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Considering the Myth of the Drunken Indian

by

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ABSTRACT

This project explores the contribution of myth as a way to expand our current understandings of concepts of alcohol and alcoholism. The paper considers the relationship between Aboriginal peoples and alcohol from the perspective of myth and explores the existence of fundamental differences between Aboriginal and non-Aboriginal concepts of alcohol and uses of Alcoholics Anonymous (AA). Designed for Europeans, Alcoholics Anonymous has gained currency among many other groups as a viable treatment option. Among Aboriginal peoples, the use of AA continues with significant controversy. The transcripts of the public hearings of the Royal Commission on Aboriginal Peoples (1997) were analyzed so as to explore narratives of alcohol. In particular, the myth of the drunken Indian, generally understood as stereotype, is considered as a story thus permitting an exploration of the way in which this myth can be thought of as articulating important ethics inherent in an Aboriginal worldview. Three myths were identified. Firstly, it is argued that the drunken Indian is a part of Western society's alcohol mythology. It tells the story of how Aboriginal peoples became alcoholics because of an immoral and lazy disposition. Secondly, the myth of the drunken Indian recounted by the dominant society is the antithesis of that narrated by members of mainstream Alcoholics Anonymous about themselves. Specifically, the myth of individualism tells the story of alcoholism, a bodily disease, resulting from the notion of radical individualism. Thirdly, another fundamentally different myth of the drunken Indian told by Aboriginal peoples about themselves. This myth narrates alcoholism as the result of 'diseased' relations between Aboriginal peoples and their historical oppressors. It is within this context that we might reconcile both acceptance and rejection of a 'drunken Indian' by Aboriginal peoples. Alcohol has been a real part of their experience whether or not there has been involvement with the substance on an individual level, and is heavily implicated in their relationship with the dominant culture. As such, the discussion also considers alcohol within the context of symbol and the way in which it encapsulates an entire history of relations.

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INTRODUCTION

When you talk to an elder, when you present yourself to an elder, you present yourself first with tobacco. It is always used in our ceremonies when you approach an elder and... what is really killing us as a people is alcohol (End of Translation, Fort McMurray, ALTA 92-06-16 PG 58).

This paper is a consideration of the drunken Indian from the perspective of myth, stories of the real, experienced world that have significance for the people who tell them. As such, it suggests the existence of one myth of the drunken Indian told by European-Canadians, and another markedly different myth narrated by Aboriginal¹ peoples. These myths can be contrasted with a third, told by members of Alcoholics Anonymous about themselves, a pervasive alcohol treatment program designed for Europeans and used by, among others, Aboriginal peoples.

As May (1982) asserts, the drunken Indian has been present in all levels of society since colonial times. Aboriginal people were understood to be incapable of controlling their alcohol consumption or themselves after drinking. As a result, a great deal of popular folklore and history has been focused on detailing, explaining, or supporting it.

The concept of 'myth' is generally understood as being synonymous with falsehood or fallacious belief (Turton, 1997) and I believe that research

¹ For the purpose of this undertaking the term 'Aboriginal' will refer to First Nations, Inuit, and Métis people as a whole. This is not meant to suggest any homogeneity whatsoever. There are,

undertaken in the area of Aboriginal people and alcohol is implicitly oriented within such truth or fallacy dichotomies. Many studies implicitly accept the 'drunken Indian' as truth in that they attempt to describe drinking patterns and perhaps solve the drinking problems of Aboriginal peoples. In fact, issues of alcohol use and misuse by Aboriginal peoples have long been a focal point for many researchers. Many appear to accept the assumption that alcohol is a singularly destructive force among Aboriginal peoples; more so than perhaps any other group, whether or not this actually reflects reality. At any rate, these attempts range from suggestions of an absence of drinking norms, prescriptions, and practices, to suggestions that the norms, prescriptions and practices encourage alcohol misuse, to suggestions that Aboriginal peoples as a group are genetically predisposed toward alcoholism. For example, Vizenor (1987) argues on the one hand, that these characterizations are a "racist response", yet also contends that alcoholism among Aboriginal peoples is "a serious national problem" requiring a solution.

Still others attempt to situate themselves out of these arguments by arguing that assumptions about Aboriginal peoples and alcohol are simply untrue and devote their efforts to proving the 'drunken Indian' is a fallacy. Leland (1976) conducted a review of the literature that demonstrated marked variation existing in terms of reports concerning Aboriginal peoples drinking behaviour. Although questioning the veracity of the drunken Indian, her argument nevertheless reduced the issues to a simple truth-fallacy dichotomy. As May (1982) has

of course, a myriad of both inter and intra-group differences. Distinctions are underscored wherever possible, although the discussion is such that it is difficult in most instances.

argued, much of this work ultimately obscures the complexity of the relationship between Aboriginal peoples and alcohol. In this regard I must agree with May. The fact is that alcohol has been a very real part of their experiences with the dominant society, and for this reason we must consider myth as being something beyond issues of stereotypes.

Vast differences in alcohol use, and styles of drinking occur among Aboriginal peoples (O'Neill, 1992; Levy and Kunitz, 1971; Weisner et al, 1984; Westermeyer, 1979) and in this respect Aboriginal alcohol use is not unlike the presence of differences in other groups of people. As Westermeyer (1996:112) notes, any single history or description of drinking practices cannot apply to every group. Their use and misuse of alcohol into modern times, has differed in at least as many respects as drinking practices and attitudes across Europe. Further, many Aboriginal people experience drinking as pleasurable and non-problematic and their involvement with it ranges from heavy drinking to abstinence (Savishinsky, 1992).

Curiously, such variation is ignored with alcohol often being characterized as one of the most destructive forces in Aboriginal existence (Maidman and Conchelos, 1991). Given the practice of the dominant culture to romanticize and caricature Aboriginal peoples (LaMarine, 1988), it is not surprising that variations in drinking continue unacknowledged.

Further, the view that alcohol problems have reached potentially epidemic proportions among their people is also one that is held by many Aboriginal peoples. This view is puzzling because it too suggests a belief in an absence of

variation concerning alcohol consumption. Some have argued that the stereotype has become so entrenched in society that many Aboriginal peoples have accepted it. Although Westermeyer (1979:110) asserts, “perhaps no stereotype has been so long-lasting and so thoroughly ensconced in our social fabric as that of the ‘drunken Indian’”, again, it is my contention that it transcends issues of stereotyping.

Indeed, Aboriginal peoples have, at best, an uneasy relationship with alcohol. Alcohol continues to be articulated as a destructive force among Aboriginal peoples and issues of alcohol and alcohol problems are accorded an important position in much of the dialogue concerning Aboriginal peoples, both within and outside the Aboriginal population. Mulford (1994) has suggested that there is no evidence for any society ever being drunk into nonexistence by its members, and that the relationship that members have with alcohol is generally amicable. Obviously, this is not an account that can be said to reflect the situation of Aboriginal peoples.

It can be argued that the extent of debate surrounding issues of abstinence and sobriety is an indication of there being a view that they could conceivably drink themselves into oblivion. This is not to present an argument for or against the validity of this view, rather to suggest that the view exists. In the words of one speaker:

But first we have just got to keep -- we have got to stay alive. We've got to quit killing ourselves before we're 20 and then drinking ourselves to death after that (Moosonee, ONT 92-06-10).

Despite the strength of such narratives there also exists a rejection of the drunken Indian where narratives range from outright denial, where some assert that “...(t)he stereotypes of the “drunken”...Indian are not true” (Brantford, ONT 93-05-13 PG 142) to others that suggest alcohol problems experienced by some of their people are not dissimilar to the problems of non-Aboriginal people. For example:

A lot of times you hear people say they went away and they went to school and they got lonely and they got sick and they had to come home or quit school because of drinking. It happens to a lot of people, not only Indians. A lot of my white friends dropped out of school on account of that. Very good guys, too (Old Crow, YK 92-11-17 393 PG 183).

Alcohol Mythologies

The issues become even more interesting when considered in the context of Mulford's (1994) discussion of alcohol and alcohol problems. As he notes, regarding humans as passive recipients of pharmacological properties of alcohol is simplistic. Rather, both the drinker and the drink are interdependent variables that interact with a myriad of other variables. While each is individually weak, the variables work together in an ever changing, complex, and poorly understood system. All societies uniquely, continuously define and redefine alcohol and alcohol abusers, as they produce and then interact with their creations. Every society establishes its own unique mythologies concerning alcohol and its own drinking norms, prescriptions, and practices that integrate alcohol into its culture in ways that tend to minimize problems. This process is continuous and change is constant.

In keeping with Mulford, the drunken Indian may be thought of, at one level, as a part of Western society's alcohol mythology. It was created, and lives, in the story told about Aboriginal peoples by their historical oppressors. That story, as recounted by an Aboriginal person, is as follows:

...(W)e are a bunch of lazy people, we have drinking problems and we suffer and abuse our children and our spouses and so forth and we can't hold a job (Fort Chipewyan, ALTA 92-06-18 PG162).

Thus, Aboriginal people collectively, are the drunken Indian. The drunken Indian can be thought of as a creation of the dominant society, and its members interact with their creation. As noted by one speaker:

I have seen a lot of tragedy in my life. I have been placed in jail here in Kenora when I was sober, and I was jailed for one week. My charge was being drunk on the streets. I hadn't had a drink. So, I know what it's like to grow up on the streets of Kenora (Kenora, ONT 92-10-28 73 PG 98).

Further, although other aspects of the dominant society's alcohol mythology may change, the myth of the drunken Indian does not. The drunken Indian, thus far, remains a constant, and peculiar figure in Western alcohol mythology. In fact, it can be thought of as a symbol of the penultimate alcoholic because it contains within it every prevailing view of alcohol and alcoholism in Western society. As will be discussed in detail later, shifts in views of alcohol in Europe and North America have occurred throughout history, where the norm of sin and repentance was replaced by that of illness and therapy, essentially the disease concept. The result was a removal of the burden of guilt and immorality

from the act of drinking and the state of chronic alcoholism. It replaced the image of the sinner with that of a patient, someone requiring assistance as opposed to criticism (Gusfield, 1996:182).

In the case of the drunken Indian as constituted by Western mythology, we have a curious mix where both views are visible. The drunken Indian is both sinner and diseased. On the one hand, the drunken Indian is just that: drunk, lazy, and essentially to blame for his predicament as is outlined in the story recounted previously. On the other, the drunken Indian is the (diseased) alcoholic, but here a break occurs where the alcoholic is not viewed as deserving assistance. The drunken Indian becomes a complex mix of alcoholism as physiological disease, with other characterizations of the Indian as drunk because they are immoral and slothful. In short, the drunken Indian as told by the dominant society actually constitutes all negative views of alcohol and alcoholism, but it does so in such a way as to place the onus of responsibility for the disease on Aboriginal peoples as a collectivity.

Thus, notions of immorality and disease are combined to account for the manner in which Aboriginal peoples became alcoholics. According to the story, Aboriginal peoples are drunks because they are immoral and lazy. From characterizations of immorality and laziness we can infer a refusal to work diligently, to accept that conducting oneself in a certain manner enables individual success. As such, they can be understood as rejecting, to borrow from Room (1993), a belief in the inevitability of progress at the level of the individual

and the society, thus refusing an individualistic world-view. Hence, the story recounts how a refusal to embrace individualism resulted in alcoholism.

What this speaks to directly is the assumption that Aboriginal peoples choose to remain dependent upon the dominant society through hand-outs; which can be reduced to the view that they are drunks because they refuse to get jobs. Indirectly, this refers to initial European-Aboriginal contact, where it could be argued that the arrival of Europeans benefited Aboriginal peoples through attempts to instill understandings of progress. On this basis, we can draw the conclusion that alcoholism, a bodily disease, is the result of a causal agent that is social in nature.

What is interesting about this particular myth of the drunken Indian is that it is the antithesis of what I argue, is the myth of individualism recounted by members of Alcoholics Anonymous. As I make the case later, the myth recounted by Alcoholics Anonymous makes the causal link between developing alcoholism, a bodily disease, and embracing the notion that one can do it for oneself. Both are myths of the dominant society: one is how alcoholism was brought to Aboriginal peoples, the other is how it was brought to members of the dominant society. Both are myths in the sense of articulating a story of how a sickness was brought to a people.

At the same time, it is my view that the drunken Indian actually refers to two quite different myths. The first, as I previously argued, is the myth of the drunken Indian as told by the dominant society. It is within this context that one might reconcile what appear to be both acceptance and rejection of the drunken

Indian by Aboriginal peoples. The fact is that alcohol has been a very real part of their experience as Aboriginal peoples whether or not there has been involvement with the substance on an individual level, and is heavily implicated in their relationship with the dominant culture. Given that the drunken Indian is a creation of the dominant society, it is here that the current exploration must focus. In attempting to come to some understanding of what is going on with what appears to be contradictory narratives about alcohol, we cannot assume the drunken Indian is understood in the same manner as that of the dominant society. Thus, we must explore the drunken Indian in the Aboriginal context, and consider the possibility that it represents more than one story; that there may indeed be a rejection of one drunken Indian, and acceptance of another, fundamentally different, drunken Indian.

As part of our exploration, I will also consider the meaning of alcohol and alcoholism as Aboriginal peoples might conceive of them. This will be accomplished through a consideration of the values and cultural ethics articulated by the myth and the manner in which alcohol is implicated in those values. I will argue that such values are viewed as an essential part of Aboriginal cultures, particularly prior to European contact. The practice of abstaining will be considered as a cultural ethic that is articulated by this myth, where not drinking serves to assert an Aboriginal identity and culture by bringing one back to a time before the arrival of alcohol. By returning to a time prior to the arrival of alcohol and White man, a therapeutic value exists whereby a return signifies a rebirth or beginning, and the potential for a better life (Eliade, 1963).

My effort to engage with the myth of the drunken Indian begins with providing a context for our discussion. As such, we will begin with a consideration of explanations proposed to understand the troubled relationship Aboriginal peoples have had with alcohol. Since the current undertaking is neither a focus on drinking problems *per se*, nor about treatment modalities, this chapter will not address the validity of various theories. These perspectives nevertheless continue to be a part of the dialogue surrounding Aboriginal peoples and alcohol issues, and thus must be addressed. The discussion will then shift to a discussion of the way in which alcohol as a disease came to be understood in the Western context. Chapter Three will begin with a consideration of the emergence and consolidation of the disease concept over other existing perspectives, the place of AA within that process, and the continued dominance of AA as a lay treatment approach. It will then move into an exploration of a crucial aspect of AA, the relationship between abstinence and spirituality. Finally, I will suggest Alcoholics Anonymous as enacting an origin myth, the myth of individualism.

The project will then focus on 'reading' the stories about alcohol contained in transcripts of the Royal Commission on Aboriginal Peoples, with an eye to considering whether Aboriginal peoples tell their story according to the drunken Indian as understood in Western mythology. Thus, the focus of my inquiry will be the Canadian context, at times informed by research elsewhere.

Chapter Four will provide an initial reading of the narratives in which we will consider the use of Alcoholics Anonymous by Aboriginal peoples as well as narratives of disease. Specifically, although narratives indicate both an

acceptance of AA as a treatment approach, and a belief in the disease concept, it is at this point that a divergence occurs. We will discuss the way in which the stories move beyond issues of colonialism and are reflective of another myth of the drunken Indian; a myth that deals with social relations as etiology. Further, we will examine how issues of land and identity are understood within this context.

Chapter Five will extend the discussion to the specific myth of the drunken Indian. I will begin by 'telling' the story according to my understanding of the narratives in the transcripts and discussing the contradictions inherent in that myth. Additionally, I will consider the way in which the drunken Indian may be regarded as symbolic of the unethical exchanges, and the manner in which alcohol itself is understood as a symbol. Again, while the transcripts were not about alcohol *per se*, a story nevertheless 'emerged' from my readings of those transcripts. It is a story that might be told by Aboriginal peoples about themselves. It is a myth that in its telling rejects both the myth of the drunken Indian as told by dominant society, and the myth of individualism narrated in the context of mainstream AA.

In telling the story in such a manner, I strive to perhaps unmask a quite unique myth that is obscured by the dominant myth. I felt it important to devote myself to this because it is something that I felt I 'saw' in the voices of Aboriginal peoples, although given the confines of the particular data source, I am perhaps taking some liberties.

Nevertheless, I felt it beneficial to initially tell the story in this way because members of the dominant culture often tell this story about Aboriginal peoples, leaving little possibility for any alternative telling. Finally, initially telling the story of the dominant society served as a point of departure for my telling the story again as myth and allows me as much as possible to remain true to the perspective that multiple narratives exist. For the present purposes, narratives are regarded as the multiple stories existing within a specific culture. These stories do exist alone, or they can contribute to a larger, even overarching cosmic story (Morris, 1996). It is a way for me to appreciate that despite the influence of the myth of the drunken Indian, there are nevertheless “always feelings and lived experience not fully encompassed by the dominant story” (Bruner, 1986:143)².

What this undertaking is not about is arguing the truth or falseness of various narratives. By retelling the myth I raise the possibility of it being something other than purely a Western narrative, and permit a consideration of alternative narratives. As noted by Cove (1987:22):

people experience their milieu as factual from their own perspectives. If we ignore them and impose those established in our discipline, we substitute an artificial world for a lived-in one. Indirectly, we also dehumanize the people we study by ignoring their capacity to produce and understand culture.

Further, I have chosen to retell the myth of the drunken Indian as an origin myth because to do otherwise is to deny the way in which alcohol has been inextricably linked to Aboriginal peoples. As Lemert (1982) asserts, Aboriginal

² Of course this also raises the issue of the researcher encountering differing local understandings of same event and accepting one interpretation as 'true', thus marginalizing other views. In a sense, the researcher becomes complicit in maintaining or creating a dominant story.

peoples have been celebrated for their misadventures with alcohol more than any other population. At the same time, it is a story of their real, experienced world, and to choose to think of the term myth in the pejorative is to deny a significant part of the Aboriginal experience. On this basis, my only recourse was to accept Eliade's (1963) argument that myths are true stories.

This is not to suggest that Aboriginal peoples need to be told to move beyond issues of stereotyping. Rather, this is my own attempt to explore the way in which the dialogue concerning alcohol may be something different from what is 'seen' by outsiders. Furthermore, in considering this topic in the context of myth, this is also not an effort to add to any perceptions of Aboriginal peoples as a homogenous group. While it is the case that issues of alcohol continue to be articulated regardless of tribal or group affiliation, there are undoubtedly many narratives occurring. I can only assume that my 'conversations' with the data must result in my developing some narratives at the expense of others; that I select what I perceive to be noteworthy narratives out of multiple others.

Finally, following Vescey's (1991) comments, it is crucial to recognize I am an outsider to the cultures of Aboriginal peoples, and my interpretations will no doubt be hesitant. It is not the intent of this endeavour to inform Aboriginal peoples as to what is 'going on' in their dialogue, or to regard this piece of work as definitive. Furthermore, I must reiterate that my reference to Aboriginal peoples as a totality is not to imply homogeneity where there is indeed heterogeneity. My efforts to deal with myth, however, are situated in the context

of a contentious relationship with the dominant society, and perhaps in this respect only, there are some shared experiences.

Considering the myth of the drunken Indian is merely a way to try to come to a closer understanding of the relationship between Aboriginal peoples and alcohol. As such, it is in part a consideration of whether there is or is not a drunken Indian, as well as how the drunken Indian might be understood. It is an exploration of alcohol mythology.

CHAPTER ONE

Considering the Broader Context

Alcohol consumption continues to be regarded as a problem in Aboriginal communities. Research surveys continue to indicate that alcohol abuse is regarded as a serious problem by Aboriginal peoples. For example, a Manitoba survey (1984-1985) and the Aboriginal Peoples Survey (1991) found that 86 and 73 percent respectively, of respondents reported alcohol abuse as a serious social problem (National Native Alcohol and Drug Abuse Program (NNADAP), 1998). Based on self-reports, the Aboriginal Peoples Survey (1991) also reported that a lower proportion of Aboriginal peoples than other Canadians drank daily and that significantly more Aboriginal peoples reported being abstainers (15% Aboriginal versus 8% other Canadian) (NNADAP, 1998; Statistics Canada, 1993).

A number of explanations have been put forth over the years in an effort to understand the troubled relationship Aboriginal peoples have had with alcohol. As mentioned, this paper is neither about describing their drinking problems nor treatment modalities and as a result will not be going into extensive analysis of the validity of various theories. However, given that these perspectives continue to be a part of the dialogue surrounding Aboriginal peoples and alcohol issues, it is advantageous to familiarize oneself with the perspectives. This is to what we now devote our attention.

Physiological Factors

Since this perspective is addressed elsewhere it will be briefly discussed at this point. This refers to the belief that Aboriginal peoples differ from other races in that they are physiologically predisposed to develop a craving for alcohol and to be unable to control their behaviour when they drink (i.e. disease). While this view is thought to persist in lay society, in the professional arena the view is considered questionable. Generally, it is felt in the professional arena that while the specific causes of alcoholism are not known, it is important to stress that a specific gene contributing to the majority of the alcoholism risk may be difficult to identify. Furthermore, due to the complexities inherent in genetic studies there may be difficulty in replication. It is possible that alcoholism might be a disorder involving a great deal of genetic influence, but where no single genetic defect is the primary cause of the syndrome. Instead, a combination of different levels of environmental influences along with genetic factors that contribute to multiple aspects of normal daily functioning might be more likely in terms of alcoholism risk (Schuckit, 1994).

Among Aboriginal populations there has also been a lack of evidence supporting the hypothesis (LaMarine, 1988; May, 1982). Leland (1976) focused on identifying the symptoms of alcohol addiction defined by Jellinek in the ethnographic accounts of thirty-three North American Indian groups and found that approximately 60 percent of the populations did not manifest the supposed universal symptoms of alcoholism (Leland, 1976).

Genetic theories concerning Aboriginal peoples are also problematic for other reasons. Firstly, the extent of European-Aboriginal intermarriage makes it unlikely that explanations grounded in a genetic basis would have much merit. Secondly, according to Ashley (1992), while the possibility exists that some racial groups or subgroups are more susceptible to the adverse effects of alcohol because of genetically determined differences in the way alcohol is metabolized, there are no definitive conclusions. Indeed, there is an absence of major or consistent physiologic differences based on race, in alcohol metabolism between Aboriginal and non-Aboriginal people. Further, differences in alcohol metabolism among Aboriginal peoples themselves are as varied as are those between Aboriginal and non-Aboriginals. Gill (1992) reaches a similar conclusion in suggesting that while research continues to examine the possibility, there is to date no concrete evidence in favor of the assertion. The view has been questioned in various ways by Aboriginal peoples themselves. For example, one person notes:

They even allowed us to get into the liquor store in the late fifties and early sixties. It was their belief that firewater was something that natives couldn't handle. I'd like to tell the Commission that a lot of the herbs that were used by native people far surpassed any alcohol or drugs that they've come up with since their coming. Methods of dealing with pain, whether it be by broken legs, bruises or cuts, with medicines created by native people themselves. And there's no recorded history of drug abuse by Indian people. And like I say, they had drugs that far surpassed the drugs of modern medicine (Kingsclear, NB 92-05-19 PG 32).

Absence of Alcohol in Pre-Contact Cultures

It has been suggested that the absence of alcohol in pre-contact cultures meant that Aboriginal peoples did not have sufficient time to develop social controls surrounding its use. The result was uncontrolled drinking upon its introduction (LaMarine, 1988; Smart and Ogborne, 1996; Saggars and Gray, 1998). At the same time, others suggest that there was a normative precedent in that many Aboriginal peoples initially rejected alcohol or consumed it in a restrained manner that reflected the restraint and control inherent in their existing social system. It was only much later that this changed with the impact of frontier-style drinking (McAndrew and Edgerton, 1970).

Savishinsky (1992) presents a similar account among Aboriginal peoples in Northern Canada. After its introduction into the North by early fur traders and trappers, the consumption of alcohol was quickly established as a central element in Native social and economic life. By the latter half of the 20th century alcohol had emerged as one of the primary social and health problems facing Native communities. By then, legal restrictions on the sale of liquor to indigenous people had been repealed and most Native peoples had moved to urban areas where bars, hotels, and liquor stores could be found. In both large and small communities, alcohol was often connected to forms of behaviour that Aboriginal peoples and Whites found disturbing.

Cultural Theories

This is a broad category in which various aspects of culture are featured. One theory attributes the use of alcohol to a culturally based predisposition to seek visions in altered states of consciousness (NNADAP; 1998 Scott, 1992*b*). For example, it has been suggested that traditional religious trends may in some cases promote drinking. According to Jilek-Aall (1974), Coast Salish tradition maintains that supernatural beings could endow a person with states of ecstasy and power, during which communication with ancestral spirits and visionary experiences of the super natural were made possible. The occurrence of uncontrollable behaviour, is regarded as a sign that the drinker is in contact with the supernatural realm (Jilek-Aall, 1974).

A more widespread explanatory framework focuses on the concept of anomie. Noted by Saggars and Gray (1998), anomie is a Durkheimian term and refers to a pathological state of society where consensus on social norms disintegrated due to industrialization, modernization, and individuation. The term later came to refer also to the state of mind of those living in the society. Those who favor such explanations for Aboriginal peoples argue that colonization resulted in the destruction of Aboriginal cultures. Members of the cultures became devoid of traditional roles, social rules to determine proper behaviour, and institutions to exert adequate social control. The effects of this breakdown and loss were said to manifest themselves psychologically in loss of individual autonomy, identity and self-esteem, as well as in the alienation from traditional

and colonial cultures. As part of this they are reacting to acculturative stress that results from the demand to integrate and identify with mainstream society. It is argued that while they have accepted the values and goals of the dominant society, they are prevented from assimilating due to factors including discrimination, poverty, and a lack of skills. Alcohol consumption becomes a way to deal with the associated distress (Saggers and Gray, 1998; Young, 1991).

Opponents of this view dismiss it for being too capable of accounting for all issues relating to Aboriginal peoples. Rather, some have suggested that flamboyant drinking can be regarded as another right of passage among males of some Aboriginal groups that is similar to traditional activities such as hunting and warfare (Young, 1991). Drinking, and styles of drinking are therefore viewed as being a valued part of their culture as opposed to an anomic response to the effects of colonialism.

Others argue it is difficult to know whether a given problem is caused by alcohol or by various social, economic, historical, cultural, and/or political factors (Westermeyer, 1979); the implication being that explanations which highlight anomie perhaps ignore the possibility of the interaction of many factors including the substance itself. Still others assert that the development of a compulsion to drink (or uncontrolled alcoholism) does not have to begin immediately upon consumption of the first drink. There are different classifications of alcoholics where uncontrolled drinking occurs at different stages (Madsen, 1979). Such arguments often emphasize that whatever other factors might exist, the focus must still ultimately be returned to the individual, or even group of individuals,

with the alcohol problem; that for whatever reason, they are alcoholics and therefore cannot drink. Considerations of culture and colonialism are regarded as extraneous to issues of disease.

Drinking as Rebellion

According to this perspective, there are a number of ways Aboriginal peoples can assert and validate their "Indianness". Some of the ways this may be achieved include: becoming a respected person according to the ideals accepted in the Aboriginal community, acquiring and employing Aboriginal expertise in terms of knowledge of lore and dances, fishing and hunting, serving the Aboriginal community as leaders and dealing with problems relating to the White world. For those unable to assert their identity through these means, alcohol is another route. Specifically, by exhibiting drinking behaviour that is incompatible with White views, they are able to define themselves as being unique from the dominant culture, and this uniqueness is part of what defines them as an Aboriginal person (Sackett, 1988; Lemert, 1982; Lurie, 1979).

Alcohol and Domination

Regardless of perspective, the fact remains that alcohol is heavily enmeshed with the historically subordinate position Aboriginal peoples have occupied in relation to non-Aboriginal people in North America. Specifically, it is felt that Aboriginal peoples were introduced to alcohol and later made problematic in relation to it as a way for Europeans to establish domination and

control (Duran and Duran, 1995; Wing, et al, 1996). Some evidence in support of such views exists with reports of traders teaching Aboriginal peoples to drink and become drunk (Smart and Ogbome, 1996). One of the images present in the transcripts is the drunken Indian as the creation of the White man:

So, a lot of things that were introduced by non-natives, like alcohol, drugs and they say if you walk down a street and you see an Indian staggering, "Oh, a drunken Indian." That Indian didn't invent liquor, didn't brew it. It was introduced by the non-natives, in some way to get the Indian drunk so that he can get what he has, the lands, culture (Cranbrook, BC 92-11-03 PG 197).

As Thatcher (1986) argues, while Canadians have been taught that efforts were made to protect Aboriginal peoples from a supposed weakness for alcohol, in actual fact there was no protective attitude. Alcohol played a crucial role in the North American fur trade. Brandy was a major commodity traded to Aboriginal peoples in exchange for fur. In fact, alcohol was so important that no trade of any kind would be undertaken without it (Smart and Ogbome, 1996).

The Hudson's Bay Company did pass some weak resolutions against the liquor trade, but continued to import large quantities of liquor from Europe to be used for trade with Aboriginal peoples. Intoxication of Aboriginal peoples was encouraged at prime trading times so as to gain control in the bargaining process (Thatcher, 1986). It is argued that after the Hudson's Bay Company and the North West Company combined in 1821, such bans were more strictly enforced. However, the practice of giving alcohol as a 'gift' before engaging in any commercial transactions became common as a way to avoid the bans

concerning the supply and sale (Saggers and Gray, 1998; Smart and Ogbome, 1996).

