The rest are men, all considerably younger than the oldest women. No music is being played and no food is being served. This gathering is focused strictly on drinking, and drinking heavily. During the video, an argument breaks out between one of the younger women and, apparently, her boyfriend. Toward the end, the dispute seems to have been resolved and everyone is laughing and joking. At one point, the outer door is opened, revealing the drinking party is taking place during the daytime. The clock on the wall reads 10:55. So the drinking party is taking place just before 11 am. While one might argue the last video displays

behaviors typical of alcoholics, regardless of race, several features are consistent with Indian-style drinking.

Several features of Video Fourteen stand out. First is the demographic makeup of the group. As noted earlier, two of the women are many years older than the others present. In fact, one of them appears to be the mother (or other close relative) of one of the younger women—the one who ends up in a fight. Typically, one would expect a drinking party to be made up of individuals more or less the same age. This party, however, is clearly multi-generational. Second, there is a significant amount of alcohol present, several cases of beer at least. All are taking beer from this supply and all, based on their observable posture, slurred speech and awkward movements, seem to be very drunk. Finally, no other activities seem to be going on, other than drinking. No one is eating and no music is playing. Again, perhaps, these behaviors might be expected of a collection of seasoned alcoholics, but would be surprising, if those present were non-alcoholic, Euro-Americans. While observationally different from both the previous American Indian drinking videos and expectations about how Euro-Americans drink, the behavior depicted here may suggest, but is not sufficient to provide support for the *Drunken Indian* stereotype.

Video Set Four. Pursuant to the forth empirical question posed above, this group of videos compares the alcohol-related behaviors of Indian and non-Indian drinkers in a culturally specific drinking context. Specifically, this video set includes videos of

Indian people drinking at forty-nine celebrations and of Irish people drinking at Saint Patrick's Day celebrations.

Unlike previous video sets, this one includes a commercially prepared documentary (Video Fifteen) describing a forty-nine celebration (Yeahpau, Live at the 49 part 1, N.D.). This video begins with the narrator delivering an opening monologue about what forty-nine celebrations are while behind him on the dirt road are a dozen or so vehicles with open doors and trunks. Indian people are busy removing coolers, backpacks and other goods from these vehicles and crossing behind the narrator and into an open field.

The next scene reveals a large open space surrounded by pickups, jeeps and similar all terrain vehicles. Inside this space are several dozen younger adults—ranging probably from 20 to the mid thirties. In this space there are several circles of drummers, with five or six in each circle. Around the drum circles are groups of people, some alone, some couples arm in arm, some in small clusters. Most are paying close attention to the drummers, many are moving from side to side in time with the drums and singing. Many are drinking and smoking. Some remain around the circles of drummers throughout the time covered by the video. Usually, these persons are singing and moving to the music. Others come and go, moving either to another of the drum circles, or outward between the pickups. Those present are dressed in contemporary, Euro-American clothing (jeans, slacks, dresses baseball caps). Most are identifiably Indian, but with a few who appear African American and some whites.

Several scenes follow. Each reveals the same participants, singing and dancing, sitting on the grass or on folding chairs, or moving around to join one or other of the groups. The music changes with each successive scene, most sound to be Traditional, but one later scene has a group of either African American or mixed-blood Indians rapping, with lyrics vaguely similar to those of the traditional Forty-Nine songs. The final scene is the following morning, when participants are packing up and returning to their cars.

Video Sixteen depicts another forty-nine celebration (House 49, N.D.), this time indoors. The focus of this scene is the Drum Circle, which includes seven or eight young Native American males, all dressed in contemporary clothing. Most of this video is too dark to see much about the crowd. There appear to be about fifty people present, many are females, many are drinking. Perhaps because of the crowd and the fact that the scene is indoors, there are no circles around the drum circle. Many appear to be close around drum circle and are participating. Some are in the back of the room sitting and drinking and appear less involved. Most everyone appears to be drinking.

