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Making the Indian: Colonial Knowledge, Alcohol, and Native Americans

GILBERT QUINTERO

This paper focuses on how constructions of Native American drinking serve to reinforce and reproduce colonial images of the Indian.¹ I am not so much concerned with colonialism as “the conquest and direct control of people’s land,”² as much as with a related process: the conquest and control over people’s images of themselves and others. Thus, I will not direct my efforts toward exploring the settlement of alien people in a new environment, but will examine the settlement of alien ideas into areas where they were previously unknown. My basic premise is that most of what we know regarding Native American drinking is a form of colonial knowledge³ that emerges from a process wherein cultural beliefs and practices, biological entities and processes, and social interactions and pathologies are constructed through various institutions, disciplines, and intellectual images. As Bernard Cohn notes, a crucial characteristic of colonial knowledge is that it creates standardized categories and oppositional differences that distinguish the colonizers from the colonized.⁴ In addition, colonial knowledge functions to keep the colonized in a subjugated position relative to the colonizer. It does so primarily by attributing devalued characteristics and features to a specific group of people that is recognized as somehow distinct, usually in racial, cultural, or historical terms. In deliberately highlighting this form of knowledge in this way I am attempting to underscore a disturbing tendency I see in much of the social science and biomedical research on Native American drinking in the hope that future research will not uncritically reinforce and reproduce these existing colonial categories and perceptions of Native American people.

This paper is based on a number of my varied experiences with Native American drinking. These have ranged from anthropological field and library research to living and working in a reservation setting as well as a border town

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near a large reservation in the Southwest. Throughout much of this experience I enacted the role of cultural anthropologist. In other words, I represented, in some sense, the acme of colonial intellectual image-makers. As a result, I raise these issues very self-consciously, recognizing both the practical necessity and irony of using colonial forms of knowledge about alcohol and Native Americans as a means of highlighting colonial forms of knowledge about Indian drinking. My own discourse recapitulates colonial knowledge by emphasizing difference and opposition even as I critique this form of knowledge. Perhaps this is because anthropology and its discourse are so tightly enmeshed with the colonial project that to adopt a non-colonial discourse in this context may be unrealistic.⁵

ALCOHOL AND COLONIAL KNOWLEDGE

Alcohol has been a key component in the colonial project in Native North America in many different ways. It was an important tool used to invade and conquer a social, physical, and cultural space inhabited by Indian people. Most of us are probably aware of how this process was explicitly enacted on the ground, as when traders deliberately plied Indians with alcohol to facilitate exchange, or when colonial officials made it a matter of policy to provide Indians with alcohol as part of larger pogrom and assimilation campaigns.⁶

What may be less obvious is the fact that alcohol is key in the invasion of an intellectual space as well. In fact, colonial knowledge of Native American drinking functions in subtle ways to shade our perceptions of Indian drinking and Native people. This is true because knowledge about Native American drinking constructs and reinforces differences between this group and others on a number of different biological, social, and cultural levels. This derives from the fact that all theories of Indian drinking are colonial forms of knowledge to the extent that: (1) they create, standardize, and make into social facts perceived biological, racial, cultural, and social oppositions between the colonizer (white, Euro-American) and the colonized (red, Native American); (2) they are systematically utilized in specific contexts to disempower the colonized by characterizing Indian people as dysfunctional, pathological, or weak, thereby reinforcing the power of the colonizer; and (3) as a result, these theories have the net effect of continuing the colonial program of dispossession and subordination directed toward Indian people. In short, knowledge about Native American drinking is one of the more prominent vocabularies used to "make" the Indian, a means through which a variety of characteristics, beliefs, behaviors, processes, and syndromes are attributed to, even made inherent to, a particular group of people. In what follows, I outline four major fields wherein colonial knowledge of Native American alcohol use functions to create and circulate specific intellectual images and theories of Indian drinking; theories that function to disempower Native Americans and continue a program of colonial dispossession and subordination. These four fields are: (1) statistics and epidemiology; (2) law and public policy; (3) marketing; and (4) the alcoholism-treatment industry.

EARLY COLONIAL FRAMES OF DRINKING

Indian drinking as a form of colonial knowledge reflects socially patterned ideologies regarding alcohol and its effect on humans. At the same time, it reinforces colonial perceptions and images of the American Indian. Early ideas regarding alcohol and the Native American developed amid widespread social transformations wrought by rapid industrialization, urbanization, and population growth in the United States at the end of the nineteenth century. Alcohol, along with violence and disease, was seen by many commentators as an instrumental device in the fall of the Native American into cultural extinction, an extinction required by the mandates of colonialism, progress, and Manifest Destiny.⁷ To those observers taking a more or less sympathetic view of the Indian as innately stoic, reticent, and measured, alcoholic debauchery could only be the primitive manifestation of corruption and vice introduced into the otherwise balanced world of the “Noble Savage.”⁸ To less generous but equally essentialist commentators, Indian drunkenness was presented as a reflection of the basic faults in character, disposition, and culture that allegedly made up inherent, inalienable aspects of primitive, pagan, Native American peoples.⁹ In either case alcohol use was a key means of constructing Indians within a colonial intellectual space.

