

ALCOHOLISM AND SUICIDE AMONG YOUNG AMERICAN INDIANS

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1. Introduction

Alcoholism is the number one drug problem and is considered the fourth-ranking health problem in America today. The incidence of alcoholism among American Indians is said to be as high as 10 to 25 times greater than that for the non-Indian population thus making it one of the largest problems facing the American Indians¹⁾. Since Indians had no contact with alcohol in beverages until recent times, they did not develop cultural means for dealing with its problems; thus their lack of ways to control drinking made them easy victims of alcohol²⁾. Large amounts of alcohol appear to produce feelings of despondency, self-hatred, fear, and violence. This may be one reason why half the people of all races who commit suicide and a third of those who lose their lives in murders have had significant amounts of alcohol in their bloodstreams at autopsy²⁾.

The purpose of this paper will be to examine the relationship between alcoholism and suicide among young American Indians.

2. Health and Population Statistics of American Indians

There were 827,091 American Indians and Alaskan natives in the United States in 1970. However, the term "Indian" is intended to encompass both American Indians and Alaskan natives. Indian people differ from many other minority groups in that they often maintain strong tribal ties and identities. There are 467 recognized Indian tribes and bands in the United States, with populations varying from less than 100 to 130,000 (Navajo). A quarter of a century ago the Indian population dwindled dramatically, but today it is increasing at $3\frac{1}{2}$ times the rate of the general population³⁾. In 1970, the 10 states with the highest Indian population were, in descending order; Oklahoma (97,731), Arizona (95,812), California (91,018), New Mexico (72,788), Alaska (51,528),

North Carolina (43,487), Washington (33,386), South Dakota (32,365), New York (28,330), and Montana (27,130). The total Indian populations in these 10 states was 573,575, which represented 70 percent of the nation's total Indian population.

Federal health services for American Indians began during the early part of the 19th century but health conditions among American Indians, in the main, are now estimated to be 20 to 25 years behind those of the general population. Although many of the Indians' basic health conditions have begun to show some improvement, due in large measure to services by various governmental agencies, the mental health problems remain severe and appear to be increasing. Related to these emotional difficulties, or the manifestation thereof, is an increase in deaths primarily due to suicide, homicide, and accidental causes³¹. The number of deaths directly related to alcoholism has also increased.

3. The Problem of Alcoholism

The increasing severity of the problem of alcoholism and emotional disturbance among young Indians is apparent. Among the 15-17 year age group, 50 percent in one central plains reservation said they drank alcohol. Sixty percent of the boys and 40 percent of the girls were drinkers of alcohol. This behavior started early, between the ages of 9 and 17, with the average age being 15.5 years. Of those under 17 years of age, 88 percent stated that most of their friends drank alcohol. Thirty-one percent of the total sample were abstainers. Forty-five percent drank alcohol less often than three times per week and 24 percent drank alcohol more than three times per week. Evidence indicated that both sexes from this generation, particularly women, drank more alcohol than the previous one³¹.

In three Indian boarding schools in Nevada, California and Arizona and concerning freshman males, encompassing a wide range of tribes, it was found that the most common violations for these youths involved alcohol. Out of over 4,000 violations during the three years encompassed by the study, 64 percent of the violations involved the use of alcohol⁴¹.

Medocino State Hospital in Talmage, California has a residential treatment program for Indian alcoholics. They found that their 65 patients became alcoholics about five years younger than white alcoholics: average first drink, 13 years of age; first drunk, 14.

5 years of age; first "blackouts" 25.1 years of age; first "shakes" 29.1 years of age²⁾. "Drinking is clearly pervasive and it is most prevalent among young Indians in the 25 to 44 year age range"³⁾. One must generalize with caution, persistent drinking patterns seen relatively consistent. While male drinkers ordinarily outnumber female drinkers by at least 3 to 1, most youths of both sexes have tried alcohol and may be regular drinkers by the age of 15. After the age of 40, there appears to be some decline in alcohol consumption, although in many instances damage has already occurred.

4 . Alcoholism and Suicide

Social factors contributing to alcoholism and suicide consist of cultural identity conflicts, loss of tradition and heritage, prejudice and discrimination. Movement away from spiritual interests, and peer group pressures among adolescents. Political factors include government paternalism and suppression by a dominant society. Such factors inhibit Indian self-expression, decision-making, and the control of individual destiny. Situational factors are contained for the most part in those aspects of the suicide profile noted previously. Time and frequency spent in boarding schools and disrupted family units are particularly relevant but it is the educational environment which plays the major role in the frequency suicide and alcoholism among young Indians. For instance, blocked educational opportunities; lack of exposure to extracurricular activities such as sports and interest groups; older non-Indian teachers lacking interest and innovation; little change in curriculum over time; students coming from far distances separated from friends and relatives; and restriction of freedom ... all contribute to the suicide and alcoholism problem among young Indians at boarding schools⁵⁾.