Video Seventeen (49er, N.D.) opens with scene of the drum circle. There are five males and one female sitting in folding chairs surrounding a large drum. All are casually dressed, in jeans, tee shirts, one is shirtless. Around the drum circle several others are standing or sitting and singing along with the drummers. As the camera pans, a circle of cars, campers and pickups are shown. Also a large tent is set up where people appear to be cooking a large meal. This very brief video, records the

drum circle performing what must be a very popular forty-nine song, as the same drum beat and non-English words are identical to that performed in several other videos. The non-English portion is sung by everyone, while the English lyrics are sung by individual singers in turn. Each offers a slightly different refrain. One version of the lyrics is:

Just got back from Tennessee where my ex shot at me,  
that's why I come looking for you  
If you will be my sugar, I will be your honey for a while

Video Eighteen, also indoors, takes place in a large enclosed room (49 at Slick Willies, N.D.). This forty-nine is attended by at least a hundred people, who fill the room to capacity. The surrounding room is rustic, with the back wall covered in hubcaps and automobile paraphernalia. The camera pans around the room, revealing several pool tables, booths and tables and a bar. At one end of the room is a circle of young males drumming. Around the drum circle is another group actively involved; singing along, moving to the rhythm. Individuals come and go from this outer group. Around this, people are walking around, drinking, playing pool, sitting at the bar or on tables and watching. Mostly Indians are present at this event, and all are dressed in casual clothing; jeans, shorts, tee shirts, polo shirts, baseball caps (etc). Attendees are overwhelmingly young people. Unlike the previous videos, the singing at this event is almost all in Indian.



By way of comparison, another forty-nine celebration, Video Twenty, depicts a public event taking place at the University of Arkansas (Ryan Rumley, 49 2nd song, N.D.). Again the central focus is on the drum circle. In this video, however, most participants are in formal, ceremonial costume. The drum circle is also larger, with about ten drummers. Around this circle is a second, made up of Indian people, also mostly in formal costume. This line is moving slowly clockwise in time to the drumbeat, and all members of this circle are singing. Some make faces at camera as it turns to photograph them close up. Around this moving circle, a larger circle is composed of spectators. They are watching, but most are not singing or dancing. Again, almost every person at this event is Indian. Obviously, the difference between the earlier and the final videos is that the last is intended for demonstration, rather than celebration.

Apart from the obvious fact that all of these events are populated by Indian people and punctuated by rhythmic music and dance, what other characteristics do they share? If, for example, this were not a Native American event, but rather a fraternity party, what would be different? Both are focused on music and dance both are populated with younger persons—and persons of a certain kind, either college students or Indian people. At both, one would expect to find alcohol and, as one Native American comic referred to it, *snagging*. These are events where people, married or otherwise, frequently go to have a good time: music, dance, and engage in sexual behavior. And alcohol is universally present. But what sets the forty-nine apart from other, similar, kinds of parties? Several features seem to be common.

First is the level of structure. Obviously, the public forty-nine at the University of Arkansas is rigidly formal, with traditional costumes, and three distinct concentric circles: drum, dance and spectator. But the difference between the demonstration event in Arkansas and the other forty-nine celebrations is only a matter of degree. In every instance, a high degree of structure exists. Most focus around a central group of drummers, while others, as shown in the documentary (Video Fifteen), may have several drum circles going at the same time.

During the course of these events, members of this outer circle come and go, but the circle is always populated. It is also important to remember that many of the participants at these events—excepting, of course, the University of Arkansas demonstration—are in the process of getting *very* drunk. At any other kind of party, where alcohol intoxication was being actively pursued, one would expect greater and greater levels of entropy as the event proceeded. At these events—most notably in the documentary, where filming continued until sunrise—there always remained at least one active drum core, surrounded by a group, albeit at times a very small group, of persons actively participating in the singing.

A second unique feature of these events is the level of active participation. Some dance, or at least move from side to side, some sing, and others simply remain in place. Outside this circle, of course, are others who participate for a minute or two and then move on to other activities. But the majority of those present, at one point or another, are actively participating in the shared activity.