CONTEMPORARY COLONIAL KNOWLEDGE

These early ideas, however, were never static; they have changed and developed over time. Immoderation in Indian drinking, originally the sign of a decaying culture, or a culture that was allegedly tarnished and barbarous to begin with, was gradually reframed as a weakness derived from inborn biological factors as notions of problem drinking in the dominant culture shifted.¹⁰ The idea that Native Americans possessed some underlying weakness to alcohol was encapsulated in the “firewater” myth of Indian drinking, which associated ambiguously defined genetic characteristics peculiar to Indians with an inordinate craving for alcohol and exceptional changes for the worse in comportment after drinking.¹¹

In more contemporary times these ideas regarding Indians and alcohol have taken on the language and authority of science.¹² Amid a rapidly developing scientific project where a map of the human genome is a reality and cloning an almost everyday enterprise, the search for a biological marker that might identify those at risk for alcoholism continues unabated. These developments themselves create an atmosphere of inquiry that assumes that genetic research holds the key to explaining at least most forms of pathological drinking¹³ and offers the promise of brighter, healthier lives to come for future generations.

In line with these endeavors, various studies suggest that Native Americans have a special, physiologically based predisposition to alcohol problems, or an alleged biological tie to the disturbing image of the “drunken Indian.”¹⁴ These studies may lend credibility to preexisting sentiments that Indians have an essential inability to control themselves and “hold” their liquor. Other studies suggest significant differences in the metabolism of alco-

hol linked to genetic factors and a neurochemical basis for addiction in American Indian populations.¹⁵ Although a great deal of this evidence is inconclusive¹⁶ and other studies show contrary results,¹⁷ the notion that Native Americans have an innate physical weakness to alcohol remains quite popular.¹⁸

ENACTING COLONIAL KNOWLEDGE

In the face of such persistent and standardized ways of conceptualizing both Indian drinking and Native people, perhaps it is appropriate to ask, Why do our discourses of Indian drinkers set them apart culturally and biologically from other drinkers? How different are Indian drinkers and, to borrow from Gregory Bateson, does this difference really make a difference?¹⁹ Perhaps more importantly, where are these oppositions and distinctions regarding Native American drinking created and played out, and what are some of the implications of this process?

Clearly one of the most extensive and influential fields where this process unfolds is in the arena of statistics and epidemiology. Here a number of studies note that Native Americans experience significant problems associated with heavy drinking. Available indicators quantify the detrimental effect of alcohol in many different ways. Statistics on alcohol-related mortality and morbidity, including motor vehicle accidents, alcoholic cirrhosis, fetal alcohol syndrome, alcohol dependence, and violence associated with alcohol abuse, all provide compelling and sometimes harsh measures of the shape and extent of problem drinking in Indian Country.²⁰ For instance, the Navajo age-adjusted alcoholism mortality rate, one frequently cited measure of alcohol problems, is approximately six times greater than the general United States rate.²¹

Such sharp contrasts, however, are too rarely interpreted with the caution they deserve, in spite of the fact that a small minority of researchers has consistently advocated comparing Native American alcoholic mortality and morbidity rates to those of other groups with similar class and regional backgrounds. When such comparisons are in fact made these rates often do not differ as drastically.²²

While the indicators of pathology surrounding alcohol abuse in Indian Country are made pointedly evident again and again, what is less circulated is the fact that many of the most abusive drinking careers do not end in any substantial physical, psychological, or social sequelae. In fact, amid these indicators of pathology are other less-noted patterns. A substantial proportion of Native Americans abstain from alcohol entirely, for instance, and many of the heaviest abusers stop drinking on their own, without the use of any formal treatment program.²³

A second prominent field in which colonial knowledge is enacted is in the arena of law and public policy. Here Indian drinking has been distinguished from non-Indian drinking through the passage of laws restricting Indian access to alcohol. In 1832 Congress passed legislation banning the sale of alcohol to Indians and today about two-thirds of the reservations in the United States are technically "dry."

One effect of these laws is that they perpetuate the colonial idea that Native drinkers are different from non-Native drinkers and are in need of government regulation since they lack self-control. There are other effects of these laws that tend to reinforce colonial images of Indian drinking; they promote bootlegging and a black market economy around alcohol, promote traveling long distances to secure alcohol from neighboring “wet” off-reservation communities, promote the use of alcohol alternatives in Native communities (e.g., hairspray), and promote binge drinking (both on and off reservation). It is no wonder that one of the more prominent researchers in the area of Native American alcohol use, Phillip May, has argued that prohibition policies can often lead to as much harm as good, a position echoed by Joan Weibel-Orlando.²⁴

Another important field lies within popular culture where the image of the drunken Indian has recently been modified in an aggressive marketing campaign in the United Kingdom by Budweiser. In one ad, smiling Indians imbibe the “genuine article” in a dim bar room. Budweiser enjoyed a 20 percent surge in sales in the year following this campaign, largely attributed to this ad’s impact on younger male drinkers.²⁵ In a similar way the Heileman Brewing Company has chosen to exercise what it sees as its right to commercial free speech through the appropriation of the Lakota holy man Crazy Horse.²⁶ Against the wishes of many Native Americans this company has capitalized on Indian imagery in its sales of beer through the creation of “The Original Crazy Horse Malt Liquor,” a forty-ounce malt liquor targeted at young, minority, male drinkers.