Indeed, the actual effect upon the liquor trade during the early years of White settlement was minimal (Duran and Duran, 1995). Thus, drinking by Aboriginal peoples, despite statements and actions to the contrary was actually desirable in that it contributed to the profit of the trade.

This is suggested in the following excerpt where the removal of a ban on drinking is mentioned and the fact that such prohibition was never truly enforced:

After the war you know I was sitting in the house. Somebody knocked at the door, so I opened the door. Here was an Indian agent with some documents. And he told me that "Raymond, we are going to take you off the reserve because you have been away seven (7) years." And I said "I've been away five and a half years overseas." Well, he says "That's too bad but that's our law," he said, "We have to take you off the reserve." So he gave me a little blue card they call enfranchisement; that's what he gave me. He said "You can drink beer now and do like I do and whatever." I said "I been drinking beer all the time anyways," I told him (Prince George, BC 93-05-31 PG 67).

An added effect of the ban of alcohol was the development of a harmful pattern of drinking. According to Westermeyer (1996), prohibition meant that those who acquired alcohol were forced to consume it quickly to avoid potential sanctions. This view has been echoed elsewhere. For example Saggers and Gray (1998) present the following quote of an Aboriginal man in Australia:

Those darkies have got no right to go fighting for the whites that stole their country. Now they won't let 'em into the hotel. They've got to gulp down plonk in the piss-house (1998:50).

Thus, an interesting situation existed where the non-enforcement of bans on alcohol actually worked to promote alcohol problems among Aboriginal peoples.

At the same time, the prevention of Aboriginal peoples from practicing many aspects of their cultures through the prohibition of various ceremonies and later, through the residential school system is argued as having consolidated the presence of alcohol in the lives of Aboriginal peoples. Severing Aboriginal peoples from their languages, families, Elders, all of which are essential components of Aboriginal culture and values is said to have resulted in “one hundred percent of the population (being) affected by alcoholism directly or indirectly” (Hodgson, 1989:102). The view of all Aboriginal peoples being touched by alcohol is one that is common in the transcripts; where the view appears to be that one does not have to have a personal involvement with the substance in order to be impacted by it in a negative way. What is also obvious is the way that alcohol is characterized as having affected entire communities, the implication being that a comestible substance has destroyed an entire people:

I also am not an alcoholic. And yet, I still am involved in the recovery, in the healing process of our people through alcohol and drug prevention programs and now treatment programs that are being in -- that are coming to our area. And in that commitment I've made to be able to assist the people has been a commitment that I've made to my family a long time ago, to be able to understand what alcoholism has done to my family and my community. And one of the things that I needed to be able to recover and no longer be a victim of it, but to let that become a powerful tool that I can use in assisting other people on their journey of recovery, and their healing journey also (Moose Factory, ONT 92-06-09 PG 531).

Admittedly, the place of alcohol within this is complicated as it becomes difficult to determine whether alcohol caused the breakdown, or whether the resulting breakdown caused alcohol problems. It is in fact part of what Roizen calls the “unhappy vicious circle” that the two perspectives on substance abuse prevention form: the alcohol abuse causes social ills and the social ills cause alcohol abuse (1997:107). Nowhere is this reflected more clearly than in the case of Aboriginal peoples. If we consider such events as the introduction of alcohol to Aboriginal peoples, the subsequent encouragement of drinking and drunkenness, the role alcohol played in losing their land, and prohibiting the practicing of their cultures, there is a strong case to be made for the argument of alcohol-causes assertion.

In one respect, the situation can also be related to the social ills created by colonialist practices and thus alcoholism can be argued as being the result. At the same time, we can also argue that the introduction of alcohol was the initial event that set them on the alleged ‘path to ruin’. Arguably it is difficult to characterize alcohol as the root of all problems because firstly, as discussed earlier, there is a significant proportion of Aboriginal peoples who are non-drinkers, and secondly, both individuals and communities have experienced and responded to the effects of colonialism in different ways. Thirdly, the intersection of alcohol and class adds a further complication. Alcohol consumption is highest among Aboriginal peoples with the most education and income, among men, and in age groups younger than 55 years of age, a profile that is not greatly different from non-Aboriginals (NNADAP, 1998; Statistics Canada, 1993). Studies,

however, also indicate that Aboriginal peoples who consume alcohol are more likely to be heavy as opposed to moderate drinkers (NNADAP, 1998). This is a pattern that is unlike that of other Canadians.

On a broader level, alcohol can also be thought of as inseparable from the fact that since the initial contact, it has been to the economic advantage of Europeans to consider Aboriginal peoples as inferior. Borrowing from Thatcher (1986), the creation of an alcohol problem, and hence the labeling of Aboriginal peoples as deviant provided the dominant society with a rationalization for both committing past injustices and refusing to undertake restitution. Their 'lust' for alcohol, among other things, proves Aboriginal peoples unworthy.

Health and Healing

More broadly there has been initiative among Aboriginal peoples concerning the need to move away from Western-based concepts of health and healing as it is felt that adhering to such concepts have done little for their health status. One manifestation of this has been recent calls for the incorporation of traditional healing referring to "practices designed to promote mental, physical, and spiritual well-being that are based on beliefs which go back to the time before the spread of western scientific bio-medicine" (RCAP, 1996:348). While the degree to which traditional Aboriginal healing is still practiced depends upon the unique history and cultural history of each community, in broad terms it would appear that in many cases people have come to rely upon the Western medical system to meet their health requirements. Aboriginal medicine in general has

been suppressed and undermined by the Western medical values and practices that have accompanied colonialism. Aboriginal ways have been put aside or gone underground (Malloch, 1989). Indeed, Long and Fox (1996) argue that many current Aboriginal health-care policies and services continue the process of colonialism through a failure to give importance to Aboriginal ways of knowing about health. The problem is said to have been exacerbated with many Aboriginal peoples themselves rejecting Aboriginal approaches and coming to believe that the Western approach is superior to their own ways of knowing (Malloch, 1989).

The results of the Royal Commission on Aboriginal Peoples (1996), have stressed a need for the protection and extension of the role of traditional healing, traditional values, and traditional practices in contemporary health and social services. At the same time, it has been argued that even those who express support for Aboriginal perspectives tend to view traditional healing methods as primitive or simplistic versions of bio-medical principles. In doing so they ignore what are thought to be fundamental philosophical differences between the two systems, including the essential dimension of spirituality in Aboriginal healing and its broader intent of restoring balance to individuals and communities (RCAP, 1996:348).

Specifically, Western culture tends to rely on a medical model of illness that draws on physiological imbalance as the etiological agent in disease. Some Aboriginal cultures adhere to a view that incorporates a spiritual imbalance as a causative agent in illness (Fox, 1992:25). Whatever their view, many Aboriginal

peoples have expressed dissatisfaction with the Western approach to health (Morse et al, 1991).

Health and European Contact

While it might be argued that modern health care services improved the health status of Aboriginal peoples and therefore should not be judged harshly, it must be noted that prior to contact with the dominant culture, the situation of Aboriginal peoples was quite different (Buehler, 1992). Thus, what might be particularly objectionable is the imposition of Western medical approaches to treat diseases that occurred as a result of Aboriginal-European contact.

As suggested in the RCAP (1997), significant debate exists among scholars concerning the size of the indigenous population at the point of first sustained contact with Europeans. In the region that was to become Canada, an early estimate is 221,000 people. This figure is the result of compiling published reports, notes of European explorers and other sources to estimate the size of the various nations. However, this estimate has been criticized for its reference not to initial contact but to initial extensive contact. Initial extensive contact is argued as being a time when indigenous populations could already have been significantly impacted by diseases spread through incidental contact with Europeans, or through indirect contact via diseases spread through indigenous trading networks (RCAP, 1997).

Other experts have used different methodologies to derive estimates exceeding 2 million people. Overall, estimates of the size of pre-contact

populations in the Western Hemisphere have been increasing steadily. Such increases are argued as attributable to a better understanding of Native subsistence bases and with greater awareness of the effect of imported diseases in the sixteenth century. In some cases diseases spread far ahead of the actual presence of Europeans, decimating up to 93 per cent of Native populations. Archaeological evidence indicates that the pre-Columbian Americas were inhabited in large part to the carrying capacities of the land in terms of existing ways of life and food preferences. Although considered a conservative estimate by many, the figure of 500,000 for the indigenous population at the time of initial sustained contact with Europeans is perhaps the most widely used currently (RCAP, 1997).

During 200 to 300 years of contact, diseases such as smallpox, tuberculosis, influenza, scarlet fever and measles reduced the population drastically. Armed hostilities and starvation also contributed to population decimation. However, the extent of mortality resulting from wars was much less than from disease (RCAP, 1997; Snipp, 1992). While the extent of the decline varied from one Aboriginal nation to another and also depended on such factors as the population size before contact, a census estimate of the size of the Canadian Aboriginal population in 1871 places the number at 102,000. On this basis, it would take more than 100 years for the size of the Aboriginal population to again reach levels comparable to that of initial contact (RCAP, 1997). The fact of this has been articulated in various ways throughout the RCAP public hearings. For example:

...(W)hy do Indians become alcoholics and these are some points. I talk about genetics. Alcoholism is very foreign in this community, very foreign. Even currency is foreign in this community. Abscessed teeth is very foreign in this community. We have an epidemic of diabetes in this community. It is foreign. We never had anybody die of heart attacks in this community. We do now, very readily. These are all foreign things that are related to this alcoholism and also the symptom that we see, a symptom of another cause. I say alcohol is foreign to the Indian body because it is not used in any of our ceremonies in Indian country, nothing. Within the Indian culture there is no use of alcohol, never was and still today (Hobbema, ALTA 92-06-10 PG 151).

Policies promoting assimilation have had a further negative impact by disrupting traditional beliefs and practices (Long and Curry, 1998). Modern health services with their implicit medical model and skepticism of 'unscientific' native healing models have maintained the problem (Buehler, 1992).

Reclaiming (Traditional) Culture

Within this context, there have been increasing calls to return to what has been referred to as 'traditional culture' as a way to treat alcohol and other substance-related problems. What is meant by 'traditional culture' as it relates to addictions is not always clear. In some cases, it is felt that reasserting an Aboriginal identity will result in the disappearance of addiction problems. The difficulty here is that there are many differences in the way individuals have experienced the effects of colonialism. While many have adopted non-Aboriginal ways and values, others have not and it is therefore a contentious issue. For others, traditional culture means bringing in cultural rituals as a way to treat alcohol problems. As discussed by Brady (1995), discussions often take two

forms. Culture in treatment refers to the incorporation of culture (often in the form of traditional activities) into existing, mainstream, approaches. Culture as treatment refers to the reassertion of culture as being treatment itself. This presumably has to do with issues of identity and what it means to be an Aboriginal person.

Complicating matters is the existence of ambiguity concerning whether the use of certain rituals was traditionally a part of their own culture. The process of negotiating what is meant by culture becomes difficult and often fraught with tension, as the following excerpt illustrates:

You just touched on a subject that's been very controversial in Conne River. We have some people that say, well, the Micmac people have never had sweat lodges, and through my own research and talking to a lot of older people, especially in Nova Scotia, there in fact was sweat lodges. Maybe a little different in structure, maybe a little different in what they were used for in other parts of Canada, particularly to the west. But they did have sweat lodges and their endurance sweats, where as many rocks as you could find were piled onto the pit and you keep piling them on until the last person had to leave because it just got too hot. And there are other sweat lodges which was spiritual, cleansing sweat lodges, which we like to say will cleanse you on the outside and on the inside. It certainly gets hot enough, anyway. And we--a few years ago, we heard so much about sweat lodge ceremonies. We had never seen sweat lodge ceremonies. We've never seen a sweat lodge except in books. So we took it upon ourselves to go to Nova Scotia and be a part of a ceremony, sweat lodge ceremony, and my brother was with me and he's never seen a sweat lodge before and probably haven't read any material. And one young fellow asked him, "Do you sweat?" "Oh, yes," he said, "I sweat like everybody else." But that's not what those people meant. But we brought back our first sweat lodge to Conne River along with our first ceremonial pipe and we continue to use that today. We would like to encourage more people to come and see exactly what the sweat lodge is all about. It's not a whorehouse and we're not practising witchcraft. We're not devils. We use the sweat lodge to encourage our young people to speak the language. We use the sweat lodge as a social gathering around the floor to talk about our own survival. We use the sweat lodge to encourage our people to stay away from drugs and alcohol, and we use the sweat lodge

to heal ourselves in terms of hatred, animosity that we have towards other people. So it's far from being what people says it is and, of course, people say those things because they don't know what a sweat lodge is all about or what it's supposed to do, and they--rather than coming to visit to see what a sweat lodge is or what it looks like, we'll even show them how to build one (Gander, NFLD 92-11-05 PG 200).

A further dimension is the situation of becoming reacquainted with one's culture where there was previously an absence of knowledge concerning their culture. Waldram's (1993) discussion of Aboriginal offenders in Canadian prisons highlights the difficult nature of this issue. Among Aboriginal offenders, there is great variation in terms of their traditional cultures, and the existence of individual variations in degrees of familiarity with European-Canadian culture, ranging from little to more or less complete assimilation and a virtual absence of knowledge concerning their ancestral Aboriginal culture (1993:348). Thus, significant variation exists whereby certain concepts and practices may be foreign on many levels, leaving the Elders who lead such programs the difficult task of forging common ground. On this basis, Waldram notes that culture must become somewhat of a negotiated process, where the healer and client must redefine the key elements of their own cultures to come to a shared mythic world. In the words of one speaker:

I have been in jail since 1985, in and out steady. This is my three-year bit now and I've learned so much since I was in this institution. I have learned a lot of things about Indian culture. I didn't know anything about Indian culture when I was out on the streets. I didn't know how to make ties. I didn't know what sweat lodges were about. I didn't know what grandfathers were about, the sweetgrass. I didn't know what they were about (Prince Albert, SASK 92-05-27 65 PG 105).

Understandings of Health

Of course, the situation is made even more difficult with the different meanings health and healing hold for different people. As Long and Fox (1996) note, such differences can occur among Aboriginal peoples who are members of the same nation. For example, when one of the authors questioned individuals of the Wesley-Stoney people, he found that there were many definitions of health:

Some saw health as a state of individual well-being, while others defined health from a community perspective. There were those who viewed health from a traditional Native perspective, while others held more contemporary viewpoints (Long and Fox, 1996:251).

At the same time, it has also been argued that *some* degree of commonality exists among Native peoples in the sense that many ascribe to holistic worldviews about health, illness, and healing. In particular, there is no demarcation between the physical, spiritual, and social worlds as they relate to concepts of health (Buehler, 1992; Society of Aboriginal Addictions Recovery, 1994). According to Shestowsky (1993), beliefs about health and illness are inseparable from beliefs concerning spiritualism.

Some First Nations people ascribe to a notion of a balanced universe comprised of energy fields. A harmonious and interrelated relationship exists among the world, environment, community, family, and self are interrelated. There is a circular aspect to life in which energy is never lost and the process of learning is continuous.

According to this view, the self is comprised of four equally important parts, which if in harmony, constitute health: physical body, mind or cognitive

abilities, emotion or the psychological self, and the spirit or one's spiritual/religious beliefs. At the same time, the notion of balance also refers to balance not only the aspects of the self, but between the self, and the external environment. Thus, it is a complex interrelationship meaning also that understandings of health are equally complex and move beyond physiological understandings.

According to this philosophy, an imbalance constitutes illness. An imbalance can originate in the self in any of the four areas. For example, improper diet or lack of exercise can result in a physical imbalance, negative thoughts can create a mental imbalance, or an imbalance in the spiritual realm can begin through a failure to observe certain values, ways of living, or taboos. An imbalance can also originate in an area external to the self. For example, wishing someone ill, doing something to another person whether demeaning him or her, or placing a curse upon them, is all part of what is referred to as bad medicine. Bad medicine is understood as the directing of negative energy to a person such that an imbalance within the self, or one between the self and the external environment is created (Shestowsky, 1993; Malloch, 1989; Turton, 1997).

In a rather similar manner, some Inuit people understand health as balance comprising three components: body, mind, and spirit. Praying or engaging in spiritual purification ceremonies to deal with a physical ailment are unnecessary, and in general ceremonies are not a part of Inuit culture. Although each aspect contributes to an overall balance, problems arising in each area are

dealt with in isolation. "Imbalance due to a problem in one realm, requires treatment only for that realm" (Shestowksy ,1993:8).

Further, while it may be the case historically that worldviews stressing the interconnectedness of all aspects of life may have been more common among certain Aboriginal peoples, one must assume significant variations in the contemporary situation. Quite simply, people are committed more or less to various beliefs for a myriad of reasons.

This is not to suggest that this is unique to the situation of Aboriginal peoples. In general, what is meant by health and healing varies a great deal. In the Yukon Health Promotion Research Program Report (1992), it is noted that the concept of health is highly complex and depends upon many factors. As a result, reaching an understanding of what it means is not easy. It is further noted that health is a socially constructed phenomenon and definitions of health are local. In coming to any definition of health it is necessary to acquire pluralistic understandings of the ways in which people describe and live their health. Any concept of health must be understood as specific to a particular cultural, historical, and economic context.

CHAPTER TWO

Methodological Issues

The Data Source

As has been mentioned previously, this research project used as its data source the transcripts of the public hearings of the Royal Commission on Aboriginal Peoples (RCAP). In an effort to provide as much information as possible about the RCAP, this section will provide a summary of the goals and intents of the Commission as discussed in the report itself.

The Commission was established in 1991 and involved four years of consultations. The complete data set, in CD format, is comprised of the final report of the Royal Commission on Aboriginal Peoples, research reports, transcripts of the public hearings, round tables and special consultations, as well as intervener briefs. For the purpose of this undertaking, only the transcripts of the public hearings were used. The transcripts are the results of testimonies by both organizations and individuals as the Commission traveled across Canada.

It was the view of the Commission that consultation would be prioritized given their stated work was a focus on the lives of real people. Therefore, they felt it crucial to give particular regard to the voices and ideas of the people concerned. In keeping with this outlook, the decision was made to listen to

whatever was said by participants, meaning that any issue could be discussed (RCAP, 1997).

To the greatest degree possible, the Commission traveled wherever they were invited in an effort to consult with as many people as possible. Attempts were also made to make the Commission known and accessible to the general public in a number of ways: advertising in the media, videos, actively encouraging people to participate in the public hearings, invitations to submit opinions and ideas in writing, and the establishment of toll-free telephone lines where Canadians could make their views known in one of five languages (Inuktitut, Cree, Ojibwa, French and English).

The public hearings formally commenced in Winnipeg on April 21, 1992. Accessibility was an important part of the process and the Commission attempted to ensure this by listening first to what ordinary people had to say. It was felt that options and solutions had to emerge from consensus among Aboriginal people if eventual recommendations were to be broadly supported and accepted. Therefore, the Commission traveled for 18 months through the country, holding hearings in communities between April 1992 and December 1993. The Commission members worked in three teams so as to reach the largest possible number of locations. Locations included northern and remote communities and urban centres. Overall, four rounds of hearings were held in which Canadians presented. Anyone was welcome to participate, and as a result both Aboriginal and non-Aboriginal people did participate. Locations included friendship centres, community halls, penitentiaries, band council offices,

traditional long houses, schools, women's shelters, hockey rinks, hotels and conference centres.

In many places, a local person recommended by the community was hired to prepare for the Commission visit by identifying the main issues of interest to the community and to solicit presenters. These community and regional representatives prepared communities for the hearings, and briefed Commissioners about each community visited. Briefings included possible main concerns, the identity of presenters, and other information unique to the specific community.

At each hearing, an elder or community leader was invited to join the panel as a Commissioner for that day. The Commissioner for the day introduced presenters and Commissioners to each other, and assisted in the Commissioners gaining an understanding of the issues of concern. It was also felt that these honorary Commissioners could facilitate the interaction between presenters and Commissioners. Given their respected position in the community, it was felt that they could forge an important link between the community members and the Commissioners with the result being that better information was obtained. Thus, during the hearings Commissioners of the day asked questions and clarified issues. In some cases elders also gave the opening and closing prayers at each hearing. Many participants spoke in their own languages.

If we recall my previous discussion concerning the implicit stories people bring to the research setting, the use of local Commissioners for the day give us pause for reflection. It does have important implications in terms of the elicited

data. I have previously stated that the official RCAP Commissioners were expressly apolitical (although I questioned whether this was actually possible given their roles). In contrast, nowhere in the RCAP discussions is there any mention of such a requirement being necessary for either the local person hired to prepare for the official Commission visit or for the honorary Commissioners. As members of the local community we can assume that they share common views and concerns and this would no doubt be reflected in the types of questions asked, as well as the way in which any discussions are guided. This has a profound effect on the type of information 'elicited' as well as the manner in which stories are told. Additionally, the local person charged with such tasks as identifying the main issues of interest to the community and the soliciting of presenters would also impact upon the outcome through the choices he/she made concerning these issues.

Upon completion of the fourth round in December 1993, a total of 96 communities had been visited with a number of the communities visited more than once. There were 178 days of hearings, briefs or statements obtained from approximately 2,067 people representing organizations, communities or associations or speaking on their own behalf, and 75,000 pages of transcribed testimony had been generated. At the conclusion of each round of hearings an overview was published that was widely circulated to Aboriginal communities. Approximately 1,000 written submissions were also received from presenters and other members of the public (RCAP, 1997).

The Commission's explicit intent was to undertake a study of the evolution of the relationship among Aboriginal peoples (First Nations, Inuit and Métis), the Canadian government, and Canadian society as a whole. Generating specific solutions to the problems that characterize the relationships was a primary goal. Their underlying view was that the problems characterizing the relationship are not solely Aboriginal issues and for this reason it was felt that both Aboriginal and non-Aboriginal people should be given the opportunity to participate. Additionally, it was not an attempt to resolve a so-called 'Aboriginal' problem. Rather, the view was that to define it as an Aboriginal problem inevitably defines Aboriginal people as engaging in problematic behaviour. The Commission wanted to avoid assimilationist approaches that have been undertaken in the past; where the intent was to eradicate Aboriginal language, culture political institutions, and finally Aboriginal people as a distinct group. Changing relationships between Aboriginal and non-Aboriginal peoples meant a consideration of past relations, was necessary (RCAP, 1997).

As a way to restore what was felt to be co-operative relationships between Aboriginal and non-Aboriginal people during the time of initial contact, a better understanding of the factors associated with the decline was necessary. These factors referred to the character of the Aboriginal nations that have lived on the lands, the way in which most Aboriginal peoples welcomed the first newcomers and how they responded by taking their lands and resources and treating them as inferior and uncivilized; and the manner in which they were determined as wards of the federal government. Additionally, a consideration of the effects of

relocation and removal in the name of progress and civilization were undertaken (RCAP, 1997).

On this basis, the stated intent of the Commission was to examine as many aspects of the lives of the First Nations, Inuit and Métis peoples of Canada as possible. Such aspects included: their history, health and education, aspirations for self-government and relations with Canadian governments, land claims, treaties, economies and cultures, living conditions in the North and in cities, relationships with the justice system, issues of their languages, their spiritual well-being and, more generally, their situation in Canada relative to that of non-Aboriginal Canadians.

Considerations Regarding the Data Source

My choice of data source for this undertaking was the transcripts of the public hearing component of the Royal Commission on Aboriginal Peoples (RCAP). While I discuss the RCAP in detail later in this chapter, my initial task is a consideration of issues unique to this type of data. I will first provide a brief discussion of issues of accessibility, after which I will move on to a discussion relating to my position as an outsider who is reading a written version of others voices and the complexities this engenders.

Issues of Available Data

Perhaps one of the main problems in undertaking investigations into the area of alcohol and culture is the issue of accessibility. Many groups are unwilling to permit observation or interviewing, especially in such cases involving sensitive issues of substance abuse. In fact, the area of substance abuse research has traditionally suffered from problems involving underreporting, providing inaccurate information, or refusal to participate. The problem is especially acute in attempting to explore issues of alcohol among Aboriginal peoples where the problems are compounded by stereotyping and feelings of having been studied excessively by the dominant society. The result has been a reluctance to participate in research endeavors, making the task of gaining entrance to a group, particularly in the area of substance abuse treatment, difficult and lengthy at best.

The use of library materials, however, can make "accessible the otherwise relatively inaccessible" (Glaser and Strauss, 1967). My decision to use the RCAP was based on a desire to gain some form of access to issues of alcohol and Aboriginal peoples. In some ways it was a good source for the purposes of my research. The results of the Commission were public thus making available perhaps one of the most comprehensive sources of Aboriginal issues to date. Furthermore, through its intentionally broad mandate, the Commissioners have aimed to facilitate the natural emergence of matters that are of true significance

to Aboriginal peoples as told in their own words (although it should be noted that non-Aboriginal people also participated).

My readings of the transcripts on alcohol did raise questions concerning whether the stories being 'told' might differ according to geographical region, gender, on-reserve or off-reserve, status or non-status, to name but a few. Such factors are not insignificant. For example, some studies suggest that alcohol consumption is higher on reserves than off (see NNADAP, 1998:3). Given such findings, it is possible that the stories told about alcohol could differ according to location.

I decided against considering these issues at this stage for two reasons. Firstly, as Neuman (1994) notes, my research questions are necessarily restricted by the fact of my decision to use available data. In short, those involved in the RCAP made decisions concerning what data to collect and thus may not have collected what other researchers who access the data source, require to address their own research questions. However, given the salience of issues of alcohol in relation to Aboriginal peoples, I felt it likely that discussions of alcohol would occur in the transcripts. My desire to approach the data without too many pre-determined questions also mitigated such problems of dealing with secondary data.

Secondly, given the exploratory nature of this undertaking I felt the most manageable point of entry would be to limit myself to a consideration of narratives of alcohol without considering at this stage the possibility of divergences within the broader inquiry. This decision had consequences.

Throughout this project I did attempt as much as possible to remain cognizant of marginalizing or obscuring indigenous understandings. In doing so, I in effect made a decision to develop some narratives and not others, perhaps also marginalizing the (indigenous) understandings of some speakers. The fact is that I cannot know if I am presenting their meanings or my own; that I present their meanings as they are not. The meanings one acquires from the research endeavour are not simply there to be discovered. They are interpretive constructions assembled and conveyed by the researcher (Emerson et al, 1995). This raises the issue of validity since the speakers are unable to identify whether their subjectivities are presented correctly, that I tell their stories. Neither can I make any claims concerning representativeness in the sense of not having systematically incorporated quotations of speakers from all areas of Canada. Given the interpretive nature of the undertaking, I cannot claim validity on such grounds. Rather, the validity of this project can be found in the verisimilitude, or production of life-likeness (Hänninen and Koski-Jännes, 1999).

The Transcribed Voice

To begin, the inclusion of a public hearing component meant that a significant part of the RCAP was the spoken word. Since the oral tradition, often taking the form of narrative, is a crucial element of Aboriginal life, the hearings can be viewed as at least somewhat resonant of an Aboriginal style of communication. Narratives, as they organize and give meaning to experience (Bruner, 1986) have had particular relevance to Aboriginal cultures. Not only

have stories transmitted the sacred knowledge and practices of tribes, but they are also educational in that they transmit moral and ethical information essential to understanding sacred relationships. Therefore, the storyteller holds an important role in being responsible for perpetuating the knowledge. Specifically, the storyteller in Aboriginal cultures is as interactive embodied libraries for the people, holding important information in memory and bringing this information to life through, the spoken word, facial expressions and bodily gestures (Morris, 1996).

This is not to suggest that all people who spoke during the RCAP hearings are storytellers in the way that Morris discusses. Some of those stories do present cultural knowledge in the form of myths, but may not necessarily be presented by those who are formally recognized as storytellers. Others present what Denzin (1989a; 1989b) refers to as self-stories where critical life experiences are discussed. While self-stories may not be devoid of cultural knowledge, the intent is perhaps not to serve as a transmitter of such knowledge but to recount experiences of significance to the listener. A focus on self-stories is in keeping with the idea of lives as storied in some way. Since stories have tellers, listeners, and circumstances for telling them, lives themselves can be considered as acts of storytelling (Gubrium and Hostein, 1997).

However, neither storytelling as a vehicle for the transmission of cultural information, or the self-story are limited to their words. Talk in social settings is a multichanneled event, whereas writing is linear, dealing with only one channel at a time. Therefore, the transcriber is forced to choose among cues available for

representation. A transcript selects certain dimensions and contents of discourse for inclusion while ignoring others, for example nonverbal cues to local meanings such as eye gaze, gesture, posture (Emerson et al, 1995; Hammersley and Atkinson, 1995).

The transcript is never verbatim, as it is the product of a transcriber's continuous interpretive and analytic decisions about a variety of problematic matters. Such matters include determining how to transform naturally occurring speech into specific words, how to determine when to punctuate to indicate a completed phrase or sentence (absence of distinct endings in ordinary speech). Further, one must make decisions about representing spaces, silences, overlapped speech and sounds, pace stresses, volume, inaudible and incomprehensible sounds and words. Thus, it is impossible to obtain an objective mirroring because inscriptions make reductions in the lived complexity of social life unavoidable (Emerson et al, 1995; Hammersley and Atkinson, 1995; Bernard, 1988).