Again, at any party of this sort, one would expect to see people singing and dancing, but these activities would probably be directed toward another person, or, perhaps a small group of individuals. Especially as the evening progressed, one would expect to see smaller, unfocused groups, rather than people lining up in concentric circles around the performers. Certainly, clubs, especially those devoted to country and western music may have line dances, but this is not the typical dance configuration across the evening. Also, one would expect disagreements and fights at these events—and the narrator of the documentary, in the closing scene the morning after, reveals that, indeed a fight did take place that night, but no one was seriously hurt.

Alternatively, if one conceptualizes the forty-nine as a concert, rather than as an unfocused party, then one would expect attendees to stay focused on the performers. At concerts, one frequently sees a significant proportion of the audience gathered around the stage singing and dancing along with the band. But in these events, there is, at least typically, a physical separation between the performers and the audience.

This suggests a third unusual feature of the forty-nine, the distance between the drum circle and the audience. Not surprisingly, the least distance appears to separate the inner two circles at the demonstration event at the University of Arkansas. Here, the two circles appear to be almost touching, with perhaps two feet in between. In the less formal private forty-nines, more space separates the circles, but in all, members of the outer circle could easily touch members of the drum circle. In

some instances, this proximity could be explained by the size of the crowd. But, especially at the outdoor events, physical space is only limited by how close in the cars are parked. The space could easily be opened up, if more space was needed. The two foot separation is suggestive, however, because of the work of Edward T Hall. In The Hidden Dimension (1990), Hall suggests that cultures differ with respect to their use and understanding of physical proximity. In typical Euro-American culture, anyone closer than about 18 inches would be upsetting, unless that person was an intimate friend. This boundary decreases, of course in crowded areas, such as elevators and, of course, at crowded social events. But that so little distance separates the drum circle and the circle of active participants, even when there is no crowd, suggests a level of familiarity, of intimacy not typical of Euro-American social gatherings.

Forty-nine celebrations, at least as they are presented in You Tube videos, appear to be highly structured, group centered activities, where individuals work together—in spite of drunkenness and intertribal tension—to create and maintain a sense of group cohesion. They are occasions where Indian people come to drink, to get drunk, and to have a good time. They also last for an extended period of time, over night at the very least. Some do, in fact, continue for days at a time. In many ways, they strongly resemble the Indian drinking style portrayed in the *Drunken Indian* stereotype: coming together in large groups, loud singing and dancing, continuing for long periods of time, promiscuous behavior, and sometimes—perhaps even frequent—violence. Moreover, Informants in the Doris Duke interviews (Study

Three) suggest the forty-nine celebration has existed for at least 100 years. Its persistence across the Twentieth century, a period characterized by the wholesale transformation of society, suggests it must fulfill some deeply held cultural need, or it, too, would have been replaced with some newer, more culturally relevant phenomenon.

Clearly, the forty-nine celebration is a drinking context unique to Indian culture. but are all its features unique to Indian culture? Video Twenty-One (Saint Pat's party, N.D.) reveals a street scene during a Saint Patrick's Day celebration. This video features an older Irish man seated at a table on a public street—most likely in Ireland—surrounded by a group of almost all males. The older man is playing guitar and singing traditional songs, while those gathered about are drinking beer and singing along. There are approximately twenty individuals present. In the middle of the street is a table containing a large supply of beer bottles and almost all those present are drinking. Video Twenty-Two documents a large Saint Patrick's Day Street Festival in Scranton Pennsylvania, where celebrants are drinking large quantities of Irish beer, listening to Irish music and drinking to intoxication. Those present appear to be overwhelmingly young and white—whether or not they are of Irish descent is not clear. What is clear is this celebration is that those present take this event to be primarily organized around the consumption of Irish beer. Here, obviously is another example of a culturally articulated drinking context. In fact, both Bonner (2009) and the SIRC (2000) make it clear that any attempt to remove drinking—and especially drinking imbedded in cultural celebrations—from their

cultural contexts is misguided. If the Native American forty-nine celebration is a drinking event, it is but one of a large number of culturally articulated drinking events. While it may be build upon the culturally derived model of the *Drunken Indian* stereotype, its existence does not stand as proof of the accuracy of that stereotype.