Consideration of alcoholism treatment underscores a fourth field wherein colonial knowledge of Indian drinking is enacted. In fact it is in treatment settings that colonial knowledge regarding Indian drinking is transformed into power when it is institutionalized within a proliferating and increasingly entrenched alcoholism treatment industry. Treatment programs are important sites for study since they provide a context in which colonial models of drinking are generated and communicated through a massive professional apparatus and appropriated for use in local settings. Evidence suggests that many Native Americans in treatment settings apply dominant models to their drinking behaviors and experiences in ways that tend to reinforce colonial imagery.²⁷

This process is most apparent in the “governing image” of alcohol and drinking in American culture, the disease concept of alcoholism.²⁸ Although not uniquely directed toward Native Americans, this concept, with its ill-defined but culturally salient notions of vulnerability, craving, and loss of control, has a peculiar conceptual synergism with folk genetic theories of problem drinking and orders many popular perceptions of Native American alcohol use and reinforces other fields of colonial knowledge.²⁹ The impact of this concept in Indian communities is understudied, but research on the issue suggests that the disease paradigm often has a negative impact on the course and trajectory of drinking problems in Indian communities, provides a perceived “scientifically” legitimated means to reframe traditional Indian drinking behaviors as deviant, influences the conduct of alcohol research and

the interpretation of results in Indian Country, and may be implicated in the bureaucratization of traditional cultural beliefs and practices.³⁰ We should critically evaluate why the disease concept of alcoholism, a dominant category derived from Euro-American culture, is applied to Native Americans. Is the use of this category appropriate in Native American contexts?

Many of the colonial effects of this concept are evident. The available research on this topic suggests that this label influences many Native Americans to adopt the sick role, and the behaviors and expectations associated with it, when they are not sick but instead are drinking in what may be considered culturally prescribed ways. Such individuals are assigned a position within a structural system in which their only function is to be dysfunctional; they are labeled “alcoholic” and placed into expensive treatment programs where they learn to internalize this label. As a consequence, many now see themselves as pathological, dysfunctional individuals in need of some type of treatment.³¹ This state of affairs is unlikely to change since the disease concept serves to legitimize and maintain an economically important substance abuse treatment industry on reservations whose very existence is predicated on the prevailing dominance of this idea.³² We have institutionalized a concept that requires Indians to be sick with a chronic condition that cannot be cured but only treated. In this way, alcohol treatment in Navajo society intersects with a complex network of issues connected to medicalization, the designation of deviance, the construction of social problems, and social labeling.

In many ways these effects are no different from those potentially experienced by a person of any racial or ethnic background that participates in such programs. What is different is the historical, political, economic, and colonial context within which Native Americans experience these processes and their aftereffects. This may be one of the most insidious aspects of colonial models of alcohol and Indian drinking. These models too often make the Indian into a passive victim of drinking, Manifest Destiny, and “progress.” What’s more, these concepts influence the images Native Americans have of themselves. Colonial knowledge of Indian drinking has apparently persuaded many Native people to adopt images of themselves that in many ways maintain their colonial status, a point I will expand on below. Whether speaking in terms of genetic predisposition or cultural deprivation these images place Native people into a colonial epistemology since Indian drinking is constantly defined either tacitly or explicitly in opposition to non-Indian drinking.

Colonial knowledge of Indian drinking, embodied in the treatment industry, also provides a setting for the standardization of Native American cultures. Colonialism has served to standardize Indian people in a number of different ways, ranging from the creation of tribal governments, the circulation and promotion of generic terms such as *Native American* and *American Indian*, the imposition of a mixed-wage work-welfare economy, educational practices, blood-quantum requirements, and language, not to mention popular images of the Indian. Perceived motivations and explanations for Indian alcohol use, particularly cultural deprivation and genetic disposition theories, have also been a productive means for standardizing Indians.

The alcohol treatment industry homogenizes and standardizes Indian people in a slightly different way. Here, it is worth noting that the treatment industry itself emerged out of a relationship between Indian tribes, themselves bureaucratic, colonial creations, and the federal government.³³ During the developmental phase of these programs, culture, in the form of cultural deprivation or acculturation theories, was seen as the root of problem drinking in Indian communities and, as a result, was seen as a necessary part of the solution. Whatever the explicit intentions of these programs and their initiators may have been, one result of this process was that bureaucratic agencies became partly responsible, through their recognition, program development, and financial support, for promoting the use of cultural therapies in the treatment of alcohol problems. Anthropologists have typically been willing and vocal advocates of such developments with insufficient attention given to the efficacy of such programs, much less their social and cultural side effects.³⁴