Thus, having access to the spoken words without the accompanying facial expressions and bodily gestures perhaps condemns the reader to a partial story. It is an event that occurs beyond the parameters of the written word, and by focusing only on the written form of the story it can be argued that we transform it into a likeness, or an interpretation.

By using the transcripts of a lived event, we are already dealing with a written interpretation. The act of transforming the spoken word to the written involves interpretation on the part of the transcriber underscores the additional

question of what we are left with when we read the transcripts. Has the original story changed in some subtle way with the involvement of an additional person? Does it become somewhat the story of the transcriber and not the storyteller? We will never know whether the story we receive is the original story as it was intended to be, or if it is the product of retellings.

At the same time, it must be noted that what is seen or understood in any particular situation is at least partially derived from such factors as what participants are attempting to accomplish. In addition to looking at the plot of the narrative, it is necessary to consider why the story was told in a particular way (Gubrium and Holstein, 1997). The fact that the Royal Commission solicited the narratives is not insignificant. While some of the individual Commissioners were Aboriginal, the entire endeavour was an undertaking of the Canadian government. The identity of the audience becomes a crucial factor. Essentially, they spoke to their historical oppressors, those with whom there remains a contentious relationship. In this respect, stories are not necessarily factual accounts but expressions of narrators experiences and views at particular moments in time, to a certain audience, in order to accomplish certain purposes (Gubrium and Holstein, 1997).

On this basis, both the content and way in which narratives were told may vary according to the working objective. Had the stories been recounted to persons with a different relationship the stories and how they were told, might have been rather different. We perhaps need to attend to what experiences get included and left out of narratives, how events are combined, and how the overall

course of life is framed. This is not to suggest that interpretation is inconsistent. Rather, working objectives provide interpretive orientations that call up alternate sorts of framing. Objectives relate to schemes of understanding from which the observed 'facts' of the matters at hand are articulated (Gubrium and Hostein, 1997).

Additionally, one must also consider what the researcher brings to the situation. The wording and questions of the interviewer can have a significant impact on the type of responses; the interviewer can provide both motivation and precedence for answering in certain ways (Gubrium and Holstein, 1997). No researcher can possibly be neutral or detached. Inasmuch as the researcher becomes involved in the lives and concerns of others, their perspective can become intertwined with the phenomenon. The characteristics of the phenomenon in question cannot be independent of the observer's perspectives and methods.

The RCAP commissioners can be regarded as 'researchers' in the sense that they have a stated goal of eliciting, or 'discovering' issues of relevance. As part of their duties, they even interview or question participants of the hearings. While perhaps unintentional, it is quite possible that the participants be guided towards presenting a certain interpretation of their stories. While the stated position of the Commissioners was apolitical, the endeavour is nonetheless inherently political and there may have an implicit agenda that the Commissioners cannot transcend due to their positions.

An additional point of note concerning the researcher has to do with the story that is brought to bear upon the research undertaking. According to Bruner (1986), the researcher approaches the enterprise with an implicit narrative structure already in place. In other words, the researcher already has a story in mind that cannot help but impact upon the final product. Bruner focuses on the ethnographic enterprise, suggesting that although there is always tension between story and experience, an orientation nevertheless does exist toward the implicit narrative structure. If we consider this within the context of my research endeavour, the issue is rather more difficult. Using transcripts of narrative means that we are left with an interpretation of experience; experience that has previously occurred in time and one in which we did not have the opportunity to participate, thus making the relationship between story and experience that much more complicated. Finally, we are left with the question of whether we can hope to understand and appreciate the perspective of the participants given the great divide that essentially characterizes my reading of an interpretation of their words.

Approach to the Inquiry

As is evident, the approach to this research undertaking is somewhat reflexive in nature. This decision was motivated by the fact that while there were discussions about alcohol the data set was not about alcohol issues among Aboriginal peoples *per se*.

The undertaking is broadly situated within a constructivist paradigm in the sense of assuming multiple realities, and underscoring that the researcher and subject create understandings (Denzin and Lincoln, 1998). As noted by Rudy (1986:1):

From the theoretical stance of symbolic interactionism, actors construct and respond to their worlds based on the meanings they develop with others through interactional processes. Different actors may construct and respond to the same phenomenon differently, and the same actors may change or use multiple definitions of reality or multiple definitions of a situation.

It was felt that an appreciation of the “interactional constitution of reality” (Gubrium and Holstein, 1997) was necessary for two reasons. Firstly, it was necessary so as to suggest that I, as researcher, engage with the transcribed words to construct a particular story (Atkinson, 1990). Secondly, prior to my involvement, those participating in the hearings interacted with the RCAP commissioners to narrate their own stories. In considering the final product, we must avoid as much as possible making sweeping statements about what is ‘out there’, as we refer to a work that is the result of a complex interplay of many actors with varied biases and objectives, both conscious and unconscious. As such, my intent is not to demonstrate the way in which an interactionist endeavour is conducted, but to argue that the fact of my involvement with the transcripts places me unavoidably in the position of interactionist, so to speak.

For this reason the emphasis is on the **exploration** of rather theoretical ideas concerning issues of alcohol and alcoholism among Aboriginal peoples rather than seeking to provide proof for any given proposition.

With the previous discussions in mind, the endeavour was conducted with a focus on what Glaser (1992) refers to as “emergence” rather than “forcing” of theory. While theory emerged through what Strauss and Corbin (1998) term conversations with the data, admittedly I approached the data set after having given the myth of the drunken Indian much thought. Ultimately, my question became whether there was not another story to tell about the drunken Indian that transcended common understandings of the relationship between Aboriginal peoples and alcohol.

My concern was, that by concluding that the perception of alcohol as problematic is attributable wholly to an acceptance of belief in the disease concept we have reduced Aboriginal peoples to a passive body through whom our story (the disease narrative) unfolds. In other words, by telling the story of the drunken Indian as a simple reiteration of the disease narrative, we essentially conclude that Aboriginal peoples have no unique story to tell about their relationship to alcohol.

This is a complex issue. At one level, in my position as researcher, a decision has been made about what is going on in the transcripts regarding discussions of alcohol and disease. For example, by seeing what I characterize as **our** narrative in **their** dialogue, we do not permit the existence of other considerations of the ‘drunken Indian’. Our readings of the data disallow any re-telling of the ‘drunken Indian’ story. The imposition of notions rooted in the dominant society can misrepresent or distort member’s meanings.

On another level, the difficulty becomes whether we can even make the decision concerning ownership of the story. We do need to consider the possibility that the drunken Indian as the disease narrative is perhaps theirs as much as it is ours; that in the telling it has become theirs. At the same time I suspect that what we see as our narrative in their dialogue is an extreme simplification of a complex situation. To tell their story according to our disease narrative ignores the tension inherent in the image of the drunken Indian, where objections to stereotypical notions of Aboriginal peoples often coexist with characterizations of alcohol as destroying their people. For this reason, I felt it important to explore a re-telling of the drunken Indian and consider that while we may indeed read a disease narrative in their dialogue, it may not be the disease narrative as we understand it.

Additionally, the ethnographer is only able to develop certain perspectives by engaging in some relationships within the research setting. The result being the ethnographer attempts not to reveal **the** 'truth', but to understand the **multiple** 'truths' in the lives of others (Gubrium and Holstein, 1997). This is an important point for my discussion because this orientation allows me to consider more than one version of the story of the drunken Indian. Through my 'conversations' with the data, I engage in certain relationships and not others thus seeing certain stories and not others. The issues are further complicated if we accept Bruner's (1986) assertion that one cannot help but approach the endeavour with an implicit narrative in place. Although, it should be noted that

having some idea or theory might also serve to focus the inquiry and give it boundaries (Morse, 1998:59).

I decided that for any retellings to occur I must approach the data initially with the disease narrative deliberately in place. Firstly, it is my view that beginning with a conscious focus on the disease narrative would enable me to acknowledge it, in effect altering the status of the narrative from implicit to explicit. In doing so, I can make obvious the way in which the myth of the drunken Indian can be told in one way, and also permit consideration of another story concerning the drunken Indian.

It is also worth bearing in mind that theories themselves are interpretations and therefore fallible. Interpretations are in fact provisional, they can never be established forever, and they are limited in time (Strauss and Corbin, 1998). They are also part of “an intellectual process that extends throughout the entire course of a given research project” (Strauss and Corbin, 1998:172). It is also a process that extends beyond the specific research setting if we consider our endeavour not as an end in itself, but a contribution to ways of thinking about the relationship of alcohol to Aboriginal peoples.

I initially attempted an entire reading of the transcripts in an effort to immerse myself totally in the data, and then intended to narrow the focus to issues of alcohol. However, the volume of the transcripts was huge (discussed in detail later) and it became clear that I had set myself a near impossible task. Given that my central interest was actually more what was ‘going on’ in terms of narratives about alcohol, I decided to begin by looking at those narratives first

and then see where this led me. Thus, I began by looking specifically at the stories Aboriginal peoples told about themselves involving alcohol.

The RCAP is a searchable database. It is set up so that one might search for specific information in a number of different ways. One may use the 'Source Guide' in which pre-defined themes and perspectives are available for searching. For example choosing "Health and Healing" results in all of the transcripts within this category. A second search possibility is through the use of pre-defined key words (for example, abuse of substances, or abuse of people). Thirdly, one has the option of searching by specific groups (for example, speaker demographics, speaker location). Since those options were pre-defined by the Commission, I felt that my use of them would have important implications for any findings. Using those search options meant that the outcome would also be preordained to a certain degree.

A fourth option was to conduct a key word search using the 'Query' option. In this case I was able to enter my own words and conduct a search for all transcripts containing those specific words or phrases. This is not to argue that this option removed pre-existing parameters, as it did not. Within the search capability there were a finite number of possible words. In a sense this meant the establishment of *a priori* categories and thus imposing a structure upon the events and settings contained in the transcripts that I am unable to escape.

However, using words of my choosing meant that I was able to avoid to a certain extent, sets of transcripts that were pre-established by someone else.

In an effort to keep the search as broad as possible within these confines, I chose two search terms that I felt might yield the most information: alcohol and drinking. Using the term 'alcohol' would bring up all transcripts containing the word, including those transcripts where the word was contained in a larger word (like 'alcoholism'). The word 'drinking' I felt to be of sufficient generality to cover situations in which alcohol might not be referred to, but where the focus was nevertheless issues of alcohol and alcoholism. Given that my exploration is that of the 'drunken Indian' I made the decision to avoid where possible broader issues of other substance use and abuse. Therefore, I limited my search to issues of alcohol. My search elicited a total of 238 speakers. They are categorized as follows: 29 speakers in Alberta, 51 in British Columbia, 19 in Manitoba, 7 in New Brunswick, 10 in Nova Scotia, 41 in Newfoundland, 2 in Prince Edward Island, 67 in Ontario, 39 in Quebec, 30 in Saskatchewan, 18 in Yukon, and 40 in the Northwest Territories.

To borrow from Janesick, (1998:48), there were stages of the research process that broadly structured the inquiry. Having located those narratives having to do with issues of alcohol through the use of the previously mentioned search terms, I then proceeded to identify within those stories what I felt were key passages and statements that addressed the phenomenon in question (the drunken Indian). From my position as informed reader I then worked to interpret the meaning of those passages. I then considered those meanings for what they revealed about the phenomenon of interest. The transcripts that were obtained

as a result of those searches were then read carefully several times so as to explore as fully as possible what was being said about issues of alcohol.

Due to the nature of the project, I did not strive to incorporate an explicit procedure of coding and analysis. Since the emphasis was on the exploration of theory, the practice of coding first and then analyzing the data was considered inappropriate. Rather, I went through a process of constantly rethinking theoretical ideas as the transcripts were reviewed. The process was very much about constantly returning to the data and reconsidering what I felt was there. Additionally, while I did make an effort to focus detailed readings on the passages in which alcohol issues were present, the nature of my questions were such that I also found myself reading beyond those passages. I came to the realization that limiting myself only to those specific areas provided me with a partial story as issues of alcohol are very much embedded within other stories even if they are not easily discerned.

Considering Myth

Given that this endeavour uses myth as an analytic tool, our discussion must now examine the way in which myth is understood for our purposes. Indeed, the myths dealt with in this paper are not myths in the true sense of the word. They are intangible and they do not exist in any formal sense. Neither do prescriptions exist concerning their narration, as is the case with formal myths that narrate a sacred history.

Yet stories do exist narrating a series of events understood to have

profoundly affected Aboriginal peoples as they exist today. While the stories may not always be told outright in any formal sense, it is my position that these stories are nevertheless implicit in most other discussions by and about Aboriginal peoples. The stories are most notable for the way in which alcohol is featured and for the way in which the myths are inconsistent. The myths of the drunken Indian are, in fact, origin myths that continue to be told by Aboriginal peoples and Europeans albeit in very different ways. Both myths recount the same set of events and both are very much about moral or ethical issues. While both may be considered as 'true' in terms of being of the experienced world, each fundamentally contradicts the other, reflecting the tension which characterizes the relationship between the narrators of those myths.

As such, the current undertaking draws broadly on understandings of two types of myth: cosmogonic and origin myths. The cosmogonic myth narrates events referring to the creation of the world. It relates an event that took place in primordial Time, the time of beginnings. Through the works of supernatural beings, a reality came into existence, whether it is a whole reality, or parts thereof. Since it deals with realities it is true. Specifically, the world exists as 'proof' and thus the myth is understood as being true (Eliade, 1963).

After the cosmogony and the creation of humans, other events occurred, and humans as they exist today, are thought to be the direct result of these mythical events. Humans are constituted by those events whereby there has been a change in the human condition as a result of those events. These may be referred to as origin myths, stories that both extend and complete the

cosmogonic myth. As Vescey states:

they often deal with origins, causes, crucial relationships and changes. They point to differences that have made a difference to the people who tell about them. The events of the story point beyond themselves to the impact that they have had on the present community. They tell stories of events that have had a significant effect and continue to have an effect (1991:28).

In doing so they deal with how such events, occurring in a mythical time, made the world better or worse. As Eliade (1963) notes, there are a myriad of origin myths in existence, all extending and completing the cosmogonic myth.

I have chosen to consider it from the perspective of myth because, as Diaz and Sawatzky (1995) note, the myths of a culture are important. Myths narrate a sacred history. They have to do with not only the origin of the world, and of all forms of life within it, but the primordial events elemental in the current situation of humans. Specifically, humans as mortal, living and working in organized societies according to certain rules. Both the world and humans exist as a result of the creative powers of supernatural beings in the 'beginning' (Eliade, 1963).

As such, myths provide significance and meaning for members of a culture because they embody sets of values to which their culture subscribes (Connolly, 1995). They can be understood as the basis for their culture's existence. They are an articulation of good and bad, worthy and unworthy, right and wrong in human life (Hänninen and Koski-Jännes, 1999). A people's rituals are an enactment of their mythology (Diaz and Sawatzky, 1995; Eliade, 1963). They are also the manner through which the ethics informing their existence are

enacted (Pflug, 1998). Without the practice of rituals people become severed from their culture's mythology thus separating them from their entire reason for being. The result is a disintegration of sense of reality that results in confusion, fear, and loss of morale and confidence in traditional means of coping (Diaz and Sawatzky, 1995; Laughlin and d'Aquili, 1979).

Choosing to consider the myth of the drunken Indian from the point of view of *story* permits an exploration of the way in which this myth can be thought of as articulating important ethics inherent in an Aboriginal worldview. In a sense, it will consider the drunken Indian as a "living (myth), in the sense that it supplies models for human behaviour and, by that very fact, gives meaning and value to life" (Eliade, 1963:2).

CHAPTER THREE

Considering Alcoholics Anonymous

This chapter will begin with a consideration of the disease concept and discuss how ways of thinking about alcohol have shifted so that the disease concept gained ascendancy. Part of this discussion will focus on the way in which AA was implicated in this process. The focus of the chapter will be an exploration of Alcoholics Anonymous in the contemporary context and its influence on other groups, in particular a consideration of AA and Aboriginal peoples. It will move into a discussion of the way in which abstinence, a key part of the disease concept, may be thought of as inseparable from AA understandings of spirituality. Finally, I will explore AA's notion of spirituality through Victor Turner's (1969) concepts of *communitas* and *liminality*, and consider AA itself as a rite of passage into a new status: that of the alcoholic. As part of the discussion I will suggest the potential for considering AA within the context of myth. The rationale for this chapter rests with the assertion that by acquiring an understanding of the disease concept and AA we are better able to explore the ways in which these issues may be thought of quite differently in an Aboriginal context.

The disease model as it is currently understood explains addiction based on a pre-existing or induced biological abnormality of chemical, physiological, or

structural nature in the individual. Briefly, when the term 'disease' is used in the context of addictions it usually refers to two perspectives. First, genetic theories seek to explain alcoholism as an inherited disease. While researchers have provided some evidence attesting to alcoholism being genetically based to some degree, it has been argued that such theories alone do not provide a full explanation even in cases where there is some evidence of inheritance as a factor. Further, inheritance cannot explain the majority of cases of alcoholism. Disagreement exists concerning the nature of the inherited mechanism (McCrary et al, 1996).

A second biological theory is the one on which Alcoholics Anonymous (AA) is based. Although no specific mechanism has been proposed, the view of Alcoholics Anonymous is that alcoholism occurs from an 'allergy' to alcohol, as a result of which one drink leads to a loss of control over subsequent alcohol consumption. This perspective is not without its detractors who argue that while it is true that many alcoholics drink in a compulsive manner, this has not been shown to be the result of the chemical effect of a single dose of alcohol (Rankin, 1978). Other research has suggested that AA may not be effective for all people. For example, Vaillant (1983) noted that persons with more severe and extensive drinking problems are more likely to abstain rather than moderate their drinking, which is compatible with AA. In contrast, persons with mild problems are more likely to return to social drinking, a result which is incompatible with AA due to its emphasis on abstinence.

Nevertheless, as White (1998:330) asserts, the disease concept has endured more than 200 years of critique from “theologians, philosophers, reformers, psychiatrists, psychologists, and sociologists, and yet continues to survive”. In professional treatment and academic circles the disease concept as the sole cause of ‘alcoholism’ is thought to be suspect. Rather, it is thought that a variety of factors contribute (corresponding to the view that multiple treatment approaches are necessary to successfully ‘treat’ the problem). However, in the lay treatment and public domain this is not the case. The disease concept continues to be an acceptable explanation.

AA, as the most pervasive lay treatment approach, combines both genetic and allergy perspectives. While AA continues to highlight the disease concept, some have argued that it has become less clear as to what this means. For example, Heather and Robertson (1983) argue that the allergy and inherited predisposition aspects of the theory have been de-emphasized as a response to criticism by the medical profession. The result has been that what exactly the AA disease concept entails has become even more vague.

The issues, however, go beyond complexities inherent in medically based understandings of disease to encompass notions of spirituality. AA places a strong emphasis on the spiritual aspect of its program; an aspect that is perhaps less well understood (Gorsuch, 1993).

Historical Considerations

During the 17th and 18th centuries of North America and Europe the predominant view of alcohol was that of a substance invested with a variety of uses. As Levine asserts, these uses encompassed "...food, medicine, and social lubricant" (1978: 145) to name but a few. Drinking and drunkenness were purported to be common phenomena, but the state of drunkenness as it is currently conceptualized was not prevalent, having more to do with moral issues than with the substance itself. "Almost everyone 'habitually' drank moderate amounts of alcoholic beverages; only some people habitually drank to the point of drunkenness" (Levine, 1978:147). As Heather and Robertson (1983) assert, the decision to drink and get drunk was a personal choice where people became drunk because they made a decision to do so.

While it is generally accepted that the modern disease concept, with its intrinsic phenomenon of 'loss of control', acquired scientific legitimacy over other perspectives, some dispute among scholars exists concerning when the disease concept initially surfaced, and which profession became its primary champion. Levine (1978) has suggested that alcoholism as a disease surfaced during the late 18th century, while scholars such as Warner (1994) contend that it dates from the early seventeenth century. The debate also encompasses whether the notion was advanced by the medical community, or earlier by the clergy of pre-Industrial England (see Warner's 1994 critique of Levine, 1978).

Up to the end of the 17th century institutions for the assistance to the poor served as collective means for dealing with disease. Medicine was primarily a

practice of assistance for the sick poor. Thus, it was a broad category encompassing in addition to the sick, a range of other problems and situations which were judged as requiring hospitalization; some of which included old age, destitution, and unemployment to name but a few. There were no "major distinctions among the poor and deviant" in colonial America (Levine, 1978:147). An inability to support oneself was the primary concern, with the underlying reason for this state being irrelevant.

Around this time, views toward alcohol began to shift and the use of alcohol came to be regarded as increasingly problematic. The Temperance movement emerging during the 18th century promoted the idea of alcohol as an addictive substance. Its power was such that one drink could result in ones' becoming a drunkard and everyone was at risk. Thus, for advocates of the Temperance movement the ultimate goal was total abstinence among the population; a goal promoted through active crusades and the distribution of Temperance literature (Smart and Ogbome, 1996).

A significant aspect of this movement was a focus on the harmful effects of alcohol on children due to their parent's consumption. As a result, not only were parents appealed to as the caregivers of their children, but also children themselves were warned of the perils of their parents' intemperate lifestyle. By the 19th century a popular view during that time held that while the disease of the parents could be passed to the children, the attributes could be diminished over a period of several generations of abstinence (Levine, 1978).

Abstinence and acceptance of the disease model came to symbolize a style of life that was associated with a commitment to moral conduct in all spheres of life (i.e. work, family, and leisure). This was particularly evident among the growing mercantile and manufacturing classes who demanded a controlling 'work ethic', especially among the working class. By the 19th century, "an attitude of contempt toward alcohol was a positive sign of membership in respectable, middle-class life" (Gusfield, 1963:134), translating into support for the Temperance Movement advocating total prohibition (Fingarette, 1991).

It has been argued that although the Temperance Movement achieved success for a brief period, the goal of total prohibition soon became troublesome and unattainable (Gusfield, 1963; Fingarette, 1991). In Canada, while the movement achieved Prohibition legislation in every province except Quebec, it was soon voted out in all but two provinces. It was to be replaced by government monopoly systems, which meant that ownership of the drinking question rested no longer with temperance organizations, but governments. Various liquor commissions and monopolies began to redefine who could drink, what they could drink, and under what circumstances. As Prohibition disappeared in most provinces during the 1920s, it became increasingly clear that a return was unlikely (Smart and Osborne, 1996:33).

Alcoholics Anonymous

In the general context of dissatisfaction with the Prohibition movement, the emergence of Alcoholics Anonymous in the 1930s in the United States occurred.

While the founders described themselves as being average Americans, the reality was that most members were Protestant, White, and middle class (Mäkelä, et al, 1996).

Room (1993:179) adds an interesting dimension by arguing that AA also came into being in a culture and a social class in which for men, success and happiness were understood as ideals one created for oneself and as goals attainable through hard work and an emphasis on duty. Thus, the view encompassed notions of radical individualism, and a belief in the inevitability of progress at the level of the individual and the society. However, events like the Great Depression caused a break in the assumption that diligence resulted in individual success. In the context of that disillusionment, AA emerged among middle-class men experiencing the effects of the depression, many who had also been affected by the war. Coupled with this was the fact that many experienced a discordant marital and family history, relating to the beginning of “an unrealized shift in gender relations from patriarchal to companionate” (Room, 1993:179). Further, “as an explanation of personal failure in a no-longer Calvinist culture committed to redemption and second chances, drinking had the wonderful feature of being externalizable. The bottle could be cast away and the dream restored” (Room, 1993).

In this context, the sufferers organized to attain their own salvation and in the process ended up offering a disease model that was perhaps more palatable than abstinence for all. While AA did not begin with a disease-concept emphasis, stressing the group’s program of spiritual renewal and its members-

help-members approach as a way to help the alcoholic (Roizen, forthcoming), this changed. Specifically, it evolved into a movement that also encompassed notions of disease. This referred to a disease that was progressive, incurable, but treatable through abstinence. This is not to argue that AA originally worked to distance itself from the medical arena. AA was always interested in promoting its tenets with members of the medical profession (Heather and Robertson, 1983), although it is careful to state that it does not ascribe to any specific medical viewpoint (Alcoholics Anonymous, 1976:xx). One of the founders of AA was not only a physician, but also an alcoholic. AA publications always contain what may be read as endorsements, or even 'proof' of the approach. In particular one can find stories in their main text *Alcoholics Anonymous* (commonly known as the *Big Book*) of members of the medical professional turning to AA for assistance with their own alcoholism (see Alcoholics Anonymous, 1976).

It was the initial work of E.M. Jellinek that resulted in what served as a validation of AA's claims and highlighted the disease aspect of its philosophy (Heather and Robertson, 1983).

Using members of AA, Jellinek's (1960) research provided support for the 'new' disease model, which advanced the notion of a minority of the population being afflicted with a biologically based vulnerability. As previously mentioned, following this disease model, an 'allergy' to alcohol means that consuming alcohol activates the disease such that "one drink necessarily means or leads to drunkenness" (Stein, 1990: 998). Once activated, the disease was said to progress through a series of stages involving the accumulation of symptoms until

the ultimate form is reached. Briefly, apparently heavier, frequent drinking, drunken bouts, secret drinking, morning drinking, and eventually blackouts of memory replace 'normal' drinking. Tolerance develops such that it requires more alcohol to achieve the same effects. Any attempt to cease drinking results in the onset of withdrawal symptoms. The eventual outcome is the development of 'loss of control'. At this point, the act of taking a drink automatically triggers an inability to control drinking, resulting in the prevalence of drunken bouts. This onerous dependence upon alcohol influences other aspects of life (i.e. social, family), and eventually results in death. However, it is the 'true' alcoholic who manifests this inability, unlike others who make the choice to become intoxicated (Peele, 1987; Fingarette, 1991). According to this perspective, medical intervention is the essential form of intervention for the disease. Importantly, only a minority of the population suffered from the disease. Alcohol was fine for everyone else (Fingarette, 1991).

The disease model espoused by AA and Jellinek, was essentially a reiteration of the previously existing paradigm. Levine (1978) rightly argues that the transformations were intraparadigmatic where the sole change was the site of the source of addiction. Recall that the Temperance Movement located the source of addiction in alcohol, meaning consumption was problematic for everyone. Post-Prohibition thought contends that the source of addiction is found within the individual body such that a minority of individuals could become addicted to alcohol (Levine, 1978). Thus, the result was not a more precise concept of 'alcoholism', but a re-affirmation of the existing disease model.

During the 1970s the term 'alcoholism' was removed from the International Classification of Diseases due to an inability to reach an agreement concerning its definition, and was replaced with 'alcoholic dependence syndrome' (Saggers and Gray, 1998). According to Roizen (forthcoming: 6), the new concept:

“redefined alcohol addiction as the symbolic property of conventional psychiatry and distanced the diagnosis from the Jellinekian tradition of a discrete, freestanding disease entity with a determinate symptomology and natural history”.

At the same time, however, moving closer to the discipline of psychiatry still represents movement within the parameters of medicine thus maintaining a close association with medical understandings of disease. Emphasis on the importance of abstinence continued, suggesting that the disease concept had simply been recast once again while retaining its essential features. The only change in this case was giving another area of medicine responsibility for diagnosis and treatment of the disease.

However, a particularly significant threat to the disease concept emerged through research in the form of controlled drinking, suggesting that abstinence was not the sole method of treatment for 'alcoholism' (Peele, 1985; Wiener, 1981). Sobell and Sobell (1973; 1976) proposed that a return to controlled drinking through behaviour therapy could be a viable alternative for some 'alcoholics', provoking vehement reactions. In a reinvestigation of the Sobell's subjects, Pendery et al (1982) argued that the subjects participating in the Sobell's research experienced problems in moderating their drinking and that

their rate of relapse was high. To further complicate matters, the Sobells were accused of falsifying results. While never disproved, the controlled drinking route became one that few dared to follow. Thus, regardless of whether it is truly viable for some, the idea of controlled drinking remains contentious.

American authors such as Wilcox argue that most treatment programs continue to advocate abstinence as the “preferred treatment goal for those diagnosed as alcoholic” (1998:10). However, care must be exercised in considering such statements as others suggest that Canadians, in particular, are less accepting of simplistic explanations, preferring instead to consider the issue in terms of complex causes requiring equally complex and varied treatment strategies (see Smart and Ogborne, 1996).

Further, despite its history of contention research continues in the area of controlled drinking. For example, Larimer et al (1998) published a review of the research on controlled-drinking treatment and moderation training, suggesting that abstinence based approaches do not always constitute the most effective strategy.

Alcoholics Anonymous in the Contemporary Context

Since its emergence in 1935, Alcoholics Anonymous has become the single most influential organization in history that purports to assist alcoholics to recover from alcoholism (Wilcox, 1998). Overall, AA continues to receive vast amounts of praise. It has been characterized as the most effective approach toward alcohol treatment, and as a great achievement of the medical profession

to name but a few (see Miller and McCrady, 1993). However, others criticize such characterizations, arguing that they are reducible to “opinions, impressions, experiences, beliefs and revelations” (Emrick et al., 1993).

Roizen (forthcoming) has argued that the disease paradigm was actually more accepted in the AA-based lay treatment arena rather than the professional world. Thus, AA has continued as a stable and separate entity in the alcoholism social arena and remained unaffected by discord originating in the professional sphere.