## CHAPTER TEN

So where are we now?

### Importance of Maintaining a Connection to One's Traditional Culture

American Indians represent a unique cultural group within contemporary American society. Unlike other groups one cannot simply claim to be an American Indian, one must be able to justify that claim. The successful establishment and maintenance of this claim requires the satisfaction of legal requirements (Garrouette, 2001; Szlemko, Wood & Jumper-Thurman, 2006) and the demonstration of cultural competence (Wieder & Pratt, 1990). And, in both cases, Indian people establish the criteria for determining who is and who is not an Indian.

The problems with this system are many. As French (2000) indicates, many Indian people, when the legal definitions for Indian membership were established, decided to opt out. As a result of this, there are many full blood Indian people who cannot legally prove membership in their respective tribes and others with no Indian blood at all who are legally recognized members (Garrouette, 2001). In between these groups are literally millions of persons with mixed ancestry; either part Indian and part Euro-American, African American or Hispanic American, or full blood Indian, but with blood ties to many different tribes. Often, these individuals are recognized as Indians by non-Indians and as non-Indians by Indians. This has created a large number of individuals who see themselves as Indian but are not closely tied to Indian culture. This situation is unfortunate because a lack of close connections to one's

traditional culture has been found to significantly increase the probability of developing alcohol-related problems (Szlemko, Wood & Jumper-Thurman, 2006).

This has led to the development of what has been called the pan-Indian movement (Baird, 1996). This inter-tribal—some would say non-tribal—movement has incorporated traditions from many groups, including sweat lodges, powwows, giveaways, fasts, the ritual use of peyote, the Sun Dance and ghost Dance, and new traditions, such as the Native American Church into a single cultural framework. And it is to this movement that many of the disenfranchised Indian people have been drawn.

Corollary with the growing pan-Indian movement, many alcohol treatment programs, recognizing the relationship between cultural alienation and alcohol abuse, have attempted to incorporate traditional practices, such as the medicine wheel, sweat lodges and talking circles into treatment programs but little research has been done to evaluate the efficacy of these programs (Szlemko, Wood & Jumper-Thurman, 2006).

In the current project self-identified American Indian alcoholics were asked about how they maintained their connection to their traditional culture. As one would expect, half the sample of alcoholics indicated no close connections with Indian culture in. All interviewees, however, indicated they attended powwows, tribal dances, sweat lodges, or other inter-tribal cultural events. Moreover, two-thirds of them reported attending regularly. One was even heavily involved; a frequent participant in Fancy Dance competitions. This would seem to contradict the idea that



participation in cultural events might offer some protection against the development of alcohol-related problems.

The results of Study Two offer some explanation for this apparent contradiction. When asked whether or not they believed that intertribal cultural events were based on authentic Indian traditions, the majority believe that they are not. If this represents the beliefs of the majority of Indian people who *can* prove their Indian heritage and are tribal members, then participating in inter-tribal powwows and similar events does *not* constitute establishing—or, in the case of recovering American Indian alcoholics, re-establishing—contact with Indian culture. If true then the ubiquitous sweat lodges and talking circles do not served the purpose for which they are intended in culturally-specific alcohol and substance abuse treatment programs.

On the other hand, how much weight should one give to this claim? In response to another group of questions, self-identified Indian people overwhelmingly admitted attending and participating in these same events which they seem to think so little of. In all, seventeen out of the twenty participants in Study Two admit attending these inter-tribal events, and over half of them attend regularly. In contrast, only forty percent attend events specific to the tribe in which they are enrolled even occasionally.

Even more significantly, the most commonly reported means of maintaining a connection to one's traditional culture is through regular and significant contact with one's family. For many, being Indian means maintaining a clear and close

relationship with one's family; sharing and participating in their lives and spending time with them. If this is true, then, perhaps, the concern over one's tribal membership has been overemphasized. A better use of resources might then be directed toward re-establishing and maintaining a good relationship with one's family.