One outcome of this is that both federal and tribal governments now have a role in subsidizing and promoting what they recognize as traditional healing and culture. As a result, a Navajo client of an alcoholism treatment program in the Indian Health Service, for example, can select from a menu of traditional treatments including traditional group counseling, traditional medicine, the sweat lodge, Native American treatment, and various other cultural discussions and activities.³⁵ Other culturally based treatment programs, housed within the Navajo tribal government's Department of Behavioral Health, include teaching modules on aspects of traditional Navajo culture and language. These programs illustrate the extent to which traditional aspects of culture are being thoroughly enmeshed within colonial bureaucracies.³⁶

I am not arguing here that some Native Americans do not find institutionalized forms of treatment, "traditional" or otherwise, empowering or spiritually satisfying, or that such treatments are not talked about by individuals as being important components to positive changes they undergo in their drinking behaviors and in their efforts to gain a more productive life. This may be true and traditional treatments are considered valid.³⁷ Ultimately, however, both the individual and overall efficacy of these treatments, whether approached from a qualitative or quantitative stance, is arguable.

Instead, what I wish to underscore is that a non-Navajo, colonial institution plays a major part in promulgating and supporting what is and is not traditional Navajo culture. What are the effects of this relationship? Do these institutions and bureaucracies, through their standardization and creation of oppositional categories, make "traditional" culture into a form of colonial knowledge, yet another means of standardizing oppositions between the colonizer and the colonized? Are traditional cultures fundamentally, perhaps even irrecoverably, changed as a result of these relationships?³⁸ Is alcohol altering these cultures on a level that we have yet to recognize fully?

As noted earlier, colonial knowledge of Indian drinking also shapes Indian understandings of themselves and their relationship to alcohol on both individual and collective levels. Among the Navajo, for instance, it is clear that alcoholism treatment programs and the models of drinking they circulate have had a significant, if not always immediately obvious, impact on

Navajo conceptions and evaluations of alcohol and drinking behaviors. In addition, these programs also have the net effect of shaping Navajo conceptions of themselves both as individuals (“I am an alcoholic”) and as a collective (“Native Americans inevitably drink. They cannot avoid it”).

This aspect of colonial knowledge is also revealed in narratives concerning the degenerative effects of alcohol on Indian culture. Alcohol has been a crucial means of occupying an epistemological space where Indian people use colonial knowledge to think and talk about themselves. It is important to note that in the case of Indians and alcohol, colonial knowledge is not only a frame used to construct oppositions between the colonizers and the colonized, but is also a tool for emphasizing important social differences among the colonized. This is the case because colonial knowledge of alcohol and Indians extends to ideas about traditionalism and modernity by linking drinking to a rift between traditional culture and the modern world.

This process is most apparent in what I term *narratives of degeneration*. In offering commentaries about the effect of alcohol and drinking on traditional society and culture many Native people emphasize the themes of nostalgia and degeneration. Consider the following statement, offered by a middle-aged Native American man:

Alcohol abuse is a serious problem on the reservation. I know this from my own personal experience with alcohol and what it has done to me. They should make it illegal for Indian people. It is destroying us. The people in my grandparents' day lived longer since they didn't use alcohol. Today it's making our life short. My grandmother lived to be 115 years old and my grandfather lived to be 95. People don't live that long today because they don't follow the good life. For this next generation of young people the problem will be worse. These youngsters are even drinking hairspray today.³⁹

These narratives and moral commentaries on alcohol point to a set of inter-related meanings that link together social history, cultural identity, and morality, and in so doing reveal a rift between cultural ideology and social practice. Degeneration narratives linked to drinking reference a moral plane where the “good road” or “traditional way” of life is juxtaposed to the “bad life” of “the alcohol road.” In this way, the discourse on alcohol provides entry into a mode of consciousness linked to collective frames of identity, meaning, and value in contemporary American Indian societies. Narratives of degeneration situate alcohol in a way that emphasizes traditional values while at the same time constructing, through discourse, an imagined history and a collective presence. Alcohol and drinking provide an idiom to frame an idealized past, a disheartening present, and an apprehensive future through the juxtaposition of good and bad ways of life.

I suggest that in these accounts of degeneration and pathology we have an indication of how colonial knowledge of Indian drinking helps facilitate the emergence of representations of individual and collective identities. The process of cultural degeneration indexed in these narratives is part of a much

larger process whereby distinctive indigenous cultural groups are increasingly homogenized into a pan-Indian category of reference and identity. On a basic level the degenerative effects of alcohol are often represented as being a scourge upon all Native people. Colonial knowledge of Indian drinking has historically been, and continues to be, a key ingredient in this process. The use of alcohol by Native Americans and the representations and meanings attached to these use patterns over time have been one prominent means of making Native Americans distinct from other social groups throughout history. Thus, alcohol use and abuse may be viewed as part of a larger “single tradition” that unites all Native Americans.⁴⁰

But the rejection of drinking as an essentially non-traditional or non-Indian practice also reiterates sentiments with a long tradition in Native North American groups. Anthropologists and other commentators have noted the consistent use of alcohol as a means to assert an authentic Indian identity in relation to the White Man. This is most evident in the context of revitalization movements where temperance served as a key component to a moral code that sought, through ideological solutions, to maintain disintegrating cultures in the face of drastic change and assimilation.⁴¹

CONCLUSION

Colonial knowledge of Native American drinking, a form of thinking and representation that helps create and make real standardized categories and oppositional differences that distinguish the colonizers from the colonized, is a key ingredient in constructing cultural and intellectual images of Native people. This form of knowledge is created and maintained in a number of different arenas, ranging from treatment facilities, uncritical epidemiological reports, social science accounts, and popular culture. This form of knowledge has the effect of disempowering the colonized by characterizing Indian people as pathological. In doing so, this information serves to reinforce the power of the colonizer. As a result, colonial knowledge has the net effect of continuing the colonial program of dispossession and subordination directed toward Indian people on an intellectual and ideological level.