Despite explicitly refraining from professional and political action, its sphere of influence has continued to grow (Room, 1993). Partly this is due to an increase in the number of registered groups, and by having its views of alcoholism and the 12-step program of recovery (see Appendix A) adopted by a majority of the alcohol treatment programs (Miller and McCrady, 1993). As well, AA has been adapted to many other problems, and it would appear that the list continues to grow. Al-Anon, offering assistance to families of alcoholics, Narcotics Anonymous, offering assistance to drugs addicts, Sex Addicts Anonymous, Overeaters Anonymous, and Smokers Anonymous are but a few (Wilcox, 1998). All of these groups purport to deal with what has been classified as addictive behaviours, a category in which new addictions emerge all the time.

Wilcox (1998) suggests that AA is attractive to people in general because of the emphasis on panhuman spiritual qualities of existence and the avoidance of incorporating any specific religious interpretation. Thus, it would appeal equally well to a myriad of people from vastly different religious backgrounds, as well as

to those with no such backgrounds. The higher power is understood however one chooses. Additionally, those who are members of particular religions are encouraged to keep separate any religious beliefs associated with their faith. As Caetano (1993) argues, while the roots of AA are based in Christian and modern Protestant thinking there is no promotion of any theological or ontological beliefs.

Alcoholics Anonymous and Aboriginal Peoples

AA has also expanded its sphere of influence to people of colour (Caetano, 1993), although its use by Aboriginal peoples is a contested issue. In one respect, Alcoholics Anonymous has been criticized for containing aspects that are inappropriate to Aboriginal populations, including confession-like disclosures of personal problems, religious emphasis, and the exclusion of non-alcoholics. For example, according to Abbott (1998), AA is unpopular among the Hopi and Alaska Aboriginal people, but has been modified and adapted by the Salish of British Columbia. The confession-like quality is said to appeal to the Salish, but other groups find such qualities incompatible with their culture. Thus, AA is used by Aboriginal peoples but is modified to fit their own specific needs (Abbott, 1998).

This has been the case among various Aboriginal self-help groups that incorporate indigenous rituals and omit other Western features in philosophy and practice. Using aspects of Alcoholics Anonymous, these groups have been popular in attracting alcohol-abusing persons among Aboriginal groups (Jilek, 1993).

Some programs have approached the issue of alcoholic recovery by using elements of the 12 Steps of Alcoholics Anonymous, but combining it with traditional medicine wheel teachings and aboriginal ceremonies. Other programs offer workshops, training sessions, and a body of teachings to individuals and communities striving to achieve sobriety. According to Simonelli, the White Bison approach “gives the 12 Steps an Indian spin, making the popular and proven AA format more accessible to people from Native cultures” (1993:42).

Other changes have been described as involving members telling tales of great feats undertaken during group binges rather than berating themselves for transgressions occurring during drinking, telling jokes to listeners. Thus, the emphasis is not so much on confession-like disclosures and more focused on bravado (Westermeyer, 1996). Wing et al, (1995) suggest that Aboriginal clients may be characterized as uncooperative because they refuse to speak in a group situation. They suggest that when Aboriginal peoples do talk, their way of relaying information is often quite different from a Western approach. Specifically, it may appear that they are discussing someone else or a hypothetical situation when they are actually sharing personal information. Of course this is not isolated to the field of alcohol and other substance use issues. Woolfson et al (1995) suggest that in general, Aboriginal people speak less, consider direct questions rude, and prefer to speak in an impersonal style using words like ‘somebody’ instead of ‘you’. On this basis it has been suggested that such characteristics must be taken into consideration particularly when working from within a Western framework.

At the same time, the view that AA should be accorded any place within Aboriginal cultural settings is not uncontested. Witt argues that basing Aboriginal programs on Western structures is inappropriate; the argument being that adopting Western ways has only doomed Aboriginal peoples to failure and that one cannot be “half-Indian and half-White” (1998:263).

In the Canadian context, discussion increasingly focuses on more holistic approaches that do not regard the issue of addictions as a solitary problem. At one level, some rejection of AA is evident. For example, according to the National Native Alcohol and Drug Program (NNADAP) (1998) report, Aboriginal approaches to substance abuse treatment appear to be moving away from the AA model, which characterizes abusers as being not responsible for their actions, and which uses confrontational techniques. Also of note is dialogue concerning the issue of abstinence where some programs are beginning to challenge it as a measure of success by arguing that treatment effectiveness should be based on reduction in the level of alcohol consumption or drug use (NNADAP, 1998). As will be seen later, abstinence is at the very core of the disease concept and the AA model, making the fact that these issues are being raised rather interesting.

However, arguing that there has been movement away from AA, and more toward the use of culturally situated approaches is quite different from saying that AA has been completely rejected. Some even perceive the need to broaden the scope of AA within the Aboriginal population so as to reach different sub-sets:

Our people are ridden with alcoholism, and the youth are no exception. There are no programs for the children of alcoholics. There is AA for the parents, Al-Anon for the spouses, yet there is no Al-A-Teen (Roseau River, MAN 92-12-08 PG 219).

To complicate matters, there is the issue of not all clients desiring a program that is based solely on traditional culture. Rather, it is argued that a model combining medical approaches and Aboriginal culture is preferred, where aspects of Western approaches to treatment are retained (NNADAP. 1998). A combined model however, does not necessarily mean that AA is rejected, raising the question of whether, as Simonelli (1993:72) asserts, "culturally-specific AA is still AA". For example, a study done by Watts and Gutierrez (1997), concluded that all of the themes in a cultural model of substance dependency and recovery they studied reflected to some degree the standard twelve step/twelve traditions approach of AA.

Abstinence and Spirituality

A significant part of AA continues to be its emphasis of notions of disease. AA begins with the assertion of a qualitative difference between the alcoholic and other types of drinkers. According to the *Big Book*, the true alcoholic is distinct from the moderate drinker. The moderate drinker has the ability to choose whether to drink or not, while the alcoholic does not. Similarly, they differ significantly from the hard drinker. The hard drinker may be impaired physically and mentally due to drinking, but is capable of cessation or moderation if there is motivation to do so (Alcoholics Anonymous, 1976). The true alcoholic, in

contrast, is beyond the influence of environmental contingencies and cannot be changed by such factors as “ill-health, falling in love, change of environment, or the warning of a doctor” (Alcoholics Anonymous, 1976:21).

Admittedly vague, the concept of the ‘real alcoholic’ nevertheless underlies AA’s views on alcoholism. There is a belief in alcoholics being distinct from the rest of the population in that they cannot handle alcohol, and there is a progressive component of this disease where although a cure is impossible, it can be halted via abstinence. There is the necessity for total and lifelong abstinence on the part of the true alcoholic, and members of AA continue to refer to themselves as alcoholics regardless of the length of time they have been abstinent (Heather and Robertson, 1983). Note the following statement from the Alcoholics Anonymous website:

...(I)t will be pointed out that all available medical testimony indicates that alcoholism is a progressive illness, that it cannot be cured in the ordinary sense of the term, but that it can be arrested through total abstinence from alcohol in any form (Alcoholics Anonymous, 1998).

At the same time, abstinence is heavily implicated in the AA understanding of spirituality that is an equally important facet. AA has always stressed the importance of a spiritual aspect of its program, and if we recall, it originally was a program of primarily spiritual renewal. The disease aspect has come to the forefront and some argue that to ignore the spiritual aspect is to miss the essence of AA; that it is not about drinking *per se*, but about something more complex (see Kurtz, 1993). Nevertheless, coming to an understanding of the

concept is difficult and efforts have run the gamut from considering it within the framework of organized religion, to defining it as being thoughtful, engaging in meditation, or an overall concern for metaphysical issues. (Gorsuch, 1993). Wilcox (1998:64) characterizes it as a program that engenders spiritual values of “generosity, charity, love, duty, responsibility, patience, faith, kindness, and hope, but... attaches no concomitant religious requirements to these values”.

A key part of the AA concept of spirituality has to do with the member arriving at a definition of their situation as hopeless and acquiring a belief in, and surrender to a Higher Power. While it may be God, this is not necessarily so. According to AA this is the sole way to permit true recovery (Brown, 1993; Mäkelä et al, 1996). As part of their true recovery they remove character defects having to do with ego-centrism thus giving up any previously held notions of independence and autonomy. Thus, freedom from alcohol is thought to go well beyond avoiding the substance.

Since it is about changing fundamentally the alcoholic's way of living and being, rather than treating alcoholism some suggest it must be regarded primarily as a spiritual program (Miller and Kurtz, 1994:165). Presumably, change occurring at the level of one's 'being' is considered to be change of a spiritual nature, and this is where the notion of abstinence becomes important. While it is not generally discussed with this focus, the concept of abstinence in the AA context is important in the sense of being simultaneously implicated in the disease model (as previously argued), and the inherent facet of spirituality.

Miller and Kurtz (1994) argue that while AA may express doubt over the ability of the 'real' alcoholic to ever become capable of engaging in controlled drinking, AA says nothing about being against such a possibility. What AA does say is that there are differences of a physiological (bodily) and mental nature between the alcoholic and the nonalcoholic, that to assume otherwise is delusional, and that the alcoholic must be made to understand such differences (Alcoholics Anonymous, 1976:30).

Although it explicitly avoids making any statements concerning etiologies of alcoholism, as I have suggested previously, the disease concept is clearly present in both an implicit and explicit form. According to Heather and Robertson (1983), while AA does express the hope that medical science will one day discover the nature of the underlying disease this is not presented as a realistic outcome. Additionally, while AA does purport to express openness to the possibility of a return to moderate drinking, it also contains a subtler message that such an endeavour is probably impossible. As stated in the *Big Book*, "If anyone who is showing inability to control his drinking can do the right-about-face and drink like a gentleman, our hats are off to him. Heaven knows, we have tried hard enough and long enough to drink like other people!" (Alcoholics Anonymous, 1976:31).

In the event that someone is successful in drinking moderately AA deals with this by suggesting that the person was never a true alcoholic regardless of the level of seriousness of the problem or the extent of damage that has occurred as a result. Abstinence is the most widely recognized part of AA ideology among

the general public. Total abstinence is made all the more vital by the fact that alcoholism is thought to be a progressive disease; should drinking continue further decline is certain (Heather and Robertson, 1983). Thus, to suggest that AA is truly open to any form of drinking is contrary to its philosophy.

Additionally, I am of the view that on a more fundamental level abstinence is necessary because it is inseparable from the AA understanding of spiritualism. We can see this most clearly in the distinction AA makes between not drinking (abstinence) and sobriety as a way to underscore their view that simply avoiding the substance is not enough. As White (1998) suggests, not drinking refers to the removal of a destructive behaviour from one's life without making any other deeper changes. This refers to the concept of the dry drunk, or the state which exists when one simply abstains but continues to adhere to "the same old ideas, the same self-centered behaviour, and even though less acute, the similar personal problems of confusion, suffering, discontent, and even despair" (Wilcox, 1998:112). In contrast, sobriety refers to personal identity undergoing a type of psychic transformation within which alcohol has no place (White, 1998). In this regard abstinence is only the beginning stage of a process that takes one to a recognition of alcoholism as "an affliction of the body, mind, and spirit" (Wilcox, 1998:112).

Miller and Kurtz (1994) can be understood as being in alignment with this view in suggesting that the spiritual emphasis is reflected in AA's essential program of alcohol recovery, the Twelve Steps. They note that eleven of the steps refer to issues of a spiritual nature and it is only in the first that alcohol is

mentioned: " We admitted we were powerless over alcohol- that our lives had become unmanageable" (Alcoholics Anonymous, 1976). The rest, according to Miller and Kurtz, deal with the relationship between members and their Higher Power, self-searching, confession, openness to being changed, amends, prayer, seeking God's will, and carrying the message to others.

The deeper change has to do with remolding one's understanding of self in relation to the importance of a relationship with one's Higher Power, and importantly, seeing oneself as a dependent rather than independent entity.

Despite the fact that renouncing one's individualism is key, it is still argued that AA continues to promote individualism in some important ways. Specifically, how one conceives of the Higher Power is said to be a purely individual decision; the rationale being that there is neither a single way to conceive of a Higher Power nor is there a single way to follow the AA program (Nowinski, 1993). Whether this is truly individualistic, however, is questionable. As we have seen, it deals with issues of individualism or more specifically the renouncement of one's individualism (i.e. I cannot do it alone). However, while the member is reliant on the Higher Power (however one defines it), it is the AA group that is crucial for survival. AA stresses that the individual is a part of a greater whole; that without the group survival of the individual is dubious (Alcoholics Anonymous, 1976:565). Wilcox (1998) notes that many members consider the group dynamic as their Higher Power. Thus, there appears to be a curious situation where survival of the collectivity is somehow involved in the concept of spirituality. While there is emphasis on the notion of a holistic understanding of the disease (body, mind,

and spirit), if the collectivity is inseparable from the individual then we must consider the way in which alcohol becomes less about the individual and more the collectivity. Picking up on an earlier point, all of the spiritual values such as caring, sharing, and so on, that Wilcox describes are all values that speak to the maintenance of the collectivity.

In a sense, not drinking (whether one defines it as abstinence or its more advanced state sobriety) signifies an identity change, or redefinition of the self from a separate, autonomous individual, to a dependent, group member. Thus, abstinence itself might be regarded as an ethical value in that abstaining from the individual, or perhaps abstaining from individualistic pursuits becomes important. The way in which AA conceives of drinking is that at its essence, it is a solitary act. It is solitary in that the drinker will continue drinking in the face of ruinous consequences. Thus, drinking does something solely for the individual. In a sense, the act of abstaining from alcohol can be thought of as participating in perhaps a more collective as opposed to individualistic orientation to life. As AA notes "Self-centeredness! That, we think, is the root of our troubles" (Alcoholics Anonymous, 1976:62).

This is not to argue that the Higher Power *is* the collectivity. The relationship is likely more complicated. Room (1993) remarks that the concept of a Higher Power was a solution that removed the burden of responsibility for the 'I cannot do it alone' proclamation from the individual without transferring it to either another person or to an institution. I read both Wilcox (1998) and Room's discussion concerning the group dynamic as the Higher Power as being

suggestive of something less tangible than the actual collectivity, but nevertheless borne of the group itself. This calls up Turner's (1969) discussion of *communitas* and *liminality*, concepts through which we might come to a fuller understanding of what is meant by issues of spirituality and Higher Power.

Considering the Higher Power as Communitas

For Turner, rites of transition accompany every life change whether place, state, social position, or age. Life-crisis rites, therefore, are the important times of birth, puberty, marriage, death, as well as the rites concerning entry into a higher achieved status, whether this is a political office, or membership into a secret society or exclusive club. They are status elevation rites (1969).

Rites of transition are comprised of three phases: separation, liminality, and aggregation. Liminality refers to the second stage, the intervening period after which the individual or group has been separated from its previous positions in the social structure or set of cultural conditions (for example, the drinker population), and prior to reincorporating the individual back into the structure. With this reincorporating comes the obligation to act in accordance with certain customary norms and ethical standards inherent in their new position. It is this stage that is of particular interest to me.

During the liminal period the individual passes through "a realm that has few or none of the attributes of the past or coming state" (1969:94). The liminal group comprises those individuals or neophytes, among whom there develops an intense comradeship and egalitarianism that has nothing to do with a structure of

hierarchically defined positions. It is a comradeship that moves beyond divisions of rank, age, kinship position, and sex. Turner understood this state in terms of *communitas* that he sees as emerging during the liminal period. For Turner, *communitas*, is about the emergence of a bond of being with others, in an existential sense, where it involves “the whole man in his relation to other whole men” (1969:127). In this regard, we might understand the concept of spirituality and the Higher Power in AA as being akin to *communitas*, particularly the group dynamic as the Higher Power.

More broadly, becoming alcoholic in AA can be considered in the context of liminality. Specifically, we can think of the period during which the new AA member is stripped of previous stained identity prior to being accorded their new status (the (recovering) alcoholic) as being akin to Turner’s liminal stage during rites of passage. In a sense, acquiring an identity as an alcoholic is a status elevation rite in that one moves from being a drinker to a virtuous non-drinker. As part of the process, the individual must learn humility, and thus be humiliated by ‘superiors’, the established AA members (or the established alcoholics). In this regard, AA works to change one’s personal identity from non-alcoholic to alcoholic. First, it works to separate the newcomer from the drinkers, and transforms the alcoholic’s identity through stripping away the current self. In the words of White, (1998:144), “the alcoholic enters recovery with a spoiled identity- an identity stained by every past act of injury and every failed promise to self and others. It is the stain of what one did and failed to do, but is the more indelible stain of what one is”. This is quite similar to Turner’s assertion that for the

neophytes in initiation it “is as though they are being reduced or ground down to a uniform condition to be fashioned anew and endowed with additional powers to be able to cope with their new station in life” (1969:95).

Viewed in this context AA can be thought of as a set of rituals; specifically, as rites of passage into a new status; or, in the case of this discussion, becoming alcoholic. It is beyond the scope of the current endeavour to deal in any depth with the “plethora of rituals” (White, 1998:144) contained in AA. As such, the discussion will be limited to a broad consideration of some of the ritual aspects. White (1998:146) distinguishes between different types of rituals that he refers to as the “reconstruction of daily lifestyle within AA”.

Centering rituals are habitual behaviours that keep the alcoholic “recovery-focused” during daily activities and thus are thought of as rituals performed out of the AA context. According to White, these rituals are usually performed alone and work to self-focus the individual and a way to align one’s aspirational values and daily conduct. For example, these rituals include carrying recovery symbols, reading inspirational literature, praying and meditating. Others involve interaction with those who share the alcoholic’s recovery-based values. These rituals include attendance of AA meetings, regular face-to-face contact between sponsor and the sponsored.

However, as Antze (1987) notes, the obvious ritual involves verbal repetition with the introduction of oneself as an alcoholic (My name is____. I’m an alcoholic). In ritually identifying oneself as an alcoholic all members become the same in their common designation and thus everyone in AA is treated alike.

Other rituals have to do with the removal of the stained identity through working the steps. Inasmuch as the steps focus upon acknowledging culpability for past actions and making amends, they can be regarded as working to underscore the idea of the past self as undesirable and self-centered. "The liminality of those going up usually involves a putting down or humbling of the novice as its principal cultural constituent" (Turner, 1969:168).

They are reintegrated into the outside world (the drinker population) occupying their new status as alcoholics. As I have mentioned earlier, we might think of it as involving status elevation because one moves from the soiled drinker to the reborn, untainted alcoholic. According to White (1998:162), AA members are bound through a shared history of pain, psychological death and resurrection. The "each for all, and all for each" (Turner, 1967:101) philosophy that underlies the liminal group, is one that is rather similar to that of the first tradition of AA where

Each member of Alcoholics Anonymous is but a small part of a great whole. AA must continue to live or most of us will surely die. Hence our common welfare comes first. But individual welfare follows close afterward (Alcoholics Anonymous, 1976:565).

In this respect, AA members can be seen as comprising a liminal group. It is non-hierarchical, and that whatever status or positions members held outside of the group, these are stripped away upon entry into the group. As noted in the *Big Book*, "(s)ocial distinctions...are laughed out of countenance" (Alcoholics Anonymous, 1976:161). Further, the encouragement of bonds among members, most notably in the context of the sponsorship relationship allows us to note

further parallels with Turner's understanding of liminality in which the nurturing of deep bonds occurs between group members.

The Myth of Individualism

Two additional comments of Turner warrant our attention. Firstly, he views liminality as a time to withdraw from normal modes of social action, and thus it is potentially a period of examination of the fundamental values of the culture in which it occurs. What is interesting about this assertion is its direct relevance to Room's (1993) argument of AA being, in part, a response to radical individualism. Bringing his argument into the context of liminality, the rejection of individualism by AA members can be seen as a consideration and rejection of those values of Western culture that are reflective of individualism.

Secondly, Turner also suggests that liminality, structural inferiority, marginality are frequently contexts for, among other things, the generation of myths, symbols, and rituals. According to Turner, they are cultural forms that provide people with models that are periodical reclassifications of reality and their relationship to society, nature, and culture (Turner, 1969).

As noted elsewhere in this discussion, myths are viewed as providing significance, meaning, and values to its members and thus they are the basis for a culture's existence. Rituals are an enactment of mythology and as such, it is through those rituals that the ethics informing their existence are enacted (Diaz and Sawatzky, 1995; Eliade, 1963; Pflug, 1998).

The obvious question is whether a myth is being generated. The answer is yes, within the context of AA the 'myth of individualism', as I have termed it, is told. AA "... is a quintessentially oral occasion" (Room, 1993:171) where despite the importance of the basic texts, the program and the methods of work are transmitted via AA members. The *Big Book* outlines a personal program to follow and the Twelve Traditions (see Appendix A) provide some organizational principles, but nothing on proper behaviour at meetings or what constitutes a good AA member is provided. Information is communicated by example during meetings, or orally, around the periphery of meetings through conversations among members (Room, 1993; Mäkelä et al, 1996).

Nowhere is the oral style of communication in AA more evident than in the use of the story. As Rudy (1986) notes, in AA, storytelling occurs in a number of ways whether formally at most open meetings and many closed meetings, or by degrees at discussion meetings and in informal conversations. As Wilcox notes, AA meetings can be categorized according to whether they are 'speaker' meetings or 'discussion' meetings. The speaker meeting usually features one person who relates a story focusing on "what it was like before, what happened, and what it is like now" (1998:50). The testimonial is comprised of two sections: a story about how bad it was before AA and a story about how good it is now. AA members often refer to the drinking part of the testimonial as a "drunkalogue" and to the second part as a "sobriety story" (Rudy, 1986). These stories generally present a grim account of life during the use of alcohol, and a much better one after its removal. It has been argued that while such stories have been criticized

as typical rags-to-riches epics that are upbeat and distinctly utopian if alcohol is rejected, the reality is that things were terrible and did improve once alcohol was removed (Wilcox, 1998).

Madsen (1979) has argued that the change from uncontrolled alcoholism to total abstinence is drastic, and the alcoholic person is struck dramatically by the qualitative difference in their life before and after AA affiliation. He notes that many AA members have described their experiences while drinking as being controlled by destructive forces that they were unable to identify. As stated by AA, "our stories disclose in a general way what we used to be like, what happened, and what we are like now" (AA, 1976:58). Note the following account of an AA meeting:

The chair of the meeting led the introduction and someone read "How It Works" from the Big Book of Alcoholics Anonymous, and a man told "his story" for 45 or 50 minutes. His story was one about a middle-aged, but youthful and successful professional. Through the course of his many years of alcohol use he had become alcoholic and watched his personal and professional success slip progressively further from him. It was not the story of some skid row bum, but someone who had all the advantages this society has to offer in terms of education and opportunity and still managed to become an alcoholic. More important, he was at an AA meeting telling a story, the moral of which stated that life could be different if he didn't take that first drink (Wilcox, 1998:24).

Pflug's (1998) suggestion that myths are stories of the real, experienced world, that they are stories in which there is emotional conviction and participation is quite relevant to our discussion. The stories narrated in the context of AA are the same in the sense that they deal with life before and after alcohol (Hänninen and Koski-Jännes, 1999). The stories are of direct significance

to both the narrator and the listener because all have lived the same story. The story is actually told quite clearly in the chapter entitled "How It Works" in the Big Book (1976), the main treatise of Alcoholics Anonymous:

...Any life run on self-will can hardly be a success. On that basis we are almost always in collision with something or somebody, even though our motives are good. Most people try to live by self-propulsion. Each person is like an actor who wants to run the whole show; is forever trying to arrange the lights, the ballet, the scenery and the rest of the players in his own way. If his arrangements would only stay put, if only people would do as he wished, the show would be great. Everybody, including himself, would be pleased. Life would be wonderful. In trying to make these arrangements our actor may sometimes be quite virtuous. He may be kind, considerate, patient, generous; even modest and self-sacrificing. On the other hand, he may be mean, egotistical, selfish and dishonest. But, as with most humans, he is more likely to have varied traits.

What usually happens? The show doesn't come off very well. He begins to think life doesn't treat him right. He decides to exert himself more. He becomes, on the next occasion, still more demanding or gracious, as the case may be. Still the play does not suit him. Admitting he may be somewhat at fault, he is sure that other people are more to blame. He becomes angry, indignant, self-pitying. What is his basic trouble? Is he not really a self-seeker even when trying to be kind? Is he not a victim of the delusion that he can wrest satisfaction and happiness out of this world if he only manages well? Is it not evident to all the rest of the players that these are the things he wants? And do not his actions make each of them wish to retaliate, snatching all they can get out of the show? Is he not, even in his best moments, a producer of confusion rather than harmony?

Our actor is self-centered- ego-centric, as people like to call it nowadays. He is like the retired businessman who lolls in the Florida sunshine in the winter complaining of the sad state of the nation; the minister who sighs over the sins of the twentieth century; politicians and reformers who are sure all would be Utopia if the rest of the world would only behave; the outlaw safe cracker who thinks society has wronged him; and the alcoholic who has lost all and is locked up. Whatever our protestations, are not most of us concerned with ourselves, our resentments, our self-pity? (Alcoholics Anonymous, 1976:61).

Notable about this story is the absence of any mention of alcohol barring a single reference to the alcoholic. Rather, the key event of the story is the attempt at individualism. Additionally, the story is important for what it does not attempt.

The writer of the story is very careful in avoiding making an explicit link between radical individualism and the development of alcoholism for *all*. The only character in the story to 'lose all' is the alcoholic. The others are merely presented as being self-centered. The story ends by providing us with a range of people, the businessman, the minister, the politician, the safecracker, the alcoholic, all of whom share unhappiness as a result of their individualistic, ego-centric outlooks, and the alcoholic loses everything. On an obvious level, this story underscores the notion that alcoholism is only a fixed outcome for the alcoholic thus reflecting the orientation that alcohol is a problem for the few rather than all. Thus, for the predisposed, a disease is the manifestation of an individualistic orientation. At the same time, it also suggests that the alcoholic does not become an alcoholic until going through the status elevation rites of AA. Consequently, while portrayed as unhappy because of their individualistic attempts, they are not yet members of that exclusive society and thus individualism has not yet caused alcoholism.

Given this, there is a case to be made for viewing the story as an origin myth, a myth that we will recall extends the cosmogonic myth, and one that occurs in mythical time. Borrowing from Room (1993:180), alcoholism is a "pathology of individualism", and this is perhaps why AA appears skeptical of the possibility that medical science will eventually locate the nature of the underlying

disease. According to the *Big Book* "...the alcoholic is an extreme example of self-will run riot...Above everything, we alcoholics must be rid of this selfishness. We must, or it will kill us!" (Alcoholics Anonymous, 1976:62).

Although alcoholism is understood as a bodily disease, its etiology is actually a social ill. However, as the myth is recounted it has become condensed such that it becomes about life before and after alcohol. If alcoholism is the disease that is brought on by individualism, then alcohol itself is the embodiment of that individualism. For the alcoholic, AA enacts this origin myth via member's stories concerning the way in which a 'good' life is ruined with the introduction of alcohol.

Participating in this myth means that the removal of alcohol from one's life is the only way to achieve a better state of life. "The AA member 'knows' that 'one drink is too many and a thousand are not enough'" (Madsen, 1979). By listening to stories told during AA meetings, by reading the stories in AA publications, most notably the *Big Book*, and by practicing abstinence through working the steps, the myth is re-enacted. The stories work to return members to a time before the emergence of alcohol as a problem. As Eliade (1963) states, reiteration of the myth offers a return to origins and the hope of a rebirth where a better life is possible. The stories are filled with such themes as sin and redemption, death and resurrection, and despair followed by hope and gratitude (White 1998).

CHAPTER FOUR

Narratives of Alcohol

Myself, I am a sober alcoholic and drug addict. My sister perished when she was drunk. My nephew killed himself and his own father and mother while they were drunk. My older brother shot himself while he was drunk and grieving over a lost relationship (Nain, NFLD 92-11-30 PG 88).

The previous chapter considered the way in which Alcoholics Anonymous might be thought of as enacting the myth of individualism; that alcoholism is understood as a bodily disease whose etiology is a social ill. Bringing the focus back to the issues of Aboriginal peoples and alcohol, the task now becomes how to consider that relationship within this context.

By looking at Aboriginal people's narratives about alcohol we can come to a better understanding of what the relationship entails. In particular, we will consider the use of Alcoholics Anonymous by Aboriginal peoples, narratives of disease, and finally, whether the myth that is told in mainstream AA is one that is also told in an Aboriginal context.