#### Alcohol Use as a Means of Maintaining a Cultural Connection

Study Two also proposes that one particularly salient means available to Indian people for establishing and maintaining social ties is through sharing one's assets with others and by giving and exchanging gifts. This behavior, as reported in Chapter Seven, is considered by many informants to be fundamental to Indian culture.

A frequent response made about drinking with other Indian people—also found in Study Two—is the pooling of resources for the purpose of buying alcohol and communal drinking. The Social Issues Resource Center (2000) suggests almost all cultures consider alcohol use to be a social act and the most common way of consuming it is together in groups. With this in mind, the most damning characteristic of the *Drunken Indian* stereotype (Frank, Moore and Aims, 2000) is none other than that alcohol-related behavior which is most common across all cultures. Bonner (2009) cautions that attempting to dissociate alcohol use from the cultural context within which it takes place leads to false assumptions. Thus, rather than seeing communal drinking as pathological, it should be seen as a long-established, and well respected pattern of behavior that, for Indian people, has led to overuse. A better

intervention, therefore, might be to attack the problem of why Indian people feel so overwhelmingly in need of building and maintaining their social ties. Why do Indian people feel socially disconnected and what remediation—other than alcohol use—might be employed to fix this problem?

### Alcohol Use as an Exercise in Freedom

A second point to emerge from Studies One and Two is that, unlike previous research that has suggested that Indian people drink to excess as either self-medication as a result of historical and situational trauma (Nagel, 1997; Szlemko, Wood & Jumper-Thurman, 2006) they may also drink more because drinking, or at least the context in which they drink is seen as liberating.

When asked about attending forty-nine celebrations, Respondent One said “I mean I’m happy being there. I see a lot of friends...I’m doing what I really wanna do.” and later, that drinking with whites is different than drinking with Indians because, with whites “you can’t get rowdy like you do at a forty-niner.” He further suggests that one has to be more careful and more restrained when drinking around non-Indians. Similarly, Respondent Four stated that in a white bar “you’re sitting there drinking, to me, you know very boring, very quiet...You open the door to an Indian bar, its wild in there...you got a bunch of drunk Indians, not always peaceful, it’s not always safe but you can be yourself.”

In study Two, Respondent Ten, questions why white college kids are free to drink the way they want to while Indians are not: “I always used to say how come it is

... you see these young college kids get together and they are binge drinking and that is supposed to be all fun and games and that is just how kids are but when you see a group of Indian kids doing the same thing it looks like they are just a bunch of drunken Indians...why don't we have the same freedom to drink the way we want?" Respondent Eight sees the drinking context, the forty-nine, as a place where the normal tensions and frustrations of life are, at least temporarily, set aside: "I would like to go and drink because ...I knew there was no drama, no chaos there. ... I wanted to go and get a drink because it was real low key."

To some degree, then, drinking is seen as an adventure a way of expressing oneself that transcends the limits and obligations of everyday life, if for only a little while. This should raise the question of what it is that Indian people find so abusive of their freedoms and what can be done—again, other than drinking—to assist them in transcending these limits.

### Alcohol Use and Consciousness

One point raised in Chapter One was that a common feature of most substance abuse treatment programs—at least those based on the Twelve-Step model of Alcoholics Anonymous—is that all alcoholics are alike. Implicit in this belief is that, to some degree at least, there is an alcoholic mindset, a shared way of thinking about and dealing with alcohol and alcohol-related problems. One of the issues identified in Study Two, however, is that among Indian people, two profoundly different ontological approaches can be identified. Even more interesting, however, is that

some individuals at least can apparently shift back and forth between these ontological approaches, depending on the circumstances. And the theoretical framework most capable of explaining this shift in Ontological perspective is Jean Gebser's (1984) structures of consciousness. In essence, this perspective suggests that individuals may see the world either from the Mythic structure of consciousness, within which the individual is imbedded within and a part of the culture, or the Mental structure, within which the individual transcends and stands in opposition to other people and the world.