Consideration of these aspects of colonial knowledge invites us to contemplate how ideas about the physical and social effects of alcohol might influence our thinking about Indians. Furthermore, reflection on colonial knowledge invites us to consider how our ideas about Indians have influenced our thinking about alcohol. What are some of the social results of these ways of thinking? And how are these categories and concepts being cycled back into Native cultures, influencing what Indian people think about themselves on both individual and collective levels?

In this context it is worth noting that one of the primary goals of colonization, if it is to be successful from the colonial point of view, is that Natives learn to accept colonial categories and ways of thinking. Colonialism is most all-encompassing when Natives adopt and enact these categories and accept them as real to the point where they see themselves and argue about who they are and where they have been in terms of these categories. It is most complete

when Natives speak using the categories that colonial institutions require. We all, Native and non-Native, are susceptible to using categories to think and talk about groups of people like Native Americans. In the process we lock our thoughts about people and alcohol into place.⁴²

One of the most prominent indicators of the extent and depth of colonial knowledge of alcohol and Indians is the glaring lack of a counter-discourse that would subvert, or at least seriously call into question, the dominance of these ideas. Many commentators on colonialism have noted that colonial ideologies are never complete. There are always areas of resistance and counter discourse.⁴³ But where is the counter discourse on Indians and alcohol, a discourse that does not coincide with colonial knowledge of Indian drinking? Do we find it in revitalization movements that unequivocally reject alcohol? Or is it found in the actions of those Indians whose drinking and public drunkenness rub against middle class sensibilities to the point where alcohol abuse may be considered an act of resistance, a protest demonstration that provides a direct affront to the colonizer?⁴⁴ In the end, these discourses serve to reinforce the dominant intellectual idea that Indians have an inherent weakness toward alcohol. Perhaps, instead, the counter discourse is found in the actions of those Indians who have “aged out” of problem drinking, without recourse to formal treatment programs, and become more involved in the lives of their families and communities.⁴⁵

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NOTES

1. I intentionally use the term *Indian* to emphasize the colonial roots of the processes I describe here. Colonial knowledge of drinking too often homogenizes and essentializes Native American people just as the use of this term does.

2. Patrick Williams and Laura Chrisman, eds., *Colonial Discourse and Post Colonial Theory* (New York: Columbia University Press, 1994), 2. Other seminal works in this area include: B. Ashcroft, G. Griffiths, and H. Tiffin, *The Empire Writes Back: Theory and Practice in Postcolonial Literature* (London: Routledge, 1989); B. Ashcroft, G. Griffiths, and H. Tiffin, eds., *The Post-colonial Studies Reader* (London: Routledge, 1995); E. W. Said, *Culture and Imperialism* (London: Vintage, 1993); E. W. Said, “Representing the Colonized: Anthropology’s Interlocutors,” *Critical Inquiry* 15 (1989): 205–225; Hommi Bhabha, *The Location of Culture* (New York: Routledge, 1994).

3. Bernard Cohn, *Colonialism and Its Forms of Knowledge: The British in India* (Princeton: Princeton University Press, 1996).

4. Cohn, *Colonialism and Its Forms of Knowledge*.

5. The intricate relationship between anthropology and colonialism lies beyond the scope and purpose of this article. In addition to Cohn, *Colonialism and Its Forms of Knowledge*, other seminal anthropological analyses of colonialism include: Peter Pels,

"The Anthropology of Colonialism," *Annual Review of Anthropology* 26 (1997): 163–183; Jean Comaroff, *Body of Power, Spirit of Resistance* (Chicago: The University of Chicago Press, 1985); T. Asad, ed., *Anthropology and the Colonial Encounter* (London: Ithaca Press, 1973); N. B. Dirks, *Colonialism and Culture* (Ann Arbor: University of Michigan Press, 1992); J. Fabian, *Language and Colonial Power* (Cambridge: Cambridge University Press, 1986); and G. W. Stocking, ed., *Colonial Situations* (Madison: University of Wisconsin Press, 1991).

6. See William B. Griffen, *Utmost Good Faith: Patterns of Apache-Mexican Hostilities in Northern Chihuahua Border Warfare, 1821–1848* (Albuquerque: University of New Mexico Press, 1988); Peter C. Mancall, *Deadly Medicine: Indians and Alcohol in Early America* (Ithaca: Cornell University Press, 1995); and W. E. Unrau, *White Man's Wicked Water: The Alcohol Trade and Prohibition in Indian Country, 1802–1892* (Lawrence: University of Kansas Press, 1996).

