Mending the Broken Circle: Treatment of Substance Dependence Among Native Americans

Michael Tlanusta Garrett and Jane J. Carroll

Issues surrounding substance dependence of Native Americans are examined through the cultural concept of the Broken Circle. Traditional cultural views of wellness and healing are described using the traditions of Indian Medicine, the value of the Circle, and what it means to live in harmony and balance. Underlying factors in substance dependence of Native Americans are presented along with practical counseling recommendations and implications for treatment through both contemporary and traditional Native healing methods.

A True Story

An Indian man stands alone, staring out the window of his suburban apartment with a .45 caliber handgun pointed at his head. He is in his 30s now, and has battled alcoholism for years. He has fought to be a good sole father to his two young sons. He has struggled with that emptiness deep down in his spirit all his life and that constant nagging urge to always take just one more drink. He has been in and out of treatment programs, on and off with AA [Alcoholics Anonymous], and now he just wants all the pain to stop. He can feel the coldness of the barrel against his throbbing temple, and, as he stares out of the window at the beautiful summer day unfolding before him, he notices a little turtle struggling to go from one place to another. Then he notices the cat crouched not far away from the turtle waiting for the right moment to scavenge on its helpless prey. The turtle, spying the cat in waiting, quickly pulls into its shell. Just then, the cat leaps toward the turtle pawing and hissing. Safely in its shell, the turtle remains unharmed by the persistent cat that tries to open this troublesome package, knocking it upside down, crying, but to no avail. Frustrated, the cat wanders off in search of easier prey. Moments pass before the turtle emerges slowly from the safety of its shell once again. First the head, then a leg or two, and finally everything back where it was. The turtle, which is lying upside down from the ordeal, slowly pushes itself with one leg, flips itself back right side up, and continues on its journey. The Indian man, who has become so engrossed in this drama taking place before him, has lowered the gun from his head as he continues to watch. The turtle comes to a log. The man looks on, expecting the turtle to find some way to go around this barrier, but the turtle just slowly, patiently climbs over the log and flips down on the other side of it. As he man glances down at the gun in his hand, the wetness in his eyes swells. As he looks back out the window, the turtle has disappeared.

The United States Indian Health Service (IHS) has declared substance abuse among Native Americans as the number one health problem facing this population (Herring, 1994; IHS, 1993; Watts & Lewis, 1988). Indeed, by standards of Western society, alcohol dependence is a problem among Native Americans. Society's perception of this problem among Native Americans, however, reinforces the stigma associated with substance dependence. The disgrace associated with being alcoholic is alive and well in the dominant culture's library of popular clichés. The image of the "lazy drunken Indian" is one of many negative stereotypes that continue to plague Native Americans in U.S. society. That "Indians just can't hold their liquor" is an age-old belief that is seared into our collective consciousness through racist media images and social attitudes. Historically, images of Native Americans and perspectives of them have been forged from ignorance of the peoples' inherent strengths. Instead, focus has been on some individuals' perceived shortcomings, which are generalized to an entire culture of people, thereby reinforcing stereotypes of Native Americans as lacking willpower or somehow being genetically or spiritually weaker than the image of "rugged individual" mainstream America aspires to (Deloria, 1988; Sager, 1997).

Does alcoholism among Native Americans have a genetic etiology? Science has not yet provided the answer. There is evidence, however, that Native Americans may actually maintain an abstinence rate higher than that of the United States population; 70% of Americans say they drink com-

Michael Tlanusta Garrett is an assistant professor of counseling in the Department of Human Services at Western Carolina University. Jane J. Carroll is an assistant professor of counseling in the Department of Counseling, Special Education, and Child Development at the University of North Carolina at Charlotte. Correspondence regarding this article should be sent to Michael Tlanusta Garrett, Department of Human Services, 208 Kilian, Western Carolina University, Cullowhee, NC 28723 (e-mail: garrett@wcu.edu).

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pared with 40% of surveyed Native American tribes/nations (Nofz, 1988). This may suggest that those Native Americans who do drink experience more adverse consequences than others, rather than suggesting that alcoholism among Native Americans is innate. Nevertheless, the fact remains that alcoholism has been, and continues to be, a destructive force among Native people, along with the next popular substances of choice: marijuana, inhalants, and, less commonly, stimulants (Beauvais, Oetting, & Wolf, 1989; French, 1989, 1990; IHS, 1993; Jenson, Howard, & Yaffe, 1995; Young, 1993).