Narratives of Alcoholics Anonymous

What is of note in the dialogue concerning alcohol is a continued acceptance of AA as a treatment program for drinking problems. In particular, there is some suggestion that these ideas arise from the community indicating that AA as an acceptable approach holds true within the Aboriginal communities

as well. Further, there is a perceived need to broaden its base so as to reach different groups. For example, it has been suggested that *“treatment and counselling services such as AA, Alateen and rehab centres should be promoted (North Battleford, SASK 92-10-29 PG 189).*

At the same time, while AA is felt to be successful, there also exists a strong sentiment that on its own it is insufficient for Aboriginal peoples; that there is a need for treatment approaches such as *“AA native-oriented programs”* (Orillia, ONT 93-05-13 PG 98). As is demonstrated below, it appears the at least for some, AA is regarded as being of value in terms of assisting people in giving up alcohol. However, one also gets the sense that mainstream AA somehow falls short of providing a satisfactory experience for some Aboriginal peoples:

First thing I did was when I sobered up was I start going to AA meetings and that was about -- I used to go to AA meetings. After being sober there for about 11 years and then I decided I wasn't getting enough. I was starting missing something in my life that something could be better for me. I started searching and I started looking. I might as well, you know, I wasn't getting enough with just AA, so I decided to go to Paul Meagher's lodge and a treatment centre, so I went there and after that, got out of there and I got into Nechi's program of training to be a drug and alcohol counsellor. That's bettered my life, and then I knew what I had to do. I went to training for personal training. I went there. People told me about the workshop that did something to find what makes you tick, they said. I went there and that's where I really found who I was. After losing myself in all that 25 years of drinking then I found out where I was at then and from then I've been doing good (Canim Lake, BC 93-03-08 PG 162).

Given that the first thing the speaker did was to attend AA we can infer that AA as a useful approach is not being disputed. Of particular note, however, is that while the speaker makes reference first to AA as an efficacious approach

in stopping drinking, they also attest to feeling that AA somehow provided an incomplete experience. The speaker refers to the Nechi Training Research and Health Promotions Institute as having supplied the missing element. While not discussed in any detail, Nechi, based in Alberta, is funded both by the Medical Services Branch of National Native Alcohol and Drug Abuse Program (NNADAP) and the Alberta Alcohol and Drug Abuse Commission (AADAC). Their philosophy clearly emphasizes Aboriginal ways of knowing concerning issues of substance abuse, and accepts the view that alcohol is a disease (Nechi Training, Research and Health Promotions Institute, 2002). Based on the principles of Nechi, as well as sharing space, is Poundmakers Lodge Alcohol and Drug Treatment Centre, an Aboriginal treatment centre.

Poundmaker's Lodge treatment philosophy and treatment approach is based on the belief that alcoholism is a disease. We also believe that the disease of alcoholism and other drug addiction is of epidemic proportions in the Indian community and that the Native client will respond most positively to a specialized treatment approach that embodies Indian cultural awareness and the philosophy of Alcoholics Anonymous... Because there is no single source available with a greater capacity for helping alcoholics develop and maintain a life of sobriety, AA...play(s) an important part in Poundmaker's Lodge program. There are four AA meetings per week at the Lodge which clients are required to attend, and there is an annual AA Round-up (conference) each spring at Poundmaker's (Poundmakers Lodge Treatment Centre, 2002).

The passages are interesting because they stress the view that alcoholism is a disease of epidemic proportions, and that a significant part of the Nechi treatment philosophy is AA. Thus, while the previous speaker expresses at one level, what appears to be a rejection of AA, acceptance of AA is implicit in the

sense that the speaker has ultimately found fulfillment or satisfaction in an AA based program.

The view that AA is of use but incomplete appears to be one that is commonly held. Similar sentiments are echoed in the proceeding excerpt, where AA, although considered 'proven' is nevertheless used in conjunction with other more culturally based traditions.

In the Treatment Centres, one of the things was that we started with our culture. We started with the things that were important to us. (T)he sweat lodge, the sweetgrass, the Pipe ceremonies and the different things that the Elders taught us -- we always have full-time Elders there. We started with the values and the cultural traditions that were important to us in our area. Then, after that, we started adding the different things that worked in white communities, such as Alcoholics Anonymous which has been proven to work and it works for us also... (Calgary, ALTA 93-05-27, PG 536).

In both cases, the view of AA as being 'proven' to work is interesting. The success of AA as a treatment program has always been debated in professional circles and there has certainly been no consensus concerning proof. However, this probably goes back to Roizen's (forthcoming) suggestion that any debate was confined to the professional arena, therefore AA's continued popularity in the lay treatment circles could conceivably be interpreted as success and thereby proof. Nevertheless, the 'proven but incomplete in the Aboriginal context' assumption is interesting. If we assume that 'proof' refers to stopping drinking, then we are left with the question of what more is required for its use by Aboriginal peoples since it appears that those speakers who have used AA have stopped. What is meant when it is argued that there is a need to "...form an AA group which would be more favourable to the Native people... that the AA groups

were not meeting the needs and the understanding of our people” (Winnipeg, MAN 92-04-22 PG 241)?

This, I think, is where a consideration of myth is key. For AA members the *myth of individualism* is crucial because it tells their story- the problems with alcohol for these people is defined in terms of this myth. As such, it can be regarded as an aspect of Western culture's alcohol mythology. If I may reiterate, I have told a story in which the disease of alcoholism, a bodily disease, results from radical individualism, an etiology that is socially based. In this regard one can argue that alcohol becomes less about the actual substance, and more about individualism. For the alcoholic, the ultimate individual act is drinking and through abstention, they live the myth. Thus, alcohol itself is symbolic of individualism, meaning that it is and is not, about the substance.

Also recalling that the myths of a culture give significance, meaning, and values to its members, that they provide a reason for existence, we must consider, given the use of AA by Aboriginal peoples, whether that same myth tells their story. In other words, could it be that what is considered absent in AA is the fact that it does not tell their story?

Narratives of Disease

As a way to begin this we first consider whether a disease narrative is present in the dialogue contained in the RCAP transcripts. Since AA tells the story of the origin of a disease, we need to consider the narratives of disease told

by Aboriginal peoples. Specifically, are those narratives reflective of disease, as disease is understood in the context of AA?

In fact, the disease narrative does surface in a number of forms. It has been variously argued that *“alcoholism is a disease of epidemic proportions”* (Inuvik, NWT 92-05-05 PG 80), and as a problem that is *“...destroying our lives”* (Sheshatshiu, NFLD 92-06-18 PG 244). Others have spoken of their personal experiences with alcohol where a view of alcoholism emerges that suggests it is a poorly understood and perhaps insidious disease capable of far-reaching devastation:

The alcohol...problems causing family problems, spousal assault and abuse, child negligence, all of these things have happened and I lived them. I lived them. I have to admit to you people that I am an alcoholic. I've been sober for now about 17 years and I've seen all of those hardships. I've seem (sic) women and men suffering. I've seen children suffering because of alcohol abuse and I've seen elders suffering. I know that our people are doing all they can to help in these areas, trying to get training so that they can try to help to lower the number of people suffering in this community... (Ft. McPherson, NWT 92-05-07 PG 157).

What is immediately striking is the manner in which the narratives recounted by the speakers are reflective of the disease narratives of AA, in which alcoholism is conceived of as:

an illness (that)...involves those about us in a way that no other human sickness can...(W)ith the alcoholic illness...there goes annihilation of all things worth while in life. It engulfs all whose lives touch the sufferers. It brings misunderstanding, fierce resentment, financial insecurity, disgusted friends and employers, warped lives of blameless children, sad wives and parents- anyone can increase the list (Alcoholics Anonymous, 1976:18).

As noted elsewhere, part of this understanding of disease encompasses the absence of a cure, where disease progression can be halted only via abstinence. On this basis we can assume that those advocating abstinence for alcoholism must also accept the disease concept. Recall that the real alcoholic, according to AA, "...may start off as a moderate drinker; he may or may not become a continuous hard drinker."(1976:21). However, it is certain that at some point the alcoholic will "...lose all control of his liquor consumption, once he starts to drink" (AA, 1976:21), meaning that the only remedy is abstinence for that group. Hence the decree "once an alcoholic, always an alcoholic" (Alcoholics Anonymous, 1976:33). As one speaker attests: *"I was once a heavy drinker, too, because I didn't understand the disease of alcoholism"* (Sheshatshiu, NFLD 92-06-18 PG 244).

In fact, the stories in the transcripts do not deviate greatly from the experiences outlined in the AA stories, where the destructive quality of the disease is underscored repeatedly. A significant aspect of this destructive quality focuses on the movement of alcoholism through subsequent generations. Throughout these transcripts the reader is repeatedly reminded of the way in which the disease continues to claim an entire people:

...(A)nother thing about alcohol is that it is a cycle. For example, the anti-drunk (ph)³ and so that carried on through to the next generation and that is another thing that I don't think we are taught enough about alcohol. It is a cycle and even if it was your great grandfather who was an alcoholic, those effects will carry all the way down with the way that person coped with it and it will transfer on to you (Yellowknife, NWT 92-12-10 PG 26).

Some stories are quite explicit in underscoring a belief in the hereditary nature of the disease, thus leaving little doubt as to an underlying disease narrative. Other accounts are perhaps less obvious in terms of an emphasis on the disease. However, many times personal histories were narrated, of which a common theme is recalling drinking by the parents, the destruction of their family, and their own drinking at a young age:

And I would like to talk briefly about myself, when I begin to work as I remember. My father left us, I was only 14 years old, because of drinking. My mother used to drink and also my father. And I remember all the time they used to pass out and we'd, brothers, we were seven of us. Three boys and four girls. Course they used to come home with sometime half a bottle of booze and we started tasting it at our early age. And we felt funny just because we were trying to make a step forward, one step forward and we step back two times (Winnipeg, MAN 92-04-21 PG 115).

Again it is of interest how similar the stories are to those told in AA where the narratives recount the way in which alcoholic children are often found where there are alcoholic parents. In one of the *Big Book* stories, "Unto the Second Generation", the story presented to us is that of a teenaged alcoholic who grows up with his alcoholic parents. The story essentially describes the sad events that constitute the narrator's life. A theme of self-centeredness characterizes events recounted in the story, particularly that of the parents behaviour. Generally, this entails a lack of interest in anything but drinking. As the story reaches its conclusion, it is AA that eventually saves the family, promotes more fulfilling lives, and allows the members to remove alcohol from their lives.

³ Used to designate phonetic spelling in cases of transcriber uncertainty.

An important aspect of the story refers to the notion of progression, an aspect of the disease concept that is of significance for several reasons. As the story "Unto the Second Generation" recounts, "I had a drinking problem on my hands. So did my parents. They both drank like fish. They had been drinking for many years and were getting progressively worse" (AA, 1976:424). At one level disease progression refers to the advancement or worsening of the disease through drinking over a period of time (loss of control). On another, it refers to disease progression in terms of movement through generations. Of note is that both of these understandings of progression, coupled with the absence of a cure, can be seen to underscore abstinence as the crux of the disease concept. This is also the case among Aboriginal peoples where alcoholism as a progressive disease and the importance of abstinence are both present in narratives of disease, of which the following speaker's discussion of alcoholism is illustrative:

(I)t takes generations. Some studies say it takes three generations. It's not going to take a year, or two years, or 20. It takes a long time and you don't see results right away, but you have to keep at it because this could bring down all over the native people (Happy Valley, NFLD 92-06-16 434 PG 295).

Of particular interest also, is the way in which the passage reflects a commonly held view about alcoholism. To briefly reiterate, beginning around the 19th century, the view emerged that while there was an inherited aspect of the disease, its impact could be lessened over a period of several generations of abstinence (Levine, 1978); obviously a view that continues to influence. Evident is a clear belief by the speaker in a progressive component, as well as an implied

acceptance of abstinence as crucial. Together, the two can be read as an indication of a belief in alcoholism as a bodily disease. Additionally, by asserting the view that alcoholism could conceivably “bring down...the native people”, the speaker appears to participate in the additional narrative that tells of the destruction of Aboriginal peoples by alcohol. In doing so they seem, in one respect, to tell their story according to the Alcoholics Anonymous disease narrative, where they differ from others because collectively, they are alcoholics. Recall that AA makes the distinction between alcoholics and the rest of the population where:

We alcoholics are men and women who have lost the ability to control our drinking...(A)lcoholics of our type are in the grip of a progressive illness...Neither does there appear to be any kind of treatment which will make alcoholics of our kind like other men” (Alcoholics Anonymous, 1976:30).

The fact of making such a distinction does permit us to infer further acceptance of the disease concept- that Aboriginal peoples are different because of a susceptibility to alcohol. Combining this with what seems to be a belief in the efficacy of AA by Aboriginal peoples might bolster our view that there is indeed little difference between Aboriginal and non-Aboriginal understandings of alcohol and alcoholism.

However, what has not been addressed thus far in our exploration is the story that is told about alcohol. Specifically, if there is a belief in both the disease concept and AA, are we to assume that their story is also the myth of individualism, where to participate in individualistic pursuits result in the disease?

We must consider that while the characterization of alcohol as having the potential to destroy *all* Aboriginal peoples could be understood as indicating only reiteration of the disease concept, there could also be something else going on.

Narratives of Dispossession

As has been argued earlier, Alcoholics Anonymous enacts a very particular myth concerning the etiology of the disease: the myth of individualism. Simply demonstrating that the disease concept and AA are present in Aboriginal narratives about alcohol does not permit one to make any conclusions about whether that myth holds in an Aboriginal context. Indeed, the telling of other stories of alcohol contained in the transcripts, suggests that all is not as it appears.

Particularly prominent in the transcripts are narratives that culminate in accounts of the destruction of Aboriginal cultures. Frequently issues of alcohol feature in those stories of destruction, as can be seen below:

Since we were formed into a community rather than scattered camps, alcohol came about and a lot of social problems....We had to stay here in the community. I was not doing the things I used to do, even to the point where I almost forgot how to make a pair of Kamiks and our lifestyle changed a lot since we were numerous in a community and had lots of things to do. When my husband was working for the government locally, the white people from the government used to give him some booze and that started some problems... (Inukjuak, QUE 92-06-08 PG 92).

There is a strong sense that the emergence of social problems and the disruption of traditional lifestyles occurred with the involvement of the dominant

society; within this context alcohol becomes a problem. At the same time, it is possible to argue that problems originating with colonialist policies does not necessarily make it incompatible with the disease narrative. There are various factors that lead one to take that first drink and to continue down that path. The stories recounted in AA contain many different situations leading to each alcoholic's impending downfall. In all cases, however, the substance is at the root of their problems because, as AA reminds us, the alcoholic is unlike others in the sense that they cannot drink moderately.

Also implicit in such narratives is the notion of possession, specifically a lack thereof, as being the root of problems. As Saggars and Gray (1998) have argued, alcohol issues must be understood from the context of dispossession resulting from the political and economic marginalization of Aboriginal peoples. As such, it becomes about power or lack thereof and alcohol misuse is then seen as a response to that powerlessness:

When the Europeans first set foot on our land in the 1800s, we welcomed them and helped them to survive. We shared our homeland, technology, government structures, survival skills and our natural resources. Over time, when they adapted to our homeland and married into our families, they opened up our country and established their own governments and villages. We were faced with adverse possession, because they pushed us aside and took control of our land and resources, and introduced Indian Affairs and Indian agents to control the lives of our families and communities. In return for our support and co-operation, they established little plots of land called reserves, which they herded us into as you would herd cattle. Until recently, our people were not part of this...society. Our children could not go to public schools, we did not have the right to vote and we could not speak our languages or practise our spiritual beliefs and our ceremonies. Along with these developments came disease that wiped out our whole villages. When they introduced alcohol, it also became a disease we are still fighting (Teslin, YK 92-05-26 PG 54).

In considering both previous excerpts, although alcohol is characterized as a disease, it is also one given to them by European explorers. This is an important point where alcoholism is understood as being related to dispossession. As one person notes:

...Why they are hurting, why are they abusing alcohol and drugs? Because we don't own nothing. You know the law passed in the late twenties when the government of the day said "No Indian shall own land, no Indian shall hire a lawyer, no lawyer shall be solicited by a native Indian (Stoney Creek, BC 92-06-18 PG 75).

At the same time there is an important, albeit subtle, distinction to be made between alcoholism as a response to dispossession and the use of a disease to facilitate or enact dispossession. It becomes about the use of alcohol to possess. In one respect, it becomes about whoever supplied the alcohol can be seen to have caused alcoholism, where:

...(t)here was the advent and introduction to these various diseases that we did not have to deal with in the early days; the introduction and the use of alcohol which ultimately gives us the dire and the sore sickly consequences of alcohol and its abuse (Cambridge Bay, NWT 92-11-17 PG 103).

However, although the person who enacted it becomes highlighted, the crucial aspect is actually about much more, where the ethical nature of that being is called into question. As such, it is about how European (lack of) ethics impacted upon the ability of Aboriginal peoples to live according to their own ethical responsibilities. To borrow from Ross (in Hutchinson, 2001:11), many Aboriginal

cultures contain at their core an understanding of relationships that encompass their relationship to the universe and to all things.

Loss of Land

An interesting aspect of the discussion is the way in which the ethical nature of the being also emerges through issues of land. Alcohol and dispossession are linked in Aboriginal narratives, and one of the more striking ways their relationship is articulated is through reference to issues of land, specifically loss of land. As discussed by Brady (1995:1494), dispossession is in one respect about loss of land, and therefore land rights with their accompanying spiritual and cultural markers are thought to be a basic solution to Aboriginal addictions problems. The land itself is thought to have attributes that are regenerative and healing and many Aboriginal peoples are of the view that their relationship to the land, as a people, is unique. Such views are reflected in the transcripts where people speak of some type of qualitative change occurring when they are able to return to the land. For example:

When we go back on it we feel relaxed. We feel that at one time we didn't have very much but we were happy. When we had to live like the Jones' then we really got into trouble (Inuvik, NWT 92-05-05 PG 29).

Those who are tradition-oriented demonstrate their connection to the land through various ceremonies at certain sites on the land (Brady, 1995), or by regularly returning to a lifestyle that is close to the land through living in the bush

for parts of the year. One way this is manifested is through references to 'going back' to the land as a way to regain happiness and an improved life. Note below:

...From morning until dark you see these young people walking back and forth with no place to go. If they had a chance and got to help out in the bush they would be less trouble. When we were in Clear Lake we didn't go inside the Court...Everybody was happy (La Loche, Sask 92-12-10).

The issue has become extremely complex with urban-living Aboriginal people who lack the same contact with the land underscoring the importance of concepts such as "Mother Earth" (Brady, 1995), often making it somewhat difficult to understand to what renewing contact refers.

The issue is further complicated with notions of land and its relationship to Aboriginal peoples as integral to what constitutes identity as an Aboriginal person. This is thought to be something that is not shared by the White world whose relationship to the land is perhaps destructive and generally has little to do with identity:

Our land use, as well as that of the other aboriginal groups, is not based on non-aboriginal notion of recreational activities. There are activities--sorry, their activities are a vital part of our culture and one that must be preserved...(O)ur identity with the land and the water has sustained us economically and culturally (Happy Valley, NFLD 92-06-16 PG 72).

The previous speaker makes an interesting assertion in that Aboriginal identity appears to be enmeshed with the land. As such, we can infer that the issues are about more than what was taken physically in terms of removal from their land, that it has to do with being separated from their identities as they are implicated in understandings of the land.

In one respect, a return to the land can be viewed as movement away from the White lifestyle and its inherent problems. Notions of the land is a way through which to make a distinction between the White and Aboriginal ways of life, to reassert a unique identity. On this basis being forced to *"like the Jones"* (Inuvik, NWT 92-05-05 PG 29) can be viewed as being cast in the image of Whites and thus obscuring or losing what is meant to be Aboriginal.

This loss is reflected in other dialogues where it has been asserted that:

Booze was not something that the great Father gave us. We made it. What happens now?...The white man is knocking down our forests. He is making holes in the earth and now there is so much pollution in the rivers that you can't take a fish out of there and eat it, that has happened today. I am so sorry for our Mother Earth for what has happened to her, not just by the white man, but by all people and the Indian is letting this happen. Don't we know that if we kill our Mother Earth, that we, too, shall die? We have been given the power to look after our land. There is on that land many medicines and now a lot of those are being lost (Fort McMurray, ALTA 92-06-16 52 PG 58).

Implicit in the previous excerpt is also an understanding of Aboriginal identity as having to do with issues of ethical responsibilities of which land, or the earth, is a crucial part. Also notable is the way in which alcohol is part of the narrative concerning the inability of Aboriginal peoples to uphold their responsibilities; in particular, to act against the destructive actions of Whites, their historical oppressors. Their destructive actions toward the earth have important implications for Aboriginal culture in terms of being able to act in accordance with the obligations inherent in their understanding of relationships with the universe. Speaking to the concept of 'religiousness' as understood by Aboriginal peoples, Pflug (1998) argues that there are differences of a fundamental nature in terms of the concept of 'religiousness' for Aboriginal peoples (as opposed to non-Aboriginals where the emphasis is on religion as a separate entity). In this case, religiousness is neither a sacred-profane dichotomy nor is it attributable to notions of grace from above. Rather, it has to do with persons acting in creative contact with a vital sociocosmos in which all things are interconnected and

mutually responsible as active participants. Reality is multidimensional and microcosm and macrocosm become not the physical as opposed to the metaphysical, but dimensions on a closely related continuum. It is something that is fully lived as opposed to participating in a separately existing entity such as the case with our religion.

As such, it is an understanding of 'being' as encompassing all aspects of reality (Pflug, 1998:230). Given this, narratives that underscore a connection between land and Aboriginal identity could be seen to speak to these issues. Conceiving of 'being' as multidimensional is consistent with Ross's (in Hutchinson, 2001:11) understanding of relationship, discussed earlier. In this regard the physical world is also part of this understanding and as such, must refer to more than the space one inhabits. It follows that identity must also encompass notions of land. Further, we can make the argument that they have been dispossessed from more than just issues of ownership. They have been dispossessed of their responsibilities as an ethical being. As such, they have been possessed through an unethical transaction.

Considering Complications

There does appear to be a very real belief that movement back to the land is viewed as enabling a renewed contact with what is felt to be Aboriginal ways of living. This somehow translates into healing alcohol problems. However, while alcohol-related problems are thought solved through a renewal of this unique relationship, the issue becomes blurred at times through the inclusion of other aspects that do not clearly relate to a spiritual component.

One complication has to do with notions of recreational activities where it is stressed that fundamental differences between Aboriginal and non-Aboriginal understandings exist. For example, recall an earlier excerpt discussing land use in which the speaker refers to “...*non-aboriginal notion of recreational activities*” (*Happy Valley, NFLD 92-06-16 PG 72*). In many cases the narratives ascribe a link between not only land and alcoholism, but the way in which sports and recreation uniquely figure into that relationship, all of which are argued as contributing to Aboriginal identity. At the level of alcohol treatment this is often manifested in the form of culture-as-treatment perspectives where some argue that simply reintroducing culture will work against alcohol problems (see Brady, 1995). This is a view that is reflected in the transcripts where part of efforts to deal with issues of alcohol abuse have been to reacquaint people with activities that were significant aspects of their culture and defined who they are as Aboriginal peoples.

There has been significant discussion concerning activities that are traditional in the sense of being a unique and important part of the culture of various Aboriginal groups. Presumably a renewal of those activities works to reassert Aboriginal identities. Note below:

...(a)rts and crafts are a functional and living expression of our cultural identity and tradition. They must be promoted and encouraged as a source of pride in our own self-reliance, skills, imagery, creativity, and as a focal point for our cultural history, our economy and our creative activities (Nain, NFLD 92-11-30 PG 84).

Such arguments appear to reflect the view that due to the inter-relationship of Aboriginal philosophy and religiousness with healing, the restoration of culture can facilitate the recognition and appreciation of one's history and past. It is thought that acquiring, or reacquiring cultural values allows for the reestablishment of identity. One way it does this is through the development of inner strength arising from these values and thus working against alienation. Secondly, the restoration of culture and cultural values is argued as creating a sense of community. In doing so issues of health are addressed where harmony is restored between the self and community, health having to do with the notion of balance (Shestowsky, 1993).

In one respect, we can read narratives of alcohol and recreation as being about the need for practical solutions to situations where there is quite simply a lack of alternatives to alcohol. In many instances during the RCAP hearings it has been said that involvement in alcohol arises out of an absence of alternatives. As stated by one speaker:

...I find the number one thing with me, besides employment, would be the alcohol and drug abuse. There is an arena in the community and there is a gym, but these two are not enough. There is no place really for young people to hang out in the community. With this, like I say, when there is nothing to do they go out and do things that are not acceptable" (La Loche, SASK 92-12-10).

This is, however, a view, that is not specific to Aboriginal populations. Many prevention programs do work from the assumption that providing alternatives works to divert people from initial involvement in alcohol and other drugs to instill attitudes against substance use. Additionally, this is something

which is often thought to be a problem in remote areas where there are less likely to be alternatives for various reasons. It is interesting to note the view that doing anything is better than getting involved in alcohol. While doing anything could work to reintegrate people and thus deal with some of the isolationist effects of colonialism, again, the strategy itself is not strictly unique to Aboriginal peoples. Nevertheless, it appears to be an integral, but currently inadequate component of communities. For example:

Sure, a lot of the people that can afford it, they let their kids drive around for recreation. Sure they drive (snowmobiles) around, but isn't it better to have them doing that instead of going into alcohol and drugs and everything else. It's better for them to be amused or to use those vehicles and run around, instead of going out there with nothing else to do. Recreation is a very small part of the community here...A little bit of recreation, especially when the first snow comes down, they like driving around. Now they are not on the streets or anywhere. They are out on the lakes when they are strong enough for them, and everywhere else, but before when the first fall of snow comes they are all over the town (Ille La Crosse, SASK 92-12-08 PG114).

Considering the situation in the context of dispossession, excessive alcohol use might be understood as an attempt to make tolerable the impoverished conditions of many of the communities in which people live, as well as an attempt to 'have fun' where recreational activities are often non-existent (Saggers and Gray, 1998).

At the same time, the assumption that recreational activities can work against alcohol misuse ignores the inherently paradoxical nature of the situation. There is no doubt that recreational activities are regarded as being crucial in both prevention and treatment of alcohol problems, where for some, *"the biggest*

aversion to alcohol is sports" (Makkovik, NFLD 92-06-15 PG 160). A speaker from Old Crow expresses a similar view:

In December of 1992 alcohol was banned in Old Crow. Unfortunately, there was no support for people who needed treatment. In order for the alcohol ban to work we need a youth worker, organized sports and community meetings to help people with activities (Old Crow, YK 92-11-17 PG 249).

In other cases it is regarded as being so important as to:

...hire a recreation director in every town, village, whatsoever, that is what we need in order to divert alcohol and drug use and abuse, every kind of abuse that was mentioned today. The recreation director could look into these things along with the alcohol counsellors (Stoney Creek, BC 92-06-18 PG 185.)

Yet, if we are to regard these activities as efficacious in prevention and treatment, there is an inherent contradiction to consider. Specifically:

How can we get sports and recreation to evolve away from extremely alcohol-focused events sometimes? There is a big Indian hockey tournament, and it is sponsored by Molson's or Labatt's, and there are all kinds of parties after. The potential for that, of course, is that our whole cycle with respect to alcohol continues (Toronto, ONT 93-11-19 PG 337).

Another difficulty concerns the lack of clarity as to how Aboriginal notions of recreational activities differ significantly from those of non-Aboriginal notions:

I mention our first Youth Sports Festival last March where, on one hand, we used sport and recreation as an activity and we used the school Spring Break as a time frame to call in young people from across this province. We said to them, "You will engage in four major sports and traditional sports," but we also added to that self-development, self-awareness workshops -- suicide prevention, alcohol and drug awareness, healing through laughter, career opportunities, role models. Now you get a

combination of what in fact sport is. It encompasses all that we deliver in that particular Youth Sports Festival. So I say to myself: All we are doing is perhaps reflecting the holistic approach that we in fact do utilize with sport and recreation. The emotional, mental, physical and spiritual aspects are all encompassed in the three-day event that we offered and delivered to the young people in this province, and we are going to continue that this coming March. It is just another example of how we sometimes separate sport and recreation from the rest of our lifestyles. I am saying: No, that is not our approach. Our mission statement states very clearly that we are holistic in nature and are different from other provincial sport organizations (Vancouver, BC 93-11-15 PG 171).

Notable in the previous excerpt is the way in which the speaker presents sport as encompassing a variety of activities and workshops, arguably not a common understanding of sport ("Now you get a combination of what in fact sport is"), but one in which the notion of holism is key. In doing so, the speaker appears to speak to an understanding of health that highlights balance and harmony among different aspects of the self; a view, we recall, held by some Aboriginal peoples. The difficulty, however, is that there also seems to be a broader issue at play in that all narratives implicitly stress a larger qualitative difference between Aboriginal and White ways of thinking. Holism then becomes a phrase used in the context of many issues.

Of interest is the way in which alcohol is always articulated as having no place particularly on the Red Path- which by participating in sports and recreation one presumably participates in an understanding of health in which alcohol has no place. This is particularly evident in discussions concerning the ability of such activities to promote abstinence. In a different context Gusfield (1963:134) has argued that abstinence symbolizes a style of life that is associated with a commitment to moral conduct.

As such, a rejection of alcohol becomes a sign of respectability and thus of membership in a respectable life. In this regard an understanding of the link between alcohol and recreational activities could then be about what participating in such activities symbolizes, (as well as the symbolism inherent in rejecting alcohol which we will explore later). This raises a further point concerning notions of health and the way in which land based activities are implicated. All of these changes do speak to an understanding of health that goes beyond issues of biological or physical functioning. At one level we can consider such suggestions as reflective of an understanding of health in which sports and recreation are regarded as being health promoting. Rather than being simply a case of doing anything other than drinking, participation in sports and recreation are symbolic of a commitment to a certain lifestyle. It is a lifestyle in which there is an emphasis on health as having to do with moral conduct.