7. See Richard Drinnon, *Facing West: The Metaphysics of Indian Hating and Empire Building* (Minneapolis: University of Minnesota, 1980); Robert F. Berkhofer Jr., *The White Man's Indian* (New York: Vintage), 71–111; William MacLeod, *The American Indian Frontier* (London: Dawsons, 1968); Roy Pearce, *Savagism and Civilization* (Berkeley: University of California Press, 1988).

8. See Gary C. Stein, "A Fearful Drunkenness: The Liquor to the Western Indians As Seen by European Travelers in America, 1800–1860," *Red River Valley Historical Review* 1 (1974): 109–121.

9. Stein, *A Fearful Drunkenness*. See also Lewis O. Saum, *The Fur Trader and the Indian* (Seattle: University of Washington Press, 1965), 201–225. A. M. Winkler, "Drinking on the American Frontier," *Quarterly Journal of Studies on Alcohol* 29 (1968): 413–445.

10. Mancall, *Deadly Medicine*.

11. Cf. Joy Leland, *Firewater Myths* (New Brunswick: Rutgers Center of Alcohol Studies, 1976).

12. See, for example, Lynn J. Bennion and Ting-Kai Li, "Alcohol Metabolism in American Indians and Whites," *The New England Journal of Medicine* 294 (1976): 9–13; and D. Fenna, L. Mix, O. Schaefer, and J. A. L. Gilbert, "Ethanol Metabolism in Various Racial Groups," *Canadian Medical Association Journal* 105 (1971): 472–475.

13. See Eric J. Devor and Robert Cloninger, "Genetics of Alcoholism," *Annual Review of Genetics* 23 (1989): 19–36; Gilbert S. Omenn, "Genetic Investigations of Alcohol Metabolism and of Alcoholism," *American Journal of Human Genetics* 43 (1988): 579–581; John S. Searles, "The Role of Genetics in the Pathogenesis of Alcoholism," *Journal of Abnormal Psychology* 97 (1988): 153–167; Philip Kitcher, *The Lives to Come: The Genetic Revolution and Human Possibilities* (New York: Simon and Schuster, 1996).

14. See D. P. Agarwal and H. W. Goedde, *Alcohol Metabolism, Alcohol Intolerance and Alcoholism* (New York: Springer-Verlag, 1990); J. J. Farris and B. M. Jones, "Ethanol Metabolism in Male American Indians and Whites," *Alcoholism Clinical and Experimental Research* 2 (1978): 77–81; H. W. Goedde and D. P. Agarwal, eds., *Genetics and Alcoholism* (New York: Alan R. Liss., 1987); J. C. Long, W. C. Knowler, R. L. Hanson et al., "Evidence for genetic linkage to alcohol dependence on chromosomes 4 and 11 from an autosomewide scan in an American Indian population," *American Journal of Medical Genetics* 81 (1998): 216–221; T. L. Wall, C. Garcia-Andrade, H. R. Thomasson, M. Cole, C. L. Ehlers, "Alcohol Elimination in Native American Mission Indians: An

Investigation of Interindividual Variation," *Alcohol Clinical and Experimental Research* 20 (1996): 1159–1164; Donald Goodwin, *Is Alcoholism Hereditary?* (New York: Oxford University, 1976); T. E. Reed, "Racial Comparisons of Alcohol Metabolism: Background, Problems, and Results," *Alcoholism Clinical and Experimental Research* 2 (1978): 83–87. The optimism regarding the utility of genetic research in determining the etiology of certain conditions extends into research on Indian drinking as well. In a review of Native American health problems, Young (T. K. Young, *The Health of Native Americans: Toward a Biocultural Epidemiology* [New York: Oxford University Press, 1994], 211) notes that while genetic clues to Indian drinking remain elusive, they will eventually turn up more solid evidence and must not be abandoned. Genetic markers remain an ideological golden fleece of promise for both an explanation of problem drinking and successful treatment and prevention.

15. See, for example, D. W. Goodwin, F. Schulsinger, L. Hermansen, S. B. Guze, and G. Winokur, "Alcohol Problems in Adoptees Raised Apart From Alcoholic Biological Parents," *Archives of General Psychiatry* 28 (1973): 238–243.

16. R. M. Murray, C. Clifford, H. Burling, A. Tophan, A. Clow, and M. Bernadt, "Current Genetic and Biological Approaches to Alcoholism," *Psychiatric Development* 2 (1983): 179–192.

17. Bennion and Li, "Alcohol Metabolism in American Indians and Whites." For a germinal argument against biological determinism see Craig MacAndrew and Robert B. Edgerton, *Drunken Compartment: A Social Explanation* (Chicago: Aldine Publishing, 1969).

18. See Leland, *Firewater Myths*; Phillip A. May, "The Epidemiology of Alcohol Abuse among American Indians: The Mythical and Real Properties," *American Indian Culture and Research Journal* 18 (1994): 121–143; Philip A. May and Matthew B. Smith, "Some Navajo Indian Opinions About Alcohol Abuse and Prohibition: A Survey and Recommendations for Policy," *Journal of Studies on Alcohol* 49 (1988): 324–334; Young, *The Health of Native Americans*, 211. The ease with which social categories are conflated with biological ones is attested to by the fact that the biological conclusions reached in these studies are themselves based on social classifications. Individuals under study are not categorized into racial or ethnic groups by some scientific standard (e.g., through comparison to a genetic map of that particular, or any other, population) but are classified (by themselves and/or researchers) according to social conventions.