Alcohol-related deaths for Native Americans are 4.8 times greater than for the general U.S. population, with a mortality rate for chronic liver disease and cirrhosis 4.5 times greater than for other racial or ethnic groups (Herring, 1994; Vick, Smith, & Iron Rope Herrera, 1998). The incidence of fetal alcohol syndrome (FAS) continues to rise at an alarming rate. In addition, it has been estimated that somewhere between 75% and 80% of Native American suicides involve the use of alcohol or other mind-altering substances (Nofz, 1988; Vick et al., 1998; Watts & Lewis, 1988).

Although statistics underscore the tremendous impact of substance dependence on Native Americans, it is equally important to understand the complexity of factors underlying the associated behaviors. One model of the cycle of alcohol dependence typically shows it as starting with abstention from alcohol, followed by social use, which is succeeded by abusive use. Because people become confused about what constitutes a congruent or harmonious state, they move from abusing alcohol to chronic use to alleviate the symptoms associated with the abusive heavior and more frequent drinking. Individuals may believe that they have no spiritual resources, have little environmental support, and are physically and emotionally impoverished (Four Worlds Development Project, 1984; French, 1990; Sage, 1997). Indeed, if steps are not taken to return to abstinence, the prognosis may be grievous.

Federal government survey figures show that in the early 1990s nearly 8% of Native Americans over age 12 met criteria for needling treatment for drug dependence. Additional adolescents and adults meet criteria of the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV; American Psychiatric Association, 1994), for substance abuse (Prevalence of Substance Use, 1998a). We advise community and school counselors to be aware of the nature of the interrelatedness among Native Americans and the components of the systems in which they live. Such knowledge will aid in prevention and in treatment and referral of Native Americans for chemical dependence or abuse.

Recent and reliable information on counseling Native Americans for problems related to chemical dependence is meager compared with such information for other racial and ethnic groups. This article is intended to broaden counselors' understanding of substance abuse treatment considerations for Native Americans. To be fully cognizant of the range of services and therapy substance abuse treatment that providers offer, counselors are encouraged to become knowledgeable about twelve step programs such as those of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Twelve step group meetings are not clinical treatment, but attendance at them is required by many substance abuse treatment programs in the United States. We describe how help for chemically dependent individuals, as it is currently practiced in the United States, can be framed to be compatible with the cultural values of Native Americans.

From a traditional Native perspective, the entire ordeal of substance dependence is a matter of mental, physical, spiritual, and environmental dimensions combined in a Circle that is strong or one that is weakened (Garrett, 1998; Locust, 1988). To fully understand the cycle of dependence in Native Americans, one must first understand the cycle or Circle of Life as seen from a traditional Native American perspective. Although it is important to consider that not all of the hundreds of Native American nations will express this central concept in the same ways, the symbolism and power of the Circle of Life is universally expressed across Native nations through various means and tribally specific symbols.

CIRCLES WITHIN AND CIRCLES WITHOUT

In Native American tradition, the circle is a symbol of power, relation, peace, and unity. It serves as a reminder of the sacred relationship we share with all living beings in this world and of our responsibility as a helper and contributor to the flow of the Circle of Life by living in harmony and balance with all our relations (Garrett, 1998). From a culturally responsive point of view, it is important to consider the following concepts in a Native context: life energy, harmony and balance, spiritual practices, and substance dependence.

Life Energy

Life, from a traditional Native American perspective, is viewed as a series of concentric circles that emanate from one another like the rippling waters of a lake. The first circle is the inner circle, representing that which is within us, being our spirit, the culmination of all of our experiences and the power that comes from the very essence of our being. The next circle is family/clan. Family might be blood relations, and it might be family of choice adopted family (family in spirit); this circle also includes tribe/nation/community because this is the social context in which we live and represents a different sense of belonging. The third circle is the natural environment, Mother Earth, and all our relations. A fourth and final circle consists of the spirit world, which encompasses all of the other circles and is believed to be where the Creator dwells, along with all our ancestors and other spirit helpers/guides. Therefore, circles of life energy surround us, exist within us, and make up the many relationships of our existence. In all, we each have a circle of self, comprising the many facets of our own development (e.g., mind, body, spirit, and surround-
nings); a circle of immediate family, extended family, tribal family, community, and nation; a circle consisting of all our relations in the natural environment; and a circle of our universal surroundings.