If this is true, then the notion of a one-size-fits-all approach to alcohol treatment is not only meaningless, it may well be destructive. Identifying how the individual is oriented, with respect to his or her relation to the world should precede any attempt at communicating with that individual about their substance abuse problem. Defining such concepts as the nature of the problem, threats to relapse and what it means to be in recovery must be constructed in such a way as to be understandable and meaningful within the individual's ontological perspective.

#### *Indian-Style Drinking and the Drunken Indian Stereotype*

One finding common to Studies One and Two is that the majority of respondents, both alcoholics and non-alcoholics believe that Indian people, as a group, drink differently than do euro-Americans. Also, all those reporting drinking with both Indians and non-Indians reported drinking differently when in the company of these two cultural groups. More significant is the directionality of these findings.

All those who reported either that Indian people drank differently or that they personally drank differently indicated that Indians drink more heavily than do non-Indians. They also reported that Indian people drink for long periods of time—sometimes day on end; that Indian people are more likely to become disorderly and fight when drinking; and that they tended to drink to incapacity, either passing out or blacking out when drinking. Two respondents even said that they, personally, drank to excess when drinking with other Indians, but drank less, sometimes not even getting drunk when drinking with whites.

The message in these responses is clear. The cultural context within which drinking takes place has a direct impact on behavior of those who drink within that context. That a given individual changes his or her behavior on the basis of the cultural context, however, provides damning evidence against the medical model of alcoholism, especially when the person drinks socially with whites and alcoholically with Indians. Howbeit that such a thing could be if alcohol were a medical condition? This would be like saying when I eat double fudge brownies with Indians my blood sugar spikes but when I eat them with whites it remains normal; I am only a diabetic when eating badly around other Indians. Clearly, alcohol use and misuse is a cultural phenomenon and not a biological one.

Finally, what has any of this to say about the *Drunken Indian* stereotype? Obviously, many of the behaviors described above about how Indian people drink—have been observed to drink by both alcoholic and non-alcoholic Indian people—are consistent with Frank, Moore and Ames (2000) description of *Indian-Style* drinking

and, moreover, they offer these as characteristic of how Indian people drink. Of course the sample size is small, and yet the responses are consistent with the pattern that has been reported continuously for nearly 500 years.

It has been well established that the reason for this drinking pattern is cultural and not biological. The traditional approach has been that the cultural forces primarily responsible for Indian-style drinking come from outside Indian culture (Nagel, 1997; Szlemko, Wood & Jumper-Thurman, 2006). What this study suggests, however, is that Indian culture itself may also contribute to the development and maintenance of problem drinking. And part of that problem lies in how Indian people see themselves and the rules they apply on determining who is and who is not legitimately Indian. This may, in turn, impact the kinds of behaviors some Indian people engage in to establish their Indian identity, even if it means enacting a well respected and universally reviled stereotype about how Indian people drink and behave while drinking.

#### Study Limitations and Suggestions for Future Research

These two items I merge as they are related. The current study could well have profited by substantially larger number of interviews, both of alcoholic and non-alcoholic informants. The reason why more interviews were not conducted was that the best possible interviews would be likely to come from informants either engaged in providing alcohol treatment at tribal health centers or from tribal leaders located within their respective governments. In order to reach these informants, I will have

had to approach each of the state's many tribal governments separately and develop personal relationships with their leaders. Before that can be done, however, the current project must be concluded and its results published. This will provide the basis on which I can approach the tribes and begin the next phase of my research. In essence, the work must be ended, so that it can begin anew. Future avenues of research, no doubt, will include more directed questions about aspects of Indian culture that may contribute to Indian-style drinking and the importance of developing culturally-based options that will deepen the individual's attachment to his or her respective tribal community.