19. Gregory Bateson, *Steps to an Ecology of Mind* (New York: Ballantine Books, 1972).

20. See Margaret Gallaher, David W. Fleming, Lawrence R. Berger, and C. M. Sewell, "Pedestrian and Hypothermia Deaths Among Native Americans in New Mexico," *Journal of the American Medical Association* 267 (1992): 1345–1348; Sixten S. R. Haraldson, "Health and Health Services among the Navajo Indians," *Journal of Community Health* 13 (1988): 129–142; Indian Health Service, *Regional Differences in Indian Health* (Rockville, Maryland: Public Health Service, 1993); P. S. Katz and P. A. May, *Motor Vehicle Accidents on the Navajo Reservation, 1973–1975* (Window Rock, AZ: Navajo Health Authority, 1979); Roland J. Lamarine, "Alcohol Abuse Among Native Americans," *Journal of Community Health* 13 (1988): 143–155; P. A. May, K. J. Hymbaugh, J. M. Aase, and J. M. Samet, "Epidemiology of Fetal Alcohol Syndrome among American Indians of the Southwest," *Social Biology* 30 (1983): 374–387; Navajo Area Indian Health Service, *Alcohol-Related Mortality/Morbidity and Violence* (Window

Rock, Arizona: Office of Program Planning and Development, 1990); Navajo Nation Department of Highway Safety, *1995 Statistical Review* (Window Rock, Arizona: Navajo Nation, 1996).

21. Sixten S. R Haraldson, "Health and Health Services Among the Navajo Indians," *Journal of Community Health* 13 (1988): 129-142.

22. Cf. Stephen J. Kunitz and Jerrold E. Levy, *Drinking Careers* (New Haven: Yale University Press, 1994), 168-191; May, *The Epidemiology of Alcohol Abuse among American Indians*.

23. May and Smith, *Some Navajo Indian Opinions about Alcohol Abuse and Prohibition*, 326, note that 48 percent of those surveyed in an alcohol study on the Navajo Reservation indicated that they were currently abstainers. Jerrold E. Levy and Stephen J. Kunitz, *Indian Drinking: Navajo Practices and Anglo-American Theories* (New York: Wiley, 1974), 136, report lifelong abstinence rates ranging from 23 to 46 percent. See also Theresa D. O'Neil and Christina M. Mitchell, "Alcohol Use among American Indian Adolescents: The Role of Culture in Pathological Drinking," *Social Science and Medicine* 42 (1996): 565-578; James H. Shore and Spero Manson, "American Indian Psychiatric and Social Problems," *Transcultural Psychiatric Review* 20 (1983): 159-180.

24. Phillip A. May, "Alcohol policy considerations for Indian reservations and bordertown communities," *American Indian and Alaska Native Mental Health Research* 4 (1992): 5-59; Joan Weibel-Orlando, "American Indians and Prohibition: Effect or Affect? Views From the Reservation and the City," *Contemporary Drug Problems* 17 (1990): 293-322.

25. Richard Estrada, "When is a Person a Popsicle?" *Los Angeles Times*, July 21, 1996, M5; Tara Parker-Pope, "British Budweiser Ads Rankle American Indians," *Wall Street Journal*, July 1996, B1.

26. Michael A. Fletcher, "Crazy Horse Again Sounds Battle Cry: Indians Say Namesake Brew Adds to Cultural Insults Everywhere From Sports to Road Maps," *Washington Post*, Tuesday, February 18, 1997, A03.

27. May and Smith, *Some Navajo Indian Opinions about Alcohol Abuse and Prohibition*, report that almost two-thirds of the Navajos interviewed at an Indian Health Service facility agreed with the model of an inherent Indian physical weakness to alcohol. Jerrold Levy, "The Effects of Labeling on Health Behavior and Treatment Programs Among North American Indians," *Behavioral Health Issues Among American Indian and Alaska Natives* 1 (1988): 211-243, offers a similar observation in his discussion of "cross-cultural labeling"—an occurrence arising when health practitioners misinterpret local phenomena and give them a label and course of treatment that typically results in even more difficulties. This form of medicalization recasts the American Indian, who was formerly seen as socially or culturally maladapted, as being "sick."

28. Robin Room, "Sociological Aspects of the Disease Concept of Alcoholism," in *Research Advances in Alcohol and Drug Problems*, vol. 7, eds. R. G. Smart, F. B. Glaser, Y. Israel, H. Kalant, R. E. Popham, and W. Schmidt (New York: Plenum Press, 1983), 47-91.

29. See Room, *Sociological Aspects of the Disease Concept of Alcoholism*; E. M. Jellinek, *The Disease Concept of Alcoholism* (New Haven: College and University Press, 1960); Howard Stein, "Alcoholism as Metaphor in American Culture: Ritual Desecration As Social Integration," *Ethos* 13 (1985): 195-235.