Implicit in the origin of Indian boarding schools was a desire to patronize and control. In the early years efforts were directed toward eliminating the Indian cultures, whose mere existence was a painful reminder of embarrassing incidents in American history. Regardless of the motivation, children were forbidden the privilege of speaking their native language. Tribal traditions were ignored and downgraded, leaving the Indian child with little dignity and eroding his pride in his heritage. Some of the stressful situations that the Indian student faces include being Indian in a school based on the white man's culture and living away from home, family, friends, and traditions⁶⁾. "Boarding schools and long separations from family are commonplace"⁵⁾.

There are as many as 30 different tribes represented in one boarding school. The differences in language, culture, philosophy, and traditions among the various tribes are ignored. Group rivalries and retaliation still exist and they receive little recognition by the school staff.⁶⁾

Academically, the Indian child can look forward to little more than a fifth-grade education; he and 95 percent of his classmates will probably drop out before high school⁵⁾. Fifty-two percent of all Indian students who attended Southern State Teachers College in South Dakota dropped out in the first three quarters of college⁶⁾.

"His self-image reflects this, if indeed, it is not the cause of his failure. More than any other group, Indian children believe themselves to be of below-average intelligence. Of course, this relatively low academic achievement is not because Indian children are less intelligent than white children. Several studies based on intelligence tests which do not require reading ability show Indian children to be at or slightly above the level of white children."⁷⁾

Because of the poor quality of his education and the likelihood that he will drop out of school early, the Indian has few marketable vocational and professional skills. The unemployment rate for this group may be as high as 90 percent. The average family income for the American Indian is frequently under \$2,000 a year. Ninety percent of the housing available to him is substandard. Furthermore, he can anticipate that he and his family will have major problems with suicide, alcohol, crime and drugs⁵⁾.

5. The Suicide rate among American Indians

For two decades suicide has ranked approximately 10th among the leading causes of death for all persons in the United States and it is the third primary cause of death among adults 15 to 24 years of age. The American Indian population has a suicide rate about twice the national average of 11 per 100,000. For some reservations, however, it grossly exceeds that figure, ranging from five to ten times the national average, especially among younger age groups. There has been a noticeable increase in suicide among Indians, especially in the younger age groups. Homicide and accident statistics also reveal particularly high death rates among various Indian groups²⁾.

Statistics regarding suicide among Indians reveal that 70 percent of all attempts are made by Indian females and 70 percent of all deaths resulting from suicide occur among Indian males. Three times as many females attempt suicide as males, and among those who commit suicide, men exceed women three to one, which is similar to that found in

Alcoholism and suicide among young American Indians

Table 1. Age specific suicide death rates* per 100,000 population for Indian and non-Indian groups (CY 1968)

Age at death	Indian and Alaskan Native	U.S. all races	U.S. white	U.S. nonwhite	Ratio of Indian to U.S. all races	Ratio of Indian to U.S. nonwhite
All Ages	16.3	10.7	11.5	4.8	1.5	3.4
5-14	1.8	0.3	0.3	0.1	6.0	18.0
15-24	35.0	7.1	7.3	5.6	4.9	6.3
25-34	39.2	12.1	12.3	10.0	3.2	3.9
35-44	20.1	16.2	17.2	8.2	1.2	2.5
45-54	12.3	19.6	20.9	7.7	0.6	1.6
55-64	13.8	21.8	23.2	7.4	0.6	1.9
65	13.5	20.8	22.2	6.5	0.6	1.2

*Average--1969 and 1971.

Adapted from data supplied by the Indian Health Service, U. S. Department of Health, Education, and Welfare.

the general population. Female suicide attempts are more often associated with depression, whereas male suicides appear to be related to alcoholism. Seventy-five to 80 percent of all suicides among Indians are alcohol-related, a rate which exceeds that of the general population two or three times over³¹. While females usually use less violent methods of selfdestruction such as drugs, males tend to choose more violent methods such as hanging or shooting. Although difficult to estimate the number of suicide attempts that are not reported, it is estimated to be as much as 40 to 50 times the reported number of actual committed cases. On the Cheyenne River Reservation in one year 87 percent of the attempters were between the ages of 15 and 21. Seventy-seven percent were girls³¹.