Related to the Circle of Life is the belief that all things are alive, all things have spiritual energy, and, hence, all things are of essential importance within the Circle. From this belief stems the reverence of Native American peoples for life in all its forms: animals, plants, rocks and minerals, people, earth, sky, sun, moon, stars, wind, water, fire, thunder, lightning, and rain. All life exists in an intricate system of interdependence so that the universe exists in a dynamic state of harmony and balance, reflecting the continuous flow and cycling of energy that emanates from each form of life in relation to every other living being. The interdependence of all energy cycles reflects a belief, related by Chief Seattle, that “all things are connected like the blood which unites one family” (as cited in Garrett, 1998, p. 77); hence, all life is worthy of respect and reverence.

**Harmony and Balance**

From a traditional Cherokee perspective, the four components of the inner circle, depicted as the ordinal compass points (east, south, west, north) in the Circle, include spirit, natural environment, body, and mind, respectively, as a way that represents “Medicine.” In Native American culture, the term *Medicine* refers to “the essence of life or an inner power” that creates every living being’s particular way of life and presence. Each person has his or her own way of life and presence, a way that is chosen in spirit and lived out in physical form so that person may learn in mind, body, and spirit. Our choice of the way in which we focus our time and energies in each of the directions reflects our values and priorities and is the manifestation of our own vision.

*Balance*, another central concept in understanding the symbolism of the Circle, is a desired state wherein one is in harmony with the universe walking in step with the natural way (flow) of things, so to speak. Being in harmony means being in step with the universe and with its sacred rhythms—this is what many Native American Indian people refer to as “Good Medicine.” By contrast, being in disharmony or “dis-ease” means being out of step with the universe and its sacred rhythms, therefore, inviting illness.

Disharmony results when we are out of balance, our energies are unfocused or poorly focused, and we lose sight of our place in the universe. Well-being occurs when we seek and find our unique place in the universe and experience the continuous cycle of receiving and giving through respect and reverence for the beauty of all living things. Stated another way, everyone and everything was created with a specific purpose to fulfill, and no one should have the power to interfere or to impose on others the best path to follow. Our chosen way of life shows how we focus our energies and how we seek a sense of harmony and balance among the interaction and interrelation of the Four Directions with other living beings.

Thus, the wellness of the mind, body, spirit, and natural environment are an expression of the proper balance and harmony in the relationship of all things. If one disturbs or disrupts the natural balance of relationship, illness in any of the four areas may be the result. This is one of the primary reasons for keeping one’s life energy strong and clear in relation to others and the natural environment.

**Spiritual practices.** In many Native American languages, there is no word for “religion,” because spiritual practices are an integral part of every aspect of daily life; they are necessary for the harmony and balance, or wellness, of the individual, family, clan, and community. Healing and worship are considered one and the same. For many Native American people, the concept of health and wellness is not only a physical state but a spiritual one; thus, from a traditional perspective, behavior involved in abusing substances is simply the sign of a deeper, spiritual lesson. Carol Locust, Eastern Band of Cherokee, has described many traditional beliefs concerning wellness:

1. Traditional Native Americans believe in a Creator, sometimes referred to as “Great Creator,” “Great Spirit,” or “Great One,” among other names.
2. Human beings are made up of a spirit, mind, and body.
3. Plants and animals, like humans, are part of the spirit world. The spirit world exists side by side with, and intermingles with, the physical world.
4. The spirit existed before it came into a physical body and will exist after the body dies.
5. Illness affects the mind and spirit as well as the body.
6. Wellness is harmony in spirit, mind, and body.
7. Unwellness is disharmony in spirit, mind, and body.
8. Natural unwellness is caused by the violation of a sacred social or natural law of Creation.
9. Unnatural unwellness is caused by conjuring [spiritual interference] from those with destructive intentions.
10. Each of us is responsible for his or her own wellness. 

