Slowly, code of silence is being broken

by Ernest J. Turner Director, Alaska Native Alcoholism Recovery Center

Editor's note: This is the last in a series of articles based on a thesis, "A Cultural-Relevant Curriculum in the Education of Alcohol and Drug Abuse Counselors Working with Alaska Natives," by Ernest J. Turner. Turner, an Athabascan from Holy Cross, is the director of the Alaska Native Alcoholism Recovery Center in Anchorage.

Our Land Speaks

OPINION

A proposed solution

As a disease, alcoholism is considered to be a treatable entity, but unlike organism-caused diseases, against which we can usually vaccinate or immunize, there is no known cure.

As stated earlier, treatment approaches vary from program to program. Most of the successful programs support the AA 12-step approach to recovery. Others use a variety of spiritual approaches including Nativistic, Christian religions or a combination of both.

Recovery depends on one factor: a willingness to turn the disease over to a Higher Power. Successful recovery requires a personality change or a spiritual experience, shifting from "user" to "abstainer" on a permanent basis.

To experience a spiritual change or transformation for some Natives means to find a connection with a power associated with their origin of birth. They feel that by observing the traditional spiritual customs, they will identify the power of their heritage in a traditional and more disciplined sense.

An unknown author wrote the following: "A student of a great philosopher once asked, 'If I were to become wise, I beg of you, Master, tell me of the subject I should study.' The master replied, 'To become wise, the greatest subject you should study is yourself. Should you do this well, then return and ask, what now must I study? I would repeat, thyself.'"

If knowledge is a derivative of experience, it should be apparent that whatever knowledge we might have regarding ourselves would be the sum of our past. The purpose is to find out precisely how we can come to know the truth about ourselves in relation to our customs.

Perhaps it's this truth that will pro-

vide the power to set us free from the disease of alcoholism. AA people claim their program is

AA people claim their program is very simple and crosses all cultural barriers. To recover, one has to accept being powerless over alcohol.

If the individual can successfully acknowledge his or her powerlessness, then the solution would be in finding a power greater than himself or herself.

The power could come from whatever one's belief is. In order to experience the power or the "spiritual awakening," one must then work on the program's action steps, considered to be steps four through 10.

In very simple terminology, the purpose of any alcoholism treatment center is to treat the disease of alcoholism. To do this, the counselor

•Gather data relevant to the client's condition.

 Be able to accurately assess the data to establish the major complications.

 Determine the client's immediate treatment needs and long-term goals.

 Be able to get feedback from the client concerning progression culminating into a diagnosis.

From this perspective we build an individual treatment plan, but it is not always that basic. The founders of Alcoholics Anonymous describe alcohol as cunning, baffling and powerful.

Native alcoholics in recovery and professionals involved in treatment would wholeheartedly agree. More and more, the counselors and their clients are seeking other healing methods, and many more people are trying various techniques to achieve good health.

A culture-relevant curriculum must give consideration to the entire scope of the problem: consequences, arguments, confusion and others. The curriculum must establish a solid foundation from which to start. It must recognize alcoholism to be a physical disease, with cultural, psychological, moral and cognitive complications.

Although the prerequisite in developing the curriculum must center on the disease factor, it also must recognize the need to address the cultural complications.

Natives generally believed in holistic healing methods, therefore, a culturally relevant curriculum must take a holistic approach. As Fritjog Capra wrote in "The Turning Point" in 1982, "In a somewhat narrow sense, holism in medicine means that the human organism is seen as a living system whose components are all interconnected and interdependent.

"In a broader sense, the holistic view recognizes also that this system is an integral part of larger systems, which implies that the individual organism is in continual interaction with its physical and social environment, that it is constantly affected by the environment but can also act on it and modify it.

"Modern scientific thought. . . is leading to a view of reality that comes very close to the views of mystics and of the many traditional cultures, in which knowledge of the human mind and body and the practice of healing are integral parts of natural philosophy and of spiritual discipline. A holistic approach to health and healing will therefore be in harmony with many traditional views, as well as consistent with modern scientific theories."

In the Alaska Native traditional culture, the origin of illness and the process of healing have been closely associated with forces belonging to the spirit world. Therefore, primitive ideas about disease and recovery are intimately linked to the person's social/cultural environment.

According to Capra, "Shamanistic healing rituals often have the function of raising the unconscious conflicts and resistances to a conscious level, where they can develop freely and find resolution."

Similar insights may be seen in a study of different religious groups. I am convinced that using traditional culture in treatment, along with conventional methods, will bring a powerful force into the healing process.

There are other approaches to assure cultural-relevant counseling. The most extensively used approach is to actively recruit counseling staff from the ranks of recovering Native alcoholics.

The primary reason for exploring this manpower source is the relative lack of social distance between To solve the problems we do not need more Western technology. We need a sound foundation from which to begin training counselors to understand clients.

counselor and client. The question most often asked when exercising this method is: "How can you use the blind to lead the blind?"