Concurrent with narratives stressing the spiritual nature that comprises the relationship between land and Aboriginal peoples, and thus identity, are other narratives that also maintain the importance of a land-based identity but do so in a manner suggesting issues are not really about what they appear. One way this is accomplished in particular is through a discussion of business development possibilities within the context of land-based identity, suggesting perhaps a move away from spiritual issues in relation to the land and more toward self-determination. In this regard, such narratives might be read as being about benefiting economically from land resources as opposed to deriving spiritual

benefit from the land. The fact is that a significant aspect of such narratives has to do with economic issues.

Further, the argument can also be made that feelings of self-worth are created through employment regardless of whether they are land-based, that they deal with alcohol problems because they address the underlying causes of alienation and marginalization. This speaks to what Saggars and Gray (1998) argue as being the link between alcoholism and dispossession where alcohol alleviates the psychological pain caused by the combined factors of rejection, family breakdown, institutionalization, and loss of self-esteem.

In the context of addictions this is particularly evident where opportunities derived from use of the land have been articulated as follows:

What really matters is what happens on the land. Particularly, for the youth where there has been a gap there in terms of cultural knowledge and language, the healing that is now happening through our communities and alcohol and drug treatment can be tied very much to what is happening on the land. That is one objective that we believe is important to provide opportunities for young people to get out... That is really the first and most important area that we wish to pursue is the whole area of wildlife management. There is a sense of pride that comes with driving around in your truck with your land use logo tied to the side of the truck or whatever and being able to take care of your own needs (Fort St. John, BC 92-11-19 PG 198).

The difficulty is that at one level a clear narrative exists concerning the relationship that Aboriginal peoples have traditionally had with the land; suggesting a more holistic orientation in which understandings of identity are enmeshed with notions of land. On this basis arguments concerning the regenerative and healing capacity of the land are logical and also quite

interesting in the context of dispossession. Given this, it is conceivable that benefits of a spiritual (rather than more tangible) nature would be derived from a relationship in any form, to the land. In this context, practices associated with a colonialist agenda could be viewed as severing that relationship. Thus, they have been dispossessed of that spiritual relationship and the ethics informing their existence.

At the same time, an enduring aspect of the transcripts is the sense of there being very concrete consequences of forced change due to contact. Social relationships that were shaped by ties to the land, whether formed around hunting, trapping or gathering lifestyles were impacted when change occurred:

Of the men of my generation who were my working and drinking companions, most are dead in violence, in accidents or from alcohol-related diseases. I am not 50 years old, but I have seen my world change beyond recognition. My father taught me what he thought I needed to know to be a good trapper, hunter, fisherman, so that I could support a family. I have taught the same skills to my son, but our way of life on the land and the lakes and rivers has ended (La Ronge, SASK 92-05-28 79 PG 76).

The previous passage makes reference to a number of important issues. The speaker refers to his world being altered beyond recognition. This is significant, personally experienced change that occurred within an arguably short time span, not gradual change occurring over generations. There is a very clear reference to the way in which social relationships and roles were embedded in the land. From this we can infer that being separated from such land based lifestyles means a simultaneous break with those social roles. The speaker refers

to not being able to uphold the role of family provider because of not being able to practice that lifestyle.

Thus, when we consider narratives stressing the importance of land, we must consider the way it is tied to social relationships, and the manner in which a break has important implications for how people live and provide for one another, but also the balance of power within those relationships. Land becomes implicated in the balance of power within social relationships. As such, a break with the land alters that arrangement. This can include divisions of labour based on gender lines where the man hunts, fishes or traps, for example, and the woman maintains the family unit in other ways. When their way of life 'on the land, and the rivers and lakes' ended, as the previous speaker notes, ones understanding of place within the family is impacted. For example, with the woman becoming the major provider the roles are reversed and thus a relationship in which work was considered equal shifts to one that is unequal leading to numerous problems including neglect, abuse, and destruction of the family.

Issues become further complicated with the emergence of lifestyles based on a monetary system, brought about in part of necessity with the demise of land based lifestyles, and the encroaching White society. With this comes a whole new set of values- values that are not based on cooperation and sharing but on individualism and the idea that success is attainable through hard work. This can be argued as having changed relationships between spouses, parents and children, Elders and the young, among families, and communities where the

values underlying such relationships are lost or obscured. As such, the issue of being unable to conduct themselves according to their values means there is a moral aspect to discussions.

At one level the moral aspect refers to issues at a societal level in terms of what results with the failure to uphold those values. As one speaker asserts:

This loss of tradition has seriously damaged the oral means of preserving cultural norms, and the values which prohibit deviant behaviours have been obscured and often forgotten (London, ONT 93-05-12 185 PG 249).

This does speak directly to arguments that suggest the destruction of cultural norms and values result in an anomic situation brought about by colonialism. Aboriginal societies became pathological in the sense of a disintegration of existing social norms governing behaviour and relationships (Saggers and Gray, 1998), or, as mentioned earlier the replacement of traditional values with those of the dominant society (i.e. based on a monetary system). As one speaker notes, "...we must stop the immoral behaviours caused by oppression" (Sioux Lookout, ONT 92-12-01 149 PG 190).

An interesting point that arises out of another speaker's excerpt is the way in which people eventually begin to have no social roles whatsoever:

And there are aboriginal women and men in Happy Valley-Goose Bay area that has no positions, roles, or anything else under the present social conditions now or in the future. They have been here since their parents left Nain, Hopedale, Makkovik and other coastal communities to find work with the air forces, U.S.A. or the Canadians in early 1940s. They did not (go?) for an education because of shyness, racism and now they are still the same after all these years. That's 40 years. They are forgotten people. [Inukuluqs?] that live in the qallunaaks' society and trying to survive like the qallunaaks (Happy Valley, NFLD 92-06-16 199 PG 174).

In fact, the previous passage does demonstrate quite well the negative impact that these changes had both on the family unit and on the demise of social roles in general. Again, underlying this speaker's account is that initial loss of contact with the land. Thus, although explanations of anomie are relevant in terms of problems at the societal level, there is a more fundamental problem underlying it, and it is a problem that has to do with the loss or obscuring of their entire reason for being.

In fact, the narratives are about ethical values, but in particular they also are about the enactment of a break with those values; that while the values were destroyed, it is also about their ability to uphold or to practice them being compromised:

...We thought they were here to improve the well being of their people as well as the well being of our own. We didn't know that they came to destroy our land, but more importantly, to destroy our nation. Our ancestors cry out to the wilderness of despair that France and England had left us as the aftermath of their lust and their greed for power. The result is that they left us with destroying our values, eroding our sense of purpose and dignity, exploiting the land and resources, and oppressing our inherent right to self-determination and self-government (Eskasoni, NS 92-05-07 66 PG 328).

In the sense that this can all be linked back to the initial severing of that land based relationship we perhaps understand the emphasis on issues of land and the way in which there is a professed difference in Aboriginal and non-Aboriginal understandings. Indeed, part of it is about reasserting unique Aboriginal identities as part of struggles of self-determination; consciously

making themselves as distinct as possible from Whites. Not to belabor the point, but in exploring issues of distinction we must be aware of the settings in which those narratives occur. The fact cannot be ignored that the narratives occurred in a situation in which Aboriginal peoples addressed their historical oppressors, as I have mentioned elsewhere. One of the ways distinctions are made is through references to the 'White World' and the 'Red Path' where it has become equated with self-determination:

We must journey off the path that we have been forced to walk upon by our non-Aboriginal brothers and sisters who are visitors to our land. We have our own red road of life. We must return to it because it is the path that leads to life for Aboriginal people. It is a path that was designed by the Great Spirit... Self-government means walking the red road of life that the Great Spirit has ordained for Aboriginal people. Self-government does not mean walking the foreign path of the non-Aboriginal people (Sioux Lookout, ONT 92-12-01 PG 191)

At the same time, I think the narratives are about something more than making distinctions between Aboriginal and White. Rather, distinctions are there but there is also an underlying story being told that is of importance to Aboriginal peoples. For example, in making reference to the Great Spirit and to what was ordained, the previous speaker brings issues of self-determination into the context of spirituality and in a sense tells us a story. Since it seems to be a story about events that occurred post Creation and contributed to the current situation of Aboriginal peoples, it may be understood as an origin myth. That myth tells us that at some point after it being decreed by the Great Spirit that Aboriginal peoples would "walk the red road of life" (Sioux Lookout, ONT 92-12-01 PG 191), the White man arrived and forced them from that path onto the 'White Path'.

Hence, it is a story of dispossession. As we will see shortly, it is also a story about possession.

The story is retold whenever someone talks of re-joining the Red Path.

Whenever that path is resumed life improves. Note below:

The youth need to learn that they need an education to get anywhere in the so-called "white man's world". Many Native students don't have the chance to express their ability and get through high school. They just drop out or turn to drugs and alcohol. I used to be one of those people, but I had a real good friend that turned my life around. He taught me that the Red Path was a better road to travel. My education was poor before I chose the path of my ancestors. But now my education has rapidly improved. I listen to many Elders. They taught me to be who you really are, not someone you are not, and to be proud of your culture and race, and don't let the people who practice racism or anyone else, try to break your spirit. Without drugs or alcohol, I pictured a better race of people (Brandon, MAN 92-12-10 152 PG 120).

Alcohol usually features in some form in such stories, where the fact of its presence is never positive. The previous passage, for example, is clear about the necessity of rejecting alcohol so as to become what is referred to as a "better race of people". The phrase is interesting because it seems to imply firstly that there is a need to become 'better' and thus there is something wrong, and secondly that alcohol is what is preventing them from achieving it. A third implication is that alcohol is not traditionally a part of the Red Path.

Alcohol is also implicated in what might be understood as a tension between a desire (even necessity) to return to the Red Path and the pull inherent in the attractions of the White World. Given its persistence within the narratives we might think of alcohol as one of those attractions:

I am the son of an Algonquin who always remained on his land. I went to boarding school, like other young people my age. I had a few businesses. Today I have some small businesses. I have some experience in politics. I am here as a human being, as an Algonquin, nothing else. I represent no political party, no party of any kind. There is a great deal of talk about economy before this Commission. In my mind, autonomy is something that comes from inside. Autonomy must originate with a human being before it can translate into government autonomy. That is my personal opinion. I think that, as a human being or as an Algonquin, I have to get rid of the things that are not my own, like language. I have to keep my language. This is primordial. Like Aboriginal spirituality, I have to return to Aboriginal spirituality. I have to set aside things I have learned, I have to let them go. The religion, the missionaries and the churches I have known, I have to let them go. I have to let alcohol go. I have to let go of the shiny things I have known. Before I can be autonomous, I have to be myself. I, myself, must be autonomous. This is what I mean (Val D'Or-t, QUE 92-11-30 PG 217).

In the previous case the speaker undoubtedly makes a distinction between Aboriginal and Whites ways of being. He does so in an interesting way in the sense that he seems to contrast the temptation of the White world with a return to a primordial state of being. He also appears to distinguish autonomy as a state of personal being, or return to an earlier state, from that of autonomy in the context of self-government. In doing so, there seems to be reference to a state of being on a more fundamental level; that this is not simply making distinctions between Aboriginal peoples and Whites.

What is unclear is whether he refers to a literal move back to a time before contact, or whether the notion of the primordial entails something akin to living in both worlds. What is clear is use of the word 'shiny' in the context of the White world, also interesting because it does imply a sense of temptation- that the White world, or what it offers, is in some ways desired. If we also read that it must be given up, we can infer a temptation to be resisted. Given the presence of

alcohol in the narrative we can also understand it as one of the temptations. He does seem to consider alcohol *vis-à-vis* Aboriginal spirituality where, given its inherent appeal it may be construed as interfering with a return to that primordial state.

This raises the question of why alcohol is understood in this manner. Is it about the substance where alcohol is felt to contain addicting qualities? If we consider my earlier exploration where there does appear to be some investment in alcohol(ism) as a bodily disease then we can perhaps reach a similar conclusion where the substance is addicting. An answer, however, rests in the story that is told about alcohol.

In the context of alcohol, we can read stories of going to the land as treatment as being indicative of a crucial difference in the myth that is told, particularly at the point of etiology. Going back to the land to heal alcoholism suggests that somehow the break that occurred can be related to the emergence of the disease. This suggests a story quite different from the mainstream story of radical individualism as the etiology of the disease, and the way in which we might think of alcohol as part of that original act of possession, an attractive substance used to entice and possess. As such, I think the arguments become about more than alcohol as cause or effect. Rather, they are about the actual act of possession using alcohol. It becomes very much about the way in which something was done. Although the taking of their land was wrong, the particular manner in which it was done was even more wrong because it struck at their relationships and responsibilities as beings within the universe.

The other point I would like to raise at this stage is that however the relationship is understood, a narrative does exist that links notions of land and alcoholism; suggesting a meaningful story being told about alcohol that differs significantly from the mainstream myth of individualism:

*When you talk about drug abuse and alcohol problems, I want to suggest a solution. I don't want to see any young person taken from this community and shoved into Val D'Or reform centre, trying to be on top of the **way the white man thinks** (my emphasis). I would like to see the young person who is in trouble with his family maybe spend some time with three elders living in the bush, who tell him how they see life, because that is what will give him strength to continue. If you are a proud person, you will easily surpass anything that stands in your way. That is how I feel. I would like to see that happen (Waswanipi, QUE 92-06-09 PG 145).*

Of interest in all of this is not so much whether the assertions of distinctions between Aboriginal and mainstream understandings of any issue, whether land, sports and recreation, identity are 'true', but rather the story that is being told. It is a story dealing with issues of imbalance, entrapment, and possession all of which raise the issue of ethical responsibilities and the place of the self within the universe, and all of which suggest a distinction between Aboriginal and mainstream ways of thinking. It is a story about ethical conduct, and on some level gets at the idea of people being comprised of the sum of all relationships (human and nonhuman), and the way in which health must be understood as having to do with the balance of all of those relationships. It is a myth in the sense that it provides significance, meaning, and values for its members. Embedded within the myth are the ethics that inform their existence.

Thus, we must give particular consideration to the nature of the act and its implication for their belief system.

CHAPTER FIVE

The Myth of the Drunken Indian

It plays a lot of problems in our lives because that is not our tradition. Our grandfathers, our grandmothers -- 30,000 years ago did not practice alcohol, didn't practice drugs. That is not our way of life. That is what I am trying to say. If we try to solve that we would go a long ways in life (Old Crow, YK 92-11-17 PG 248).

The previous discussions have focused on the existence of a number of myths concerning alcohol and alcoholism. In particular, I have argued the case of there being three myths directly relevant to the relationship of Aboriginal peoples to alcohol. The myth of the drunken Indian as told by the dominant society is essentially the antithesis of the myth told in the context of AA about members of the dominant culture. Briefly, I have suggested that the myth of the drunken Indian is about the refusal of Aboriginal peoples to participate in an individualistic orientation, where diligence and hard work are rewarded with progress and success, despite the assistance of the dominant society.

This refusal is articulated as being the result of an inherently immoral and lazy disposition. Alcoholism, understood as a bodily disease, is the result. In direct contrast, mainstream AA narrates the story of the myth of individualism in which alcoholism develops because of participation in an individualistic orientation. Aboriginal peoples therefore become ill because of a refusal to embrace the creed that 'one can do it for oneself' in contrast to (White) AA

members who embrace it all too wholeheartedly. In both cases a bodily disease is thought to have an etiology located outside the body. This brings us to our third myth, the drunken Indian as Aboriginal peoples might tell it.

The Story

There are three distinct themes that recur throughout the transcripts: the past as utopia, the arrival of the Europeans, and what life became after their arrival.

The Past as Utopia

A recurring theme throughout the dialogue is the notion of the past life of Aboriginal peoples. In the transcripts there is little variation in the way in which it is presented. It is recounted in positive terms where people were happy and lived in harmony. As the story narrates:

Life deep in the forest was really good, it was wonderful, people were happy, culture was thriving (Teslin, YK 92-05-26 PG 18).

...Life was in harmony with the four seasons of the year and the four directions of the wind...Like I said we--my parents taught me to live on the land, with the land, for the land and of the land. That is how I was raised. To have respect for what the Mother Earth has given us. To take care of that so that the earth would take care of us, you know (Kingsclear, NB 92-05-19 PG 216).

Adherence to cosmologies upholding harmony presumably translates into an understanding of the inter-relationship of humans and non-humans, of which the land is a significant part:

Prior to European intrusion of our lands and resources...the purpose in life was to live in harmony with one's self, others, community, and nation...Equally important amidst this harmony was our way of living (Eskasoni, NS 92-05-07 PG 327).

Values associated with this are presented as “...the real basic ones about caring, kindness, respect, sharing ” (Thunder Bay, ONT 92-10-27 PG 144). Such values are enacted in the context of familial and social relationships, and in their behaviour toward the earth. People lived:

in peace with Mother Earth, for it was her who sustained life. There was order...and every work and action was for the benefit of the...nation as a whole. The circle, unity, and solidarity amongst the nation was based on our humanistic values. of love, honour, respect, truth, justice, integrity, pride, honesty, and dignity for individual, family, community, nation, and our relationship with other nations (Eskasoni, NS 92-05-07 PG 327).

In brief, it is a time, to borrow from Scheffel (2001:177), during which the “salutary attributes of Indianness” predominated.

Arrival of the Europeans

As with the first part, the stories recounted that refer to this part of their lives are also consistent regardless of the speaker and geographical area in terms of what is understood as the crucial events of this period. With the arrival of the White people came the development of numerous problems linked to the decimation of their culture. As told by one speaker, “*we were the ones that welcomed the white man in this country...We welcomed and we got betrayed right away (Big Cove, NB 92-05-20 PG 20).*” As part of this story, Aboriginal

peoples reassert their worldview as encompassing ethical values that include respect for others:

...(T)here is no written formula for it, but one looks at the values, the caring, sharing, kindness, wisdom, harmony, respect and wisdom that some people call virtues. We call them values. I think it is irrelevant as to what you call them, but you take the essence of these things and you live your life. For Aboriginal people to take these things and to incorporate them into their existence, and to walk that road in society (North Bay, ONT 93-05-11 PG 26).

In upholding those ethical responsibilities they were happy to share what they had with the newcomers:

There was lots of fish and when they came to our shores they met First Nations' people...And when they came to our shores it was the furs on our backs, the hides in our clothing that they liked. So we offered them fish. We offered them fur. We welcomed them with open arms (Big Cove, NB 92-05-20 PG 20).

The Unethical Exchange

Alcohol is introduced at the end of the first segment, and it plays a key role in the latter parts of the story. In fact, the story becomes very much about alcohol where the myth is condensed into life before and after alcohol.

The story also highlights ethics, or a proper way to live. Specifically, the story comes to focus on the way in which the generosity of Aboriginal peoples is met with the destruction of their culture where:

What we first seen when the Europeans came over is that they depended on us, they needed us to survive on our land, because they didn't know how to, the climate was too harsh over here. So they were dependent on us for everything, for dress, food, hunting skills, et cetera. As they learned

that from us they started in to take control. We, then, became dependent on them (Moose Factory, ONT 92-06-09 PG 237).

The significant way in which they created dependency was through alcohol where it is asserted that:

Much of our land was purchased by treacherous bootleggers who filled our chiefs with illicit booze and made them sign over large tracts of land (Tobique, NB 92-11-02 167 PG 121).

Through this:

a society with different values gained control over our land, resources, and our livelihood (Thompson, MAN 93-06-01 PG 401).

Alcohol subsequently becomes heavily implicated in issues concerning land. As we have seen, the story recounts how alcohol was used to steal the land itself from Aboriginal peoples. Later, there is a shift from the providers of alcohol to alcohol itself as having taken control and stolen their ability continue their land-based lifestyles:

...With these people, they brought other things that were foreign to us... The alcohol, the diseases...(Teslin, YK 92-05-26 PG 18).

Alcohol slowly crept into a once proud people's lives and took control of them. Alcohol took control of our once proud parents and grandparents, who were once able to hunt and travel the wide open tundra of our land, without any help from the white man's material. They were able to feed one whole community with caribou, fish and fowl. Our people were given something alien to them, by the government, welfare handouts. When this ran out, we could not go and receive more, like the wild food which were used to collecting from the land with the guidance from the Great Spirit. Slowly, ninety percent of our people turned to alcohol and collecting food from the town dump. They would buy expensive meat like steaks, roasts, etc., with welfare food vouchers and sell it to the white people in town,

enough for a cheap bottle of wine. Then there were many children like myself, who were starving, afraid of violent drunken parents and ended up running for our lives. We watched our parents destroy themselves (Thompson, MAN 93-06-01 PG 303).

The issue of the land and their relationship to it is an important part of the story. In reading these accounts, it becomes abundantly clear that Aboriginal peoples view their relationship with the land as being unique:

In our culture the land is sacred because it gives life. The Creator gave us this land to care for and in return it would care for us (Regina, SASK 93-05-11 PG 243).

"Nature is the source of law. Same idea as you go to the Arctic Circle she's going to tell you how you better dress. Reality is made up of everything around you, including the physical and the spiritual. You and I see the physical things around us but we seldom see the spiritual part of things. The spiritual part of things is there and it exists every single second of the day. The medicine people, the people who are deeply spiritual understand that and that's something I am just starting to learn about now myself. You can't separate Nature and the physical world from the spiritual world. It's there together. It co-exists. Unlike mainstream society: if it's not standing in front of you it doesn't exist. Everything fits together. The whole world fits together (Prince George, BC 93-05-31 32).

In this regard, Aboriginal identity is inseparable from the land in the sense of having to do with ethical responsibilities of which land, or the earth, is crucial. It is about persons acting in creative contact with a vital sociocosmos in which all things are interconnected and mutually responsible as active participants. Reality is understood as multidimensional, and something that is fully lived as opposed to participating in a separately existing entity. This raises the notion of 'being' as encompassing all aspects of reality (Ross, in Hutchinson, 2001: 11; Pflug, 1998:230). The physical world is part of this understanding and as such, goes

beyond the space one inhabits. It follows that identity must also encompass notions of land, going beyond what is 'standing in front of you' as the previous speaker notes.

Alcohol is part of the narrative concerning the inability of Aboriginal peoples to uphold their responsibilities, in particular, to act against the destructive actions of Whites, their historical oppressors. Their destructive actions toward the earth have important implications for Aboriginal culture in terms of being able to act in accordance with the obligations inherent in their understanding of relationships with the universe.

Thus, alcohol and land are inextricably linked in the sense that alcohol was used to possess the land, and in the process becomes the possessor. As we have already seen, the story recounts how alcohol was used to initially separate Aboriginal peoples from the land. Indeed, after its introduction alcohol becomes increasingly powerful; so much so that alcohol has the ability to take over their entire lives. Specifically, it is said that their focus became not their sacred relationship with the land but about the pursuit of alcohol:

My father, my grandfather lived off the land and, as a young child, before alcohol -- before our family became plagued by alcohol -- I had the rare opportunity of seeing a place of honour, dignity and respect given to women (Moose Factory, ONT 92-06-09 PG 381).

Since the story is about how Aboriginal peoples were dispossessed of their responsibilities as ethical beings, it is also about their being possessed through an unethical transaction. If part of the upholding of their ethics is derived in part

from their relationship with the land, breaking the hold of alcohol can be read as permitting a renewal of that relationship. Note below:

All life must be respected. Since I've been back I go out in the bush once in a while with a guy from the reserve; I grew up with him. We go up to the mountains there. You can drive up there actually now. And he makes a fire and we have tea and then he puts some food in the fire. This is a guy five (5) years ago, six (6) years ago, used to drink all the time. Guy changed his life around now and a very humble existence. You always give thanks, regardless of whether you actually take something that day or whether you've actually taken a moose or a tree or used the water or whatever; you always give thanks. Give thanks to the Creator for putting that stuff there, extending those privileges to you for your use and your benefit. And that's one of the things I'm learning now is how to be thankful. Thankful for the things I don't have. Thanks for things I do have (Prince George, BC 93-05-31 PG 35).

As noted by Scott (1992a), Aboriginal peoples possess a belief in an inclusive understanding of relationship that includes notions of the universe as being personal such that all entities and beings within it are interrelated. Relationships therefore possess a moral aspect because each being has a personal obligation to maintain harmony.

In this context we can understand how alcohol has severed this sacred interrelationship with the land. Firstly, it severed the relationship through the exchange of land for alcohol, a treacherous exchange. Secondly, the break was enacted through the powers of alcohol itself whereby an all-consuming relationship with alcohol developed.

The break in that relationship culminated in Aboriginal peoples becoming separated from their cultural values thought to be inherent in their understanding of relationship and the universe:

Our survival depended on our wise use of game and the protection of the environment. Hunting for pleasure was looked upon as wasteful and all hunters were encouraged to share food and skins. Sharing and caring for all members of the society, especially the old, the disabled, the widows, and the young were the important values of the Micmac people. Without these values, my people would not have survived for thousands of years as a hunting, fishing and gathering culture. Our survival depended on our wise use of game and the protection of the environment. Hunting for pleasure was looked upon as wasteful and all hunters were encouraged to share food and skins. Sharing and caring for all members of the society, especially the old, the disabled, the widows, and the young were the important values of the Micmac people. Without these values, my people would not have survived (Charlottetown, PEI 92-05-05 PG 16).

In essence, alcohol, or its pursuit becomes a value that subsumes their own; thus compromising their entire existence. As the story is told:

We traded in our beautiful and gentle way of faith, honesty, kindness and caring and sharing. We traded our Indian culture for an alcoholic culture that brought with it three ugly laws: Don't talk about your problems; don't talk about your feelings; and don't trust anyone (Ottawa, ONT 93-11-08 PG 105).

And:

(a)lcohol and violence of different kinds have replaced traditional ways of coping in a time when peace, self-value and harmony for the individual and the community were honoured. These problems represent, for me, the grief suffered from losing that structured way of life (Orillia, ONT 93-05-13 PG 64).

In this regard, Jilek-Aall's (1974) comment concerning the emergence of 'whiskey-parties' after the outlawing of the potlatch of the West Coast tribes provides an interesting point of conjecture. Jilek-Aall argues that these parties were grounded in a philosophy of showing generosity and giving away wealth, occurring around payday or at the conclusion of a successful fishing or hunting

season. In the context of this myth we can read this account of a shift to whiskey-parties as indicative of a transformation in which those initial treacherous exchanges involving alcohol resulted in alcohol itself becoming a value.

Considering Contradictions

While the myth of the drunken Indian conveys a time when life was good for Aboriginal peoples, we must nevertheless consider a number of contradictions inherent within the story. As Vescey (1991: 23) notes, frequently a paradoxical aspect to myths exists. They are paradoxical both to us as outsiders and to the people who tell them. It may even be that myths are contradictory in order to test the community's faith in the mysteries of common and religious life. Mysteries of faith exist, an obvious one being the Roman Catholic belief in a god whose mother is a virgin. Thus, the believer states that there are forms of logic and meaning that move beyond ordinary ways of knowing, and which are revealed through the impossible paradoxes of myth. The paradoxes expand people's consciousness to its borders of perception. They describe events that seem impossible, but are believed as the foundations of community truth. In the event that myths are impossibilities, it is the fact that they possess this very quality that they are believed.

Additionally, whether all members of a community place the same level and kind of trust in the texts is impossible to determine. In fact, the community may have a metaphorical rather than literal belief in a myth (thus it is quite possible that there is not a literal belief in the control alcohol exerts over people's lives). Nevertheless, the community's belief in the myth's truth is the sustaining context for the myth's continuance. As such, we will now consider those contradictions contained within the myth.

Hardship in Utopia

The first contradiction concerns the issue of the past being simultaneously utopian and difficult. Although the past has been recounted as being one of happiness and goodness, we can also see in both the following excerpts, that life in the past also contained significant hardships:

I have never lived on welfare in my life. I never saw welfare when I was young. I trapped and fished all my life. My uncle, George Maurice, I used to fish for him and every day I talked with the old man. When I was 13 years old I was already out in the middle of the lake pulling nets out with my uncle. I don't have a hard time to talk about these things. Forty-below zero I slept and ate outside, so today life is nothing. I am not lying. I don't tell no fibs. It is just a way of life a long time ago (Ile La Crosse, SASK 92-12-08 PG 136).

...The government officials did not recognize that native people lived in the bush with an established economy and lifestyle. However, the traditional lifestyle and economy is hard work and the attractions of employment, free housing, free education, welfare and alcohol brought many of the people into this community (Inuvik, NWT 92-05-05 35 PG 39).

What is obvious is that a situation exists where the past was not only difficult in terms of the harshness of the lifestyle, but that it was made more so with the contributions of the dominant society. Further, in the passages one can read an implicit narrative referring to issues of independence, thus suggesting that references to goodness and happiness may have more to do with autonomy than any notion of ideal life in the forest. As such, a further contradiction is raised where simplicity as outlined in the myth is actually contradicted by the existence of highly complex societies, which by their very nature must be

imperfect. Thus we have a simplicity-as- perfection situation co-existing with imperfection engendered by reality:

We are a strong, persevering people, but we are also human and like to have three meals a day and like to have gas for our boats and stone mills and to continue our way of life that our forefathers had by hunting and fishing in the same areas, same places. We still use the same land to harvest berries, hunt for whatever the season has to offer and fish for whatever is left that is available to catch. As I said, we use the same lands to live on, camp on while we're hunting and trapping. We pass along stories to our children about what life was like for us and what we had to do to make ends meet, and often there were times when ends didn't meet (Makkovik, NFLD 92-06-15 PG 25).