   (Locust, 1988, pp. 317–318)

Traditional Native American views of healing and wellness emphasize the necessity of seeking harmony within oneself, with others, and with one’s surroundings. An active relationship between the physical and the spirit worlds is emphasized along with the importance of seeking harmony and balance in both. For many Native American people, wellness through spirituality is not a part of life, it is life. In our terminology, this means “walking the path of Good Medicine” (living a good way of life) “in harmony and balance” (through the harmonious interaction of mind, body, spirit, and natural environment) “with all our relations” (with all living beings in the Circle of Life).

**Substance dependence.** To enter the cycle of substance dependence is to step away from the Sacred Circle and to bring destructive energy to the Circle, to oneself, one’s family/clan, and all one’s relations by not living in a Good Medicine way.
Garrett and Carroll

It is important to recognize, however, that there are many factors involved in chemical dependence among Native Americans. These factors can be viewed in terms of the four directions of the Circle or the "Broken Circle," as substance dependence is referred to in many Native communities.

The Broken Circle: Underlying Factors

Walking out of step with the Greater Circle means stepping away from a life of harmony and balance within oneself, between oneself and all one's relations, and between oneself and the Creator. Traditionally, it is believed that each of the four directions in the Circle represents one of the four winds. This is a useful concept in better understanding the traditional Native American emphasis on harmony and balance of mind, body, spirit, and natural environment and, therefore, in understanding where and how the Circle becomes broken. The following example drawn from traditional Cherokee teachings as well as the work of Brendtro, Brokenleg, and Van Bockern (1990) describes each of the directions comprising the harmony and balance of the inner circle (or lack thereof):

- **East** (belonging): "Where do you belong; who's your family/clan/tribe?"
- **South** (mastery): "What do you do well, or enjoy doing?"
- **West** (independence): "What are your (sources of) strengths; what limits you?"
- **North** (generosity): "What do you have to offer, and in what way may you offer it?"

From a traditional Native perspective, as we seek to answer these questions within ourselves, we come into a different level of awareness about our own unique Medicine, our own harmony and balance, our own unique challenges and life lessons, and our own needs for healing. To lack a sense of any of these four dimensions or to step away from any of these four is to invite disharmony and lose clear vision of one's spirit and inner power. It should come as no surprise to know that many Native Americans who depend on substances have reported doing so "to escape or deaden their negative feelings," and as the counselor put it, "dealing with those feelings [in recovery/counseling] was more important than dealing with the alcohol [or other substance] as such" (E. N. Anderson, 1992, p. 8).

So what is it that leads to this breaking of the sacred Circle? Harmony and balance of the inner circle involves mind, body, spirit, and natural environment. Given this cultural framework, historical, socioeconomic, psychological, physiological, and acculturation factors must be considered. Experts (M. J. Anderson & Ellis, 1988; Herring, 1989, 1994; Pedigo, 1983; Shinke et al., 1988; Terrell, 1993) have identified the following factors as underlying reasons for substance dependence among Native Americans:

- **Historical factors:** Drinking patterns that developed during the 1800s with the introduction of alcohol into Native American tribes through boarding schools and relocation programs (1900s) for the purpose of exploitation, discrimination, and assimilation and because of the disruption of traditional cultural and familial patterns that resulted from such programs.
- **Isolation:** Displacement from community and traditional roles, feeling cut-off from sources of belonging and communal meaningfulness.
- **Generational split:** Lack of traditional function for elders serving as role-models/teachers for young people.
- **Sociodemographics:** Unemployment, inadequate housing, low educational levels, poverty-level incomes, isolated living conditions.
- **Physiology:** Difficulties for many Native American people in physically absorbing sugars in an appropriate manner, which contributes to alcohol addiction.
- **Social facilitation:** Substance use as a facilitator of social cohesion, social interaction.
- **Peer pressure:** Not wanting to reject the sharing and generosity of one's peers when offered substances.
- **Coping mechanism:** Method of dealing with stress, boredom, powerlessness, sense of emptiness associated with acculturation and identity confusion.
- **Noninterference:** Avoidance behavior of community members in maintaining cultural values, not imposing one's will on another; lack of family/community sanctions against substance use.

Substance Use and Acculturation

It is important, according to Herring (1994), to note findings that "the highest levels of substance use exist among those who were most closely identified with non-Native American values (acculturated), and the lowest levels exist among those who expressed an ability to adapt comfortably to both Native American and non-Native American values (biculturalized)" (p. 580). Thus, level of acculturation (traditional, marginal, bicultural, assimilated, "pantraditional") seems to play an important role in chemical dependence among Native Americans.