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## Appendix I

### Study One and Two Interview Questions

### Study One Interview Questions

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1. How connected are you with your traditional community?
2. Was your tribal language spoken at home when you were a child?
3. Did you learn, and do you speak your traditional language?
4. Do you participate in any of your tribe's traditional ceremonies, or dances?
5. Do you participate in any inter-tribal events such as powwows, sweat lodges or the Native American Church?
6. Do you associate mainly with Indian people, with whites or equally with both?
7. When associating with other Indians, do you associate mainly with members of your tribe or with Indians, regardless of tribe?
8. When you drink, do you drink with other Indians, with whites or does it not matter?
9. If given the chance, do you prefer to drink with whites or with other Indians? Why?
10. Do you think that Indian people drink differently than white people, and if so, how?
11. What kinds of things happen when Indian people get together and drink?
12. What kinds of things happen when white people get together and drink?

13. Do you drink more alcohol, or drink differently when you are drinking with other Indians as opposed to drinking with whites?
14. What is a Forty-Nine Celebration and what happens there?
15. Have you ever been to or participated in a Forty-Nine Celebration?

## Study Two Interview Questions

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1. How connected are you with your traditional community?
2. Was your tribal language spoken at home when you were a child?
3. Did you learn, and do you speak your traditional language?
4. Do you participate in any of your tribe's traditional ceremonies, or dances?
5. Do you participate in any inter-tribal events such as powwows, sweat lodges or the Native American Church?
6. Do you believe that these inter-tribal events are based in Indian culture; are they, in your opinion, genuinely Indian events?
7. How do you feel about those individuals who, for whatever reason, cannot prove their Indian heritage but still identify themselves as Indian? Are they, in your opinion, Indians or not?
8. Do you associate mainly with Indian people, with whites or equally with both?
9. When associating with other Indians, do you associate mainly with members of your tribe or with Indians, regardless of tribe?
10. Some have claimed—and many people still believe—that Indian people are biologically or genetically predisposed to alcoholism. Do you believe

this is true?

11. Do you drink alcohol, at least occasionally?
12. If you drink, do you drink with other Indians, with whites or does it not matter?
13. If given the chance, do you prefer to drink with whites or with other Indians? Why?
14. Do you think that Indian people drink differently than white people, and if so, how?
15. What kinds of things happen when Indian people get together and drink?
16. What kinds of things happen when white people get together and drink?
17. Do you drink more alcohol, or drink differently when you are drinking with other Indians as opposed to drinking with whites?
18. What is a Forty-Nine Celebration and what happens there?
19. Have you ever been to or participated in a Forty-Nine Celebration?
20. Some have attempted to explain Indian style drinking—drinking in groups, drinking for several days at a time, drinking all of the alcohol available, things like this---by looking at aspects of Indian culture, such as traditional festivals which last for days or weeks, or the habit of eating all the meat whenever there is a large animal killed—particularly in hunter gatherer groups. Do you believe that aspects of Indian style drinking can



be explained this way?

21. What aspects, if any, of Indian culture are most likely to contribute in the alcohol related problems so many Indian people seem to suffer?

Appendix II  
Online Media Files

## Online Media Material

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### *49 at Slick Willies, Red Earth 2009*

Available online at:

[http://www.youtube.com/watch?v=BCIrR9\\_PDxg&feature=related](http://www.youtube.com/watch?v=BCIrR9_PDxg&feature=related)

[You Tube Video, Length 6 minutes and 8 seconds]

### *49er*

Available online at:

<http://www.youtube.com/watch?v=OZqI5K1ExHY&NR=1>

[You Tube video, Length 1 minutes and 45 seconds]

### *Bono is a Fucking Wanker*

Available online at: <http://www.youtube.com/watch?v=e8noaFIMSLM>

[You Tube video, length 3 minutes and 9 seconds]

### *Dance Party Plus Drinking*

Available online at: <http://www.youtube.com/watch?v=bfoHcrohi9g>

[You Tube video, length 2 minutes and 8 seconds]

### *Drinking Indians*

Available online at:

<http://www.youtube.com/watch?v=95ZoACAqUzY&feature=fvw>

[You Tube video, length 1 minute and 5 seconds]

### *Drunken madness of parade day*

Available online at:

<http://www.youtube.com/watch?v=4KjDadZfZKk&playnext=1&list=PLC010B5A013A256D5>

[You Tube video, length 2 minutes and 26 seconds]

