

Addiction & the Humanities, Vol. 4(7) - Cultural Anthropology Guiding Addiction Research

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Scientific research focusing on addiction, especially research on effective interventions and treatments, is typically grounded in the disciplines of psychology, psychiatry, and other behavioral sciences. An important but less frequently used guide could be cultural anthropology, especially when researchers explore cultures other than their own. This issue of Addictions and the Humanities will explore how cultural anthropology raises psychological scientists' awareness about cultural context, and how this awareness is essential to advance meaningful research.

Beatrice Medicine, a member of the Lakota Indian tribe, was a cultural anthropologist who spent her life writing and studying Native Americans, particularly those living on her reservation in North and South Dakota.

Medicine's posthumously published *Drinking and Sobriety among the Lakota Sioux* shows differences between Native and Euro-American perspectives about drinking and problem drinking. She maintained that research and interventions conducted by those unfamiliar with the Sioux were not sufficiently culturally specific to be socially relevant or effective enough to make a meaningful impact.

Table 1 summarizes examples of three miscommunications that have occurred between cultures during the past sixty years.

Table 1. Cultural context clashes with Euro-American centered approaches to studying Native American drinking patterns.

Example 1. Comparisons between Native Americans to Euro-Americans		
Medicine reviews a study conducted by a white man in the late 1950s: "approximately 70% of the Indian population reported that they consume alcoholic beverages, compared to roughly 59% of the white comparison population" (Medicine, 2007, p. 54, citing J.O. Whittaker, 1961).		The Indian population under study was Standing Rock in the Dakotas; the white comparison group was in Iowa. The groups were not matched in terms of geography or socioeconomic status (Medicine, 2007, p. 54).
Example 2. Language and cognitive understanding of alcohol problems		
<i>Euro-American terminology</i>	<i>Lakota language translation</i>	When the data were collected in the 1960s, Lakota Indians had little knowledge of alcohol and the effects of misuse. Their interpretation of Euro-American words reflects their cognitive understanding of alcohol. Interventions that account for this cognitive structure could be more effective (Medicine, 2007, p. 61).
Anyone who drinks	Alcoholic	
Occasional drinker	He or she drinks	
Frequent drinker	That person gets drunk	
Alcoholic	Anyone who purchases alcohol when money is available and then becomes drunk	
Cirrhosis	Bad liver All from (Medicine, 2007, p. 61).	
Example 3. Native American views on alcohol versus Euro American views on alcohol		
<p>Drinking is acceptable in some native cultures because it relates to:</p> <p>Being a man: "The native interrogation... 'are you a male'" (Medicine, 2007, p. 69) encourages men to drink to prove that they are, especially young boys without fathers.</p> <p>Identity: Drinking occurs in a "pattern that suggests a certain group solidarity, and, thereby, ethnic identity" (Medicine, 2007, p. 54).</p> <p>Generosity: Alcohol was given "'to any and all, of either sex or any age... To refuse a drink is tantamount to a slap in the face,' because it deprived the host of his or her right to be generous" (Michael Doms, 1989, p. 89, cites the doctoral dissertation of Medicine, p. 103).</p> <p>Resistance: "Alcohol consumption, it was clear, was more than a neutral artifact, a thumbed nose at oppressive culture" (Dorris, p. 89).</p>		The "excessive drinking in which Canadian Cree indulge does not produce a sense of guilt or a violation of self-image... Whites, however, often feel guilty on account of acts of... drunkenness and thus impute this feeling to Indian drinking" (Medicine, 2007, pp. 73-74, citing the ideas of N.W. Braroe, 1975).

(Click image to enlarge.)

Medicine suggests that comparing Native American drinking to Euro-American drinking is unfair because drinking fits into each culture differently. The effect, then, is that Euro-Americans view drinking as a problem to eliminate. Among some Indian groups, however, it is an entity too entrenched to blindly dismantle. This "'problem' approach [that] has superseded most other approaches" (Medicine, 2007, p. 15) not only supersedes, but excludes them. Limited knowledge of Native American culture limits the effectiveness of interventions.

Medicine wrote her book decades ago; it was published posthumously, therefore, the bulk of the evidence that supports her arguments dates from the 1960s-1980s. The impact of Medicine's research over the decades is difficult to measure. However, there is evidence that some modern researchers have become more culturally sensitive with time (e.g., Marlatt et al., 2003). By being watchful, researchers have limited the problem. Medicine's work focuses on alcohol's cultural context, but we must keep in mind that culture is dynamic. Therefore, the strength of this book lies not in its specific culture-related information, but rather in the awareness it promotes regarding the importance of cultural context for psychological research.

Medicine's cultural anthropologic approach places drinking problems among the Lakota Indians into context. Her exploration of alcohol in Native American history detangles the substance's foundation within the culture. A cultural anthropological approach, therefore, can help psychological researchers ask relevant questions and design sensitive studies that will effectively and accurately reflect the population under study. It also can encourage cooperative partnerships between cultures to address alcohol problems within Native American communities.

What do you think? Comments can be addressed to [Leslie Bosworth](#).

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