There are many stories of the personal, cultural, spiritual, and physical struggle of Native people. The life of Leland Leonard (Levin, 1997, p. 58), Navajo Nation, is one story of the broken Circle among many, many stories, and also shows the subsequent path to recovery as he has struggled to mend the Circle over many years.

Leonard, 45, has come a long way. He became addicted to alcohol and other drugs while serving in the U.S. Marine Corps from 1972 to 1975. "I hit bottom," he says, "and was chemically dependent for 6 or 7 years." Since then, he has gained more than 17 years of sobriety.

Leonard returned to Chinle, Arizona, on the Navajo Reservation, after a military discharge. There were no jobs. "My mom and other relatives tried to help me out as much as possible, including Native American ceremonies, but to no
avil. I was caught up in the cycle of addiction."

Leonard left Chinle and lived briefly in Phoenix. After a while, he returned home, where he asked for help. His new beginning emerged through the Native American Church and 30 days in alcohol rehabilitation on the Navajo Reservation. His recovery blended a twelve step program with traditional cultural values.

A non-English-speaking Navajo woman to whom he was assigned during rehabilitation helped him the most. "She was responsible for resurrecting the values that I was taught as a young man by my grandmother, my aunt, and my mom," he recalls. "It's good that I have that foundation because I fell back on that."

But using traditional ways for all Native Americans does not always work, Leonard says. Some people are traditional, meaning that they adhere strictly to the old ways of life. Others have acculturated (bicultural or marginal), or adapted to the mainstream culture while still observing some traditional ways. And there is a third group of Native Americans that Leonard calls "assimilated" who have virtually abandoned all traditional ways in favor of the dominant culture in which they reside.

Identifying himself as acculturated, Leonard was a part-time counselor for 3 years at the Phoenix Indian Health Center with a client caseload that was 75% Navajo-speaking. "I really enjoyed it, especially knowing the language," Here, he helped newcomers from the reservation adjust to an urban setting.

Leonard's personal sobriety is a blend of the traditional and the nontraditional. He runs and lifts weights. But he also adheres to Navajo philosophy.

Substance dependence has been, and continues to be, of great concern as a major destructive force among Native people and their communities. However, it is important to look not only at the problem, per se, but also at the effectiveness of the solution. Generally speaking, hospitals and treatment programs emphasizing a "disease model" have had low success rates, as measured by sobriety after a given time. (E. N. Anderson, 1992; Terrell, 1993). More recently, attempts at using approaches that draw on traditional Native American concepts, practices, teachings, and methods of healing, or developing approaches that blend Western and "non-Western" modalities have yielded higher success rates than conventional modalities (E. N. Anderson, 1992; Four Worlds Development Project, 1984; French, 1990; Herring, 1994). Therein lies both implications for treatment of substance dependence among Native Americans.

**IMPLICATIONS FOR TREATMENT**

Numerous factors and considerations influence and motivate the sort of substance abuse counseling services available to clients in the United States. Insurance companies and federal agencies issue treatment and reimbursement or funding guidelines and limits. For example, the American Society of Addiction Medicine (ASAM; 1996) designed treatment placement criteria that are used to determine whether clients are given inpatient or outpatient treatment. Individual states and national professional organizations set educational and training standards for certification for professional substance abuse counselors. Among the most influential considerations for determining substance dependence treatment is treatment providers' philosophies about the causes and maintenance of substance dependence and, therefore, how it is best mediated. Etiologic models include those with biological, psychological, sociological, moral, and spiritual principles and combinations thereof. Substance abuse treatment is based on such theoretical premises. Therefore, while functioning within legal and professional parameters, services such as individual therapy, group therapy and education, family counseling, life skills and parenting education, and case management will reflect providers' philosophies about how people change.

**Need for Treatment**

Because only 30% of Native Americans live on reservations, it is difficult to obtain reliable figures on the need for substance abuse treatment for this population (Prevalence of Substance Use, 1998b). Federal government survey figures show that in the early 1990s nearly 8% of all Native Americans over age 12 met criteria for needing treatment for drug dependence. In addition, 6% of the sample was reported to be alcohol dependent. Of that number, more women (7%) than men (4%) (Prevalence of Substance Use, 1998a) met criteria for alcohol dependence as established by the American Psychiatric Association (1994). Another 5% of Native Americans reported heavy use of alcohol. That number included 3% of the women and 6% of the men in the Native American population sample.