### *Drunk Indian Guy*

Available online at: Drunk Indian Guy: <http://www.youtube.com/watch?v=8-YzB0WEfa8&feature=related>

[You Tube video, length 3 minutes and 46 seconds]

### *Drunk Indian Song*

Available online at:

<http://www.youtube.com/watch?v=9MTqhIGaDdk&feature=related>

[You tube video, Length 2 minutes and 33 seconds]

### *Drunk Irish guys at Store 24*

Available online at: <http://www.youtube.com/watch?v=4KjDadZfZKk>

[You tube video, Length 1 minutes and 34 seconds]

*Fancy Dress Halloween House Party*

Available online at: [http://www.youtube.com/watch?v=Jlp\\_6COKXEc](http://www.youtube.com/watch?v=Jlp_6COKXEc)  
[You tube video, Length 6 minutes and 47 seconds]

*Great ramble of a drunken Irishman*

Available online at:  
<http://www.youtube.com/watch?v=TyFCGDfuHU8&feature=related>  
[You tube video, Length 1 minute and 44 seconds]

*Hey this is Joe*

Available online at: <http://www.youtube.com/watch?v=rmnBHZml0Pk>  
[You Tube video, Length 42 seconds]

*House 49*

Available online at:  
<http://www.youtube.com/watch?v=luXyvehKQHw&NR=1>  
[You Tube video, Length 2 minutes and 2 seconds]

*Kiowa War Journey Songs*

Available online at:  
<http://www.youtube.com/watch?v=CA8gCfQdGJ8&NR=1>  
[You Tube video, Length 10 minutes and 33 seconds]

*Let's 49! Round Dance Powwow*

Available online at:  
[http://www.youtube.com/watch?v=l\\_svgzCi9UY&feature=related](http://www.youtube.com/watch?v=l_svgzCi9UY&feature=related)  
[You Tube video, Length 3 minutes 49 seconds]

*Live at the 49 part 1*

Available online at:  
<http://www.youtube.com/watch?v=mSGNmZfOUMI&feature=related>  
[You Tube video, Length 6 minutes and 32 seconds]

*Navajo House Party*

Available online at:  
<http://www.youtube.com/watch?v=vLP4P1HvveY&feature=related>  
[You Tube video, length 5 minutes and 45 seconds]

*Party in the Rez*

Available online at: <http://www.youtube.com/watch?v=wLzQjvTYwEY>  
[You Tube video, length 5 minutes and 19 seconds]

Party Timz (time 2:03)

Available online at:

<http://www.youtube.com/watch?v=NHoA6tTp1ko&feature=related>

[You Tube video, Length 2 minutes and 3 seconds]

*Red Earth Oklahoma 2010 Private Party 49*

Available online at:

[http://www.youtube.com/watch?v=dq\\_MDXGDK6Q&feature=related](http://www.youtube.com/watch?v=dq_MDXGDK6Q&feature=related)

[You tube video, Length 3 minutes and 8 seconds]

*Rick Mora in Koff Beer Commercial*

Available online at:

[http://www.youtube.com/watch?v=7BEBgvzJvSE&feature=PlayList&p=B407B2B7770C321D&playnext=1&playnext\\_from=PL&index=23](http://www.youtube.com/watch?v=7BEBgvzJvSE&feature=PlayList&p=B407B2B7770C321D&playnext=1&playnext_from=PL&index=23)

[You Tube video, Length 36 seconds]

*Saint Pat's party*

Available online at:

<http://www.youtube.com/watch?v=DEHzVkJ-Dc4&feature=related>

[You Tube video, Length 1 minute and 34 seconds]

*The Drunk Indian*

Available online at: <http://www.youtube.com/watch?v=LnBDLzUmis>

[You Tube video, Length 1 minute and 8 seconds]

*University of Arkansas Pow Wow 49 (2nd song, Ryan Rumley)*

Available online at:

<http://www.youtube.com/watch?v=eJ4TKa17oS8&feature=related>

[You Tube video, Length 2 minutes and 14 seconds]