30. Levy, *The Effects of Labeling on Health Behavior and Treatment Programs among North American Indians*; Jerrold E. Levy and Stephen J. Kunitz, "Economic and Political

Factors Inhibiting the Use of Basic Research Findings in Indian Alcoholism Programs,” *Journal of Studies on Alcohol Supplement No. 9* (1981): 60–72; Stephen J. Kunitz and Jerrold E. Levy, “Changing Ideas of Alcohol Use Among the Navaho Indians,” *Quarterly Journal of Studies on Alcohol* 35 (1974): 243–259; Kunitz and Levy, *Drinking Careers*, 207–208.

31. Levy, “The Effects of Labeling on Health Behavior and Treatment Programs among North American Indians,” 227. See also O’Neill and Mitchell, “Alcohol Use among American Indian Adolescents.”

32. Levy and Kunitz, *Economic and Political Factors Inhibiting the Use of Basic Research Findings in Indian Alcoholism Programs*.

33. One influential analyst concludes that the federal government itself developed, in part, out of a need among Euro-Americans to conquer, administer, and assimilate Indian people. See Richard White, *It’s Your Misfortune and None My Own: A History of the American West* (Norman: University of Oklahoma Press, 1991).

34. Cf. Joan Weibel-Orlando, “Hooked on Healing: Anthropologists, Alcohol, and Intervention,” *Human Organization* 48 (1989): 148–155.

35. See Kunitz and Levy, *Drinking Careers*, 202.

36. It is both important and instructive to note that even though traditional treatments in institutionalized settings may be considered valid by some, in the Navajo case the data available suggests that most drinkers do not utilize traditional programs within these institutionalized bureaucratic contexts and many even resent the use of tradition in these settings (Kunitz and Levy, *Drinking Careers*, 208).

37. See Maggie Brady, “Culture in Treatment, Culture as Treatment: A Critical Appraisal of Developments in Addictions Programs for Indigenous North Americans and Australians,” *Social Science and Medicine* 41 (1995): 1487–1498; and Patrick J. Abbott, “Traditional and Western Healing Practices for Alcoholism in American Indians and Alaska Natives,” *Substance Use and Misuse* 33 (1998): 2605–2646.

38. This is taking place in a wider sociocultural context where Navajo oral tradition is being increasingly incorporated and codified into a written Western tradition. One result of this process is that multiple oral variants of Navajo myths and philosophy are being standardized into single written accounts that are being considered more and more definitive. See Jerrold E. Levy, *In The Beginning: The Navajo Genesis*, (Berkeley: University of California Press, 1998), 230–231. Other commentators have noted that Navajo thought and philosophy, a system of ideas that has been responsive to significant change—that in fact predicates continued existence on the capacity to incorporate new elements and situate them into a preexisting social and cultural matrix—is becoming a less flexible and inclusive system and a more categorical and exclusive system. See John Farella, foreword to *The Night Chant* by Washington Matthews (Salt Lake City: University of Utah, 1995), xxvi–xlvi; Rik Pinxten and Claire K. Farrer, “On Learning a Comparative View,” *Cultural Dynamics* 3 (1990): 233–251.

39. See Gilbert Quintero, “Nostalgia and Degeneration: The Moral Economy of Drinking in Navajo Society,” *Medical Anthropology Quarterly*, forthcoming 2002.

40. See Michael A. Dorris, “The Grass Still Grows, the Rivers Still Flow: Contemporary Native Americans,” *Daedalus* 110 (1981): 43–69; John Trudell, “Alcohol and Native Peoples,” *Akwesane Notes* 7 (1975): 38–39.

41. See Joseph G. Jorgensen, *The Sun Dance Religion: Power for the Powerless* (Chicago: University of Chicago Press, 1972); Omer C. Stewart, *Peyote Religion: A History*

(Norman: University of Oklahoma Press, 1987); Anthony Wallace, *The Death and Rebirth of the Seneca* (New York, Alfred A. Knopf, 1970).

42. Of course, anthropology and history, by their very nature, are disciplines dedicated to locking people into place and time. See Bernard S. Cohn, *An Anthropologist among the Historians and Other Essays* (Delhi: Oxford University Press, 1987).

43. See, for instance, Jean Comaroff, *Body of Power, Spirit of Resistance* (Chicago: University of Chicago Press, 1985); Michel Foucault, *Power/Knowledge* (New York: Pantheon Books, 1980); Marshall Sahlins, *Islands of History* (Chicago: University of Chicago Press, 1985).

44. An argument made in Nancy O. Lurie, "The World's Oldest On-Going Protest Demonstration: North American Indian Drinking Patterns," *Pacific Historical Review* 40 (1971): 311–332.

45. A position explored further in Gilbert Quintero, "'The Lizard in the Green Bottle': 'Aging Out' of Problem Drinking among Navajo Men," *Social Science and Medicine* 51 (2000): 1031–1045. See also Paul Spicer, "Culture and the Restoration of Self among Former American Indian Drinkers," *Social Science and Medicine* 53 (2001): 227–240.