**Agreement Among Beliefs and Practices**

Which aspects of treatment for substance dependence as it is currently provided are compatible with Native American thought and customs? Abstaining from alcohol (and other drugs) is the primary and fundamental goal substance-dependent clients work toward when they enter most rehabilitation programs. For that reason, involvement in twelve step programs such as AA and NA is an important component of many substance abuse treatment programs in the United States. Counselors often suggest that clients become involved with a twelve step program and attend meetings regularly. "Ninety in ninety," meaning "ninety meetings in ninety days," is the suggestion individuals with addictions are likely to hear as they begin the recovery process. Behavior change is the goal. Often cognitive, behavioral, and insight-oriented therapy are the theoretical underpinnings of treatment for substance dependence. AA, the oldest and most widely used self-help program, has led to the formation of other twelve step groups such as NA and Cocaine Anonymous (CA).

Twelve step programs are not treatment programs, but attendance at meetings of self-help groups often is incorporated into substance dependence treatment plans. Indi-
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Steps and, 1953, p. 106). The words on the medallion have particular meaning for each individual and for AA members in general. In the context of achieving sobriety in AA, service, recovery, and unity are interrelated. How these concepts are relevant to substance dependence treatment of Native Americans is instructive to counselors.

Service. According to twelve step philosophy, mutual service among those with alcoholism is a key to sobriety. Service counters self-centeredness and reminds people of their vulnerability. This notion is addressed in the Twelfth Step: "we tried to carry this message to alcoholics" (Twelve Steps and, 1953, p. 106). The message is that suffering need not continue and that living in balance and harmony with others and with oneself is possible. When the message is carried to people who ask AA for help, it is not with the intent to proselytize, but to inform and offer help and supportive relationships. AA pursues a policy of "attraction rather than promotion" (Twelve Steps and, 1953, p. 180). Native Americans value morally supporting others in noninterfering, respectful ways. Individual choices are honored.

AA does not encourage members to be crutches for each other, but companions in the struggle to gain strength through living according to the twelve steps. They may thereby attain spiritual growth through self-knowledge and service to others.

Recovery. The Circle of Life reminds Native Americans of their responsibility to maintain their inner power by nurturing the spirit. To this end, chemical dependence treatment programs have made efforts to work more effectively with Native American clients by incorporating culturally appropriate services (Vick et al., 1998). Efforts have been made to hire more Native American staff, focus on tribal culture, use less structure and fewer rules, devise a less confrontational approach, and create a family atmosphere. Activities common to programs such as these include talking circles, sweat lodges, playing tribal music, learning Native crafts, cooking and eating traditional food, attending pow-wows and powwow meetings (Native American Church), learning about tribal culture and history, doing beadwork, focusing on personal spirituality, and integrating traditional symbols such as the Medicine Wheel (or Sacred Circle), the feather, tobacco, sage, sweetgrass, and the drum, among other things. In addition, spiritual leaders such as Medicine people and elders are often invited to meet with individuals or groups as a way of providing support, encouragement, wisdom, and healing during the process of recovery.

"Jill," whose mother was Assiniboine and father was Gros Ventre in Montana, spoke about how she integrated traditional Native American values and traditional substance abuse self-help in her recovery.

I am one of the founders on the Intertribal Alcoholism Campout held annually. One of the greatest experiences of my sober life was to witness an Honor Dance for Sobriety at the Flathead Campout. With the sacred campfire blazing and the resonating sound of the drum, the dancers gave thanks to the Great Spirit freeing us from alcohol. Tears were streaming down the faces of many, but all held their heads high. No head was bowed in shame to alcohol... I celebrated one of my [AA] anniversaries in a Sobriety Teepee on the Northern Cheyenne Reservation during their annual powwow. There is no difference between an A.A. Meeting in a plains teepee or in a church. (AA for the Native North American, 1989, p. 19)