On this basis, we can assume that ideas of utopia are complex. Although it is understood as an ideal of perfection and simplicity, it is also one of complexity, and imperfection. While we might think of it as simultaneously fantastical and realistic, perhaps most importantly, it is a utopia because it was theirs before being obscured by the dominant society. Part of the way in which the past was obscured was through the myth of the drunken Indian as told by the dominant society. The story obscured the underlying complexities of Aboriginal societies by narrating how an inherently lazy and immoral disposition caused them to reject autonomy and become dependent upon the dominant society. Note the way in which the following narrative contrasts a complex system of democratic decision-making with notions of laziness:

In Anishnawbe society or in our teachings there were seven principle clans. Our government was based on those seven particular clans. As I just said I'm from the Loon Clan. It may have been in my family of the loons they may have asked me to come to a council and speak for them -- all my family, extended family, the Loon Clan. Perhaps we had an issue or we could see a perceived problem in our community and it was up to us

to come to council and share our understanding of this concern that we had. It said in our lodge as the seven clans gathered that there were seven principle speakers, but there were families sitting in behind them. So my family and I -- my relations and I, Loons, -- they might have put me up front for the day. If it said in our lodge that I would speak I would get up -- and said I would speak to the fish sitting across the lodge. The head of the fish is the turtle. I would get up and with all the rhetoric that I could muster and with all the descriptive analysis my family and I were able to generate, I would get up and try to motivate the fish that we have a problem. I would embellish it and call it and colour it as best I could and I would take my seat. It is said that the fish would rise if he concurred with any piece of information that I had generated on behalf of my family. He might be whispering to some of this family behind him and they would quickly put in place a spokesperson. The fish would get up and take a couple of pieces of what the loon said and add additional information from their perspective and their understanding of this issue. They would twist it a bit, they would colour it from their own perspective and they would get up and speak to the crane. And the fish too, if he supported what the loon was saying would try and encourage the crane to understand that this is a problem. This is an issue. This needs some looking at. The crane might have a quick conference amongst themselves, very quickly, and they would put their best spokesperson that knew something about this issue to the front and the crane would rise in the council lodge and take maybe one small piece of what the loon said, two small pieces of what the fish said, and add additional information of their own perspective of this issue. Add and give from their own perspective and understanding of this issue or problem. The crane would be speaking to the bear. The Bear Clan would quickly have a quick council amongst themselves, put their spokesperson to the front and the bear might take one small piece of what the loon said, one small piece of what the fish said, a couple of pieces of what the crane said and add new dimension and new understanding of this issue. They would begin saying whether it was a big problem, a little problem or just a mid-size problem, but begin adding their dimension to this issue. The process would continue. The bear would rise and speak to the Martin Clan. The Martin would rise, take a small piece from here, a small piece from here, a small piece from here, a small piece from here and add new pieces of information to this problem or this issue. He would get up and speak to the Bird Clan. The Bird Clan would get up and again take all those bits of information, pay honour to the bits of information of the other clans, add their own perspective and add new pieces of information to the process and they would get up and speak to the Hoof Clan. The most amazing thing of this traditional system was when the hoof got up to tell me we had a problem here, the problem would have been restated, reformatted. All the perspectives would have been blended into the problem and when the hoof got up and told me we had a problem here with a different description with the little piece that I had of the

misunderstandings that I had, it would all become clear as each perspective were blended into this problem. They say that we would then break, maybe eat, sing some songs and do some other things and council would be reconvened. While we had our break I would be consulting with the Loon Clan, and again they may have asked me to speak for them. I would get up in the council and try to motivate the fish that we have to do something about this problem. I would be very specific on what should be done. I would speak with all the rhetoric based on the perspectives I just heard, having consulted with my family on a possible solution and the process would continue. The fish would get up and take one or two pieces of what the loon said, add some new information and suggest perhaps a piece of what the loon said and add a new perspective of what should be done about this issue or this problem. So this process continues and all seven perspectives were blended into this solution. If we had done all of that right, when the hoof finally gets up to tell me what we're going to do about this problem, it's pretty powerful because they've blended in all those different energies and suggestions and good talk and its synergy -- that's a modern word today, synergy. The toughest lesson I had to go through when I went to the mountains to do my fasting and trying to understand from Peter Ochise -- he said seven twice is eight and I didn't understand him. The next time I went he said, "Seven twice is eight. Do you understand Mark?" I didn't understand, but I nodded my head -- I lied to him, I said, "I understand." It's taken me some time to grasp what he meant. Seven perspectives blended, seven perspectives working in harmony together to truly define the problem, truly define the action that is needed makes for an eighth understanding. It's a tough lesson that we don't know all the answers, we don't know all the problems. We really own only one-seventh of the understanding of it and we only know one-seventh of what to do about it. We need each other in harmony to know how to do things. From the other cultures it's perceived that often times when they come to me and ask me what to do about something, I don't know. I need some time to go through my process to consult the other six perspectives. I don't have instant answers. So to the other races it's said that we're perceived as being a little slow, and there's other more unkind words about that about slow. This process that we had was 100 per cent ownership to the problem. We had 100 per cent ownership to the solution. When the hoof got up to tell me and all of us what we were going to do about it, having paid honour to all the other six perspectives, when the Zhaagunaash came all they saw was the hoof get up and tell everybody what to do. They thought we had a dictator. They said, "Our way is much better. We like to use parliamentary procedure and we have people who make motions and second, and we have debate. We have the yes camp and the no camp. They argue back and forth for awhile. We debate and then we call a vote and if 51 are in favour that's what will do. If 49 people are unhappy, tough luck." They said that would be good for us and they put that into legislation and they created the Indian Act. They said every

two years we would clean house and put in a new Chief. They put all these rules. They had no understanding and we didn't really have the ability to try and explain our process to them. There was no -- we were just considered that we didn't know anything and this would have to be done for us to make us modernized... It wasn't understood, it was replaced by another something and now we need to create something new. In our teachings they say we don't know how to go into the future unless we know where we come from. I think this is why I've been struggling to understand what we used to have, to get that benchmark or that reference point, to understand how we got to now so that we will walk in a straight line into the future. I wanted to share that piece with you. Meegwetch (Orillia, ONT 93-05-14 PG 11).

What has also become clear in the previous passages is that characterizations of the past as simplistic actually refer to their own functioning, complex societies suggesting that notions of simplicity, as they refer to autonomy, are inherently complex.

The other point that merits consideration concerns the issue of ownership that relates to self-determination, raised in the previous passage. Ownership is a concept that I think that underlies discussions of alcohol particularly in the case of Aboriginal peoples. As Gusfield (1996:21) asserts, ownership of a problem means being able to claim the existence of a problem as well as to establish a course of action, if any, so as to rectify the situation. As such, it is very much to do with having the "power to involve public facilities- laws, enforcement abilities, opinions, goods, and services- to work toward a resolution of a problem". Conversely, to disown a problem is to distance oneself from the problem, to take the stand that one is not responsible. The situation with Aboriginal peoples is one of simultaneous efforts to establish ownership of the problem through discussions of culturally relevant treatment, and to disown it through an

insistence that alcohol problems originated from outside; that they are not responsible. In part the problem in the form of the drunken Indian has been so constituted by the dominant society, yet efforts to wrest it from the grip of the dominant society (and treat the problem themselves) occur concurrently with the view that the problem is not essentially their own. This tension is reflected in the myth. Firstly, in telling the story as primarily a story about ethics and the way in which they were compromised, the myth of the drunken Indian rejects the image of the Indian as the lazy, diseased, drunkard, and re-tells it as the embodiment of the ethical being. In doing so it represents a struggle for ownership of the drunken Indian, and thus the problem. They define the problem much differently than does the dominant society. Secondly, in telling the story in that way they also disown the problem. The drunken Indians acted according to their responsibilities as members of the universe, and for that they were tricked and possessed through a foreign and treacherous substance. In this sense they deny ownership of the problem because their only 'downfall' so to speak, was in behaving ethically. Alcohol came from the outside and therefore, those who brought it can be seen as owning the problem.

Unequal Reciprocity

The second contradiction to which we devote our attention relates also to the hardship in utopian duality, but concerns the relationship between the concept of harmony as an ethical responsibility, and an understanding of reciprocity inherent in the myth.

The way in which the story is told underscores Aboriginal peoples living according to responsibilities of harmony, caring, and sharing. Thus, it can be understood as presenting an idyllic life based upon acceptance and respect encompassing all aspects of the universe. In keeping with such values Aboriginal peoples welcomed the Europeans to their land and assisted them through providing knowledge of how to survive in an inhospitable environment.

The fact of this assistance is a common narrative throughout the transcripts:

Before the early 1800s our people lived in the Yukon for approximately 50,000 years, before the first coming of the non-native people to the country. During this period the First Nations lived a very nomadic lifestyle. They traveled all through this country. They are very familiar as to how to survive in the wilderness; in the harsh conditions of winter and summer. They had a lifestyle which was balanced, mentally, physically, emotionally, and spiritually. They were very traditional. They lived spiritual principles. They had a clan system; the Crowold(ph) clan system. You knew who you were. You knew your responsibilities. You knew what your responsibilities were to be when you were a child. You knew what it meant to be a woman. You knew what it meant to be a man. You knew your role in the community. There was community closeness. They had potlatches; sweats. They had their own doctors. They had natural medicines. They had a political structure that worked for our people. It was not perfect for our First Nations people, however, we understood what was happening. It was familiar to us. The first contact with the non-native people came in the early 1800s. Our native people did not know who these people were or what they were. They were very strange. However, they trusted them and accepted them. They guided them through the country, taught them how to survive, in exchange for their guns, knives, tea, sugar and other things that made life a little easier for them. There were a lot of fur traders. Our native people traded furs and, therefore, they made their living on fur trading (Watson Lake, YK 92-05-28 PG 105).

In this context there are a number of points to be made. The first point goes back to the perfection-imperfection contradiction. In highlighting their perfect and harmonious life, the fact of imperfection is minimized. The fact of

perfection negates the possibility for improvement. Since life was perfect, the Europeans could offer them nothing. Further, since Aboriginal peoples offered their knowledge and skills both in spite of the fact that the Europeans were strange, and a lack of want on the part of Aboriginal peoples, the myth accords a quality of purity to that act.

At the same time, the myth is also clear that an exchange occurred. As the previous excerpt notes, Aboriginal peoples exchanged their knowledge and skills for items that 'made life a little easier'. In one respect this speaks to the perfection-imperfection paradox where life in the 'forest' was actually difficult. At the same time, the fact that such items are characterized as making life only slightly easier also suggests they were nonessential items. Thus, we have a situation where the story presents Aboriginal peoples as wanting for nothing, yet wanting for something in the sense that their lives were improved in some ways by receipt of such goods.

Certainly what they received was incomparable to the critical knowledge given to the Europeans, and this is actually what the contradiction underscores: that an exchange occurred, that it was profoundly unequal. The consequences of that initial exchange were devastating for Aboriginal peoples. The position of alcohol within the situation, as a (treacherous) facilitator, epitomizes those transactions.

In this context, concepts of harmony are placed in a new light. While the story does present a utopian existence in which harmony is a key ethical responsibility, it refers to something other than vague notions of peace and

goodwill. The maintenance of harmony on some level has to do with the maintenance of proper relations as an ethical responsibility. While proper relations are understood as a multidimensional concept, to borrow from Pflug (1998:88), an aspect of it has to do with interpersonal relationships of humans. Recall an earlier passage in which the speaker asserts:

...we thought they were here to improve the well being of their people as well as the well being of our own. We didn't know that they came to destroy our land, but more importantly, to destroy our nation (Eskasoni, NS 92-05-07 PG 328).

In the sense of there being the assumption that both parties would improve the other in some way, we can also infer, at least on the part of Aboriginal peoples, an “obligation of worthy return” (Mauss, 1967:41). In failing to uphold this obligation, Europeans dishonored both parties and prevented Aboriginal peoples from fulfilling their ethical responsibility of maintaining or creating cohesion (Pflug, 1998). In doing so, Europeans marked themselves as unethical. As Pflug notes, the enactment of reciprocity is part of an understanding of “ethical personhood” (1998:166). The roots of the current situation of ill relations both among Aboriginal peoples, and between Aboriginal peoples and Whites are grounded in those initial exchanges.

Considering the Drunken Indian and Alcohol as Symbol

The nature of the relationship between alcohol and Aboriginal peoples suggests that the drunken Indian might also be understood as a symbol. In particular, we can think of the drunken Indian as what Turner (1967) refers to as

a dominant symbol. The simplest property of the symbol is condensation where numerous things and actions become represented in a single formation. A dominant symbol also unifies disparate meanings that are interconnected because of their common possession of analogous qualities or by association in fact or thought. Such qualities or links of association may in themselves be trivial or random or widely distributed over a range of phenomena. The fact of their generality means they can bring together the most diverse ideas and phenomena and thus represent things that we perceive to be unrelated (1967:28). This is an important point for our discussion.

Firstly, the drunken Indian, as I have argued earlier, encompasses all prevailing views of alcohol and alcoholism in Western society. Although I have suggested previously that a shift occurred in the way alcoholism was viewed, it is also the case that there currently exists no consistent acceptance of one over the other. It is yet to be determined whether alcoholism is an illness or a sin (Blackwell, 1988; Valverde, 1998). This is encompassed by the drunken Indian, in which diseased alcoholic and sinner co-exist. In this respect the drunken Indian is the archetypal alcoholic.

Secondly, the drunken Indian is symbolic of the unethical exchange involving alcohol. Given that it underscores ethical behaviour, the drunken Indian might also be representative of those ethical responsibilities:

When the Creator gave us that life he did not say, "Take this gun that I've made for you and shoot your neighbour." He did not take the bottle, the whisky, he did not create that and give it to Adam and say, "Here, get drunk and beat up your wife." The Creator said, "I give you these

teachings and you must take them and teach other people (Orillia, ONT 93-05-13 76 PG 162).

Within all of this, the drunken Indian is very much about Europeans:

...I don't want to take too much of your time, but again I've got to back to booze and that it is a very bad thing. It has hurt us as a people and everything it represents. That has been the root of many problems, the loss of our children, the loss of jobs, and that comes from booze and that happened all over. It is not restricted to this area. Alcohol causes a lot of pain to a lot of people. That was not ours, that alcohol. That came from somebody else and it has drowned many good people, many good thoughts and we must stop our indulgence with this evil brew and he talks about education again. The education that the white man has given us, let's take the good out of it and use it (Fort McMurray, ALTA 92-06-16 PG 175).

Additionally, one of the ways the myth continues to be retold in the transcripts is through descriptions of alcohol that impute animate qualities. In the previous passage is a description of alcohol as 'evil' and as having 'drowned many good people'. Other portrayals include having "*crept in peoples lives and (taken) control*" (Thompson, MAN 93-06-01 PG 303): "*break this monster that is killing our society*" (Vancouver, BC 93-03-10 PG 119).

As such, alcohol may also be understood as a symbol itself. In particular, it is a symbol of possession by the White man. On this basis, it is an evil force must be fought against and overcome if Aboriginal peoples are to experience a rebirth and transformation. Note below:

I also sincerely want you to use your five gifts God gave you -- the mind, the heart, the eyes, the ears and the mouth...They are God's gifts. They are the only ones that are going to break this monster that is killing our society every day -- the booze and suicidal things. If we don't work together sincerely from our hearts and our minds, we are not going to get

anything done. People are still going to be dying (Vancouver, BC 93-03-10 PG 119).

In fighting to remove oneself from the grip of alcohol one also breaks that relationship of dependence upon White society.

Further, its potential for destruction is construed as perhaps being more severe in the Aboriginal context. All of these characterizations imply that alcohol is powerful, a characterization not unlike the way in which AA views it. In particular, the *Big Book* cautions readers to “remember that we deal with alcohol-cunning, baffling, powerful!” (Alcoholics Anonymous, 1976:58). In fact AA involves a rejection of alcohol which essentially entails a rejection of attempting to succeed ‘on ones own’ and thus a rejection of rampant individualism. In this regard alcohol is symbolic of individualism. Drinking is the ultimate individual act, and it is rampant individualism that is cunning, baffling, and powerful. What is of interest in this case is the way in which these same adjectives can be understood in quite a different way in the context of Aboriginal peoples because they speak to different myths.

On this basis, if *alcohol* is to be understood as a multivocal symbol representing many diverse and often contradictory things simultaneously (Turner, 1969), then how are we to understand *alcoholism*? A significant aspect of my discussion has been the concept of ‘right relations’ and the necessity of their restoration. The myth of the drunken Indian is a story that reflects their experience as Aboriginal people. The myth tells us of a past that was vibrant. It tells us of a past in which Aboriginal peoples lived as ethical beings. The present,

however, is seen to be different from the past; in some ways it is no longer vibrant. Thus, part of the myth is the story of reclaiming that past. As noted by one speaker: *“we should start praying for your next generation, pray that they will bring back our past and make it our future”* (Brandon, MAN 92-12-10 PG 120).

This is not to say that repossessing the past entails a literal move ‘back’ to what was. Neither is it a yearning for utopia. Rather, it refers to reacquiring the proper relationships that existed in the past. Restoring right relationships comes from returning to the proper path, one that involves living as an ethical being. As Cove (1987:29) has noted, “the past is used to define the present as a transformation from an earlier state of affairs. Thus myths reflect on the contingent nature of existence; formally recognizing that things were, and could again be, other than they are”. Further, as is implied in the previous RCAP passage, the present as it exists is not right. By expressing the need to bring the past to the future the speaker suggests that there is something unfinished about the state of the present. Referring again to Cove (1987:29), the “original transformation” remains incomplete and thus is in need of renewal by cultural members, in this case in the form of the next generation. On this basis, alcoholism can be regarded as a manifestation of this unfinished or incomplete transformation; in fact, a state of disharmony.

According to Quintero (1995) tensions inherent in many intimate and important social relations can manifest themselves in illness phenomena. Apart from perhaps a brief period during the time of initial contact between Aboriginal peoples and Europeans, the relationship has been disharmonious. If alcohol is

implicated in the original exchanges that wronged the relationship, then alcoholism can be viewed as the manifestation of that discordant relationship:

But we are losing ground with our young ones. And they need to realize that the outside world of alcohol, the outside world in the city is not really the place to be. We have lost that many times through education, many times -- educated through alcohol, we want to be in the cities, rather than in our communities (Esquimalt, BC 92-05-21 11 PG 52).

On this basis Aboriginal concepts of alcoholism might be quite different from our own understandings. As I have argued previously, alcoholism is regarded as a bodily disease with a social etiology. I am not suggesting that we dismiss the disease concept as being incorrect because there is a disease (bodily based) aspect. However, there is another way to consider the issues that do not limit one to Western disease understandings. Rather, an Aboriginal understanding of alcoholism might also be something akin to a state of disharmonious living that has subsumed the proper or good life and thus resulted in a disease. To continue to partake of the treacherous substance means that one participates in the perpetuation of those ill relations.

This permits us to come to a closer understanding of the way in which alcoholism continues to be implicated in Aboriginal peoples' lives despite being distanced from those initial events. As long as the relationship continues to be disharmonious it is conceivable that there would be what the following speaker refers to as 'residue':

The use of alcohol is relatively recent in Indian country. I think a lot of this alcoholism stems from residential -- I call it residential syndrome and still today I see a residue happening among our young people because a

chain reaction has happened since the residential school. I myself have experienced personally the tail end of the residential schools and we have literally been beaten every day in school. As a result, I became an alcoholic (Hobbema, ALTA 92-06-10 PG 151).

Until the relationship is righted alcoholism will continue to recur regardless of how far successive generations move from the period in which the initial break occurred. Further, it also permits a slightly different consideration of the way in which alcoholism continues to be implicated in colonial practices and institutions. Alcoholism as a legacy of colonialism is a particularly strong view expressed both within the RCAP transcripts and outside of that context. At the same time, difficulty often exists in understanding how the past can continue to manifest itself in the present with the passage of time and the existence of new generations. Common sentiments concerning these issues are often articulated as blame: that Aboriginal peoples cannot continue to blame the past for the present. Considering the issues in this context permits the exploration of the way in which links between past and present actually move beyond issues of guilt or culpability. At the risk of making sweeping generalizations, a consideration of an Aboriginal cosmology (or cosmologies) that incorporates notions of harmony/disharmony in relations can permit us to see how the past can continue to impact the present and future. If the relations are not restored, the fall of colonial institutions and practices may occur but the state of disharmony remains and thus alcoholism continues. Further, the view that one does not have to personally be an alcoholic to experience its impact is also interesting in the context of broader discordant relations between Aboriginal and European-Canadians.

A brief consideration of the Navajo concepts of hozho and hochxo is helpful for our discussion, although I certainly fail to do them justice. Nevertheless, as Quintero (1995) notes, part of the Navajo worldview encompasses the 'good life', a concept that refers to living to maturity in the condition of hozho, dying of old age and being incorporated into a state of universal beauty, harmony and happiness. Life involves living in a state of balance and harmony. Hozho, or beauty has to do with a way of, or an ideal of living, an internal mental state rather than something external. Living within a state of hozho is manifested as good health, harmony, fortune, balance, positive events in the lives of self and others (Laughlin, 1996; Quintero, 1995; Witherspoon, 1977). What is also of interest is the main threat to hozho, that of hochxo or ugliness, includes disharmonious social relations (Quintero, 1995).

While this paper is not about the Navajo people, it is useful to consider their concepts, albeit briefly, as a useful way of beginning to think about fundamental differences in concepts of alcohol and alcoholism between Aboriginal and Western understandings. Specifically, if alcohol encapsulates the ultimate unequal reciprocity, then living the myth translates into a rejection of alcohol and a return to a state of harmonious being. Myths reveal the exemplary models for all human rites and all significant activities (Eliade, 1963:8). The myth of the drunken Indian is a myth about proper ethics. Alcohol represents the improper ethics of Whites and thus the myth is a story for why one must not drink.

However, the difficulty in this is that if alcoholism is a manifestation of discordant relations then there cannot be a 'true' rejection until the time when those relations are righted. Alcoholism will recur as long as those ill relations continue. Thus, we are left with another paradox where a rejection is made when in fact there should be no rejection possible.

Considered in this sense there would be quite significant differences between Aboriginal and mainstream AA in terms of how disease is understood. While the mainstream AA creed of 'once an alcoholic always an alcoholic' is predicated upon an understanding of physiological disease that can be arrested but not cured, Aboriginal understandings are perhaps much more complex. Disease as manifestation of ill relations should cease once relations have been restored. Hence, the alcoholic ceases to be an alcoholic. At the same time, because of what alcohol is symbolic of, one will always be an 'alcoholic' in the sense of alcohol (or its rejection) being a part of one's identity as an Aboriginal person. Even in the event of healing discordant relations, alcohol will remain as the harbinger of disharmony. Alcohol will always be there in the metaphorical sense.

Chapter Six

Discussion and Conclusion

This paper has been an exploration of narratives of alcohol from the perspective of myth. In particular, it was an effort to reconsider a relationship between Aboriginal peoples and alcohol that generally is articulated within the boundaries of proving or disproving stereotypes; the drunken Indian being the prime example.

Considering the myth as story, I proposed the existence of one myth of the drunken Indian told by European-Canadians, and another quite distinct myth narrated by Aboriginal peoples. These myths were argued as co-existing with a third, told by members of Alcoholics Anonymous about themselves.

The drunken Indian narrated by Aboriginal peoples is a myth that in its telling rejects both the myth of the drunken Indian as told by dominant society, and the myth of individualism narrated in the context of mainstream AA. Rather, it recounts the story of the way in which alcohol and alcoholism are inseparable from an entire history of ill relations between Aboriginal peoples and European-Canadians. As an origin myth, (their) drunken Indian is more about the state of disharmony created through unequal reciprocity, by the unethical person, and less about (our) understanding of the Aboriginal as alcoholic. In this respect, the etiological basis for alcoholism is understood quite differently in the two contexts: the pathology of individualism versus the pathology of relations.

An important aspect of this refers to issues of land where returning what was stolen is key. Land represents everything that was stolen, as the most tangible of what was lost through unequal reciprocity. Thus, land refers to the occupation of it, but also what is of the land in terms of natural resources, and the knowledge base of Aboriginal peoples concerning issues of survival, and use of those resources:

...(I)t's a story now of how we used to live on the land...(I)t is fascinating and it is fascinating even to us who went through it. When we go back on it we feel relaxed. We feel that at one time we didn't have very much but we were happy (Inuvik, NWT 92-05-05 PG 2).

There is an inherently political aspect to the myth where it becomes about Aboriginal values and Aboriginal conceptions of community. Re-establishing proper relationships becomes about reacquiring control over their own destinies and altering their positions *vis-à-vis* the dominant society.

Thus, we can understand the relationship between alcohol and Aboriginal peoples as being remarkably complex. In fact, if we consider, as Turner (1967) suggests, that symbols serve to incite social action, this relationship becomes even more interesting. Alcoholics Anonymous, as a collection of rituals of the dominant society, is taken into an Aboriginal context and used to enact their own myth, one that is about their own resurrection and self-determination.

Some time ago Jilek-Aall (1974) provided a discussion of the use of AA by the Coast Salish First Nations people that highlighted an important distinction between mainstream and Aboriginal AA. She has suggested that perceived discrimination within AA prompted the Coast Salish First Nations people to form

their own AA groups. During AA meetings their speeches revealed an intense preoccupation with Aboriginal-White relationships. When among themselves they openly discussed feelings of bitterness, inferiority, and the Aboriginal virtues and White faults. Westermeyer (1996) provides a somewhat similar and more recent account where he argues that meetings often focus on their problems in relation to the dominant society. Issues including anger, fear, anxiety toward the dominant people and dominant society are discussed.

Jilek-Aall also suggests that within Aboriginal AA certain elements within traditional Coast Salish culture are revived and have become symbolic of a Golden Age in the past when Aboriginal life was happy and free. She asserts that the memory of an exalted past assists in the re-establishment and maintenance of self-respect among Aboriginal peoples. In fact, it is reminiscent of Eliade's comment of a therapeutic aspect where a return to origins means rebirth and the hope for a better life. This is not incompatible with my suggestion that through the enactment of the myth of the drunken Indian a positive Aboriginal identity is reasserted, becoming the means through which the rejection of alcohol occurs.

This again raises the notion of liminality where, to reiterate Turner's argument, liminality is "a time and place of withdrawal from normal modes of social action" and "can be seen as a potential period of scrutinization of the central values and axioms of the culture in which it occurs" (1969:167). In this regard, a Western set of rituals might provide an opportunity for Aboriginal participants to consider the values of the dominant culture and to find them wanting, and to reaffirm a belief in the rightness of their own.

However, Jilek-Aall goes on to suggest:

(f)rom this secure position within their own AA group, where the Indians have found a new identity and can invite non-Aboriginal members to attend their meetings and even lend a helping hand to white alcoholics...(T)hey are free to develop genuine friendship ties with whites, this time based on fighting the common enemy, alcohol (1974:360).

The question is whether there can be a common enemy if alcohol symbolizes very different things for Aboriginal and non-Aboriginal peoples. Jilek-Aal seems to take the perspective that there is a single, perhaps static, understanding of alcohol and alcoholism. Yet, implicit in her account is the presence of a very specific myth of the drunken Indian; that narrated by Aboriginal peoples. Specifically, her account of the meetings as focusing on the relationships between Aboriginal and European-Canadians, as well as a preoccupation with what she terms a “Golden Age” suggests to me that there is indeed a myth to this effect being enacted.

Interesting in this context is the relationship between myth and symbolic healing. Waldram (1993) borrowing from Dow (1986) suggests that symbolic healing involves the generalizing of social and cultural experiences through the use of culture-specific symbols embedded in cultural myth. Dow’s definition of myth is a ‘model of experiential reality’ that contains ‘cultural experiential truths’ (Dow, 1986:59, in Waldram, 1993: 346), not unlike Eliade (1963) in the sense that myths being of the experienced world and thus may be considered true. According to Dow, symbolic healing involves the healer convincing patients that their problems can be defined in terms of this myth and treated through the

manipulation of transactional symbols derived from the myth but particularized to the individual. The techniques of symbolic healing involve suggestion, catharsis, and social restructuring in which the patient's problem is redefined in terms of family or social problems.

Waldram, however, parts with Dow in assuming a shared cultural background. He argues that a shared background cannot be assumed. Rather, he argues that both the healer and the patient negotiate a shared mythic reality. This is quite different from the unidirectional process Dow assumes where the healer convinces the patient that their problems can be thought of in terms of a particular myth. In short, the interaction of healer and patient permits the participation in a shared myth. For my purposes this is an important point for two reasons. Firstly, as mentioned earlier the myth of the drunken Indian is one that appears to exist among Aboriginal peoples in general, regardless of their heterogeneity thus raising the possibility that in this respect the drunken Indian is a shared myth.

Secondly, AA can be thought of as a form of symbolic healing in which members participate in a myth; a situation in which a shared cultural background cannot be assumed. Rather interesting in this context is Turner's (1969: 166) assertion that "we find social relationships simplified, while myth and ritual are elaborated". Indeed, AA members "...are people who normally would not mix" (Alcoholics Anonymous, 1976:17). Thus, while AA stresses the alleged dissimilarities among AA members, within that context, all acquire the identity of alcoholic.