6. The Indians Crisis

Shall I live in the white man's world or in the world of the Indian? That is a question every young Indian asks himself, and finding the answer is a far more complex problem than it might appear to be on the surface. Many Indians are isolated, present-day transportation facilities notwithstanding. Some live in or near communities on the reservation or surrounding rural areas. Although others live near cities, they

seldom participate in the economic and political affairs of their communities³¹.

There is essentially no industry on the Cheyenne River Reservation, and the same situation exists on many other reservations. Most of the Indians' jobs are ephemeral or seasonal, and there is little work during the winter months. Thus the Indian is forced to leave the reservation to search for a job or to accept low-paying jobs at home or welfare. By remaining on the reservation, he is likely to become trapped in an insidious net of dependency which denies him the pride and satisfaction of self-reliance. Many of these problems are central to Indians in every tribe, not merely those from the Cheyenne River Reservation. If the Indian chooses to leave the reservation, he gives up the psychological security of known surroundings for an unfamiliar world for which he is totally unprepared. Skills and experience required to function in a new job in a strange setting are missing. Loneliness and isolation undermine confidence needed for success. The Indian feels unable to compete equally with non-Indians, and the sense of inferiority he has absorbed limits his motivation. Both the condescending attitudes of whites toward the Indians, and his own low self-esteem nurture and perpetuate a feeling of inadequacy³¹.

A gnawing problem is the conflict of cultural transition. A clear modification in the old Indian value system has occurred. Although some of the older people have retained their identity with former Indian ways and received stability from them, the younger Indian finds it difficult to adhere to such values and customs. The Indian style of life itself has changed. Moreover, the young Indian inadvertently absorbs some of the ways of the white world. The two life styles do not always merge, helping conflicts to appear. Young Indians grow up without a satisfactory identification either with their own heritage or with that of white society³¹.

Cultural transition also makes it difficult for the young Indian to know how to handle the temptations and stresses of entry into the adult life. As the ways of his parents do not always square with his own situation, the younger Indian is unable to use his parents' behavior as a model for managing a stressful situation. The older method of teaching children by example often does not suffice. Many young suicide attempters are known to have been lacking in direction and guidance by their parents. This has deprived them of the sense of security that comes from a structured world and stable guideposts³¹. Some children lacking in authority become exploitive of their parents making unnecessary demands upon them. No frustration tolerance is learned in this

manner. Those attempting suicide later verbalize the feeling that they were given their way too often, which results in demanding, self-centered, and immature behavior in which other people become objects to be manipulated. Thus, no mechanism is learned to withstand psychological stress, and there is a lack of ability to manage one's own impulses or to accept limitations imposed upon them³⁾. Evident in most instances is an extremely low self-esteem with the belief that parents and others do not care for them. Since they feel that no one else values them, they see themselves as valueless³⁾.

Numerous contributing factors are apparent in self-destructive behavior, but the experience of a loss continues to be a pervasive theme. These losses include those which are internal, such as loss of self-esteem, loss of confidence, or loss of face resulting in humiliation. Then there are external losses which evoke self-destructive thoughts such as loss of a job, loss of standing in school, or loss of a loved friend or relative³⁾.

American Indians want to realize their personal potential by controlling their own future, making their own decisions, and involving Indian people in the implementation of these decisions. Unfortunately many federal programs for the Indian ... designed as they are by the white man ... seem to have a conquest culture orientation. That is they seek to destroy his ethnic spirit. It is clear, therefore, that there is a critical need for programs that combine a sensitive awareness of individuals, groups, and tribal identities and needs⁵⁾. "The crisis for all native Americans is perhaps most eloquently presented in a Teton-Sioux song :

A warrior
I have been
Now
It is all over
A hard time
I have "⁶⁾

7. Conclusions

We must view the problem of increasing suicide rates and alcoholism among American Indians as the symptoms of a severe and often fatal emotional disturbance. In attempting to provide solutions we must become cognizant of the clues that are

frequently placed right in front of our eyes, for they are more than merely clues ... they are cries for help. We must alert ourselves to the causes and contributing factors such as unemployment, inadequate housing, blocked educational opportunities, cultural conflicts, and loss of identity. These are the roots of the frustration that manifests itself in drinking and self-destruction.

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