Support from the AA group and from individual AA "sponsors," people whom members choose to provide personal guidance, are influential in AA life. McCarthy (1991) asserted that AA encourages members to depend on the AA group and that such dependence is counterproductive to sound mental health. AA founders admitted having no control over the consequences of drinking alcohol and that by having faith in a "higher power," even if it is "A.A. itself," one can achieve "soundness of mind" (Twelve Steps and, 1953, pp. 27, 33). Prinz (1997) explained that by admitting having no control over the consequences of using alcohol one becomes self-aware, empowered, and better able to move toward sobriety. The incongruity of admitting defeat while becoming strengthened through the process of living according to the Twelve Steps is described in Twelve Steps and Twelve Traditions (1953):

We perceive that only through utter defeat are we able to take our first steps toward liberation and strength. Our admissions of personal powerlessness finally turned out to be firm bedrock upon which happy and purposeful lives may be built. (p. 21)

Furthermore,

The more we are willing to depend on a Higher Power, the more independent we actually are. Therefore, dependence as A.A. practices it, is really a means of gaining true independence of the spirit. (p. 36)

Unity. Just as Native Americans honor their places in their communities, members of twelve step programs find purpose in sharing the stories of their lives before recovery, revealing how they happened to accept help and what sobriety means to them. They regard their relationships with fellow members as necessary for maintaining sobriety. Tradition 1 of the Twelve Traditions that guide AA reads, "Our common welfare should come first; personal recovery depends on A.A. Unity" (Twelve Steps and, 1953, p. 129). Growing toward self-understanding in AA means, in part, developing fellowship among members. In this unity, members share their knowledge, spiritual power, optimism, enthusiasm, and confidence. E. N. Anderson (1992) found that substance dependence treatment for Native Americans is effective if based on a kindly, uniting approach with warmth, communication, and individual empowerment as essential components. The goal for treatment is to focus on using people's strengths and ways of aiding each other to increase their efficacy and to renew reciprocal support.

PRACTICAL COUNSELING RECOMMENDATIONS

The following are seven practical recommendations that might be important in any given session for working effectively with a Native American client:
1. Greeting. For traditional Native Americans, a gentle handshake is the proper way of greeting (if any handshake at all). A firm handshake (expected in mainstream American society as a sign of confidence and enthusiasm) is considered to be an aggressive show of power and, thus, an insult in the traditional way.

2. Hospitality. Given the traditional emphasis on generosity and kindness, hospitality is an important part of Native American life. Therefore, it is helpful to be able to offer the Native client a beverage or snack as a sign of good relation. In the traditional way, to neglect offering hospitality to a visitor or guest is to bring shame on oneself and one's family.

3. Silence. Quiet time at the beginning of a session is an appropriate way of conducting a session to give both counselor and client a chance to orient themselves to the situation, get in touch with themselves, and experience the presence of the other person. This brief time (perhaps a few minutes) can be nonverbal, noninteractive time that allows the client to be at ease. This is an important show of respect, understanding, and patience.

4. Acculturation. It is important to get a sense of the client's level of acculturation by informally assessing (a) values (traditional, marginal, bicultural, assimilated, "pantraditional"), (b) geographic origin/residence/reservation, rural, urban), and (c) tribal affiliation (tribal structure, customs, beliefs). Both verbal and nonverbal cues will give counselors a good sense of a Native American client's level of acculturation. If questions remain, it is important to pose them in a respectful, unobtrusive way (e.g., "Tell me a little bit about where you come from" or "Tell me which nation/tribe you are"). It is important not to assume that because a person "looks Indian" that he or she is traditional, or that because a person "does not look Indian" that he or she is not traditional. Moreover, with a client who seems to have more traditional values and beliefs, it may be particularly helpful to suggest that family or other significant persons (e.g., a Medicine man or woman) participate in the process to support the client as he or she moves through important personal transitions and any subsequent personal cleansing.

5. Eye Contact. Native American clients with traditional values (and possibly those who are marginal or bicultural) will tend to overt their eyes as a sign of respect. To subtly match this level of eye contact is respectful and shows an understanding of the client's way of being. The eyes are considered to be the pathway to the spirit; therefore to consistently look someone in the eye is to show a level of arrogance or aggressiveness. It is good to glance at someone once in a while, but listening, in the traditional way, is something that happens with the ears and the heart.

6. Intention. Simply put, with a Native American client, your word is your bond. In the traditional way, life is not about what is on paper, it is about what happens between people, within people, and between people and other living beings. Therefore, as counselor, if you say you are going to do something, then do it. Trust is always an important issue with a Native client, given the historical context of broken promises and exploitation. Not only that, but traditionally, breaking promises is Bad Medicine and, thus, worse than harming someone physically because it is harming someone's spirit.