A given myth does not necessarily map one ritual exclusively (Eliade, 1963). While in the mainstream context, AA continues as the primary collective ritual, in the Aboriginal context other approaches (sweat lodge, etc.) may be brought into the AA context so as to enact their myth.

This raises the issue of rituals being imported into groups of which they were not traditionally a part. As Waldram (1997) notes Aboriginal approaches are very individualistic. Elders from the same culture and even the same community will likely have a somewhat different approach to various ceremonies or to explaining the nature of symbols. Thus, the symbols utilized in this process are not just cultural but are highly particularized to specific communities and adherents.

This situation is rather unique in that alcohol has become something of a pervasive symbol among Aboriginal peoples, encompassing an entire history of relations. On this basis, it is conceivable that a number of different rituals could be imported into the ritual setting. The myth might be enacted through many different Aboriginal rituals. Since it is also about the assertion of a collectively determined Aboriginal identity, perhaps the incorporation of rituals not traditionally one's own could work towards this end.

Further, alcohol represents that myth in its totality. The fact of its salience may be such that any ritual context, including AA, become unnecessary in understanding or enacting the myth. The symbol is accessible to everyone regardless of membership in AA or even drinker status. Hence, the non-alcoholic can also be the alcoholic.

This leads us into a consideration of what is actually meant by 'suffering' in this context. As we know, the disease concept and Alcoholics Anonymous understand the alcoholic as suffering from a disease; as something that occurs within the physical body. There is something of what I understand as a 'suffering-death-renewal' aspect to this story. However, the rebirth that does occur according to the story is one that is contingent upon remaining free of alcohol and remaining part of AA. It is a quite specific kind of renewal. However, since it is regarded as an incurable disease, there is never any true hope of remaining free. Relapse is a given, if I may resort to treatment terminology, and AA also warns its members against becoming too sure of themselves (pride foreshadowing a fall, etc.), speaking to the issue of individualism. Thus, the AA member enacting the myth will move forever through the cycle. In some ways, there is an emphasis in the suffering and death stages of the cycle. Suffering occurs where the member works very hard to stay sober with the constant reminders of the distinct likelihood that they will fall prey to their disease at some point. There is always the fear that one will succumb.

The second point of emphasis is death, where members are faced with stories of physical and metaphorical death. Antze (1987:156) argues that alcohol for the alcoholic becomes the embodiment of death itself. He argues that the *Big Book*, and other sources make repeated use of the phrase "death and insanity" to describe the inevitable effects of alcohol. Descriptions including the comparison of alcoholics to cancer patients, to persons facing a death sentence, or as persons suffering from a fatal disease are common in AA writings. Additional

characterizations compare the alcoholic to suffering from a personal death before the actual (impending) physical death where personal relationships are compromised to the extent that the alcoholic becomes totally isolated.

As a contemporary ritual, AA removes the individual from everyday existence and separates the group from the European-Canadian dominated society. Being separated from the outside world within the ritual setting offers a unique space-time in which differences among Aboriginal peoples are diminished. The result is a harmonious group, within that ritual setting and a collective identity in terms of 'being' Aboriginal. While there is also a 'suffering-death-renewal' aspect to the cycle, there are some important distinctions to consider. If one accepts my consideration of myth, then we must think about 'suffering' not in terms of a physical dependence upon a substance, but suffering as it relates to being a part of an improper relationship. Any physiological dependence is inseparable from that broader relationship. Part of this improper relationship is about the creation of dependency upon the dominant society. Thus, part of what alcohol can be seen to symbolize is dependency and possession. At the same time, it is also about freedom from dependency. It is therefore a myth in which survival and renewal is emphasized, as opposed to suffering. In this regard, we must also alter our understanding of 'victim' so as to incorporate issues of revitalization and the development of a collective identity. We need to consider the act of participating in the myth where identity is not about victims, not as sufferers of a disease, but as Aboriginal peoples participating in shaping their own destiny.

The fact that AA understands the alcoholic as qualitatively different from the rest of the population is interesting in this context. As stated in Alcoholics Anonymous, the alcoholic is “bodily and mentally different from his fellows” (Alcoholics Anonymous, 1976:30). Such a distinction is interesting in the sense of a positive Aboriginal identity being formed around issues of alcohol. An aspect of that identity does focus on issues of distinction. Specifically, that there are qualitative differences between Aboriginal peoples and European-Canadians. To borrow from Pflug, AA as ritual process can be understood as a construct for social reality and as a rite of passage in which total transformation of relational structure and collective identity extending beyond the ritual setting itself are goals (1998:245).

Finally, while I have made much of the good-evil dichotomy throughout this paper, the issue is not strictly reducible to such clear-cut distinctions, especially in terms of characterizing Aboriginal peoples as good and European-Canadians as evil. In this case also there is a contradictory element evident in that European-Canadians both are and are not, evil or unethical as the following excerpt also suggests:

But that is not to say that the non-aboriginal people, the white people, aren't any good. They are good. I always use them as an example. When I look at the church on Sunday morning, I see a lot of people. I sometimes go and the church is full. But in my community, sometimes you wouldn't even run out of fingers on one side counting the congregation in my community because we have lost so much over a period of time. So, we can't say that white people aren't any good because they are good people. That is why we talk about respect so much as a native person (The Pas, MAN 92-05-20 PG 468).

Alcohol can be thought of as a multivocal symbol of Aboriginal peoples, in the sense of referring to both their past and their future. As the ultimate unequal exchange, it represents both unethical values and proper relationships, and thus it stands for right and for wrong.

The previous passage suggests that part of the right relationship has to do with respect for others. Thus, according qualities of goodness to the dominant society, as is done in the previous quote, could work to reassert ones identity as it relates to being Aboriginal, because to do so suggests an embodiment of ethical principles. Yet, I also understand it to be about according the potential of European-Canadians to become something else, to embody the ethical responsibilities, to complete the incomplete exchange according to an understanding of worthy return. As such, it can be seen as a means to build constructive relationships.

APPENDIX A

The Twelve Steps and Twelve Traditions of Alcoholics Anonymous (Alcoholics Anonymous, 1998)

The Twelve Steps

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

The Twelve Traditions

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority — a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

REFERENCES

Abbott, Patrick

1998 "Traditional and Western Healing Practices for Alcoholism in American Indians and Alaskan Natives". **Substance Use and Misuse**, Vol. 33, No.1, pp. 2605-2646.

Alcoholics Anonymous

1976 **Alcoholics Anonymous**, 3rd edition New York: World Services, Inc.

Alcoholics Anonymous

1998 Official, Approved Alcoholics Anonymous Website
<<http://www.alcoholics-anonymous.org>>

Antze, Paul

1987 "Symbolic Action in Alcoholics Anonymous". In **Constructive Drinking** (pp. 149-181), Mary Douglas (ed.). Cambridge: Cambridge University Press.

Ashley, Mary Jane

1992 "Alcohol-Related Birth Defects". In **Aboriginal Substance Use: Research Issues** (pp. 69-73), Diane McKenzie (ed.). Canada: Canadian Centre on Substance Abuse and National Native Alcohol and Drug Abuse Program.

Atkinson, Paul

1990 **The Ethnographic Imagination**. London: Routledge.

Bernard, H. Russell

1988 **Research Methods in Cultural Anthropology**. Newbury Park, California: Sage Publications.

Blackwell, Judith

1988 "Sin, Sickness, or Social Problem? The Concept of Drug Dependence". In **Illicit Drugs in Canada: A Risky Business** (pp. 158-174), Judith Blackwell and Patricia Erickson (eds.). Scarborough: Nelson Canada.

Brady, Maggie

1995 "Culture in Treatment, Culture as Treatment. A Critical Appraisal of Developments in Addictions Programs for Indigenous North Americans and Australians". **Social Science and Medicine**, Vol. 41, No. 11, pp. 1487-1498.

Brown, Stephanie

- 1993 "Therapeutic Processes in Alcoholic Anonymous".
In **Research on Alcoholics Anonymous** (pp. 137-152), Barbara McCrady and William Miller (eds.). New Brunswick, New Jersey: Rutgers Centre of Alcohol Studies.

Bruner, Edward

- 1986 "Ethnography as Narrative". In **The Anthropology of Experience** (pp. 139-155), Victor Turner and Edward Bruner (eds.). USA: University of Illinois Press.

Buehler, Janice

- 1992 "Traditional Crow Indian Health Beliefs and Practices". **Journal of Holistic Nursing**, Vol. 10, No.1, pp.18-33.

Caetano, Raul

- 1993 "Ethnic Minority Groups and Alcoholics Anonymous: A Review".
In **Research on Alcoholics Anonymous** (pp. 209-231), Barbara McCrady and William Miller (eds.). New Brunswick, New Jersey: Rutgers Centre of Alcohol Studies.

Connolly, Peter

- 1995 "Hypnotic Dimensions of Religious Worldviews". **DISKUSWebEdition**, Vol. 3, No. 1, pp. 19-34

Cove, John

- 1987 **Shattered Images: Dialogues and Meditations on Tsimshian Narratives**.
Ottawa: Carleton University Press.

Denzin, Norman

- 1989a **Interpretive Interactionism**. Newbury Park: Sage Publications.

Denzin, Norman

- 1989b **Interpretive Biography**. Newbury Park: Sage Publications.

Denzin, Norman and Yvonna Lincoln

- 1998 "Introduction". In **Strategies of Qualitative Inquiry** (Pp. 1-31), Norman Denzin and Yvonna Lincoln (eds.). London: Sage Publications Inc.

Diaz, Sandra and D. Don Sawatsky

- 1995 "Rediscovering Native Rituals: Coming Home to My Self". **The Journal of Transpersonal Psychology**, Vol. 27, No. 1, 68-87.

Dow, James

- 1986 "Universal Aspects of Symbolic Healing: A Theoretical Synthesis".
American Anthropologist, Vol. 88, pp. 56-69.

- Duran, Eduardo and Bonnie Duran
1995 **Native American Post Colonial Psychology**. Albany, New York: State University of New York Press.
- Eliade, Mircea
1963 **Myth and Reality**. Harper and Row Publishers, Inc.: New York.
- Emrick, Chad, Scott Tonigan, Henry Montgomery, and Laura Little
1993 "Alcoholics Anonymous: What Is Currently Known".
In **Research on Alcoholics Anonymous** (pp. 41-76), Barbara McCrady and William Miller (eds.), Rutgers Centre of Alcohol Studies: New Jersey.
- Emerson, Robert, Rachel Fretz, and Linda Shaw
1995 **Writing Ethnographic Fieldnotes**. Chicago: University of Chicago Press.
- Fingarette, Herbert
1991 "Alcoholism: The Mythical Disease". In **Society, Culture and Drinking Patterns Reexamined** (pp. 417-438. David Pittman and Helen Raskin White (eds.). New Brunswick, New Jersey: Rutgers Centre of Alcohol Studies.
- Fox, Elaine
1992 "Crossing The Bridge: Adaptive Strategies Among Navajo Health Care Workers". **Free Inquiry In Creative Sociology**, Vol. 20, No.1, pp.25-34.
- Gill, Katherine
1992 "Is There a Genetic Basis to the Development of Alcoholism Among Native Americans?" **Winds of Change**, Winter, pp.68-70.
- Glaser, Barney
1992 **Emergence versus Forcing: Basics of Grounded Theory Analysis**. Mill Valley, CA: Sociological Press.
- Glaser, Barney and Anselm Straus
1967 **The Discovery of Grounded Theory**. Adline De Gruyter: New York.
- Gorsuch, Richard
1993 "Assessing Spiritual Variables in Alcoholics Anonymous Research". In **Research on Alcoholics Anonymous** (pp. 301-318), Barbara McCrady and William Miller (eds.). Rutgers Centre of Alcohol Studies: New Jersey.
- Gubrium, Jaber and James Holstein
1997 **The New Language of Qualitative Method**. New York: Oxford University Press.

- Gusfield, Joseph
1963 **Symbolic Crusade**. Illinois: University of Illinois.
- Gusfield, Joseph
1996 **Contested Meanings: The Construction of Alcohol Problems**. Madison, Wisconsin: The University of Wisconsin Press.
- Hänninen, Vilma and Koski-Jännes, Anja
1999 "Narratives of Recovery from Addictive Behaviours". **Addiction**, Vol. 94, No. 12, pp. 1837-1848.
- Hammersley, Martin and Atkinson, Paul
1995 **Ethnography**. London: Routledge.
- Heather, Nick and Ian Robertson
1983 **Controlled Drinking**. London: Methuen.
- Hodgson, Maggie
1989 "The Nechi Institute on Alcohol and Drug Education: The Eagle Has Landed". **Canadian Woman Studies**, Vol. 10, pp. 101-104.
- Hutchinson, Michael
2001 "Crime Prevention Through Healthy Communities and Early Intervention". **Aboriginal Times**, Volume 6(1), pp. 8-14.
- Janesick, Valerie
1998 "The Dance of Qualitative Research Design: Metaphor, Methodolatry, and Meaning". In **Strategies of Qualitative Inquiry** (pp. 23-47), Norman Denzin and Yvonna Lincoln (eds.). Sage Publications: London.
- Jellinek, E.M
1960 **The Disease Concept of Alcoholism**. New Jersey: Hillhouse Press.
- Jilek-Aall, Louise
1974 "Psychosocial Aspects of Drinking Among Coast Salish Indians". **Canadian Psychiatric Association Journal**, Vol. 19, No. 4, pp. 357-361.
- Jilek, Wolfgang
1993 "Traditional Healing Against Alcoholism and Drug Dependence" **Curare**, Vol. 17, pp. 145-160.

Kurtz, Ernest

- 1993 "Research on Alcoholics Anonymous: The Historical Context
In **Research on Alcoholics Anonymous** (pp. 13-26), Barbara McCrady
and William Miller (eds.). New Brunswick, New Jersey: Rutgers Centre of
Alcohol Studies.

Lamarine, Roland

- 1988 "Alcohol Abuse Among Native Americans". **Journal of Community
Health**, Vol. 13, No.3, pp. 143-155.

Larimer, Mary, G.Alan Marlatt, John Baer, Lori Quigley, Arthur Blume, and
Elizabeth Hawkins

- 1998 "Harm Reduction for Alcohol Problems: Expanding Access to and
Acceptability of Prevention and Treatment Services". In **Harm Reduction**
(pp. 69-121), G.Alan Marlatt (ed.). New York: Guilford.

Laughlin, Charles

- 1996 "Art and Spirit: Brain, the Navajo Concept of Hozho and Kandinsky's
"Inner Necessity".
<<http://www.charlie.atfreeweb.com>>

Laughlin, Charles and Eugene d'Aquili

- 1979 "Ritual and Stress". In **The Spectrum of Ritual: A Biogenetic Structural
Analysis** (pp.280-317), Eugene d'Aquili, Charles Laughlin, Jr., and John
McManus (eds.). New York: Columbia University Press.

Leland, Joy

- 1976 **Firewater Myths: North American Indian Drinking and Alcohol
Addiction**. New Brunswick, New Jersey: Rutgers Centre of Alcohol Studies.

Lemert, Edwin

- 1982 "Drinking Among American Indians". In **Alcohol, Science and Society
Revisited** (pp. 80-95), Edith Liansky Gomberg, Helene Raskin White, and
John Carpenter (eds.). Ann Arbor, Michigan: The University of Michigan
Press.

Levine, Harry

- 1978 "The Discovery of Addiction: Changing Conceptions of Habitual
Drunkenness in America". **Journal of Studies on Alcohol**, 1978, Vol. 39,
No. 1, pp.143-173.

Levy, Jerrold, and Stephen Kunitz,

- 1971 "Indian Reservations, Anomie and Social Pathologies". **Southwestern
Journal of Anthropology**, Vol. 27, No. 2, pp. 97-128.

- Long, Claudia and Mary Ann Curry
1998 "Living In Two Worlds: Native American Women and Prenatal Care". **Health Care for Women International**, Vol. 19, pp. 205-215.
- Long, David and Terry Fox
1996 "Circles of Healing: Illness and Health Among Aboriginal People in Canada". In **Visions of the Heart: Canadian Aboriginal Issues** (pp. 239-267), David Long and Olive Dickason (eds.). Canada: Harcourt Brace & Company.
- Lurie, Nancy
1979 "The world's oldest ongoing protest demonstration: North American Indian Drinking Patterns". In **Beliefs, Behaviours and Alcoholic Beverages**, (pp. 127-145). Mac Marshall (ed.). Ann Arbor: University of Michigan Press.
- Madsen, William
1979 "**Alcoholics Anonymous as a Crisis Cult**". In **Beliefs, Behaviours, and Alcoholic Beverages** (pp. 382-388), Mac Marshall (ed.). The University of Michigan Press: Michigan.
- Maidman, Frank and Greg Conchelos
1991 "Towards A Valued Lifestyle: A Needs Assessment and Planning Paper for Simcoe County and York Region". York and Simcoe County: Canada.
- Mäkelä, Klaus, et al
1996 **Alcoholics Anonymous as a Mutual-Help Movement: A Study in Eight Societies**. Madison: University of Madison Press.
- Malloch, Lesley
1989 "**Indian Medicine, Indian Health- Study Between Red and White Medicine**". *Canadian Woman Studies*, Vol. 10, No. 2&3, pp. 105-112.
- Mauss, Marcel
1967 **The Gift: Forms and Functions of Exchange in Archaic Societies**. W.W. Norton & Company: New York.
- May, Philip
1982 "Substance Abuse and American Indians: Prevalence and Susceptibility". **International Journal of the Addictions**, Vol. 17, No. 7, pp.1185-1209.
- McAndrew, Craig and Robert Edgerton
1970 **Drunken Compartment**. London: Thomas Nelson & Sons Ltd.
- McCrary, Barbara, E.E. Epstein, and L.S. Hirsch
1996 "Issues in the Implementation of a Randomized Clinical Trial That Includes Alcoholics Anonymous: Studying AA-Related Behaviors During Treatment. **Journal of Studies on Alcohol**, November, pp. 605-612.

Miller, William. and Barbara McCrady

1993 "The Importance of Research on Alcoholics Anonymous". In **Research on Alcoholics Anonymous** (pp. 3-11), Barbara McCrady and William Miller (eds.). Rutgers Centre of Alcohol Studies: New Jersey.

Miller, William and Ernest Kurtz

1994 "Models of Alcoholism Used in Treatment: Contrasting AA and Other Perspectives with Which it is Often Confused". **Journal of Studies on Alcohol**, March, pp. 159-166.

Morris, Roma

1996 "The Whole Story: Nature, Healing, and Narrative in the Native American Wisdom Tradition". **Literature and Medicine**, 1996, 15(1), pp. 94-111.

Morse, Janice

1998 "Designing Funded Qualitative Research". In *Strategies of Qualitative Inquiry* (pp. 123-145), Norman Denzin and Yvonna Lincoln (eds.). Sage Publications: London.

Morse, Janice, David Young, and Lise Swartz

1991 "Cree Indian Healing Practices and Western Health Care: A Comparative Analysis". **Social Science and Medicine**, Vol. 32, No. 12, pp. 1361-1366.

Mulford, Harold

1994 "What If Alcoholism Had Not Been Invented? The Dynamics of American Alcohol Mythology". **Addiction**, 1994, Vol. 89, pp. 521-529.

National Native Alcohol and Drug and Program

1998 **National Native Alcohol and Drug and Program Report**. Ottawa: Health Canada Ministry of Supply and Services.

Nechi Training Research and Health Promotions Institute

2002 Official Website
<<http://www.nechi.com>>

Neuman, W. Lawrence

1994 **Social Research Methods: Quantitative and Qualitative Perspectives**. USA: Allyn and Bacon.

Nowinski, Joseph

1993 "Questioning the Answers: Research and the AA Traditions". In **Research on Alcoholics Anonymous** (pp. 27-39). Barbara McCrady and William Miller (eds.). Rutgers Centre of Alcohol Studies: New Jersey.

O'Neill, Theresa

1992 "Feeling Worthless": An Ethnographic Investigation of Depression and Problem Drinking at the Flathead Reservation". **Culture, Medicine, and Psychiatry**, Vol. 16, No. 4, pp. 447-460.

Peele, Stanton

1985 **The Meaning of Addiction**. Mass: D.C. Heath and Company.

Peele, Stanton

1987 **Diseasing of America**. Mass: D.C. Heath and Company.

Pendery, M.L, I.M. Maltzman, and L.J. West

1982 "Controlled Drinking by Alcoholics? New Findings and a Reevaluation of a Major Affirmative Study". **Science**, 1982, Vol. 217, pp. 169-174.

Pflug, Melissa

1998 **Ritual and Myth in Odawa Revitalization**. Oklahoma: University of Oklahoma Press.

Poundmakers Lodge Treatment Centre

2002 Official Website

<<http://www.poundmakers.org>>

Quintero, Gilbert

1995 "Gender, Discord, and Illness: Navajo Philosophy and Healing in the Native American Church". **Journal of Anthropological Research**, Vol. 51, pp. 69-89.

Rankin, J.G.

1978 **Etiology, Vol. 8 of Core Knowledge in the Drug Field**, Ottawa: Non-medical Use of Drugs Directorate, National Health and Welfare.

Roizen, Ron

1997 "Book Review: False Fixes". **Journal of Studies on Alcohol**, Vol. 58, pp. 107-108.

Roizen, Ron

Forthcoming "How Does the Nation's 'Alcohol Problem' Change from Era to Era? Stalking the Social Logic of Problem-Definition Transformations Since Repeal". In **Altering the American Consciousness: Essays on the History of Alcohol and Drug Use in the United States, 1800-1997**, Tracy, Sarah, T. and Caroline Acker (eds.). University of Massachusetts Press: USA.
<<http://www.roizen.com>>

Room, Robin

1993 "Alcoholics Anonymous as a Social Movement". **Research on Alcoholics Anonymous** (pp. 167-187), Barbara McCrady and William Miller (eds.), Rutgers Centre of Alcohol Studies: New Jersey.

Royal Commission on Aboriginal Peoples

1996 **Gathering Strength: Canada's Action Plan**. Ottawa: Public Works and Government Services Canada.

Royal Commission on Aboriginal Peoples

1997 **For Seven Generations** (CD Format). Ottawa, Canada: Libraxus Inc.

Rudy, David

1986 **Becoming Alcoholic: Alcoholics Anonymous and the Realities of Alcoholism**. Carbondale: Southern Illinois University Press.

Sackett, L

1988 "Resisting Arrests: drinking, development and discipline in a desert context". **Social Analysis**, Vol. 24, December, pp.66-77.

Saggers, Sherry and Gray, Denis

1998 **Dealing with Alcohol: Indigenous Usage in Australia, New Zealand and Canada**. Cambridge, UK. Cambridge University Press.

Savishinsky, Joel

1992 "The Ambiguities of Alcohol: Deviance, Drinking and Meaning in a Canadian Native Community". **Anthropologica**, Vol. 34, No. 2, pp. 281-282.

Scheffel, David

2001 "The Post-Anthropological Indian: Canada's New Images of Aboriginality in the Age of Repossession". **Anthropologica**, Vol. XLII, pp. 175-187.

Schuckit, Mark

1994 "A Clinical Model of Genetic Influences in Alcohol Dependence". **Journal of Studies on Alcohol**, Vol. 55, pp. 5-17.

Scott, Kim

1992a "Principles of Native Science". In **Aboriginal Substance Use: Research Issues** (pp. 7-8), Diane McKenzie (ed.) Canadian Centre on Substance Abuse and National Native Alcohol and Drug Abuse Program: Canada.

Scott, Kim

1992b "Substance Abuse Among Indigenous Canadians". In **Aboriginal Substance Use: Research Issues** (pp.9-41). Diane McKenzie (ed.), Canadian Centre on Substance Abuse and National Native Alcohol and Drug Abuse Program: Canada.

Shestowsky, Brenda

1993 **Traditional Medicine and Primary Health Care Among Canadian Aboriginal People**. Canada: Aboriginal Nurses Association of Canada.

Simonelli, Richard

1993 "Alcoholic Recovery and the 12 Steps. White Bison Presents a Native View". **Winds of Change**, Summer, pp. 41-46.

Smart, Reginald, and Ogborne, Alan

1996 **Northern Spirits: A Social History of Alcohol in Canada**. Canada: Addiction Research Foundation.

Snipp, Matthew

1992 "Sociological Perspectives on American Indians". **Annual Review of Sociology**, Vol. 18, pp. 351-371.

Sobell, M.B, and Sobell, L.C.

1973 "Alcoholics Treated by Individualized Behavior Therapy: One Year Treatment Outcomes". **Behavior Research and Therapy**, 1973, Vol. 11, pp. 599-618.

Sobell, M.B, and L.C. Sobell

1976 "Second Year Treatment Outcome of Alcoholics Treated by Individualized Behavior Therapy: Results". **Behavior Research and Therapy**, Vol. 14, pp. 195-215.

Society of Aboriginal Addictions Recovery

1994 **The Substance Abuse Treatment Readiness Program for Aboriginal Women Offenders**. Canada: The Society of Aboriginal Addictions Recovery.

Statistics Canada

1993 **Language, Health and Lifestyle Issues: 1991 Aboriginal Peoples Survey**. Ottawa: Statistics Canada.

Stein, Howard

1990 "In What Systems Do Alcohol/Chemical Addictions Make Sense? Clinical Ideologies and Practices as Cultural Metaphors". **Social Science and Medicine**, Vol. 30, No. 9, pp. 987-1000.

Strauss, Anselm and Juliet Corbin

1998 "Grounded Theory Methodology: An Overview". In **Strategies of Qualitative Inquiry** (pp. 158-183), Norman Denzin and Yvonna Lincoln (eds.). Sage Publications: London.

Thatcher, Richard

1986 "The Functions of Minority Group Disrepute: The Case of Native Peoples in Canada". In **The Political Economy of Crime** (pp. 272-294), Brian McLean (ed.). Canada: Prentice-Hall, Inc.

Turton, Christine

1997 "Ways of Knowing about Health: An Aboriginal Perspective". **Advances in Nursing Science**, March, pp.28-36.

Turner, Victor

1967 **The Forest of Symbols**. New York: Cornell University Press.

Turner, Victor

1969 **The Ritual Process**. Chicago: Aldine Publishing Company.

Vaillant, G.E.

1983 **The Natural History of Alcoholism. Causes, Patterns, and Paths to Recovery**. MA: Harvard University Press.

Valverde, Marianna

1998 **Disease of the Will: Alcohol and Dilemmas of Freedom**. New York: Cambridge University Press.

Vescey, Christopher

1991 **Imagine Ourselves Richly**. San Francisco: Harper.

Vizenor, Gerald

1987 "American Indians and Drunkenness", **The Journal of Ethnic Studies**, Vol. 11, No. 4, pp. 83-88.

Waldram, James

1993 "Aboriginal Spirituality: Symbolic Healing in Canadian Prisons". **Culture, Medicine and Psychiatry**, 1993, Vol. 17, pp. 345-362.

Waldram, James

1997 **Way of the Pipe**. Ontario, Canada: Broadview Press.

Warner, Jessica

1994 "Resolv'd to Drink No More: Addiction as a Preindustrial Concept". **Journal of Studies on Alcohol**, November, pp. 685-691.

Watts, Linda and Sara Gutierrez

1997 "A Native American-Based Cultural Model of Substance Dependence and Recovery. **Human Organization**, Vol. 56, No. 1, pp. 9-18.

Weisner, Thomas, Joan Crofut Weibel-Orlando, and John Long

1984 "'Serious Drinking,' 'White Man's Drinking' and 'Teetotaling': Drinking Levels and Styles in an Urban American Indian Population", **Journal of Studies on Alcohol**, Vol. 45, No. 3, pp.237-250.

Westermeyer, Joseph

1979 "The Drunken Indian: Myths and Realities". In **Beliefs, Behaviours, and Alcoholic Beverages** (pp. 110-117), Mac Marshall (ed.). The University of Michigan Press: Michigan.

1980

Westermeyer, Joseph

1996 "Alcoholism Among New World Peoples". **American Journal on Addictions**, Vol. 5, No. 2, Spring, pp. 110-123.

White, William

1998 **Slaying the Dragon: The History of Addiction Treatment and Recovery in America**. William White: Illinois.

Wiener, Carolyn

1981 **The Politics of Alcoholism**. New Jersey: Transaction, Inc.

Wilcox, Danny

1998 **Alcoholic Thinking**. Praeger: Connecticut.

Wing, Donna, Shelly Crow, and Timmy Thompson

1995 "An Ethnonursing Study of Muscogee (Creek) Indians and Effective Health Care Practices for Treating Alcohol Abuse". **Family and Community Health**, Vo. 18, No. 2, pp. 52-64.

Witherspoon, Gary

1977 **Language and Art in the Navajo Universe**. Ann Arbor: University of Michigan Press.

Witt, Norbert

1998 "Promoting Self-Esteem, Defining Culture". **Canadian Journal of Native Education**, Vol. 22, No. 2, pp. 260-273.

Woolfson, Peter, Virginia Hood, & Roger Seckler-Walker, and Ann Macaulay
1995 "Mohawk English in the Medical Interview". **Medical Anthropology Quarterly**, Vol. 9, No. 4, pp. 503-509.

Yukon Government Executive Council Office
1992 **An Accounting of Health: What the Professionals Say: A Review of the considerations of the health promotion research program.** Yukon Health Promotion Research Program, Yukon Government.