The most obvious answer is that the Native counselor can communicate with the Native client at a deep enough level to convey both understanding and acceptance of the client's situation. The ability of counselors to function effectively is highly dependent on their personal biases, experiences and education.

The curriculum must recognize, understand and accept the difference in each of the tribes and in each of the generations of Alaska Natives.

It must take into consideration the primitive generation as the Native who speaks his or her Native language only, recognizes the medicine man in the highest of esteem, practices the traditional customs and culture in daily activities.

It must accept the non-traditional generation as the Native who does not speak the Nattive language, does not understand the traditional practices, does not participate in traditional customs at all.

The curriculum also must view the majority as a mixture of both.

The progress is slow in defining acceptable community standards in regard to alcohol use. This is consistent with how progress is made at the village level.

The state authority for local control is erratic as well. Government authorities do not even want to recognize Natives as a sovereign group. But, in respect to the use of alcohol, the state expects the community to carry the burden of responsibility.

The curriculum must take into account all of the conflicts between laws controlling alcohol use and laws controlling the Native way of life.

Training

My understanding of and experience with formal and informal alcohol and drug-abuse curricula in training institutions suggests that consideration of cultural differences is rarely part of the curriculum. At the present time there is no identified alcoholism curriculum in the Anchorage area.

Perhaps alcohol educators do not believe there is sufficient evidence to warrant special education on culture. Often, the distance is increased by courses in an abnormal psychology study, which for the most part, view Natives as willful, incongruous people rather than culturally different.

If this is realistic, can this social distance be reduced?

Following are some recommended inclusions into a curriculum which may contribute to the advancement of cultural-relevant training.



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Purpose — To strengthen clinical skills among Alaska Native alcoholism and substance-abuse providers.

Goals:

 Formulate an understanding of the distinction and progression of alcoholism and substance abuse as a disease.

 Be knowledgeable about evaluation criteria and instruments used in the diagnosis of alcohol and drug abuse.

 Gain an ability to do intervention and motivational techniques and learn how to maximize the use of referral options.

 Learn to construct a realistic and practical plan in providing treatment and after-care.

 Examine burnout, frustrations and obstacles counselors experience in treating alcoholics and substance abusers and learn to use preventive techniques.

 Develop effective communication skills through listening and understanding the client's world view, feelings, ideas and concepts.

 Develop an awareness and appreciation of Native culture to promote understanding among people of different cultures.

In conclusion, we can see that the deepest roots of our current crisis lie in the pattern of destruction by a chemical — ethanol. Much like the recent oil spill, it is destructive not only to the external environment, but also to our internal development. To solve the crisis we do not need more Western technology. We need a sound foundation from which to begin training counselors to understand the clients.

We know that to recover from any disease requires a desire to get well. Yet one of the striking characteristics of the current situation is the extent to which some of the people have seen an entire way of life threatened beyond repair.

There is no doubt that alcoholism is the most significant and urgent health problem facing Alaska Natives today. Probably no other condition is so detrimental to the quality of Native life.

Because of relatively short exposure to alcohol use, Natives are still uncertain and ambivalent about how to react to the consequences of the disease. This uncertainty is a key point which is relevant to contemporary attitudes.

Alcoholism is still not seen as problematic by many professionals, Native villages or by Natives themselves. Family standards about acceptable and unacceptable drinking practices are still vague and inconsistent.

The younger generation growing up in the current environment receives

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Breaking alcohol's cycle

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mixed messages about appropriateness of drinking. Many Native leaders see alcoholism as a problem for the individual and his family, but not the community.

Slowly, the code of silence is being broken and people themselves are beginning to talk, exploring ways to break the cycle. Some agree on the need to develop policy and procedures to confront the disease of alcoholism by using the strength of their culture.

But, they say we must also look at the powerful influence of authority by government policies to see how this may have contributed to alcoholism. The procedures may help to engage their own authority and customs to empower themselves culturally and spiritually. The movement is born of pain.

This brief overview has not explored the dynamics of change. Village culture has shown considerable persistence and resilience. Retention of land, adverse impacts from development on the environment and wildlife and subsistence are vital concerns.

To find solutions simply by recapturing the essence of ancient experience will require profound wisdom and in-depth creative insight.

As non-medical health professionals, we have been able to improve the status of our lives and are an increasing influence in treating the Native alcoholics and drug addicts. It is our responsibility to continually look for ways to improve the quality of treatment. We hope to accomplish this by developing an environmentally and culturally appropriate training system.

We know the most important force of all in this endeavor is to acknowledge the grassroots individuals. Most of our efforts are directed at the exploration of alternative approaches, including promotion of cultural and spiritual identity, combined with recognition of personal responsibility of the individual's potential for self-bealing.