7. Direction. In counseling, more traditional clients may welcome (or even expect) the counselor to offer helpful suggestions or alternative ways of dealing with things. From a traditional perspective, respect for choice is utmost, but healing is a collaborative process. Therefore, offer suggestions without offering directions. There is a difference between encouraging and pushing. Once again, with traditional Native American clients, actions will always speak louder than words. As a part of this, it is sometimes helpful to incorporate humor (appropriately) because this is an important part of Native culture and communication style, as well as a powerful tool for many Native Americans.

CONCLUSION

Understanding the meaning of the Sacred Circle helps counselors working with Native American clients involved with substance dependence work with those clients in a culturally responsive manner. Rehabilitation programs such as AA and NA have demonstrated positive results with Native participants as a component of treatment and recovery. In addition, recovery programs and treatment modalities incorporating spiritual practices and beliefs specific to certain tribes have increased to meet the cultural and spiritual needs of Native people. Based on the literature, more general implications can be drawn for treatment of substance dependence among Native clients:

- **Historical factors:** A critical component of treatment could include a psychoeducational piece designed to provide insight concerning many of the historical factors such as exploitation of Native people through the early introduction (1800s) of alcohol to Native American tribes, discrimination, and assimilation through boarding schools and relocation programs (1900s), disruption of traditional cultural and familial patterns. This could provide important topics for discussion and help Native clients explore their own level of cultural identity development.
- **Isolation:** Native clients can benefit from a sense of reconnection with community and traditional roles. This could be and has been accomplished through the revival of tribal ceremonies and practices (e.g., talking circles, sweat lodges, potlows, powwows, peyote meetings) reestablishing a sense of belonging and communal meaningfulness for Native people "returning to the old ways" or at least, integrating many of these ways into modern day life.
- **Generational splits:** Native clients of all ages can benefit either from acting as role models and teachers for young people or learning from these adults and elders who fill this role. This too has become more commonly practiced by tribal nations across...
the country in treatment programs as well as in the schools.

- **Sociodemographics**: Native clients can reconnect with a sense of purpose by finding ways to combat the high rates of unemployment, inadequate housing, low educational levels, poverty-level incomes, and isolated living conditions. Participation in community-wide volunteer programs to help those in need has proved to be a successful part of recovery for many American Indian people.

- **Physiology**: Native people should be encouraged to have regular physical check-ups and blood tests to monitor physiological difficulties but particularly those regarding blood sugar.

- **Social facilitation**: Participation in other social events, such as family gatherings and powwows, allows Native clients to experience social cohesion and social interaction without the need to use substances.

- **Peer pressure**: Native clients in treatment may have to consider the social and personal consequences of not wanting to reject the sharing and generosity of their peers when offered substances. This may provide some important personal insights, and many may face with a choice between the lesser of two evils. However, it is also important to explore and clarify with Native clients what their values and beliefs are, as well as ways to reconcile any conflicting values and beliefs without the use of substances.

- **Coping mechanism**: Native clients can learn other methods of dealing with stress, boredom, powerlessness, sense of emptiness associated with acculturation and identity confusion—without the use of substances. Consultation or participation of a Medicine person (i.e., traditional Native healer) may prove very helpful in the treatment and recovery of Native clients.

- **Noninterference**: The avoidance behavior of community members related to the cultural value of not imposing one's will on another can be addressed with both the Native client and community members. Carol Atteave's (1969, 1985) network therapy has been very effective with Indian clients as a way of working with an individual in family and community context.

**TRUE STORIES**

The true story shared in the beginning of this article reflects the essence of an experience that is one moment for one Native American man. Stories like these are abundant throughout American Indian nations across the country in symbolizing the power of the struggle and what it means to live a life controlled by the passion and pain of substance dependence. Stories like these need to be heard. That is why we, as counselors, are here. Stories like these offer their vision and meanings for every person at any given point in time. Stories like these need to be spoken and allowed to provide Native clients with both the insight and the action to live a better life, and walk the path of Good Medicine.

**REFERENCES**


Prevalence of Substance Use Among Racial and Ethnic Subgroups in the United States, 1991–1993. *(1998b).* Literature on racial/ethnic differ-